

Lanarkshire NHS Board
15 December 2021

Lanarkshire NHS Board
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SUBJECT: REVISED NHS LANARKSHIRE NO SMOKING POLICY 2021

1. PURPOSE

The purpose of this paper is to:

- Approve the revised NHS Lanarkshire No Smoking Policy 2021.
- Update members on the position of the forthcoming smoke-free hospital grounds legislation.

The No Smoking Policy supports Lanarkshire's Tobacco Control Strategy, Smoke-free Lanarkshire – For you, for children, forever: Lanarkshire Tobacco Control Strategy 2018 – 2023.

For approval	<input checked="" type="checkbox"/>	For	<input type="checkbox"/>	For	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

This paper has been prepared by NHS Lanarkshire Tobacco Control Programme Team, and discussed by the Corporate Management Team and the Population Health, Primary Care and Community Services Governance Committee.

3. SUMMARY OF KEY ISSUES

3.1 Background

Tobacco smoking remains a significant cause of morbidity and mortality in Scotland and Lanarkshire.

Scotland has led the way on legislating and implementing effective tobacco control policies. In particular, these policies include smoke-free legislation in 2006, increasing the age of sale of tobacco to age 18, new laws on the sale and display of tobacco products, the first tobacco retail register in the UK and more recently in 2016 legislation was passed making it an offence to smoke outside the non-smoking area of a hospital building. Date for implementation of this legislation has still to be confirmed by Scottish Government.

These policies have made an impact on rates of smoking in Scotland with rates dropping from 23% in 2013 to 17.2% in 2021 according to the Scottish Health Survey. On average the smoking prevalence in Lanarkshire, based on data from 2018, was 19%; with this increasing to 27% in higher areas of deprivation. Smoking is closely linked with health inequalities. The harm caused by tobacco is a major factor in the life expectancy gap between those living in the most and least disadvantaged areas, and the financial costs place a huge burden on those who are least able to bear it.

The national Tobacco Control Action Plan for Scotland Raising Scotland's Tobacco-Free Generation

was published in 2018 and contains a series of actions aimed at achieving smoke-free status by 2034 (less than 5% of the population as people who smoke). The action plan contains a specific action to ‘ban smoking around hospital grounds in 2018 – making it an offence to smoke within 15 metres of hospital grounds.’ The aim of this restriction is to remove visibility of smoking from environments in which people are facing health challenges. This restriction will also help protect people – patients, visitors and staff from the health risks associated with second-hand smoke. However due to parliamentary pressures there has been a delay in the implementation of this legislation.

This action reiterates the vision set out in CEL 2018 *Health Promoting Health Service*, to support change and improvement for key outcomes and indicators for:

- ▢ all staff to work in an environment that promotes physical and mental health, safety and wellbeing
- ▢ the organisation to provide an environment that is designed and maintained to support and promote the health and wellbeing of staff, patients and visitors
- ▢ patient pathways to support specialist smoking cessation to hospital patients who want to quit.

3.2NHSL No Smoking Policy

The COVID-19 pandemic has had an impact on the tobacco control programme;

- ▢ Prevention activity was paused
- ▢ Protection activity was paused
- ▢ Leadership and support activity was adapted
- ▢ Stop Smoking Services were adapted and prioritised.

This resulted in the review of the No Smoking Policy being less in-depth than it would have been in normal circumstances. COVID-19 also resulted in the review of the No Smoking Policy being delayed.

As part of the tobacco control COVID-19 recovery plan it was agreed we would establish 10 thematic working groups. One of which is ‘Smoke-free policies, guidance and legislation’. This group will be tasked with taking forward the actions from the Lanarkshire Tobacco Control Strategy to support policy implementation. Project plans are in the process of being developed. A further update can be provided to the Board in the future once these plans are approved and implemented.

The Board are asked to note however there will be no one solution to achieving smoke-free grounds. Given the delay in the smoke-free hospital grounds legislation enforcement options are limited.

Successful implementation of the policy will require:

- ▢ Leadership from within the acute sites;
- ▢ Persuading staff, patients & visitors to comply with the policy;
- ▢ Sustained communication of the policy and rationale;
- ▢ Reducing the number of patients smoking during their admission;
- ▢ Staff support for the policy;
- ▢ Public support for the policy and;
- ▢ Disciplinary action against staff in breach of the policy.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	☒	AOP	☒	Government policy	☒
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Government directive	<input checked="" type="checkbox"/>	Statutory requirement	<input checked="" type="checkbox"/>	AHF/local policy	<input checked="" type="checkbox"/>
Urgent operational issue	<input type="checkbox"/>	Other	<input type="checkbox"/>		

Boards are required to report progress against this action under the monitoring requirements for CEL 2018 Health Promoting Health Service.

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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The policy aims to ensure the provision of a smoke-free indoor and outdoor environment for all patients, staff and members of the public working in or on, or visiting NHS Lanarkshire premises. The policy is in line with the need to increase focus on preventative and anticipatory care, ensure the most appropriate and effective interventions will be provided at the right time to everyone who will benefit.

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

Tobacco smoking is an addictive habit which is a significant cause of ill health, disability and early death in Lanarkshire. The no smoking policy is one component of a wider approach to tobacco control which aims to reduce smoking prevalence and establish non-smoking as the normal culture.

Tobacco smoke in the environment is a health hazard to both those people who smoke and those who do not smoke. The policy aims to ensure all those working in or visiting NHS premises experience an environment free of smoke.

Patients on admission are made aware of the policy, offered advice and treatment via, The Management of Nicotine Addiction Assessment Tool (MNAAT) if they smoke, as well as a referral to the Quit Your Way Services if they wish to quit. This ensures resources are targeted to those who require them.

Training and awareness sessions will restart in the near future to support staff on implementing the policy. A specific Tobacco Learn Pro Module is in process of being reviewed and updated and will also be available to all staff.

6. MEASURES FOR IMPROVEMENT

This policy will continue to be measured in line with tobacco control data measurement plan and dashboard. This information is available on request from the Tobacco Control Programme team.

7. FINANCIAL IMPLICATIONS

Any actions to further implement the No Smoking Policy and forthcoming legislation will utilise existing resources available (e.g. Communications Department, Health Improvement, Property and Support Services).

The financial consequences of the policy will be monitored by Health Improvement and PSSD with overall accountability and governance to the Healthcare Quality Assurance and Improvement Committee via the Healthcare Quality Assurance and Improvement Steering Group.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

Whilst the corporate actions to support the no smoking policy (communications, training and monitoring) will continue, these will be subsumed within the Health Promoting Health Service Steering Group and the Smoke-free Policy Implementation Group.

The main risk identified is that non compliance with the policy remains a significant issue. This risk is of high likelihood and relatively low consequence for external smoking however there is a fire risk associated with covert smoking indoors.

Management and staff currently have no controls in the form of legislative backing to support enforcement of the policy in the grounds however given the legislative changes outlined above this should change in the near future.

The key mitigation measures presently available are continuation of staff training, embedding the MNAAT across all areas and continuing to promote awareness of the policy through regular communications to the public and staff.

With regards to Datix recording it has been agreed with the Corporate Risk Manager that given the high volume of smoking episodes that take place in the grounds, it is not feasible or useful to record every episode on Datix. Other means of monitoring the policy through bi annual spot checks and recording by grounds staff on the PFI sites can be used to monitor progress.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input checked="" type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input type="checkbox"/>	Performance Management	<input checked="" type="checkbox"/>	Equality	<input checked="" type="checkbox"/>
Sustainability Management	<input type="checkbox"/>				

Vision and Leadership: The policy has a clear vision and will be led by the Chief Executive and the Board. Responsibilities of staff are highlighted within the policy.

Effective Partnership: The policy has been developed following wide consultation and has staff partnership commitment for delivery.

Governance and accountability: A governance structure is in place.

Performance management: This policy will continue to be measured in line with tobacco control data measurement plan and dashboard. Breaches of policy by staff will result in actions taken by Line Managers in accordance with NHS Scotland’s Conduct Policy.

Equality: An Equality and Diversity Assessment for Relevance Form has been completed in order to ensure the No Smoking Policy meets the needs of all groups.

10. EQUALITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

An E&D Assessment for Relevance Form has been completed Yes

11. CONSULTATION AND ENGAGEMENT

The Tobacco Control Team undertook a consultation with patients and staff across NHS Lanarkshire during 2019/2020 to explore a number of set questions from the Scottish Government. This was in response to a Scottish Government request to comment on legislation regarding prohibiting smoking outside hospital buildings. In Lanarkshire the feedback received was that people are supportive of smoke-free grounds and prohibiting smoking outside hospital buildings.

The revised policy was communicated to all staff via NHS Lanarkshire’s Staff Briefings.

12. ACTIONS FOR THE BOARD

Approve	<input checked="" type="checkbox"/>	Accept the assurance provided	<input type="checkbox"/>	Note the information provided	<input type="checkbox"/>
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The Board is asked to approve the revised version of the No Smoking Policy. The Board are also asked to note that despite continuous efforts smoking on hospital grounds and particularly at entrances remains unacceptably high.

The new legislative changes to make smoking in the vicinity of hospitals a statutory offence will provide the much needed legislative backing from local enforcement and should improve policy compliance. The implications of the proposed legislation for local policy will require further consideration by the Board once further detail is made available.

Consideration will also need to be given in future to how the issue of e-cigarettes will be managed within the policy both with respect to the proposed legislative framework and also as evidence emerges around their use in smoking cessation.

13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact: Gabe Docherty, Director of

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