

TRUST-WIDE CLINICAL POLICY DOCUMENT

NICOTINE MANAGEMENT POLICY

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2017 – Version 8

Quality, recovery and wellbeing at the heart of everything we do

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NICOTINE MANAGEMENT POLICY

Further information about this document:

Document name	NICOTINE MANAGEMENT POLICY (Formerly Corporate Smoking Cessation Policy) SA20
Document summary	The policy is concerned with providing a safe, smoke-free environment and health promotion for service users and staff. The policy supports service users and staff who do not wish to stop smoking in preventing harm to others from second hand smoke and in managing their nicotine dependency symptoms whilst in trust premises and grounds.
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To be read in conjunction with	SA02: Risk Management Policy & Strategy SA03: Reporting, Management and Review of Adverse Incidents SA07: Health, Safety and Welfare SA10: Clinical Risk Assessment Tools (to be applied in conjunction with portfolio of risk assessment tools) SD29: Physical Health Care of Service Users HR01: Disciplinary Procedures HR21: Recruitment and Selection SA19: Management Medical Devices Policy
This document can be made available in a range of alternative formats including various languages, large print and braille etc	
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Version 1	Smoke Free Policy	December 2006
Version 2	Smoke Free Policy	June 2008
Version 3	Smoke Free Policy	September 2009
Version 4	Smoke Free Policy	September 2010
Version 5	Corporate Smoking Cessation Policy	April 2013
Version 6	Nicotine Management Policy	November 2015
Version 7	Nicotine Management Policy	April 2016
Version 8	Nicotine Management Policy	February 2017

SUPPORTING STATEMENTS

this document should be read in conjunction with the following statements:

SAFEGUARDING IS EVERYBODY'S BUSINESS

All Mersey Care NHS Foundation Trust employees have a statutory duty to safeguard and promote the welfare of children and vulnerable adults, including:

- being alert to the possibility of child/vulnerable adult abuse and neglect through their observation of abuse, or by professional judgement made as a result of information gathered about the child/vulnerable adult;
- knowing how to deal with a disclosure or allegation of child/adult abuse;
- undertaking training as appropriate for their role and keeping themselves updated;
- being aware of and following the local policies and procedures they need to follow if they have a child/vulnerable adult concern;
- ensuring appropriate advice and support is accessed either from managers, *Safeguarding Ambassadors* or the trust's safeguarding team;
- participating in multi-agency working to safeguard the child or vulnerable adult (if appropriate to your role);
- ensuring contemporaneous records are kept at all times and record keeping is in strict adherence to Mersey Care NHS Foundation Trust policy and procedures and professional guidelines. Roles, responsibilities and accountabilities, will differ depending on the post you hold within the organisation;
- ensuring that all staff and their managers discuss and record any safeguarding issues that arise at each supervision session.

EQUALITY AND HUMAN RIGHTS

Mersey Care NHS Foundation Trust recognises that some sections of society experience prejudice and discrimination. The Equality Act 2010 specifically recognises the *protected characteristics* of age, disability, gender, race, religion or belief, sexual orientation and transgender. The Equality Act also requires regard to socio-economic factors including pregnancy /maternity and marriage/civil partnership.

The trust is committed to equality of opportunity and anti-discriminatory practice both in the provision of services and in our role as a major employer. The trust believes that all people have the right to be treated with dignity and respect and is committed to the elimination of unfair and unlawful discriminatory practices.

Mersey Care NHS Foundation Trust also is aware of its legal duties under the Human Rights Act 1998. Section 6 of the Human Rights Act requires all public authorities to uphold and promote Human Rights in everything they do. It is unlawful for a public authority to perform any act which contravenes the Human Rights Act.

Mersey Care NHS Foundation Trust is committed to carrying out its functions and service delivery in line with a Human Rights based approach and the FREDA principles of **Fairness, Respect, Equality Dignity, and Autonomy**.

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1. PURPOSE AND RATIONALE

1.1 Executive Summary

Nicotine Management forms a central aspect of our intention to improve the health and wellbeing of Trust Service users and staff. All NHS sites will be smoke free healthcare settings the Trust has agreed a smoke free strategy this policy supports the implementation of the strategy.

1.2 Rationale

1.2.1 The National Institute for Health Care Excellence (NICE - 2013) recommending smoke free healthcare settings.

“Smoking is the largest single cause of premature deaths and preventable ill-health in England. In England in 2011 among adults aged 35 and over there were around 79,100 deaths (18% of all deaths of adults aged 35 and over) estimated to be caused by smoking and estimated that in 2011, “36% (22,500) of all deaths due to respiratory diseases and 28% (37,400) of all cancer deaths were attributable to smoking” (p.82).

1.2.2 The policy is concerned with providing a safe, smoke-free environment and health promotion for service users and staff. It supports service users and staff who do not wish to stop smoking in preventing harm to others from second-hand smoke and in managing their nicotine dependency symptoms whilst in trust premises and grounds. The policy also supports service users and staff who do wish to stop smoking to access appropriate stop smoking services.

2. OUTCOME FOCUSED AIMS AND OBJECTIVES

2.1 Aims

- 2.1.1 Ensure that community service users have access to appropriate stop smoking support and this is addressed fully as part of care planning.
- 2.1.2 Provide appropriate support to service users and staff to manage the symptoms of nicotine dependency whilst in trust premises and grounds.
- 2.1.3 Provide appropriate support for service users and staff to stop smoking.
- 2.1.4 Protect and improve the health of staff, service users, visitors and contractors.
- 2.1.5 Protect both smokers and non-smokers from the danger to their health of exposure to second-hand smoke.
- 2.1.6 Set an example to other employers and workforces, particularly in health-related settings.
- 2.1.7 Adhere to legislation (The Health Act 2006) to comply with smoke-free regulations, implemented in mental health services on 1st July 2008.

2.2 Principles

Smoking is not solely about the exercise of personal choice since its effects clearly impact on the health of others. So, whilst the Trust recognises that some individuals choose to smoke that choice cannot be applied at the expense of another individual's health. The Trust has to take steps to enforce the pre-eminence of the entitlement to a healthy environment and comply with statutory provisions.

3. SCOPE

- 3.1 This policy will apply to all staff, service users, visitors, contractors, volunteers and other persons, who enter Mersey Care NHS Foundation Trust owned or rented buildings (or grounds) including vehicles parked on Trust grounds.
- 3.2 Its formal adoption of the policy will commence in May 2015. There will be a phased implementation within the divisions.
- 3.3 All Trust employees, visitors, contractors, volunteers and other persons are not permitted to smoke on Trust premises or grounds during working hours.
- 3.4 Service users in community settings are asked to provide a smoke free room/environment if they are receiving home visits.
- 3.5 Staff who do not comply with the policy will be interviewed by their line manager and referred to occupational health for support and advice as appropriate. Should an individual or group of individuals continue to infringe this policy the manager may invoke disciplinary procedures as a means of encouraging adherence to this policy.
- 3.6 Stop smoking support will be made available to all service users and staff and nicotine replacement therapy (NRT) will be prescribed where appropriate. Staff from all services will be trained in stop smoking support.
- 3.7 Stop smoking support will be publicised through the trust website providing guidance, information leaflets and posters.
- 3.8 This policy applies to e-cigarettes. This will remain subject to review as licensing or regulation of e-cigarettes changes.

4. DUTIES

4.1 Trust Board

- 4.1.1 Health care providers are under obligation to provide safe care to their service users and appropriate training to their staff. This duty encompasses ensuring the physical health care of service users whilst under the care of the organisation and the Trust has an obligation to comply with its statutory and regulatory observations.
- 4.1.2 The Trust Board has overall responsibility for ensuring that all staff are appropriately trained and competent to effectively fulfill their role within the organisation and to maintain the safety of services users.

- 4.1.3 Ensure that staff, service users, visitors and contractors are made aware of the policy.
- 4.1.4 Provide resources to ensure effective implementation.
- 4.1.5 Ensure that all jobs advertised will state that Mersey Care NHS Foundation Trust is a smoke free Trust.
- 4.1.6 Ensure that all Service Level Agreements with other organisations must contain the following clause 'Mersey Care NHS Foundation Trust is a Smoke Free Trust. Smoking is not permitted in all Trust buildings, grounds and all Trust vehicles'.

4.2 **Lead Executive Director**

The Lead Executive Director for this policy (Executive Director of Nursing) has strategic responsibility for ensuring that appropriate physical health care management is monitored and reported to the board accordingly. The lead is responsible to ensure that all managers are aware of the policy and supported to implement the policy.

They will work alongside the Executive Director of Service Development and Delivery and the Director for Service User Safety (who is the Chair of the Health and Safety Committee) who will monitor smoking related incidents.

4.3 **Policy Lead**

The Policy Lead (Modern Matron – Physical Health) will oversee the implementation, promotion and governance of the policy across the Trust. They will be responsible for monitoring and reviewing the policy as necessary.

4.4 **Chief Operating Officer and Associate Medical Director**

Are accountable for ensuring the standards of this policy are maintained within the service for which they have overall responsibility and ensuring adherence to the policy.

4.5 **Employees**

All Trust staff have a duty to comply fully with this policy.

4.6 **Occupational Health**

- 4.6.1 Provide smoking cessation services for all staff to access.
- 4.6.2 When joining the Trust, occupational health staff will make new employees aware of the smoking cessation support services within the Trust.
- 4.6.3 Screen all new employees for smoking status.
- 4.6.4 Support staff to have access to tobacco dependence treatment programs.

4.7 Divisions

Service Care Leads, Modern Matrons and Ward Managers are responsible for the following:

- (a) have a documented action plan in relation to the Trust's smoke free policy;
- (b) have adequate staff trained to level 2 smoking cessation advisors that will be easily accessible to service users who require specialist smoking cessation support including nicotine replacement (NRT) and behavioral support;
- (c) provide smoking cessation resources such as carbon monoxide monitoring;
- (d) promote the smoking cessation pathways and choices for service users and staff;
- (e) meet the Trust mandated training requirements for staff trained in smoking cessation;
- (f) ensure that staff use the electronic service user record to record all assessments and interventions delivered to support smoking cessation activity, including referral and quit rates.

4.8 Line Managers will ensure:

- (a) there is safe and appropriate skill mix within teams to meet the tobacco dependence needs of service users (either to provide very brief advice or intensive behavioral support);
- (b) staff do not facilitate service users to smoke (ie escort a service user off site to smoke, buy tobacco products, lighters, cigarettes);
- (c) prior to planned escorted leave, service users will be supported to manage their nicotine dependence and to remain smoke free whilst outside of Trust premises. Service users will also be informed of the expectation that whilst in the community they will not expose staff members to second-hand smoke;
- (d) staff are competent at identifying and recording the smoking status of every service user in their electronic record;
- (e) all staff with clinical contact provide very brief advice (VBA – Level 1) to all smokers (ask, advise, assess, record, act);
- (f) all smokers are offered support to stop smoking on admission and at regular intervals throughout their admission and record of intervention is documented;
- (g) all smokers who want to stop smoking are referred to a Level 2 trained Tobacco Dependence Treatment Adviser;
- (h) all smokers who do not wish to permanently stop smoking are offered NRT to manage temporary abstinence from smoking and are referred to a ward Tobacco Dependence Treatment Adviser for consultation;

- (i) every service user that smokes has a personal tobacco dependence treatment plan;
- (j) NRT is available in all in-patient areas to manage tobacco withdrawal symptoms (either for planned abstinence or temporary abstinence);
- (k) NRT is offered to a smoker within 30 minutes of admission to an in-patient facility, (please refer to the Trust approved SD12 – MM08 Discretionary Medicines Procedure, which includes NRT products);
- (l) ensure staff and service users are aware of the need to adjust medication if required according to smoking status and this is reflected within individuals care plans;
- (m) ward systems are in place so that 1) service users are supplied with an adequate amount of NRT during periods of leave and on discharge, 2) follow up plans are in place to encourage service users to maintain their abstinence after discharge;
- (n) service user information regarding the relationship between smoking and illness (both physical and mental) are available in service user areas;
- (o) information on tobacco smoke and medication interactions is available in all clinical areas;
- (p) staff appraisals and personal development plans reflect an employee's training needs to deliver tobacco dependence treatment;
- (q) all staff who have clinical contact with service users have completed basic knowledge training Level 1;
- (r) there are sufficient staff trained in Tobacco Dependence Treatment Advanced Skills training (Level 2) to meet the needs of smokers in each clinical area;
- (s) smoking cessation training is promoted, taken up and translated into practice;
- (t) staff are fully supported in reminding other people of the Nicotine Management Policy;
- (u) comply fully with the policy and provide a suitable role model for staff and service users;
- (v) staff do not take smoking breaks during work hours;
- (w) staff who smoke are supported to access smoking cessation sessions via work or at their local tobacco dependence service.

4.9 Clinical Staff working in community settings will:

- (a) ask and record each service users smoking status at the first contact and provide very brief advice to all smokers or as soon as possible if the service user is unwell;
- (b) review each service user's smoking status regularly and at each CPA meeting;
- (c) refer all service users who wish to stop smoking to a smoking cessation specialist;
- (d) ensure that blood plasma levels are monitored for those who are embarking on a stop attempt;

- (e) actively engage service users, their family and carers about the benefits of stopping smoking;
- (f) ask all service users to refrain from smoking for at least 30 minutes prior to their contact;
- (g) ensure that service users are aware of the trusts smoke free status;
- (h) ensure that all welcome packs and promotional materials provided about the service describe the smoke free status.

4.10 **Level 2 Tobacco Dependence Treatment Advisors will:**

- (a) support smokers who wish to make a planned stop attempt;
- (b) support smokers who do not wish to stop smoking during an in-patient stay, to manage temporary abstinence from tobacco;
- (c) deliver one to one, drop in and group based treatment to service users and staff who smoke;
- (d) following a referral from ward/community staff, carry out a comprehensive assessment of a smoker's needs, including the severity of tobacco dependency, service user preference for treatment, assessment and recommendation for the use of stop smoking pharmacotherapies;
- (e) if authorised to administer NRT under the Trust's discretionary medicines policy for NRT or following consultation with a prescriber, facilitate access to pharmacotherapy in line with Trust protocols;
- (f) liaise with prescriber (ward, community, primary care) re potential interactions of stopping (and restarting smoking i.e. irregular patterns of smoking) and psychotropic medication;
- (g) minimise withdrawal symptoms through optimising adherence to pharmacotherapy (e.g. correct technique, sufficient dose and length of treatment);
- (h) provide intensive psychological, behavioral and social support to assist the smoker:
 - (i) understand the personal relevance of smoking,
 - (ii) cope with cravings,
 - (iii) maximise motivation and commitment,
 - (iv) maintain abstinence;
 - (v) maximise mental health,
 - (vi) maximise physical health.

- 4.10.1 In collaboration with the smoker and their community team, formulate, document and evaluate personal stop smoking plans.
- 4.10.2 For service users who have made a quit attempt whilst in hospital and who wish to maintain their abstinence, ensure a seamless handover to the local community NHS Stop Smoking Service (or Level 2 trained Advisor in the CMHT) so that service users can receive follow up care for up to 4 weeks.
- 4.10.3 Attend refresher training as required.

4.11 Clinical Staff working in Service User settings will:

- (a) ask and record a service user's smoking status on admission and provide very brief advice to all smokers. They will inform the service user of the Trust's Nicotine Management Policy and smoke free status;
- (b) on admission any smoking paraphernalia/cigarettes will be removed and given back when the service user is discharged or handed over to carers to take home. Refer all smokers who want to stop smoking to the ward or on-site in-patient Tobacco Dependence Treatment Advisor;
- (c) work closely with Advisors to support the service user to maintain abstinence;
- (d) liaise with the ward/in-patient Tobacco Dependence Treatment Advisor to ensure smokers who do not want to quit, are supported in managing temporary abstinence from tobacco during an in-patient admission;
- (e) actively engage smokers in conversations about the benefits of quitting;
- (f) educate about and recommend the use of NRT to all smokers;
- (g) review care plan at each ward round, CPA or clinical review meeting;
- (h) monitor adherence with NRT daily;
- (i) ensure service users are supplied with an adequate amount of NRT during periods of leave and on discharge;
- (j) ensure follow up plans are in place to encourage the service user to maintain their abstinence after discharge. Refer to the local community NHS Stop Smoking Service on discharge;
- (k) ensure that service users have access to a variety of activities and fresh air during their admission to support their smoke free compliance;
- (l) ensure that service users are provided with advice and support to actively manage stress and nicotine withdrawal.

5. PROCESS / PROCEDURES

5.1 Key Points

The Trust promotes nicotine management on Trust premises.
No smoking by Service Users and Visitors is permitted anywhere on Trust premises.
Staff and contractors are not permitted to smoke anywhere on Trust premises.

5.2 General issues with smoking and psychiatric treatment

- 5.2.1 Tobacco use may lower blood levels of certain medications used in psychiatry. Smoking cessation may therefore result in increased drug levels in the blood with a concordant reduction in amount required. A Trust pharmacist should be contacted for specific advice on interactions between tobacco and psychiatric medication and assist service users understanding of how this happens and the benefits to be gained from stopping smoking in respect of a potential reduction in the amount of prescribed medication required.
- 5.2.2 Cigarettes or tobacco related products must not be used as a reward for good behavior or as an incentive to diffuse an aggressive situation. Any violent or aggressive act arising from staffs attempt to prevent smoking in or on Trust premises will be dealt with under the Implications for Practice and the management of abuse, discrimination and violence, HR09.

5.3 Application to Service Users

- 5.3.1 The Trust will promote nicotine management by ensuring that all service users who smoke are advised of the health risks and are given the opportunity and support to stop smoking. Where service users decline this opportunity and choose to smoke they must be advised of the Trust smoke free environment. Such discussions must be formally recorded in the service users' clinical notes.
- 5.3.2 Staff will need to be sensitive when approaching the topic of smoking cessation, especially when a service user has just been admitted. However, all service users who smoke should be offered advice and support to stop smoking and informed of the benefits to be achieved as consequence by staff trained in smoking cessation interventions.
- 5.3.3 Individual care plans and health promotion packages must ensure that the potential impact of smoking cessation on concurrent drug therapy is assessed, appropriately planned for and discussed with the medical team. Close monitoring for side effects and signs of toxicity of prescribed medication should be provided as part of the care plan, where potential impact has been identified. Individual care plans should also identify action to be taken if a service user continues to smoke whilst using nicotine replacement therapy (NRT).
- 5.3.4 When a service user is discharged the care plan will be clearly communicated to the new service and the service user's GP to ensure continuity of care.
- 5.3.5 Supported living schemes and community residential settings cannot be regarded in the same way as in-patient services. Such settings should be regarded as if they were a service user's home, except where the care package is provided by the trust and that this further involves communal and shared living space. In such circumstances the policy should be adopted.
- 5.3.6 Service users visited in their own home cannot be required not to smoke but will be asked to cease smoking for the duration of any visit. In some cases it may be necessary to arrange for visits to take place in some other location than the service user's home. Leaflets explaining the Trust's smoke free position will be made available to service users.

5.4 Community Service Users

- 5.4.1 All service users new to the Trust services where appropriate will be informed of the Nicotine Management policy at the earliest opportunity. They will be assessed for stop smoking support and a smoking intervention plan will be implemented. Service users who do not wish to stop smoking will be encouraged to use NRT to assist with nicotine withdrawal symptoms and facilitate smoking abstinence during an in-patient stay. Each offer of stop smoking support and NRT will be clearly documented in the intervention plan and recorded in the clinical record. The next review date will also be recorded. In order to protect staff from second hand smoke, service users will be asked to provide a smoke free room (a room not smoked in for at least 30 minutes prior to a visit) for home visits and be asked to refrain from smoking throughout the visit. Failure to comply with this will mean that an alternative venue is arranged for visits, if appropriate. All community appointment letters will inform service users of the Nicotine Management Policy, using the following wording:

Mersey Care NHS Trust is a Smoke Free Organisation

“We have a duty to protect staff from second hand smoke. If you are receiving a visit from a member of our staff then we request that you make a room available that is smoke free (not smoked in for a period of 30 minutes) Both yourself and your family/others present are requested not to smoke during our visit. If you are unable to provide such a room then please discuss with your care co-coordinator so that alternative arrangements can be made.”

- 5.4.2 Support and information will be offered to all service users. Those service users who reside in supported living schemes or community residential settings and have private tenancy agreements cannot be regarded in the same way as those in in-patient services. Such settings are deemed as if they were a service user’s home. Therefore the application of the policy concerning exposure to second hand smoke will need to be negotiated with the service user and housing provider (if appropriate) in order that maximum protection is afforded to staff and other service users ie use of an identified smoking area.

5.5 Staff

- 5.5.1 The Trust recognises that smoking is addictive and adherence to this Nicotine Management Policy will be a challenge for some members of staff. Staff will be able to access stop smoking support and advice from appropriately trained workplace colleagues, the occupational health service and local NHS stop smoking services. The Trust will support staff in accessing these services, time utilized attending smoke free services will be reimbursed in agreement with their line manager up to seven and a half hours. Stop smoking services can offer help, advice, and access to smoking cessation treatment, pharmacotherapy, and problem solving to staff who wish to stop smoking.

Staff who do not want to stop smoking will be encouraged to use NRT to manage the symptoms of nicotine dependency whilst on duty. Job advertisements will include reference to the Nicotine Management Policy and indicate that the adherence will be contractual. Tenders and contractors with the Trust will stipulate adherence to this policy as a contractual condition. Contracts will be modified to reflect this.

5.5.2 To ensure that everybody entering Trust sites understands that smoking is not allowed in the buildings and grounds, clear signs will be displayed. The Trust will not support extra time for smoking in addition to standard breaks. All employees are responsible for ensuring that the Trust's policy for a smoke free site is reinforced within the buildings and grounds. Staff must not smoke with service users or carers under any circumstances. The Trust prohibits the selling and purchasing of tobacco products and associated paraphernalia on site or during working hours.

5.6 Staff Including Locums, Bank, Agency and Volunteers are not permitted to smoke:

- (a) in cars parked on Trust premises;
- (b) outside entrances to Trust premises;
- (c) when travelling on Trust business.

5.6.1 When attending meetings or other events at venues where smoking is permitted, staff members are expected not to smoke. It is also expected that staff should not be seen to be smoking in public whilst wearing a uniform or Trust badge.

5.6.2 Whilst every effort will be made to protect staff from second hand smoke, the Trust recognises that there will be occasions when staff visit service users in their own homes and which may expose staff to smoke. Service users can legitimately be asked to cease smoking for the duration of the visit, but clearly this cannot be enforced. Leaflets have been made available to service users explaining the Trust's position regarding smoke free and why, when they are visited by a member of staff employed by the trust in their own homes as part of treatment, they may be asked to refrain from smoking.

5.6.3 To provide staff with the knowledge and skills to support service users who wish to stop smoking, appropriate training can be accessed via the NHS Stop Smoking Services as well as other avenues. Training places will be advertised as part of the Trust's training prospectus.

5.7 In-patient Areas

5.7.1 Service users admitted to an in-patient ward will have their smoking status recorded and a nicotine management intervention plan implemented. Service users will not be permitted to smoke on Trust premises. Where a service user does not wish to stop smoking then the nicotine intervention plan should focus on providing NRT and psychological support to enable the service user to deal with the symptoms of nicotine dependency whilst an in-patient. Service users who are already receiving smoking cessation pharmacotherapy prior to their admission will continue to receive support and remain in possession of their own supply of pharmacotherapy, if this is assessed to be safe/appropriate.

5.7.2 Each offer of stop smoking support and smoking cessation pharmacotherapy will be clearly documented in the intervention plan. The next review date will also be recorded.

5.8 Visitors and Contractors

- 5.8.1 Visitors to the Trust will not be allowed to smoke anywhere on Trust premises, or outside entrances to its premises, at any time. All contracts placed to tender must include a requirement that this policy is complied with.
- 5.8.2 Staff safety must always be paramount. Under no circumstances should any member of staff be encouraged to enforce an element of the policy if they believe they would be placed at risk in doing so. They should raise immediately with line manager and complete an incident form.

5.9 Managing non adherence to the policy

- 5.9.1 It is recognised that some individuals may refuse to adhere to this policy. It is necessary for the individual clinical team responsible for the person's care to visit this in the context of the individual's needs from a mental health perspective, as well as responsibility in relation to other service users and staff that may be directly affected by this non adherence or resistance to the necessary support being offered by the care team.
- 5.9.2 Where service users deliberately don't adhere to the policy their plan of care will be reviewed accordingly to maintain the safety of themselves and others. This may lead to environmental restrictions and increased searches.
- 5.9.3 In some instances it may be deemed necessary to consider the service user being discharged, if they are not deemed to be so unwell that hospitalisation is necessary.
- 5.9.4 Some service users will lack the mental capacity to either understand why or repeatedly forget that they cannot smoke. It is important to recognise that this group will need to be sensitively supported when assisted to stop smoking.
- 5.9.5 All Trust staff are expected to promote a smoke-free environment and healthy living. Staff should avoid condoning smoking. All Trust staff are discouraged from purchasing or providing tobacco products, including e-cigarettes. If any staff member breaches the policy then in the first instance line managers should discuss the issues with them to ensure they fully understand the smoke-free policy. If staff continue to breach the policy then actions through the disciplinary process may be appropriate.
- 5.9.6 All instances of breaches of this policy and fire regulation are to be recorded and reported as per adverse incident policy and must be reviewed by the multi-disciplinary team.

6 DEVELOPMENT AND CONSULTATION

- 6.1 This policy has been developed by the Trust Wide Smoking Cessation Project Group with Service User Representation, Clinical Managers, Modern Matrons, Lead Nurses and Risk Managers in consultation with the Trust Legal Advisers and Local Authority Smoke Free Enforcement Officers as well as service user forums and governance groups. It will be reviewed on a yearly basis or if there are any changes in legislation.

- 6.2 Managers of smoke-free premises and vehicles have a duty to prevent smoking within workplaces and vehicles. Managers also have a duty to monitor the smoke-free arrangements within those premises and vehicles.
- 6.3 Breaches will be dealt with in accordance with appropriate Trust policy and reported into the Trust Health and Safety Committee. Divisions will monitor the number of incidents within their area and review risk assessments, actions taken, interventions and care plans as appropriate. Environmental audits should include observation of adherence to this policy.

7 TRAINING AND SUPPORT

All our staff will be Level 1 trained. They will be able to offer advice and support, and signpost service users and work-place colleagues to Stop Smoking Services. Staff trained to Level 1 can actively support interventions planned by staff trained to Level 2. Divisional Lead will identify staff that will be trained as Stop Smoking Advisor (Level 2) enabling them to deliver stop smoking intervention and advise medical staff on the most suitable prescription of NRT for the individual. Identified staff will be trained to deliver Levels 1 and 2 Stop Smoking Intervention Training to other Trust staff. Where feasible and where there is sufficient demand, stop smoking clinics will be available on site to provide the appropriate support to both staff and service users to help them stop smoking.

8 MONITORING

- 8.1 Day-to-day responsibility for ensuring compliance of this policy lies with Departmental Managers and their nominated deputies. Staff who do not comply with this policy will be interviewed by their line manager and signposted for smoking cessation support as appropriate. Further contravention of this policy will lead to disciplinary procedures in the following steps:
- (a) 2nd Breach – Formal investigation under section 10.2 Misconduct of the Disciplinary Procedure (HR01);
 - (b) 3rd Breach – Formal investigation under section 10.3 Gross Misconduct of the Disciplinary Procedure (HR01).
- 8.2 All contractors, visitors, volunteers and service users to be made aware of the policy and asked to comply.
- 8.3 Managers have a duty to prevent smoking within all Trust premises, vehicles and grounds.
- 8.4 Each division will monitor the number of Datix incidents, and complaints within their area and review risk assessments, actions taken, interventions and care plans as appropriate.
- 8.5 The Trust will monitor the number of staff that undertakes Level 1 care skills and Level 2 advanced training.
- 8.6 **Reporting of Smoking Related Incidents**
- 8.6.1 All members of staff should use the Datix system to promptly share information about any difficulties with the implementation of the nicotine management policy.

- 8.6.2 Analysis of all recorded incidents will enable the Trust to be proactive and re-active to reduce the impact and likelihood of future recurrence.
- 8.6.3 Staff should also use Datix to record incidents when services users refuse admission or self-discharge against medics' advice because of the Nicotine Management Policy.
- 8.6.4 The Trust will monitor the number of complaints received related to the implications of the Nicotine Replacement Policy.

9 SUPPORTING INFORMATION

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Doll, R. Petro, R. Boreham, J. Sutherland, I. (2004) Mortality in relation to smoking: 50 years' observations on male British doctors. BMJ, doi: 10.1136/BMJ.38142.554479.AE

Health Act (2006), HMSO, UK

Health and Safety at Work Act (2004), HMSO, UK

Health Equalities Group (2014) Breathing Space, Your Home - Our Workplace – Protecting Community Staff from Exposure to Secondhand Smoke

Mersey Care NHS Trust (2015) SD12, Handling of Medicines. MM08 Discretionary Medicines Procedure

Mersey Care NHS Trust (2015) SD 29, Physical Health Care – Local Division

NICE (2013) Smoking cessation in secondary care: acute, maternity and mental health services. PH 48

Royal College of Nursing (2006) Protecting Community staff from exposure to second-hand smoke RCN best practice guide for staff and managers. RCN, London

The Health and Social Care Information Centre (2012) Statistics on Smoking: England. HSCIS

World Health Organisation (2013) Questions and Answers on electronic cigarettes or electronic nicotine delivery systems. WHO

10 Equality and Human Rights Analysis

Title: Nicotine Management Policy

Area covered: Trust-wide

What are the intended outcomes of this work? *Include outline of objectives and function aims*

This is a review of the assessment and the policy with no changes – reviewed by George Sullivan and Cathie Thomas on 12th April 2016.

The policy provides guidance for staff and service users around smoking cessation.

Who will be affected? *e.g. staff, patients, service users etc*

Service users and carers and all staff, all visitors including health professionals and contractors.

Evidence

What evidence have you considered?

View obtained from Jim Wiseman (Mental Health /Law) Team

In-service user admission under the Mental Capacity Act 2005

If P lacks capacity to make an informed decision about hospital in-service user admission BUT does NEITHER try to leave NOR object to treatment then s/he must be managed under the MCA (a further assessment for admission under the Deprivation of Liberty Safeguards – DoLS – is required at this point).

If P objects to being prevented from smoking then P is objecting to part of the treatment package, and hence, hospital admission. At this point P must be assessed for detention either under the MHA 1983 or DoLS (dependent upon all the circumstances in each case – as a guide if P is only objecting to being prevented from smoking then DoLS is more likely to be applicable. If P is objecting to additional aspects of her/his care/treatment/admission then application for detention under the MHA should be made).

- Informal Admission (s.131 MHA)

If P has capacity to consent to informal admission (and does so consent) s/he is consenting to the admission itself AND the package of care that goes with it (including not being allowed to smoke). In order to consent (or not) P must therefore be informed of the rules relating to smoking.

If P has capacity and refuses to comply with the no smoking rule, then P is refusing part of the treatment package, and hence refusing informal admission. At this point P must be assessed for detention under the MHA 1983.

- Where P is formally detained under the MHA or DoLS

If P is detained under either the MHA or DoLS, s/he may be prevented from smoking. The key Principles of both the MCA and the MHA must still be applied in all cases. Consequently, If P continues to try to smoke then efforts to stop her/him must be the least restrictive intervention, necessary, appropriate, safe, in P's best interests, and proportionate to outcomes.

The equality and human rights analysis 2013

Human Rights judicial review and appeal. Reference: Queen's Court Bench Division Cite No (2008 EWHC 1096, Lord Justice Pill and Mr Justice Silber).

Disability (including learning disability)

This document does not address the issue of capacity. In particular in relation to learning disabilities when a service user is ill due to their mental health and people with Dementia.

Sex

No evidence.

No change following review.

Race Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.

No evidence.

No change following review.

Age Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

This document does not address the issue of capacity of older people and those with dementia who lack capacity and refuse to stop smoking.

Gender reassignment (including transgender) Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.

No evidence.

No change following review.

Sexual orientation Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.

No evidence.

No change following review.

Religion or belief Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.

No evidence.

No change following review.

Pregnancy and maternity Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.

No evidence.

No change following review.

Carers Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.

No evidence.

No change following review.

Other identified groups Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

No evidence.

No change following review.

Cross Cutting implications to more than 1 protected characteristic

No evidence.

No change following review.

Human Rights	Is there an impact? How this right could be protected?
Right to life (Article 2)	Not engaged this policy and procedure is aimed at improving wellbeing. No change following review.
Right of freedom from inhuman and degrading treatment (Article 3)	Not engaged. No change following review.
Right to liberty (Article 5)	Not engaged. No change following review.
Right to a fair trial (Article 6)	Not engaged. No change following review.
Right to private and family life (Article 8)	Article 8 considered within Judicial review/appeal. Smoking not deemed a human right. Hospital accommodation not considered to be a 'home 'for service users within High secure services. In terms of autonomy judgement states that service users within mental health services could expect autonomy to be restricted in relation to health issues. No change following review.
Right of freedom of religion or belief (Article 9)	No Issues identified. No change following review.
Right to freedom of expression Note: this does not include insulting language such as racism (Article 10)	No Issues identified within discussions. No change following review.
Right freedom from discrimination (Article 14)	No evidence. No change following review.

Engagement and Involvement *detail any engagement and involvement that was completed inputting this together.*

Staff side organisations were consulted in relation to this policy.

Summary of Analysis *This highlights specific areas which indicate whether the whole of the document supports the trust to meet general duties of the Equality Act 2010*

Eliminate discrimination, harassment and victimisation

This policy seeks to address the positive aspect of smoking cessation but also acknowledges that individuals may still make the choice of smoking in areas other than high secure services. To comply with legislation smoking cannot be allowed within buildings; however there is room in this policy to allow services to designate external smoke areas for in service user service users. This will allow those who choose to continue to smoke and who are too ill to be able to access the community to no longer feel discriminated against in some areas. It also seeks to address the issue of covert smoking in in-patient areas which constitute a serious fire hazard.

No change following review.

Advance equality of opportunity

Not applicable.
No change following review.

Promote good relations between groups

Not applicable.
No change following review.

What is the overall impact?

The impact of this policy is intended to be positive.
No change following review.

Addressing the impact on equalities

There needs to be greater consideration re health inequalities and the impact of each individual development /change in relation to the protected characteristics and vulnerable groups

Not applicable.
No change following review.

Action planning for improvement

Detail in the action plan below the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

Not applicable.
No change following review.

For the record

Name of persons who carried out this assessment:

This is a review therefore the minimum of three people is not required.
The Policy was subject a equality and Human Rights Analysis in April 2013
Meryl Cuzak Equality and Human Rights Lead
George Sullivan Equality and Human Rights Advisor

Date assessment completed:

12th April 2016 by George Sullivan and Cathie Thomas

Name of responsible Director:

Executive Director of Nursing – Ray Walker

Date assessment was signed:

12th April 2016

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Category	Actions	Target date	Person responsible and their area of responsibility
Monitoring			
Engagement			
Increasing accessibility			

Training Needs Analysis

Please tick as appropriate

<p>There are no specific training requirements- awareness for relevant staff required, disseminated via appropriate channels</p> <p>(Do not continue to complete this form-no formal training needs analysis required)</p>	
<p>There is specific training requirements for staff groups</p> <p>(Please complete the remainder of the form-formal training needs analysis required- link with learning and development department.</p>	✓

Staff Group	✓ if appropriate	Frequency	Suggested Delivery Method (traditional/ face to face / e-learning/hand-out)	Is this included in Trust wide essential learning programme for this staff group (✓ if yes)
Career Grade Doctor	✓		e-learning	
Training Grade Doctor	✓		e-learning	
Locum medical staff	✓		e-learning	
Registered Nurse	✓		e-learning / Face to Face, Level 1 / Level 2 & NRT training	

Non- registered Nurse / Care Assistant	✓		e-learning	
Community Registered Nurse	✓		e-learning	
Community Non Registered Nurse / Care Assistant	✓		e-learning	
Psychologists / Pharmacists	✓		e-learning	
Therapists	✓		e-learning	
Clinical bank staff regular worker	✓		e-learning	
Please give any additional information impacting on identified staff group training needs (if applicable)				
Clinical bank staff infrequent worker	✓		e-learning	
Non-clinical service user contact	✓		e-learning	
Please give the source that has informed the training requirement outlined within the policy i.e. National Confidential Inquiry/NICE guidance etc.				
Non-clinical non service user contact	✓		e-learning	

ADDITIONAL INFORMATION FOR CONSIDERATION: