

Smoke Free Policy

Document Type:	Policy		
Secretariat Index Number:	CP09	Version No:	9.0
Document Owner:	Tobacco Dependency Lead		
Clinical/non-clinical:	Clinical		
Directorate:	Trust wide		
Team/Service:	Tobacco Dependency Service		
Target Audience:	All staff across all sites.		
Standards, legislation and key related documents:	NICE Guideline (NG209), NHS Long Term Plan (2019) NICE PH48		
APPROVAL			
<u>Level 1</u> Speciality Oversight Group:	Treating Tobacco Dependency Program (TTDP) Group		
	Date Approved:	28/11/24	Review Date: November 2027
<u>Level 2</u> Approval Group:	CEEG (Clinical Effectiveness Group)		
	Date Approved:	04/12/24	Review Date: November 2027
<u>Level 3</u> Ratification Committee:	Quality & Safety Committee		
	Date Approved:	11/12/24	Review Date: 11/12/2027
Financial Implications:	Where a document has any financial implication on the Trust, the Local Counter Fraud Specialist (LCFS) has the authority to investigate and challenge this document with regards to current fraud and bribery legislation and to ensure appropriate counter fraud measures are in place.		
Counter Fraud Approval:	Yes or No:	No	Date: 28/11/24
Equality and Diversity Impact Assessment: (Policies only)	The author has carried out an E&DIA and there are no negative or unknown impacts. The E&DIA Form is attached to this document.		
Staff Side Approval:	Yes or No:	No	Date: 28/11/24

AUTHOR'S CHECKLIST

Document Title:	Smoke Free Policy
Secretariat Index Number:	

To be completed when reviewing existing published documents

Consideration for all documents		Y/N	Action to be taken	
			'Yes'	'No'
1.	Is the document still required?	Y	Go to question 2.	Arrange document removal with the Executive Lead/Approval Group and inform the Corporate Governance Team (corporateoffice@cpft.nhs.uk)
2.	Has there been any change in guidance or national policy since the previous version?	Y	Go to question 4.	Go to question 3.
3.	Can Executive authorisation (only) be granted if minor changes have been made to the document?	N	Executive lead to approve new review date by email. Update dates on the document and send the updated document and Exec email to the Corporate Governance Team (corporateoffice@cpft.nhs.uk)	Go to question 3.
4.	Can formal ratification be granted if major changes have been made to the document?	Y	Agree content at Level 1 Specialty Oversight Group. Seek Approval at Level 2 Exec Led Approval Group. Seek Ratification at NED led Board Sub-Committee (via: corporateoffice@cpft.nhs.uk)	Go to question 3.

VERSION CONTROL SUMMARY

FORMAL RATIFICATION RECORD

Version	Date	Author	Details of Previous Version:	Oversight Group	Approval Group	Ratifying Committee	Date:
V9.0	Nov 2024	Tobacco Dependency Lead	Update to Policy (new template)	Treating Tobacco Dependency Programme Group	Clinical Effectiveness Executive Group	Quality and Safety Committee	11/12/24

MINOR CHANGE RECORD

Version	Date	Author	Description of Change/s Made:	Authorising Executive	Date:
	November 2024	Tobacco Dependency Lead	New E-Cigarette and Vape information and guidance.		
	November 2024	Tobacco Dependency Lead	Duties and Responsibilities – New Tobacco Dependency Service.		
	November 2024	Tobacco Dependency Lead	Clarification of escorted leave.		
	November 2024	Tobacco Dependency Lead	New Mental Health Inpatient Pathway.		
	November 2024	Tobacco Dependency Lead	New SystemOne tool – information and guidance.		
	February 2025	Tobacco Dependency Lead	Minor wording change on Page 5		

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Appendix 7: TDS MH IP Pathway flowchart	

The latest version of this document is on the Document Library.

Any printed copies must be checked against the Document Library version to ensure that the latest version is being used.

1.0 INTRODUCTION

Smoking tobacco remains the leading cause of preventable death, disability, illness, and social inequality within our society. 20% of all deaths annually in the UK are attributable to smoking.

Supporting our patients and staff who are tobacco dependent is a key component of the NHS Long Term Plan. The NHS is committed to contributing towards wider government action that advocates for a smoke free generation by 2030.

The Trust recognises the need for this policy, and for improved awareness of the risks associated with smoking and passive smoking.

Relevant legislation, CQC guidance and ethical considerations associated with this policy are detailed in appendix 2.

Key Messages of the Policy

- Smoking is not allowed on Trust premises under any circumstance (including the use of Heated Tobacco Devices)
- Nicotine Replacement Therapy (NRT) is available to all inpatients
- Staff who smoke can access support from the Local Authority Stop Smoking Service
- Staff who smoke are not allowed to smoke during working hours (excluding unpaid breaks) and must not enter Trust premises smelling of tobacco smoke
- Vaping is permitted in ward gardens for Mental Health inpatients who are smokers and choose this form of nicotine replacement to support a quit attempt. Vaping is not permitted on site by staff, other service users, or visitors.
- Vaping is not recommended for non-smokers
- Patients are not permitted to smoke during periods of leave when escorted by a member of staff, whether on or off Trust premises
- For patients on mental health inpatient units additional support is available from the Tobacco Dependency Service
- Staff can request that patients do not smoke when visiting in their own home. If a patient does smoke staff can choose to leave the property.

This policy contributes to eliminating the health risks associated with passive smoking and as a direct result will improve the health and wellbeing of patients, staff, and visitors.

2.0 OBJECTIVES and AIMS

The purpose of this policy is to support delivery of smoke free premises, including buildings and surrounding grounds, and aims to:

- Tackle smoking and reduce the burden of smoking-related death and illness within the NHS and across its wider communities.
- Protect the health of all Trust staff, people using Trust services and visitors by ensuring a smoke free environment.
- Promote the health of Trust staff, including the health of smokers by providing opportunities and support for staff who wish to stop smoking.
- Provide a model of good practice for other NHS services and partner organisations in implementing policies on smoking.
- Reduce the burden of premature death and illness in the wider community by promoting a smoke free environment and a comprehensive approach to tackling smoking.
- Address the inequality for health outcomes for smokers with a mental health diagnosis.

This Smokefree policy applies to:

- All staff including, but not limited to; locum, bank, agency, contractors, volunteers and other persons; non-executive directors, hospital managers, Governors, staff in training and seconded staff on temporary or permanent contracts.
- Service users and patients when they are visiting any trust site whether they are visiting the site for an appointment or as an inpatient on one of CPFT's wards/ units, and/ or whilst on escorted leave (both on & off Trust grounds).
- Any visitors to our sites including persons visiting family or friends, or those visiting for professional purposes.
- All vehicles leased by the Trust for Trust business or representing the Trust.

3.0 DUTIES, ROLES and RESPONSIBILITIES

Trust Board responsibilities include:

- Ensuring the effective implementation and management of this policy, demonstrating the Trust's commitment to providing smoke free environments through the Trust's business plans and long-term strategic direction
- Ensuring the Trust is smoke free by making all staff aware of their responsibilities and expectations regarding their conduct and practice.

All Managers (including Ward Mangers) responsibilities include:

- Ensuring their staff receive the required support, training and resources to provide smoke free advice and guidance at a level suitable to their role
- Ensuring any people using services, including staff and visitors they are in contact with are aware of this policy
- Managing any reported policy breaches through appropriate channels
- Monitoring compliance with the Smoke Free Policy for their area or Directorate

- Ensuring staff are aware of support and advice available if they wish to stop smoking

Clinical Managers responsibilities include:

- Ensuring staff feel supported in maintaining smoke free environments and are aware of signposting options for people using Trust services
- Ensuring staff include individuals smoking status within the Clinical Record and identify any associated risks
- Ensuring staff are aware of the requirements to adjust certain medications for people who smoke e.g. Clozapine
- Ensuring that blood plasma levels of relevant medications are monitored for those who are changing their smoking behavior.
- Maintaining appropriate levels of smoking cessation training across their team or service
- Ensuring that Section 17 leave is not used to enable detained inpatients to smoke cigarettes
- Ensuring that staff are not exposed to passive smoking whilst acting as an escort for a service user during leave.

All Wards Staff responsibilities include:

- Asking and recording each patient's smoking status on admission and providing Very Brief Advice to all smokers.
- Advising patients on Smoke Free Policy
- Informing patients on the support that is available.

Community Staff responsibilities include:

- Asking and recording each patient's smoking status at the first contact, if clinically and age appropriate and provide Very Brief Advice to all smokers.
- Review each patient's smoking status regularly if clinically appropriate and at least annually.
- Refer all patients who wish to quit to Local Authority Stop Smoking Service (HealthyYou).
- Prior to planned hospital admission advise patients that smoking is not permitted in the hospital or grounds, and they will be offered support to temporarily abstain or quit. This will include Nicotine Replacement Therapy. Behavioural support is available for those admitted to a Mental Health unit.
- Patients should be told not to bring tobacco, cigarettes, lighters or matches with them to hospital.
- Ensuring that blood plasma levels of relevant medications are monitored for those who are changing their smoking behavior.
- Asking all patients to refrain from smoking for at least one hour prior to, and during their contact.

All Staff responsibilities include:

- Challenging breaches of this policy by staff, patients, visitors or contractors, where it is safe to do so. Staff are not expected to challenge smoking on site where there is a risk of abuse or violence
- Ensuring Section 17 leave is not used to accommodate smoking breaks for detained inpatients
- Awareness that patients are unable to smoke whilst on escorted leave with staff which includes leave away from Trust premises.
- Understanding the impact and challenges faced by people using Trust services to abstain from smoking during an inpatient stay

Staff who smoke tobacco responsibilities include:

- Not smoking cigarettes while on trust premises at any time, whether on or off duty, or when in any vehicle during working hours
- Not smoking in public while wearing a Trust uniform or badge
- Not smoking in the presence of people using services while on duty
- Not returning to their place of work (such as ward, clinic office or service user's home) smelling of smoke

Staff who use electronic cigarettes responsibilities include:

- Not to use e-cigarettes/vapes whilst on Trust premises at any time, whether on or off duty
- Not using e-cigarettes/vapes in the presence of people using services and visitors whilst wearing a Trust uniform or badge.

Tobacco Dependency Advisors (for Mental Health inpatient wards) responsibilities include:

- To achieve a minimum level of Level 2 Smoking Cessation Practitioner Training (NCSCT)
- To provide specialist advice, information on this policy and give behavioural support to people who have stopping smoking.
- To provide information on smoking cessation products, in conjunction with medical and pharmacy staff.
- To provide information on the use of NRT and e-cigarettes.

4.0 TRAINING and COMPETENCY

All staff in patient-facing roles are required to complete the mandatory training module *Smoking Cessation*, on e-Academy.

This training enables staff to deliver Very Brief Advice (VBA) on smoking cessation.

VBA is a proven 30-second clinical intervention, developed in the UK, which identifies smokers, advises them on the best method of quitting, and supports subsequent quit attempts.

VBA comprises three elements: ASK, ADVISE, ACT and is designed to be used opportunistically with patients by health care workers in almost any situation with a smoker.

5.0 FURTHER INFORMATION including Managing Policy Breaches

5.1 Tobacco Dependency Service (TDS) Mental Health Inpatient Pathway

The Tobacco Dependency Service is funded by the Integrated Care Board to offer smoking cessation support to any patient over the age of 18 admitted to one of our mental health wards.

Every patient identified as a smoker on admission will be offered this service. Patients can also be referred to the service at any stage of their inpatient stay.

The Tobacco Dependency Service Inpatient Mental Health Pathway flow chart can be found in the Appendix 8.

Patient should be referred to TDS using SystemOne as outlined in the Appendix 6.

5.2 Nicotine Replacement Therapy (NRT)

Nicotine Replacement Therapy is stocked and available on all inpatient wards in line with Cambridgeshire and Peterborough ICS Medicines Formulary.

5.3 E-Cigarettes/Vapes

In accordance with current government and NHS guidance, the Trust acknowledges that the use of e-cigarettes is an effective way to help some smokers move away from using harmful burnt tobacco.

Professor Chris Witty, (Chief Medical Officer) said in May 2023 *If you smoke, vaping is much safer; if you don't smoke, don't vape.*

E-cigarettes should never be offered to non-smokers or children under 18. Conventional NRT should be offered for any patients who smoke and are under 18 years of age.

E-cigarettes are regulated by the Tobacco and Related Products Regulations (2016). They are not a licensed medication and cannot be prescribed or marketed as a 'quit smoking' product. However, they are recommended by NICE (NG209: Tobacco: preventing uptake, promoting quitting and treating dependence. Nov 2021).

For established e-cigarette/vape users admitted to one of our inpatient units with their own device and who are successfully abstaining from tobacco, a MDT decision can be made on the appropriateness of device. See Appendix 7 for further guidance.

Heated tobacco devices are not e-cigarettes or vapes and are not approved for use on Trust premises.

E-cigarettes/Vapes may be used by Mental Health inpatients in ward gardens

5.4 Managing breaches to this policy

Given the severity of nicotine dependence experienced by many of our patients, service users, and staff, it is anticipated that policy breaches will occur.

If smoking on Trust premises has been discovered, or if second-hand smoke exposure to staff or patients /service users has occurred, a Datix incident form should be completed.

In addition, any other breaches should be reported by completing a Datix incident form.

6.0 MONITORING COMPLIANCE

Document Section		Control	Check to be carried out	How often will the check be carried out	Responsible for carrying out the check	Results of check reported to	Frequency of reporting
Page	Section	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
9	5.4	Policy Breaches	Review of Datix incidents in relation to Policy Breaches	Bimonthly	TTDP	TTDP	Bimonthly

APPENDIX 1: DEFINITION OF TERMS

Electronic cigarettes (E-Cigarette)

An e-cigarette is an electronic device that delivers nicotine in a vapour. This allows the individual to inhale nicotine without most of the harmful effects of smoking, as the vapour is not smoke, and so contains no tar or carbon monoxide.

Heated Tobacco Device

Electronic devices that heat tobacco without burning it and release a nicotine containing aerosol.

Nicotine Replacement Therapy (NRT)

- is a way of getting nicotine into the bloodstream without smoking
- is an evidenced based harm minimisation approach to supporting smoking cessation
- there are various NRT choices including patches, inhalators and lozenges.

Second-hand Smoke (SHS):

- exposure to other people's tobacco smoke resulting in intentional or unintentional inhalation of smoke

Smoking cessation:

- to stop, end or quit smoking, the process of discontinuing tobacco smoking

Tobacco Dependency Service (TDS)

An in-house service for Mental Health Inpatients aged 18 and over.

Vaping or Vaporising:

- the act of inhaling vapour from an alternative nicotine delivery device (an e-cigarette) means the dispersion of nicotine and other substances via an electronic cigarette, typically using glycerol and a heating element.

Very Brief Advice (VBA)

VBA is a proven 30-second clinical intervention, developed in the UK, which identifies smokers and advises them on the best method of quitting, and supports subsequent quit attempts.

APPENDIX 2: References, Legislation, CQC Guidance, and Ethical Considerations

References

The policy complies with

- Smoke-free legislation (Health Act, 2006),
- NICE Guideline (NG209): Tobacco, preventing uptake, promoting quitting and treating dependence (2021)
- NICE Guidelines for Smoking: acute, maternity and mental health services (NICE, 2013a) and
- Smoking: harm reduction, (NICE, 2013b) and the
- NHS five year forward view (NHS England 2014). It is also aligned with the ambitions set out in The NHS Long Term Plan (2019),
- Roadmap to a Smokefree 2030 published by Action on Smoking in Health (2020).
- ASH: Progress towards smokefree mental health services
- Department of Health National Service Framework for Mental Health: Department of Health 1999
- Introducing self-assessment for NICE guidance smoking cessation in secondary care: mental health settings (PH48)
- Smoking and Mental Health: NCSCCT
- Smoke Free Law 2007
- Smoking cessation in secondary care: acute, maternity and mental health 2013
- Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline [NG209]

NICE public guidance PH48: 'Smoking cessation in secondary care: acute, maternity and mental health services

The Smoke Free Law (2006) - As of the 1st November 2006, no smoking has been permitted in any Trust building or vehicles by staff, people using Trust services or any other visitors including contractors.

The NHS Long Term Plan (2019) – The NHS initiated a significant new contribution to making England a smoke-free society by supporting people in contact with NHS services to quit. By 2023/24, all people admitted to hospital who smoke will be offered NHS-funded tobacco treatment services.

Section 17 leave CQC Guidance

Section 17 leave should not be used to accommodate smoking breaks for detained inpatients as this practice undermines the Trust's smokefree policy to promote smokefree practices and patient health improvement.

The purpose of Section 17 leave is to support the patient achieve a therapeutic goal at the point of and throughout their admission to the ward.

Enabling smoking during escorted leave also poses a risk to the health of staff who should not be exposed to passive smoking and is not permitted

Ethical and legal considerations

Provision of care in an entirely smokefree environment is not an infringement of a service user's human rights. This argument has been legally tested and was upheld by the Court of Appeal in 2008 after Rampton Hospital in Nottinghamshire became smokefree. It ruled that a hospital is not the same as a home environment and is instead a place that should support the promotion of health and wellbeing.

The judgement said: *"There is, in our view, powerful evidence that, in the interests of public health, strict limitations upon smoking, and a complete ban in appropriate circumstances, are justified."*

The British High Court (2008) ruled that smoking is not a basic human right. It is reasonable to expect a Trust to act to preserve the health of service users and staff.

The 1998 Human Rights Act allows individual choice only if this choice does not endanger others.

A Court of Appeals ruling in 2009 upheld the right to impose smoke free policies in mental health settings. The judgement concluded that mental health inpatient units are public institutions and as such public places and therefore cannot be considered as a service user's home, meaning Section 8 of the Human Rights Act 1998 – stating that everyone has the right to respect for his/ her private and family life, home and correspondence – does not apply.

As a healthcare provider we therefore cannot be seen to be supporting the actions of risky and harmful behaviours, nor can we allow an individual choice that results in endangering others; we therefore, need to consider the health and wellbeing of all service users and those around them who are subjected to the effects of smoking and second-hand smoke exposure

Equality Impact Assessment Form

Introduction

The general equality duty that is set out in the Equality Act 2010 requires public authorities, in the exercise of their functions, to have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general equality duty does not specify how public authorities should analyse the effect of their existing and new policies and practices on equality but doing so is an important part of complying with the general equality duty. It is up to each organisation to choose the most effective approach for them. This standard template is designed to help CPFT staff members to comply with the general duty.

Training on undertaking Equality Impact Assessment can be made available for individuals or teams on request. If there is something that is not clear regarding the EIA process or you need help to complete the EIA form please contact:

EDI@cpft.nhs.uk

Sue Rampal - Equality and Diversity Lead

Sharon Gilfoyle – Associate Director of Inclusion

Equality Analysis Form

Name of Proposal - policy, strategy, function, service being assessed:	Smoke Free Policy
Is this a new or existing policy, practice or change to a service?	Updated
Directorate, Department / Service:	Trust wide
Details of the person completing this impact assessment form. Name, Job Title, Telephone / Extension:	Ben Kingsbury, Tobacco Dependency Lead
Those involved in the assessment:	Sue Rampal – Equality & Diversity Lead Ben Kingsbury – Tobacco Dependency Lead
Date:	27/11/24

What are the intended outcomes of this work)? (Include outline of objectives and function aims)	Tackle smoking and reduce the burden of smoking-related death and illness within the NHS and across its wider communities.
Who will be affected? (e.g. staff, patients, service users etc.)	staff, patients, service users, carers
What are the desired outcomes?	Protect the health of all Trust staff, people using Trust services and visitors by ensuring a smoke free environment.
What does this policy, function, process link to in terms of wider Business plans and objectives?	Tobacco Dependency Service delivery

Evidence considered

When looking at the impact on the equality groups, you must consider the following points in accordance with General Duty of the Equality Act 2010:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation.
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Consider how your assessment has been able to demonstrate Positive Impact, Negative / Adverse Impact or Neutral Impact?

What evidence have you considered?

List the main sources of data, research and other sources of evidence This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc.

Disability Consider and detail on attitudinal, physical and social barriers.

Positive Impact

Sex Consider and detail on men and women (potential to link to carers below).

Positive Impact

Race Consider and detail on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers. See Trust website for the Patient and Carer Race Equality Framework for more information on how to identify potential impacts for racialised communities. [Patient and Carer Race Equality Framework | CPFT NHS Trust](#)

Positive Impact

Age Consider and detail across age ranges on old and younger people. This can include safeguarding, consent and child welfare.

Positive Impact

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

Positive Impact

Sexual orientation Consider and detail on heterosexual people as well as lesbian, gay and bi-sexual people.

Positive Impact

Religion or belief Consider and detail on people with different religions, beliefs or no belief.

Positive Impact

Pregnancy and maternity Consider and detail on working arrangements, part-time working, infant caring responsibilities.

Positive Impact

Carers Consider and detail on part-time working, shift-patterns, general caring responsibilities, protected characteristics of the carer themselves and if this makes seeking help from services more challenging.

Positive Impact

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.

Engagement and involvement

Have you consulted on the proposal? Yes

If so with whom? We created and circulated a trust-wide Staff questionnaire in September 2023.

We have been supported by a member of the Patient Participation forum who is a service user and has contributed to the policy.

We met with all MH Inpatient Units to discuss and consult on the new policy

If not, why not? N/A

How have you engaged stakeholders in gathering evidence or testing the evidence available?

Staff Questionnaire, Patient Participation forum, meetings with all MH Inpatient Unit, Ward Managers

For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:

Action planning for improvement:

Outline key actions based on any gaps, challenges, and opportunities you have identified and will be addressed through consultation or further research.

Category	Actions required to address gaps and issue/s	Target date	Person responsible and their division
Gaps and Challenges	No clear ownership of Smoke Free workstream	2025	Trust board
Monitoring, evaluating & reviewing	Standard policy review timeframe of 3 years	2028	Tobacco Dependency Lead

Signed off by EDI Team	Approved by: Sue Rampal Equality and Diversity Lead	Date: 29/11/2024
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Completed form should be sent to:

EDI@cpft.nhs.uk

Sue Rampal - Equality and Diversity Lead

Sharon Gilfoyle - Associate Director of Inclusion

APPENDIX 4: QUALITY ASSURANCE CHECKLIST

TO BE COMPLETED BY THE CORPORATE GOVERNANCE TEAM

		Y/N	Comments
1.	Title of document		
	Is the title clear and unambiguous	Y	
2.	Type of document (e.g. policy, guideline etc)		
	Is it clear whether the document is a policy, guideline or procedure?	Y	
3.	Introduction		
	Is the introduction clear?	Y	
	Are reasons for the development of the document clearly stated?	Y	
4.	Content		
	Is the correct corporate template used?	Y	
	Is the document in the correct format?	Y	
	- Paragraphs numbered consecutively?	Y	
	- Headers: logo on front page only?	Y	
	- Footers: on every page except front page?	Y	
	Are the version control numbers correct on the front page and in footer?	Y	
	Are objectives/aims clearly stated?	Y	
	Are duties, roles and responsibilities clearly explained? (Policies only)	Y	
	Are definitions of terms clearly explained?	Y	
	Does this document concern the handling, moving or storage of personal identifiable or commercially sensitive information? If yes, has there been engagement with the Information Governance Team?	N/A	
	5.	Evidence Base	
Is the type of evidence to support the document explicitly identified?		Y	
Are associated documents referenced?		Y	
6.	Approval		
	Does the document identify which Oversight Working Group is responsible for reviewing the content?	Y	
	Does the document identify which Exec Led Approval Group is responsible for approval?	Y	
	Does the document identify which NED led Ratification Group is responsible for ratifying?	Y	
7.	Review Date		
	Is the review date identified and 3 years (max) following initial development (sign off by Oversight Working Group)?	Y	
8.	Equality and Diversity		
	Is a completed Equality Impact Assessment attached?	Y	
9.	Monitoring Compliance		
	Has section 'Monitoring Compliance' been completed?	Y	

If answers to any of the above questions is 'no', then this document is not ready for approval and needs further review.

Executive Summary

As a healthcare organisation we have a responsibility to promote a healthy lifestyle and to protect people from the harmful effects of tobacco products.

This policy defines the Trust position in banning the use of tobacco products by employees, patients and visitors on Trust owned property and for employees while carrying out their duties irrespective of the setting.

The Policy acknowledges the importance of offering information, advice, and support for people to stop smoking and recognises the challenges faced by smokers, particularly those patients admitted to one of our inpatient units.

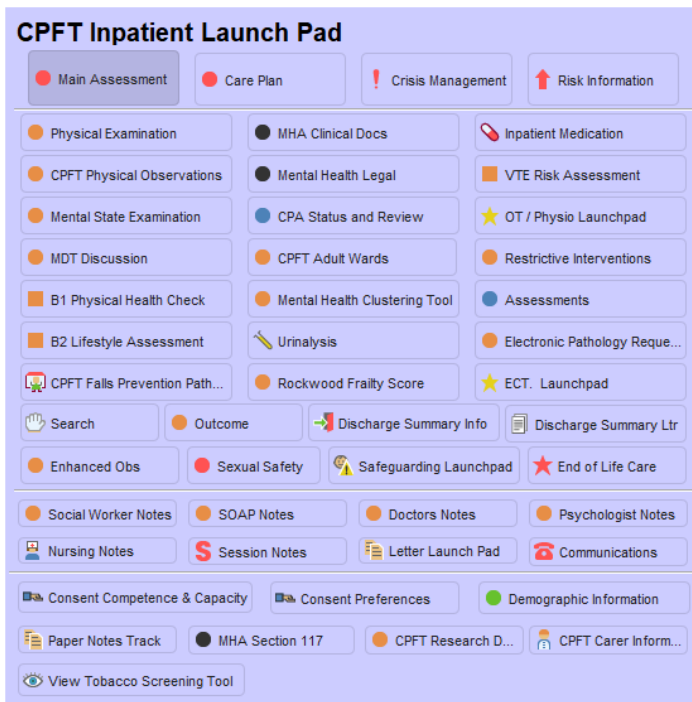
Key Messages of the Policy

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- Vaping is permitted in ward gardens for Mental Health inpatients who are smokers and choose this form of nicotine replacement to support a quit attempt. Vaping is not permitted on site by staff, other service users, or visitors.
- Vaping is not recommended for non-smokers
- Smoking is not permitted for patients on escorted leave (including Section 17 leave)
- For patients on mental health inpatient units additional support is available from the Tobacco Dependency Service
- Staff can request that patients do not smoke when visiting in their own home. If a patient does smoke staff can choose to leave the property.

This policy contributes to eliminating the health risks associated with passive smoking and as a direct result will improve the health and wellbeing of patients, staff, and visitors.

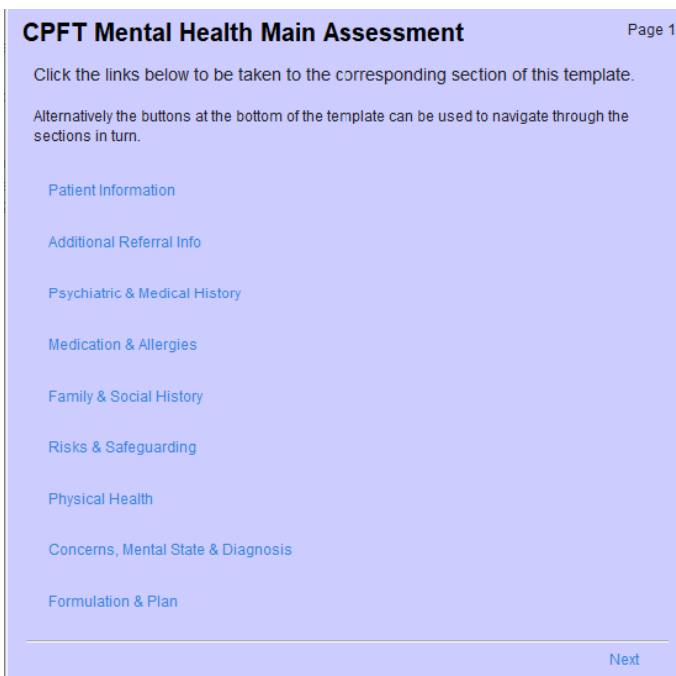
Step 1.

Select **Main Assessment** on the CPFT Inpatient Launch Pad



Step 2.

Select **Physical Health** from the Main Assessment tab



Step 3.

Select **Smoking** from the Physical Health page

Drugs, Smoking & Alcohol

Page 8

Smoking

Record details of any smoking behaviour in the box to the right.

Alcohol

Record details of any alcohol behaviour in the box to the right.

Substance Misuse

Record details of any substance misuse behaviour in the box to the right.

Physical Examination

Click the button below to record information in the Physical Examination and Pain Assessment templates

Physical Observations

Click the button to the appropriate button below to record Physical Observations

[Previous](#)

[Main Page](#)

[Next](#)

Step 4.

Select **Refer to CPFT Inpatient Dependency Service** to refer patient to the Tobacco Dependency Service, or

Select **Referral to smoking cessation service declined** if the patient does not want to receive support.

[Smoking](#)

Smoking

Current Smoking Status

Current Smoking Status

Started smoking at what age? yrs old

Total time smoked Years

Smoker in Household?

Consumption

Cigarette consumption Cigs/day

Cigar consumption cigars / day

Pipe tobacco consumption grams / day

Electronic Cigarette

Expired carbon monoxide concentration P...

Advice

Wants to stop smoking

INPATIENTS ONLY

Select Tobacco Dependency Service as the Team and add any further referral information.

COMMUNITY

Referral to smoking cessation service

Referral to smoking cessation service declined

Step 5. Select Tobacco Dependency Service and Team from the Task receipt section as highlighted below

New Electronic Referral

Other Details... Exact date & time Fri 31 May 2024 13:06

Changing the consultation date will affect all other data entered. To avoid this, cancel and press the 'Next' button [Hide Warning](#)

Referrer: MUNDAY, Harminder Configure

Recipient: CPFT Mental Health Professionals Referral Address Book

Recipient ID: 569043298108 Organisation ID

Caseload / team

Task recipient: User group Team

Tobacco Dependency Service

Read code: Referral to service

Type: Other Advanced

Urgency: Routine

Referral summary

Write any Notes here

Ok Cancel

Team Selection

Enter text to search Search Clear

- CPFT Mental Health Professionals Referral
 - AMHP Team
 - Cambridge Centre for Paediatric Neuropsychological Rehabilitation
 - Cambridgeshire Stalking Intervention Project
 - CAMHS Assessment
 - CPFT Safeguarding (Think Family)
 - Crisis Home Resolution Treatment Team
 - Heart and Soul Team
 - Information Governance
 - Investigations
 - Liaison and Diversion Service
 - Liaison Psychiatry Service North
 - Liaison Psychiatry Service South
 - CPMH Crisis Home Resolution Team (CRHTT)
 - CPMH Referral Admin
 - Out of Area Placements
 - Section 136 Suite
 - Serenity Integrated Mentoring Mental Health (SMMH)
 - Tobacco Dependency Service**
 - Yinson Research Unit
 - YOUnited

Ok Cancel

Information

The Task for this referral will be sent to the recipient when the patient is saved.

Show Message Next Time?

Ok

Approved E-cigarette/Vape devices

In accordance with current government and NHS guidance, the Trust acknowledges that the use of e cigarettes is an effective way to help some smokers move away from using harmful burnt tobacco.

Professor Chris Witty, (Chief Medical Officer) said in May 2023 *If you smoke, vaping is much safer; if you don't smoke, don't vape.*

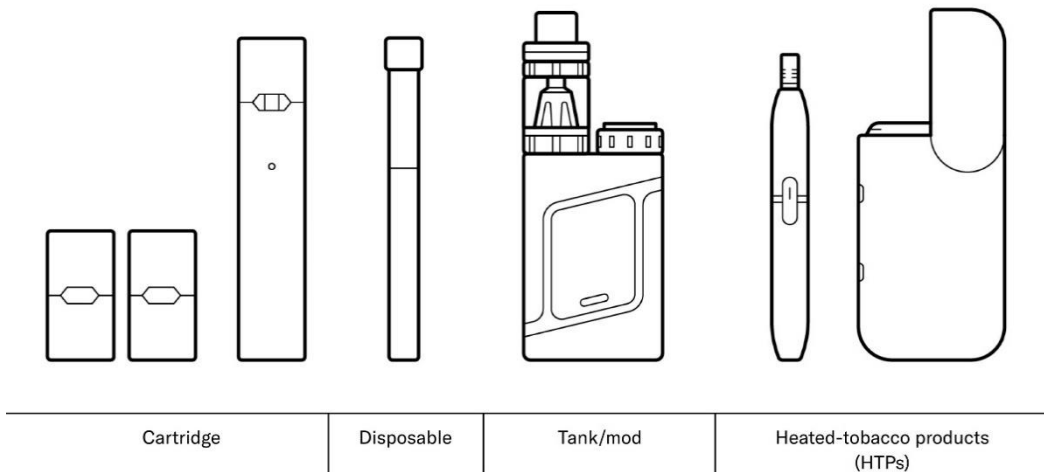
E-cigarettes should never be offered to non-smokers or children under 18.

E-cigarettes are regulated by the Tobacco and Related Products Regulations (2016). They are not a licensed medication and cannot be prescribed or marketed as a 'quit smoking' product. However, they are recommended by NICE (NG209: Tobacco: preventing uptake, promoting quitting and treating dependence. Nov 2021).

For established e-cigarette/vape users admitted to one of our inpatient units with their with own device and who are successfully abstaining from tobacco, a MDT decision can be made on the appropriateness of device.

Heated tobacco devices are not e-cigarettes or vapes and are not approved for use on Trust premises.

E-cigarettes/Vapes may be used by Mental Health inpatients in ward gardens.



Closed Pod/Cartridge - allowed

Disposable/Single use – allowed (until 01/06/2025 in line with legislation)

Tank/mod/open vape devices – not allowed

Heated Tobacco Products – not allowed

The Tobacco Dependency Service conducts regular research on the development of e-cigarettes and vape devices to support smoking cessation in a mental healthcare setting.

We work with companies who are not affiliated with the tobacco industry, and who make devices suitable for use in our care setting. The Trust currently work with the company Dinner Lady.

Please contact Tobaccodependency@cpft.nhs.uk for the latest advice.

Charging E-cigarettes

- Charging e-cigarettes is only to be carried out in the ward office and under staff supervision.
- Only the battery and charger provided with the e-cigarette should be used when charging.
- Manufactures instructions and guidance should be followed when charging e-cigarette battery packs.
- Do not leave an e-cigarette charging unattended or overnight.
- Power adaptors should comply with the Electrical (Safety) Equipment Regulations 1994 and the Electromagnetic Compatibility Regulations 2006.

Disposal of E-cigarettes

Disposable e-cigarettes should not be disposed of in normal or clinical waste. They should be disposed of in a recycling battery bin. These are located by the vape vending machines at both locations.

