

## Smokefree Policy

### Document Control:

|                             |   |  |                 |
|-----------------------------|---|--|-----------------|
| <b>For Use In:</b>          | Norfolk & Norwich University Hospitals NHS FT                           |  |                 |
|                             | Organisation Wide   |  |                 |
| <b>Search Keywords</b>      | Smoking, smoke, e-cigarettes, vaping                                    |  |                 |
| <b>Document Author:</b>     | Hilary Winch, Associate Director – Workplace Health, Safety & Wellbeing |  |                 |
| <b>Document Owner:</b>      | Health & Safety Committee   |  |                 |
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| <b>Ratified By:</b>         | Hospital Management Board   |  |                 |
| <b>Approval Date:</b>       | 30 October 2024   | <b>Date to be reviewed by:</b><br>This document remains current after this date but will be under review | 30 October 2027 |
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### Version History:

| Version     | Date           | Author  | Reason/Change  |
|-------------|----------------|---------|--|
| V1.0 – V2.0 | Pre April 2010 | Unknown | Original / previous versions of this Policy.                                       |
| V2.0        | April 2010     | Unknown | Unknown  |
| V3.0        | September 2013 | Unknown | Inclusion of E-cigarettes and electronic nicotine delivery systems (ENDS)          |
| V3.1        | October 2013   | Unknown | Change to section 9: Smokefree Norfolk (formerly Cignificant)                      |
| V3.2        | April 2014     | Unknown | Changes to Introduction, roles and responsibilities and inclusion of contents page |
| V3.3        | August 2017    | Unknown | Director of Workforce asked that it was extended to 30/11/2017 to all for review   |

|      |               |              |  |
|------|---------------|--------------|--|
| V3.4 | February 2018 | Unknown      | Further extension granted to 30/06/2018 due to some recent information on E-cigarettes and meetings with NHS England prior to amendment. |
| V3.5 | April 2018    | Unknown      | Review date extended   |
| V4.0 | November 2019 | Hilary Winch | Full Policy review   |
| V4.1 | November 2019 | Hilary Winch | Amendments to Introduction and Roles and Responsibilities of Employees. Removal of paragraph 9.0, "Review", Addition of References.      |
| V4.2 | January 2020  | PACS         | Addition of contents page and paragraph 1.7. Update to Roles and Responsibilities of Employees.  |
| V5.0 | July 2024     | Hilary Winch | Full Policy review following transfer of contents to new ICB template.   |

#### Previous Titles for this Document:

| Previous Title/Amalgamated Titles | Date Revised   |
|-----------------------------------|----------------|
| None                              | Not applicable |

#### Distribution Control

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

#### Consultation

The following were consulted during the development of this document:

- Pay and Conditions of Service Committee
- UNISON
- Workforce & Education Sub-Board
- Chief People Officer

#### Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

#### Relationship of this document to other procedural documents

This document is a Policy applicable to Norfolk & Norwich University Hospitals NHS Foundation Trust. Please refer to the associated Frequently Asked Questions document for further guidance ([Trust Docs ID 17048](#)).

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## **1. Introduction**

### **1.1. Rationale**

- 1.1.1** The Norfolk and Norwich University Hospitals NHS Foundations Trust (hereafter referred as the NNUH) considers that as a health organisation we have a responsibility to encourage good health and to help tackle major causes of ill health.

The NNUH operates a non-smoking policy on all its premises, vehicles and grounds and this equally applies to all employees, patients and visitors as detailed further in this policy.

- 1.1.2** Smoking is the leading cause of preventable illness and premature death in England. Whilst nicotine is the addictive substance in cigarettes, it is relatively harmless. The harm from smoking comes from the tar and carbon monoxide in cigarette smoke, along with over 400 toxins. It is estimated that smoking costs the NHS £2.5 billion a year. NHS England has made a commitment to ensure that all NHS sites are fully smoke free by spring 2020.
- 1.1.3** As the major provider of acute healthcare in this area it is incumbent on the NNUH to be a model employer in relation to recognising and actively eliminating the dangers of smoking and passive smoking (second-hand smoke) in the workplace. Research demonstrates that many of the harmful chemicals that are in the smoke inhaled by smokers are also found in second-hand smoke. It is also known that exposure to second-hand smoke can cause cancer, is associated with increased risk of harmful diseases and premature death, including increasing the risk of sudden infant death syndrome. In addition, there are cancer health risks associated with third hand smoke (residue left on clothes and hair).
- 1.1.4** The NNUH recognises that breathing other people's tobacco smoke (passive smoking) has been shown to cause lung cancer and heart disease in non-smokers, as well as many other illnesses and minor conditions.
- 1.1.5** The NNUH endorses the principle that it is a matter of personal choice if individuals smoke or not, but the matter of where they smoke is of public concern. It has been demonstrated that healthcare staff are influential role models for patients. An NHS Trust that permits smoking is sending out a contradictory message instead of a clear unambiguous one. Staff have a duty to comply with the policy, appreciate their role as health educators and refrain from smoking on all NNUH sites.
- 1.1.6** This Policy complies with [NICE Guideline 209](#), "Tobacco: preventing uptake, promoting quitting and treating dependence".

## 1.2. Objective

The aim of this Policy is to:

- a) Protect and improve the health of patients, visitors, staff and contractors;
- b) Protect both smokers and non-smokers from the danger to their health of exposure to environmental tobacco smoke;
- c) Ensure NNUH premises, vehicles and grounds are smoke free.
- d) Outline the duties and responsibilities of all managers to appropriately manage the Smoke-Free site and any alleged breaches of the policy.
- e) Outline the duties and responsibilities for all employees and outline the potential action that will be taken in cases where evidentially persistent breaches of the policy occur.
- f) Outline the principles agreed by the organisation surrounding the use of e-cigarettes / vaping
- g) Encourage an environment conducive to giving up smoking and contribute to the NNUH's commitment to health improvement.
- h) Contribute to the overall management of fire risk on NNUH premises.
- i) Set a health improvement example to other employers and workforces.

## 1.3. Scope

This policy applies to all employees, contractors, patients, visitors, external companies and volunteers. The NNUH expects that any individual, whether a patient, visitor or employee, will uphold the smoke free status, thus refraining from smoking on its premises, buildings, grounds and vehicles (hereafter referred to as NNUH property).

## 1.4. Glossary

The following terms and abbreviations have been used within this document:

| Term          | Definition   |
|---------------|--|
| NNUH          | Norfolk & Norwich University Hospitals NHS Foundation Trust      |
| NNUH Property | Refers to NNUH premises, buildings, grounds and vehicles.        |
| NRT           | Nicotine Replacement Therapy (e.g Patches, QuickMist, Lozenges). |

|        |  |
|--------|--|
| Vape   | Device used for inhaling vapour containing nicotine, including flavouring.   |
| Vaping | The action or practice of inhaling and exhaling vapour containing nicotine and flavouring produced by a device designed for this purpose (a Vape). |

## **2. Responsibilities**

### **2.1 The Role of the Chief Executive and the Trust Board**

The Chief Executive and the Trust Board have the prime responsibility for the implementation of the policy and to:

- a) Provide a general awareness of the nature and dangers of smoking and passive smoking for occupational health and safety.
- b) Evaluate effectiveness of the policy.

### **2.2 Duties and responsibilities of Managers**

- a) To ensure that all staff within their areas of responsibility understand the policy and are aware of their responsibilities for both adhering to this policy and managing any incidents of employees smoking on site.
- b) To ensure that the policy is observed, communicated and applied within their areas of responsibility.
- c) To take a significant role in offering staff support and improve the health and wellbeing of the workforce. Managers should refer staff for support to the [Smokefree Norfolk Service](#). This may include enabling staff to attend and access stop smoking support meetings during reasonable periods of work time.
- d) If it is identified that workers in their areas of responsibility are not adhering to the policy, then it is the responsibility of the manager to address this with their staff member using the BUILD model (within the Communicating with Pride toolkit) to promote a conversation that both identifies the supportive measures detailed above as well as exploring other factors which may be contributing to the staff member's non-adherence and identifying if any other support can be provided. As a last resort following persistent non-adherence and having had evidenced previous attempts, a manager can consider further action through the Misconduct Policy.

## **2.3 Duties and responsibilities of All Employees**

- a) To be familiar with, observe and comply with the Smoke Free Policy, if necessary, taking measures to manage their Nicotine addiction whilst at work.
- b) To seek the advice and support of Smoking Cessation services for stop smoking advice/support as required. Employees who smoke but do not wish to stop smoking can seek support for Nicotine addiction management whilst at work.
- c) Employees are encouraged to use Nicotine Replacement Therapy (NRT) during their official rest breaks and not whilst visible in ward / patient areas.
- d) Employees are not allowed to smoke whilst wearing uniform in accordance with the NNUH's Dress Code and Uniform Policy.
- e) To recognise that smoke lingers on breath and clothes and that patients and other staff may find this offensive.
- f) To be aware that persistent breaches of this policy could be managed through the Misconduct Policy after numerous informal conversations using the Communicating with Pride approach, offers of support and opportunities to comply have been made.
- g) Staff are expected to promote a smoke-free environment and healthy living. Staff should avoid condoning or advocating the use of tobacco smoking and offer routine brief advice to smokers regarding the stop smoking service support to quit. When caring for patients who smoke, staff should ensure appropriate nicotine replacement medication or therapy has been prescribed by the physician responsible for care. Staff should feel empowered to advise any person seen smoking on site that the site is a smoke free premises and they will need to leave the site completely if they wish to smoke.

## **2.4 The Role of the Workplace Health and Wellbeing Department**

- a) To provide signposting to staff on smoking cessation support available.
- b) To provide literature for staff who wish to stop smoking.
- c) To actively promote the benefits of not smoking.

## **2.5 The Role of the Stop Smoking Service (Smokefree Norfolk)**

- a) To provide information regarding smoking cessation and treatment.
- b) To provide support to individuals who wish to stop smoking.
- c) To facilitate access to stop smoking support and treatment.
- d) To provide training to help staff to support smokers to quit.

## **2.6 External Parties**

- 2.6.1** Clear signs will be on display to ensure that everyone entering NNUH sites understands that it is a smoke free site and as such smoking is not allowed in the buildings or grounds.
- 2.6.2** Tenders and contracts with the NNUH will stipulate adherence to this Policy as a contractual condition, noting that any breaches will be reported to the relevant organisation with the expectation that appropriate action is taken within the respective organisation so as to ensure that further breaches do not occur.
- 2.6.3** Patients will be advised of the Policy on admission to the NNUH premises and through pre-operative notifications if an elective admission.
- 2.6.4** GP Practices, and external users of our property (for example Bus services, ambulance service, employees of other local organisations working on our site) will also be informed of the Policy. Any breaches will be reported to the relevant organisation.
- 2.6.5** Job advertisements will include reference to the Smoke Free Policy.
- 2.6.6** Details of NNUH's Smoke Free policy will be published on both the Intranet and Internet.

## **3. Policy Principles and Processes to be followed**

The primary principle of this Policy is to reduce harm from smoking, promote healthy behaviours and support patients and staff who are addicted to nicotine.

### **3.1. Nicotine Management**

- 3.1.1** Patients in the Emergency Department and Inpatients need to be screened on admission about their smoking habits and their response recorded in their health record. If the patient identifies as a smoker, they are to be advised that they cannot smoke on site and appropriate NRT needs to be prescribed so that they can manage their nicotine addiction whilst they receive treatment with us. A referral to the stop smoking service should also be made.
- 3.1.2** An NRT Decision Aid is available via Trustdocs ([ID 17224](#)) to support the appropriate prescribing of short-acting NRT products for Adults. A separate NRT Decision Aid is available for young people aged 12-17 years old ([Trust Docs ID 19502](#)).

- 3.1.3** Outpatients will be informed via their outpatient letter that they cannot smoke on site and will be advised to use NRT available from a local chemist to manage any nicotine withdrawal symptoms while attending for their appointment.
- 3.1.4** Staff are expected to manage their nicotine addiction while at work and can explore options for how to manage this with Smokefree Norfolk or the NNUH Health & Wellbeing Team.
- 3.1.5** As the main hospital is part of a campus site, NRT is available for sale within WHSmith.

## **3.2. E-Cigarettes**

- 3.2.1** E-cigarettes are promoted by Public Health England as being safer to use than smoking tobacco. They are also shown to be a valuable aid in supporting people to reduce or quit smoking. We are, however, mindful of feedback from non-smokers who have said that they do not want to walk through vaping 'mist'. The Trust has taken a supportive approach to being smokefree and so it is recognised that there is a need to find a balance with regards to use of e-cigarettes on site.

Therefore, the NNUH has adopted a vaping etiquette, which asks that:

- E-cigarettes are not used inside any Trust buildings or Trust vehicles,
- E-cigarettes are not used in front of doors or windows,
- E-cigarettes are not used in densely populated areas (e.g bike/bus shelters, car parks or boundary walks in busy times of day).

For patients taking Oxygen:

- E-cigarettes are not used when using oxygen therapy.
- E-cigarettes are never used within 3 metres of oxygen equipment.

## **3.3 Stop Smoking Services**

- 3.3.1** In line with the NHS Long Term Plan (2019), all Trusts are expected to ascertain the smoking status of all patients and pregnant women and provide stop smoking support. As a minimum, this should include the offer of NRT for inpatients and a referral to the local Stop Smoking Service (Smokefree Norfolk).

### **3.4 Environment**

- 3.4.1** Smoking is not allowed in any area of the main hospital and satellite sites including, buildings, doorways, grounds and car parks.
- 3.4.2** As the main Hospital is on a campus site, a smokefree zone has been identified, as indicated on the map shown in **Appendix 1**. For all other Trust sites, the smokefree zone starts/finishes at the respective highway boundaries (entrance/exit roads and paths).
- 3.4.3** Clear signage informing everyone that they are entering a Smokefree site is visible at the entrances to all Trust sites. Additional signage is displayed in key areas advising that the grounds and premises are smokefree and smoking is prohibited. Signage close to doorways/windows also stipulates that e-cigarettes cannot be used in that area (in line with the vaping etiquette as outlined in section 3.2).

### **3.5 Staff**

- 3.5.1** Staff cannot smoke in uniform or with a hospital ID badge whether on or off duty. You should not smoke at hospital entrance and exits or in the woodland area (due to fire risk).
- 3.5.2** Staff are not entitled to take breaks during working hours for the purpose of smoking or to vape. As smoking is not permitted on the grounds, we encourage smokers to take their official rest breaks and use nicotine replacement therapy, like the inhalator, to help cope with cravings.
- 3.5.3** Staff who continue to smoke on site should be aware that their manager will be expected to hold a conversation with them and identify actions of support. Continued non-compliance with this Policy will result in such conversations being documented, and as a last resort, managers may instigate procedures in accordance with the Trust's misconduct procedure.

### **3.6 Line Managers**

- 3.6.1** As a healthcare organisation committed to promoting wellbeing it is important that we provide a healthy and safe environment. Allowing smoking is not consistent with this message and line managers hold a key role in supporting their staff who identify as smokers in managing their nicotine addiction while at work.
- 3.6.2** Where concerns regarding your staff members' smoking behaviour during working hours are raised with you, it is important to hold a supportive conversation at the earliest opportunity. The Trust's Communicating with PRIDE toolkit is recommended in supporting you with holding these

conversations. A summary of the conversation including supportive measures agreed should be documented within the staff member's personal file.

- 3.6.3** If a member of staff repeatedly fails to comply with the Policy, as a last resort and having had evidenced previous attempts of supportive conversations, further action through the Misconduct Policy could be considered.

### **3.7 Smokefree Enforcement**

- 3.7.1** Enforcement of the Smokefree Policy is everyone's responsibility.

- 3.7.2** The most effective way of ensuring Smokefree premises is through good communications with staff, patients, visitors, contractors and public constituencies as well as providing the required level of support to help manage quit attempts or temporary abstinence.

- 3.7.3** Anyone seen smoking on site should be politely asked not to smoke. Staff are expected to remind people of the smoke free status whilst avoiding putting themselves at risk.

- 3.7.4** If someone becomes verbally aggressive or violent, the standard NHS procedures for aggressive behaviour should be invoked. A 'zero tolerance' policy applies in the NHS in all other aspects of treatment and smoking is not an exception. Security should be contacted if safety is compromised.

## **4. Training & Competencies**

### **4.1 Very Brief Advice Training**

- 4.1.1** Clinical staff involved in the screening and/or clerking of patients must complete the Very Brief Advice training available via the NNUH Substance Misuse Team and NHSE eLearning for Health.

### **4.2 Competencies**

- 4.2.1** There are currently no specific competencies associated with the execution of this Policy.

## **5. Related Documents**

- Communicating with Pride (BUILD model) – [Trust Docs ID 15552](#)
- Dress Code and Uniform Policy – [Trust Docs ID 22782](#)
- How to Engage with Smokers – [Trust Docs ID 17335](#)

- Misconduct Policy – [Trust Docs ID 15355](#)
- [Nicotine Replacement Therapy Decision Aid \(Adults\) – Trust Docs ID: 17224](#)
- Nicotine Replacement Therapy Decision Aid for Young People (12 – 17 Years) – [Trust Docs ID: 19502](#)
- Smoke Free Policy FAQ's – [Trust Docs ID: 17048](#)
- Ward Poster: 'Smokefree Site' – [Trust Docs ID 19565](#)

## 6. References

A tobacco-free NHS: achieving a step change, (29 November 2016), Letter to All NHS Trusts and FT Chief Executives, Public Health England.

Health Effects of Second-Hand Smoke, (17 January 2018), Centres for Disease Control and Prevention, section 'Smoking and Tobacco Use'.

NHS Five Year Forward View, (October 2014), NHS England.

NHS Long Term Plan, (January 2019) NHS England.

Second-Hand Smoke and Cancer, (04 December 2018), National Cancer Institute at the National Institutes of Health.

Second-Hand Smoke: the impact on children, (March 2014), ASH Action on Smoking and Health, Research Report.

Third Hand Smoke, National Centre for Health Research  
<http://www.center4research.org/third-hand-smoke/>

## 7. Monitoring Compliance / Audit of the process

The document owners are responsible for monitoring and reviewing the effectiveness of this document. This review is continuous however, as a minimum will be achieved at the point this document requires a review, for example changes in legislation, findings from incidents or document expiry.

A full review of this Policy will be carried out every 3 years (or sooner if required).

Compliance with the process will be monitored through the following:

| Key elements   | Process for Monitoring      | By Whom (Individual / group /committee) | Responsible Governance Committee /dept | Frequency of monitoring |
|--|-----------------------------|---|--|-------------------------|
| The number of disciplinary actions against staff for breaching this policy | Data Collection             | HR                                      |  | Ongoing                 |
| Incident reporting   | Incident Management Systems | Risk & Governance                       |  | Ongoing                 |

The audit results are to be discussed at relevant governance meetings including, as a minimum, Health & Safety Committee, to review the results and recommendations for further action. Recommendations and/or plans for improvement will be presented to the Hospital Management Board who will ensure that the actions and recommendations are suitable and sufficient.

## 8. Appendices

[Appendix 1](#) NNUH Estates: Smokefree Boundaries

[Appendix 2](#) Equality Impact Assessment Screening

[Appendix 3](#) Full Equality Impact Assessment

## Appendix 1: NNUH Estates: Smokefree Boundaries

### Main Hospital (Colney Lane):

As the main Hospital is on a campus site, a smokefree zone has been identified, as indicated on the map below.



### Satellite Sites:

For all satellite sites, the smokefree zones starts/finishes at the respective highway boundaries (entrance/exit roads and paths).

Satellite sites include:

- The Cotman Centre
- Cromer Hospital
- Grove Road
- Rouen Road

## Appendix 2: Equality Impact Assessment Screening

|                            |                  |
|----------------------------|------------------|
| Type of function or policy | Smokefree Policy |
|----------------------------|------------------|

|                                |              |            |                               |
|--------------------------------|--------------|------------|-------------------------------|
| Division                       | Trustwide    | Department | Corporate and Human Resources |
| Name of person completing form | Hilary Winch | Date       | 11 July 2024                  |

| Equality Area  | Potential Negative Impact   | Impact Positive Impact | Which groups are affected | Full Impact Assessment Required YES/NO |
|--|---|------------------------|---------------------------|--|
| Race   | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Pregnancy & Maternity  | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Disability   | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Religion and beliefs   | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Sex  | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Gender reassignment  | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Sexual Orientation   | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Age  | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| Marriage & Civil Partnership   | Indirect  | Indirectly – Yes       | --                        | Yes                                    |
| <b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b> | <p>Positive impact upon Better Health Outcomes 1.2 and 1.5, as all patients will be screened for smoking behaviours and routinely offered Nicotine Replacement Therapy as required.</p> <p>Potential positive impact upon Improved Patient Access and Experience 2.3, as the intention of the Smoke Free Policy is to provide an environment that is safe for patients, staff and visitors, through omitting the health risks associated with smoking tobacco and breathing second or third hand smoke.</p> |                        |                           |  |

- A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty
- Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service
- The policy or function/service is assessed to be of high significance

### IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED

The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.

## Appendix 3: Full Equality Impact Assessment

### STAGE TWO : FULL EQUALITY IMPACT ASSESSMENT FORM

|  |   |
|--|---|
| 1. Name of the function, strategy, project or policy.                    | <b>Smokefree Policy</b>   |
| 2. Directorate, Department / Service                                     | <b>Corporate and Human Resources</b>  |
| 3. (a) Details of the person completing this impact assessment form.     | (b) Details of the person responsible to implement this function / policy (if different from a) |
| Name: Hilary Winch   | Name:   |
| Job Title: Associate Director for Workplace Health, Safety and Wellbeing | Job Title:  |
| Telephone / Extension: 01603 287030                                      | Telephone / Extension:  |

### STEP 1: Identification of Aims and Objectives of the Policy/Function

|  |  |
|--|--|
| 1.1 Type of function or policy   | Existing <input checked="" type="checkbox"/> Proposed <input type="checkbox"/>   |
| 1.2 Describe the main purpose and the outcomes of the function, policy, strategy or project?   | <p>Full revision of the current Smokefree Policy, to bring into line with revised guidance from Public Health England, NHS England and the NHS Long Term Plan.</p> <p>The Norfolk and Norwich University Hospitals NHS Foundations Trust (hereafter referred as the Trust) considers that as a health organisation we have a responsibility to encourage good health and to help tackle major causes of ill health. As the major provider of acute healthcare in this area it is incumbent on the Trust to be a model employer in relation to recognising and actively eliminating the dangers of smoking and passive smoking (second-hand smoke) in the workplace.</p> <p>The Policy aims to protect and improve the health of patients, visitors, staff and contractors through promoting the prohibition of smoking tobacco on Trust premises, within Trust vehicles or within the Trust's grounds.</p> |
| 1.3 List the main activities / objectives / milestones of the function, project / policy.  |  |
| <p>This policy applies to all employees, contractors, patients, visitors, external companies and volunteers. The Trust expects that any individual, whether a patient, visitor or employee, will uphold the smoke free status of the Trust, thus refraining from smoking on its premises, building, grounds and vehicles.</p> <p>Managers should ensure that all staff within their areas of responsibility understand the policy and are aware of their responsibilities for both adhering to this policy and managing any incidents of employees smoking on site. This includes ensuring that the policy is observed, communicated and applied within their areas of responsibility.</p> <p>All employees are to be familiar with, observe and comply with the Smokefree Policy, if necessary taking measures to manage their Nicotine addiction whilst at work. In addition, all employees are to be prepared to advise any person seen smoking on site that the site is a smoke free premises and they will need to leave the site completely if they wish to smoke.</p> <p>The Workplace Health and Wellbeing Department shall signpost staff to the smoking cessation services as required.</p> <p>The Stop Smoking Service (Smokefree Norfolk) shall provide information, advice and support regarding smoking cessation and treatment.</p> |  |

Clear signs will be on display to ensure that everyone entering Trust sites understands that it is a smoke free site and as such smoking is not allowed in the buildings or grounds. Patients will be advised of the Policy on admission to Trust premises and through pre-operative notifications if an elective admission.

GP Practices, and external users of our property (for example Bus services, ambulance service, employees of other local organisations working on our site) will also be informed of the Policy.

Job advertisements will include reference to the Smokefree Policy.

Details of the Trust's Smokefree policy will be published on both the Intranet and Internet.

|   |   |
|---|---|
| 1.4 Who are the stakeholders and who is/will be the main beneficiaries of the strategy/project/ policy? | Patients, Visitors and staff are stakeholders and beneficiaries, alike. |
|---|---|

|  |                |
|--|----------------|
| 1.5 What are the key performance indicators for this function /policy (i.e. Access targets, Health care standards etc.)? <i>It may apply to some functions only.</i> | No KPIs apply. |
|--|----------------|

## STEP 2: Considering Existing Data and Research

|   |                                      |  |
|---|--------------------------------------|--|
| <p>2.1 Examine existing available data and research to properly assess the likely impact by considering various sources such as surveys, statistical data bases, audits, consultation results, research, studies, reports, feedback etc. for this particular function or policy.</p> <p>What does this data tell you; please explain in the next column under each section.</p> | <b>Age</b>                           | <p>Smoking is the single largest cause of health inequalities.</p> <p>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination.</p> <p>A report by the Office for National Statistics (2017) indicated that 15.1 % of adults admit to being smokers in national lifestyle survey, with the regional breakdown for Norfolk being 14.9%.</p> <p>A Cochrane Review shows that smoking cessation interventions are effective for hospitalised patients regardless of admitting diagnosis.</p> <p>Through implementing the Smokefree Policy, the Trust are endorsing the principle that it is a matter of personal choice if individuals smoke or not, but the matter of where they smoke is of public concern.</p> <p>The impact of implementing the Smokefree Policy is therefore likely to be considered negative for those who are smokers.</p> |
|   | <b>Gender</b>                        |  |
|   | <b>Gender re-assignment</b>          |  |
|   | <b>Marriage or Civil Partnership</b> |  |
|   | <b>Pregnancy or Maternity</b>        |  |
|   | <b>Sexual Orientation</b>            |  |
|   | <b>Disability</b>                    |  |
|   | <b>Race</b>                          |  |
|   | <b>Religion and Belief</b>           |  |

|   |  |
|---|--|
| <p>2.2 Are there any gaps in the information required?</p> <ul style="list-style-type: none"> <li>○ If no; please go to the next question.</li> <li>○ If yes; please explain;</li> </ul> <p>(a) The reasons for such gaps.<br/>(b) Whether there is a need to commission the provision of additional information.<br/>(c) What exactly you intend to carry out and how?</p> | <p>No <input checked="" type="checkbox"/> Yes <input type="checkbox"/></p> |
|---|--|

### STEP 3 : a) Assessing the Likely Impact on Equality Groups b) Consider Alternative Policies

Answer the following by considering the information you have collected in Steps 1 and 2 to identify whether the policy is likely to affect different groups, directly or indirectly, in different ways. **Please refer to the guidance notes.**

| 3.1 Does the function or policy in the way it is planned or delivered could impact differently (positively or negatively) on different people or communities i.e. it could disadvantage them or have a positive impact on them? Or could it amount to adverse impact? ( <b>Please refer to the guidance notes</b> ). |                 |                 |  |
|--|-----------------|-----------------|--|
| Equality Groups  | Negative Impact | Positive Impact | Reasons  |
| Age  | Indirect        |                 | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| Gender re-assignment   | Indirect        |                 | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| Marriage or Civil Partnership  | Indirect        |                 | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| Pregnancy or Maternity   | Indirect        |                 | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |

|                            |          |  |  |
|----------------------------|----------|--|--|
| <b>Gender</b>              | Indirect |  | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| <b>Sexual Orientation</b>  | Indirect |  | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| <b>Disability</b>          | Indirect |  | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| <b>Race</b>                | Indirect |  | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |
| <b>Religion and Belief</b> | Indirect |  | Smoking is the single largest cause of health inequalities.<br><br>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination. |

3.2 If you have indicated there is a negative impact on any group, is that impact:

|   |   |
|---|---|
| a) Legal/Lawful i.e. the function or policy directly or indirectly discriminatory under the Equality Act 2010 or other legislation? | <p>a) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide details:</p> <p>Smoking is the single largest cause of health inequalities.</p> <p>The data and research regarding the harmful effects of smoking tobacco are applicable to all 9 protected characteristics, without discrimination.</p> <p>Smoking is not protected under the Human Rights Act. The 1998 Human Rights Act allows individual choice only if this choice does not endanger others.</p> |
| b) Intended - can it be justified under any of the Acts?  | <p>b) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>If yes, please provide details:</p> <p>The purpose of the Policy is to promote healthy behaviours and reduce health inequalities.</p>  |

|  |   |
|--|---|
| 3.3(a) Could you make changes to the policy/function to prevent or minimise any adverse impact or unlawful discrimination, while still achieving the aims? | The Policy promotes the provision of Nicotine Replacement Therapy being prescribed for all inpatients. Information regarding the Smokefree status of the site shall also be provided to patients ahead of attending for elective admissions or Outpatient appointments. |
| (b) Could you consider alternative policy/ies that might promote equality better?  | Advice and support for managing nicotine addiction or quit attempts shall be available from Smokefree Norfolk.  |

## STEP 4: Consultation

|   |             |
|---|-------------|
| 4.1 What previous consultation on this function, project or policy has taken place with groups / individuals from equality target groups? What does it indicate about negative impact and how people view this function, project or policy? |             |
| Age   | None taken. |
| Gender  | None taken. |
| Gender re-assignment  | None taken. |
| Marriage and Civil Partnership  | None taken. |
| Pregnancy or Maternity  | None taken. |
| Sexual Orientation  | None taken. |
| Disability  | None taken. |
| Race  | None taken. |
| Religion and Belief   | None taken. |

4.2 (a) Are there any experts/relevant groups/organisations that can be contacted to get further views or evidence on the issues.

| <i>Details of the groups:</i>   | <i>Timetable for consultation</i>   |
|---|---|
| Smokefree Norfolk<br>Public Health England (PHE)<br>Integrated Care Board (ICB) | Joint working with Smokefree Norfolk, PHE and the ICB has taken place since the commencement of the NNUH Smokefree Site project (March 2019). |

b) Please describe what methods will be employed for consultation and the processes for feed back into your planning and decision making process?

A multi-agency and multi-professional smokefree site working group was set up for the Smokefree Site project in 2018-19, including representatives from Union Reps, HR, Health & Safety, Security, Estates & Facilities, Substance Misuse team, SmokeFree Norfolk, Public Health England. This group was instrumental in the development of the contents of the full revision of the NNUH Smokefree Policy (version 4.2, published 2019).

The Hospital Management Board provide the escalation point for discussion of key issues and risks and provision of advice or decisions required to maintain and nurture a Smokefree Site.

4.3 Have you involved your staff members (who have or will have direct experience of implementing the function/policy in taking forward this impact assessment? If yes how?

Please refer to 4.2(b) above.  
Furthermore, wider consultation of staff views took place during the original Smokefree Site project (2019) and current views via a mix of complaints received and comments on staff forums have been taken into account with the revision of the Policy (version 5).

**STEP 5: Action Plan (Age, Gender, Gender re-assignment, Marriage or Civil Partnership, Pregnancy or Maternity, Sexual Orientation, Disability, Race, Religion and Belief)**

| Objective  | Action Required to address the issue/s                                    | How would you measure impact/outcomes in practice | Timescales  | Responsible Lead                             |
|--|---|---|-------------|--|
| To increase the provision of Nicotine Replacement Therapy to inpatients. | NRT prescription guidelines to staff, via Discretionary Medicines Policy. | Regular EPMA reporting.                           | Autumn 2026 | Pharmacy Department / Substance Misuse Team. |
|  |   |   |             |  |

**A copy of the full assessment, including the action plan, must be forwarded with the policy/project.**

**Action by Divisional Lead**

E.I.A. received on: \_\_\_\_\_

Returned for further information: \_\_\_\_\_

Reviewed and accepted: \_\_\_\_\_

Steps taken to review and implemented Action Plan \_\_\_\_\_