

Board of Directors Meeting

Report

Subject: Smoking Facilities – Kings Mill Site
Date: February 2014
Author: Keith Turner – Head of Estates & Facilities
Lead Director: Peter Wozencroft - Director of Strategic Planning & Commercial Planning

Executive Summary:

In November 2013 the National Institute for Health and Clinical Excellence (NICE) issued guidance that NHS hospitals and clinics should become completely smoke-free to create a culture where smoking is no longer considered culturally acceptable in health care delivery environments. They said that smoking shelters and other designated smoking areas should be removed from secondary settings as part of their smoke-free plans, because “We need to end the terrible spectacle of people on drips in hospital gowns smoking outside hospital entrances”.

The Trust is fully signed up to the sentiments expressed in the guidance and does not argue against them in principle. We wish to see smoking cease on our hospital campuses, and will continue to promote the health benefits of quitting smoking with our patients and visitors and offering them practical help in doing so. However, we believe that this culture change is a long term project, that we will not achieve a smoke-free environment in the immediate term, and that in the mean time we should adopt a pragmatic approach that minimises the impact of smoking on the campus and gives us greater control over the situation than we have at present.

Recommendation:

The Board is asked to:

- a) Acknowledge the principles and intentions of the NICE guidance;
- b) Accept the reasons and logic behind the Trusts departure from the guidance;
- c) Discuss the proposed way forward and the provision of the smoking shelters in the locations identified;
- d) Provide parameters and provide a mandate for the Trust lead on smoking (Executive Director of Nursing) to review the policy and put procedures in place to address the following issues:
 - o The Trust’s approach to those who choose to ignore the facilities provided;
 - o The Trust’s approach to staff who smoke on the campus, whether uniformed or not;
 - o How the Trust manages the communications, should this proposal for smoking areas go ahead.

Relevant Strategic Objectives (please mark in bold)

Achieve the best patient experience	Achieve financial sustainability
Improve patient safety and provide high quality care	Build successful relationships with external organisations and regulators
Attract, develop and motivate effective teams	

Links to the BAF and Corporate Risk Register	N/A
Details of additional risks associated with this paper (may	None

<i>include CQC Essential Standards, NHSLA, NHS Constitution)</i>	
Links to NHS Constitution	N/A
Financial Implications/Impact	N/A
Legal Implications/Impact	N/A
Partnership working & Public Engagement Implications/Impact	N/A
Committees/groups where this item has been presented before	N/A
Monitoring and Review	TMB
Is a QIA required/been completed? If yes provide brief details	No

BOARD OF DIRECTORS

27 FEBRUARY 2014

Smoking Facilities on Kings Mill Site

1. Introduction:

In November 2013 the National Institute for Health and Clinical Excellence (NICE) issued guidance that NHS hospitals and clinics should become completely smoke-free to create a culture where smoking is no longer considered culturally acceptable in health care delivery environments. They said that smoking shelters and other designated smoking areas should be removed from secondary settings as part of their smoke-free plans, because “We need to end the terrible spectacle of people on drips in hospital gowns smoking outside hospital entrances”.

2. Trust Position:

The Trust is fully signed up to the sentiments expressed in the guidance and does not argue against them in principle. We wish to see smoking cease on our hospital campuses, and will continue to promote the health benefits of quitting smoking with our patients and visitors and offering them practical help in doing so. However, we believe that this culture change is a long term project, that we will not achieve a smoke-free environment in the immediate term, and that in the mean time we should adopt a pragmatic approach that minimises the impact of smoking on the campus and gives us greater control over the situation than we have at present.

3. Proposals:

The key areas that we hope to address do not adhere to the letter of the guidance but do address its broad intent, whilst limiting the impact of smoking on the substantial majority of patients, visitors and staff who do not smoke and do not wish to be confronted with the visual spectacle of smokers or the by-products of their habit when they access our services. We would propose to:

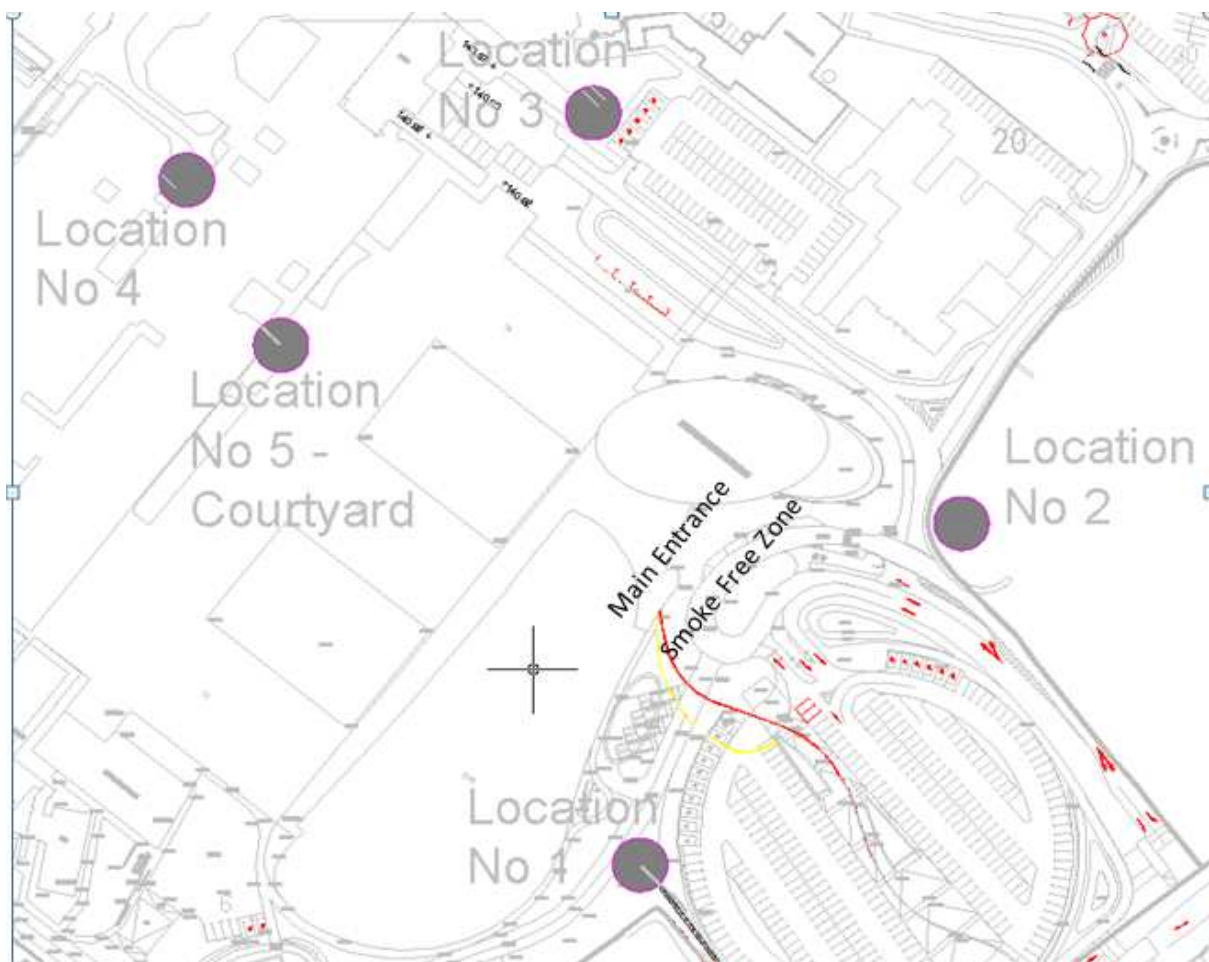
- a) Create and enforce a “Smoke free” area at the main entrance to allow access and egress to the hospital for the majority of patients and visitors to be unaffected;
- b) Create an internally accessible area for people from the wards to smoke, which is screened from general view whilst providing shelter and appropriate disposal facilities for cigarette ends and ash;
- c) Create controlled areas around the perimeter of the site where people can smoke, away from main access points or circulation areas;
- d) Produce clear information for patients, visitors and staff so they fully understand the Trust’s attitude and intention, and are clear where they can and cannot smoke;
- e) Target the smoking areas with health promotion material and resources that encourage people to quit.

We believe that this will enable us to gain control of the situation and manage it in line with our longer term objective of achieving a smoke free environment.

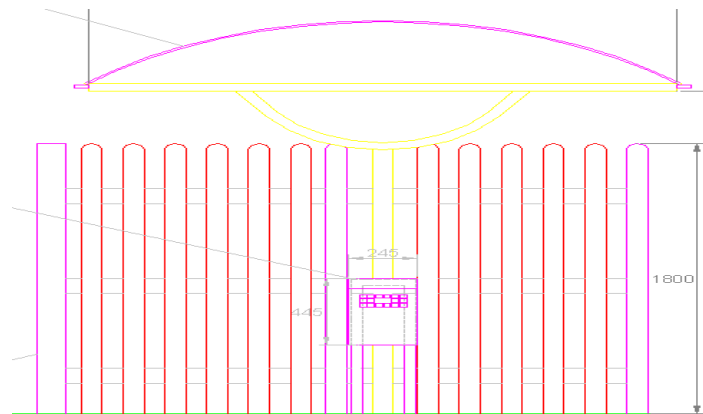
The current plans are to create a number of controlled smoking shelters, as illustrated in the plan below:

- a) Two located in reasonable proximity to the main entrance, but well away from the main door;
- b) One at the rear entrance for people attending clinical service more easily accessed from the rear car park;
- c) One near ED;
- d) One in a courtyard near main lifts, for people who may be visiting the main ward blocks.

4. Site Plan showing controlled smoking areas:



5. Shelters:



6. Recommendations:

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Keith Turner

20th February 2014