

Report to:	Public Board of Directors	Agenda item:	10
Date of Meeting:	30 May 2018		

Title of Report:	Smoke Free Site Update
Status:	Approval
Board Sponsor:	Claire Radley, Director of People
Authors:	Victoria Downing-Burn, Deputy Director of People Holly Sweet, Deputy HR Business Partner Alice Hillyard, Project Manager James Stevenson, Occupational Health and Wellbeing Nurse Manager
Appendices	Appendix 1: Staff Smoke Free Survey Results Appendix 2: Equality Impact Assessment

1.	Executive Summary of the Report
<p><i>In England, adult smoking prevalence in 2016 was 15.5% and, while it has fallen considerably over the last few decades, smoking remains the leading preventable cause of illness and premature death and one of the largest causes of health inequalities. (Source: Public Health England)</i></p> <p>The purpose of this paper is to propose an approach for the Trust to adopt in the achievement of being Smoke and Tobacco Free by 1 January 2019.</p> <p>The recent desire to become a Smoke and Tobacco Free site is in response to the drive from both STP wide commissioners and National bodies including NICE and Public Health England.</p> <p>Board of Directors has previously provided its support to the Smoke and Tobacco Free project. This paper is aimed at securing Executive and Non-Executive support for the recommendations from the internal Smoke and Tobacco Free Working Group, which is engaged with the wider STP programme.</p>	

2.	Recommendation
<p>Board of Directors is asked to approve the recommended approach to enabling the Trust to become Smoke and Tobacco Free during 2018.</p> <p>Specifically the request for approval is related to:</p> <ul style="list-style-type: none"> creating a clear and consistent message on the Trust's approach to smoking via: <ul style="list-style-type: none"> the removal of the existing smoking shelters permitting vaping on site in outside spaces and not in any buildings 	

3.	Legal / Regulatory Implications		
<p>The Trust within the BSW STP has agreed to a requirement, set by the local Commissioners, to become Smoke and Tobacco Free by the end of December 2018</p>			
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in preparation for the 1 January 2019.

4.	Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc.)
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5.	Resources Implications (Financial / staffing)
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Resource implications include:

- Communications materials including staff, patient and public engagement events
- Estates: including cost of removing smoking shelters
- Support: including smoking cessation training for staff throughout the Trust, and access to alternatives to tobacco products such as 'nicotine patches'

A paper on investment requirements will go to the Trust Investment Group in June.

6.	Equality and Diversity
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An Equality Impact Assessment was completed to determine the impact of prohibiting smoking on the RUH site (Appendix 2). Whilst the proportion of smokers for each demographic may vary, it was felt that the impact of implementing no smoking on site was the same across all characteristics.

7.	References to previous reports
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Board of Directors 2012.

8.	Freedom of Information
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Public.

Recommended Approach Paper for Board of Directors RUH Smoke Free Status

1. Purpose

The purpose of this paper is to brief the Board on the option recommended to the RUH regarding smoking on site and seek a decision as to whether this approach approved by the Trust Board.

2. Background

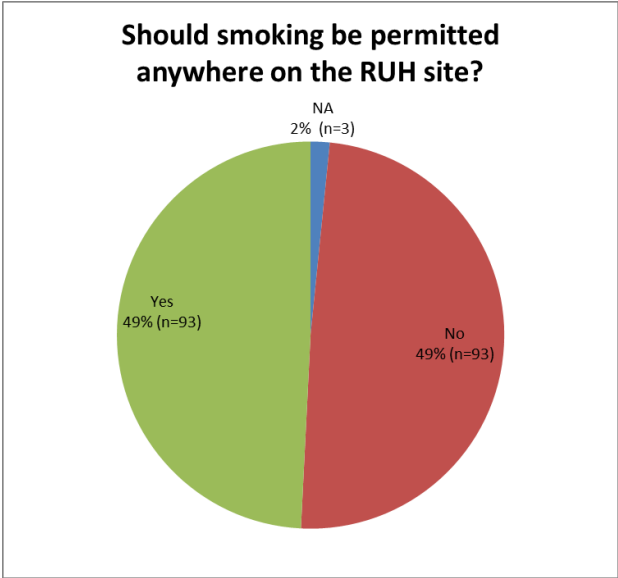
The recent National drive for NHS organisations to become smoke free without exception has provided additional interest for the Trust in the context of work that had already begun in preparation for the updating of the Smoke Free Policy. The national picture is in the form of NICE Guidelines (2015) and recommendations made by Public Health England (2016). In addition, we have been given the requirement by our commissioners to become smoke free by no later than 31st December 2018 as part of the 2017/19 Service Development and Improvement plan (SDIP). This is a nationally mandated requirement and supports the delivery of the commitment in the Five Year Forward View.

On 14 March 2018 - National No Smoking Day - NHS providers within the B&NES, Swindon and Wiltshire STP announced to the press that all sites would become smoke and tobacco free by Tuesday 1 January 2019. We are one of the first STPs to show our commitment to becoming smoke free and a working group has been established to co-ordinate this. The working group will also be exploring support measures that can be introduced to help staff, patients and visitors to become smoke free if they wish to or support them to abstain whilst on site if they do not. This includes looking at the ways in which e-cigarettes could be used to support smokers who wish to use them. It is therefore important that the Trust co-ordinates its approach with local providers.

3. Staff engagement

In preparation for the policy development a questionnaire was sent out to staff to establish their views on smoking on site in light of the policy renewal (**Appendix 1**).

The feedback revealed that 49% (n=93) of respondents felt that smoking should be permitted in some capacity on site and 49% (n=93) felt that the RUH should go smoke free (Figure 1):



Those who felt smoking should be permitted gave the reasons summarised in Figure (2). Approximately 32% of these respondents did however feel that the smoking shelters should be moved, as they are currently located too close to buildings and entrances.

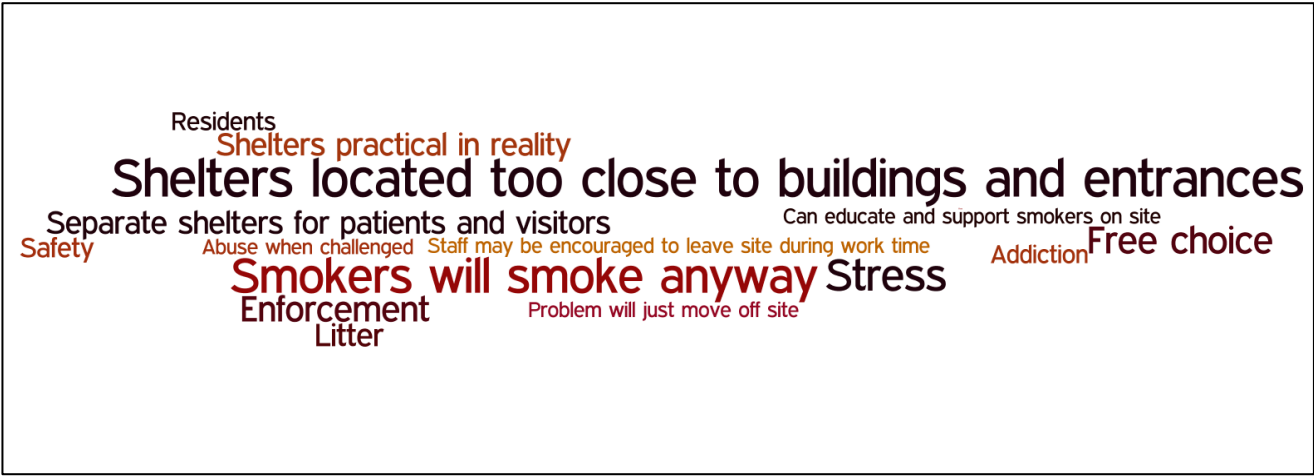


Figure 2: Themes that were apparent in the responses from 75 individuals who felt that smoking should be permitted in some capacity on the RUH site. The size of the font correlates to the frequency with which the point was raised.

Staff who felt smoking should not be permitted did so for the reasons summarised in Figure 3.

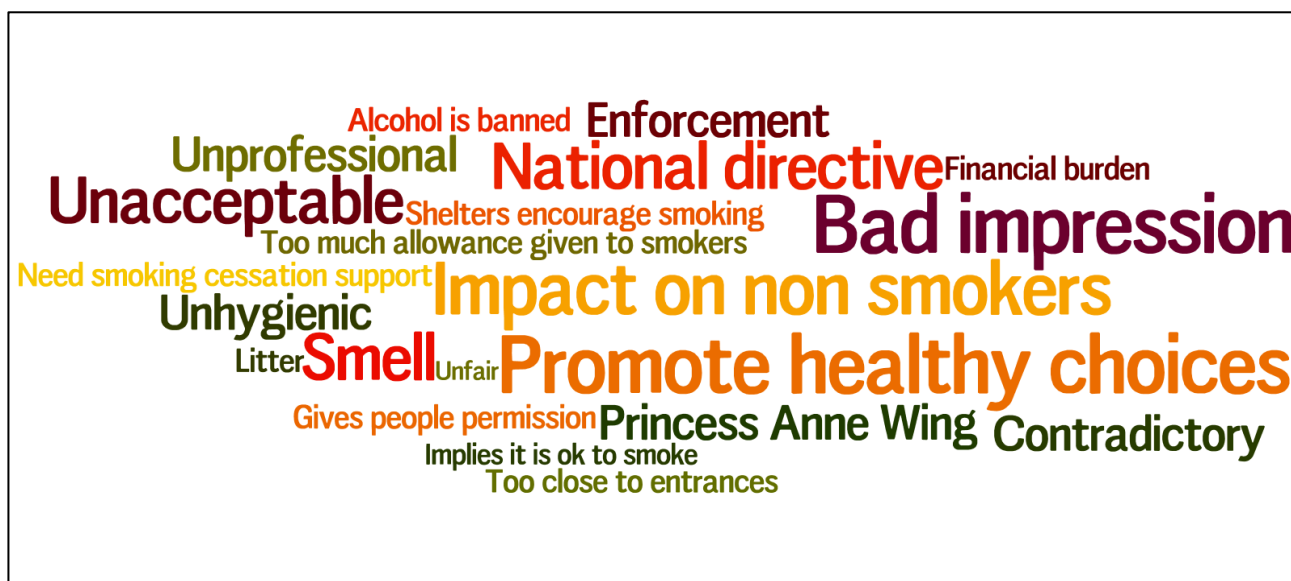


Figure 3: Themes in the responses from 77 individuals included that smoking should not be permitted by anyone, anywhere on the RUH site. The size of the font correlates to the frequency with which the point was raised.

As part of the questionnaire, staff were also asked what support they thought should be available to stop smoking. The majority of smokers stated that they had to want to quit, but that ‘nicotine patches’ could support when they did. Non-smokers responding largely in the interest of patients, felt nicotine patches, clinics or support groups and smoking cessation nurses would be beneficial. Interestingly, few people and only non-smokers suggested vaping.

At present, engagement has not been carried out with patients, visitors or residents however an engagement plan has been developed and will be discussed later. It was felt that a steer from Trust Board as to the recommended approach was required before holding such engagement events.

4. Recommended Approach

The national and local STP directives, commissioning requirements and feedback from staff show that currently the situation is highly contradictory, leaving staff, patients and visitors unclear of the Trust’s rules and regulations regarding smoking on site and thus their authority to challenge those in breach.

There are 3 key recommendations:

- It is recognised that the Trust needs to send a clear and consistent message that smoking is not permitted anywhere on Trust premises.

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- In line with NHS providers within the STP and guidance from Public Health England (2016), it is recommended that the Trust allows vaping on site, as e-cigarettes are recognised by Public Health England (2015 and 2016) as effective quitting aids that pose significantly less risk than smoking.
- It is proposed that designated shelters/areas are not provided for vaping. The evidence shows that e-cigarette users typically 'graze', taking a few inhalations at time to achieve the desired effect in comparison to smoker who requires a full cigarette. As such, providing designated areas around the site for vaping does not suit the way in which individuals use e-cigarettes.

As with all options explored, there are benefits and risks associated with this recommended approach which are detailed along with planned mitigation measures below:

Benefits	Risks	Mitigation
<ul style="list-style-type: none"> • Compliant with Commissioners requirements therefore mitigates risk of financial penalties. • In line with National Directives. • Supports health and wellbeing agenda. • Enhanced cessation support will increase the likelihood of smokers quitting. • Clear and consistent rules regarding smoking on site. 	<ul style="list-style-type: none"> • Complaints from residents if smokers move off site. • Resource implications to provide increased cessation support, re-brand and remove shelters and enforce no smoking. • Non-compliance related to illicit smoking may enhance the fire risk. • Enhanced aggression towards staff challenging smokers. 	<ul style="list-style-type: none"> • Provide bins outside the perimeter away from entrances • Cessation nurses to provide in-house training • Enforcement and patrols and sanctions in policy for failure to comply. • Fire risk to be placed on the Trust Risk Register for monitoring. • Security team to provide support and training if required.

5. Resource Implications and Considerations

In order to implement the above approach, the following resource implications are being considered:

Smoking cessation support – It is suggested that separate support is provided for staff and patients to ensure that each area has its own focus. For patients, it is

proposed that two to three members of staff will be trained as smoke free champions on each ward/department to support patients during their stay. In addition, a Lead Nurse is in place in Respiratory to provide smoking cessation support. When they are discharged, patients will then be referred to community smoking cessation teams who are keen to support this initiative. Staff will continue to be provided with smoking cessation support by Occupational Health and the Smoking Cessation Service and discussions are being held with RUH Pharmacy about the provision of nicotine replacement aids for staff within the Pharmacy shop to ensure ease of access to cessation aids. The focus of smoking cessation support will be to help patients and staff become smoke free if they wish, or to enable them to abstain whilst on site.

Estates management – It is proposed that shelters are removed from site and new signage is erected to highlight the change in smoking status of the RUH premises. In addition, it is proposed that bins are introduced near exits to mitigate cigarette littering and the risk of fires.

Enforcement – To enable enforcement of a smoke free status, it is recognised that the authorities and expectations of staff to challenge smoking and/or vaping on site by staff, patients or visitors need to be clearly defined. These will be outlined in an updated Smoke Free Policy which will also cover the disciplinary process that will be followed should staff be found to be in breach of the Policy. It is also proposed that codes of behaviour are established for patients to ensure the Trust's expectations are clearly communicated and staff can direct patients to them. Finally there has been discussion about the potential to introduce automated smoke detectors and automated messages that can be used to warn individuals that smoking is not permitted for anyone in breach of the regulations.

Communications plan – The aim is to support staff and patients to give up smoking before the ban comes in. It is proposed that posters are put up within the smoking shelters to promote smoking cessation support available and advise of the upcoming removal of the shelters. The Health and Wellbeing Week in September 2018 will also be used to promote smoking cessation services and assistance available in addition to success stories from staff who have stopped smoking. The main countdown to the RUH site becoming smoke free is planned to begin during Stoptober to capitalise on the National directive to stop smoking. Finally, it is also recognised that engagement sessions will be required with smokers and the Trust's neighbours to discuss the planned changes and support that will be in place in advance of the smoking shelters being removed.

Smoke and Tobacco Free Steering Group – In order to plan, manage and implement the proposed changes to the smoking status on site, the smoke and tobacco free steering group will continue to hold monthly meetings. The steering group membership includes key stakeholders from RUH and Virgin Care smoking cessation services, patient experience teams and governors, planning and

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contracting, estates and facilities and HR. The terms of reference of this group have been drafted but are not yet finalised therefore have not been included with this paper. Members of the smoke and tobacco free steering group are also representing the Trust at the STP smoke free working group.

6. Recommendations

Board of Directors is asked to note, discuss and decide whether to approve the recommended approach to smoking across the RUH sites.

Once an approach has been approved by Board of Directors, the Smoke Free Steering Group will prepare a paper to come back to Management and Board of Directors, outlining the detailed project plan (note: work is already underway on the detailed plan).

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Appendix 1 – Staff Smoking Survey

Smoke Free Questionnaire Data

A questionnaire was developed to establish the views of staff on smoking on the RUH site. The feedback received from staff will then be presented as part of a paper to the Trust Board who will make a decision on the Smoke Free strategy for the Trust.

Sample

An electronic version of the questionnaire was developed and the link was included in “intheweek” for 6 consecutive weeks. In addition, 300 hard copies of the questionnaire were taken around to 31 wards across the hospital, as well as to theatres, the cleaning department, catering department, porters lodge and the facilities and estates department by the Occupational Health (OH) team. Responses to the hard copies of the questionnaire were then collected by OH two weeks later.

A total of 189 responses were received, 89 hard copies and 100 electronic versions. The response rate to the paper copies of the questionnaire was 30%. Of the responses received, 88% were from non-smokers or ex-smokers (n=149 and n=18, respectively), 11% were from current smokers (n=21) and 1% did not wish to disclose their smoking status (n=1) (Figure 1).

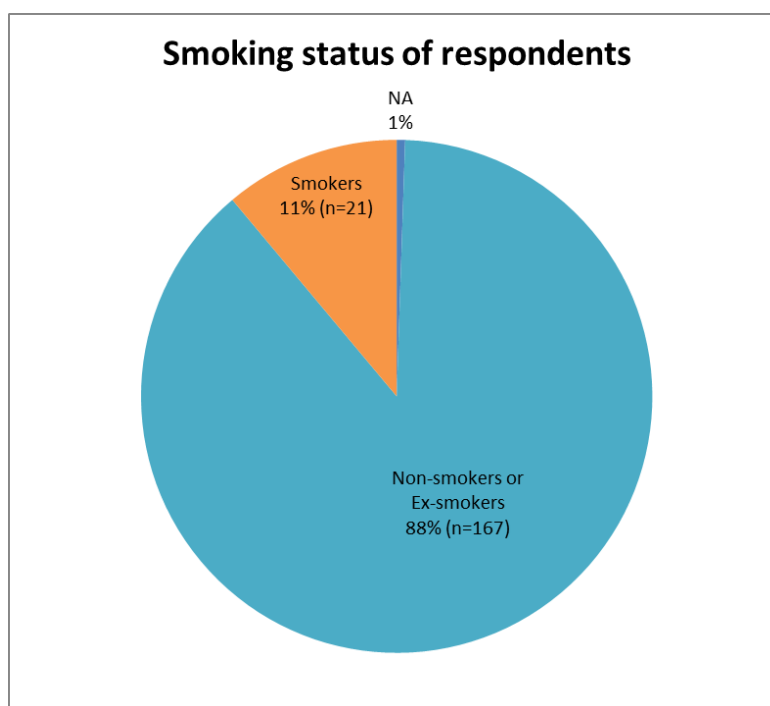


Figure 1: Smoking status of respondents to the Smoke Free questionnaire. 88% (n=167) of respondents were currently non-smokers, 11% (n=21) were smokers and 1% (n=1) did not wish to disclose their smoking status.

Smoking on site

As part of the questionnaire, staff were asked whether they believed smoking should be permitted on the RUH site. Respondents that felt that only patients should be allowed to smoke or that realistically shelters needed to be provided to contain smokers were recorded as 'yes' as they were taken to not support a Smoke Free status.

The data demonstrates that 49% (n=93) of respondents felt that smoking should be permitted in some capacity on site, 49% (n=93) of respondents did not think smoking should be permitted for anyone, anywhere on site and 2% (n=3) of individuals did not respond to this question (Figure 2).

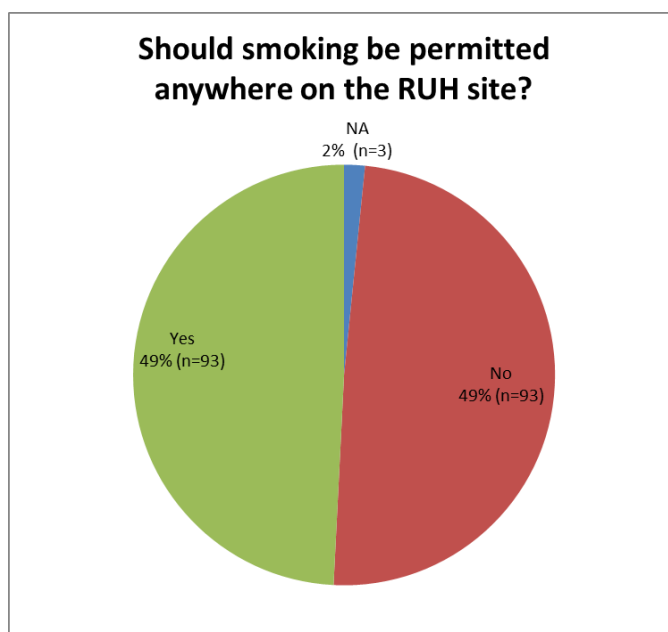


Figure 2: Responses regarding whether or not smoking should be permitted on the RUH site. 49% (n=93) of respondents felt that smoking should be permitted in some capacity, whilst 49% (n=93) felt smoking should not be permitted. 2% (n=3) of respondents did not answer this question.

The data was then explored according to the smoking status of respondents. Results revealed that 54% (n=91) of non-smokers did not think smoking should be permitted anywhere on the RUH site, 44% (n=73) of non-smokers thought that smoking should be permitted in some capacity on the RUH site and 2% (n=3) of non-smokers did not respond to this question (Figure 3).

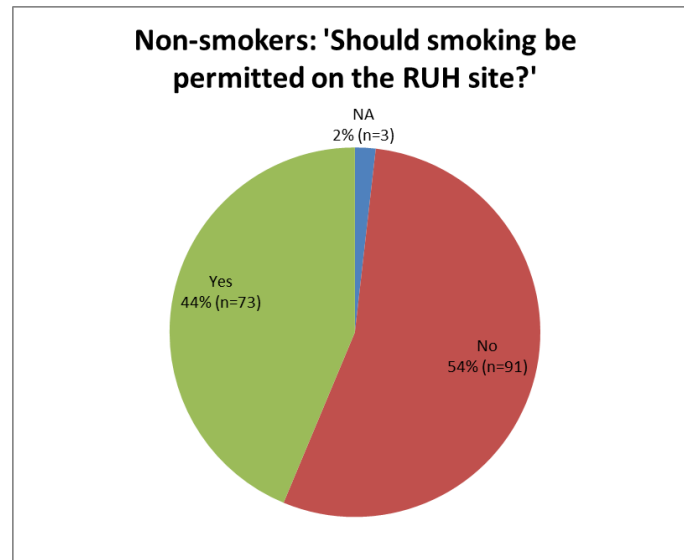


Figure 3: Responses from non-smokers to the question 'should smoking be permitted on the RUH site?' 54% (n=91) of non-smokers thought that smoking should not be permitted anywhere, 44% (n=73) thought smoking should be permitted in some capacity and 2% (n=3) did not respond to the question.

In contrast, only 10% (n=2) of smokers thought that smoking should not be permitted anywhere on the RUH site, while 90% (n=19) of smokers thought that smoking should be permitted in some capacity on site (Figure 4).

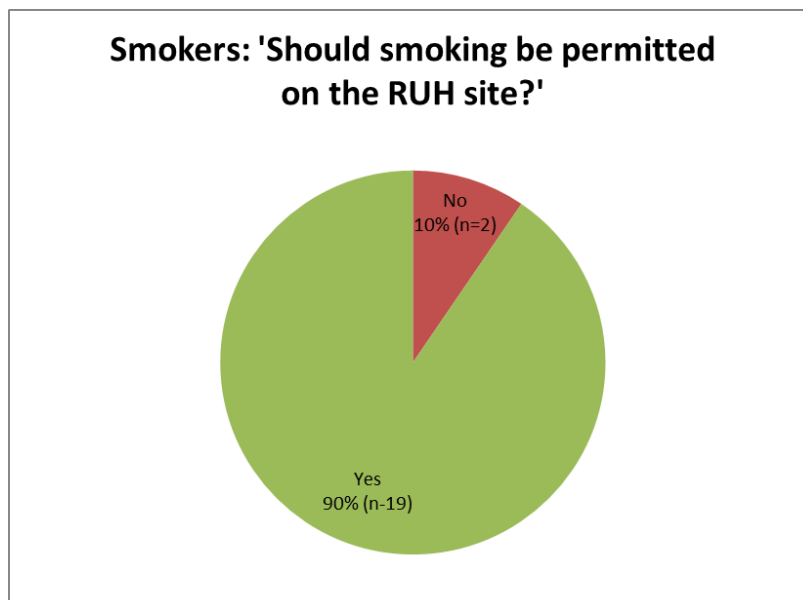


Figure 4: Responses from smokers to the question 'should smoking be permitted on the RUH site?' 10% (n=2) of smokers thought that smoking should not be permitted anywhere, while 90% (n=19) of smokers thought that smoking should be permitted in some capacity on site.

Smoking shelters should be provided on the RUH site:

Out of 93 individuals (98% (n=91) non-smokers and 2% (n=2) smokers) who felt that designated smoking areas should be provided in some capacity on the RUH site, 75 provided additional comments to explain or justify their opinion. The themes that emerged from their response were identified and are summarised below (Figure 5):

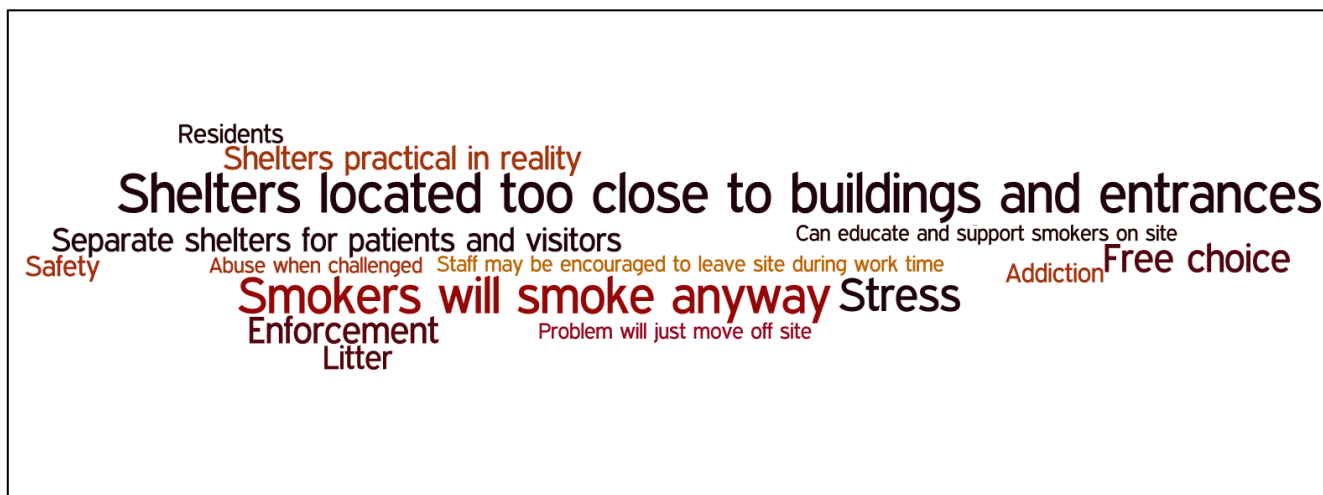


Figure 5: Themes that were apparent in the responses from 75 individuals who felt that smoking should be permitted in some capacity on the RUH site. The size of the font correlates to the frequency with which the point was raised.

The most commonly raised point by individuals who felt that smoking should be permitted on the RUH site was that, whilst they thought shelters should be provided for patients/visitors/staff, they felt the shelters were currently located too close to the hospital buildings and entrances and therefore would benefit from being moved to more discrete locations. The most frequently stated justifications for continuing to provide shelters included the fact that smokers would continue smoke anyway so the shelters were a good way to contain them; staff, patients and visitors may be under a lot of stress and therefore feel the need to smoke; and finally people have free choice over whether or not they smoke.

Smoking should not be permitted anywhere on the RUH site:

Out of 93 individuals (78% (n=73) non-smokers, 20% (n=19) smokers and 1% (n=1) who did not wish to disclose their smoking status) who felt that smoking should not be permitted anywhere on the RUH site, 77 provided additional comments to explain or justify their opinion. The themes that emerged from their response were identified and are summarised below (Figure 6):

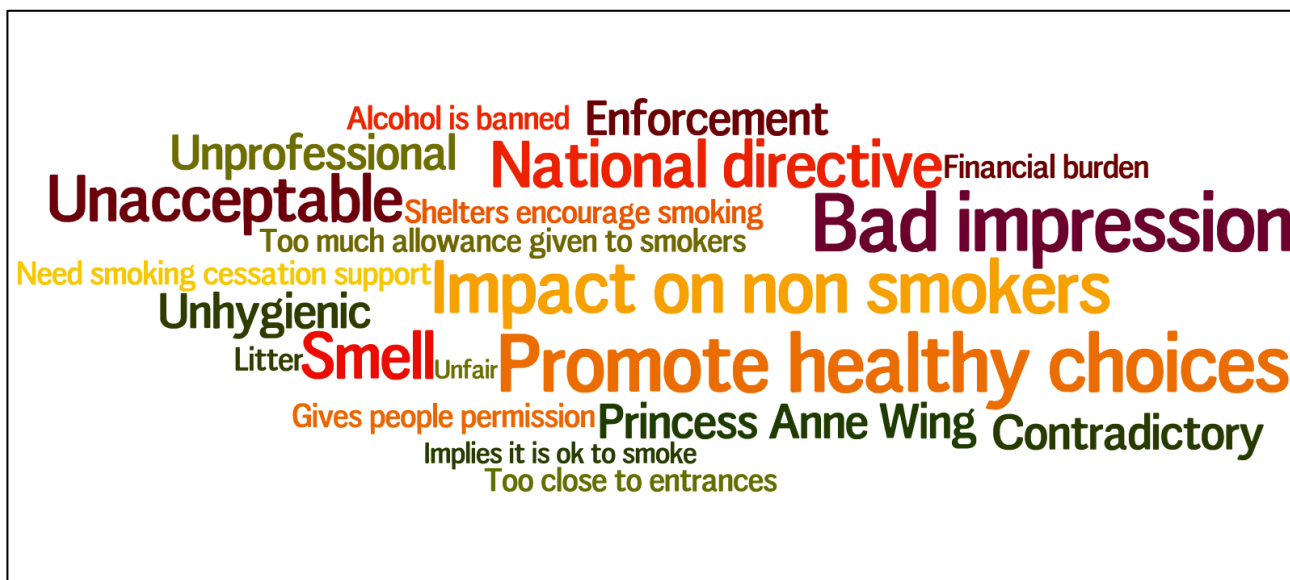


Figure 6: Themes that were apparent in the responses from 77 individuals who felt that smoking should not be permitted by anyone, anywhere on the RUH site. The size of the font correlates to the frequency with which the point was raised.

The most commonly raised point by individuals who felt that smoking should not be permitted anywhere on the RUH site was that as a healthcare provider, the RUH has a responsibility to promote healthy choices and therefore prohibit smoking. Other frequently stated reasons respondents gave to justify their opinion was the bad impression smoking, in particular by staff, gave of the Trust and the impact smoking on site had on non-smokers who often have to walk past smoking shelters on their way into work and when moving around the site.

Smoking Cessation Support:

Respondents were also asked as part of the questionnaire whether they wished to stop smoking. Out of the 11% (n=21) of respondents who were smokers, 57% (n=12) reported that they did not wish to stop smoking whilst 43% (n=9) expressed that they did want to quit (Figure 7).

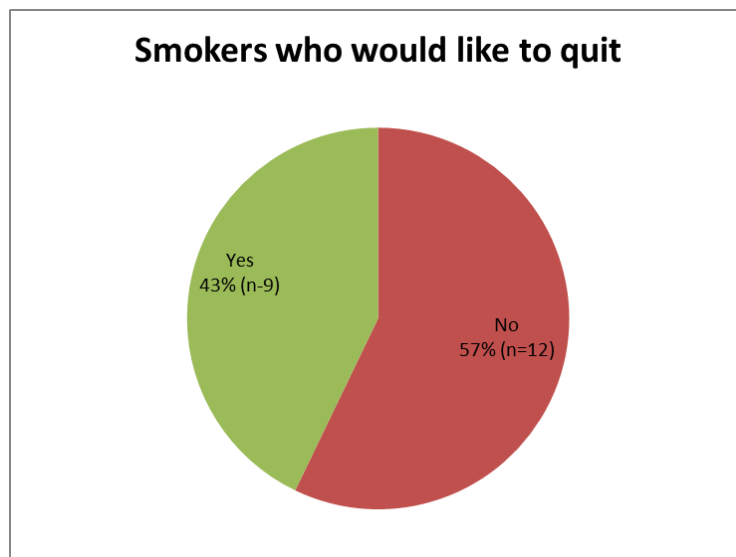


Figure 7: Responses from 21 smokers regarding whether or not they would like to stop smoking. 57% (n=12) did not wish to stop smoking whilst 43% (n=9) expressed that they did wish to stop.

The questionnaire also explored what support the Trust could offer to individuals who wished to stop smoking. Responses from 15 individuals who identified themselves as smokers revealed the following (Figure 8):



Figure 8: Responses given by 15 smokers as to the support the Trust could offer them in order to stop smoking. The size of the font correlates to the frequency with which the point was raised.

The most commonly stated response from smokers regarding the support the Trust could offer them to stop smoking was that individuals have to want to quit

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themselves. A number of smokers also felt that the Trust already provided enough support for those who wished to stop smoking however additional support could be provided in the form of free nicotine patches for both staff and patients.

31% (n=52) of non-smokers also responded to the question regarding what support could be provided to support individuals to stop smoking. Responses from these individuals revealed the following (Figure 9):

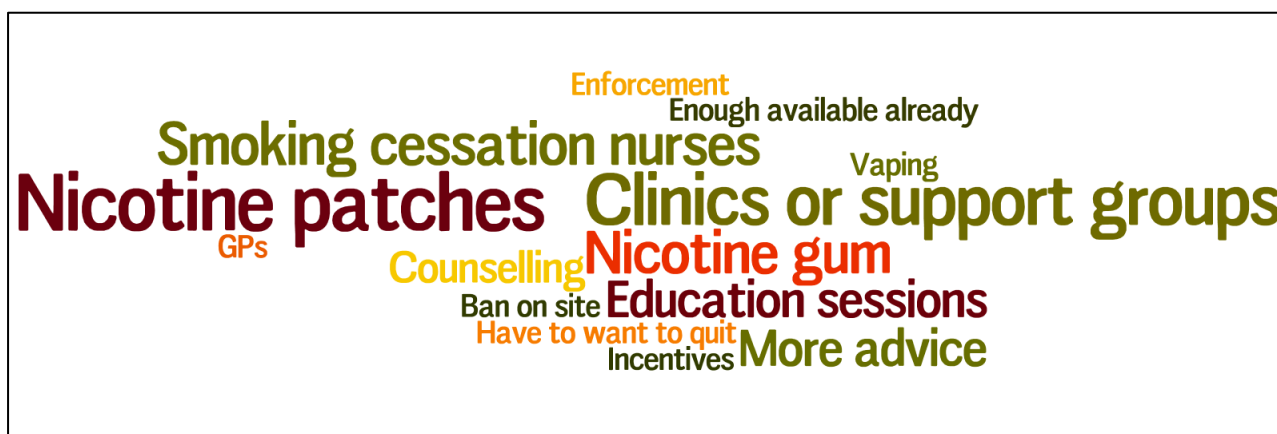


Figure 9: Responses given by 52 non-smokers as to the support the Trust could offer individuals to stop smoking. The size of the font correlates to the frequency with which the point was raised.

In agreement with the responses from smokers, non-smokers felt that the provision of nicotine patches and clinics or support groups would be beneficial to support those who wished to stop smoking. Other suggestions that were common between the two groups were the provision of counselling services, nicotine gum and more accessible advice on where to access smoking cessation support services.

Policy updates:

Finally, as part of the questionnaire, staff were asked which aspects of the Smoke Free Policy they felt required updating, clarifying, including or enforcing. Responses revealed the following:



Figure 10: Responses given by 28% (n=52) of respondents as to the aspects of the Smoke Free policy that they felt needed to be updated, clarified, included or enforced. The size of the font correlates to the frequency with which the point was raised.

Appendix 2 – Equality Impact Assessment**Equality Impact Assessment**

1. Title of document/service for assessment	RUH site becoming Smoke Free
2. Date of assessment	30 th March 2017
3. Date for review	
4. Directorate/Service	Trust Wide
5. Approval Committee	Trust Board

6. Does the document/service affect one group less or more favourably than another on the basis of:

Protected characteristic:	Yes/No	Rationale
• Age	No	
• Disability	No	
• Gender reassignment	No	
• Pregnancy and maternity	No	
• Race	No	
• Religion and belief	No	
• Sex	No	
• Sexual orientation	No	
• Marriage and civil partnership	No	

7. If you have identified potential discrimination, are the exceptions valid, legal and/or justified?

8. If the answers to the above question is 'no' then adjust the element of the document / service to remove the disadvantage identified.

9. If neither of the above is possible, take no further action until you have contacted your EIA Divisional / Directorate link for review and support

Signature of person completing the Equality Impact Assessment

Name	Holly Sweet
Time	15:45
Date	30/03/2017

Chair of decision making Board / Group / Committee approval and sign off

Name	
Time	
Date	

E-cigarette use, known as vaping, is not covered by smokefree legislation. E-cigarettes do not burn tobacco and do not create smoke. While debate continues about their absolute level of safety, the consensus across England's public health community is that e-cigarettes are significantly safer for users than smoked tobacco. An independent review of the latest evidenceⁱⁱ published by Public Health England (PHE) in 2015 found that, based on the international peer-reviewed evidence, vaping is around 95% safer for users than smoking. It also confirmed the findings of PHE's 2014 independent evidence review,ⁱⁱⁱ that there is no evidence of harm to bystanders from exposure to e-cigarette vapour and the risks to their health are likely to be extremely low.

Public Health England: ***Use of e-cigarettes in public places and workplaces: Advice to inform evidence-based policy making*** (2016)

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