Freedom of Information Request

Reference Number: EPUT.FOI.19.1104
Date Received: 5 June 2019

Information Requested:

1. Please confirm or deny if you are currently, or have been in any year since 2015-16, commissioned to provide stop smoking services
   - If confirm, please provide your allocated budget for a) this financial year (2019-20) and b) each of the previous years to 2015-16 that you have been commissioned to deliver the service
   - If deny, please confirm or deny if you have access to an on-site stop smoking service
     The Trust does not have access to an on-site stop smoking service.

2. Please confirm or deny if you have a) pharmacotherapies and b) licensed nicotine-replacement therapies on your hospital formularies
   - If confirm, please list (i) the relevant therapies included on your formularies, (ii) the first-line therapy recommended and (iii) the main form of treatment received by patients

     Details on the pharmacotherapies and nicotine replacement therapy can be found in the Trust Formulary & Prescribing Guidelines which are available on the Trust Public Website and therefore is applying a Section 21 exemption of the Act (Information accessible to applicant by other means).

3. Please confirm or deny if you have on-site shops selling a) licensed nicotine-replacement therapies, b) unlicensed quitting aids and c) e-cigarettes
   The above are not sold on Trust premises.

4. Please confirm or deny if you have policies in place to implement NICE guideline PH48, Smoking: acute, maternity and mental health services, with regards to recommendations for:
   - Ensuring immediate access to stop smoking pharmacotherapies and a range of licensed nicotine-replacement therapies for patients who smoke.
     Yes
   - Ensuring the sale of stop smoking pharmacotherapies and licensed nicotine-replacement therapies in hospital shops
     No
   - Ensuring care pathways deliver continuity between hospital and primary care stop smoking services (including any referral pathways)
     This is encouraged and training is available for staff to support smoking cessation.
• Encouraging patients using unlicensed quitting aids to switch to licensed quitting aids
  Please see advice regarding use of e-cigarettes/vapes contained in policy.

• If confirm for any of the above, please share the current policy
  EPUT Policy and Procedures attached

5. Please provide your annual budget for stop smoking support a) in total, b) on stop smoking services and c) on licensed quitting aids for (i) 2015/16, (ii) 2016/17, (iii) 2017/18, (iv) 2018/19 and (v) 2019/2020
  The Trust does not have a dedicated budget for stop smoking support.

6. Please confirm or deny if there are any requirements from your local CCG to ration treatment options for people who smoke; if confirm, please provide details
  No requirement of the Trust.

Response:

Section 21: Information accessible to applicant by other means.

(1) Information which is reasonably accessible to the applicant otherwise than under section 1 is exempt information.

(2) For the purposes of subsection (1)—
  i. information may be reasonably accessible to the applicant even though it is accessible only on payment, and
  ii. Information is to be taken to be reasonably accessible to the applicant if it is information which the public authority or any other person is obliged by or under any enactment to communicate (otherwise than by making the information available for inspection) to members of the public on request, whether free of charge or on payment.

(3) For the purposes of subsection (1), information which is held by a public authority and does not fall within subsection (2)(b) is not to be regarded as reasonably accessible to the applicant merely because the information is available from the public authority itself on request, unless the information is made available in accordance with the authority’s publication scheme and any payment required is specified in, or determined in accordance with, the scheme.
Publication Scheme:

As part of the Freedom of Information Act all public organisations are required to proactively publish certain classes of information on a Publication Scheme. A publication scheme is a guide to the information that is held by the organisation. EPUT’s Publication Scheme is located on its Website at the following link https://eput.nhs.uk/
**SMOKEFREE POLICY**

<table>
<thead>
<tr>
<th>POLICY REFERENCE NUMBER:</th>
<th>CP32</th>
</tr>
</thead>
<tbody>
<tr>
<td>VERSION NUMBER:</td>
<td>2</td>
</tr>
<tr>
<td>REPLACES SEPT DOCUMENT</td>
<td>CP32 Smokefree Policy</td>
</tr>
<tr>
<td>REPLACES NEP DOCUMENT</td>
<td>Smoke Free Policy</td>
</tr>
<tr>
<td>KEY CHANGES FROM PREVIOUS VERSION</td>
<td>Previous Trust policies harmonised</td>
</tr>
<tr>
<td>AUTHORS:</td>
<td>Lucia Vambe and Judith Skargon</td>
</tr>
<tr>
<td>IMPLEMENTATION DATE:</td>
<td>Harmonised in September 2017</td>
</tr>
<tr>
<td>AMENDMENT DATE(S):</td>
<td>February 2018</td>
</tr>
<tr>
<td>LAST REVIEW DATE:</td>
<td>November 2017 – February 2018</td>
</tr>
<tr>
<td>NEXT REVIEW DATE:</td>
<td>September 2019</td>
</tr>
<tr>
<td>APPROVAL BY CLINICAL GOVERNANCE &amp; QUALITY SUB-COMMITTEE:</td>
<td>14th February 2018</td>
</tr>
<tr>
<td>RATIFICATION BY QUALITY COMMITTEE:</td>
<td>15th March 2018</td>
</tr>
<tr>
<td>COPYRIGHT</td>
<td>All rights reserved</td>
</tr>
</tbody>
</table>

**POLICY SUMMARY**

Essex Partnership University NHS Trust (EPUT) is committed to providing a healthy and safe environment for all patients, residents, employees, visitors and contractors. In accordance with its legal obligations under the Health and Safety at Work Act 1974, The Health Act 2006, and accompanying regulations, NICE Quality Standard [QS82] March 2015 and the increasing evidence of ill-health, cancer and respiratory infections in those who share an environment with active smokers, the Trust has endorsed the following Policy to promote good health for its staff, users of its services, contractors and visitors to our sites.

Patient’ will be the terminology used throughout this document and will refer to a patient, resident or service user.

The Trust monitors the implementation of and compliance with this policy in the following ways:

Managers will take reasonable steps to ensure that adequate arrangements are in place to enable the policy to be fully implemented at ward, department and clinic level, ensuring that all staff, service users and visitors comply with the policy.

All employees have a duty to comply with the requirements of this policy.

An initial review of the implementation of this policy will be undertaken in the next 12 months then after every 2 years.

<table>
<thead>
<tr>
<th>Services</th>
<th>Applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustwide</td>
<td>✔️</td>
<td></td>
</tr>
<tr>
<td>Essex MH&amp;LD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Director responsible for monitoring and reviewing this policy is the Executive Nurse.
ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

SMOKEFREE POLICY

CONTENTS

1.0 INTRODUCTION

2.0 DEFINITIONS

3.0 DUTIES

4.0 PRINCIPLES

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION

7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

APPENDICES

APPENDIX 1 - TRUSTWIDE IN-PATIENT FLOWCHART FOR PATIENTS WHO SMOKE

APPENDIX 2 - Smokefree Environment Letter

APPENDIX 3 - E-cigarette use in hospital - guidance for EPUT staff
**ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST**

**SMOKEFREE POLICY**

**1.0 INTRODUCTION**

1.1 The NHS England Taskforce report has recommended that Public Health England (PHE) continues to support all in-patient units to be smokefree by 2018.

1.2 Therefore the Trust must be smokefree by April 2018. The purpose of this policy is to support staff achieve this position across Essex Partnership University NHS Foundation Trust (EPUT) premises.

1.3 Health promotion principles guide the development of this policy, however, a more comprehensive approach to individual's lifestyle and risky behaviour is set out in the Trust Physical Health guideline.

1.4 The Trust expects that staff will support patients in their attempts to give up smoking; however, in some cases this might include the use of e-cigarettes.

1.5 The Trust supports the use of e-cigarettes in designated areas on Trust sites.

1.6 In-patients will be supplied with Nicotine Replacement Therapy, should this be their choice of method to support their attempt to stop smoking tobacco. The range of nicotine replacement therapy products that can be supplied is detailed in Section 17 of the Medicines Policy, and is updated regularly and accessed via the Trust INSITE pages.

**2.0 POLICY AND DEFINITIONS**

2.0 The Trust does not allow staff, patients, visitors or contractors to smoke at any time in any of its work places, which includes all buildings and grounds owned or leased by the Trust. This also includes smoking in cars, whilst on Trust premises and whilst escorting detained patients to other hospitals or home leave.

2.1 For the purpose of this policy, smoking is defined as the inhalation of the smoke of burning tobacco or any other substance encased in cigarettes, pipes, and cigars –.

2.2 Where this policy relates to ‘staff’ this includes those who are working as locums, bank, agency, trainees, volunteers or seconded staff on either temporary or permanent.

2.3 ‘Patient’ will be the terminology used throughout this document and will refer to a patient, resident, client or service user.
3.0 DUTIES

3.1 The Trust Board

a) Ensure that staff, patients, visitors and contractors are made aware of the smokefree policy.
b) Provide resources to ensure effective implementation.
c) Comply fully with the policy and provide suitable role models for staff and patients.
d) Monitor compliance via the Trust incident reporting system.
e) Ensure that all jobs advertised will state that Essex Partnership University NHS Foundation Trust is a smokefree Trust.
f) Ensure that all Service Level Agreements with other organisations contain the following clause ‘Essex Partnership University NHS Foundation Trust is a smokefree Trust. Smoking is banned in all Trust buildings, grounds and all Trust vehicles.’

3.2. The Executive Nurse

a) Will ensure that smoking cessation services are provided for all staff to access.
b) When joining the Trust, occupational health staff will make new employees aware of the smoking cessation support services within the Trust.
c) Screen all new recruits for smoking status and offer support to those who would like to stop.
d) Support staff to have access to smoking cessation training.

3.3 Line Managers will ensure:

That there is safe and appropriate skill mix within teams to meet the tobacco dependence needs of patients (either to provide very brief advice or intensive behavioural support).
Services that care for patients who have a higher prevalence of tobacco dependence, such as Addictions, Forensic, and Psychosis will require a much higher ratio of staff with specialist skills in order to meet the need for prompt nicotine replacement (NRT) and behavioural support.

a) Full compliance with the policy and provide a suitable role model for staff and patients.
b) That staff do not take smoking breaks during working hours.
c) That no smoking signs are placed in the buildings and gardens where services are delivered.
d) That welcome packs and promotional materials provided about the service describe the smoke free status.
e) That all appointment letters and communications from the service communicate the smoke-free status in the service.

3.4 Clinical Staff working in In-patient and Community settings will utilise the principles of the ‘very brief advice’:

a) Ask and record a patient’s smoking status at the earliest opportunity on admission and provide very brief advice to all smokers.
b) Encourage and support patients to cease smoking as part of the clinical management plan for all patients who smoke. Staff must follow the guidance in the Trust Smoke Free Procedure on how to actively engage patients, their family and carers on the benefits of quitting. Support will also be available from other providers of local stop smoking service.
c) Act to ensure that where applicable patients are offered nicotine replacement that is approved by the Department of Health. For details of products that are available to
be prescribed, staff must refer to the Trust lead pharmacist for relevant area for
advice. Referral to local stop smoking services may also be appropriate.

4.0 PRINCIPLES

4.1 The policy is designed to contribute to the improvement of the health of the
population of local communities by providing a smokefree environment while
offering support to those who smoke and those who would like to stop.

4.2 No patient, visitor, contractor or staff member should be exposed to smoke
against their will.

4.3 Staff, visitors and patients who wish to stop smoking will be offered support and
signposting to smoking cessation services.

4.4 Staff will endeavour to assist any patients, visitor, contractor who asks for help in
smoking cessation either by providing a leaflet and/or other form of information
that is approved by the Department of Health or directing the patient to an
appropriate source of information or assistance.

4.5 Awareness raising, education and support will be key components of this policy.

4.6 This policy affects all employees whilst undertaking Trust business or
representing the Trust in any way, including areas outside the Trust or in private
or Trust leased/hired vehicle.

5.0 MONITORING OF IMPLEMENTATION AND COMPLIANCE

5.1 Monitoring:
   a) Managers will take reasonable steps to ensure that adequate arrangements are in
      place to enable the policy to be fully implemented at ward, department and clinic
      level, ensuring that all staff, patients and visitors comply with the policy.
   b) All employees have a duty to comply with the requirements of this policy.
   c) The Policy will be reviewed every 3 years.

5.2 Compliance:
   a) Managers have a duty to ensure this policy is enforced within their area of
      management responsibility.
   b) The Trust expects staff to act and to be seen as acting as role models to patients
      for smoking reduction/cessation. A failure to comply with this policy will be treated
      as misconduct and as such may lead to formal action in accordance with the
      Trust’s Conduct and Capability Policy. It is expected that staff will be supported in
      the first instance to stop smoking. However, the Trust may take action under the
      Trust’s Conduct and Capability policy and procedure against any member of staff
      who does not comply with the Smoke free policy.
   c) Patients or visitors who refuse to comply with this policy will be managed under
      the Trusts Zero Tolerance Policy and Procedure.
   d) All contracts with internal and/or external contractors will refer to strict smokefree
      agreements. The manager responsible for the employment of the contractor will
      be responsible for ensuring that this is adhered to.
6.0 POLICY REFERENCES / ASSOCIATED DOCUMENTATION


- Public Health England: Smoking cessation and mental health - a public health concern: National Programme Manager: Seamus.watson@phe.gov.uk.

- ASH (April 2013) ASH Factsheet: Smoking Statistics (see www.ash.org.uk)


- Campion (undated) Public Health Review 7: Integrated Physical and Mental Health DOH. (Dr Jonathan Campion, director for public mental health, consultant psychiatrist at South London and Maudsley NHS Foundation Trust, and contributor for the Royal College of Psychiatrists)


7.0 REFERENCE TO OTHER TRUST POLICIES/PROCEDURES

HR27A – Disciplinary (Conduct) Policy

SEPT Zero Tolerance Policy (12th March 2015)

END
SMOKEFREE PROCEDURE

PROCEDURE REFERENCE NUMBER:     CPG32
VERSION NUMBER:                    8
REPLACES SEPT DOCUMENT            CP32 Smokefree Policy
REPLACES NEP DOCUMENT             Smoke Free Policy
KEY CHANGES FROM PREVIOUS VERSION  Previous Trust policies harmonised

AUTHOR:                           Lucia Vambe and Judith Skargon
CONSULTATION GROUPS:              Smokefree Policy Steering Group
                                  Operational Service Managers
                                  Trustwide
                                  Patients Experience Team
                                  Workforce, Development & Training
                                  Human Resource
                                  Occupational Health
                                  Facilities
                                  Clinical Governance & Quality Committee

IMPLEMENTATION DATE:              Harmonised in September 2017
AMENDMENT DATE(S):                February 2018
LAST REVIEW DATE:                 November 2017 – January 2018
NEXT REVIEW DATE:                 September 2019
APPROVAL BY CLINICAL GOVERNANCE & QUALITY SUB-COMMITTEE: 14th February 2018
RATIFICATION BY QUALITY COMMITTEE: 15th March 2018
COPYRIGHT                        All rights reserved

PROCEDURE SUMMARY

Essex Partnership University NHS Trust (EPUT) is committed to providing a healthy and safe environment for all patients, residents, employees, visitors and contractors. In accordance with its legal obligations under the Health and Safety at Work Act 1974, The Health Act 2006, and accompanying regulations, NICE Quality Standard [QS82] March 2015 and the increasing evidence of ill-health, cancer and respiratory infections in those who share an environment with active smokers, the Trust has endorsed the following procedure to promote good health for its staff, users of its services, contractors and visitors to our sites.

Patient’ will be the terminology used throughout this document and will refer to a patient, resident or service user.

The Trust monitors the implementation of and compliance with this procedure in the following ways:

Managers will take reasonable steps to ensure that adequate arrangements are in place to enable the smokefree procedure to be fully implemented at ward, department and clinic level, ensuring that all staff, service users and visitors comply with the procedure. All employees have a duty to comply with the requirements of this procedure. An initial review of the implementation of this procedure will be completed in the next 12 months then after every 2 years.

The Director responsible for monitoring and reviewing this procedure is the Executive Nurse.

<table>
<thead>
<tr>
<th>Services</th>
<th>Applicable</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trustwide</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>Essex MH&amp;LD</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHS</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
SMOKEFREE PROCEDURE

CONTENTS

1.0 INTRODUCTION
2.0 DEFINITIONS
3.0 EMPLOYEES AND CONTRACTORS
4.0 INPATIENT SETTINGS
5.0 COMMUNITY SERVICES
6.0 TRAINING
7.0 NON-COMPLIANCE
8.0 E- CIGARETTE USE
9.0 MONITORING AND REVIEW
10.0 REFERENCES

APPENDICES
APPENDIX 1 - Trustwide Inpatient Flowchart for Patients Who Smoke
APPENDIX 2 - Smokefree Environment Letter
APPENDIX 3 – E-cigarette use guidance for EPUT staff
1.0 INTRODUCTION

1.1 Essex Partnership University NHS Foundation Trust (EPUT) has a duty of care to protect the health of, and promote healthy behaviour among people who use or work in their services. “Stopping smoking at any time has considerable health benefits and for people using secondary care service, there are additional advantages including shorter hospital stays and fewer complications (NICE Guidelines [PH48] November 2013) (NICE Quality Standard [QS82] March 2015).”

1.2 This procedure has been developed to protect all employees, patients, visitors and contractors from exposure to second hand smoke and to assist compliance with the Health Act 2006.

1.3 Smoking is not permitted on any part of the Trust site including buildings, entrance/exits, car parks, pavements/walkways and residences.

1.4 Staff, visitors and patients who wish to stop smoking will be offered support.

1.5 Ethical and Legal Considerations: Restricting smoking to provide a smoke free environment does not infringe human rights. This argument has been legally tested and was upheld by the Court of Appeal in 2008 after Rampton Hospital in Nottinghamshire became smoke free. It ruled that a hospital is not the same as a home environment and is instead a place that should support the promotion of health and wellbeing. The judgement said: “There is, in our view, powerful evidence that, in the interests of public health, strict limitations upon smoking, and a complete ban in appropriate circumstances, are justified.”

2.0 DEFINITIONS

2.1 Smoking is the inhalation of the smoke of burning tobacco or any other substance encased in cigarettes, pipes, includes all tobacco, non-tobacco substances and cigars.

2.2 Where this procedure relates to ‘staff’ this includes locum, bank, agency, trainees, volunteers and seconded staff on either temporary or permanent contracts.

2.3 ‘Patient’ will be the terminology used throughout this document and will refer to a patient, resident, client or service user.

3.0 EMPLOYEES AND CONTRACTORS:

3.1 All members of staff have a role to play in implementing and complying with this policy and are expected to be familiar with its content.
3.2 If any staff or a contractor is found smoking on Trust premises the incident must be reported using the Datix reporting system.

3.3 Managers have a duty to ensure this policy is enforced within their area of management responsibility. This includes making employees aware of this policy and appropriately dealing with employees who are in breach of this policy:

- Job advertisements will include reference to the Smokefree policy and indicate that the adherence will be contractual.
- Staff who work for the Trust will be subject to disciplinary proceedings.
- Staff who have agreed under contractual arrangements to not smoke on Trust premises will be dealt with by the manager of the area.

3.4 The Trust is trying to create an environment in which people are encouraged to make healthier choices therefore staff are encouraged to consider stopping smoking. Information on the Stop Smoking services is available from Trust intranet in Engagement, Staff Health and Well-being link. Or call the NHS Smoking Helpline on 0300 123 1044. Free literature on Smokefree is available on www.orderline.ch.gov.uk or ring 0300 123 1002 and place a free order.

3.5 The Trust Occupational Health will provide advice and support for staff wishing to stop smoking. Staff may contact Optima Occupational Health on telephone number 0345 643 4368 or by email ang-sa.occupationalhealth@nhs.net.

3.6 Smoking cessation support will be offered to all staff by local Smoking Cessation Services. Information on how to find your local smoking cessation service will be available on the Trust Health and Wellbeing link. Alternatively visit https://www.nhs.uk/smokefree or call the NHS Smoking Helpline on 0300 123 1044. Staff can also text ‘GIVE UP’ and full postcode to 88088 to find local Stop Smoking Service.

3.7 The Trust also provides on line (OLM) training for staff on very brief advice on smoking. This will enable staff to discuss smoking behaviours with their patients.

3.8 All job advertisements will include reference to the Smokefree Policy and will state that adherence will be contractual.

3.9 Staff must avoid condoning or advocating the use of tobacco smoking or e-cigarette use and promote a smoke free environment and healthy living.

3.10 Smoking Breaks – It is unlawful to smoke at work. Staff or contractors wishing to smoke can only do so off-site and during designated unpaid breaks. Staff are not entitled to any additional smoking breaks over and above their entitlement under the European Working Time Directive.

3.11 Staff must never smoke in public areas while displaying or showing Trust uniform or displaying their Trust/name badges. Staff must set a good example to the public by promoting a smoke free environment and healthy living lifestyle.

3.12 Furthermore staff have a responsibility to avoid smoking in public areas immediately outside of their place of work, for example, near hospital/unit entrances/exits, etc.

3.13 Staff who smoke must do all they can to minimise the smell of smoke whilst on duty. Managers will need to monitor staff approach to this.
4.0 INPATIENT SETTINGS

4.1 To protect staff, patients, visitors and contractors from the harmful effects of passive smoke, the Trust does not provide smoking facilities anywhere on Trust premises.

4.2 All patients are to be assessed and offered smoking cessation support on admission to an in-patient unit and this must be clearly documented in the patient’s record. Assessment of smoking status documented. (See Appendix 1 - the Flow Chart for this procedure for details).

4.3 This includes offering very brief advice on smoking cessation will be offered using the “Ask, Advice, Act” protocol, and documenting the support that is made available for them to stop, in the care plan with a review date.

4.4 Staff will need to be sensitive when approaching the topic of smoking cessation especially when a patient has just been admitted to hospital or is experiencing a significant crisis.

4.5 Nicotine replacement therapy (NRT) will be offered by the Trust to all patients who are in-patients. The prescribing guidance for NRT is set out in Section 17 of the Formulary and Prescribing Guidelines: access is via the Medicines Management pages of the intranet.

4.6 Community Health Services must comply with the Clinical Commissioning Group (CCG) prescribing formulary. Changes in smoking behaviour must be documented and the necessity to adjust other drugs must be considered.

4.7 Ensure patients are supplied with an adequate amount of NRT during periods of leave and on discharge.

4.8 Staff will ensure that patients are provided with advice and support to actively manage stress and nicotine withdrawal. All staff must also utilise a diversional approach i.e. one to one or group activities in managing patients who are stressed and experiencing nicotine withdrawal.

4.9 At all times, cigarettes/tobacco and lighters/matches are not permitted on the ward/unit. Arrangements can be made for these items to be returned to carers or family or kept in a secure safe, only to be given back when the patient is unescorted or discharged.

4.10 Staff are not permitted to buy cigarettes for patients, hold lighters/matches for patients or escort patients out to smoke.

4.11 Encouragement and support to cease smoking will form part of the clinical management plan for all patients who smoke. Patients where applicable will be offered nicotine replacement as described in the EPUT Formulary and Prescribing Guidelines. This must be recorded in the patient’s care record. For details of products that are available to be prescribed, staff must refer to the Trust lead pharmacy department for relevant advice.

4.12 Smokefree literature will be available for patients. (Staff can order free literature from Telephone: 0300 123 1002 or seek advice from local Smoking Cessation Services.)

4.13 If patients are known to be smoking on the ward, staff should approach and politely ask them to stop smoking and remind them of the smokefree policy and procedure.
The least restrictive approach to care should be employed unless they pose a risk of fire or their presentation escalates to the extent of potential harm to others or themselves. This must be reported using the Datix system.

4.14 In some instances individuals may become distressed and/or disturbed because of the inability to smoke. Staff are advised that if they are placed in any danger, they must refer to and use the Trust Zero Tolerance policy ensuring assessment of a patient’s physical health and mental health is reviewed, a risk management plan developed, incident forms and other relevant documentation completed as per Trust policy.

4.15 When a member of staff is escorting a patient to appointments i.e. hospital, shopping and community activities or visiting at home, it is expected that the patient will not smoke whilst the member of staff is present.

4.16 Ensure that all escorted leave plans are negotiated in advance of leaving the ward, so that the patient is very clear he/she will not be permitted to smoke in the company of his/her escort. Patients should be given adequate NRT to use whether they are on or off the ward.

4.17 It should be noted that there are no exceptions to this policy and procedure in respect of patients, there are to be no designated areas within buildings where the use of cigarettes is allowed (this will include 136 suites).

5.0 COMMUNITY SERVICES

5.1 Passive smoking is a serious health risk for both those who smoke and those who do not smoke. Therefore smoking is not permitted on any part of the Trust premises including the grounds of Trust premises.

5.2 All clinical areas will provide information and literature advising on the dangers of smoking to health / benefits of quitting and sign-posting people to sources of help. Staff can order these resources free from Telephone: 0300 123 1002, or contact local smoking cessation services.

5.3 Community staff must inform patients of the Trust Smokefree policy at the first contact or earliest opportunity and provide a very brief advice on smoking.

5.4 Smoking cessation support will be offered to all patients and this must be clearly documented in patient’s records. Information on how to find your local smoking cessation service will be available on the Trust intranet. Alternatively go on smokefree.co.uk or call the NHS Smoking Helpline on 0300 123 1044.

5.5 Community based patients must be informed that if they are admitted to hospital, nicotine replacement therapy will be provided during their inpatient stay to assist with nicotine withdrawal symptoms and facilitate smoking abstinence.

5.6 When a member of staff visits a patient at home, it is expected that the patient will not smoke in the home whilst the member of staff is present. This also applies when staff are escorting a patient to appointments i.e. hospital, shopping and community activities.

5.7 Letters to inform community based patients of the smokefree environment will be sent by community teams at an earliest opportunity using Appendix 2 (EPUT Smokefree Environment Letter template) which is attached to this procedure.
5.8 If the patient refuses to not smoke, then the member of staff will be entitled to decide to ask the patient to ventilate the room or terminate the visit.

5.9 The member of staff may ensure that future contact arrangements are conducted in an alternative setting (e.g. Resource Centre) in order to ensure that s/he is not affected by passive smoking.

5.10 Patient Groups and Patient Advocacy Groups will be advised of the policy.

### 6.0 SIGNAGE:

6.1 Smokefree notices are erected at all public entrances to Trust premises. By law, these must be A5 size, in colour, contain the “smokefree” logo and include the words: “Smokefree”. It is against the law to smoke in these premises”. Secondary, staff only entrances may have smaller (70mm minimum) smokefree symbol signs.

6.2 It is the responsibility of the unit and department Managers to ensure that these signs continue to be displayed and spare signs should be available in case of loss or damage.

6.3 Home based workers will not need smokefree signs unless they are visited by colleagues on a regular basis.

### 7.0 VEHICLES:

7.1 It should be noted that failure to display smokefree signs in vehicles regularly used by employees to transport patients or patients’ relatives / carers, other members of the public etc., is an offence as per the government smoke free regulations for England 2007 & 2012.

7.2 Smokefree signs for all Trust vehicles are provided by each lease company at the start of the lease period.

7.3 Trust vehicles that are required to be smokefree under the legislation must be smokefree at all times.

7.4 Please contact purchasing department with regards to obtaining smoking signs.

7.5 **Lease cars** – are designated as smokefree. Smokefree signs (minimum size 70mm) must be displayed in a way so as to be visible to all passengers.

7.6 **Trust vehicles / Trust Hired vehicles** - used by several employees / patients at different times must be smokefree and smokefree signs must be displayed (70mm minimum size) so as to be visible to all passengers.

7.7 **Private/Personal cars** – all employees will not be permitted to smoke or allow passengers to smoke whilst in their own vehicle on Trust premises. Employees are expected to have consideration for local neighbours. This includes avoiding smoking directly outside a neighbouring house, discarding cigarettes in neighbouring gardens and littering the neighbouring community.
8.0 TRAINING

8.1 Workforce Development team will ensure the workforce receives relevant curricula and on-going training and education.

8.2 All clinical staff will be trained at level 1 group/class training which enables staff to:
   a. Make every contact count (MECC) by delivering very brief advice (VBA) to patients, carers and staff on how to quit smoking.
   b. Understand the effect of stopping smoking on mental and physical health.
   c. Be aware of recent guidance and commissioning for quality and innovation (CQUIN) around mental and physical health. The Trust also provides online (OLM) training for staff on very brief advice on smoking and physical healthcare screening for patients with serious mental illness to meet specific criteria of the CQUIN.

8.3 Level 2 training is for any staff that has done level 1 and wants to become an Adviser for their team/unit/department. Advisers play an important role in supporting patients, carers and staff in their quit smoking attempt and are able to effectively deliver stop smoking sessions using behaviour change techniques that are supported by MECC. They can also support smokers who do not wish to quit during an inpatient stay, to manage temporary abstinence from tobacco. Staff can also access online training from the National Centre for Smoking Cessation Training http://elearning.ncsct.co.uk/

9.0 NON-COMPLIANCE

9.1 Staff Breaches:
   a. All Trust staff are expected to promote a smokefree environment and healthy living.
   b. Staff should avoid condoning or advocating smoking.
   c. Staff are obliged to support the implementation of the smokefree policy.
   d. Managers have a duty to ensure that this policy is enforced within their area of management responsibility and to report incidents using the Datix system.
   e. The Trust expects staff to act and to be seen as acting as role models to patients for smoking reduction/cessation.
   f. If any staff member breaches the policy then in the first instance line managers should discuss the issue with them and ensure they fully understand the smokefree policy.
   g. If staff continue to breach the policy then action through the disciplinary process may be appropriate. A failure to comply with this policy will be treated as misconduct and as such may lead to formal action in accordance with the Trust’s Disciplinary (Conduct) Policy.
   h. All contracts with internal and/or external contractors will refer to strict smokefree agreements. The manager responsible for the employment of the contractor will be responsible for ensuring compliance.

9.2 Visitors Breaches:
   a. Visitors to the Trust will be made aware of the smokefree policy through signs, posters, leaflets as well as conversations with staff.
b. Carers will be provided with a list of the contraband items in the hospital which includes tobacco, cigarettes, lighters and matches.

c. Any visitor/carer who is found to be supplying a patient in hospital with contraband items will be reminded about the policy and asked to support the patient’s treatment plan. The rationale for the policy will be explained and visitors/carers will be offered support to learn more about the harmful effects of smoking. If appropriate they will be directed towards their local stop smoking service.

d. It is recommended that where staff choose to approach a patient or visitor to inform them of the Trust Smokefree policy, this approach is made only once. The information provided should be limited and along the lines of; ‘May I make you aware that this is a smokefree Trust within the hospital, buildings and grounds’.

e. 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. Datix must be completed as per Trust policy on reporting incidents.

9.3 Patient Breaches:

a. Prior to planned hospital admissions patients will be advised that smoking is not permitted in the hospital or grounds and they will be offered support to temporarily abstain or quit. This will include nicotine replacement therapy and behavioural support. They will be asked not to bring tobacco, cigarettes, lighters or matches with them to hospital.

b. For unplanned admissions patients will not be permitted to keep tobacco, cigarettes / e-cigarettes, lighters or matches on their person. If carers or family members accompanied the patient to hospital, then they will be asked to take the prohibited items home. If the patients are unaccompanied when they arrive at hospital, staff will store their contraband items and they will be returned at the point of discharge.

c. Should the patient become aggressive when the smokefree policy is being implemented then the member of staff should summon assistance and the aggressive incident managed according to that person’s care plan. Restrained should only take place if the patient pose a risk of fire or their presentation escalates to the extent of potential harm to others or themselves. Datix must be completed as per Trust policy on reporting incidents.

d. Where there is no immediate risk the staff should discuss the breach with his/her colleagues and agree the most appropriate time and place to meet with the patient to review the care plan. Patients who are struggling to comply with the smokefree policy should have a review of their nicotine replacement therapy, and consideration given to increasing the amount of behavioural support that has been provided.

e. It should be noted that there are no exceptions to this policy in respect of patients, there are to be no designated areas within buildings where the use of cigarettes is allowed (this will include 136 suites and hospital grounds).
10.0 **E- CIGARETTE USE**

10.1 E-cigarettes are battery powered devices that deliver nicotine via inhaled vapour. Since e-cigarettes do not contain tobacco and are not burnt, they do not result in the inhalation of cigarette smoke they are therefore regarded as much safer delivery devices for nicotine. This does not mean that they are completely safe, but they are envisaged to be much less harmful than cigarettes. Further research findings, when available, will be considered and EPUT will have a flexible approach to the use of these devices.

10.2 E-cigarettes therefore may support compliance with EPUT’s smoke free policy and help smokers manage their nicotine dependence. Information from other mental health trusts has indicated that there is a desire among some patients and staff to use e-cigarettes to support cutting down or quitting tobacco use. EPUT feels that e-cigarettes should not simply replace cigarettes and that a culture of e-cigarettes replacing cigarette use does not develop.

10.3 EPUT currently supports the use of e-cigarettes, and would encourage the use of disposable devices which do not require any charging of filling with nicotine fluid. However, it is acknowledged that refillable devices will be preferred in some cases and conditions for the use of these is set out below. As new evidence emerges about e-cigarettes The Trust will review this position as more information regarding “smoking alternatives” comes to hand.

10.4 **Guidance for staff when facilitating non disposable e-cigarette use:**

a) Staff will explain to patients and carers that nicotine replacement therapies (NRT) and other licensed stop smoking medicines such as bupropion and varenicline, when given together with intensive behavioural support, are the most effective way to stop smoking and ideally should only advise on e-cigarette use after patients have tried these treatments. Patients who wish to make a quit attempt must be supported to do so, and the actions required must be clearly documented in the individual’s care plan.

b) Training for staff will be available, which will offer guidance on e-cigarettes and other harm reduction strategies; this training will include the “Very Brief Advice” e-learning, and further Level 1 e-learning, offering information regarding smoking cessation and Level 2 training to support smoking cessation, as a smoking cessation advisor.

c) Information leaflets on e-cigarettes for patients should be used to develop a collaborative plan for any use of e-cigarettes, as they would with NRT or any other stop smoking medication.

d) E-cigarettes will not be used in Trust indoor spaces.

e) Currently e-cigarettes cannot be prescribed or supplied by staff until they are licensed by the MHRA.

f) E cigarette can be brought into the service by patients or visitors.

g) E-cigarette use by patients is only allowed in designated areas (e.g. hospital grounds), but not communal indoor areas.

h) Staff should not replace fresh air (smoking) breaks with e-cigarette breaks.

i) E cigarette use should not be included as part of therapeutic interventions or recreational conversations.

j) E-cigarette users will be required to plan their use of these devices with their care team as part of their care plan (as they would with NRT) and allow staff to check the products that they are using.
k) E-cigarettes and the associated e-liquids will be stored securely under staff control for infection control reasons and should not be stored near oxygen/naked flames.

l) E-cigarette users are expected to be considerate to those around them and always use the e-cigarette when in a designated area.

m) E-cigarettes must be disposed of in a designated bin so that the battery and plastic can be recycled in line with Waste Electrical and Electronic Equipment Regulations and European Union regulations. (Department of Health 2017)

n) E-cigarettes can be considered provided an individual risk assessment is complete and that staff comply with Department of Health guidance which is as follows:-


o) In addition to the risk of fire from recharging batteries, review the risks of withdrawing or discouraging e-cigarettes (including for example, relapse to smoking, impaired compliance with smoke free legislation, risk of fires from concealed illicit smoking) in your unit.

p) Assess the opportunities for safe, supervised charging of devices by designated staff in designated areas to further reduce risk.

q) Only use the batteries or chargers which come with the e-cigarette. To prevent batteries/chargers being mixed up, each must be clearly labelled with the patient's name.

r) The individual instructions for each brand of e-cigarette must be checked and followed.

s) When the charge is complete disconnect battery and remove charger from USB port/socket – this is usually indicated by a light on the device.

t) Do not charge or use batteries which appear to be leaking, discoloured, rusty or deformed or otherwise appear abnormal.

u) Store batteries and chargers in a cool dry place at normal room temperature. Do not leave in hot places such as direct sunlight.

v) Keep away from any source of ignition and accelerants such as flammable objects and liquids, oxygen supply systems/cylinders, sparks and electrical equipment.

w) Do not immerse batteries or chargers in water or otherwise get them wet.

x) Do not disassemble, puncture, modify, throw, drop or cause any other unnecessary shocks to the batteries or chargers

y) Advise staff and patients of the approved safe use of e-cigarettes and fully train staff in, and regularly audit/enforce, any safe systems of work implemented. Please see attached leaflet regarding e-cigarettes.

11.0 MONITORING AND REVIEW

11.1 Managers will take reasonable steps to ensure that adequate arrangements are in place to enable the policy to be fully implemented at ward, department and clinic level, ensuring that all staff, patients and visitors comply with the policy.

11.2 There will also be a feedback process in place concerning progress and issues arising, via reports from key organisational meetings, including patient forums and regular nursing and senior management meetings.

11.3 All employees have a duty to comply with the requirements of this policy.

11.4 The policy will be monitored by a variety of different methods including an initial review within the next 12 months. Then after the initial review the Policy and Procedure will be reviewed every 2 years.
12.0 REFERENCES

- Public Health England: Smoking cessation and mental health - a public health concern: National Programme Manager: Seamus.watson@phe.gov.uk.

- ASH (October 2014) and also (April 2013) ASH Factsheet: Smoking Statistics (see www.ash.org.uk)


- Department of Health (2017) *Additional information for Mental Health Units with regards to E-cigarettes, batteries and chargers* Available at https://www.health-ni.gov.uk/publications/niaic-estates-and-facilities-alerts-publications


- Campion (undated) Public Health Review 7: *Integrated Physical and Mental Health DOH.* (Dr Jonathan Campion, director for public mental health, consultant psychiatrist at South London and Maudsley NHS Foundation Trust, and contributor for the Royal College of Psychiatrists)

- NICE Quality standard [QS82] Published March 2015

- NICE Guidance [PH49] Published date: January 2014

- NICE Guidance [CG48] Published May 2007


- Department of Health (https://www.gov.uk/government/organisations/department-of-health)


- World Health Organization. *About Secondhand Smoke*.

- Mental Health and Learning Disability Nurse Directors’ & Leads’ Forum (undated) http://mhforum.org.uk/conferences/smoke-free-hospitals/-
TRUSTWIDE IN-PATIENT FLOWCHART FOR PATIENTS WHO SMOKE

**Step 1**
- On arrival patients must be made aware of the Trust Smokefree Policy.
- All patients will be asked to relinquish all smoking related paraphernalia and this will be recorded on property sheet. These will be returned to the patient when going on unescorted leave and/or discharge and collected from the patient on their return to the ward.
- Assessment of smoking status documented in the nursing admission notes.
- The care plan will detail how the patient will be supported to abstain from smoking tobacco during their admission.
- The assessment and care planning for each individual service user/patient must consider the persons smoking patterns, the impact of this on their health, the impact of this on treatments being offered for the presenting mental health problem and the impact of the Trust Smoke Free policy.

**Step 2**
- Nicotine replacement must be offered and prescribed by a doctor at admission and regular availability ensured. For details of products that are available to be prescribed, staff must refer to the Trust Formulary and Prescribing Guidelines. Community Health Services / Units must comply with CCG prescribing formulary. Staff may also seek advice from their local Trust lead pharmacist.
- Patient should be given smokefree leaflet and offered information on smoking cessation service. Staff can order free literature from www.orderline.dh.gov.uk or Telephone: 0300 123 1002.

**Step 3**
If patients are known to be smoking on the ward, staff should approach and politely ask them to refrain and remind them of the smoke free policy and procedure. Patients should not be restrained unless they pose a risk of fire or their presentation escalates to the extent of potential harm to others or themselves. This must be reported using the Datix system.

**Step 4**
In the event that the patient persistently contravenes Trust policy, staff must address the issue immediately and report using the Datix system. The incident must be communicated to the ward manager, consultant or unit manager and a specific risk management plan should be put in place to mitigate the risk.

**Step 5**
In some instances individuals may become distressed and/or disturbed because of the inability to smoke. Staff are advised that if they feel they are placed in any danger please refer and use the Trust Zero Tolerance policy ensuring that assessment of a patient’s physical health and mental health is reviewed, a risk management plan developed, incident forms and other relevant documentation completed as per Trust policy.
Dear,

Essex Partnership University NHS Foundation Trust has a duty of care to protect the health of, and promote healthy behaviour among people who receive care from us or work in our services.

You may be aware that the NHS Smokefree campaign was launched in 2006 to remind smokers why they need and want to stop, and to signpost people to support available to maximize their chances of success.

Smoking continues to be the major preventable cause of premature death and disease in England, causing 80,000 deaths and costing the NHS an estimated £2.7 billion each year. Around 8.5 million people in England smoke but two-thirds tell us that they want to quit.

NHS Smokefree, funded by Public Health England, produce a number of national campaigns every year to encourage and support people to stop smoking.

The Health Act 2006 requires all Health and Social Care Trusts to do whatever they can to protect all employees and patients from exposure to second-hand smoke. This letter is being sent to all of our community based patients to advise any that are smokers themselves or have others who live with them who smoke of some of the new requirements when Trust staff visit them at home.

Second-hand smoke is a serious health hazard and we therefore request that if you are receiving a visit from a member of our staff that you make a room available that is smoke free. We also kindly request that if you and or a member of your family are smokers that you do not smoke during our visit.

The Trust’s definition of smoking is the inhalation of the smoke of burning tobacco or any other substance encased in cigarettes, pipes and includes all tobacco, non-tobacco substances and cigars.
Please discuss with your health or social care worker if you are unable to provide such a smoke free environment at home as alternative arrangements may need to be agreed with you for any planned home visits. Staff can also advise you of what resources and support is available to you in your area if you or a member of your family would like help to quit smoking.

Please be aware that all Trust in-patient premises are smoke free and that smoking tobacco is not permitted on any ward or outdoor space. You may use your own E-cigarettes or vapes in designated outdoor areas. Please note that the Trust does not supply either product.

Thank you for your consideration and support.

Team / Unit / Department / Person
E-cigarette use in hospital - guidance for EPUT staff

1. E-cigarette use only permitted as part of a collaborative plan for the safe use of the device, taking into account the individual’s current mental health risk assessment, current mental state and previous experience of using an e-cigarette.

2. Disposable e-cigarettes may be the most suitable option for those who present with a high risk profile, while re-chargeable and re-fillable e-cigarettes will be suitable for most patients.

3. In the interests of health and safety and to comply with Department of Health Guidance, patients using a re-chargeable e-cigarette must have an up to date individual risk assessment and due to fire risk recharging must not take place in bedrooms and only undertaken at charging locations as directed by staff.

4. Some patients’ risk assessments may dictate that the patient is supervised when re-filling his/her device. This might be appropriate for example if there is a risk that the patient might add illicit substances to the device.

5. E-cigarette users are expected to be considerate to those around them and always use the device when in an allocated and discreet area, but not communal indoor areas or during therapeutic groups and 1:1 sessions).

6. Staff should not facilitate e-cigarette breaks for groups of patients.

7. E-cigarette users will be required to plan the use of their device with their care team as part of their care plan (as they would with NRT), and allow staff to check the products that they are using.

8. Patients may wish to use their e-cigarette interchangeably with cigarettes while on leave (sometimes called dual use). Advise patients that replacing some cigarettes with e-cigarettes may confer little benefit. Using NRT products simultaneously with an e-cigarette is unlikely to increase harm.

9. E-cigarette users will be required to store their device safely and securely. They should not share products with others for infection control reasons, and should not use them near oxygen/naked flames.

10. Used e-cigarettes are considered hazardous waste and must be disposed of in a designated bin so that it can be disposed of in line with safety regulations.

11. If a patient switches from smoking cigarettes to e-cigarettes, this will affect the metabolism of some prescribed medication, especially Clozapine. See Section 17 of the Formulary and Prescribing Guidelines for information on the interaction between smoking and medicines. For more information speak to a member of the pharmacy team.