

Nicotine Management Policy

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1. Executive Summary

This policy sets the definitions and parameters of smoke free status which will be applicable to the whole Trust by 1st January 2017.

The ELFT directorates will implement this policy individually allowing flexibility to take into account staff and service user needs and allowing time for QI methodology to inform implementation.

The policy outlines the evidence base for smoke free status and the specific duties of different parts of the organisation in bringing this about. It also makes clear the responsibilities of individual staff and managers in relation to smoke free status. The Trust commits to support both staff and service users to attain and maintain smoke free status.

Finally the policy defines the monitoring standards by which the Trust will measure implementation.

2. Introduction

- 2.1. East London Foundation NHS Trust's vision is to make a positive difference to people's lives by providing the highest quality mental health and community care to our local communities. This policy supports that aim.
- 2.2. Since 2008 the Trust has implemented a partial smoking ban, providing designated smoking spaces and if required staff to accompany patients.
- 2.3. This policy supersedes that situation and provides for a completely smoke-free environment. This means that no smoking is allowed in any of the premises and grounds owned by the Trust or vehicles used for the purpose of Trust activities.
- 2.4. The 2013 joint report from the Royal College of Physicians and Royal College of Psychiatrists states that smoking is a widely accepted component of the culture of many mental health settings, making cessation more difficult for smokers. Smoke-free policies are a vital means of changing this culture.

3. Evidence base

- 3.1. Smoking is the largest single cause of premature deaths and preventable ill-health in England. In England in 2011 among adults aged 35 and over there were around 79,100 deaths (18% of all deaths of adults aged 35 and over) estimated to be caused by smoking. It is estimated that in 2011, 36% (22,500) of all deaths due to respiratory diseases and 28% (37,400) of all cancer deaths were attributable to smoking.
- 3.2. One in two long-term smokers die prematurely as a result of smoking, half of these in middle age. On average, each smoker loses 10 years of life and experiences many more years of ill-health than a non-smoker.
- 3.3. Smoking prevalence rates are significantly higher among people hospitalised with a mental health condition, where up to 70% of patients smoke and around 50% are heavy, more dependent smokers.
- 3.4. People with mental health conditions have worse physical health than the general population. For example, a UK study has highlighted that men and women living with schizophrenia die an average 15 and 10 years earlier than the national average and the death rate from respiratory disease is three times higher in this group. Another UK study found the risk of death was two to three times greater for people with schizophrenia than in the general population. Of the excess deaths,

70% were due to smoking-related diseases. This is an indefensible health inequality.

- 3.5. Tobacco smoke not only damages a smoker's health but also the health of the people around them. Breathing other people's smoke is called passive or second hand smoking (SHS). There is no safe level of exposure to SHS. Exposure to SHS is believed to increase the risk of heart disease in non-smokers by 25%.
- 3.6. Smoking cessation does not exacerbate symptoms of mental disorders, and improves symptoms in the longer term.
- 3.7. Smoking increases psychotropic drug costs in the UK by up to £40m per annum.

4. National and Local Guidance

- 4.1. The NICE guidance PH48 and NICE quality standard 82 aim to support smoking cessation, temporary abstinence from smoking and smokefree policies in all secondary care settings. It recommends:
 - Strong leadership and management to ensure premises go (and remain) smokefree
 - Identifying people who smoke, offering advice and support to stop
 - Providing intensive behavioural support and pharmacotherapy as an integral component of secondary care
 - Integrating stop smoking support in secondary care with support provided by community-based services
 - Ensuring staff are trained to support people to stop smoking while using secondary care services.
 - Supporting staff to stop smoking or to abstain while at work
 - Ensuring there are no designated smoking areas or staff-facilitated smoking breaks for anyone using secondary care services
- 4.2. In response to NICE guidance East London Commissioners have set the Trust a CQUIN requirement to become smokefree by 31st March 2017.
- 4.3. The Court of Appeal has ruled that there is no absolute right to smoke.

5. E-cigarettes

5.1 Public Health England (PHE) and other UK public health organisations produced a joint statement on September 15th 2015 supporting the use of e-cigarettes (EC) as one mechanism to help smokers stop smoking.

5.2 Best estimates are that e-cigarettes are 95% less harmful to health than normal cigarettes.

5.3 In PHE's evidence update on e-cigarettes (August 2015) they point out that EC should not be routinely treated in the same way as smoking. It is not appropriate to prohibit EC use in health trusts and prisons as part of smoke-free policies unless there is strong rationale to do so.

5.4 Currently the use of EC is not routinely covered in stop smoking training packages nor is there learning from other Trusts who have used EC as part of their attainment of smoke-free status.

5.5 Individual directorates will decide whether there is a role for EC in their planning for smoke-free status.

5.6 The Trust will support teams to initiate QI projects which investigate the potential role of EC in ELFT going forward.

6. Scope

6.1. This policy will come into effect on January 1st 2017.

6.2. This policy applies to all staff, including but not limited to: employees, including bank and agency workers, volunteers, contractors, students, locums, seconded staff on either temporary or permanent contracts and to visitors entering premises and grounds controlled by ELFT or vehicles used for the purpose of ELFT activities.

6.3. The policy applies to staff during the time when they are being paid by ELFT or are wearing uniform or name badge and can be identified as a member of ELFT staff including during breaks.

6.4. This policy excludes service users in prison and tenancies where the service user pays rent; however it does apply to staff providing ELFT services in premises that are not controlled by ELFT.

6.5. Staff using private vehicles for trust business must also comply with this policy. This applies in all cases, regardless of whether travel expenses are claimed.

7. Definitions

7.1. "Smoke" means smoke from tobacco or any substance or mixture which includes nicotine; and a person is taken to be smoking, if the person is holding or is in possession or control of a substance or mixture which includes nicotine.

7.2. Where the policy refers to staff, this means all staff, including but not limited to employees', including bank and agency workers, volunteers, contractors, students, locums and seconded staff on either temporary or permanent contracts.

8. Duties

8.1. As the accountable director for Health and Safety, the Medical Director has overall responsibility for ensuring implementation of this policy.

8.2. The SDB is responsible for receiving notification of any significant breaches in the nicotine management policy and making recommendations for action where appropriate.

8.3. Clinical and Service Directors are responsible for ensuring their directorate develops a local procedure that will operationalise and monitor adherence to this policy and for notifying the SDB of any significant policy breaches, unable to be resolved at network level.

8.4. Senior Managers, Ward Managers, and Team Leaders are required to:

8.4.1. Ensure all staff and service users are aware of and can access this policy and associated procedures

8.4.2. Offer help and support to staff and service users by promoting access to stop smoking services

8.4.3. Support staff and services users to seek stop smoking advice

8.4.4. Manage any policy breaches

8.4.5. Ensure their staff are able to access training in smoking cessation

8.4.6. Include the smoke free statement in all recruitment literature, job descriptions and induction materials.

8.5. All staff are responsible for:

8.5.1. Familiarising themselves with, adhering to and implementing the nicotine management policy

- 8.5.2. Seeking the advice of the stop smoking service when appropriate
 - 8.5.3. Attending smoking cessation training
 - 8.5.4. Escalating policy breaches where appropriate
- 8.6. The Communications team are responsible for:
- 8.6.1. Ensuring all trust literature states 'East London NHS Foundation Trust is a smoke free organisation'
 - 8.6.2. Ensuring service user and staff information about stop smoking is available on the Trust's internet page
- 8.7. The Pharmacy Team are responsible for developing and maintaining the Nicotine Therapy Replacement guidelines and supporting Patient Group Directives to ensure that all patients are able to access nicotine replacement therapy as soon as they are admitted to an inpatient unit.
- 8.8. The Estates and Facilities team are responsible for:
- 8.8.1. Removing current smoking shelters on premises controlled by ELFT
 - 8.8.2. Ensuring no new smoking shelters are built on premises controlled by ELFT
 - 8.8.3. Providing appropriate signage to ensure that everybody entering ELFT sites understands that smoking is not allowed in the buildings and grounds
- 8.9. The Human Resources team are responsible for:
- 8.9.1. Ensuring that all jobs advertised includes reference to the Nicotine Management Policy and job descriptions will indicate that the adherence is a condition of employment
 - 8.9.2. Including reference to this policy in the Trusts disciplinary procedure

9. The policy

The Trust position is that all premises should be smoke free and that staff and service users will be supported to quit smoking. Whilst this policy reflects that position it is acknowledged that each directorate will have areas of good practice, issues and challenges and so will need to develop local operating procedures that support the principles of this policy, which are:

- 9.1. All staff are entitled to work in secure, healthy and safe environments. When staff are providing their services in non-ELFT settings, they should ask anyone smoking to stop for the duration of the staff visit. Staff may refuse treatment or care if they judge the situation to be unsafe.

- 9.2. Staff must be smokefree when on duty or otherwise in uniform, wearing a badge or identifiable as ELFT staff or undertaking trust business.
- 9.3. All service users will be informed of this policy. They will be assessed for stop smoking support and a stop smoking plan will be implemented. Anyone being admitted to premises controlled by ELFT will receive information about the Nicotine Management Policy as part of admission procedure.
- 9.4. Any complaints made by service users about not being able to smoke should be managed in accordance with the Trust procedure on handling complaints and will be included in the evaluation of this policy.
- 9.5. If a service user does not appear to be able to understand the requirements of the policy then staff should consider / refer to and follow the Trust's policy on the Mental Capacity Act 2005. This is not about the person's best interests to smoke but about which NRT product is in their best interest if they lack capacity.
- 9.6. All actions to implement the Nicotine Management Policy should be documented in care records.
- 9.7. Service users will be asked to hand in products containing nicotine and any lighters on admission and they can request these back on discharge from the ward or unescorted leave. Staff will ensure wherever possible that these are kept safely and are returned undamaged. Where nicotine or lighters are suspected to be on the ward, network procedures and practice should be in accordance with the Trust procedure on personal and room searches. Risk Assessments and local procedures can be used to supplement the management of this restricted item.
- 9.8. Nicotine Therapy Replacement guidelines are available to ensure that all service users are able to access nicotine replacement therapy as soon as they are admitted to an inpatient unit.
- 9.9. Stop smoking support will be available.
- 9.10. All staff are expected to promote this policy in the Trust's grounds and buildings.
- 9.11. Ward signage, advance notice and a consistent approach will support staff to ensure that visitors respect and adhere to this policy. Possible action in the event of non-adherence may include; request to stop, warnings and asking the visitor to leave.
- 9.12. It is recognised that achieving freedom from a nicotine addiction can be extremely challenging for some people. Managers should be flexible to allow staff to attend any smoking cessation appointments in work time and emphasise the importance of adhering to this policy. Staff who do not adhere to this policy will be advised by their line manager of the smoking cessation options available, and that

persistent and continued refusal to comply with this policy by a person employed or contracted by ELFT will be subject to disciplinary action. It is recognised that, as with any HR issue, Managers may need and should seek additional line management or HR support where any such difficulties arise.

10. Training and Support

- 10.1. It is recognised that addiction is not a choice, but quitting smoking is. Staff will be able to access stop smoking support and advice.
- 10.2. Nicotine replacement therapy will be made available to staff.
- 10.3. Staff who do not want to stop smoking will be encouraged to use NRT to manage the symptoms of nicotine dependency whilst on duty
- 10.4. Staff will be encouraged to attend training as identified through the appraisal process, including the brief intervention Level 1 training which is highly recommended for all staff. Directorates are expected to operationalise this policy and to ensure staff are asked to prioritise and complete this training.
- 10.5. Where feasible and where there is sufficient demand, stop smoking clinics will be available on site to provide the appropriate support to both staff and service users to help them stop smoking.

11. Monitoring

During the first six months following implementation, this policy will be evaluated to identify and resolve and implementation issues, leading to a rapid review of Nicotine Management Policy. Directorates are responsible for managing and monitoring their compliance, in line with the principles below:

- 11.1. The Trust Datix system will be used to record and collate any adverse incidents resulting from the implementation, including complaints.
- 11.2. The Executive Quality Committee will be kept informed of the consequences of the implementation of this policy, including positive outcomes, persistent problem areas and suggestions for improvement.
- 11.3. Staff who do not comply with this policy will be interviewed by their line manager and referred for smoking cessation support as appropriate. Contravention of this policy will lead to disciplinary procedures and data on this will be included in the policy evaluation.

Standard	Time-frame/Format	How	Who
All prospective employees are advised of the policy and implementation date	1 st January 2017	Information on NHS jobs will be amended to reflect the policy	HR
All staff are smokefree in work time and on Trust premises	From 1st January 2017 on every instance where a staff member is observed smoking during ELFT time	Line managers to discuss with the member of staff observed smoking and this discussion to be recorded in personnel files and 1:1 management supervision.	Line managers and Team Leaders
Current staff are aware of the policy	Before 1st January 2017	Communication strategy implemented.	Communications team
All staff to have completed Level 1 smoking cessation training	By 1 st January 2017	Training reports	HR/training
Service users offered opportunity to quit on admission	At every admission assessment (as a minimum)	Part of the admission checklist / physical health checks	Directorates
Recording of smoking interventions delivered to service users	Each episode of intervention	To be included in Directorate audit programmes	Directorates
All staff offered the opportunity to be smokefree	Ongoing, with a review of the data from 1st Feb 2017 then every 6 months	Review of referrals to stop smoking services	Directorates