



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

Smoke Free Policy

This procedural document supersedes: Smoke Free Policy – CORP/COMM 2 v.5,



Did you print this document yourself?

The Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version. **If, for exceptional reasons, you need to print a policy off, it is only valid for 24 hours.**

Executive Sponsor(s):	Michael Wright, Deputy Chief Executive
Author/reviewer: (this version)	Dr Sabih Mukhtar, Consultant Respiratory Physician and Trust QUIT Programme Clinical Lead
Date written/revised:	July 2026
Approved by:	Patient Safety Review Group
Date of approval:	August 2026
Approved by:	Hospital Leadership Team
Date of Approval:	September 2026
Date issued:	October 2026
Next review date:	January 2029 (Policy valid until July 2029) or sooner if national guidance or legislation changes materially)
Target audience:	Trust wide – anyone who enters Trust premises, including staff, patients, students, contractors and visitors

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 6	July 2026	Full review and rewrite. All references checked, dead links replaced and outstanding 'awaiting reference' items resolved. Realigned to NICE NG209, the BTS Clinical Statement on the Medical Management of Inpatients with Tobacco Dependency (2024), the OHID 2022 vaping evidence update and the Tobacco and Vapes Act 2026. National and local smoking prevalence and cancer statistics refreshed to the latest published data. Legal requirements section updated to reflect Royal Assent of the Tobacco and Vapes Act 2026 and the ban on single-use (disposable) vapes. Site name corrected to Bassetlaw Hospital.	Dr Sabih Mukhtar
Version 5	December 2021	This procedural document changed substantially, please read in full	D Trushell-Pottinger
Version 4	17 February 2015	This procedural document changed substantially, please read in full	M Kyi
Version 3	March 2011	Format updated; minor changes in text to support new guidance; references updated; Appendix 1 – Guidance for Staff updated	H Keane

Contents

	Page No.
1 INTRODUCTION	4
2 PURPOSE	5
3 DUTIES AND RESPONSIBILITIES	5
4 SCOPE	6
4.1 Legal Requirement	6
4.2 What does the policy apply to?	7
4.3 Where does the policy apply?	7
4.4 What about other Trust sites where the Trust provides a service?	7
4.5 Staff residential accommodation	7
4.6 Vehicles	7
4.7 Resident Doctors' Mess	7
4.8 Contractors	7
4.9 Other organisations on Trust sites	7
4.10 Staff who visit patients at home	8
4.11 Smoking breaks for staff	8
4.12 Staff smoking off the Trust's site	8
4.13 Electronic cigarettes and vaping products	8
5 EXCEPTIONS	9
6 RESPONSIBILITIES	9
7 IMPLEMENTATION OF THE POLICY	11
8 TRUST COMMITMENT TO SUPPORTING STAFF	12
9 LEARNING/SUPPORT	13
10 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT	13
11 DEFINITIONS	13
12 EQUALITY IMPACT ASSESSMENT	14
13 ASSOCIATED TRUST PROCEDURAL DOCUMENTS	14
14 DATA PROTECTION	14
15 REFERENCES	15
APPENDIX 1 – EQUALITY IMPACT ASSESSMENT PART 1: INITIAL SCREENING	18

1 INTRODUCTION

Smoking is not a lifestyle choice, but a chronic relapsing addiction that needs clinical treatment. Government policy has recognised the NHS's role in supporting a smoke-free society since the 2017 tobacco control plan, and this position has been reinforced by the more recent Tobacco and Vapes Act 2026 (1).

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 elsewhere. Smoking harms nearly every organ of the body and increases the risk of developing more than 50 serious health conditions (2, 3). Around half of long-term smokers will die from a smoking-related disease if they do not quit. Tobacco is estimated to have caused around 75,800 deaths in the UK in 2021 alone – roughly one death every seven minutes (8).

The link between tobacco smoking and cancer is well established (6). Tobacco smoke contains at least 69 chemicals known to cause cancer (7). These chemicals enter the bloodstream and affect the entire body, which is why smoking is a cause of at least 15 different cancer types – more than any other preventable risk factor. Smoking causes around 14% of all cancer cases in the UK, equivalent to an estimated 57,200 cases in 2023, and around a fifth of all UK cancer deaths (8). It is mainly responsible for cancer types where outcomes are very poor, such as lung, oesophageal and pancreatic cancer.

Lung cancer causes the highest number of cancer-related deaths in Yorkshire, and around seven in ten cases are thought to be attributable to smoking (8, 9, 10).

Yorkshire and the Humber continue to have one of the highest adult smoking rates in England, at 12.2% in 2024, compared with an England average of 10.4% and a UK average of 10.6% (11). In Doncaster, an estimated 48,000 people are current smokers, and the local ambition – in line with the national Smokefree 2030 goal – is to reduce adult prevalence to below 5% (11, 14). A British Thoracic Society national audit found that around half of acute medical and surgical admissions in Doncaster involve a current smoker, underlining the importance of treating tobacco dependency as a routine part of inpatient care (12).

The South Yorkshire and Bassetlaw QUIT programme was originally designed drawing on the Ottawa Model for Smoking Cessation (OMSC) and the London Senate Model, and is now delivered in line with NICE guideline NG209 on tobacco (15, 16) and the British Thoracic Society's 2024 Clinical Statement on the Medical Management of Inpatients with Tobacco Dependency, which sets out a 'building blocks' framework for identifying and treating tobacco dependency during a hospital stay (12). Evidence from the Ottawa Model showed that treating tobacco dependency in acute trusts is associated with:

- An 11.1 percentage point increase (from 18.3% to 29.4%) in long-term quit rates among the patient population (15).
- Patients who received the intervention being around 50% less likely to be re-admitted to hospital for any cause, and 30% less likely to visit an emergency department within 30 days.

- Smokers who received the intervention being 21% less likely to be re-hospitalised and 9% less likely to visit an emergency department over two years.
- A 40% reduction in the risk of death over two years among those who received the intervention.

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

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

This policy complies with current smoke-free legislation in England and sets out additional Trust requirements that go beyond statutory minimums.

2 PURPOSE

The purpose of this policy is to set out how the Trust manages tobacco dependency and addiction, recognising that smoking is not a lifestyle choice. This policy supports delivery of the QUIT programme and the Trust's contribution to the ambitions set out in the Department of Health and Social Care policy paper 'Towards a Smoke-free Generation: A Tobacco Control Plan for England' (1), and to the NHS Long Term Plan commitment that all NHS trusts will offer NHS-funded tobacco dependency treatment to smokers admitted to hospital, and to pregnant women, as a standard part of care.

The Trust recognises the individual's right to consume a legally available product but counterbalances this with the right of others to a tobacco smoke-free environment and to have their health protected.

3 DUTIES AND RESPONSIBILITIES

With this Smoke Free Policy, the Trust will:

- Strive to achieve a completely smoke-free and vape-free environment on all its sites.
- Treat all patients equally, irrespective of whether they smoke or not.
- Ensure all buildings are designed and maintained as smoke-free.
- Ensure legally compliant no-smoking signage is displayed in accordance with the Smoke-free (Signs) Regulations 2012, with additional signage at entrances and key locations to support compliance with the Trust's whole-site policy.
- Ensure smoke-free policy information is available to all service users in an easily accessible written form, including on the intranet and public website.
- Note that smoking is prohibited by law in all enclosed and substantially enclosed areas of Trust premises under the Health Act 2006. In addition to this statutory requirement, the Trust operates a whole-site smoke-free and vape-free policy, including all outdoor areas, as a local organisational decision to protect health, safety and wellbeing.
- Protect staff, patients and visitors from the harmful effects of secondhand tobacco smoke.

- Prohibit the sale or advertising of tobacco and vaping products on Trust sites.
- Support staff and patients who want to stop smoking.
- Ensure staff do not smoke tobacco on site while on duty.
- Inform staff of the policy via publications and internal communications.
- Include tobacco dependency ('QUIT') training as a mandatory training module, delivered by Trust staff at the appropriate level in line with the QUIT training plan.
- Ensure the policy is discussed and implemented in all teams via QUIT Champions and team members.
- Highlight the risks of smoking and promote a tobacco smoke-free NHS culture.

4 SCOPE

4.1 Legal Requirement

The Trust will ensure compliance with:

- The Health Act 2006 (smoke-free premises and work vehicles) (22).
- The Smoke-free (Signs) Regulations 2012 (23).
- The Children and Families Act 2014 and the Smoke-free (Private Vehicles) Regulations 2015 (prohibiting smoking in private vehicles carrying anyone under 18) (24, 25).
- The Tobacco and Vapes Act 2026, which received Royal Assent on 29 April 2026 and is being brought into force in stages (26). Among other things, the Act: introduces a rising age of sale for tobacco so that anyone born on or after 1 January 2009 can never legally be sold tobacco products; gives the Secretary of State powers to designate further smoke-free, vape-free and heated-tobacco-free public places (a public consultation on 'Smoke-free, heated tobacco-free and vape-free places in England', including around hospital sites, closed in 2026 and outcomes are awaited); and introduces new controls on the advertising, promotion and retail display of vapes and nicotine products, being phased in from late 2026.
- The Environmental Protection (Single-use Vapes) (England) Regulations 2024, under which the sale and supply of single-use (disposable) vapes has been banned in England since 1 June 2025 (27).

As an addition to statutory minimums, and in anticipation of further legislative change, the Trust operates a complete smoke-free and vape-free site, including:

- All buildings
- All grounds and open-air environments
- All entrances, exits and perimeters
- All Trust vehicles

This reflects the clinical risk of smoking and vaping in healthcare environments, the vulnerability of many of our patients, and the direction of national policy towards extending smoke-free zones around hospitals.

4.2 What does the policy apply to?

This policy applies to any person on any Trust site, including staff, patients, students, visitors and contractors.

4.3 Where does the policy apply?

The policy applies to all buildings and grounds on the Trust's sites, including:

- Doncaster Royal Infirmary
- Bassetlaw Hospital
- Montagu Hospital, Mexborough

While current national smoke-free legislation applies to enclosed and substantially enclosed spaces, the Trust has adopted a whole-site smoke-free and vape-free policy. This includes outdoor and open-air areas across all Trust sites.

4.4 What about other Trust sites where the Trust provides a service?

The smoke-free policy extends to staff working at other sites where the Trust provides a patient service.

4.5 Staff residential accommodation

Smoking and vaping are not permitted in communal or circulation areas, grounds, or individual rooms of staff accommodation. This applies both to Trust-owned accommodation and accommodation managed by partner organisations.

4.6 Vehicles

Smoking by staff is prohibited in vehicles owned or leased by the Trust. Staff who use their own vehicle for Trust business must not smoke in the vehicle during work activities, in line with smoke-free legislation relating to vehicles used in the course of work and must not smoke in a private vehicle carrying anyone under 18, in line with the Smoke-free (Private Vehicles) Regulations 2015 (25).

4.7 Resident Doctors' Mess

Smoking and vaping are prohibited in these areas.

4.8 Contractors

Contractors are not permitted to smoke anywhere on Trust sites, including within their own work areas.

4.9 Other organisations on Trust sites

Other organisations occupying Trust sites are expected to comply with this policy. They are responsible for communicating the policy to their own staff, visitors and contractors.

4.10 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 asked not to smoke for the duration of the visit and for 30 minutes beforehand. If the patient or carer does not agree, the member of staff has the right to withdraw if it is clinically safe to do so.

4.11 Smoking breaks for staff

Breaks for the specific purpose of smoking are not permitted. Staff are encouraged not to smoke during breaks; if they do so, they must leave the site, and no extra time will be granted. Frequent or unagreed breaks should be escalated to the relevant manager or supervisor.

4.12 Staff smoking off the Trust's site

The Dress Code and Uniform Policy states that staff must not smoke while in uniform. Uniforms must be removed completely; it is not acceptable to cover a uniform with a coat. Staff are not permitted to smoke off the Trust's site while wearing an identity badge or otherwise representing the Trust.

4.13 Electronic cigarettes and vaping products

Independent evidence reviews commissioned by the Office for Health Improvement and Disparities (OHID) have found that vaping products are significantly less harmful than smoking, though they are not risk-free, and that switching completely from smoking to vaping is likely to bring substantial health benefits to smokers (17). This is broadly supported by the British Medical Association, the Royal College of Physicians and the Royal College of General Practitioners (18, 20, 21), and reflected in NICE guideline NG209, which recognises nicotine-containing e-cigarettes as an option to help people stop smoking (16).

While vaping was not prohibited under earlier smoke-free legislation, it is now a more closely regulated product category, with strengthened national controls introduced under the Tobacco and Vapes Act 2026 (26), including:

- New restrictions on the advertising and promotion of vapes, being phased in from 2026-27.
- Continued prohibition of sales to under-18s, alongside a licensing scheme for retailers.
- New powers to designate further vape-free and heated-tobacco-free public places.
- A ban on the sale and supply of single-use (disposable) vapes in England, in force since 1 June 2025 (27).

The Trust therefore:

- Prohibits all vaping on Trust premises, in line with its whole-site policy.
- Supports evidence-based harm reduction only within structured clinical pathways, such as the QUIT programme, where licensed or regulated nicotine-containing products may be offered to help a patient stop smoking or manage temporary abstinence.
- Will review this policy as further national regulations and guidance on vaping and heated tobacco are introduced.

The Trust also recognises the introduction of a 'smoke-free generation', under which individuals born on or after 1 January 2009 will never be legally sold tobacco products in the UK (26). The Trust will:

- Align patient education and clinical pathways to this policy shift.
- Support prevention of smoking uptake among children, young people and young adults.
- Continue to embed tobacco dependency treatment as a core, routine clinical intervention for every patient who smokes.

5 EXCEPTIONS

No exceptions will be made for patients, visitors, staff or others unless agreed by the Chief Nurse

6 RESPONSIBILITIES

The Chief Executive, Executive Directors and Senior Managers will:

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

The Human Resources Department will:

- Ensure that recruitment literature, including job descriptions, advertisements, interviews and staff induction, reflects this policy.
- Provide support and guidance to managers on the consistent and correct application of the policy in relation to employees.

The Estates and Facilities Department will:

- Via the security contract, ensure all service users and providers are aware that smoking is prohibited by law in enclosed and substantially enclosed areas, and that the Trust operates a whole-site smoke-free and vape-free policy.
- Ensure appropriate signage is displayed across smoke-free premises and vehicles.
- Ensure the installation and maintenance of fire detection systems 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.

Managers will:

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

Clinicians will:

- Work with commissioners of Trust services to provide joint initiatives to help patients stop smoking.
- Be responsible for implementation of the policy and protocols in their clinical departments and areas.
- Receive training in Very Brief Advice (VBA) on smoking and NRT/pharmacotherapy prescribing, in line with the BTS building blocks framework (12).
- Ensure that all patients, inpatient and outpatient, are asked about their smoking, tobacco and nicotine use, including vaping.
- Offer smoking cessation support information to anyone willing to stop and refer to the QUIT programme where requested.

Nurses in charge of a shift will:

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

Nurses will:

- Ensure all patients undergo a nursing assessment on admission, including questions about nicotine and tobacco use, and enable referral to an opt-out in-house smoking cessation review.
- Provide brief smoking cessation advice.
- Offer NRT within two hours of admission, in line with the Nicotine Replacement Therapy Policy (PAT/MM 13).

Smoke Free (QUIT) Champions will:

- Support engagement of frontline healthcare professionals in their clinical areas and their completion of appropriate QUIT education.
- Cascade information and feedback between the Smoke Free Steering Group and 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 this policy.
- Ensure smoking cessation is included in training modules and continuing education programmes.
- Support the QUIT team in delivering the QUIT training plan.

The QUIT Programme Team will:

- Receive all inpatient and outpatient smoking cessation referrals.
- Provide smoking cessation advice and support, including pharmacological agents and one-to-one behavioural counselling to patients and staff.

- Follow up patients and make onward referral to community smoking cessation services.
- Monitor and evaluate service provision.
- Provide training, advice and support to Trust employees to enable them to deliver effective smoking cessation support.
- Ensure written information, leaflets and health information on smoking and the smoking policy are readily available to patients, relatives and staff.

7 IMPLEMENTATION OF THE POLICY

General duty to 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 healthcare worker, recorded in the notes in line with the QUIT programme pathway.
- Inpatients should be offered smoking cessation advice at pre-admission or at the time of booking, in line with the QUIT programme pathway.

Informing patients and visitors of the policy

- The policy is advertised and promoted through leaflets, the Trust website, clinics, wards, the PALS office, DBTH Buzz, signage, and by clinical staff.

Informing staff of the policy

- Staff are informed of the policy via the intranet and at induction, and it is highlighted in recruitment information and advertisements.
- Line managers are expected to lead in ensuring compliance with the policy.
- Security staff help enforce the policy and respond to requests from staff to deal with anyone who reacts aggressively when asked to stop smoking, or who refuses to do so.

Non-compliance by staff

- Any member of staff has the right to bring the policy to the attention of another member of staff found smoking on Trust premises.
- Staff can be signposted to the in-house QUIT programme.
- Staff found smoking should be reminded of the policy and asked politely to stop, or to move off Trust grounds.
- If a member of staff refuses to desist, or is aggressive or abusive, their line manager should be informed.
- Where a member of staff is reported for persistently smoking on Trust premises, the manager should initially counsel them, remind them of the policy and encourage them to seek smoking cessation support.
- If, despite counselling, a member of staff continues to breach the policy, the matter should be addressed through the Trust's performance and conduct procedure.
- If a member of staff is reported for being aggressive or abusive when asked to stop smoking, this should be addressed through the performance and conduct procedure and could result in dismissal.

- Where staff from another organisation are found in breach of the policy, that organisation will be advised in writing.

Non-compliance by patients and visitors

- All staff have the right to bring the policy to the attention of anyone found smoking on a Trust site.
- Patients or visitors found smoking should be reminded of the policy and asked politely to stop, or to move off Trust grounds.
- Staff should enlist the assistance of security where they feel it necessary and should have regard to their own personal safety.
- Refusal to comply with this policy may, in line with Trust procedure, result in escalation. Any decision affecting a patient's treatment will be based solely on clinical risk and safety considerations and never used as a punitive response to smoking behaviour.
- Any complaint relating to this policy from, or on behalf of, a patient should be dealt with under the Trust's complaints procedure.

Contractors

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

Informing other organisations of the policy

- Other organisations on Trust sites will be sent a copy of the policy and are expected to communicate it to their staff and ensure compliance.

8 TRUST COMMITMENT TO SUPPORTING STAFF

The Trust recognises that nicotine addiction is a disease for which staff require support and help, both to improve their own health and to reduce the risk to those around them, and to enable them to comply with this policy.

Smoking cessation advice and support is available to everyone, including staff. The QUIT stop-smoking service provides information on:

- Different ways of stopping smoking.
- How to access nicotine replacement therapy and other licensed stop-smoking medications.
- Advice and support during a quit attempt, and post-quit support, including onward referral to community services.

Smoking cessation support can be accessed via the QUIT programme, Occupational Health, and community smoking cessation services.

9 LEARNING/SUPPORT

Learning requirements for colleagues will be determined by their role and the competencies required to work safely and effectively. These requirements include national, local and role-specific mandatory learning and are set in line with Trust and professional standards.

Role-specific learning will be defined by the relevant subject matter expert or topic lead and coordinated through the Trust's agreed governance arrangements.

All mandatory and role-specific learning requirements, completion status and competency records will be held in the colleague's personal Electronic Staff Record (ESR).

For further guidance, please see: **CORP/EMP 66 – Mandatory Learning Policy and DBTH Mandatory Learning Framework**

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	QUIT Programme Team	3-monthly	QUIT Programme Steering Group meeting
Effectiveness of the policy	Managers of each Division	Annually	Strategic Lead
Effectiveness and impact of the hospital-based smoking cessation service (QUIT)	QUIT Programme Team	6-monthly	Audited by the QUIT Programme Team; reported to the QUIT Programme Steering Group
Staff, patients and the public being challenged when smoking on hospital grounds	Security Contractor	Daily	Local Security Management Specialist (LSMS)

11 DEFINITIONS

EIA	Equality Impact Assessment
VBA	Very Brief Advice
NRT	Nicotine Replacement Therapy
NICE	National Institute for Health and Care Excellence
OMSC	Ottawa Model for Smoking Cessation
OHID	Office for Health Improvement and Disparities
BTS	British Thoracic Society
NHSE	NHS England

QUIT The letters in QUIT stand for four key steps to be taken by staff to help with nicotine addiction:

12 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

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)

13 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 02 Disciplinary Procedure Policy
 CORP/EMP 20 Dress Code and Uniform Policy
 CORP/EMP 27 Equality Analysis Policy
 CORP/EMP 58 Civility, Respect and Resolution Policy
 CORP/EMP 59 Equality, Diversity and Inclusion Policy
 CORP/HSFS 14 Fire Policy
 PAT/MM 13 Nicotine Replacement Therapy Policy
 PAT/PA 10 Care of prisoners Policy

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

All web references below were checked and confirmed live as part of the July 2026 review. Dead links and 'awaiting reference' items from the previous version have been resolved or replaced with a current equivalent.

1. Department of Health and Social Care (2017) Towards a Smoke-free Generation: A Tobacco Control Plan for England 2017–2022. gov.uk
<https://www.gov.uk/government/publications/towards-a-smoke-free-generation-tobacco-control-plan-for-england>
2. Office for Health Improvement and Disparities (2022, last updated) Smoking and tobacco: applying All Our Health. GOV.UK
<https://www.gov.uk/government/publications/smoking-and-tobacco-applying-all-our-health/smoking-and-tobacco-applying-all-our-health>
3. NHS (2023) Understanding the true impact of smoking. Better Health – Quit Smoking. nhs.uk
<https://www.nhs.uk/better-health/quit-smoking/why-quit-smoking/understanding-the-true-impact-of-smoking/>
4. NHS (2024) Quit smoking. NHS Live Well. nhs.uk
<https://www.nhs.uk/live-well/quit-smoking/>
5. Office for National Statistics (2025) Adult smoking habits in the UK: 2024. ons.gov.uk
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifestyle/bulletins/adultsmokinghabitsingreatbritain/2024>
6. International Agency for Research on Cancer IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. monographs.iarc.who.int
<https://monographs.iarc.who.int/agents-classified-by-the-iarc/>
7. U.S. Department of Health and Human Services (2014) The Health Consequences of Smoking—50 Years of Progress. A Report of the Surgeon General. Available via the National Library of Medicine Bookshelf: ncbi.nlm.nih.gov <https://www.ncbi.nlm.nih.gov/books/NBK179276/>
8. Cancer Research UK (2024) Tobacco statistics and Smoking-attributable cancer cases in the UK, 2003–2023 (analysis brief). cancerresearchuk.org
<https://news.cancerresearchuk.org/2024/07/09/smoking-cancers-reach-all-time-high/>
9. NHS England / National Disease Registration Service, Cancer data – interactive dashboards (incidence). digital.nhs.uk
<https://digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub>
10. NHS England / National Disease Registration Service, Cancer data – interactive dashboards (mortality). digital.nhs.uk

<https://digital.nhs.uk/ndrs/data/data-outputs/cancer-data-hub>

11. Office for Health Improvement and Disparities, Local Tobacco Control Profiles / Smoking Profile (Fingertips); and Office for National Statistics (2025) Adult smoking habits in the UK: 2024. Yorkshire and the Humber regional prevalence 12.2%; England 10.4%; UK 10.6% (2024). <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandlifeexpectancies/bulletins/adultsmokinghabitsingreatbritain/2024>
12. British Thoracic Society (2024) Clinical Statement on the Medical Management of Inpatients with Tobacco Dependency ('Building Blocks' framework). [brit-thoracic.org.uk](https://www.brit-thoracic.org.uk)
<https://www.brit-thoracic.org.uk/clinical-resources/guidelines/tobacco-dependency/>
13. City of Doncaster Council (2023–2024) Adult Community Stop Smoking Service and Smokefree Generations Cabinet reports, confirming an estimated 48,000 current smokers in Doncaster and a local ambition of under 5% prevalence by 2030.
<https://doncaster.moderngov.co.uk/documents/s41764/i8%20Doncaster%20Adult%20Community%20Stop%20Smoking%20Service%20CAB%20RL%202.pdf>
14. Office for National Statistics (2024) Population estimates for the UK, England and Wales, Scotland and Northern Ireland: mid-2023. [ons.gov.uk](https://www.ons.gov.uk)
<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates>
15. Reid RD, Mullen KA, Slovinet D'Angelo ME, Aitken DA, Papadakis S, Haley PM, et al. Smoking cessation for hospitalized smokers: an evaluation of the 'Ottawa Model'. *Nicotine Tob Res.* 2010;12(1):11–8.
<https://europepmc.org/article/MED/19903737>
16. National Institute for Health and Care Excellence (2021, most recently updated 2025) Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (supersedes PH48). [nice.org.uk/guidance/ng209](https://www.nice.org.uk/guidance/ng209)
<https://www.nice.org.uk/guidance/ng209>
17. Office for Health Improvement and Disparities (2022) Nicotine vaping in England: an evidence update including health risks and perceptions. Report commissioned from King's College London. [gov.uk](https://www.gov.uk)
<https://www.gov.uk/government/publications/nicotine-vaping-in-england-2022-evidence-update>
18. Royal College of Physicians (2016, updated 2024) Nicotine without smoke: Tobacco harm reduction. Report of the Tobacco Advisory Group. [rcp.ac.uk](https://www.rcp.ac.uk)
<https://www.rcp.ac.uk/policy-and-campaigns/policy-priorities/tobacco/>
19. Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (2020) Statement on the potential toxicological risks from electronic nicotine (and non-nicotine) delivery

systems (E(N)NDS – e-cigarettes). Superseded for practical purposes by the OHID 2022 evidence update (ref. 17), but retained for background. cot.food.gov.uk

<https://www.gov.uk/government/organisations/committee-on-toxicity-of-chemicals-in-food-consumer-products-and-the-environment>

20. British Medical Association (2020) E-cigarettes: balancing risks and opportunities. bma.org.uk
<https://www.bma.org.uk/>
21. Royal College of General Practitioners, Position statement on the use of electronic nicotine vapour products (e-cigarettes). rcgp.org.uk
<https://www.rcgp.org.uk/>
22. Health Act 2006. legislation.gov.uk
<https://www.legislation.gov.uk/ukpga/2006/28/contents>
23. Smoke-free (Signs) Regulations 2012. legislation.gov.uk
<https://www.legislation.gov.uk/uksi/2012/1536/contents/made>
24. Children and Families Act 2014 (section 11: smoking in private vehicles). legislation.gov.uk
<https://www.legislation.gov.uk/ukpga/2014/6/contents>
25. Smoke-free (Private Vehicles) Regulations 2015. legislation.gov.uk
<https://www.legislation.gov.uk/ukpga/2026/18/contents>
26. Tobacco and Vapes Act 2026 (c.18), Royal Assent 29 April 2026. legislation.gov.uk
<https://www.legislation.gov.uk/ukpga/2026/18/contents>
27. Environmental Protection (Single-use Vapes) (England) Regulations 2024 – ban on sale and supply of disposable vapes in England, in force from 1 June 2025. legislation.gov.uk
<https://www.legislation.gov.uk/uksi/2024/1216/contents/made>
28. The Tobacco and Related Products Regulations 2016. legislation.gov.uk
<https://www.legislation.gov.uk/uksi/2016/507/contents>

APPENDIX 1 – EQUALITY IMPACT ASSESSMENT PART 1: INITIAL SCREENING

Service/Function/Policy Project/Strategy	CSU/Executive Directorate and Department	Assessor(s)	New or Existing Service or Policy?	Date of Assessment
CORP/COMM 2 v.6 – Smoke Free Policy	Deputy Chief Executive	Sabih Mukhtar	Existing policy	July 2026

1) Who is responsible for this policy?

Deputy Chief Executive Directorate.

2) Describe the purpose of the service/function/policy/project/strategy.

Intended to ensure Trust sites are smoke-free and vape-free, with the involvement of staff and patients, and that tobacco dependency is treated as a routine part of clinical care.

3) Are there any associated objectives?

Support for the national Smokefree 2030 ambition, the NHS Long Term Plan commitment to offer tobacco dependency treatment to all smokers admitted to hospital, and the Trust's contribution to reducing local smoking prevalence in Doncaster and Bassetlaw.

4) What factors contribute to or detract from achieving intended outcomes?

Some patients, staff, visitors and contractors continue to smoke or vape on Trust sites despite the policy; sustained education, signage, security support and consistent enforcement all affect compliance.

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 adverse impact has been identified. The Trust recognises that smoking prevalence is higher among some protected and socio-economically disadvantaged groups, including people with a severe mental illness, and that this policy is applied consistently, with proactive support offered to help anyone who smokes to stop, rather than being used punitively.

6) Is there any scope for new measures which would promote equality?

The QUIT programme continues to target support at groups with higher smoking prevalence, including people with mental illness, pregnant smokers and those in routine and manual occupations, to help reduce health inequalities driven by smoking.

Protected Characteristic	Affected?	Impact
Age	No	
Disability	No	
Gender	No	
Gender reassignment	No	
Marriage/civil partnership	No	
Maternity/pregnancy	No	
Race	No	
Religion/belief	No	
Sexual orientation	No	

7) *Equality rating: Outcome 1 – no negative impact identified. If a future review identifies an outcome of 2, 3 or 4, a detailed Equality Analysis must be completed.*

Date for next review: January 2029 (Policy valid until July 2029) or sooner if national guidance or legislation changes materially)

Checked by: Rob Mason **Date:** July 2026