



SMOKE FREE POLICY

This procedural document supersedes: Smoke Free Acute Service Policy – CORP/COMM2 version 4 and should be used in conjunction with:

Fire Policy - CORP/HSFS 14

Dress Code and Uniform Policy - CORP/EMP 20

Care of Prisoners Policy - PAT/PA 10

Nicotine Replacement Therapy Policy (QUIT Programme) – PAT/MM 13



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Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 5	December 2021	<ul style="list-style-type: none"> • This document has changed substantially, please read in full. 	D Trushell-Pottinger
Version 4	February 2015	<ul style="list-style-type: none"> • This document has changed substantially, please read in full. 	M Kyi
Version 3	March 2011	<ul style="list-style-type: none"> • Format updated. • Minor changes in test to support new guidance. • References updated. • Appendix 1 – Guidance for Staff Updated. 	H Keane

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1 INTRODUCTION

Smoking is not a lifestyle choice, but a dependency that needs treatment. This was recognised in 2017 but the government's commitment for the NHS in England to become smoke-free¹.

Smoking remains the largest single risk factor for death and years of life lived in ill-health and is a leading cause of health inequalities in England and in other parts of the world. Smoking harms nearly every organ of the body and increase the risk of develop more than 50 serious health conditions.^{2,3} One in two long term smokers will die from a smoking-related disease if they do not quit, with an estimated 74,600 people dying a year from smoking in England.^{4,5}

The link between tobacco smoking and cancer is clear.⁶ Tobacco smoke is known to contain at least 69 chemicals which cause cancer.⁷ These chemicals enter the blood stream and affect the entire body, which is why smoking is responsible for at least 15 different cancer types, the largest number of cancers compared to any other preventable risk factors.⁸

Tobacco smoking causes approximately 14.7% of all cancer in England and 4529 new cases of cancer in Yorkshire a year.^{8,9} It is mainly responsible for cancer types for which the patient's outcomes are very poor, such as lung, oesophageal and pancreatic.⁷

Lung cancer causes the highest number of cancer related death in Yorkshire.⁹ In 2017, 4317 people in Yorkshire were diagnosed with this disease, of which more than 7 in 10 are thought to be caused by smoking.^{8,9} In 2018, 3060 people living in Yorkshire died of lung cancer.¹⁰

Yorkshire currently has the highest percentage smoking rate in adults in England at 15.4%.¹¹ In Doncaster, this estimated to be 19%¹¹ with a recent British Thoracic society audit demonstrating around 50% of acute admissions to medical and surgical specialities are current smokers¹² – Reference available January. These are much higher than the national average of 13.9%.¹¹ Based upon this information, it is estimated that there are approximately 622,638 smokers in Yorkshire.^{11,14}

To reach the Government's target of a smoke free society (which means less than 5% people currently smoking) by 2030, this number would need to decrease by 420,007.^{11,14} At the current progress, its estimated that Yorkshire will miss target by 15 years.

The South Yorkshire and Bassetlaw QUIT programme has been designed based on research and findings from the Ottawa Model, London Senate Model and on NICE Public Health Guidance 48 Smoking: Acute, Maternity and Mental Health Services. Evidence from the Ottawa model for smoking cessation (OSMC) showed that within acute trusts treating tobacco dependency leads to:

- An 11.1 percentage point increase (from 18.3% to 29.4%) in long term quit rates among patient population.¹⁵
- Patients who received the OSMC were 50% less likely to be re-admitted to the hospital for any cause, and 30% less likely to visit an emergency department within 30 days
- Smokers who received the OSMC were 21% less likely to be re-hospitalised and 9% less likely to visit an emergency department over 2 years
- Most importantly, smoker who received the OSMC had a 40% reduction in risk of death over 2 years.

Doncaster and Bassetlaw Hospitals NHS Foundation Trust takes the responsibility in providing a safe and healthy environment for all its staff, patients, visitors, and contractors, to promote health and protect non-smokers.

The aim of the policy is to support the QUIT programme, for the betterment of our patients and community.

2 PURPOSE

The purpose of this policy and document is to implement changes to the management of tobacco dependency and addiction, recognising that smoking is not a lifestyle choice. This policy is also to support the QUIT programme. The Trust recognises and supports the Department of Health policy paper 'Towards a smoke-free generation: a tobacco control plan for England'.¹ This is in line with the NHS Long Term Plan to make the NHS for the future using evidence-based medicine to guide the management and policy choices. The Trust recognises the individual's right to consume tobacco, as a legally available product, however counterbalances this argument with right of others to have a tobacco smoke free environment, including for their health to be protected.

3 DUTIES AND RESPONSIBILITIES

With the Smoke Free Policy, the Trust will:-

- Strive to achieve a completely smoke-free environment on all its sites.
- Treat all patients equally, irrespective of whether they smoke or not.
- Ensure all buildings have been designed as tobacco smoke free.
- Provide clear signage at all main entrance to ensure that anyone entering a building is aware that the hospital is tobacco smoke free
- Ensure some free policy information is provided and available to all service users of the Trust in easily assessable written form, available on the intranet.
- Ensure that patients, staff, relatives and visitors do not smoke tobacco in any area of the Trust.
- Protect staff, patients and visitors from the harmful effect of passive tobacco smoking.
- Ensure prohibition of the sale or advertising of tobacco products on Trust sites
- Support staff and patients who want to give up tobacco smoking
- Ensure that staff will not smoke tobacco on site whilst on duty.
- Staff to be informed of the policy via publications and internal communications.
- Smoking cessation training to be included as a mandatory training module. Smoking cessation training will be provided by Trust Staff at the appropriate level as per the QUIT Training Plan.
- Policy to be discussed and implemented in all teams via the QUIT Champions and team members.
- Highlight the risk of smoking tobacco and to promote a tobacco smoke-free NHS culture.

4 SCOPE

What does the policy apply to?

This policy applies to any person on any of the Trust's sites including staff, patients, students, visitors and contractors.

Where does the policy apply?

The Policy applies to all buildings and grounds on the Trust's sites, this includes:-

- Doncaster Royal Infirmary
- Bassetlaw District General Hospital
- Montagu Hospital Mexborough

What about other Trust sites where the Trust provide a service?

The smoke-free policy extends to staff working on other sites where the Trust provides a patient service(s).

Staff residential accommodation

Smoking tobacco products is not allowed in the communal and circulation areas or grounds, and in rooms or other accommodation. This applies both to Trust accommodation and that managed by partners.

Vehicles

Smoking by staff is prohibited in vehicles owned or leased by the Trust. Staff who use their own vehicle for Trust business should not smoke tobacco in them during work hours.

Junior Doctors Mess

Smoking is prohibited in these areas

Contractors

Contractors are not permitted to smoke anywhere on the Trust's sites, including within their work site.

Other organisations on the Trust's sites

Other organisations, which occupy the Trust's sites, are expected to comply with the smoke-free policy. They are responsible for communicating the policy to their staff, visitors and contractors.

Staff who visit patients at home

Staff have the right to work in a tobacco smoke-free environment. Patients or their carers who smoke in their own homes should be requested not to smoke for the duration of the visit and 30 minutes before the visit. If the patient or carer does not agree to this, the member of staff has the right to withdraw if it is clinically safe to do so.

Smoking breaks for staff

Breaks for smoking are not permitted. Staff are encouraged not to smoke in breaks and if they do so, they must leave the site. No extra time will be granted for this. Any staff who take frequent breaks that have not been agreed should be escalated to the manager to supervisor.

Staff smoking off the Trust's site

The uniform policy states that staff must not smoke in uniform. Uniforms must be removed completely; it not acceptable for staff to cover their uniform with a coat. Trust staff are not permitted to smoke off the Trust's site if they are wearing an identity badge or are representing the Trust

Electronic Cigarettes/Vaping Products

UK has some of the tightest regulations on nicotine-containing vaping products and refill containers in the world under the Tobacco and Related Products Regulation 2016.¹⁶ A 2020 report from the 'Committee on Toxicity of Chemical in Food, Consumer Products, and the Environment (COT)' reviewed the global evidence on vaping products to date and concluded that they are significantly less harmful than smoking but are not risk free.¹⁷ The report emphasised that switching completely from smoking to vaping is likely to convey substantial health benefits. This conclusion reinforces the scientific consensus on the safety of vaping products and is supported by the UK's leading health organisation including Public Health England, the British Medical Association, Royal College of Physicians and the Royal College of General Practitioners.¹⁸⁻²¹ While the use of electronic cigarettes and or other vaping products are not currently part of the QUIT programme for smoking tobacco cessation, nor have the Medicines and Healthcare products Regulatory Agency (MHRA) licenced a nicotine-containing e-cigarettes as a medicine for stopping smoking, the Trust acknowledges they may be used in the practice of harm reduction. However, currently the use of e-cigarettes and vaping technology is prohibited on any of the Trust's sites. This potential smoking cessation aid and harm reduction practice will remain under review in further policy updates.

5 EXCEPTIONS

No exceptions will be made for patient, visitors, staff, or others unless agreed by the Director of Nursing.

6 RESPONSIBILITIES

The Chief Executive, Executive Directors and Senior Managers will:-

- Promote good practice and awareness of the policy amongst all managers, staff, and contract employees.
- Take Actions necessary to enforce the policy
- Provide guidance and support on required resources and in ensuring consistent application of the policy

The Human Resources Department will:-

- Ensure that recruitment literature, including job description, job advertisement, interviews and staff induction, will reflect the Trust policy.
- Provide support and guidance to managers in consistent application and correct interpretation of the policy in relation to employees.

The Estates and Facilities Department will:-

- Via the security contract, ensure all service users and providers (employees, patients and visitors) are aware that it is legally require not to smoke on the Trust premises, and to challenges those note complying with the policy
- Ensure appropriate signage is displayed in smoke free premises and vehicles.
- Ensure the installation and maintains of a fire detection system in all appropriate areas.

The Occupational Health Department will:-

- Provide support to any employee requesting help to stop smoking, including referral to the QUIT programme as appropriate.

Mangers will:-

- Be responsible for implementation of the policy and protocols and continues compliance in their clinical areas.

Clinicians Will:-

- Work with Commissioners of our services to provide joint initiatives to help patients to stop smoking
- Be responsible for implementation of the policy and protocols in their clinical departments/areas
- Receive training for very brief (Smoking Cessation) advice and NRT prescription
- Ensure that all their patients (inpatients as well as outpatients) are asked of their smoking, tobacco and nicotine use, including e-cigarettes/vaping.
- Offer smoking cessation support information if willing to stop and make a referral if requested to the QUIT programme

Nurses in Charge of a shift will:-

- Be responsible for ensuring adherence to the policy by all (staff, patients, relatives, and visitors) in their ward on their shift.

Nurses Will:-

- Ensure that all patients on admission will undergo a nursing assessment and completion of a nursing assessment document on NerveCentre. This will include asking about nicotine and tobacco use and enable referral to an opt-out in house smoking cessation review.
- Nursing staff will provide brief smoking cessation advice
- Nursing staff will provide within 2 hours of admission, NRT in line with NRT Policy.

Smoke Free (QUIT) Champions will:-

- Be responsible for ensuring engagement of frontline healthcare professionals in their designated clinical areas and their obtaining of appropriate Smoke Free (QUIT) education.
- Cascading information/feedback up to the Smoke Free steering group and down to all the frontline healthcare professionals

Pharmacists will:

- Ensure appropriate Smoking Cessation medications are prescribed when necessary.
- Provide support and guidance to doctors, nurses, prescribers and the QUIT programme team.

The Education, Technology and Resource Department will:-

- Ensure all fire lectures refer to the Smoke Free Policy.
- Ensure smoking cessation will be included in training modules and continuing education programmes.
- Support the QUIT team in the QUIT training plan.

QUIT Programme Team will:

- Receive all inpatient and outpatient smoking cessation referrals.
- Provide smoking cessation advice and support including providing pharmaceutical agents and one to one behavioural cognitive counselling to patients and staff.
- Be responsible for follow up or subsequent referral to the community smoking cessation team.
- Be responsible for monitoring and evaluation of the service provision
- Provide training, advice and support to Trust employees to enable them to provide effective smoking cessation support to patients
- Ensure resource materials (written information and leaflets on smoking cessations service, smoking policy and health information on smoking) are easily available to patients, relatives and staff.

7 IMPLEMENTATION OF THE POLICY

General duty of promote the policy

- All staff have a responsibility to help promote and implement the policy
- Patients who smoke should receive very brief advice (VBA) from a clinician, nurse or trained health care worker, and the advice should be recorded in the notes in line with QUIT programme pathway
- In-patients should be offered smoking cessation advice at their pre-admission session or at the time of booking in line with the QUIT programme pathway

Informing patients and visitors of the policy

- The policy will be advertised and promoted in a variety of ways: in leaflets, on the Trust's website, in clinics, on the wards, in PALS office, via doctors, nurses, therapists, pharmacists, in DBTH Buzz and by other health care professionals – and signage.

Informing staff of the policy

- Staff will be informed about the policy via the intranet and at induction. Line managers will draw staff's attention to the policy and it will be highlighted in job recruitment information and advertisements.
- Line managers are expected to take a lead in ensuring everyone complies with policy.
- Security staff will help enforce the policy, and will response to request from staff to deal with anyone who reacts aggressively to being asked to desist from smoking or who refused to do so.

Non-compliance by staff

- Members of staff have the right to bring the policy to the attention of any other member of staff they find smoking on the Trust's premises.
- Members of staff can be informed of the in house QUIT programme to support smoking cessation.
- Members of staff found smoking should be reminded of the Trust's policy on smoking. They should be asked politely to stop smoking or to move off the Trust's grounds.
- If a member of staff who is smoking refuses to desist, or aggressive or abusive, their line manager should be informed.

- If a member of staff is reported to their line manager for refusing to stop smoking when asked or for persistently smoking in the Trust's premises, the manager should initially counsel them, remind them of the policy and encourage them to seek smoking cessation advice in line with section 6 above.
- If, despite counselling, a member of staff continues to be reported for smoking in breach of the policy, the matter should be addressed through the Trust's performance and conduct procedure.
- If a member of staff is reported to their line manager for being aggressive or abusive when asked to stop smoking on the Trust's premises, the matter should be addressed through the performance and conduct procedure and could result in dismissal.
- In the event that staff from another organisation are found to be in breach of the policy, the appropriate organisation will be advised in writing.

Non-compliance by patients and visitors

- All members of staff have the right to bring the policy to the attention of anyone they find smoking on the Trust's site.
- Patients or visitors found smoking should be reminded of the Trust's policy on smoking. The person should be politely asked to stop smoking or to move off the Trust's grounds.
- Staff should enlist the assistance of security if they feel it necessary.
- Staff should have regard to their own personal safety. If the person who is smoking becomes aggressive or refuses to desist or to move off the Trust's grounds, security staff should be informed.
- Refusal by the smoker to comply with this policy may result in the Trust's red card policy being applied. They may lead to treatment being withdrawn or the person being asked to leave the Trust site.
- Any complaint relating to this policy from or on behalf of the patients should be dealt with under the Trust's complaints procedure.

Contractors

- Contractors and their employees are not permitted to smoke anywhere on the Trust's site, including within their work site.
- Any contractor or contractor's employee found to be in breach of this policy will be required to leave the site.

Informing other organisation of the Trust

- Other organisations on the Trust's sites will be sent a copy of the policy. They are expected to communicate this to their staff and ensure they comply with the policy.

8 TRUST COMMITMENT TO SUPPORTING STAFF

The Trust appreciated nicotine addiction is a disease for which our staff require support and help to improve their own health, reduced the risk to those around them and to enable them to comply with a smoke-free policy.

Smoking cessation advice and support is available to everyone including staff. Stop smoking services (QUIT) provide information on:

- Different ways of giving up smoking
- How to obtain nicotine replacement therapy
- Advice and support while on a smoking cessation programmes, and post smoking support, including onward referral to the community service

Smoking cessation services can be accessed via QUIT, occupation health and smoking cessation services in the community.

9 TRAINING AND EDUCATION

Issues related to smoking and health will be included in in-service and continuing education programmes. Training will address the health risks of smoking and the role of NHS employees generally as health educators. The Training provided will be based on the QUIT Training Plan.

Fire training will refer to the Smoke-Free Policy and the reasons for it.

An education/training programmes is available to relevant staff on brief intervention training and documentation in supporting patients and colleagues who wish to stop smoking.

Please note: The training requirements of staff will be identified through a learning needs analysis (LNA). Role specific education will be co-ordinated/ delivered by the topic lead. Alternatively, training may be accessed via an approved e-learning platform where available.

10 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How Often	How Reviewed/Where Reported to
All aspects of the policy will be reviewed	Quit programme Team	3 monthly	QUIT programme Steering Group Meeting
Effectiveness of the Policy	Managers of each care group	Annually	To Strategic Lead
Effectiveness and Impact of the Hospital based Smoking Cessation Service (QUIT)	QUIT Programme team.	6 monthly	Audit – To be done by the QUIT programme team. To be reported to QUIT Programme Steering Group.
Staff members, patient and the public being challenged when smoking in the Hospital Grounds	Security Contractor	Daily	Local Security Management Team (LSMS)

11 EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (COPR/EMP 27) and the Fair Treatment for All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 1).

12 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Care of Prisoners Policy – PAT/PA 10
 Dress Code & Uniform Policy – CORP/EMP 20 v2
 Disciplinary Procedure Policy – CORR/EMP 2 v5
 Equality Analysis Policy – CORP/EMP 27
 Fair Treatment of All Policy – CORP/EMP 4 v6
 Fire Policy – COPR/HSFS 14
 Nicotine Replacement Therapy Policy – PAT/MM 13 v 1

13 DEFINITIONS

Term	Definition
QUIT	The letters in QUIT stand for four Key steps to be taken by staff to help with nicotine addiction. <ul style="list-style-type: none"> • Ask the Question • Understand their addiction • Inform patients • Initiate Treatment
NRT	Nicotine replacement therapy
VBA	Very brief advice
EIA	Equality Impact Assessment
OSMC	Ottawa model for smoking cessation
NICE	National Institute for Health and Care Excellence.

14 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

15 REFERENCES

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APPENDIX 1 – EQUALITY IMPACT ASSESSMENT

Service/Function/Policy/Project/Strategy	Care Group/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Smoke Free Policy	Corporate	Daniel Trushell-Pottinger	Existing	01/01/2022
1) Who is responsible for this policy? Corporate				
2) Describe the purpose of the service / function / policy / project/ strategy? Intended to ensure the Hospital Sites are smoke free with the involvement of Staff and patients				
3) Are there any associated objectives? Governments White Paper Choosing Health – all Hospitals adopts and ensure Smoke Free NHS				
4) What factors contribute or detract from achieving intended outcomes? Patients and staff continue to smoke on Hospital sites				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact 				
6) Is there any scope for new measures which would promote equality?				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: January 2024				
Checked by: Robert Cooper			Date: January 2022	