NHS
MILTON KEYNES
University Hospital
NHS Foundation Trust

Policy	
Title: Smoke Free Hospital Policy (Patients, Public and Staff)	
Classification :	Policy
Authors Name:	
Authors Job Title:	**Director of Corporate Affairs**
Authors Division:	**Corporate Affairs**
Departments/ Group this Document applies to:	**All users of the hospital site (patients, public and staff)**
Date of Approval: 6 February 2019	**Review Date: October 2021**
Approval Group: Management Board	**Last Review: Replaces the Restricted Smoking Policy (RM/GL/22)**

Unique Identifier: RM/GL/22	**Status:** Approved	**Version No:** 2
Policy to be followed by (target staff): All staff, patients and the public (all users of the hospital site and premises)		
To be read in conjunction with the following documents: Disciplinary policy		
CQC Fundamental standards: Regulation 15 – Premises and equipment Regulation 16 – Receiving and acting on complaints		

Index

Section	Contents	Pages
1	Policy Statement	
2	Purpose and Summary	
3	Abbreviations/ Definitions	
4	Rationale	
5	Statement on e-cigarettes and vaporizers	
6	Policy Objectives	
7	Groups Affected by this Policy	
8	Method for Policy Development	
9	Roles and Responsibilities	
10	Patients	
11	Visitors	
12	Dealing with Abusive/ Violent Patients/ Visitors	
13	Exceptional Circumstances (Patients)	
14	Implementation and Dissemination of the Policy	
15	Enforcing the *Smoke Free Hospital* Policy	
16	Appendices	
17	References	

Policy Statement

Milton Keynes University Hospital NHS Foundation Trust (the Trust) has committed to making its entire site smoke-free. This means that smoking, including vaping and the use of e-cigarettes, is prohibited in all hospital buildings and across the entire hospital site (including the carparks and all outside spaces within the perimeter of the hospital estate). This policy has been adopted to support the health and wellbeing of all users of the hospital site.

Smoking: For the purpose of this policy, smoking includes the use of all tobacco products (cigarettes, cigars, pipes, etc.) and all e-cigarettes and vaporizers (vapes).

The only permitted exception is the use of prescribed NRT, including inhalators as part of a smoking cessation/ nicotine replacement therapy programme. These inhalators do not emit any smoke or vapour nor have any electrical component parts

Smoke-free: For the purpose of this policy, smoke-free refers to the absence of all tobacco products and all e-cigarettes and vaporizers *(exception as above for prescribed products).*

1. Purpose and Summary

The purpose of this policy is to clearly explain the Trust's position regarding smoking on its premises. For the purpose of this policy, the Trust's premises include all hospital buildings and outdoor spaces within the perimeter of the Trust's estate (reference map in Appendix 1).

The Trust became a smoke-free hospital on 1 October 2017, marking a change from its previous *Restricted Smoking Policy*. The *Restricted Smoking Policy* re-introduced smoking to the hospital site (replacing a previous smoke-free policy) in 2012 in five designated areas due to the continued prevalence of smoking on the hospital site.

This policy – and Trust management – recognizes that the re-introduction and continued reinforcement of a smoke-free policy is a long-term commitment in changing smoking behaviours.

The Trust is committed to improving the health and wellbeing of all users of the hospital site. The Trust has a duty to protect the health and wellbeing of patients and all non-smokers from second-hand smoke and to ensure the hospital site is a pleasant, welcoming environment for all.

This policy supports and upholds the Smoke Free law (UK legislation). The legislation, introduced on the 1st July 2007, makes it illegal to smoke in all public enclosed or substantially enclosed area and workplaces. *(Source: Smoke Free England)*

This policy applies to:

- Staff (all members of Trust staff, including those based at Witan Gate House and all employees working on Trust premises, – e.g. contractors, agency/ bank/ locum staff, etc.)
- Patients (admitted patients (inpatients) or those using outpatient services)
- Volunteers
- Visitors (all visitors to the Trust)
- General public

For the purpose of this policy, smoking includes the use of all tobacco products (cigarettes, cigars, pipes, etc.) and all e-cigarettes and vaporizers. Prescribed Nicotine Replacement Therapies are excluded from this policy.

2. Abbreviations/ Definitions

Smoking: For the purpose of this policy, smoking includes the use of all tobacco products (cigarettes, cigars, pipes, etc.) and all e-cigarettes and vaporizers

Smoke-free: For the purpose of this policy, smoke-free refers to the absence of all tobacco products and all e-cigarettes and vaporizers *(exception as above for prescribed products)*

The Trust: Refers to Milton Keynes University Hospital NHS Foundation Trust

MKUH: Refers to Milton Keynes University Hospital NHS Foundation Trust

NRT: Nicotine Replacement Therapy. The use of prescribed NRT products are encouraged as aids to quit smoking and these products are not included in this policy.

3. Rationale

This policy supports the Trust's ambition to become a smoke free hospital site, both within buildings (legal requirement) and outside its premises (supporting health and wellbeing).

Despite declines in prevalence over recent decades, more than seven million adults in England still smoke; tobacco remains the single largest cause of premature death; and for every death caused by smoking, approximately 20 smokers suffer from a smoking related disease. Smoking during pregnancy is associated with a range of negative outcomes including miscarriage, premature birth, stillbirth and neonatal complications.

The resulting burden on the NHS is huge: in 2014-5 around 475,000 hospital admissions in England are attributable to smoking and the total annual cost is estimated at £2bn with a further £1.1bn in social care costs. (Selbie, 2016).
Compliance with UK legislation Health and Safety at Work Act 1974, Section 2(2) places a duty on employers to: 'provide and maintain a safe working environment which is, so far as is reasonably practical, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work'.

The Health Act 2006 Smoke free legislation made within this Act banned smoking in all enclosed and substantially enclosed work places, work vehicles and public buildings from 1st July 2007.

The Smoke-free (Premises and Enforcement) Regulations 2006 Sets out definitions of "enclosed" and "substantially enclosed" and the bodies responsible for enforcing smoke free legislation.

The Smoke-free (Exemptions and Vehicles) Regulations 2007 Sets out the exemptions to smoke free legislation and vehicles required to be smoke free.

Towards a Smokefree Generation: A Tobacco Control Plan for England 2017-22 This government document provides a comprehensive plan to tackle tobacco in England.

The Trust's responsibility to protect and improve the health and wellbeing of all staff, patients and visitors, complying with the NHS Constitution and Health and Social Care Act 2012 and other relevant legislation. More recently, the NHS England 'Five Year Forward View' has reiterated the case for prevention and staff wellbeing to be of high priority for the NHS

To comply with National Institute for Health and Care Excellence (NICE) guidance which recognises the importance of the NHS as a champion of smoke-free environments, and the need to support and encourage staff, patients and visitors to change to a smoke-free lifestyle

The latest NICE quality standard (QS82) clearly states healthcare services should use contracts that *"do not allow employees to smoke during working hours or when recognisable as an employee".* It recommends that the NHS becomes smoke-free without exception

The Trust's responsibility to improve the health of the local population and to protect families and communities from tobacco related harm

To reduce the prevalence of smoking as the leading cause of preventable death in the UK

4. Statement on e-cigarettes and vaporizers

This policy includes the use of e-cigarettes and vaporizers in the definition of 'smoke-free' with some exceptions (see above).

As e-cigarettes are a relatively new product evidence on the content and emission of electronic cigarettes is limited (Britton & Bogdanovica, 2014) and long term studies are awaited. However, the safety and efficacy of electronic cigarettes remains controversial. Public Health England state that e-cigarettes are estimated to be 95% less harmful than conventional smoked cigarettes for those unable or unwilling to quit smoking (Public Health England, 2016). Whilst many experts including Public Health England believe that e-cigarettes are safer than cigarettes, this is not to say that they are completely safe. Analysis of certain electronic cigarettes has found they deliver inconsistent nicotine levels, contain human carcinogens and tobacco related
specific impurities that are suspected as being harmful to human health (Westenberger, 2009; BMA, 2013).

If patients are not prepared to stop smoking using standard treatments such as nicotine replacement therapy, e-cigarettes have been recommended by Public Health England (McNeill et al, 2015). E-cigarettes may help with reducing the harm from cigarettes. However, it is argued that e-cigarettes may undermine smoking cessation by promoting or normalising smoking (Chapman, 2013). Further research is needed to identify practical benefits, harms, opportunity costs or consequences of the use of electronic cigarettes (Britton & Bogdanovica, 2014).

The UK has some of the strictest regulation for e-cigarettes in the world. Under the [Tobacco and Related Products Regulations 2016](#), e-cigarette products are subject to minimum standards of quality and safety, as well as packaging and labelling requirements to provide consumers with the information they need to make informed choices.

All products must be notified by manufacturers to the UK Medicines and Healthcare products Regulatory Agency (MHRA), with detailed information including the listing of all ingredients.

Currently there are no e-cigarettes on the market that are licensed as medicines. Once they are medicinally licensed, GPs and stop smoking services will be able to prescribe them alongside other stop smoking medicines.

Until the long term effects of e-cigarettes are known the Trust cannot advocate the use of e-cigarettes on the premises or grounds. This decision has been taken due to current concerns about the unregulated content of some electronic cigarettes; the need to charge appliances electrically, the vapour produced imitating smoke and the potential normalisation of smoking resulting from their use. (content replicated from the Newcastle Upon Tyne NHS Foundation Trust Smoke Free Trust Policy 2016-19 (http://www.newcastle-hospitals.org.uk/SmokeFreeTrustPolicy201612.pdf)

5. Policy Objectives

i. To have a consistent Trust-wide approach to being smoke-free on hospital premises

ii. To provide a healthy environment for all users of the Trust site by reducing the prevalence of smoking near hospital buildings

iii. To reduce the health impact of smoking on patients, visitors and staff

iv. To raise awareness of the dangers of smoking and passive smoking amongst patients, visitors and staff

v. To set out the Trust's commitment to a smoke-free hospital, reducing the environmental impact of smoking, including littering

6. Groups Affected by this Policy

All users of the hospital site are affected by this policy. This includes staff, visitors, patients (inpatients and outpatients) and members of the general public

The policy applies to all staff, without exception. 'Staff' here refers to all staff, including agency, locum and bank staff, contractors, and volunteers. The term also includes students on placement.

7. Method for Policy Development

The policy was developed and updated through the MKUH Health and Wellbeing Group, in liaison with workforce, public health and staff support organisations. It is supported by best practice guidance, and evidence based recommendations.

The Smoke Free Group sought feedback on this policy during the first phase of the Smoke Free Hospital implementation programme – from October 2017 to October 2018, including from partner organisations.

8. Roles and Responsibilities

The implementation of the *Smoke Free Hospital* policy will be monitored by the Smoke Free Hospital Steering Group and the Health and Safety Committee; reporting to the Workforce Board and the Management Board and Trust Board as appropriate.

Overall responsibility is with the Director of Corporate Affairs as chair of the Health and Safety Committee and executive lead for health and safety in the Trust.

8.1 The Director of Corporate Affairs is responsible for:

The Director of Corporate Affairs has executive responsibility for compliance with the Smoke Free Hospital policy.
She/ he is responsible for:

I. Ensuring the policy is recognised as a Trust-wide initiative for reducing harm from smoking, supporting staff and public health and wellbeing and improving the environment and experience of users of the hospital site

II. The policy is reviewed periodically and in the light of any new legislation

III. The policy is reviewed in light of feedback from staff, patients and visitors – particularly during the first three months of implementation

IV. Establishing systems for monitoring the effectiveness of the implementation of the *Smoke-Free Hospital* policy

V. Ensuring there is regular and sustained communications and signage about the hospital's smoke free site status to staff, patients and visitors

VI. Acting as a senior executive point of escalation for issues concerning the smoke-free site

8.2 All Trust managers are responsible for:

I. Modelling the behaviours set out in this policy; ensuring the policy is operationalized and being advocates for the policy and in positively reinforcing the smoke-free hospital in interactions with smokers on the hospital site

II. Ensuring staff are aware of the *Smoke-Free Hospital* policy and how to access smoking cessation support. If a staff member wishes to attend a smoking cessation service during paid working hours, managers must give the request due consideration and can only refuse such a request if it will negatively affect the service delivered. Managers should consider the long-term benefits of a staff member succeeding in an attempt to go smoke-free

III. Staff should be made aware of the *Smoke-Free Hospital* policy on commencement of employment, on the launch of the policy and at regular intervals as required

IV. Ensuring staff are aware of the possible consequences if the policy is breached. For more information see the section below on enforcing the policy

V. Taking action when staff are identified as being in breach of the *Smoke-Free Hospital* policy. This includes considering and responding to evidence provided by outside parties regarding staff members who are in breach of the policy

VI. Ensuring appropriate clauses are used to make sure contractors are compliant with the *Smoke-Free Hospital* policy. Contractors should be made aware of the policy during induction to the hospital site.

VII. Ensuring there are adequate staffing levels before allowing staff members to take unpaid breaks off site. Staff who wish to smoke should not be given any additional break time within their working day compared to smoke-free colleagues

8.3 The Health and Wellbeing Department/ Smoking Cessation Services are responsible for:

I. Providing/ sourcing advice for staff who wish to quit smoking.

II. Signposting staff to smoking cessation clinics (drop-in) currently run every Monday in the Maple Unit - these are freely available to members of staff and the public

8.4 Clinical Staff are responsible for:

I. Assessing and documenting the smoking status of patients as part of all clinical assessments

II. Providing or signposting patients to smoking cessation support services

III. Ensuring NRT is offered and prescribed as appropriate to all inpatients

IV. Advising patients on elective pathways of the *Smoke-Free Hospital* policy and signposting them to smoking cessation support services in advance of them attending the hospital and in advance of their admission

V. Advising patients on emergency pathways of the *Smoke-Free Hospital* policy; prescribing NRT as appropriate and signposting them to smoking cessation support services

VI. Advising outpatients of the *Smoke-Free Hospital* policy and signposting them to smoking cessation support services as appropriate

VII. For pharmacists to ensure appropriate NRT stock is available to wards and departments

VIII. To report and escalate any clinical or other risks or incidents associated with any aspect of this policy

8.5   Security staff are responsible for:

I.   Ensuring the Trust's premises remain smoke-free and being advocates for the policy
II.   Ensuring the safety of all users of the hospital site
III.   Supporting staff with any challenging or aggressive behavior as a result of the implementation of this policy as appropriate

8.6   All staff are responsible for:

I.   All members of staff are encouraged to go smoke-free in the interests of their own health and wellbeing, as well as that of the patients, families, visitors and other staff they come into contact with
II.   Staff must not smoke on the Trust's premises, inside or out, at any time. This includes common access and amenity areas included in or around leased or shared property, as well as car parks and in vehicles
III.   Staff who smoke must not have any uniform or Trust identification visible. This includes, but is not limited to, clinical uniforms, branded polo shirts, Trust identification badge and NHS/Trust lanyards
IV.   Staff must not smoke during working hours. For those on Agenda for Change contracts, this is understood as staff must not smoke except during unpaid breaks. For those on medical contracts, this is understood as staff must not smoke except during their natural breaks after approximately four hours of continuous duty. Staff will not be given additional break time to accommodate this requirement
V.   Staff must never smoke in front of patients, families or visitors.
VI.   In addition to not smoking in Trust vehicles, staff members are asked to refrain from smoking on the way to Trust business, such as appointments with patients, because of the persisting nature of tobacco smoke
VII.   Even when attending meetings or other events at venues where smoking is permitted, staff are expected not to smoke in public when representing the Trust.
VIII.   The Trust supports the right of staff who deliver services in private homes to a smoke-free environment. If a manager cannot arrange a compromise so that the environment is smoke-free, staff members are not obliged to work in that environment.
IX.   Staff members are encouraged to make others (including patients, families, visitors and other staff) aware of the *Smoke-Free Hospital* policy and help to enforce it by politely asking them to abstain from smoking. However, staff should ensure that their safety is not compromised. The Trust does not expect staff to risk verbal or physical abuse by asking others not to smoke. If, at any time, staff do suffer from verbal or physical abuse as a result security and/or the police should be notified as soon as possible and details of the incident should be reported to your Line Manager and Risk management using the Trust's Incident Reporting Procedure.
X.   The Trust fully supports staff members having conversations around the *Smoke-Free Hospital* policy and will support staff if complaints are made because they have informed others appropriately of the *Smoke-Free Hospital* policy. This includes engaging with NHS staff from other organisations attending the site (e.g. ambulance services, community providers, primary, social care) as well as all other users of the hospital site.
XI.   The Trust supports staff who want to report or escalate breaches of the *Smoke-Free* policy, either by contacting a more senior manager or, if necessary, contacting security.
XII.   Staff members who have agreed with their manager to attend smoking cessation programmes during their regular working day will be expected to provide evidence that they have taken up this opportunity. More information on smoking cessation and support to quit is available in Appendix 2*:* Support for people who wish to stop smoking*.*

9. Patients

Inpatients

All inpatients will be asked their smoking status on admission, by the admitting health professional.

Patients who smoke and wish to stop will be offered support, advice and replacement therapies to help manage their withdrawal symptoms during their stay. They will also be provided with a supply of replacement therapies, along with a referral for support within the community, when they are discharged. Those who do not wish to stop will be provided with advice, support and replacement therapies to help manage their withdrawal symptoms during their stay.

Should a member of staff encounter a patient who wishes to smoke then the patient must be made aware of the Trust Smoke Free policy. Patients who choose to smoke must be advised that they may only do so off the premises.

Patients who choose to leave Trust premises for the purpose of smoking should be advised they do so at their own risk and should be recorded in their clinical notes. The risks of leaving the ward or department with equipment/ invasive devices, and in the dark/ poor weather should be outlined to the patient and documented in the notes.

Patients should not to be escorted by a member of staff, except on the very rare occasions when they have a treatable, serious condition, and are at risk of absconding, which would put their own or others 'health at risk, and who insist on smoking.

Where a relative/visitor is present they may wish to accompany the patient.

Outpatients

Patients attending outpatient appointments will be asked their smoking status by the healthcare professional. Those that smoke and wish to stop smoking will be provided with advice and referred to local stop smoking service.

Patients will be discouraged from leaving wards/departments to smoke outside and offered the appropriate advice and support to help them manage whilst in hospital.

Antenatal care

Pregnant women who smoke will be given specific information relating to the risks associated to their unborn child and about the hospital's Smoke-Free policy early in their healthcare journey.

Support to stop smoking will form part of the clinical management plan.

Midwives will ask partners accompanying pregnant woman their smoking status.
Those who smoke will be referred to the local smoking cessation service. All pregnant women will routinely be offered CO testing and appropriate signposting to the smoking cessation service.

Patients receiving care at home

Staff visiting service users in their own homes should not be exposed to second hand smoke.
If patients, or their relatives, do not refrain from smoking whilst care is being delivered and a member of staff has concerns about their own well-being, they should raise the matter with their line manager. If the patient (or their relatives) wishes, a referral can be made to the local stop smoking service.

10. Visitors

Visitors should be informed that the Trust is a smoke-free site at the earliest opportunity and staff should clearly explain, that patients and visitors should leave the site in order to smoke

Visitors should be directed to information on smoking cessation where and when appropriate to do so. There will be information made available at the main entrance, outpatients and in the restaurant.

Visitors should be provided with 'take away' information on the Trust's approach to smoke-free subject to availability. Information on the Trust's smoke-free hospital status is also provided within the Trust's core communications.

Visitors who are distressed and wish to leave the premises to smoke, should be advised how to leave the hospital grounds in order to smoke (refer to the site map available in Appendix 1). It is recognised that this is likely to need a sensitive and individualized approach

All hospital staff will endeavour to assist any visitor who asks for help to stop smoking, either by providing information and advice directly or signposting to local support to stop smoking service. All staff will be briefed on the availability of support to stop smoking resources.

The same restrictions apply to visitors to the hospital, including those visiting or accompanying patients, contractors and those attending for business meetings.

11. Dealing with Abusive/ Violent Patients and Visitors

If a patient or visitor becomes angry, violent or verbally abusive when asked to stop smoking on Trust grounds the standard procedure for aggressive behaviour should be invoked in line with the Trust's security policies.

In enforcing the *Smoke Free Hospital Policy* staff should not compromise their own safety. The Trust does not expect staff to risk verbal or physical abuse by asking others not to smoke. If, at any time, staff do suffer from verbal or physical abuse as a result security and/or the police should be notified as soon as possible and details of the incident should be reported to your Line Manager and using the Datix incident reporting system.

12. Exceptional Circumstances (Patients)

The Trust recognises that some patients have circumstances that will require staff to make an assessment as to whether special arrangements need to be made to enable a patient to smoke on site. This may include patients who become aggressive or non-compliant with medical care/ treatment if unable to smoke; or patients who are particularly vulnerable in the view of care professionals.

In such circumstances, and only after support to stop smoking has been fully considered in conjunction with the patient and/or relatives, the following steps should be taken and clearly recorded in the patient's notes: Agreement should be reached with the senior nurse/ doctor in charge or the Clinical Site Manager if out of hours. On occasions where a resolution cannot be agreed, the issue should be escalated to the On-Call Manager. If it is agreed that there are exceptional circumstances and the patient should be permitted to smoke onsite, a safe, suitable location should be found - ensuring that every effort is made to minimise exposure of staff and other patients to smoke. An incident report for a breach of the *Smoke-Free Hospital Policy* should be entered onto Datix.

13. Enforcing the *Smoke Free Hospital* Policy

The Trust has no civil enforcement powers to issue fixed penalty notices or other forms of sanction for smoking within hospital grounds (outside buildings or enclosed areas).

Enforcement for patients and visitors will be largely through positive engagement and interactions with those who are found to be smoking with hospital grounds – politely asking them to walk off-site in order to smoke.

The Trust has a zero tolerance approach to verbal and physical abuse or assault. If patients or visitors are verbally or physically abusive to members of staff as a result of being asked to leave the hospital grounds in order to smoke, then further action may be taken in accordance with the Trust's health and safety and security policies and procedures.

If members of staff are found to be contravening this policy the matter will be escalated to their manager. Repeated breaches of this policy may result in a disciplinary sanction (conduct).

14. Implementation and Dissemination of the Policy

This policy will be disseminated to all staff via the Trust's Intranet system and other Trust communications channels; and included at induction for new staff.
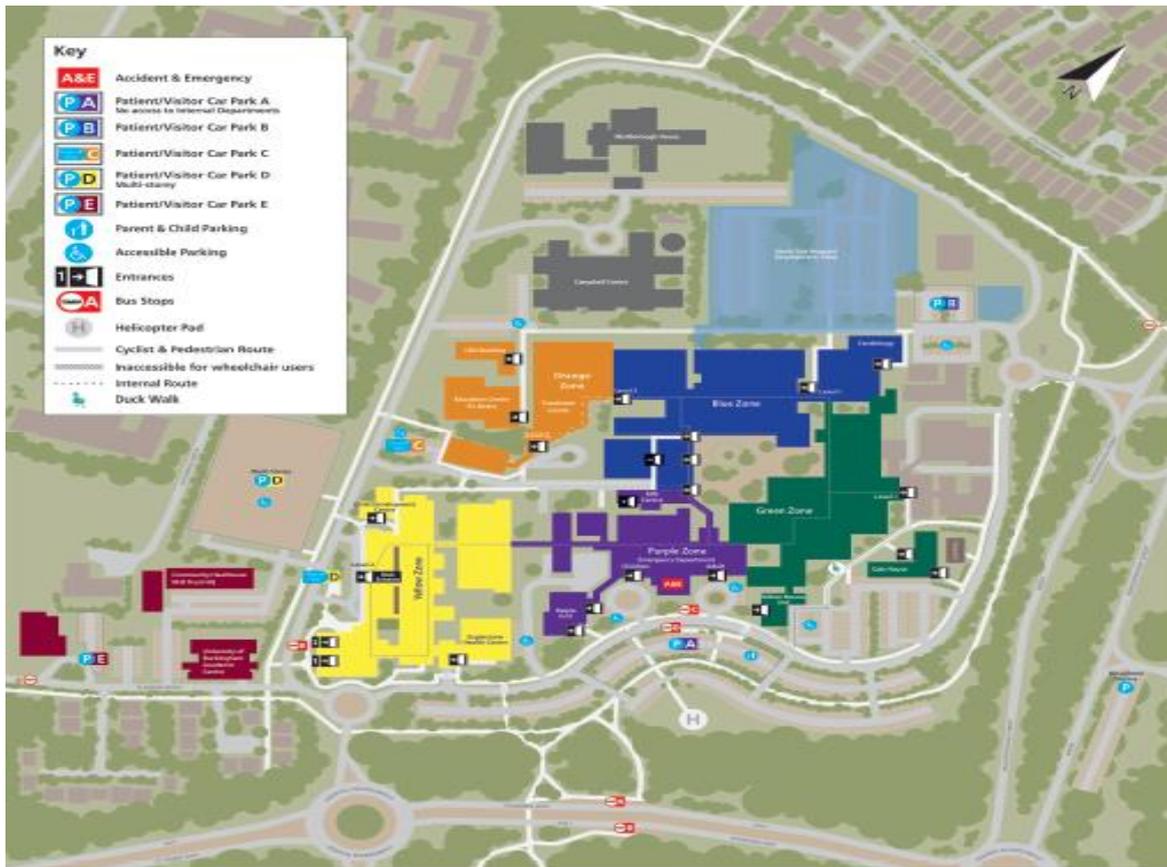
15. Appendix

Appendix 1: Site Map

For a map of the hospital site, please click the below link:

https://www.mkuh.nhs.uk/wp-content/uploads/2018/10/MKUH-external-map-with-wayfinding.pdf

Copy of the map (correct at time of insertion into document – January 2019):

Yellow Zone

Level 4
Audiology
Dermatology
E.N.T.

Level 3
Lung Function
Occupational Health
Oral Maxillofacial
Orthodontics

Level 2
Eye Clinic
Fracture Clinic
Main Entrance
Outpatient Reception
Outpatient X-ray
Paediatric Outpatients
Pharmacy
Physiotherapy
Ultrasound

Access to Level 3 for
Orthotics and Ward 14

External Access to:
Entrance 1: Stratford Suite
Entrance 2: Obstetrics &
Gynaecology

Car Park D
Car Parking & Security Office

Purple Zone

Level 2
Antenatal Day Assessment Unit
Labour Ward
Theatres 1 - 4

Level 1
CT Scanner
MRI Centre
Main X-ray
External Access to:
Emergency Department
Maple Unit

Car Park A

Orange Zone

Level 3
Ward 23

Level 2
Day Surgery Unit
Treatment Centre
Ward 24

External Access to:
CRS Building
Education Centre
Library

Car Park C

Blue Zone

Level 2
Chapel and Prayer Room
Haematology Clinic
Pathology
Theatres 5 - 12
Wards 17 - 21

Level 1
Breast Care Unit
Cardiology Unit
Eaglestone Restaurant
Endoscopy Unit
General Office
HDSU
League of Friends Shop
Macmillan Unit
Medical Equipment Library
Oncology Suite
Wards 15 and 16
Access to Level 2 for Ward 22

External Access to:
Cardiology Unit

Car Park B

Green Zone

Level 2
Neo Natal Unit
Renal Unit
Wards 6 - DoCC
Wards 7 - 10

Level 1
Main Stores
Patient Discharge Unit
Wards 1 - 5

Silver Command Centre

External Access to:
Bereavement Suite
Estates
Facilities Block
Milton Mouse Unit
Oak House (Trust HQ)

Car Park A

Appendix 2: Support for people who wish to stop smoking

There is a wealth of support available for people who wish to stop smoking in Milton Keynes and you can find out more online at the Milton Keynes Council, Milton Keynes CCG and national resource websites.

Milton Keynes Stop Smoking Service

Telephone: 0800 013 0553

Or refer online via: http://smokefreebedfordshire.co.uk/ready-to-quit/

At Milton Keynes Hospital there is a drop in clinic every Monday in the Maple Unit run by Milton Keynes Smoking Cessation Service providing advice, support and NRT for people wanting to quit smoking or thinking about giving up.

Staff can also (as long as consent is gained) refer anyone, patient/ relative/ friend/ themselves to the smoking cessation service. The referral then goes to the smoking cessation service, who will contact the person to arrange an appointment, either locally to the resident or as an inpatient.

To make these referrals use the desktop icon and log in details below:

Username: mk.hospital
Password: allstaff

Other resources can be found at:

Smokefree NHS
https://quitnow.smokefree.nhs.uk

England Quit line:
0800 002200
Monday – Friday: 8am to 9am & 5pm to 8pm
Saturday : 10am to 1pm

Action on Smoking and Health (ASH)
http://www.ash.org.uk/

16.0 Governance

16.1 Document review history

Version number	Review date	Reviewed by	Changes made
1	January 2018 (following first phase of the Smoke Free Hospital programme)		

16.2 Consultation History

Stakeholders Name/Board	Area of Expertise	Date Sent	Date Received	Comments	Endorsed Yes/No
Smoke Free Hospital Group	Subject matter experts				
Joint Staff Negotiating Committee	Staff representation				
Health and Wellbeing Group	Subject matter experts				
Trust Documentation Committee	Approval				

Management Board	Approval				
Staff and public groups – consultative phase (October 2017 to January 2018)	Engagement and service users				

16.3 Audit and monitoring

Audit/Monitoring Criteria	Tool	Audit Lead	Frequency of Audit	Responsible Committee/Board
Review of Datix incidents	Datix	To be determined	Quarterly	Smoke-Free Steering Group
Review of security issues	Datix and incidental reporting	Security team	Quarterly	Smoke-Free Steering Group
Review of estate issues	Datix and incidental reporting	Estates team	Quarterly	Smoke-Free Steering Group

16.4 Equality Impact Assessment

As part of its development, this policy and its impact on equality has been reviewed. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, gender, disability, age, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment or marriage and civil partnership. No detriment was identified.

Equality Impact Assessment			
Division	Corporate Affairs	Department	Corporate Affairs
Person completing the EqIA	Director of Corporate Affairs	Contact No.	Ext. 86232
Others involved:	Smoke Free Hospital Group	Date of assessment:	October 2018
Existing policy/service		New policy/service	Smoke Free Hospital Policy
Will patients, carers, the public or staff be affected by the policy/service?	All staff, patients and the public		
If staff, how many/which groups will be effected?	All staff, patients and the public		
Protected characteristic	Any impact?	Comments	
Age	NO		
Disability	NO		
Gender reassignment	NO		
Marriage and civil partnership	NO		

Pregnancy and maternity	NO	
Race	NO	
Religion or belief	NO	
Sex	NO	
Sexual orientation	NO	
What consultation method(s) have you carried out?	**Consultation through approved channels, including with JCNC.**	
How are the changes/amendments to the policies/services communicated?	**Through the intranet/ website and Trust communications channels**	

17.0 References

British Medical Association (2017) *E-cigarettes: balancing risks and opportunities.* Available from: https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/policy%20research/public%20and%20population%20health/e-cigarettes-position-paper-v3.pdf?la=en (accessed 22 January 2019)

British Medical Association (2012, updated 2013) *BMA calls for stronger regulation of e-cigarettes: a briefing from the Board of Science and the Occupational Medicine Committee.* Available from: https://www.bma.org.uk/-/media/files/pdfs/working%20for%20change/improving%20health/tobaccoecigarettespublicplaces_jan2013.pdf   (accessed 21 January 2019)

Britton, J. and Bogdanovica, I. (2014) *Electronic cigarettes: a report commissioned by Public Health England.* Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/311887/Ecigarettes_report.pdf (accessed 21 January 2019)

Chapman, S. (2013) Should electronic cigarettes be as freely available as tobacco cigarettes? No. *BMJ* **346**:f3840. Available from: https://www.bmj.com/content/346/bmj.f3840 (accessed 21 January 2019)

Department of Health (2015) *The NHS constitution for England.* Available from: https://www.gov.uk/government/publications/the-nhs-constitution-for-england (accessed 21 January 2019)

Department of Health (2017) *Towards a smokefree generation – a tobacco control plan for England.* Available from: https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england (accessed 21 January 2019)

Health Act 2006. Available from: http://www.legislation.gov.uk/ukpga/2006/28 (accessed 21 January 2019)

Health and Safety at Work etc. Act 1974. Available from: http://www.legislation.gov.uk/ukpga/1974/37 (accessed 21 January 2019)

Health and Social Care Act 2012. Available from: http://www.legislation.gov.uk/ukpga/2012/7 (accessed 21 January 2019)

McNeill, A., et al. (2015) *E-cigarettes: an evidence update. A report commissioned by Public Health England.* Available from: https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update (accessed 21 January 2019)

McNeill, A., et al. (2018) *Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England.* Available from: https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review (accessed 22 January 2019)

National Institute of Health and Care Excellence (2013) *Smoking: acute, maternity and mental health services. Public Health guideline [PH48].* Available from: https://www.nice.org.uk/guidance/ph48 (accessed 21 January 2019)

National Institute of Health and Care Excellence (2013) *Smoking: harm reduction. Public health guideline [PH45].* Available from: https://www.nice.org.uk/guidance/ph45 (accessed 22 January 2019)

National Institute of Health and Care Excellence (2015) *Smoking: reducing and preventing tobacco use. Quality standard [QS82].* Available from: https://www.nice.org.uk/guidance/qs82 (accessed 21 January 2019)

The Newcastle upon Tyne Hospitals NHS Foundation Trust (2016) *Smoke Free Trust Policy.* Version 6.0. Available from: http://www.newcastle-hospitals.org.uk/SmokeFreeTrustPolicy201612.pdf (accessed 22 January 2019)

NHS England (2014) *Five year forward view.* Available from: https://www.england.nhs.uk/publication/nhs-five-year-forward-view/ (accessed 21 January 2019)

Public Health England (2016) *Use of e-cigarettes in public places and workplaces: advice to inform evidence-based policy making.* Available from: https://www.gov.uk/government/publications/use-of-e-cigarettes-in-public-places-and-workplaces (accessed 22 January 2019)

Selbie, D. (2016) It's time for a truly smokefree NHS. *Public Health England* [online]. https://publichealthmatters.blog.gov.uk/2016/12/06/its-time-for-a-truly-tobacco-free-nhs/ (accessed 22 January 2019)

Smokefree England [online]. http://www.smokefreeengland.co.uk/ (accessed 21 January 2019)

The Smoke-Free (Exemptions and Vehicles) Regulations 2007 (SI 2007/765). Available from: http://www.legislation.gov.uk/uksi/2007/765/made (accessed 21 January 2019)

The Smoke-Free (Penalties and Discounted Amounts) Regulations 2007 (SI 2007/764). Available from: http://www.legislation.gov.uk/uksi/2007/764/made (accessed 21 January 2019)

The Smoke-free (Premises and Enforcement) Regulations 2006 (SI 2006/3368). Available from: http://www.legislation.gov.uk/uksi/2006/3368/made (accessed 21 January 2019)

The Smoke-free (Signs) Regulations 2007 (SI 2007/923). Available from: http://www.legislation.gov.uk/uksi/2007/923/made (accessed 21 January 2019)

The Smoke-free (Vehicle Operators and Penalty Notices) Regulations 2007 (SI 2007/760). Available from: http://www.legislation.gov.uk/uksi/2007/760/made (accessed 21 January 2019)

The Tobacco and Related Products Regulation 2016 (SI 2016/507). Available from: http://www.legislation.gov.uk/uksi/2016/507/made (accessed 22 January 2019)

Westenberger, B.J. (2009) *Evaluation of e-cigarettes. US Food and Drug Administration.* Available from: http://www.casaa.org/wp-content/uploads/Evalution-of-electronic-cigarettes.pdf (accessed 21 January 2019)

Associated Documents:

Milton Keynes University Hospital NHS Foundation Trust. *Managing unacceptable behaviour, abuse, harassment and discrimination from patients and public policy.* RM/GL/16. Version 2.0.