Northampton General Hospital **NHS**
NHS Trust

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No Smoking and Smoke Free Site

NGH-PO-109

Ratified By:	Procedural Documents Group
Date Ratified:	20 Mar 2012
Date(s) Reviewed:	April 2007, July 2010, March 2012
Next Review Date:	November 2015
Version No:	3.3
Superceded Document No:	April 2007
Responsibility for Review:	Patient & Nursing Services
Contributors:	HR Department Occupational Health NHS Northamptonshire Stop Smoking Service and Public Health

POLICY

CONTENTS

POLICY

SUMMARY

This policy sets out:
- The Trust's approach in relation to a smoke free site
- The procedures to be followed to support individuals in managing these restrictions
- The approach to be taken in supporting patients and staff to cease smoking in accordance with NICE guidelines

This policy ensures the Trust complies with the Health Act 2006 regarding smoking, which required virtually all workplaces and enclosed public places to be smoke free with effect from 1 July 2007.

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1.1 This policy is based on clear evidence that, in addition to the health risks taken by smokers, others who breathe in exhaled and environmental tobacco smoke (second-hand and third-hand smoking) have increased risk of disease. Evidence shows that smoking is the primary cause of preventable morbidity and premature death, accounting for 81,400 deaths in England in 2009. The purpose of this policy is to enable and promote health and safety for all

It is the policy of the Trust that all those who work for the Trust, or on its premises, or who obtain treatment from or visit the hospital in any capacity, do so without unwanted exposure to tobacco smoke. It is unacceptable for patients and service users to be subjected to staff smelling of smoke whilst being treated as this is not only offensive but is harmful to health. Tobacco smoke contains 4,000 different chemicals which are released into the air as particles and gases. Toxins from cigarette smoke lingers in furniture, fabrics, walls and even hair, posing a health risk long after the cigarette is extinguished. The dangers of third-hand smoke are very real and are shown to cause cancer. Those toxins are present even if you can't see them but the smell is a toxic layer of smoke deposits.

Smoking is a fire risk; one third of all hospital fires are caused directly by smoking or smokers' materials.

Smoking may cause damage to certain sensitive items of equipment.

Smoking increases cleaning costs and is detrimental to the appearance of the hospital environment. A discarded cigarette butt can take 18 months to 10 years to decompose and is toxic to the wider environment also.

Treating a smoking related illness puts a substantial burden on NHS resources. It is estimated between 0.4 and 2 bed days could be saved per smoker if each assumed smoking complication was avoided by supporting smokers to quit. Based on the East Midlands SHA modelling Northampton General Hospital could save a maximum of 1,968 bed days per year with a potential cost saving of £629,000. (The Information Centre for Health and Social care, 'Statistics on smoking: England 2101),

2. PURPOSE

2.1 The purpose of this policy is threefold – to ensure the NGH NHS Trust sites are smoke free and to promote the good public health of patients and staff by ensuring that they are given opportunities to stop smoking. The Trust also aspires to be totally Smokefree by 2013 with staff not smoking whilst on duty. To achieve this a full Trust-wide programme will be implemented for staff to engage them in training to facilitate and support patients with quitting and a full support service for staff to assist them with quitting and coping with nicotine abstinence whilst at work or on duty. Staff health and wellbeing is of the utmost importance to the organisation and all reasonable help and support will be offered to staff who wish to quit or remain Smokefree whilst at work or on duty.

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3. SCOPE

3.1 This policy applies to patients, staff, visitors, contractors and all other persons in or on Trust premises.

4. COMPLIANCE STATEMENTS

4.1. Equality & Diversity
This document has been designed to support the Trust's effort to promote Equality and Human Rights in the work place and has been assessed for any adverse impact using the Trust's Equality Impact Assessment tool as required by the Trust's Equality and Human Rights Strategy. It is considered to be compliant with current equality legislation and to uphold the implementation of Equality and Human Rights in practice.

5. DEFINITIONS

Second-hand Smoke	Exhaled and environmental tobacco smoke
NRT	Nicotine Replacement Therapy is products given to alleviate the symptoms of nicotine withdrawal and come in various forms e.g. patches, lozenge, chewing gum, micro-tabs and nasal spray. In-patients can be prescribed 2 products from the Medicines Formulary.

6. ROLES & RESPONSIBILITIES

6.1 Chief Executive and Executive Directors	Are responsible for ensuring that managers enable staff to comply fully with this policy and that they have appropriate resources to do so, e.g. signposting staff to Stop Smoking Service for information concerning smoking cessation support.
6.2 Trust Managers	All Trust line managers are responsible for ensuring both they and the staff who report to them comply fully with this policy

Managers must ensure staff, patients and visitors are aware of the policy in their department, and take steps to educate staff how to respond to patients and visitors who smoke on Trust premises

Line managers are responsible for supporting staff that bring the 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 member of staff to handle. |

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	Line Managers are responsible for ensuring that all relevant staff are trained to give brief advice to patients using the QIPP 'Time for a QUIT Chat' brief smoking advice training available to all staff. Staff breaching the policy should always be offered a referral to the Stop Smoking Service or encouraged to visit their own GP or community pharmacist. All patients, on the other hand who are known to smoke should be offered a referral to the NHS Stop Smoking Service via the Time for QUIT Chat referral pathway.
6.3 Trust Staff	All Trust staff have a duty to comply with this policy Employees who smoke and do not wish to stop smoking must not smoke in paid working time or in any of the Trust's premises and anywhere on the Trust's grounds or the Trust boundaries. NHS staff are expected to set a good example and are asked not to smoke in view of the patients, visitors, clients or the public when wearing a uniform or a name badge identifying them as a member of staff. It is essential that smokers do not congregate around the site boundaries and entrances in view of all visitors and general public. Staff will be asked to move away from these areas. Smoking will not be tolerated anywhere. All Trust staff are 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 has a smoke free policy and that smoking is not permitted anywhere at anytime. Trust staff should not put themselves at risk of abuse by someone who is smoking by doing this. The QIPP 'Time for a QUIT chat' brief smoking advice training addresses skills needed by staff to avoid confrontation and risky situations and will enable them to approach smokers in a respectful yet meaningful way
6.4 HR Representatives	Where it is deemed necessary to invoke the disciplinary policy and procedure the HR Business Partners will support managers. Prior to this stage every opportunity will be offered to the staff member to seek support to quit smoking or to gain

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	access from their GP or community pharmacist to prescribe Nicotine Replacement Therapy to treat nicotine cravings whilst at work and unable to smoke.
6.5 Occupational Health Staff	Occupational Health Staff who have undertaken Stop Smoking Brief Advice Training will raise the issue of smoking at the appropriate time and refer and signpost staff to the NHS Stop Smoking Service if necessary.

7. SUBSTANTIVE CONTENT

Smoke Free Site

7.1   All Trust grounds and premises are NO SMOKING AREAS at all times

7.2   Staff must not smoke whilst on duty, other than during unpaid breaks, and away from the Trust premises, or whilst in public, when in uniform that is not covered, or wearing Trust badges which identify them as an NHS employee. This is in line with the Trust's Uniform Policy.

7.3   Staff on unpaid breaks (i.e. lunch time or equivalent) that leave the site in order to smoke are respectfully requested to NOT congregate offsite around hospital entrances. This creates a poor public impression of the hospital to patients, visitors and the general public and is a nuisance to our neighbours and will not be tolerated.

7.4   SMOKING is not allowed in all Trust owned vehicles   at all times, including 'pool' vehicles contracted for Trust business

7.5   Staff may smoke in their own vehicles (including own lease vehicles) when travelling to/from work but are requested not to wear uniform or to cover it up if they choose to smoke in their own vehicles. Staff should not smoke whilst driving between treating patients or clients or in their parked cars whilst it is parked on Trust property as the lingering smell of smoke is offensive and harmful to health. One smoker emits five times more fine toxic particles into a car than are emitted per- mile by the car's exhaust pipe. Evidence showed that under all ventilation circumstances, even with windows open and the fan on high, SHS concentrations in a vehicle were greater than in any other small enclosed place.

7.6   There are no designated smoking areas within the Trust for patients, clients, visitors and staff.

7.7   Breach of any aspects of this policy by Trust staff may lead to formal disciplinary action. However an initial breach of this policy will be dealt with in an advisory way with support and a referral to the local Stop Smoking Service. The Trust will endeavour to fully support staff to cope with their quit attempts and nicotine

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abstinence whilst at work. Where disciplinary action may be required the HR Business Partners will support managers.

7.8   Trust staff are encouraged to bring the policy to the attention of patients and visitors to the hospital site, but should not put themselves at risk of abuse by doing so. Once a smoker has been asked politely to respect our NHS Smokefree site and to not smoke, this should be immediately followed up with an offer of support to address nicotine withdrawal whilst in hospital, if the smoker is a patient. All staff are requested to report any abusive or difficult incidents to their line manager. Staff should have undertaken Conflict Resolution Training during their induction which should assist them with coping with any potentially difficult incidences in a professional manner.

7.9   All Trust staff will assist in ensuring compliance with the smoke free policy by informing individuals found smoking on the Trust site of the smoke free policy

7.10   Failure to comply with a request to stop smoking on the site may lead to people not employed by the Trust being asked to leave the site. (In this instance staff must report this to their line manager who will contact security staff if assistance is required.) The Trust expects all staff who smoke to refrain from smoking whilst at work.

7.11   Patients who are found smoking on the site by staff should be asked to stop smoking and return to their ward where the staff can carry out their duty of care. Should a patient still refuse then this needs to be documented in their notes for future reference.

7.12   Trust staff found to be smoking on site should be reported to their line manager. It is EVERYONES responsibility to promote the Trust site as a Smokefree site and to ensure smoking is discouraged at all times. The Trust aims to fully support staff to enable them to refrain from smoking at all times whilst at work and on duty.

7.13   Healthcare professionals should be trained to give brief advice in stopping smoking and should refer people to the NHS Stop Smoking Service as appropriate.

7.14   Healthcare professionals should identify and record the smoking status of all their patients. Those who smoke should be:

7.14.1 Reminded at every suitable opportunity of the health benefits of stopping
7.14.2 Offered brief advice and, if they want to stop smoking, referred to the NHS Stop Smoking Service using the agreed Time for a QUIT Chat referral paperwork and process.

7.15   Patients referred for elective surgery should be encouraged to stop smoking before their operation or procedure. Patients who want to stop smoking for good should be referred to the NHS Stop Smoking Service at the time of their pre-operative assessment or sooner if this achievable.

7.16   Hospital patients who smoke should be offered advice and, if appropriate, Nicotine Replacement Therapy (NRT) from a trained professional. They should also be offered a referral to the NHS Stop Smoking Service

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7.17 Women who smoke and who are either pregnant or are planning a pregnancy, and their partners and family members should:

    7.17.1 At the first contact discuss her smoking status, provide information about the risks of smoking to the unborn child and the hazards of exposure to second hand smoke

    7.17.2 Be offered brief advice and a referral to the NHS Stop Smoking Service

    7.17.3 Have their smoking status monitored and smoking cessation advice offered throughout the pregnancy and beyond

    7.17.4 Have the risks and benefits of NRT discussed with them, particularly if they do not wish to accept a referral to the NHS Stop Smoking Service

7.18 Young people aged under the age of 18 who show a strong commitment to quit smoking should be offered brief advice and a referral to the NHS Stop Smoking Service who will then discuss with the young person the individual support needed.

7.19 Communication strategies should be co-ordinated across the Trust to support the delivery of the Time for a QUIT Chat brief advice Programme, No Smoking Messages, Smoke Free site messages and Health Improvement key messages promoting behaviour change and smoking cessation.

8. IMPLEMENTATION & TRAINING

8.1 This policy is applicable with immediate effect within the Trust. The Governance Department will ensure that this Policy is updated on the intranet and any previous versions are removed. The HR Department will support Trust Management with the publication of this policy through the HR Bulletin.

8.2 Visitors and patients will be advised of the policy by appropriate signs and in literature provided by the Trust, e.g. patient information leaflets and correspondence. All leaflets will contain a standard form of words to indicate the Trust's policy position.

8.3 Information and literature on smoking cessation will be widely displayed around the Trust and via promotional DVD's and made available to staff and patients in accordance with the QIPP 'Time for a QUIT chat' brief smoking advice training and resources supplemented by local NHS Stop Service resources.

8.4 Invitation to tender and contracts for work with the Trust should include a statement that the Trust operates a smoke free policy. No contractor or their subcontractors will be permitted to smoke in or on any of the Trust's grounds or premises.

8.5 All Trust correspondence, e.g. letters and appointment cards, and all Trust literature, e.g. leaflets and general publications, will contain a short, standard statement that the Trust operates a no smoking policy throughout it's grounds and premises at all times.

8.6 Information about the Trusts smoke free policy will be provided in the patient and staff handbooks, in all recruitment literature and job offers, and in departmental safety policies, on the internet Trust Homepage and on admission and discharge paperwork.

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9. MONITORING & REVIEW

Standard	Source of Assurance/ Timescale	Responsibility
Trust displays sufficient and appropriate signage to inform staff, patients and visitors that this is a no smoking site.	Yearly audit to confirm signage is present.	Facilities
Invitations to tender and subsequent contracts include a statement regarding the Trust's smoke free status	Yearly audit to confirm statement exists.	Purchasing & Supply
Trust's correspondence, leaflets and publications include a statement regarding the Trust's smoke free status	Yearly sample audit.	Communications
Trust reviews any smoking related incidences on an annual basis and identifies organisational wide actions that are needed.	Yearly report with action plan to Health and safety Committee.	D. Director of Nursing (Prof)

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10. REFERENCES & ASSOCIATED DOCUMENTATION

Health Act 2006 (c. 28) London. HMSO

Health and Safety at Work Act 1974 (c. 37) London. HMSO

Northampton General Hospital NHS Trust (2010) Disciplinary. NGH- PO-28. Northampton. NGH

Smokefree (Exemptions and Vehicles) Regulations 2007 SI 2007/765 London. HMSO

Smokefree (Penalties and Discounted Amounts) Regulations 2007 SI 2007/764 London. HMSO

Smokefree (Premises and Enforcement) Regulations 2006 SI 2006/3368 London. HMSO

Smokefree (Signs) Regulations 2007 SI 2007/923 London. HMSO

Smokefree (Vehicle Operators and Penalty Notices) Regulations 2007 SI 2007/760 London. HMSO

Related NICE Guidance

Published

- National Institute for Health and Clinical Excellence (2010) Quitting smoking in pregnancy and following childbirth. NICE public health guidance 26. [online]. London. NICE. Available from www.nice.org.uk/guidance/PH26 [Accessed 1/2/12]

- National Institute for Health and Clinical Excellence (2008) Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. NICE Public Health Guidance 10. [online]. London. NICE. Available from www.nice.org.uk/guidance/PH10 [Accessed 1/2/12]

- National Institute for Health and Clinical Excellence (2007) Workplace health promotion: how to help employees to stop smoking. NICE Public Health Guidance 5. [online]. London. NICE. Available from www.nice.org.uk/guidance/PH5 [Accessed 1/2/12]

- National Institute for Health and Clinical Excellence (2006) Brief interventions and referral for smoking cessation. NICE Public Health Guidance 1. [online]. London. NICE. Available from www.nice.org.uk/guidance/PH1 [Accessed 1/2/12]

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11. APPENDICES

Appendix A - Advice and support for smokers and those who wish to quit

This policy recognises the Trust's responsibilities as a healthcare provider, whilst also acknowledging the impact of further restrictions. Support and assistance, e.g. Stop Smoking Support programmes will be provided for staff and patients to enable them to comply with the policy and/or stopping smoking and a referral to the Local NHS Stop Smoking Service will be offered. Northamptonshire's Stop Smoking Service on 0845 601 3116 or visit www.goodbyesmoke.co.uk

The Local NHS Stop Smoking Service has developed a support package for staff. This includes support for staff wanting to quit, and support for those experiencing nicotine withdrawal symptoms whilst on duty, access to Stop Smoking Clinics across the County and including an evening clinic at Highfield. Contact Northamptonshire's Stop Smoking Service 0845 601 3116 or visit www.goodbyesmoke.co.uk

- Patients and their relatives will be informed that the hospital is a smoke free site prior to admission and advised of the stop smoking support available in the community. The Local NHS Stop Smoking Service support will be available to patient's relatives with the aim of reducing the likelihood of incidents within the hospital arising from non-compliance with the smoke free policy.
- Advice, practical help to quit smoking and information on Stop Smoking Groups, one to one support, text or email are available via the Local NHS Stop Smoking Service on 0845 6013116 or www.goodbyesmoke.co.uk
- Support can be obtained through the NHS Free National Smoking Helpline on 0800 0224332 or your GP/Practice Nurse or local pharmacies.

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Smoke Free Policy
#NGH/PO/109

Department
Human Resources

Person Responsible
Sarah Marks

Created
Thursday 9th September, 2010

Last Review
Thursday 9th September, 2010

Status
Complete

Next Review
Sunday 1st September, 2013

Screening Data

1. Name, job title, department and telephone number of the person completing this Equality Impact Assessment

    Sarah Marks, HR, ext 5770

2. What is the title & number of this policy/procedure/guideline?

    Smoke Free Site Policy

3. What are the main aims, objectives or purpose of this policy/procedure/guideline?

    It is the policy of Northampton General Hospital NHS Trust that smoking is not permitted in any of the Trust's premises and anywhere on the hospital site.

4. Who is intended to benefit from this policy/procedure/guideline?

    All staff and patients

5. Is this a Trustwide, Directorate only or Department only policy/procedure/guideline?

    Trustwide

6. Who is responsible for the implementation of the policy/procedure/guideline?

    HR

Impact Assessment Data

1. What data has been utilised to evidence the decisions regarding the impact this policy/procedure/guideline will have on the different equality strands/groups?

    Legislation

2. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group - AGE?

    - No impact

    The application of this policy is not affected by age

3. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

    n/a

4. If you have indicated a negative impact, is that impact intended?

    n/a

5. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the

Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

6. Does or could the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), have a postive impact (i.e. contribute to promoting equality or equal opportunities) or have no impact on the following equality strand/group - DISABILITY?

- No impact

The application of this policy is not affected by disability

7. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

8. If you have indicated a negative impact, is that impact intended?

n/a

9. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

10. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" GENDER?

- No impact

The application of this policy is not affected by gender

11. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

12. If you have indicated a negative impact, is that impact intended?

n/a

13. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

14. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" HUMAN RIGHTS?

- No impact

The application of this policy is not affected by human rights

15. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

16. If you have indicated a negative impact, is that impact intended?

n/a

17. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

18. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" RACE?

- No impact

The application of this policy is not affected by race

19. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

20. If you have indicated a negative impact, is that impact intended?

n/a

21. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

22. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" RELIGION OR BELIEF?

- No impact

The application of this policy is not affected by religion or belief, however it should be recognised that in some cultures smoking is the norm

23. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

24. If you have indicated a negative impact, is that impact intended?

n/a

25. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

26. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" SEXUAL ORIENTATION?

- No impact

The application of this policy is not affected by sexual orientation

27. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

28. If you have indicated a negative impact, is that impact intended?

n/a

29. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

30. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" SOCIOECONOMIC?

- No impact

The application of this policy is not affected by socioeconomics

31. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

32. If you have indicated a negative impact, is that impact intended?

n/a

33. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

34. Does the policy/procedure/guideline have a negative adverse impact (i.e. could it disadvantage), or does it have a positive impact (i.e. contribute to promoting equality or equal opportunities) or does it have no impact on the following equality strand/group â€" TRANSGENDER?

- No impact

The application of this policy is not affected by transgender

35. If you have indicated a negative impact, is that impact lawful (i.e. it is not discriminatory under anti-discrimination legislation)?

n/a

36. If you have indicated a negative impact, is that impact intended?

n/a

37. What actions or changes can be taken to minimise or improve the negative impact? NB: If appropriate, complete the Action Box to ensure any recommended actions or changes are recorded for completion?

n/a

38. What consultation has taken place with representatives from the equality groups and stakeholders and what has been the feedback?

Full consultation as part of ratification

39. How will any gaps in consultation be addressed?

n/a

Organisation Sign-off Data

1. If the policy is implemented what is the potential risk of it having an adverse effect on equality?

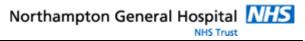Low Risk - probably will not have an adverse effect on equality

2. If the policy is implemented what is the potential of it having a positive effect on equality and relations?

High Potential - highly likely to promote equality of opportunity and good relations

3. If the potential for risk or positive effect occurred what would be the potential number of people it effected?

A large number of people would be affected

4. Based on the answers to questions 1 - 3 will this policy promote equality and diversity?

Yes

Policy is applied to all equally

5. Do you have any additional comments or observations about the policy?

6. How will the results of the Equality Impact Assessment will be published?

Internet

7. Have you completed any Action Boxes with recommended actions or changes for completion?

No

8. If 'Yes' please print off an action plan report along with a copy of the Equality Impact Assessment report to the policy/procedure/guidelines owner, and record below who it has been sent to

9. If 'No' please print off a copy of the Equality Impact Assessment report to the policy/procedure/guidelines owner, and record below who it has been sent to

10. Please give details of the monitoring arrangements

PDG

Northampton General Hospital **NHS**
NHS Trust

FORM 1a- RATIFICATION FORM - FOR COMPLETION BY DOCUMENT LEAD	
Note: Delegated ratification groups may use alternative ratification documents approved by the procedural document groups.	
DOCUMENT DETAILS	
Document Name:	No Smoking and Smoke Free Site
Is the document new?	No
If yes a new number will be allocated by Governance	New Number
If No - quote old Document Reference Number	NGH-PO-109
This Version Number:	**Version: 3.2**
Date originally ratified:	2005
Date reviewed:	April 2007, July 2010, Mar 2012
Date of next review: a 3 year date will be given unless you specify different	**Date:** **Or** **Highlight 1yr: 2yr: ==3yr:==**
If a Policy has the document been Equality & Diversity Impact Assessed? (please attach the electronic copy)	Yes Please see previous EqIA
DETAILS OF NOMINATED LEAD	
Full Name:	Karen Timson on behalf of Nina Fraser
Job Title:	Deputy Director Of Nursing
Directorate:	Patient and Nursing Services
Email Address:	Nina.fraser@ngh.nhs.uk
Ext No:	X 4628
DOCUMENT IDENTIFICATION	
Keywords: **please give up to 10** – to assist a search on intranet	No Smoking, Smoke Free, Site, Quit Chat, Stop Smoking Service. Quitting.

GROUPS WHO THIS DOCUMENT WILL AFFECT?		
(please highlight the Directorates below who will need to take note of this updated / new policy)		
Anaesthetics & Critical Care	Gynaecology	Medicine
Child Health	Haematology	Nursing & Patient Services
Corporate Affairs	Head & Neck - inc Ophthalmology	Obstetrics
Diagnostics	Human Resources	Oncology
Facilities	Infection Control	Planning & Development
Finance	Information Governance	Trauma & Orthopaedics
General Surgery		==Trust wide==

TO BE DISSEMINATED TO: NB – if Trust wide document it should be electronically disseminated to Head Nurses/ Dm's and CD's .List below all additional ways you as document lead intend to implement this policy such as; as presentations at groups, forums, meetings, workshops, The Point, Insight, newsletters, training etc below:		
Where	When	Who
Staff Time for a QUIT Chat 'Brief advice' smoking Cessation training.	At every training session	NHS Stop Smoking Service and regional trainers

• Press Release Reinforcing Trusts commitment to be Smoke Free • Trust wide- Screensavers. All person Emails	• No Smoking Day 14th March 2011 • March	• Nina Fraser, NGH Comms Team

Northampton General Hospital **NHS**
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FORM 2 - RATIFICATION FORM to be completed by the document lead				
Please Note: Document will not be uploaded onto the intranet without completion of this form				
CONSULTATION PROCESS				
NB: You MUST request and record a response from those you consult, even if their response requires no changes. Consider Relevant staff groups that the document affects/ will be used by, Directorate Managers, Head of Department ,CDs, Head Nurses , NGH library regarding References made, Staff Side (Unions), HR Others please specify				
Name, Committee or Group Consulted	Date Policy Sent for Consultation	Amendments requested?		Amendments Made - Comments
QIPP Smoking Cessation Steering Group	28th October 2011	Yes		Cost of bed days- Confirmed as based on based on current statistics and modelling from the SHA.
Head Nurses/Modern Matrons	December 2011	Yes		Comments noted in the policy regarding staff smoking on Trust Boundaries, Patients smoking on site and off the wards and what were the risks. Amendments made inc further clarity on these issues
Trust wide through HR approved Distribution List	27th Jan 2012	Yes		Further comments as above and including staff smoking in own cars whilst parked on site, approaching a smoker and asking them to stop smoking, addressing why the smell of second and third hand smoke is harmful to health. Amendments made inc further clarity on these issues

Existing document only – FOR COMPLETION BY DOCUMENT LEAD			
Have there been any significant changes to this document? *if no you do not need to complete a consultation process*		YES	
Sections Amended:	YES	**Specific area amended within this section**	
Re-formatted into current Trust format	YES		

FORM 1 2 & 3 - To be completed by document lead

Summary/ Introduction/Purpose	YES	
Scope	YES	
Definitions	YES	
Roles and responsibilities	YES	
Substantive content	YES	
Monitoring	NO	
Refs & Assoc Docs	NO	
Appendices	NO	

Northampton General Hospital **NHS**
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FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY) **Read in conjunction with FORM 2**			
Document Name:	**Smoke Free**		
	YES / NO / NA	**Recommendations**	**Recommendations completed**
Overall feedback	YES / <mark>NO</mark> / NA	**Lease cars – issue of wording**	**Done**
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	YES / NO / NA	OK	
Title -Is the title clear and unambiguous?	YES / NO / NA		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	YES / NO / NA		
Introduction Is it brief and to the point?	YES / NO / NA	Add exhaled and environmental	Done by Gov
Purpose Is the purpose for the development of the document clearly stated?	YES / NO / NA		
Scope -Is the target audience clear and unambiguous?			
Definitions –is it clear what definitions have been used in the	YES / NO / NA	Add exhaled and environmental in definition	Done by Gov
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	YES / NO / NA	Define NRT in 6.4	Done
Substantive Content is the Information presented clear/concise and sufficient ?	YES / NO / NA	7.2 change or to and away from Trust premises	Done
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	YES / NO / NA		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	YES / NO / NA		
References & Associated Documentation / **Appendices**-are these up to date and in Harvard Does the information provided	YES / NO / NA		

FORM 1 2 & 3 - To be completed by document lead

provide a clear evidence base? Are the reference provided using Harvard Referencing format?			
Are the keywords relevant	Yes/No/		
Name of Ratification Group	Ratified Yes: approved subject to minor amendments	Date of Meeting:20/3/2012	
	Ratified No:		
	Ratified subject to amendments and chair approval		
Name of Ratification Group	Ratified Yes:	Date of Meeting:	
	Ratified No:		
	Ratified subject to amendments and char approval		

NGH-PO-001 – Version 7.2
Appendix 4.1

FORM 3- RATIFICATION FORM (FOR PROCEDURAL DOCUMENTS GROUP USE ONLY)
Read in conjunction with FORM 2

Document Name:	**Smoke Free**		
	YES / NO / NA	**Recommendations**	**Recommendations completed**
Overall feedback	YES / <mark>NO</mark> / NA	**Lease cars – issue of wording**	
Consultation Do you feel that a reasonable attempt has been made to ensure relevant expertise has been used?	YES / NO / NA	**OK**	
Title -Is the title clear and unambiguous?	YES / NO / NA		
Is it clear whether the document is a strategy, policy, protocol, guideline or standard?	YES / NO / NA		
Introduction Is it brief and to the point?	YES / NO / NA	Add exhaled and environmental	Done by Gov
Purpose Is the purpose for the development of the document clearly stated?	YES / NO / NA		
Scope -Is the target audience clear and unambiguous?			
Definitions –is it clear what definitions have been used in the	YES / NO / NA	Add exhaled and environmental in definition	Done by Gov
Roles & Responsibilities Do the individuals listed understand about their role in managing and implementing the policy?	YES / NO / NA	Define NRT in 6.4	
Substantive Content is the Information presented clear/concise and sufficient ?	YES / NO / NA	7.2 change or to and away from Trust premises	
Implementation & Training – is it clear how this will procedural document will be implemented and what training is required?	YES / NO / NA		
Monitoring & Review (policy only) -Are you satisfied that the information given will in fact monitor compliance with the policy?	YES / NO / NA		
References & Associated Documentation / **Appendices**- are these up to date and in Harvard Does the information provided provide a clear evidence base? Are the reference provided using Harvard Referencing format?	YES / NO / NA		
Are the keywords relevant	Yes/No/		

Name of Ratification Group	Ratified Yes: approved subject to minor amendments	Date of Meeting:20/3/2012
	Ratified No:	
	Ratified subject to amendments and chair approval	
Name of Ratification Group	Ratified Yes:	Date of Meeting:
	Ratified No:	
	Ratified subject to amendments and char approval	