

**Smoke Free Policy**

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<b>Consultation</b>	HR Policy Group	<b>Applicable to:</b>	All staff All sites
<b>Equality, Diversity And Human Right Statement</b>	The Trust is committed to an environment that promotes equality and embraces diversity in its performance both as a service provider and employer. It will adhere to legal and performance requirements and will mainstream Equality, Diversity and Human Rights principles through its policies, procedures, service development and engagement processes. This procedure should be implemented with due regard to this commitment.		
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5		Revised policy – Mark Caffrey	January 2018
5		Document reviewed and updated to LUHFT template. Roles and Responsibilities updated	August 2022
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## 1. Introduction

As a large health care organisation, we are fully aware of the long-term consequences of smoking. This policy sets out the Trust's approach to establishing a smoke-free environment for staff, patients and visitors. As a health promoting organization, we have a duty of care to promote health choices at every opportunity and to support our patients and staff in making those choices.

The policy seeks to guarantee all individuals the right to work in air free of tobacco smoke. This includes staff being free from the smell of tobacco and recognises the Trust's duty to promote the health of its patients and to prevent illness.

## 2. Purpose

Smoking is the biggest preventable cause of ill-health and premature death in the population. It is estimated that 900 people in Liverpool die each year from smoking-related diseases such as cancer or ischaemic heart disease. In the UK 120,000 people over 35 years of age will die from smoking related disease. Second-hand tobacco smoke has now been shown to cause lung cancer and heart-disease in non-smokers. In Liverpool up to 100 non-smokers die each year because of exposure to second-hand smoke.

There is a great deal of association between smoking and poor clinical outcomes and the complication of existing medical conditions. Second-hand tobacco smoke can also aggravate respiratory conditions such as asthma or bronchitis. It can irritate the eyes, cause coughs and headaches and generally make non-smokers feel ill.

This policy has the objective of complying with Recommendation 11 of NICE Guidelines PH48 which endorses the development of a Smoke Free NHS Trust Policy. It also complies with all health and safety legislation including the Health Act of 2006. Smoking in public buildings has been banned since 2007 and we have been a Smoke Free Hospital since 2014. This policy sets out conditions that ensure health and safety legislation is followed and staff do not smoke on Trust grounds.

The Trust has a legal responsibility and a duty of care to provide a safe and healthy environment for staff, patients and visitors. The Trust acknowledges that patients, visitors and staff have a right to be treated and work in an environment that has not been polluted by smoke. The Trust is committed to provide an environment which is completely smoke free in buildings and grounds.

## 3. Scope

This policy applies to:

- All persons present or on any of the Trust's grounds or premises. This includes:
  - All staff, bank and agency staff, all students. Contractors.
  - Patients.
  - Visitors.
  
- All persons travelling in trust owned or operated vehicles.

- Any person who is an identifiable employee or student on placement in the Liverpool University Hospitals NHS Foundation Trust, either on or off Trust premises during their working hours or providing services to patients or clients at their home.

## 4. Policy Content

### 4.1 Principles

The aim of this policy is to provide clear guidance that will support staff in enforcing the smoke free and smoking cessation principles and within the policy.

- Smoking will not be permitted at entrances and exits to Trust premises by patients, visitors or staff.
- All staff are responsible for politely asking anyone smoking at entrances and exits to cease doing so or to move off any Trust site.
- Patients will routinely be assessed on admission. Where appropriate they will be offered brief interventions regarding risk and the Trust is creating a system to ensure smoking cessation support is offered. Trust staff will promote healthy initiatives such as “Stop Before the Op”.
- There will be no smoking whatsoever permitted inside the hospital and this includes the use of all cigarettes, electronic nicotine delivery systems (Including ‘electronic cigarettes’).
- Patients who wish to leave the premises to smoke should be advised against it and offered support to stop smoking. If the patient insists then they must be advised of the risk involved. Smoking during recovery will adversely affect convalescence and clinical effectiveness. Consideration should be given that, if a patient is “well” enough to leave the premises to smoke regularly, there is a case for the continuing care to be administered in the community.
- Patients connected to drips or other apparatus should be informed that they ought not leave the ward whilst this is in progress and there is a risk to their health and safety if they should do so. If the patient does not adhere to this guidance, then this should be recorded in the patient’s notes.
- This policy takes account of the third principle of the Mental Capacity Act 2005. This states that a patient with capacity has the right to make an unwise decision about their health needs.

### 4.2 Ensuring a Smoke Free Environment

Patients, visitors and staff are not permitted to smoke on Trust grounds at any time. All trust-owned vehicles are No Smoking Areas at all times, as are vehicles contracted for trust business (e.g., Patient Transport Services). Staff may smoke in their own private cars when travelling to or from work but not while wearing Trust uniform or whilst the vehicle is parked on trust property. Staff must not smoke whilst driving between treating patients or clients.

No smoking materials of any description may be sold in or on any of the Trust grounds or premises; nor may staff supply tobacco products for patients or obtain these for them.

There are no designated smoking areas within the trust for the patients, visitors or staff.

The selling/storing and dealing in any way of illegal cigarettes and tobacco on Trust premises will not be tolerated.

The Trust will fully co-operate with law enforcement agencies, such as HM Revenue and Customs, in their investigations. Any such illegal activity may result in appropriate disciplinary action.

The Liverpool University Hospitals NHS Foundation Trust recognise that it is an individual patient's right to smoke in their own home. However, employees who provide care to patients who smoke are potentially at risk from the harmful effects of second hand smoke. Staff may therefore request that a patient and any carers, visitors or family present during treatment refrain from smoking whilst treatment is being carried out.

### 4.3 Communicating this Policy

Every effort must be made to ensure that all new prospective employees are aware of this policy. The Smoke Free Policy of the Trust should be accessed as part of the employment process to ensure all candidates are aware that staff are not permitted to smoke in or on any Trust property. Applicants should be aware that it will not be possible to smoke during working hours.'

This policy and local implementation details should be routinely covered in a new employee's induction programme.

Invitations to tender and contracts with external organisations (for example, to provide building works) will include a statement that Liverpool University Hospitals NHS Foundation Trust operates a smoke-free policy for staff and contractors. No contractor or their sub-contractors will be permitted to smoke when in or on any of the Trust's grounds or premises.

Service level agreements with external bodies (for example, to provide patient transport services) should state that individuals supplying a service to the trust are required to comply with the no-smoking policy whilst in or on any of the trusts grounds or premises and in any trust-identifiable vehicles.

Where possible, all trust correspondence, e.g. letters and appointment cards, and all trust literature, e.g. should contain a short, standard statement that the trust does not allow smoking throughout its grounds and premises at all times.

'No-smoking' signs will be widely displayed as required by law.

Information about the trust's smoke-free policy will be provided in the patient and staff handbooks, in all recruitment literature and job offers, and in departmental safety policies. Information about the Stop Smoking Service will be widely displayed around the Trust.

#### 4.4 Compliance

Breach of any aspects of this policy by trust staff will lead to formal will normally lead to formal disciplinary action. All staff are expected to inform anyone found smoking in our hospitals or on Trust sites. Staff will be supported if they identify any breaches of this policy to their line manager who will be responsible for dealing with the matter within the terms of this policy.

#### 4.5 Management of Smoking Policy in the Trust

As part of the Trusts commitment to NICE Guidelines PH48, action on ensuring a smoke free site and appropriate support will continue to be developed through the Trust Healthy Hospitals Group and the Health and Wellbeing Group. The Trust will continue to take action using internal and external expertise including local smoking cessation service provided by Smoke Free Liverpool. The Healthy Hospitals Group will provide strategic direction and will monitor the implementation and maintenance of the Trust's Smoke-free Policy. All health and wellbeing issues are reported to senior Trust managers through Workforce Committee at appropriate intervals.

This policy is approved by the Clinical Policy and Practice Group and the Patient Experience Committee. The operational effectiveness of this policy will remain the responsibility of the Director of Nursing. This policy will be reviewed periodically to ensure the Trust is totally smoke free. This policy works in conjunction with the (Soon to be issued) "Smoking Cessation – Nicotine Replacement Therapy (NRT)" Policy which highlights the support available to staff, patients and visitors to promote smoking cessation in our organisation.

### 5. Exceptions

No member of staff will be exempted from this policy.

Exemption of patients from the Trust Smoke-Free Policy may be considered only in exceptional circumstances, e.g., a terminally ill patient. Permission to grant an exemption will rest with the doctor in charge of the patient's care and formally recorded. Any exemption will be time limited and subject to daily review. Any exemption must not include permission to smoke indoors as this would be in breach of legislation. For any exemption there should be demonstrable evidence that smoking cessation has been fully considered as part of the patient pathway and every effort should be made to minimise exposure of staff and other patients to smoke

### 6. Training

There is trust wide training on brief interventions as part of induction for staff nurses and HCAs. There are also a number of core trainers who offer training to other staff members. This training provides the basics for staff to be able to offer patients a brief intervention in relation to public health issues. The Trust will also ensure NICE guidelines are fulfilled in this area and support the promotion of improved health and wellbeing through participation in initiatives such as Making Every Contact Count (MECC).



## 7. Monitoring and Audit

The Trust Healthy Hospitals Group and Health and Wellbeing Group will both work to ensure that this policy is compliant with these initiatives. The Trust performance in the area of encouraging smoking cessation is part of the health and wellbeing agenda which is periodically reported to Clinical Governance and the Executive Team.

The implementation of this policy will be monitored by the Trust Health and Wellbeing group. The assessment on admission of smoking status will be recorded via regular reporting as part of the quality performance reports.

## 8. Relevant regulations, standards and references

This policy works to ensure that all appropriate NICE Guidelines are followed in relation to ensuring a Smoke-free NHS, specifically PH48. This policy also recognises the importance of the Trust Nicotine Replacement Therapy (NRT). The Trust is currently engaged in the completion of a Nicotine Replacement Therapy Policy. This policy will support the various aspects of good practice in this area that take place in the Trust.

EQMS 2026 Mental Capacity Act Policy

## 9. Equality, diversity and human right statement

Trust is committed to an environment that promotes equality and embraces diversity in its performance as an employer and service provider. It will adhere to legal and performance requirements and will mainstream equality and diversity principles through its policies, procedures and processes. This policy should be implemented with due regard to this commitment.

To ensure that the implementation of this policy does not have an adverse impact in response to the requirements of the Equality Act 2010 this policy has been screened for relevance during the policy development process and a full equality impact analysis conducted where necessary prior to consultation. The Trust will take remedial action when necessary to address any unexpected or unwarranted disparities and monitor practice to ensure that this policy is fairly implemented.

This policy and procedure can be made available in alternative formats on request including large print, Braille, moon, audio, and different languages. To arrange this please refer to the Trust translation and interpretation policy and The Accessible Publications Policy in the first instance.

The Trust will endeavour to make reasonable adjustments to accommodate any employee/patient with particular equality and diversity requirements in implementing this policy and procedure. This may include accessibility of meeting/appointment venues, providing translation, arranging an interpreter to attend appointments/meetings, extending policy timeframes to enable translation to be undertaken, or assistance with formulating any written statements.

## 9.1 Recording and Monitoring of Equality & Diversity

The Trust understands the business case for equality and diversity and will make sure that this is translated into practice. Accordingly, all policies and procedures will be monitored to ensure their effectiveness.

Monitoring information will be collated, analysed and published on an annual basis in accordance with our Public Sector Equality Duty under the Equality Act 2010 and the NHS Standard Contract. Monitoring will cover the nine protected characteristics defined under the Act. Where adverse impact is identified through the monitoring process the Trust will investigate and take corrective action to mitigate and prevent any negative impact.

The information collected for monitoring and reporting purposes will be treated as confidential and it will not be used for any other purpose.

## 10. Legal requirements

This document meets legal and statutory requirements of the EU General Data Protection Regulation (EU 2016/679) and all subsequent and prevailing legislation. It is consistent with the requirements of the NHS Executive set out in Information Security Management: NHS Code of Practice (2007) and builds upon the general requirements published by NHS Digital/Connecting for Health (CfH).



## Appendix 1: Equality impact assessment

<b>Title</b>	
<b>Strategy/Policy/Standard Operating Procedure</b>	
<b>Service change (Inc. organisational change/QEP/ Business case/project)</b>	
<b>Completed by</b>	
<b>Date Completed</b>	

**Description** *(provide a short overview of the principle aims/objectives of what is being proposed/changed/introduced and the impact of this to the organisation)*

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**Who will be affected** *(Staff, patients, visitors, wider community including numbers?)*

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The Equality Analysis template should be completed in the following circumstances:

- **Considering developing a new policy, strategy, function/service or project(Inc. organisational change/Business case/ QEP Scheme);**
- **Reviewing or changing an existing policy, strategy, function/service or project (Inc. organisational change/Business case/ QEP Scheme):**
  - If no or minor changes are made to any of the above and an EIA has already been completed then a further EIA is not required and the EIA review date should be set at the date for the next policy review;
  - If no or minor changes are made to any of the above and an EIA has NOT previously been completed then a new EIA is required;
  - Where significant changes have been made that do affect the implementation or process then a new EIA is required.

Please note the results of this Equality Analysis will be published on the Trust website in accordance with the Equality Act 2010 duties for public sector organisations.

Section 1 should be completed to analyse whether any aspect of your paper/policy has any impact (positive, negative or neutral) on groups from any of the protected characteristics listed below.

*When considering any potential impact you should use available data to inform your analysis such as PALS/Complaints data, Patient or Staff satisfaction surveys, staff numbers and demographics, local consultations or direct engagement activity. You should also consult available published research to support your analysis.*

### Section 1 – Initial analysis

Equality Group	Any potential impact? Positive, negative or neutral	Evidence <i>(For any positive or negative impact please provide a short commentary on how you have reached this conclusion)</i>
<b>Age</b> <i>(Consider any benefits or opportunities to advance equality as well as barriers across age ranges. This can include safeguarding consent, care of the elderly and child welfare)</i>		
<b>Disability</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on attitudinal, physical and social barriers)</i>		
<b>Gender Reassignment</b> <i>(Consider any benefits or opportunities to advance equality as well as any impact on transgender or transsexual people. This can include issues relating to privacy of data)</i>		
<b>Marriage &amp; Civil Partnership</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on same sex couples)</i>		
<b>Pregnancy &amp; Maternity</b> <i>(Consider any benefits or opportunities to advance equality as well as impact on working arrangements, part time or flexible working)</i>		
<b>Race</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers impacting on ethnic groups including language)</i>		
<b>Religion or belief</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers effecting people of different religions, belief or no belief)</i>		
<b>Sex</b> <i>(Consider any benefits or opportunities to advance equality as well as any barriers relating to men and women eg: same sex accommodation)</i>		
<b>Sexual Orientation</b>		

*(Consider any benefits or opportunities to advance equality as well as barriers affecting heterosexual people as well as Lesbian, Gay or Bisexual)*

If you have identified any **positive** or **neutral** impact then no further action is required, you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address.

If you have identified any **negative** impact you should consider whether you can make any changes immediately to minimise any risk. This should be clearly documented on your paper cover sheet/Project Initiation Documents/Business case/policy document detailing what the negative impact is and what changes have been or can be made.

**If you have identified any negative impact that has a high risk of adversely affecting any groups defined as having a protected characteristic then please continue to section 2.**

### Section 2 – Full analysis

If you have identified that there are potentially detrimental effects on certain protected groups, you need to consult with staff, representative bodies, local interest groups and customers that belong to these groups to analyse the effect of this impact and how it can be negated or minimised. There may also be published information available which will help with your analysis.

<b><u>Is what you are proposing subject to the requirements of the Code of Practice on Consultation?</u></b>	Y/N
<b>Is what you are proposing subject to the requirements of the Trust’s Workforce Change Policy?</b>	Y/N
<b>Who and how have you engaged to gather evidence to complete your full analysis? (List)</b>	
<b>What are the main outcomes of your engagement activity?</b>	
<b>What is your overall analysis based on your engagement activity?</b>	

### Section 3 – Action Plan

You should detail any actions arising from your full analysis in the following table; all actions should be added to the Risk Register for monitoring.

Action required	Lead name	Target date for completion	How will you measure outcomes

Following completion of the full analysis you should submit this document with your paper/policy in accordance with the governance structure.

You should also send a copy of this document to the equality impact assessment email address

**Section 4 – Organisation Sign Off**

Name and Designation	Signature	Date
Individual who reviewed the Analysis		
Chair of Board/Group approving/rejecting proposal		
Individual recording EA on central record		

## Appendix 2: Roles and responsibilities

Role	Responsibility
Trust	<ul style="list-style-type: none"> <li>• The Trust has a duty as an employer to provide a working environment for employees that is safe and without risks to health. The Trust is working to be a major force in the promotion of improving the health of the community we serve. We carry out these duties by collaborating with various agencies such as Solutions for Health to take a lead in the area of public health.</li> <li>• The Trust recognises its duty towards employees and patients who smoke and will offer appropriate support. The Trust has set up weekly smoking cessation clinics for staff.</li> <li>• <b>Staff who wish to obtain assistance can access services in a number of ways:</b></li> <li>• Attending the weekly sessions supervised by Smoke Free Liverpool at the Royal Hospital site.</li> <li>• Contacting the Solutions for Health service by calling 0800 061 4212.</li> <li>• Contacting the Occupational Health Service.</li> <li>• Paid time off will be given to staff to attend approved internal smoking cessation sessions, as agreed with the Line Manager.</li> <li>• Patients can also be referred via ICE to smoking cessation services following assessment on admission.</li> <li>• In accordance with the Smoke Free (Signs) Regulations 2007 the Trust will display signs in prominent positions at all entrances to each of its smoke-free sites stating 'It is against the law to smoke in these premises.'</li> <li>• The trust also has a responsibility to maintain a clean environment and will ensure that all areas remain free of smoking debris by regular cleaning of those areas.</li> </ul>
All Trust Staff	<ul style="list-style-type: none"> <li>• All trust staff have a duty to comply fully with this policy. Employees who smoke and do not wish to stop smoking must not smoke in or on any of the trust's grounds or premises. NHS staff will be expected to set a good example by not smoking in view of patients, clients or the public when wearing uniform or a name badge identifying them as a member of staff.</li> <li>• All trust staff are strongly encouraged to inform patients, clients, visitors and other trust staff, if they are seen smoking in or on any of the trust's grounds or premises, that the Trust is a smoke-free site. Trust staff should request smokers to stop smoking on any Trust grounds and, where appropriate promote the smoking cessation support available. If any anti-social behaviour takes place, security should be contacted as the Trust has a zero- tolerance policy in relation to violent behaviour towards staff.</li> <li>• Should any trust staff member have a complaint made against them for pointing out the Trust's smoke-free policy to anyone</li> </ul>

	<p>who is smoking, they will have the trust's full support for taking such action, which will be in compliance with this policy.</p> <ul style="list-style-type: none"> <li>• Where a patient, client, their carer or a friend accompanying them, persistently refuses to refrain from smoking when asked to do so by a trust member of staff providing care for them, the trust will support any member of staff who leaves the patient or client on personal health and safety grounds, as long as that patient or client is not themselves put in danger by so doing. Alternative care arrangements will be made for that patient, although the possible withdrawal of services is not excluded for persistent offenders.</li> <li>• Staff responsible for assessing newly admitted patients will ensure that patient's lifestyle assessment is completed and that smoking status is recorded via the ICE system. Staff should also ensure brief interventions are provided for smokers and referral to smoking cessation services for advice.</li> <li>• Staff members should report any problems with exposure to tobacco smoke and breach of this policy to their Line Manager and also complete a Trust incident report.</li> <li>• This will allow Risk Management to monitor incidences within the Trust. Staff should take seriously any breaches of this policy as the Trust has a statutory requirement to comply and breaches of this policy results in a breach in legislation.</li> <li>• Staff should request a health assessment if they consider they may be at risk. Those with a pre-existing condition such as asthma should be vigilant. The use of electronic, "dummy", cigarettes are not permitted by the Trust and are discouraged by a number of reputable smoking cessation organisations.</li> <li>• This policy applies to staff entering homes with a smoking environment while on duty. Staff are encouraged to politely ask patients not to smoke in their presence. Staff will not be forced to enter patients' homes where people are smoking. This will be subject to a risk assessment considering the risks to the patient of not providing treatment. This is not anticipated as a problem as most patients will comply with the request to stop smoking.</li> </ul>
<b>Chief Executive</b>	<ul style="list-style-type: none"> <li>• The Trust Chief Executive is responsible for ensuring that this policy is fully supported by all staff and that there are sufficient resources available to enable its full implementation.</li> </ul>
<b>Trust Directors</b>	<ul style="list-style-type: none"> <li>• All trust directors are responsible for ensuring that managers enable staff to comply fully with this policy and that they have appropriate resources to do so.</li> </ul>
<b>Chief Nurse</b>	<ul style="list-style-type: none"> <li>• The Chief Nurse is responsible for ensuring that there are stop-smoking services available for patients and staff who wish to use them, and for ensuring review of this policy.</li> </ul>



<p><b>Matrons and Ward managers:</b></p>	<ul style="list-style-type: none"> <li>• Matrons and Ward Managers are responsible for ensuring that all patients admitted to this trust are assessed for smoking status. They are also responsible for ensuring that smoking cessation services are promoted throughout their area and appropriate referrals made.</li> </ul>
<p><b>Trust Managers</b></p>	<ul style="list-style-type: none"> <li>• All trust line managers are responsible for ensuring that the staff who report to them comply fully with this policy. All trust line managers are responsible for fully supporting the health and wellbeing of staff. They have a responsibility to staff who bring this policy to the attention of any person in breach of it, by reinforcing the no smoking message and by intervening in situations that become difficult for the staff member to handle.</li> <li>• All trust line managers are, where reasonably practical, responsible for fully supporting any members of staff who wish to quit smoking by providing adequate time during normal working hours for them to receive relevant counselling and/or treatment. This includes the provision of adequate cover when staff attend such sessions so that the trust's work, and especially clinical care, can continue uninterrupted.</li> <li>• All Trust managers will be responsible for monitoring the policy in their department and ensuring that their department is adhering to the smoke-free policy. Managers will be responsible for disciplining staff who breach this policy.</li> <li>• The Royal Liverpool University Hospitals NHS Trust Smoke-Free Policy should be featured on Trust documentation (e.g. job descriptions, induction/training packs, websites etc.). Non-compliance with the Trust policy should result in managers taking disciplinary action.</li> </ul>
<p><b>The Role of Security</b></p>	<ul style="list-style-type: none"> <li>• Security should be called if unacceptable behaviour develops when smokers have been challenged.</li> </ul>
<p><b>Volunteers</b></p>	<ul style="list-style-type: none"> <li>• The Trust Volunteers must be aware of their role in creating a smoke free hospital.</li> </ul>
<p><b>Contractors</b></p>	<ul style="list-style-type: none"> <li>• All Trust contractors must ensure that all their staff comply with this policy. It is not permitted for any sub-contracted staff to smoke on any Trust property. Tenders and contracts will stipulate the need for adherence to this policy as a contractual condition.</li> </ul>

### Appendix 3: Glossary of Terms

**Smoking Cessation** – To quit smoking. Smoking cessation lowers the risk of cancer and other serious health problems. Counselling, behaviour therapy, medicines, and nicotine-containing products, such as nicotine patches, gum, lozenges, inhalers, and nasal sprays, may be used to help a person quit smoking.

**Smoke Free Hospitals** – Ensuring that all hospital buildings, sites and immediate surroundings are free from staff, patients and visitors smoking.

## Appendix 4: Implementation

1. Liverpool University Hospitals NHS Foundation Trust recognises that tobacco is a highly addictive substance. It also recognises that some people choose to use tobacco products despite the considerable risks to their health and wellbeing. There is some evidence, however, that the introduction of smoke-free workplaces encourages and enables people to quit smoking.
2. A large number of 'No Smoking' signs will continue to be displayed throughout all the trust's grounds and premises. These will indicate that smoking is not permitted inside any of the buildings or grounds used by the Trust.
3. Suitable bins for the disposal of cigarettes will be placed at the entrances to the grounds of all properties used by the Trust but in no other places. A large number of posters and other display materials explaining the trust's smoke-free policy will be displayed throughout the trust.
4. All trust letters, leaflets, appointment slips and other documents will include references to the trust's smoke-free policy.
5. Information about the trust's smoke-free policy will be provided in the patient and staff handbooks, in all recruitment literature and job offers, and in departmental safety policies.
6. The smoke-free policy will be discussed at routine team and other staff meetings.
7. This policy will take effect in the following way;
  - i. Smoking will not be permitted on any Trust sites.
  - ii. No smoking will be permitted by any staff in trust uniform or wearing a trust badge at any time, or representing the Trust on or off trust premises during their working hours, or providing services to patients in any place, including a patient's home
  - iii. Smoking will not be permitted in any Trust-owned vehicles
  - iv. All trust line managers will fully support all members of staff who wish to quit smoking by providing adequate time during normal working hours for them to receive relevant counselling and/or treatment. Care must be taken to ensure patient care is not compromised in any way; Staff may require more than one attempt at quitting before they are successful.

## Appendix 5: Support for People Who Wish to Stop Smoking

1. Liverpool University Hospitals NHS Foundation Trust will continue to support patients, visitors and staff who wish to stop smoking. This support is provided Smoke-Free Liverpool. This service offers evidence-based and effective support to smokers, patients, clients and staff, who wish to quit. To help smokers who may wish to modify or quit smoking, support will be provided to help them adjust to the change in lifestyle. Separate quit smoking services are provided for staff and patients.
2. Patients, clients, staff and visitors are encouraged to call Smoke Free Liverpool on 0800 061 4212 to discuss how the service might be able to help them to stop smoking. All patients will be subject to an assessment on arrival. Trust staff may gain access to assistance in a number of ways:
  - i. Contacting Smoke free Liverpool on 0800 061 4212 at any time and identify themselves as a member of staff.
  - ii. Attend the Weekly Solutions for Health Drop –In Sessions that take place at the Royal site (Usually Mondays).
  - iii. Referrals can also be made through the Trust Occupational Health Service. Access to service must be made with prior consent of line management.
  - iv. Obtaining smoking cessation information from the NHS Choices website and downloading the Smoke Free App;  
<https://www.nhs.uk/livewell/smoking/Pages/stopsmokingnewhome.asp>  
x
3. Solutions for Health offers specialist support to smokers who want to quit. These staff include health promotion and smoking cessation specialists. There are a variety services available.
4. Smoke Free Liverpool also offer one-to-one counselling for people who wish to stop smoking.
5. Patients will also receive encouragement and tailored specialist advice in this area.