Smokefree Policy
Policy: Smokefree Policy

Executive Summary: The Trust Smoke Free Policy prohibits smoking by staff, visitors and patients whilst on Trust premises and in the grounds.

Supersedes: ECT1561

Description of Amendment(s): Updated Contact details of Hospital and Maternity Practitioners.

This policy will impact on: All Trust Staff

Financial Implications: N/A

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<th>Policy Area:</th>
<th>Nursing and Patients Standards</th>
<th>Document Reference:</th>
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<td>Version Number:</td>
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<td>Effective Date:</td>
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<td>Issued By:</td>
<td>Paul Jackson</td>
<td>Review Date:</td>
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<tr>
<td>Author:</td>
<td>Paul Jackson</td>
<td>Impact Assessment Date:</td>
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<tr>
<td>(Full Job title)</td>
<td>Stop Smoking Service Manager</td>
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The term ‘Smoking’ is used to include the use of tobacco products in any form (cigarettes, pipes, cigars etc.).

The use of a vapouriser (e-cigarette) is not currently allowed in Trust property and grounds. The future use of vapourisers is under review and the Policy will be amended as and when appropriate.
Introduction

- East Cheshire NHS Trust recognises that smoking is still the largest single preventable cause of ill health and premature death in the UK.

- This policy applies to all patients and visitors, including parents and carers of any users of our services. The policy applies to all staff employed under a contract of service by ECNHST, including permanent/temporary staff, volunteers and students.

- Smoking still has a big impact on the health economy of ECNHST, as well as the surrounding community:
  - “Financial cost of lost productivity due to employee smoking related breaks and sickness at each NHS Secondary Care Trust across Cheshire and Merseyside, estimated to be £27.9 million". Heart of Mersey Tobacco Control Group 2013.
  - Smoking related hospital admissions in Cheshire East were 2,977 in 2013/2014 costing the local NHS £6.8million.
  - In Cheshire East there are approximately 1,128 smoking related premature deaths per year. www.tobaccoprofiles.info

Rationale

- The purpose of this policy is to clearly state the Trusts stance regarding smoking and how the policy is to be implemented.

- Compliance with the Smokefree Regulations 2006.

- Compliance with the Health and Safety at Work Act ensuring employees, patients, visitors and contractors are not exposed to risks due to smoking, second hand smoke or associated risks of fire.

- Compliance with the National Institute for Health and Care Excellence guidance and its recommendation to promote no smoking as the norm for people using our services and a Smokefree hospital environment.

- The Trust’s responsibility to protect and improve the health and well-being of all patients, visitors and staff and comply with the Health Act 2006.

- The Trust’s public health responsibility to improve the health of the local population beyond those who are currently receiving health care.

- The policy recognises the Trusts responsibilities as an employer and health care provider, whilst also recognising the impact of restrictions on patients. Support and assistance will be offered to smokers who wish to stop smoking by the Specialist Stop Smoking Practitioner and, where they are medically suitable, this will include the provision of Nicotine Replacement Therapy (NRT) or Varenicline (Champix).
Aims of the Policy

- To have a Trust wide systematic approach to support no smoking whilst on Trust premises.
- To provide a Smokefree environment for patients, visitors and staff.
- To comply with Health and Safety Legislation and Employment law.
- To support smokers who wish to stop or abstain while in hospital.
- To demonstrate that we are a health promoting organisation by promoting good health and publicising our commitment to reducing smoking and its associated risks.
- To raise awareness of the dangers of smoking and passive smoking.
- To maintain the Trust’s commitment to have smoke-free grounds.

Scope and Responsibilities

- The policy applies to everyone entering or using the Trust's buildings, vehicles and grounds.
- The policy applies to all staff identifiable as employees of East Cheshire NHS Trust on or off Trust premises during their working hours, or providing services to patients on behalf of the Trust in any place, including a patient’s home.
• Managers of all staff employed by the Trust are responsible for informing their staff of their obligations to comply with this policy.

• All staff are expected to actively promote the policy and act as role models for patients and visitors. Staff are expected to inform patients and visitors of the policy and to actively apply the policy.

• Managers are responsible for fully supporting any member of staff who wishes to stop smoking, by providing adequate time during normal working hours for them to receive relevant counselling and treatment.

• Managers will be responsible for monitoring the policy in their departments and ensuring that their department is adhering to the policy.

Smokefree Environment

Patients and Visitors

• Patients and visitors are not permitted to smoke within Trust premises including the hospital grounds. In exceptional circumstances (e.g. extreme distress) temporary alternative arrangements can be made at the discretion of the senior clinical manager.

• Patients and relatives will be informed before admission of the Smokefree Hospital Policy.

• Hospital in-patients and out-patients motivated to stop smoking will be offered specialist support from the Specialist Stop Smoking Practitioner - Hospital (details above).

• Patients receiving treatment in their own homes will be requested not to smoke when Trust staff are present. If this request is denied a mutually acceptable Smokefree venue will be sought.

• Pregnant smokers will receive clear, accurate and specific information on the risks of smoking and will be offered specialist support from the Specialist Stop Smoking Practitioner - Midwifery (details above).

• Clinicians, midwives and other members of staff who may be involved in discussing smoking with patients and clients will be offered appropriate training to enable them to do so effectively.

Staff

Accountability is to the Director of Nursing, Performance & Quality where the importance of no smoking is recognised and promoted and where responsibility for patient and carer experience sits.

• The Director of Nursing, Performance & Quality is responsible for ensuring that:
The Smokefree Policy is recognised as a Trust wide initiative to reduce risks to patients and visitors and promote their health and wellbeing.

- The impact of patient and carer experience is considered and included in the implementation of this policy.
- Effective protocols are developed to support policy delivery.
- The 10 minute Very Brief Advice (VBA) e-learning is accessible to all staff.
- Ensuring systems are established for monitoring Trust Smokefree status.
- There is participation in internal audits as required.
- The staff Smokefree Policy is reinforced across the organisation.

- Directorate Management Teams are responsible for:
  - Ensuring that all staff are familiar with this and that they know how to signpost patients to Kickstart Stop Smoking services.
  - Ensuring compliance forms part of performance reporting.
  - Being advocates for the policy.
  - Releasing staff for the 10 minutes VBA e-learning.
  - VBA e-learning forming part of local induction.

- Clinical staff are responsible for:
  - Assessing smoking status as part of all clinical assessments (Making Every Contact Count).
  - Offering smoking cessation referral to all smokers.
  - Doctors ensuring Nicotine Replacement Therapy (NRT) is prescribed to all in-patient smokers.
  - Advising all planned admissions of the Trust’s smoke-free policy and signposting them to Kickstart Stop Smoking services prior to admission.
  - Pharmacists ensuring there is adequate NRT available in wards and departments.
  - Contributing to audits as required.

- Staff are not permitted to smoke whilst on duty, either on Trust premises (including the hospital grounds) or when carrying out duties off site, eg. travelling to/from or in patient homes.

- Contractors, agency and voluntary staff (temporary or permanent) working on the Trust premises should observe the Smokefree Policy and acceptance of the policy will be a requirement for all contractors with the Trust.

- Staff may smoke during their unpaid lunch break off the premises but must ensure their uniforms are covered in accordance with the Trust’s Uniform/dress code policy.

- Confidential smoking cessation support is available to staff who wish to stop smoking via Kickstart Stop Smoking Service (details above).

- Time off for smoking breaks is not permitted.
Environment

- The Trust will have clear signs at all main entrances to ensure that everyone entering understands that smoking is not allowed inside the Trust premises, buildings or grounds.

- The Trust will keep grounds free of cigarette ends.

- The Trust will ensure that the sale of tobacco products on Trust premises does not take place.

Implementation

- Each Directorate has responsibility for the implementation and monitoring of the patients, visitors and staff Smokefree Policy within their sphere of control.

- Patients and visitors will be advised that no smoking is permitted in the hospital, hospital grounds and for home visits through written and verbal information and notices.

- Recruitment procedures, job advertisements, job descriptions and interviews will include reference to the Smokefree Policy.

- All induction sessions and fire lectures will refer to the Smokefree Policy.

Enforcement

- All staff have a responsibility to advise patients and visitors on the Trust’s Smokefree Policy.

- When it comes to the attention of a Ward Manager/ Head of Department that patients are ignoring the Smokefree Policy, the policy should be discussed with the individual and Stop Smoking Service support offered. The difficulty of enforcing a Smokefree Policy is acknowledged and staff will expect to receive the full support of both their senior managers and Trust management.

- Ward Managers /Heads of Departments will be responsible for ensuring that the Smokefree Policy is adhered to by their staff whilst on duty. All staff will receive the full support of Trust management in enforcing this policy.

- When it comes to the attention of a Ward Manager/ Head of Department that a member of staff is ignoring this policy, the policy should be discussed with the individual and help to comply with the policy, with support from the Stop Smoking Service if required, should be offered.

- Repeated breaches of the policy should be dealt with using the disciplinary procedure.

- Ward Managers/ Heads of Departments will be responsible for ensuring all meetings held outside Trust premises will be Smokefree environments.
Training and Support

- Kickstart Stop Smoking Service will offer access to brief intervention training (VBA) to all clinical staff.
- Managers and security staff will receive training as part of the broader Conflict Resolution Training Programme.
- Patients who wish to stop smoking will be given help and support from Kickstart Stop Smoking services.
- Contact details for Kickstart Stop Smoking Service should be included when details of the Smokefree Policy is given to patients.
- Literature giving details of Kickstart Stop Smoking Service will be made available for visitors, patients and carers.

Monitoring

- The Director of Facilities and Patient Experience and Kickstart Stop Smoking Service will monitor the effectiveness of the policy on an annual basis through the following performance indicators:
  - Number of referrals to Specialist Stop Smoking Practitioner
  - Number of complaints
  - NRT issues to patients
  - Levels of environmental tidiness
  - Number of smoking related fires
Resources

The following are examples of leaflets, letters and straplines that can be used by Trust services and departments to raise awareness of the Smokefree Policy.

If the main route of setting up appointments is by telephone, patients need to be verbally told about the Smokefree Policy. For example:

“To protect staff from the dangers of second hand smoke, East Cheshire Trust is asking patients to refrain from smoking during the health care professional’s visit and to keep a room Smokefree for at least 30 minutes prior to the visit.”
Re: Helping East Cheshire NHS Trust Provide a Smokefree Environment for our Staff

East Cheshire NHS Trust enforces a smokefree policy in line with the smokefree legislation for workplaces (1st July 2007). We value our staff and we know you appreciate the care they provide during your home visits. In order to protect them from risk of secondhand smoke inhalation we would ask that you follow these procedures to help us provide a smokefree environment:

Please refrain from smoking during your home visit.

Please conduct your appointment in a room, which has been smokefree for at least 30 minutes prior to the member of staff arriving and has also been well ventilated.

Please note that failure to abide by these procedures may result in your access to home visits being withdrawn/alternative smokefree venue arranged.

East Cheshire NHS Trust values your support with this matter.

Kind regards
Information to be added to existing letters/leaflets

Add this to existing leaflets:

**The NHS is Smokefree**

The trust strongly requests that you, your relatives and visitors do not smoke for 30 minutes before a visit from a member of staff, or provide a smokefree space for our staff to work in.

Add this to existing letters:

Patients should refrain from smoking during the healthcare professional’s visit and keep a room smokefree for at least 30 minutes prior to the visit.
Information for patients receiving a home visit

**Take care of the staff who take care of you**

The NHS has a duty of care to improve health and protect all of its staff whilst on duty. We would therefore appreciate your help and support in refraining from smoking whilst our staff are visiting you. To assist us with this could you please provide staff with a Smokefree environment?

**How can you help?**

In preparation for the visit:  
All routine visits are pre-booked and you will be given a time for the visit.  
Avoid smoking inside the house for at least 30 minutes before Trust staff arrive.  
Open windows and fully ventilate the area.  
Try to keep one room Smokefree, which can be used during the visit.

**During the visit**

Do not smoke or let anyone else in the house smoke in the area of the visit.

**Staff responsibilities**

Staff are asked to assess whether the environment in which they are visiting is safe for them to provide their services in line with Smokefree laws. If staff feel that the visit may be unsafe, you may be offered alternative treatment options.
Smokefree Home Visit Pathway

**Pre-appointment Information**
All communication with the client must request a smokefree environment for the duration of the visit

**On Arrival**
Request the client to provide a smokefree environment during the visit

- **Client refuses to provide a smokefree environment**
  
  Assess personal risk and decide whether or not it is safe to continue, reserving the right to withdraw from the visit at any time

  - **Withdraw**
    Explain reason for withdrawal to client and that your Line Manager will be in contact.

  - **Line Manager to discuss the incident with staff**

  Manager to contact client and explain the policy and reasons for it and request a Smokefree environment for the duration of the visit

- **Smokefree Environment Provided**
  
  Continue Visit

  Document any agreement reached with the client in regard to their smoking behaviour in all appropriate records

  Record clients smoking status and inform them of the Stop Smoking Service and refer if client wants to stop smoking

  If client still refuses to comply the manager can, where appropriate, arrange for an appointment to take place within a Smokefree building

  Give client notice that care may be withdrawn: advise of their right to complain via the Corporate Complaints Procedure
The Role of Staff

When booking an initial home visit, it should become routine to request that a service user should provide a Smokefree environment before and during the visit.

The client should be aware that Smokefree means a well-ventilated room, or area where no one has smoked in the previous 30 minutes. In practice, it is likely that most people will comply with such requests from community staff.

If the client is smoking at the time of the visit, then the community worker should use their judgement as to what they should do in the circumstances. It may, for example, be appropriate to remind the client, that they should provide a Smokefree environment for staff. The member of staff could then go back and wait in their car, giving the client a few minutes to finish their cigarette, before the visit commences.

There should be a record of the smoking status of each client in their care plan. They should also be offered advice and support on how to stop smoking.

Community staff should use their professional judgement when deciding whether or not to implement the Smokefree policy. There may be some highly complex, or crisis situations where staff may decide to allow a client to smoke; where a smoker is very acutely distressed.

If a client’s community care involves a team of people, all staff in attendance will need to agree to the exemption, if it were to continue.

When a client refuses to stop smoking during a visit, the member of staff should assess their personal risk and decide whether or not it is safe to continue, reserving the right to withdraw from the visit at any time. They have the discretion to make alternative arrangements for the provision of services, whilst ensuring at all times that the safety and welfare of the client is not compromised. If this is the case they should document any discussion they had with the client with regard to their smoking behaviour in the appropriate records. The reason for withdrawal should be explained to the client and that it will need to be discussed with the appropriate manager.

Staff have the support of the Trust to make decisions about services in these cases. Each case should be judged on individual circumstances and staff should discuss these issues with their line manager.

This incident should be reported to the appropriate line manager as soon as possible, taking care to ensure that the client is not put at risk.

The Role of Managers

If a member of staff reports a case of non-compliance with the request for the client to provide a Smokefree environment, the manager will need to determine how to proceed based on the duty of care, both to the member of staff and the client. In these circumstances documentation must be kept, regarding the policy breach and the actions taken including the decision-making process. The Trust’s adverse incident form should be completed where a more serious incident occurs, such as if the client does not comply and this results in a visit not taking place.
Equality Analysis (Impact assessment)

1. What is being assessed?

| Smokefree Policy |

Details of person responsible for completing the assessment:
- **Name:** Paul Jackson
- **Position:** Stop Smoking Service Manager
- **Team/service:** Stop Smoking Service

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

East Cheshire NHS Trust recognises that smoking is still the largest single preventable cause of ill health and premature death in the UK. This policy applies to all patients and visitors, including parents and carers of any users of our services. The policy applies to all staff employed under a contract of service by ECNHST, including permanent/temporary staff, volunteers and students.

2. Consideration of Data and Research

To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it.

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document

Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

**Age:** East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

**Race:**
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
- 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
Gender: In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
- In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
- In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
- Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
- C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
- In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
- Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
- CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
- CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9% In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
- Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
- Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
- Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
- Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
- Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
- Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
- Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
- None: 22.69%of Cheshire East and 22.0% of Cheshire West & Chester
- Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers: In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.

2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

No evidence

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

No
3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

**RACE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes ☐ No ☒

**Explain your response:** Any smokers will be treated by Specialist Stop Smoking Practitioner. Race is not a barrier to available treatments. If a patient’s first language is not English, staff will follow the trust interpretation policy. With regards to Eastern European smokers, their prevalence rates are much higher than the UK. However they do seek support in their home countries at an increasing rate. For Eastern Cheshire there is a Polish Specialist Practitioner in Crewe (the largest migrant population) who can also offer telephone support to Poles in other areas of Eastern Cheshire. For any Eastern Europeans other than Polish, the service follows the trust interpretation policy. The service to these groups is proving very successful. All the resources are produced in Polish. Smoking cessation leaflets in other languages can be accessed via Smokefree.nhs.uk.

**GENDER (INCLUDING TRANSGENDER):**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes ☐ No ☒

**Explain your response:** Any smokers will be treated by Specialist Stop Smoking Practitioner. Gender is not a barrier to available treatments.

**DISABILITY**

*From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes ☒ No ☐*

**Explain your response:** Any smokers will be treated by Specialist Stop Smoking Practitioner. Disability is not a barrier to available treatments. If a patient has communication difficulties, staff will follow the trust interpretation policy for BSL interpretation for Deaf people. Communications books are available in the trust to support patients with learning disabilities. Information can be provided in a range of formats as required.

**AGE:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, age groups differently? Yes ☒ No ☐

**Explain your response:** Available medication can only be prescribed to a smoker under the age of 12 by a Doctor. Behavioural support will still be available as normal.

**LESBIAN, GAY, BISEXUAL:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently? Yes ☒ No ☐
**Explain your response:** Any smokers will be treated by Specialist Stop Smoking Practitioner. Sexual orientation is not a barrier to available treatments.

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**RELIGION/BELIEF:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?  
Yes ☐ No ☒

**Explain your response:** However, the Oro-mucosal Spray does contain some alcohol and is therefore not recommended as an option for religious groups that forbid alcohol.

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**CARERS:**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently?  
Yes ☐ No ☒

**Explain your response:** Carers, friends and family can also receive smoking cessation support and treatment if appropriate.

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**OTHER:**  
**EG Pregnant women, people in civil partnerships, human rights issues.**
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently?  
Yes ☐ No ☒

**Explain your response:** Specialist Stop Smoking Practitioner (Midwife) also available for pregnant women and their family.

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### 4. Safeguarding Assessment - CHILDREN

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<th>Where a direct or indirect impact upon children?</th>
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Please describe the nature and level of the impact (consideration to be given to all children in a specific group or area, or individual children. As well as consideration of impact now and in the future; competing / conflicting impact between different groups of children and young people).

Please describe why there is considered to be no impact / significant impact on children if they are protected under the Policy in the same way as adults. Treatment is available to all, though an under 12 smoker needs a doctor to prescribe treatment (NRT).

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### 5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

- **Annual patient surveys used to seek patients views on service provision.**

- **The Trust has a duty to comply with National regulations and guidance:**
  - Compliance with the Smokefree Regulations 2006.
  - Compliance with the Health and Safety at Work Act ensuring employees, patients, visitors and contractors are not exposed to risks due to smoking, second hand smoke or associated risks of fire.
  - Compliance with the National Institute for Health and Care Excellence guidance and its recommendation to promote no smoking as the norm for people using our services and a Smokefree hospital environment.
  - The Trust’s responsibility to protect and improve the health and well-being of all
patients, visitors and staff and comply with the Health Act 2006.

- The Trust’s public health responsibility to improve the health of the local population beyond those who are currently receiving health care.

6. Date completed: 01/01/2016  
Review Date: 31/01/2018

7. Any actions identified: Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

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8. Approval – At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead: [Signature]

Date: 10.2.16