



Smoke Free Site Policy



West Suffolk Hospital Trust

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Design that connects us



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Introduction and our philosophy

About Mima

Mima is a human-centred design agency focused on human behaviour. We design services, experiences, products and spaces making them accessible to all.

We are multidisciplinary, blending wayfinding design, human factors, service design and UX capabilities.

Mima, as a name, comes from joining Mlcro and MAcro. We take a wider view of systems and the interconnections; then we can look inside and look at how individual touchpoints contribute to great experiences and what it takes to deliver them.

We have over 40 years of history delivering human-centred design in our previous incarnation as CCD Design & Ergonomics and we're proud of our heritage.

For further information on Mima please reach out to:

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Project background

The West Suffolk NHS Foundation Trust provides hospital and some community healthcare services to people in West Suffolk. The Trust's main site is the acute West Suffolk Hospital (WSH) in Bury St Edmunds.

The Trust has a smoke free site policy, which is due for review. (See Appendix 5) The Trust is conscious that a non-smoking site is a contentious issue. It is pushing smokers to move off-site into neighbouring areas which is causing some issue with perceived anti-social behaviour of smoking and smoking related litter at those locations. Additionally there is smoking at the front entrance despite the fact the site is smoke free.

Mima was engaged to help The Trust understand the views of staff, patients and visitors as the Hospital Trust prepares to update the smoking policy. Alongside taking a third party view of the impact of the current policy, Mima was engaged to bring expertise in human factors and behavioural design to provide recommendations on how the policy could be shaped in the future.

For further information on this project please reach out to the project sponsors:

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Ceiridwen Fowles - Public Health Coordinator
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The team

The core team involved in the project was comprised of project sponsors and the Mima team. Key contributors were The Trust's Smoking Policy Working Group and workshop attendees. For further information on this project please reach out to the project sponsors.

West Suffolk Hospital Project Sponsors

Dr Rachel Alexander - Consultant in Public Health
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Smoke-free site working group

Julie Pettit – Estates manager
Robert Chapman – Quality Improvement lead
Paul Pearson – Unison rep
Ceiridwen Fowles – Public Health Co-ordinator
Catriona Cole – Wellbeing and Inclusion Manager – Now replaced by Sam Jover
Nicky McKee – Tobacco dependency lead
Philip Gladwell – Patient rep
Rachel Alexander – Public Health Registrar
Dr Jessica White – Respiratory Consultant
Andrew Harvey – West Suffolk District Council
Sam Green – Comms
Wendy Kirtley – NSFT

Workshop attendance from WSH

Julie Pettit – Estates manager
Robert Chapman – Quality Improvement lead
Paul Pearson – Unison rep
Ceiridwen Fowles – Public Health Co-ordinator
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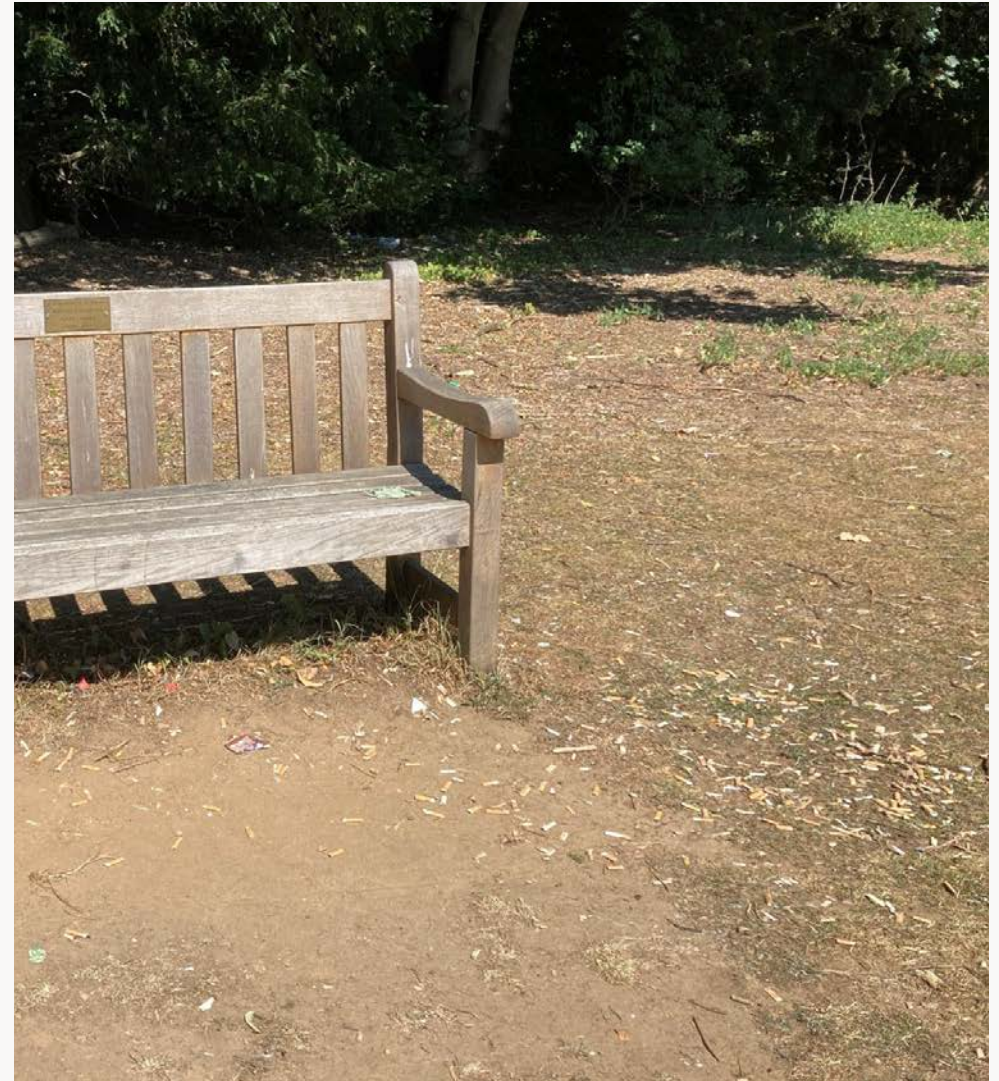
Our approach

Framing the challenge

After an initial review, and consideration of the brief, site context and background, Mima developed the below framing of the challenge:

Develop recommendations for updates to the smoke free policy as well as recommendations on how to implement the policy to achieve the following outcomes:

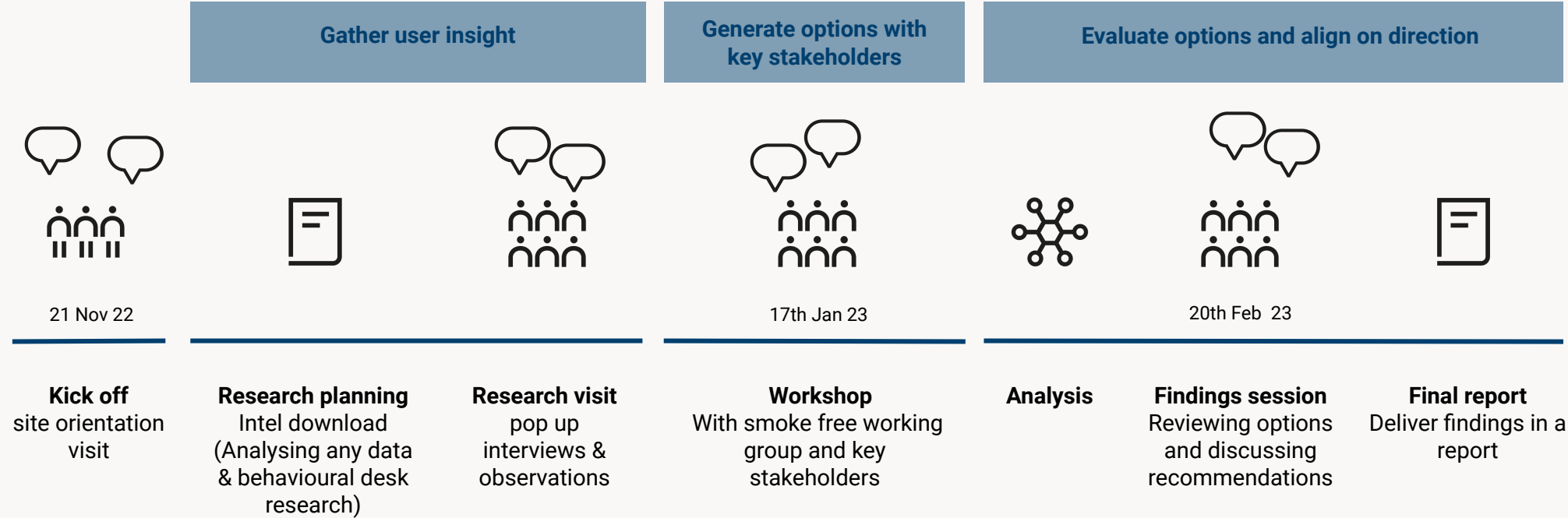
- Protect non-smoking staff, patients and visitors from second-hand smoke
- Reduce prevalence of visitor/patient smoking at the hospital entrances
- Reduce smoking related litter
- Support WSH staff, patients and visitors to quit smoking (environment, culture, tools, communication)
- Determine an agreed position on vaping on site



Approach and timeline

We firmly believe that through a structured way of working together, we can leverage the expertise within organisations to uncover fresh insights, develop shared concepts and thinking that contribute to implementable solutions.

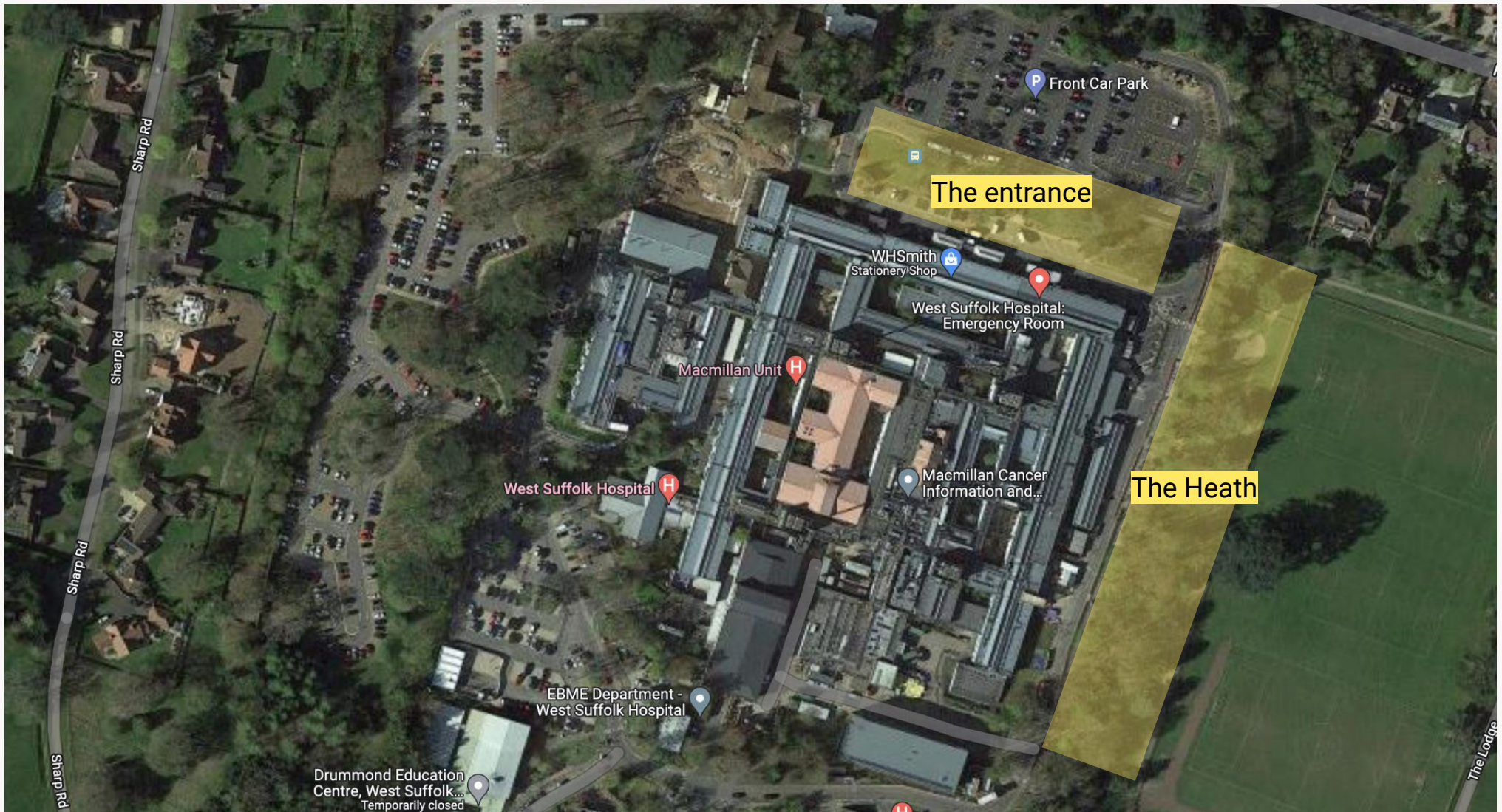
Our approach to this project was to harness that power of collaboration and co-creation. The project activities were structured to develop context, build knowledge, gather data, insights and engage with users. Then to explore all options and co-create potential solutions to inform the future WSH smoking policy.



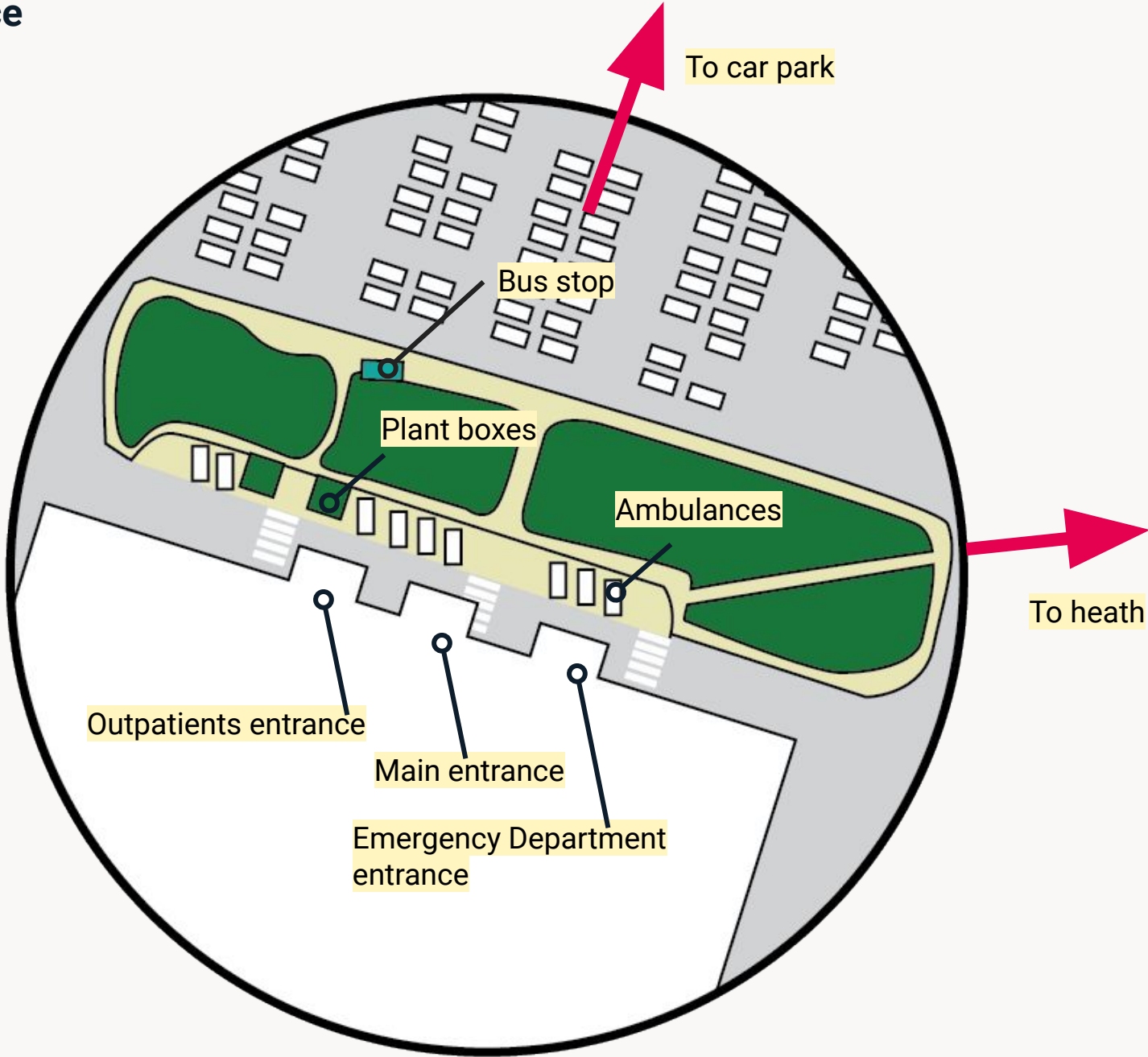
Site orientation

West Suffolk Hospital

The next few pages provide site context to the WSH ground and the areas where people are typically observed smoking. This can be split into two main zones with visitors and patients smoking in the area to the front of the hospital main entrance. Staff are more typically observed moving to an area at the edge of the Hospital site boundary and the adjacent public parkland - Hardwick Heath.



WSH front entrance



Site audit: front entrance



Planter boxes by front entrance



Bin by entrance with signage and ashtray top



Emergency Department entrance



Main entrance to the hospital

Site audit: front entrance



Main entrance door threshold & signage

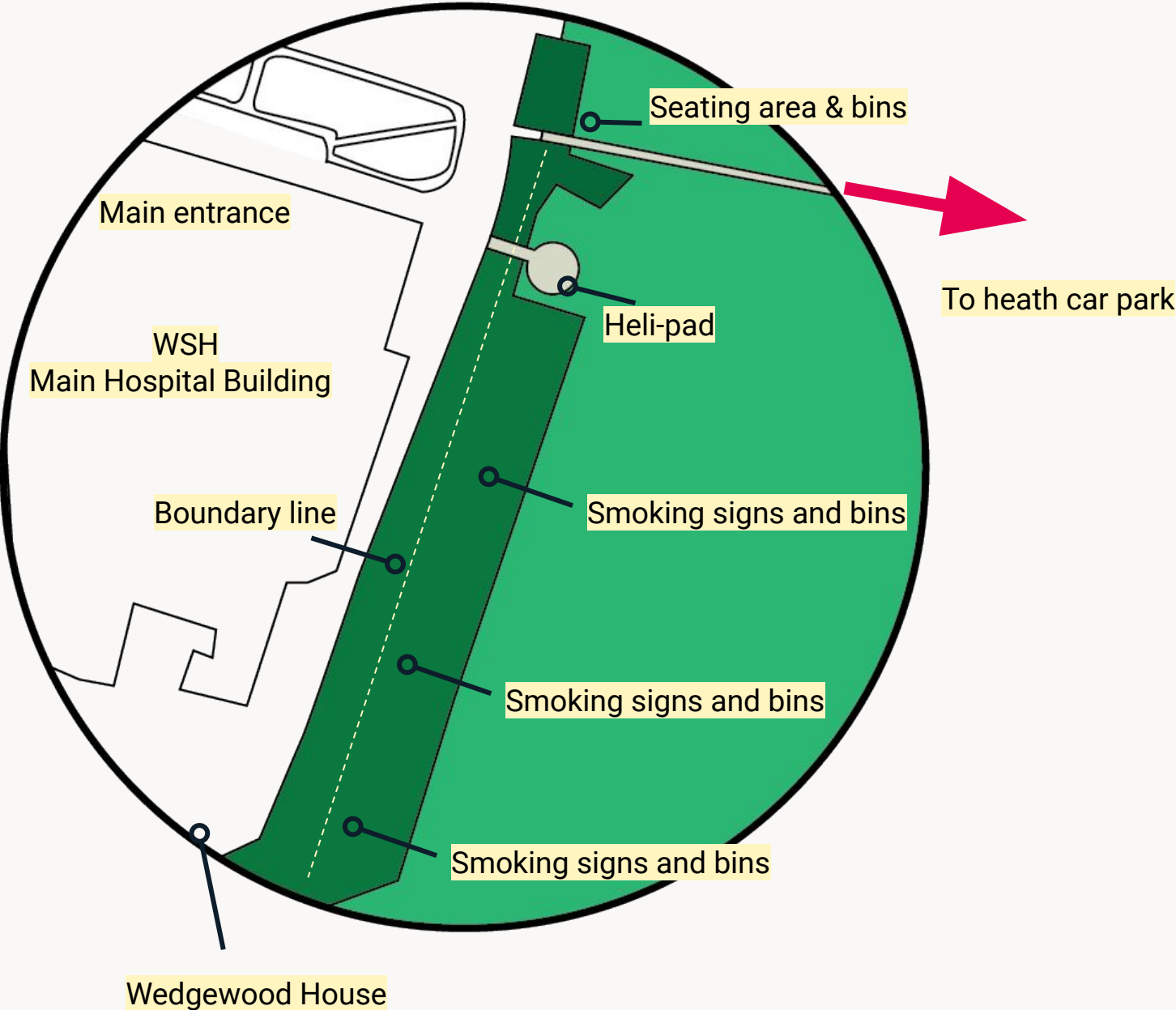


Smoker by bin near the entrance

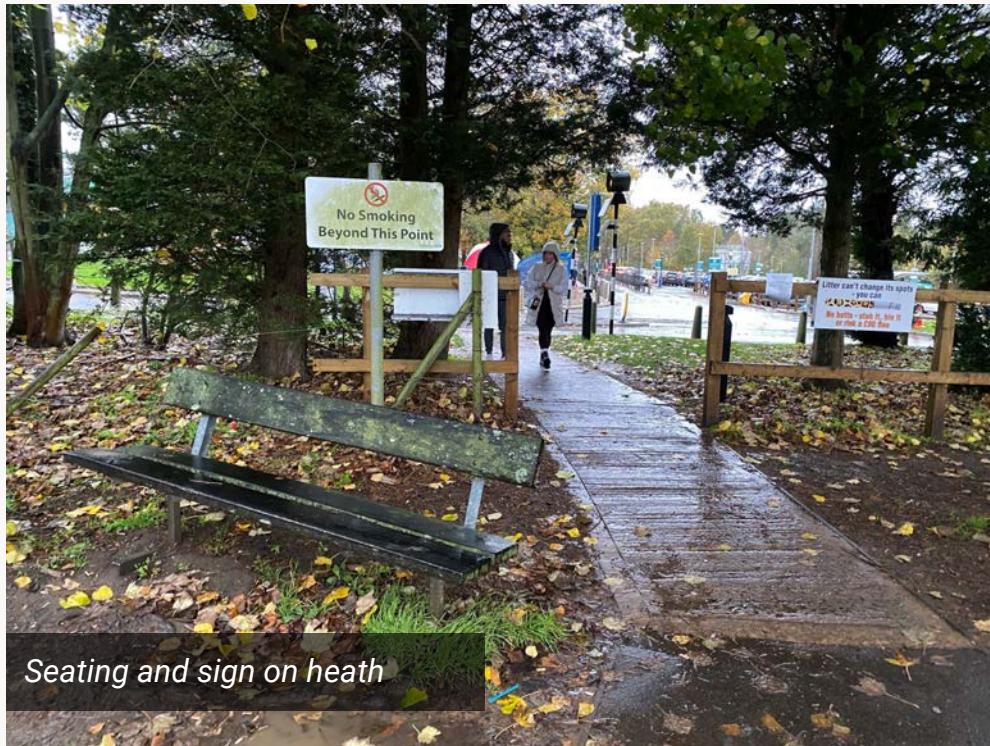


Ashtray bin top

Hardwick Heath



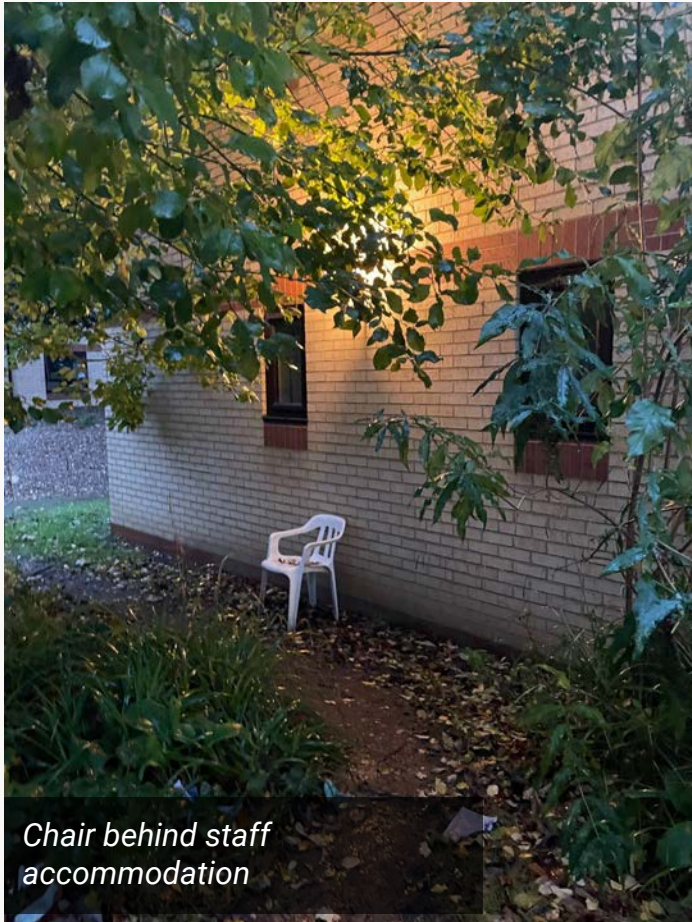
Site audit: path through to heath car park



Site audit: Hardwick Heath



Site audit: other smoking spots around the hospital



Chair behind staff accommodation



Seating behind day surgery - with some signs of smoking



Makeshift seating area behind onsite accommodation

Research findings

Research sample

We interviewed **34 people in total**

Staff

21 were staff members , of the staff members we spoke to;

7 were smokers,



12 were non-smokers,



2 were vapers*



Visitors and patients

13 were visitors and or patients, of the visitors and or patients we spoke to;

6 were smokers,



4 were non-smokers,



3 were vapers*



Research headlines

01 Location choice

People are choosing a space to smoke not by what the rules appear to say, but by what feels acceptable. This is different for staff and visitors/patients.

02 Littering

The best intentions to bin a cigarette butt can be derailed by the slightest “barrier” or “friction”. This could be an urgency to be back in the hospital, proximity to a bin at the moment of finishing smoking, appropriateness of bin, bins that are dirty or full of cigarette ends, or mud between the bin and the smoker.

03 Enforcement

Active enforcement is seen as necessary, particularly to disrupt the cycle of smoking and littering at the front entrance.

04 Vaping

Of the people we spoke to about vaping, people felt that vaping should be treated the same as smoking.

05 Reason for smoking

A smoking break is more than just a cigarette, it's a coping mechanism in times of stress and an opportunity to get some space from the ward, fresh air and time to think.

06 Respectful smokers

Smokers didn't want their smoking to affect others, however on a hospital site the same respectful smoking approach can still have an unintended impact on others.

07 Smoke free vs designated areas

People who support smoke free vs designated smoking areas want the same thing - to prevent second hand smoke, and maintain the healthcare setting as a safe space for all.

08 Inpatients & staff dynamic

For staff, smoke free or not, it can be difficult for them to support patients who smoke.

People are choosing a space to smoke not by what the rules appear to say, but by what feels acceptable. This is different for staff and visitors/patients

For staff smokers

- Closest to nearest exit of the department that they are working in
- Know that they can't smoke onsite
- Some people think they are offsite when they are smoking onsite, such as the heli-pad or the hospital owned land before the heath
- Outliers - Secret spots - discrete and unobserved. Particularly evident in departments that are not close to the heath
- Ambulance bay - wanted to remain within line of sight of ambulances whilst smoking
- At night - staff are less likely to go onto the heath as it is dark/unlit. More likely to stand on the perimeter path, near the heath

For patient / visitor smokers

- Not so far that you can't get back - proximity bubble
- Smoking in between their destination for example, smoking in car park before coming in
- Desire to get out of hospital for a break - but not to go too far
- Rationalising that it was "Okay" to smoke at the entrance area; saw other people smoking and saw ashtray bin and cigarette ends
- Some smokers have mobility issues and cannot travel far if they need a smoke
- Stand near ashtray bin to dispose of smoked cigarette, but won't stand near a bin if there are already people smoking there

"If I see other people smoking then it makes me feel like it's okay to smoke here. Also there's ashtrays and lots of cig ends so it makes it seem like its accepted or at least it's not banned."

In-Patient receiving treatment, smoker

So What ?

Social Norms - The visible presence of seeing others smoking outside the hospital entrance is acting as a powerful cue that it is "okay" to smoking on-site in this area. This self perpetuates. The ashtray tops to the bins, with cigarette butts in them is also acting as a social norm cue.

The best intentions to bin a cigarette butt can be derailed by the slightest “barrier” or “friction”

For staff smokers

- Reported “normally” use the bin
- Proximity of bin to where a person smokes is key - if they are near or have to walk past it immediately after smoking they are more likely to use the bin. If they have to walk out of their way then are less likely to use it.
- In addition, if a person has smoked on a tarmac path they are less likely to walk across the grass/mud specifically in order to access a bin.
- No lighting at night on the heath means that they are not willing to venture into the heath to use the bin, at that point they may litter

For patient / visitor smokers

- Reported and observed that some would position themselves near/in proximity to a bin so that they can stub out and dispose of cigarette after smoking.
- If no ashtray bin immediately within line of sight when they finish smoking then this is the moment people are most likely to drop and stamp out a cigarette on the floor.
- Smoker near entrance stated that “it depends” - they felt that the filter is the only thing that littering. The rest is biodegradable and that roll ups were more biodegradable than shop bought.

For both staff, patients & visitors

- Some held strong beliefs about litterers, describing litterers as 'lazy' or 'ignorant'
- Some cited the need for more bins to be in place, seeing available facilities will reduce littering
- We observed a difference in what some people said and what they did - it is not socially acceptable to say you litter or people accept the dissonance between what they believe and what they do. Similar to believing they are sustainable but not recycling every time.

"I like to use the bin, I know littering is bad. If it's dry I'd walk to a bin. But if it's muddy or dark I stand on the edge of the path. Then when I've finished there's no immediate bin so I throw it on the floor - like everyone else"

Staff, staff cafe, smoker

So What ?

To decrease prevalence of littering. We need to test interventions to target smokers at the moment they finish smoking: use a communication campaign to increase awareness of impact of cigarette butt litter AND minimise barriers through - provision of numerous well placed cigarette specific bins, that are clean and emptied regularly.

Active enforcement is seen as necessary, particularly to change smoking and littering at the front entrance

Support for enforcement

- Both smokers and non smokers agreed that enforcement was needed if there was a desire to change behaviour around littering
- Support for enforcement in problem areas, like the main entrance
- Questioned that without enforcement why would people move away from the entrance to smoke

If asked to move, need an alternative

- Smokers - If the visual cue of seeing other people smoking was removed and visual signs of smoking (ashtrays and cigarette butts) it is predicted they would respond well to being asked to move to a different area
- Smokers - If asked to move on to a different smoking area they would, but would need somewhere to go - *smoker by main entrance*

Responsibility for enforcing

- Regardless of rules, there should be more enforcement. People come in and ask us why we don't enforce it [no smoking] - *Front desk team*
- When talking about preventing smoking on hospital ground one visitor suggested that this responsibility should not sit with the hospital but another body
- Nursing staff become the arbitrators of the policy in wards 'I would like it [smoking policy] better communicated to patients'

Fines

- Fines perceived by some as one of the only ways to deter people from littering
- People did not talk as adamantly about fines for smoking, but strong support for fines when it came to littering
- Example of fines for littering in other countries being much higher and in combination with more bins. This has reduced littering
- Believe you can't enforce a complete ban due to the fact people are stressed

"If there was a fine for smoking or a security guard asked us to move then that would be fine - we respect it's a hospital. But, I feel they would need to direct us to where we can smoke."

Visitor, front entrance, smoker

So What ?

Creating an active enforcement mechanism when rules and alternatives are clear puts the choice back on the user.

Of the people we spoke to about vaping, people felt that vaping should be treated the same as smoking

Vaping on site

- Thought the rules should be the same for smoking and vaping. e.g. vaping should not be allowed if smoking is not
- One vaper we spoke to said if there was a designated smoking area they would use it to vape
- A number of people were clear that they thought vaping should not be allowed inside
- Concerns were raised that it would become more complicated if it were to be prescribed to help people quit
- Vaping is not part of the littering problem at present
- For wards above the main entrance vaping is less of an issue as the smell is not as bad as cigarette smoke

Perception of vaping

- For non smokers - didn't see vaping as hazardous as smoking - e.g. risk of fire etc.
- For non smokers - some saw vaping as 'disruptive' as smoking because people are less aware of their vape
- For smokers - a number of smokers had tried vaping and they didn't continue as it made them cough

' Keep it [vaping] simple, same rules as smoking'

Staff, staff canteen, non-smoker

*Don't really mind [vaping], don't know if it is helpful to quit.
Not an issue for our ward [as it doesn't make a smell] '*

Staff, works above main doors, non-smoker

So what ?

If approaching different rules for vapers consider ways that do not disrupt the overarching rules. For example, 'designated areas for smokers' is simpler to understand than 'designated areas for smokers an separate areas for vapers'. In application there can be ways to direct vapers trying to quit to areas that are separate to smokers.

A smoking break is more than just a cigarette, it's a coping mechanism in times of stress and a reason to get some space from the ward, "fresh air" and time to think

For staff smokers

- A break from the ward
- A moment off the ward with no patients - decompress
- One staff member described a smoking break as a way to have a debrief with other staff after an incident and step away from the ward
- One smoker mentioned, more likely to not think about a cigarette break when it is really busy, working for 6h without thinking about it

For patient / visitor smokers

- People get bad news when they are at hospital - 'It calms me down'
- Feeling stressed, visiting someone who is sick
- Smoking is something they feel they can't change, 'can't stop me smoking'
- A lot of time spent waiting
- Needed to have a walk to bring on labour (pregnant couple) and decided to have a smoking break as well

Non- smokers were also taking breaks

- Come out to get some fresh air and natural light (non-smoker with friend who vapes)
- Have picnics on the heath in the summer

*"We needed to be walking and it is stressful already."
[Decided to have a smoking break as well]*

Pregnant couple, front entrance, smokers

"It's nice to have a break, especially after an incident."

Staff, on the heath, smoker

"To walk away for 5 mins from the pressure"

Staff, on the heath, smoker

So what ?

For staff, breaks away from the ward are important to manage stress and support wellbeing

For patients and visitors, breaks can be a coping mechanism during challenging times, an excuse to get outside in the "fresh air" or combined with a prescribed walk

Smokers didn't want their smoking to affect others, however on a hospital site the same respectful smoking approach can still have an unintended impact on others

Respectful smokers

- A recurring theme from smokers was that they self identified as being a respectful smoker
- People described how they would actively avoid being seen smoking by children walking past - hiding lit cigarettes behind their back and not exhaling smoke until children had passed
- People also described that they would act the same when elderly or frail looking patients passed them
- Wanted to avoid smoking too near anyone who looked like a non smoker

Respiratory conditions

- For asthmatics, needs to be away from windows, away from entrances. They are actively avoiding smokers
- Wards above the main entrance are affected by people smoking outside, with a staff member reporting she had noticed patients breathing changes when they can smell smoke on the ward
- Smoking can deter people from going outside if they have a respiratory condition

Our interviewee's daughter had been admitted with a severe condition that had affected her breathing at a different hospital.... *"When she was better, she wanted to go into the hospital garden, but couldn't travel through the entrance due to smokers... I think it would have killed her."*

Visitor, visitors cafe, smoker

"We'd always find somewhere to smoke this is out of the way of people. We'd particularly keep smoke away from kids - would hide the cigarette from them and not blow any smoke out till they pass."

Visitor, main entrance, smoker

So what ?

We have an opportunity to recalibrate what respectful smoking is at a hospital setting, and establish this as different to what you would do in other spaces and places

People who support smoke free vs designated smoking areas want the same thing - to prevent second hand smoke, and maintain the healthcare setting as a safe space for all

Support for designated areas

Support for people who need a smoke

- A number of non smoking visitor supported having a designated area despite strongly disliking smoking - on compassionate grounds for someone they knew could not give up smoking for example
- A number of people suggested that there should be shelters
- Non-smoking staff member suggested that there are areas that are sheltered and undercover as it is sick people who will be using the smoking areas

The reality is the site has not been smoke free

- Staff non-smokers - think there are already designated smoking areas as they see a number of people smoking 'I see people smoke out front so it must be allowed there' - *Staff, staff cafe*
- 'It's never been smoke free.' - *Staff member, staff cafe*. Speaking to the fact that visitors and patients have never stopped smoking on site.

Support for smoke free

Mindset that hospitals are smoke free

- Hospitals should do the best to avoid smoking while in our care
- Didn't want the rules to change - respected that the hospital should be smoke free
- Would be 'offended' to see smoking on site

- Different attitudes towards people on the wards coming out for a smoke, some particularly disapproved of this

Second hand smoke should not be a risk for patients

- Some staff felt that there should be a hard rule that all patients can't smoke as there are a number of unwell people on site and it could put their health at risk. They felt NRT (nicotine replacement therapy) should be enough for patients

Responsibility for staff to manage in patients who want to smoke

- Concerns of safety for patients, particularly in AAU taking a smoking break. If unattended they are not being observed

"You can't enforce a smoking ban completely, people visiting the hospital are getting bad news and are in stress. Sure you could move people on - if there's somewhere for them to go [and smoke], But you can't force them to stop."

Visitor, front entrance, smoker

So what ?

We have evidence that shows us despite the current smoke free policy people are still impacted by second hand smoke and littering. Changes beyond policy guidance is needed to impact littering and smoking behaviour in the form of active enforcement, bins, communication and cessation support

For staff, smoke free or not, it can be difficult for them to support patients who smoke

Responsibility for staff to manage in patients who want to smoke

- Concerns of safety for patients, particularly in AAU taking a smoking break
- If unattended patients are not being observed
- Managing smokers can be more difficult when it is not allowed
- Some examples shared of patients who abscond for a cigarette

'The patient got very naughty and she was in the bed next to me. They [hospital staff and the patient] argued for quite awhile. Then she went to the next ward to see someone. Think she was going for a smoke'

Visitor, bus stop, non-smoker

Don't agree with people coming off wards, but I feel bad for them ... I stayed in a ward, It's difficult when people are passing. One lady was at end of life and wanted to go out for a cigarette, when her daughter arrived she took her out for a cigarette. She passed a few days later.

Visitor, in the visitor care, smoker/vaper

So what ?

Policies need to be aware of impact on how staff manage patient request. Policies should aim to reduce the time staff spend explaining policies, as well as recognise that staff are largely responsible for enforcing the rules on wards - which can be challenging at times.

Sentiment

We asked all our participants the same question to measure sentiment to both smoking at the front entrance and littering. This was not a reflection on behaviour, but belief.

Do you agree or disagree with this statement ?

As a healthcare setting, smoking directly outside the entrance is unacceptable*

94% Agree

31/33 Agree

0/33 Disagree

2/33 Depends, neither agree or disagree

Do you agree or disagree with this statement ?

Dropping a cigarette butt on the floor is littering and bad for the environment

100% Agree

33/33 Agree

0/33 Disagree

0/33 Depends

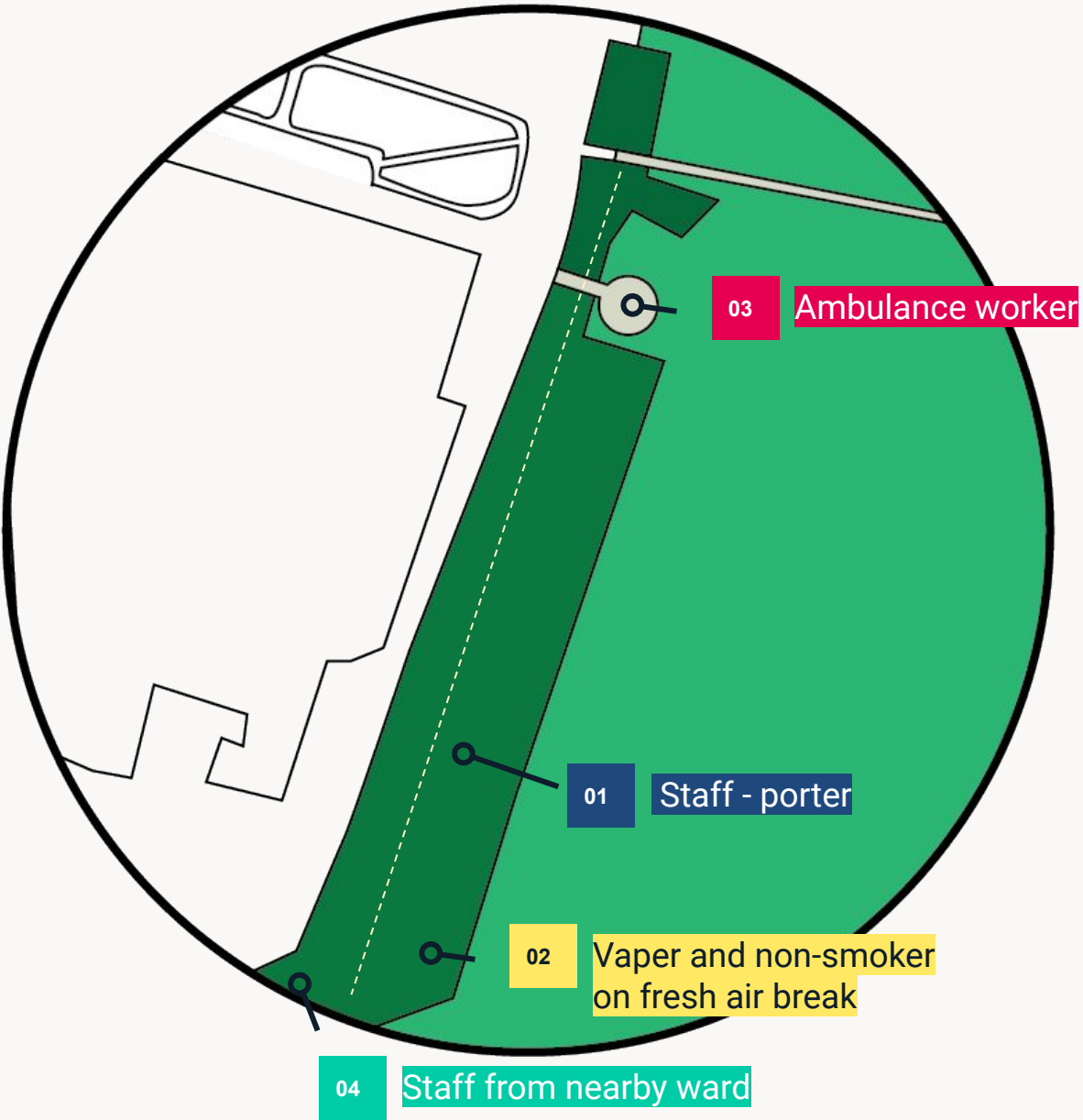
** note that the assumption by some respondents was that "directly outside the entrance" meant - in the immediate vicinity of the door, under the entrance canopy.*

Research quotes*

*Please note that some of these quotes have been paraphrased to make it easier to understand and playback, or could not be captured as direct quotes at the time of the interview and have been paraphrased.

mima

Stories from Hardwick Heath



Stories from Hardwick Heath

01

“The bins can sometimes be full and overflowing and dirty. I would always take my cigarette butt to the next bin, but I know that many wouldn’t, they’d just stamp it on the ground.”

“People won’t walk further or walk in the mud just to get to a bin”

“I go to the closest spot on the heath - depending on which department I am working in at the time”

“If it’s busy on the ward I’ll go 6 hours without smoking - but when it gets quieter then taking a smoking break is a opportunity to get outside and off the ward for a moments escape.”

Staff - Porter - Just nipped out for a quick break



Stories from Hardwick Heath

02



"Our building has no windows"... Come out here [the heath] as it is the closest, "come out for an air break"

"In summer we come out for picnics [on the heath]"

"Can't easily drive anywhere for lunch so we bring our own and come to the heath"

When asked what they would change "Benches would be nice." [One lady was sat on a log, one was standing]

Their viewpoint was that they wouldn't want to change anything about the rules as the smoke free site rule worked for them, they said they liked coming out for the heath views and fresh air.

"I would be upset if they allow smoking on site"

When discussing why they think people litter cigarette butts "People are lazy, there's no excuse for littering of any kind."

Staff - Vaper on a break with a non smoking colleague

Stories from Hardwick Heath

03

"I'd put a bin by the helipad."

I might drop my cigarette if.. "I am rushing, absent minded or see an ambulance coming and need to rush"
Wants to be in line of site of the Ambulance bay incase something happens that they are needed for.

Staff - Ambulance worker on helipad

04

When asked about their thoughts on the current policy "It doesn't take into consideration the aggression from patients who want to smoke ... don't mind it for staff that it is smoke free"

"there is no lighting at night" not likely to walk into the heath to use the bin

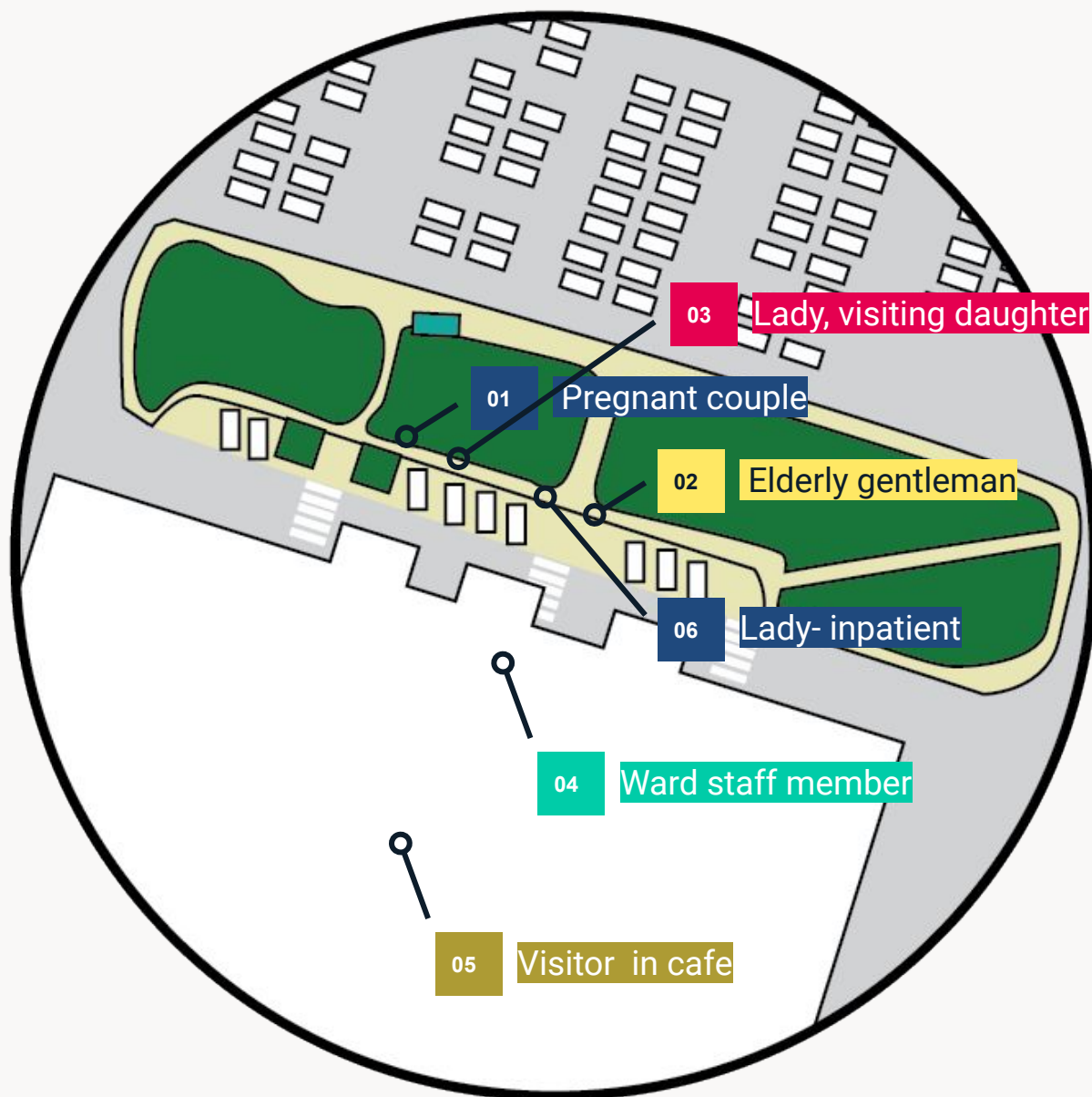
"It's nice to have a break especially after an incident [on the ward]"

"Staff don't feel safe" [escorting patients at night for a smoke with no lighting]

Would like places patients can smoke without checking out

Staff - two nursing staff from a nearby ward

Stories from the front entrance



Stories from the hospital entrance area

01

“The ashtray bins are ridiculous if this is a no smoking area like that little sign shows! It’s providing a mixed messages. It’s like having a car park with a ‘NO Parking’ sign!”

“My wife is being induced soon - we’ve been told to go for a walk, but **we can’t go too far or leave the site.**”

“We saw someone smoking here and then saw the ashtray bins, so **we know that smoking happens here and seems to be tolerated.**”

“We’d always move so we are not near children or elderly or non-smokers, that’s why we are at the end of the row of benches here, **we’re considerate.**”

“If there was a fine for smoking or a security guard **asked us to move then that would be fine - we respect it’s a hospital.** But, I feel they would need to **direct us to where we can smoke.**”

Visitor with his wife who was due to be induced - Having a walk as instructed by their midwife



Stories from the hospital entrance area

02

"You can't enforce a smoking ban completely, **people visiting the hospital are getting bad news** and are in stress. Sure **you could move people on - if there's somewhere for them to go** [and smoke], but you **can't force them to stop.**"

"I'd say it's **disrespectful** to smoke by the hospital doors, in peoples way - but here across the road, **by the ashtray bins is fine** - we're not hurting anyone here".

Visitor - elderly male - visiting his wife who was in a critical condition

03

[Normally smokes on her walk in before getting to site] I wouldn't have normally smoked here, I've seen the **no smoking sign**. But I **saw someone else smoking** here, so I thought that **it must be okay**. I don't have time today to trek anywhere else."

"If it's not okay, **there should be a smoking area, so people know where to go**. You can see everyone smoking. **It's just not very clear**".

Lady - visiting her daughter who is poorly in hospital - regular visitor to WSH

Stories from the hospital entrance area

04

“Our ward is right above the front entrance. Smoke wafts into the ward. There is lots of asthma on our ward”

“People on the other side of the road not so much of a problem.”

“[cigarette smell] Can be very strong...**Sometimes peoples breathing changes** [patients on the ward]... We open more windows [to clear the smell] it gets cold. In summer we shut the windows [too keep the smell of smoke out] it gets too hot.”

“Don't mind [if people vape], don't know if it is helpful or not to quit. [Vaping] Not so much an issue for the ward.”

When asked if they support WSH being a smoke free site -

“It's never been smoke free!” - their comment highlights that in reality visitors and patients have never stopped smoking on site.

“Would create a designated space [away from the windows]. People in wheelchairs [need to access it too]. It would need to be undercover and have smoking bins. ...Needs to be sheltered as sick people will use it.”

Ward staff member affected by smoke coming in through the windows



Stories from the hospital entrance area

05

"I smoked in the car park before coming in. I normally vape but smoked today as I'm a bit stressed."

"I have a tin in the car where I put my cigarette butts. When I smoked in my car a lot I put a jar with water in the side door. " [That way there was no fire risk and she could dispose of the cigarette ends at home in the bin.]

"Depending on what news [you get at hospital], you need a smoke"

The women's daughter had been admitted with a severe heart condition that had affected her breathing as well at a different hospital some years earlier - she recounted the below:

"When she was better, she wanted to go into the garden, but couldn't travel through the entrance due to smokers... I think it would have killed her."

"Don't agree with people coming off wards, but I feel bad for them ... I stayed in a ward, It's difficult when people are passing. One lady was at end of life and wanted to go out for a cigarette, when her daughter arrived she took her out for a cigarette. She passed a few days later."

Lady visiting her daughter in A&E, having a break in the cafe

Stories from the hospital entrance area

06

"If I see other people smoking then it makes me feel like its ok to smoke here. Also there's ashtrays and lots of cig ends so it **makes it seem like its accepted** or at least it's not banned."

"A penalty would deter me - but they would need to provide somewhere for us to go."

"It's cold, but that doesn't actually stop me [going for a cigarette]"

"I would like a private place to smoke...wouldn't feel as guilty"

"No one has mentioned smoking to me" [Implying during her stay on the ward, no one had made a point of informing her what the hospital site rules were and where you can/can't smoke]

Lady - In-Patient receiving treatment

Desk research

Desk research - sound bites and lessons to learn

In addition to the initial case study desk research performed (see Appendix 2). Further desk based research around smoking and littering was performed reviewing available academic papers and literature. The following sound bites and lessons have been extracted to inform the WSH policy:

Understanding Cigarette Butt Littering Behavior on a Public Beach

The following section largely refers to insights from the report by University of Nebraska - Lincoln, Conservation and survey division, School of natural resources. The paper surveyed public on a beach - observing those that dropped cigarette butts and those that disposed of them properly. Investigating differences in views, beliefs and influences.

Beliefs - *"Improper-discarding participants disagreed about if cigarette butts were litter or not. Some thought it was litter, others thought it was harmless or that there were other larger pollution issues to be dealt with. This is important because if a person doesn't believe a cigarette butt is litter, they would not be expected to care that it was discarded onto the ground."*

Habits matter - *"A person needs to consider how they are going to discard their cigarette, but if they have a habit of improperly discarding, that habit may "kick in" and cause them to automatically discard improperly rather than consciously thinking about their discarding action."*

SO WHAT - A habit of discarding cigarettes on the ground (in autopilot) combined with a belief that cigarette butts are harmless - drives littering behaviour in some people. The challenge to disrupt the habit would require raising awareness of impact, an intervention to disrupt the habit at the point of discarding (switch modes to a conscious thought) and a convenient bin at this moment in time.

Barriers - *"If receptacles [bins] are not convenient and well identified, a smoker may choose to discard improperly due to the inconvenience of trying to locate a proper receptacle."*

Minimising barriers *"Human behavior does not depend on motivations alone. Instead, contextual factors, such as infrastructure, also influence behaviors an individual will perform (Steg & Vlek, 2009). For this reason, it is important that smokers have sufficient infrastructure in which to discard their cigarette butts properly"*.

"Research has indicated that receptacles specifically designed for cigarette butt disposal influence discarding behavior" (Bagley, Salazar, & Wetmore, 2012). A study survey of smokers found that; "54% stated that they avoided using trash cans to dispose of cigarette butts for fear of causing a fire" and "64% of the smokers cited the lack of an ashtray or trash can as the main reason for their improper disposal of a cigarette butt."

SO WHAT - Well placed, convenient, designated smoking areas with obvious ashtray receptacles are recommended to minimise barriers to proper disposal of cigarette butts.

Desk research - sound bites and lessons to learn

Mis-match

Some smokers observed as dropping cigarette butts - answered questions with contradictory statements, for example that they “would not litter” or that they “cared for the environment” - this is believed to be because people strive to appear socially desirable - in the face of a widely perceived unacceptable behaviour of littering. A mis-alignment of views and actions also known as cognitive dissonance.

SO WHAT - It may be possible to leverage peoples natural desire to fit with social norms, and not get caught by others performing socially unacceptable acts, to influence behaviour change.

Changing behaviours - *“Informational campaigns that simply bring awareness about an environmental problem “hardly ever” result in behavior changes unless the new behavior is perceived to be ‘convenient’ and not very ‘costly’ in terms of money, time, effort, and/or social disapproval” (Steg & Vlek, 2009)*

SO WHAT - Ensure execution of an Informational / Environmental campaign to raise awareness of negative impact of littering is paired with physical interventions that make discarding cigarettes “properly” in bins more convenient and less costly in terms of perceived effort.

Reference: Understanding Cigarette Butt Littering Behavior on a Public Beach: A Case Study of Jekyll Island, Maranda R. Miller, Mark E. Burbach, DigitalCommons@University of Nebraska - Lincoln, Conservation and survey division, School of natural resources.

Smoking related litter - Keep Britain Tidy

This following section largely refers to insights from the Keep Britain Tidy Paper that reviewed the existing literature on smoking related litter and was published recently in 2022.

“Keep Britain Tidy’s National Litter Survey of England shows that cigarette butts are by far the most littered item, found on 72% of all sites surveyed. Defra estimates the cost to local authorities of cleaning up cigarette litter in England to be £40 Million per year.”

Attitudes to cigarette litter in the UK: 11% of smokers do not consider cigarette butts to be litter. 52% of smokers who smoke everyday thought putting a cigarette down the drain was acceptable.

Triggers and Barriers: Many smokers that wouldn’t litter other items do litter cigarettes. These smokers understand that dropped cigarette butts are litter, but they were treated differently because they are small, on fire, smelly, often perceived as biodegradable and are frequently seen on the ground littered by others.

Smokers agreed that in order to encourage responsible disposal of cigarette butts, cigarette bins should be dedicated exclusively to cigarettes (to reduce the perceived risk of fire), be easy and quick to use, and show no visible evidence of cigarette ends. Smokers identified poor provision of bins as a major reason for littering their cigarette butts. They were unlikely to walk far in order to find one.

Previous Keep Britain Tidy research indicates that people are unlikely to walk further than 12 metres to find a general litter bin. 58% of smokers admitted to disposing of cigarette butts in the streets within the last month.

Desk research - sound bites and lessons to learn

Keep Britain Tidy highlight a knowledge gap - Most of the existing research is based on stated behaviours which change according to what people think they should do or what they should say, rather than on observed actual behaviours, and does not provide a true picture of people's littering actions.

Interventions: The idea of smoking zones, which started in Denmark, was to design a place for smokers to be able to smoke and dispose of their cigarettes correctly. It was intended to be somewhere that they would naturally be funnelled towards when they came out of the smoke-free building (airports, train stations, retail). By nudging smokers to congregate in a zone strategically positioned a short distance away from the entrance it reduced SH smoke, and by providing obvious bins in the zone, smokers were more likely to use them, as they were convenient. **This approach flips the model - providing, instead of prohibiting.**

A 2015 Keep Britain Tidy trial implemented smoking areas in the public plaza outside London Euston Station. Previously there were issues with smoke from smokers in entrance doorways and associated littering. **Findings showed that smokers naturally used the designated zone, moving away from entrances. Littering also reduced - a 39.9% reduction in cigarette butts littered at London Euston immediately after the intervention, and 28.9% remaining six weeks later. The headline figure was that there was an 89% reduction in cigarette littering when smokers were inside the zones.**



Keep Britain Tidy researched the type of smoking bin or ashtray that is most appealing to encourage use by smokers. Results show:

- Ashtray-type receptacles should have a cigarette stub plate; ingress for the cigarettes should not be too fiddly; big enough and well serviced so that they were not messy and unpleasant to use and no ash got on to users' fingers.
- The preference was for dedicated cigarette bins with no flaps, large enough to hold a high volume, easy and clean to use with large holes.

Glasdon smoking bins were used in smoking zones trial coloured bright yellow.

Communication: A study managed by NSW Environment Protection Agency investigated effectiveness of communication strategies to influence smokers cigarette butt disposal behaviour. They trialed four different strategies. With an approach appealing to smokers to develop a sense of pride and ownership of their space - to keep it tidy and free from cigarette butt litter, being the most effective. It took time to build engagement, but once established, it showed continued improvements to become the most effective strategy - reaching 76% binning rate. It was particularly effective in office locations. Which may present it as an effective approach for staff smoking areas at WSH.



Pride and Ownership (P&O) – encouraging smokers to develop a sense of pride in, and ownership of, the area as a comfortable and welcoming place for smokers, thereby creating a commitment to bin their butts.

Reference: Smoking related litter. Secondary Research review. October 2022. Keep Britain Tidy.

Workshops

Workshop

On the 17th Jan 2023 Mima with the WSH Smoking Policy Working Group ran a facilitated workshop. The workshop aimed to review WSH site observations and interview feedback and then to utilise a structured workshop format to co-create and develop options for interventions and policy change. This would help us to explore what the smoking policy could look like in the future. In this section we have captured the outcomes of the workshop.

Workshop agenda

1. **Intro** and warm up
2. **Context setting** - Areas that have an influence on reducing harm from smoking and case study inspiration
3. **Smoking area immersive experience** - Walk around including playback of insights from Mima WSH smoking survey of staff, patients and visitors
4. **- Break -**
5. **Reviewing key options** for the smoking policy update - what the solution could look like WSH

Attendees

Facilitators

Adam Parkes - Human Factors Consultant
Alice Kennedy - Senior Service Designer

Participants

Rachel Alexander – Public Health Registrar
Ceiridwen Fowles – Public Health Coordinator
Julie Pettit – Estates manager
Robert Chapman – Quality Improvement lead
Paul Pearson – Unison rep
Catriona Cole – Wellbeing and Inclusion Manager
Tracey Harper – Tobacco dependency administrator
Philip Gladwell – Patient rep
Aliya Prihadtadi – FY2 doctor
Jessica Hulbert – Public Health Manager
Myra Battle – Pharmacist

Workshop



Policy discussion points

When discussing the policy and what would make a successful policy or not the following points were raised by the group:

We recognise in the short term we are not going to eliminate smoking:

There are people who will continue to smoke regardless, and a ban on smoking will not stop them from needing / wanting to smoke.

The most critical area to address is the front entrance: This is where we are seeing the highest risk of second hand smoke. This means we need to target initiatives that help support visitors and patients to understand that smoking is not allowed in this area and if they still wish to smoke to move to an area where second hand smoke will not affect others.

Rules need to be clear at a glance: When it comes to enforcing the rules we need the rules to be unambiguous so that when someone is breaking the rules they are aware of the choice that is being made.

We need to have some way to enforce the right behaviour on site: Social norms of seeing others smoking are currently driving people to break the rules 'together' with little or no consequence. This has normalised smoking around the hospital entrance for visitors and patients, we need to disrupt the pattern of people breaking the rules. Alongside other measures, enforcement is likely to be required in order to break the cycle.

Impact of displacement: If smoking rules are strictly enforced at the hospital entrance this would likely displace smokers to the heath - exacerbating current issues of anti-social second hand smoke on the public footpath and cigarette littering.

We need to be aware that distance and access matters: If designated smoking areas are introduced on-site we need to ensure they are obvious, visible and accessible. Distance matters to the people we are trying to move and step free access must be ensured to provide equitable access for all. If the areas are too far away or difficult to access there is a risk that they may not be used. Distance matters for staff smokers, tight for time on a short allocated break. Designated smoking areas for staff should be distributed strategically - the zone immediately inside the current boundary to the heath was noted as being a suitable candidate for staff smoking areas.

We recognise the hospital can be a stressful place: We need to recognise that when people are stressed, it is likely not the time they will make change but it could be the time they think about change.

We see role-modelling by staff as important: Staff should be aware that they work in a healthcare setting and they are seen as role models by visitors and patients. If they are seen bending or breaking the rules - visitors and patients will follow their lead. If staff wish to smoke, then they should continue to cover their uniform and should smoke in separate areas to members of the public.

We need to consider people who are trying to quit through vaping: If we create an area that brings together smokers and vapers, we may trigger vapers to relapse back into smoking.

We need to support community staff workers: Whilst discussions focused on WSH site policy - it was recognised by stakeholders, that any policy updates must consider and protect staff visiting patients in their homes from the impact of SH smoke.

Policy options - in a nutshell

During the working session two policy options were agreed to be taken forwards for further exploration ; *'smoke free except for designated areas'*, followed by *'fully smoke free'*. In addition there were two further options that did not get discussed in detail due to initial challenges with implementation; *'Smokefree with vaping on site'* and *'review of smoke free boundary'*. Below is a summary of the two options with a brief description of the main areas of policy that would require change in order to successfully implement. Note - The summary table below extracts key themes from the workshop output. Appendix section 3 provides a fuller set of workshop notes. Pages 62-64 captures output from the final stakeholder workshop reviewing the Pro's, Con's and considerations and challenges to implementation.

	Communication	Physical Environment	Rules and enforcement	Staff training	Stop smoking support	Monitoring	Partnerships
Option 1 Smoke free except for designated areas	Launch of new policy with a clear messaging campaign.	Implement designated smoking areas and signage Smoking area to include smoking bins with littering campaign.			Advice on where to seek support to quit is incorporated a smoking areas.		Launch new policy campaign with the council.
Both	Utilise campaign to raise SH smoke awareness and drive behaviour to stop smoking at entrances. Launch Targeted littering campaign.	Ensure non smoking areas are regularly cleaned of butts. Update signage at entrances as well as by front of hospital entrance. Clarify No Smoking message. particularly considering bins.	Actively enforce No smoking rules at the Hospital Main Entrance. Fund a dedicated smoking warden to move smokers on and start a stop smoking conversation - Very Brief Advice.	Very Brief Advice training for frontline staff. Create stop smoking champions. Put effort into creating a wellness culture where staff can take their allocated breaks regardless of if they smoke.	Appraisals include health + wellness support for staff - consider annual default stop smoking support for smokers.	Show metrics that normalise accessing stop smoking support. Monitor and measure very brief advice . Celebrate milestone in progress.	Partnering with the council around bin provision, campaign and enforcement.
Option 2 Fully Smoke free	New communication approach to our existing policy.						

Recommendations

WSH policy update - recommendations

Mima recommendation is to prioritise eliminating smoking and the health impact of second hand (SH) smoke from outside WSH entrances. The trust can take proactive steps to achieve this by implementing designated smoking areas - where people can go to smoke - away from the WSH buildings and entrances. The designated smoking areas would need to be strategically placed to be far enough away to reduce the impact of second hand smoke but remain in line of sight and accessible from entrances to encourage uptake and use.

The implementation of smoking areas will achieve another key objective - to reduce cigarette butt littering onsite and on the neighbouring Heath. By providing controlled areas where smoking occurs will enable us to nudge people to responsibly dispose of cigarette butts. The salient placement of obvious cigarette bins in smoking areas - within convenient reach at the critical moment when they finish smoking, will disrupt the auto-pilot habit of dropping cigarette butts on the floor - The bins will overcome other behavioural barriers by being attractive, clean and well signed as smoking cigarette disposal bins.

What this means for the smoking policy is the site will be smoke free except for designated areas. It is recommended that the detail of the policy be refined after the completion of a prototype trial - to test and review the application and effectiveness of designated smoking areas.

This trial can help confirm decisions about rules and guidelines for staff who smoke as well as how staff will support smokers who are in their care.

In the following section we describe the behavioural framework we have used and potential set of interventions that could be used at the West Suffolk Hospital Site to trial the designated smoking area concept.

Considering human behaviour

Following the stakeholder workshop, Mima performed additional analysis on key aspects of the smoking policy recommended for change - with a particular focus on optimising interventions through the lens of human behaviour change.

Behavioural design aims to apply a deeper understanding of how people think, behave and make decisions - then apply this to the context and framing of choices that people make - in order to design human touchpoints that achieve a desired outcome. Appendix 4 contains a presentation with additional description of behavioural design.

The analysis applies the Behavioural Insights Team - EAST behaviour change framework, to provide a structured review of the aspects of behaviour to consider and target in order to reach the desired outcomes. The EAST framework is grounded in science and anchored by one of the forefathers of Behavioural Science - Richard Thaler's mantra "Make it Easy".

It's not easy and there isn't a one size fits all solution - but through the application of a structured approach, an in depth understanding of the user, the site context and challenge and how and when decisions might be influenced, we hope to be able to effect change.

The **EAST** Framework:

- Make it **Easy** - the harder and more effortful the task, the less likely someone is to do it.
- Make it **Attractive** - people are more likely to do something that their attention is drawn towards.
- Make it **Social** - People are heavily influenced by what those around us do and say.
- Make it **Timely** - People respond differently to prompts depending on when they occur - Timing Matters.

Target Behaviour

Smoking Location - Observed behaviour, Visitors and patients smoking in the area immediately surrounding the entrance - Breaking No smoking policy.
Target: Influence decision making, to smoke further from entrances - to an area where smoking is permitted.

Considering human behaviour

“EAST” Behaviour Change Framework

EASY

Current:

Smokers see signs of smoking at entrance area and decide that it seems socially acceptable to smoke in that area - Social norm effect.

Target:

Remove the “**Social norm**” cues that normalise smoking in the entrance area:

- Seeing others freely smoking
- Ashtrays on bin tops with cigarette ends

Create a smoking area as a new “**Default**” - direct smokers to a dedicated smoking area - making it easy and convenient to access.

Increase “**Barriers**” in non-smoking area - Clear No Smoking Signage.

Smoking warden to enforce rules - increase “**Friction**” cost

Attractive

Current:

At present there is no provision for smoking - but rules are broken.

Target:

Create a distinctive smoking area - make it an attractive alternative to rule breaking at the entrance. To deliver on this it should be:

- Convenient and easy to access - within line of sight of entrance area - be obvious and salient in intended use.
- A hardstanding surface - free from mud.
- Provide a seat for users that can't stand as easily.
- Provide smoking specific bins as a “**Salient**” visible feature. They should be clean and emptied regularly.
- Signed with positive message to “nudge” use.

Social

Current:

Smokers see signs of smoking at entrance area and decide that it seems socially acceptable to smoke in that area.

Target:

Remove social norm of smoking at entrance - increase **Friction Barrier**

Create a smoking area as a new “**Default**” - developing a new “**Social norm**”. If people are making a decision to smoke, then they will follow the positive direction to an area provided for them - they are familiar with provision of smoking areas in transport hubs or leisure/retail setting - **context** of use is understood.

Timely

Current:

Visitors and patients leaving or arriving at the hospital smoke at the entrance area - this is convenient and does not involve moving far.

Target:

Signage/floor graphic to direct people to the “smoking area” from the entrances - this **positively timely call to action** - that a place is provided for smokers - should engage attention and **nudge** people to go to use the area.

Consider a “Clean Air” campaign message in entrance area - harness the power of “**watching eyes**” and children in a community messages to trigger a “social response” in people to not smoke in this area.

Target Behaviour

Littering - Observed behaviour - smokers dropping cigarette butts on ground after smoking.

Target: Intervene to reduce incidence of

Considering human behaviour

“EAST” Behaviour Change Framework

EASY

Current:

Bin not perceived as being convenient - Ashtray bins mixed with No Smoking messaging. Bins located on heath - have to cross mud in some locations to access.

Target:

Create designated smoking areas - providing a targeted area for smoking AND reduce **Friction Barrier** by ensuring all smokers are close to a cigarette butt bin at the EXACT moment they stop smoking.

Provide visible attractive cigarette butt specific bins in smoking areas.

Targeted campaign to raise awareness of impact of cigarette butts.

Attractive

Current:

Normal bins may be perceived by some smokers as presenting a fire risk. Some smoking bins observed to be full, dirty and overflowing with cigarette ends

Target:

Reduce **Barrier** to use - provide cigarette butt specific bins - that are:

- Obvious and well labelled to encourage cigarette disposal
- Located at a usable height
- Attractive - brightly coloured, usable stubbing plate and disposal point. They should not require smokers to touch bin.
- Clean - emptied regularly.

Social

Current:

Cigarette butts are observed on the floor - social norm cue.

Target:

Reduce social norm cues of cigarette butt littering occurring.

Increase **social norm cue** that most smokers in smoking area dispose of cigarette butts responsibly. Target information campaign to raise awareness of impact of cigarette butts being harmful to the environment, non-biodegradable and leeching harmful toxic chemicals into the env & costing money to tidy up. Consider “Pride & Ownership” focused message on bins to encourage smokers to **commit** to keeping “their smoking area” tidy.

Timely

Current:

Smokers have to walk to bin and search for suitable cigarette disposal “ashtray” bin within the grounds.

Target:

Reduce “**Friction barrier**” - The provision of a smoking area effectively aims to contain smoking to a designated area - therefore can target the **EXACT Timely** moment people stop smoking to provide an obvious, convenient cigarette disposal bin. Removing the social excuse that there “wasn’t a suitable bin nearby”.

Implementing change - design principles

Thinking about the design of the future spaces we have created a set of principles that should direct the design and implementation to achieve the desired outcomes.

(Re)Claim the entrance for all your services users

With smokers moved away from the Hospital entrance, it presents an opportunity to reclaim and celebrate this space. Let's think about families and friends reunited, parents and children, and the elderly - all users who might meet, greet or take a moment to relax at the entrance area.

Can we 'soften' the area and make it intentional for them. Supporting the cues that the Hospital is a healthcare setting, celebrating well being and people recovering and getting better.

Create clean air spaces

Making the space at the entrance pedestrian focused can ensure that the area can be used as a place to relax or break away from the hospital in a safe environment.

Make sure it's accessible

Ensure all wheelchair users and people with different mobility needs can equally access and use the designated smoking space.

Create positive distraction and signpost support

We know that visits to a hospital can be a stressful experience, during observations, we saw people leaving the hospital for 'a bit of fresh air', an escape, a break. Creating moments, in smoking areas, that give positive distractions or help signpost people to support that they might be needing. The act of being outside can be a moment of reflection and a point to reach people with very brief advice - stop smoking support.

Make it obvious

We need to create an obvious pathway from the entrance to where people can smoke (the new designated smoking areas) - this needs to become the new norm and followed as the preferred default. This means directional signage, a clear line of sight and trialing more innovative approaches to nudge smokers to use the smoking area - such as strategically located coloured vinyl floor signage directing to the smoking area or a coloured line marked on the floor creating a trail with distance markers, or eye catching temporary signage at the launch.

Mud free

We should remove the need for people to have to walk across muddy, unlit areas to comply with the no smoking rule or to access bins to avoid littering. Designated smoking areas should be accessed by paths and provide a level, hardstanding - the area should be lit (ambient lighting from current site provision or new lighting if location unlit).

Breaking habits

We need to disrupt littering habits. Obvious and prominent cigarette butt specific bins should be strategically placed in smoking areas. They should be clean and emptied regularly. Bin provision needs to be optimised to encourage responsible usage and remove barriers to use or excuses for not using. Alongside the bin provision, We need to educate to shift beliefs and encourage the desired behaviour through messaging campaigns.

Create a tipping point to change behaviour

This means we need it to be easier to follow the policy we set out, rather than breaking it. To do this we need a number of initiatives that combine to drive the desired behaviour change. One alone will likely not tip the balance.

Next steps

Based on our experience delivering products and services we suggest the next step would be to prototype some of the key implementation concepts that are key to the policy change and driving behaviour change.

For this proof of concept test - we would recommend investing a small amount testing and prototyping a designated smoking area. This would de-risk the investment prior to policy change and implementation of more permanent infrastructure changes. Often in proof of concept testing - through testing, observation and survey interviews - design concepts can be evolved, opportunities and challenges identified and the design intervention can be iterated and enhanced to improve the final outcome.

We would recommend that staff are informed in advance of the smoking area prototype testing and consideration is given to running a staff smoking area trial in the area along the heath boundary.

Week long pilot by main entrance

Cleaning of other space outside entrance

Removal of smoking specific bins by entrance

Create sense of ownership of space

Space dividers

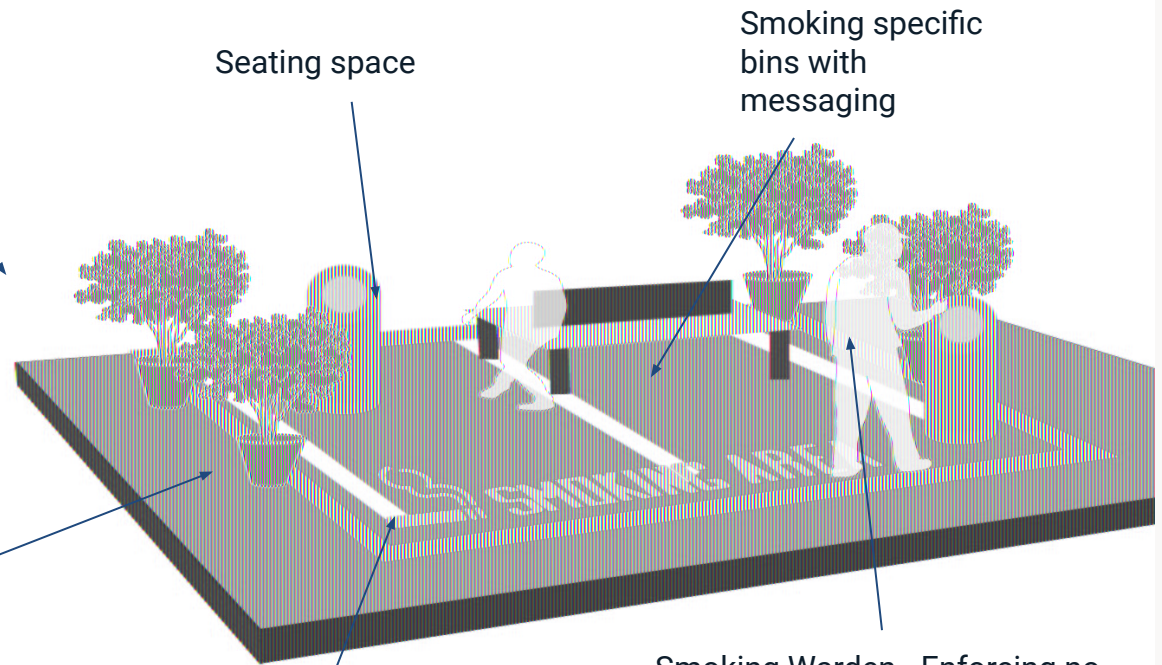
Seating space

Smoking specific bins with messaging

Flat and accessible areas (Size estimate - approx equivalent to 2 car park spaces. Note - does not need to be in a car park.)

Clear labelling of space

Smoking Warden - Enforcing no smoking at entrance
Directing to smoking area
Offering VBA



Smoking area for visitors/patients - proof of concept trial - checklist

Physical Environment			Include positive messages at the entrance - For example: 'Thank you for keeping this area smoke free, please use our smoking area'
	Provide a designated smoking area which has the boundary marked and is clearly identified as a smoking area with graphics/signage		Utilise patient stories and emotive children's drawings/messages at entrance. Include faces of people - aim to trigger "watching eyes" effect and a social response.
	Visitor/patient smoking area - ensure that area is in line of sight of the entrance and can be easily seen and directed to.		Include positive message about using bin that shows the environmental impact of cigarette litter "every cigarette you put in the bin prevents x...."
	Ensure ash-trays on top of bins opposite the main entrance are covered (Ideally replaced with plants to signal it is a clean air space)	Enforcement	
	Ensure the non smoking area around the bins is cleared of cigarette butts regularly through trial period.		Provide a visible "Smoking Warden" to enforce the No Smoking policy at the entrance and surrounding area.
	Ensure the smoking area has multiple visible smoking specific bins (Recommended to be brightly coloured) Ensure the smoking specific bins are clean and emptied regularly.		The Warden should present a friendly face and politely advise smokers of the site policy and the impact of SH smoke to patients. The warden should request smokers move to the designated smoking area provided for them if they wish to smoke.
	Provide a seat (for 2-3 people) in the smoking areas	Stop smoking support	
	Ensure the smoking area is on level even ground that is "mud free" - this could be temporary matting for the concept trail.		The Smoking warden should be trained in "Very Brief Advice" and able to offer VBA Stop Smoking advice to smokers.
	The smoking area should be accessible - with a step free route to gain access from building entrances.		Provide well considered messaging/posters in the smoking area that can direct people to stop smoking services available to them
Communication		Staff training	
	Install clear signage / vinyl floor graphic at the entrance to direct and nudge people to the smoking area, ideally on the floor indicating how far it is to the smoking area		Ensure staff are aware of the smoking area trial and the area by the entrance is intended for visitors and patients to use.

Smoking area for staff - proof of concept trial - checklist

Physical Environment			Consider options to test campaigns to encourage staff “pride and ownership” of smoking areas - a way to make it theirs, to encourage keeping it clean and tidy and free from litter.
	Provide a designated smoking area which has the boundary marked and is clearly identified as a smoking area with graphics/signage		Include positive message about using bin that shows the environmental impact of cigarette litter “every cig you put in the bin prevents x....”
	Staff smoking area - ensure that area is convenient to access from an exit utilised by staff - eg. side entrance adjacent to Heath. Proximity and convenience will encourage use.		
	Ensure the smoking area has multiple visible smoking specific bins (Recommended to be brightly coloured) Ensure the smoking specific bins are clean and emptied regularly.	Enforcement	
	Provide a seat (for 2-3 people) in the smoking areas		Provide a visible “Smoking Warden” to enforce the No Smoking policy at the entrance and surrounding area.
	Ensure the smoking area is on level even ground that is “mud free”		
	The smoking area should be accessible - with a step free route	Stop smoking support	
	Consider implementing partial low level screening via a fence or panel or plants to make the staff smoking area more discrete.		Provide well considered posters/messages in the smoking area that can direct people to stop smoking services available to them
Communication		Staff training	
	Provide targeted staff information on the smoking area trials - clearly communicate the aims - to reduce the health impact of SH smoke at entrances. To provide a safe space to smoke onsite and to encourage responsible disposal of cigarette butts through provision of the smoking areas with new cigarette disposal bins.		Ensure staff are aware of the smoking area trial and that the area by the entrance is intended for visitors and patients to use only.

Final stakeholder workshop - considerations and challenges for implementation

On Monday 20th February Mima with the WSH Smoking Policy Working Group had a playback review of the findings of the report. This provided an open forum for discussion of the Pro's and Con's of the two options, and a review of the recommended route - to target eliminating SH smoking at the entrance and the wider problem of cigarette litter by introducing designated smoking areas. The smoking working group pooled knowledge to identify considerations and challenges to take forward for development and implementation. These have been summarised on the following two pages.

Please see Appendix 3 Workshop outputs pg 101-103 to see notes taken in the session.

Workshop agenda

1. **Play back review of key insights and recommendations**
2. **Discuss the pros and cons and identify considerations and challenges for implementation.**

Attendees

Facilitators

Adam Parkes - Principal Human Factors Consultant
Alice Kennedy - Senior Service Designer

Invitees from WSH -

Rachel Alexander – Public Health Registrar
Ceiridwen Fowles – Public Health Coordinator
Julie Pettit – Estates manager
Robert Chapman – Quality Improvement lead
Paul Pearson – Unison rep
Philip Gladwell – Patient rep
Aliya Prihadtadi – FY2 doctor
Jessica Hulbert – Public Health Manager
Myra Battle – Pharmacist
Andrew Harvey
Samuel Green
Wendy Kirtley
Nicky McKee
Carol Steed
Jessica White

Policy options - pros and cons - Option 1 - smoke free except for designated areas

Pro	Con	Challenges & practicalities
<p>We address smoking at the front entrance and reduce impact of second hand smoke.</p> <p>Smoking areas with designated bin provision proven to reduce littering.</p> <p>Avoids displacing smokers onto the heath with undesirable anti-social consequences and friction with neighbours and council.</p> <p>The site is not smoke free as smokers are already flouting the rule. This way they will have designated areas and will not have to hide in cycle shelters to smoke.</p> <p>Enforcement would be easier as designated areas are provided.</p> <p>Having designated locations with sufficient bespoke bins for cigarette litter would reduce littering and be a place to promote assistance with quitting smoking.</p>	<p>Can we still call ourselves 'smoke free'? [Propose WSH site remains smokefree - but with provision of designated smoking areas - this is an easier smoking policy message to communicate and for staff/patients/visitors to understand and follow.]</p> <p>Cost to implement smoking areas and ongoing upkeep.</p> <p>Cost of resource to implement enforcement.</p> <p>Safety implications will need to be considered creating designated smoking areas (Fire, H+S. etc).</p> <p>Gives a contradictory message for people who are on cessation.</p>	<p>Considering vapers: It may be difficult to offer separate designated areas for vapers (space take, signing, understanding and cost) - Could it work to provide co-located / partially separated designated areas.</p> <p>Staff role modeling: Staff smoking areas should be separate to patient/visitor smoking areas - should this be defined in policy and signage. OR would separation naturally occur through location.</p> <p>Shelters: "Shelters" were not requested by smokers in interviews and would incur greater cost and visible presence. But would a shelter be necessary to change behaviour in bad weather?</p> <p>Lighting: need to consider lighting and safety in designated areas.</p> <p>Appropriate location: Locations must consider practicalities: Space allocation, traffic/road crossing, fire safety. Strategic location for different building users. Certain areas of site may not be feasible as there are tree roots.</p> <p>Level Access: Access route may require drop curbs installing etc.</p> <p>Costs: Ongoing cost of bin emptying, area cleaning and warden resource to be considered.</p> <p>Equality impact assessment: EIA To be completed. Sam Jover - Offered to help complete.</p> <p>Out of hours: Smoking known to occur onsite during "out of hours". Consider if Warden to be 24/7?</p> <p>Clinical objectives: Delivery of Stop smoking support should be considered part of the Prototype trial - This is a key objective.</p> <p>Pragmatic compromise: Providing Smoking area to manage smoking on site - this should come with a strong focus on stop smoking support.</p> <p>How can we bridge the gap? The focus for inpatients must be to target smoking cessation - we need to make sure this is not compromised.</p> <p>Duty of care: As a care provider we need to consider H+S of patients that go outside to smoke (in the smoking area) in the winter in a gown with reduced mobility.</p>

Policy options - pros and cons Option 2 - fully smoke free

Pro	Con	Challenges & practicalities
<p>We align to Nice guidelines & we can call ourselves 'smoke free'.</p> <p>Being a smoke free site sends a stronger "anti-smoking" message to the public.</p>	<p>To date visitors and patients are not complying with the smoke free rules. Openly smoking at the entrance.</p> <p>Smoking at entrance is the primary second hand (SH) smoke health risk at WSH - likely to remain a challenge.</p> <p>Enforcement would likely be required to reduce prevalence of smoking at the entrance.</p> <p>If enforcement of smoke free site is pursued at the hospital entrance area (visitors and patients) would be more difficult to "move on" without having somewhere tangible to direct them to go.</p> <p>Enforcement would displace smokers onto the Heath and road to the front of site - which may exacerbate the current cigarette littering issue.</p> <p>Cost of resource to implement enforcement.</p>	<p>Displacement to the heath: Without alternatives the heath is where displaced smokers will go. The heath will always be an appealing close option, rather than roads or other areas.</p> <p>Hospital have little influence over visitor, patient, staff behaviour once they are on the Heath.</p> <p>Heath is unlit and muddy by nature - challenging environment to modify smoker behaviour regards antisocial or littering.</p> <p>Anti-social consequences of smoking on the heath likely to remain and may be exacerbated if enforce policy at entrance pushing more smokers onto Heath.</p> <p>Enforcement on the heath: Can't enforce no smoking on the Heath - it is a public park. Regarding fining for littering - the council have stated that they need to have a licensed council official to issue littering fines on heath.</p> <p>There is no resource to have a regular presence to enforce cigarette related litter. It is a resource heavy activity and only has a temporary effect on behaviour, limited to the time when the official is patrolling.</p> <p>Ensuring the bins are emptied at regular enough frequency - by council as on their land. Have been observed to be overflowing at times, which discourages use by smokers.</p>

Appendix

Appendix

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Appendix 1:

Workshop materials -

Implementation areas

Communication

- **Signage**
- **Campaigns**
- **Website**
- **Staff comms**

Nice guidelines say :

- Ensure all staff are aware of the smokefree policy and comply with it
- Clear, consistent messages about the need to keep buildings and grounds smokefree
- Positive messages about the health benefits of a smokefree environment
- Information about stop-smoking support and how to access services, including support to temporarily stop, for staff and people who use secondary care services
- The fact that staff are not allowed to smoke at any time during working hours or when recognisable as an employee, contractor or volunteer (for example, when in uniform, wearing identification, or handling hospital business). [2013]

Physical environment

- **Bins**
- **Shelters**
- **Location**
- **Lighting**

Nice guidelines say :

- Ban smoking on site
- removing shelters or other designated outdoor smoking areas on site`
- Ensure all secondary care buildings and grounds are smokefree. [2013]

Rules and Enforcement

- Dealing with breaches
- Taking patients for a smoking break
- Home visits
- Management of staff breaks

Nice guidelines say :

- how secondary care staff can work with people who use services and carers to protect themselves from tobacco smoke when they visit people's homes. (In accordance with smokefree legislation, employers must take action to reduce the risk to the health and safety of their employees from secondhand smoke to as low a level as is reasonably practicable.) [2013]
- ban staff from supervising or helping people to take smoking breaks
- staff, contractor and volunteer contracts that do not allow smoking during work hours or when recognisable as an employee (for example, when in uniform, wearing identification, or handling hospital business)
- help comply with, and resolve immediately, any breaches of smokefree policies, including a process for staff to report incidents
- support staff to encourage others to comply with the smokefree policy
- work with people who use services, carers, visitors and staff to overcome any problems that may result from smoking restrictions (supported by 'personal care plans' as covered in the section on information on stopping smoking for those using acute, maternity and mental health services). [2013]
- Prioritise groups at high risk of tobacco-related harm

Staff training

- Training to support conversations with patients
- Creating champions

Nice guidelines say :

- all staff to be trained to give advice on stopping smoking and to make a referral to behavioural support
- relevant staff to undertake regular continuing professional development in how to provide behavioural support to stop smoking. [2013]

Healthcare staff
- Train all frontline healthcare staff to offer very brief advice on how to stop smoking in accordance with the section on support to stop smoking in primary care and community settings. Also train them to make referrals, if necessary and possible, to local stop-smoking support. Frontline secondary care staff should also be trained to refer people for behavioural support. [2013, amended 2018]
- Provide additional, specialised training on providing stop-smoking support for those working with specific groups, for example people with mental health conditions and pregnant women who smoke. [2008, amended 2018]
- Encourage and train healthcare professionals to ask people about smoking and to advise them of the dangers of exposure to secondhand smoke. [2008, amended 2018]

Stop smoking support

- Support for staff
- Support for patients
- Product sale

Nice guidelines say :

- support for staff and people who use secondary care services to stop smoking completely or temporarily
- Ensure investment in harm-reduction approaches does not detract from, but supports and extends the reach and impact of, existing stop-smoking support. [2013]
- Develop stop-smoking referral and treatment pathways to ensure a range of approaches and interventions is available to support people who opt for a harm-reduction approach (see box 1). [2013]
- Ensure service specifications require providers of stop-smoking support to offer medicinally licensed nicotine-containing products on a long-term basis to help people maintain a lower level of smoking. [2013, amended 2021]
- Ensure all hospitals have on-site stop-smoking support. [2013]
- Ensure stop-smoking medicinally licensed products are included in secondary care formularies. [2013]
- Include NICE-recommended nicotine-containing products as options for sale in secondary care settings (for example, in hospital shops). [2021]

Monitoring

- Quit rates
- Celebrating success

Nice guidelines say :

Monitor and audit the implementation and impact of recommendations for secondary care services. This may include recording:

- individual smoking status (including for pregnant women at the time of giving birth)
- number of referrals
- uptake of interventions
- prescribing of stop-smoking pharmacotherapies
- 4week quit rates
- staff training.

Partnerships

- Local stop smoking services
- Council

Nice guidelines say :

- Make sure there is a robust system (preferably electronic) to support continuity of care between secondary care and local stop-smoking services

1+1=3

**- actions that might have a
compounding effect on smoking
policy implementations**

Nice guidelines say :

- Nice didn't have anything on this specifically, but we think it's a good idea to think about

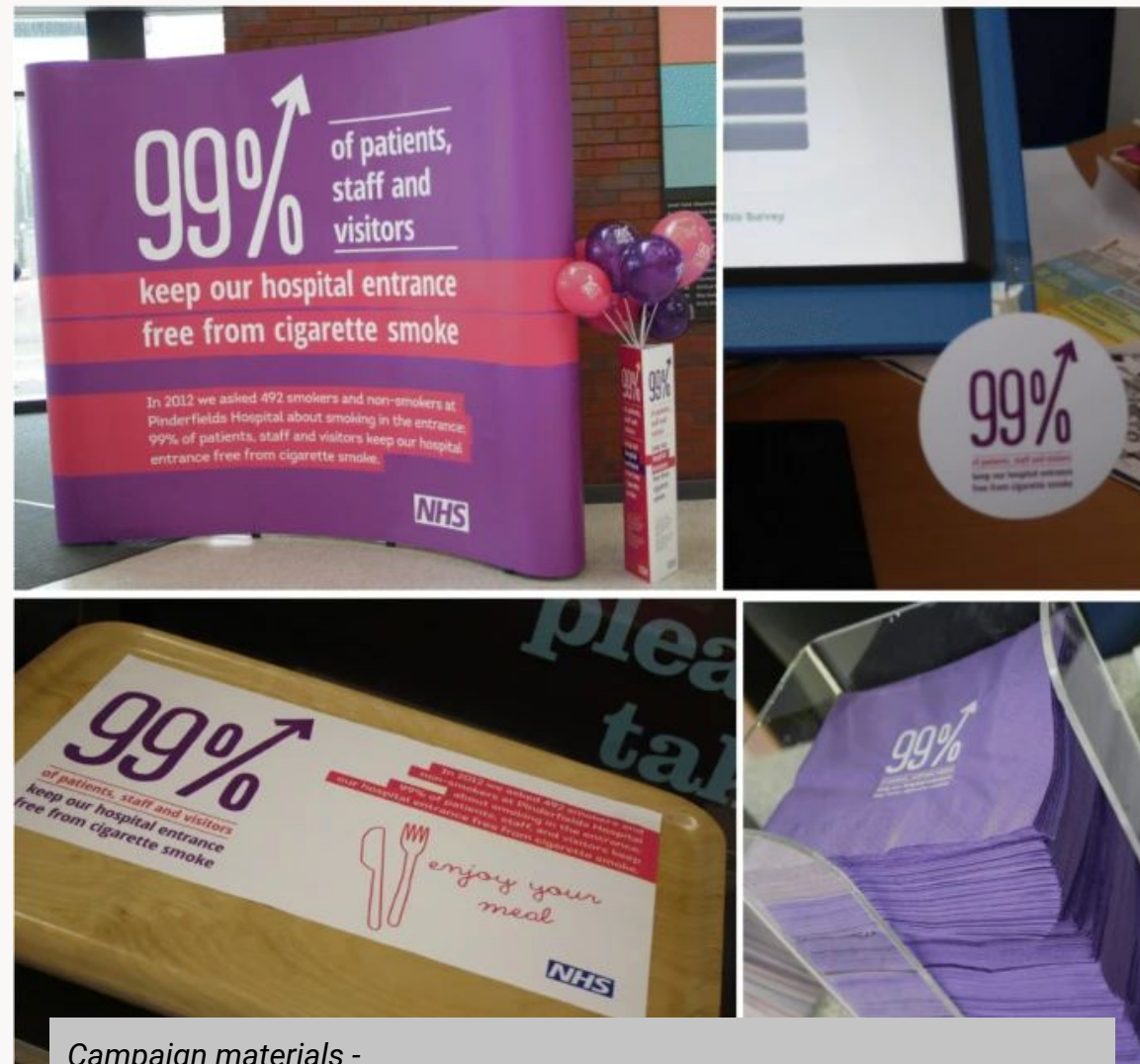
Appendix 2:

Workshop ideation case studies

Social norms campaign

A survey was run before and after a campaign indicating a norm of smoke free on site. The study found:

- There were high levels of support for smoke free hospital entrances.
- Perception was that more people smoked outside the hospital entrance than actually did - this belief was changed by the campaign.
- The social norms approach campaign was associated with a strengthening of positive social norms - "Most people don't smoke".
- Article suggests - evidence-based tactic to **denormalise smoking**, increase **support for smoke free** policies.
- Notes - unlikely to change behaviour of all smokers. Needs to be used alongside: training, signage, wider communication and enforcement.



Campaign materials -
<https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-018-6231-x>

Can WSH utilise a form of social norm messaging in a campaign to denormalise and impact: A) smoking in proximity to entrance, B) Acceptance of smoking related littering?

Thank you > over stop

- Signs outside of Whipps Cross Hospital building entrances describe what **actions you can take** when it comes to smoking.
- Positive action - Message to **find stop smoking support**
- Gives permission for staff to intervene
- Consistent Messaging
- Sitewide Wayfinding sign displays a consistent No Smoking + Smoke free site message - Consistent reinforcement of smoke free site “rules”

Provide positive quit campaign messaging at key locations.

Consistent repeated messaging can drive up awareness of No Smoking rules.

Give permission for staff / security to intervene.



Barts Health Trust - Whipps Cross Hospital

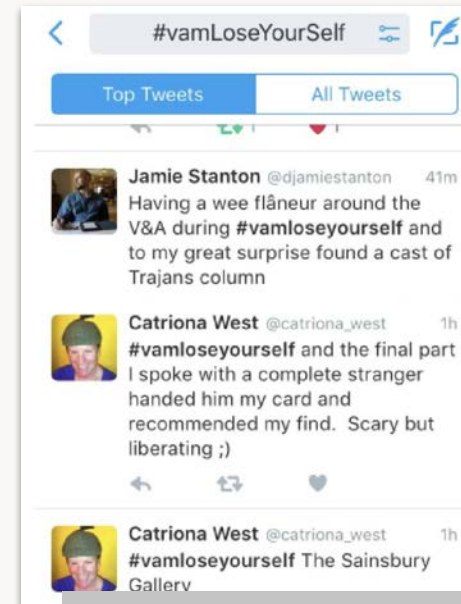
Thank you > over stop



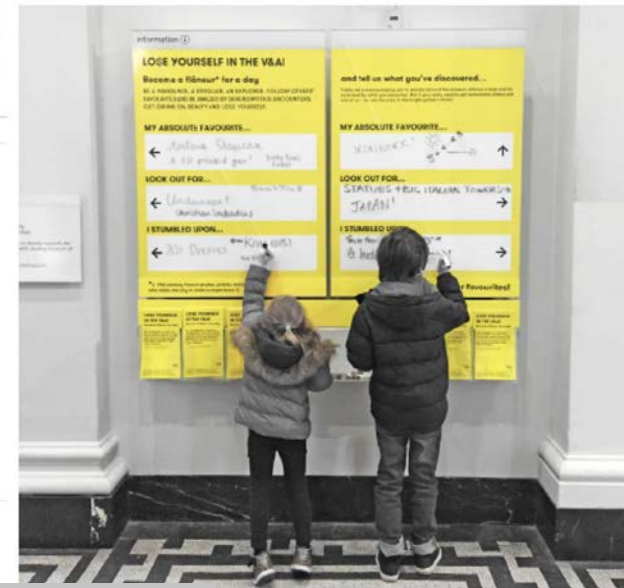
Barts Health Trust - Whipps Cross Hospital

Social recommendations

- The V&A temporarily switched out maps with fun, playful recommendation boards to allow visitors to write their own recommendations of what to do and see in the space. Paying with social recommendations and exploration.
- Having something recommended by someone else has a different impact on users perceived value of that piece of information.



Mima + V&A



Could WSH use hospital patients and visitors to generate its own smoke free and wellness messaging - always updating.

Fun, playful, colourful interventions can change the way people engage with a space or perceived ways of behaving

Could we use something interactive to draw people to one place over another?

Strategic Bins

Ellipsis Earth conducted a survey to map and evaluate littering in Bournemouth, Christchurch and Poole.

- Used data to identify littering hot spots - where current bins/comms not working. Develop new interventions on site.
- These included putting the **right bin** in the **right spot**. Creating engaging and playful bins as well as making bins visible to the public.
- Study Highlights importance of emptying bins before they get full - minimise overspill litter + non-use
- All messaging includes **'positive action'** showing what they want you to do, not what they don't want you to do.

EFFECT - 75% reduction in litter.

mima

best foot forward

Recommendations developed by Ellipsis Earth were informed by detailed data analysis to target specific litter types and locations. Examples of physical interventions that were provided by Hubbub in response to this data included:

- targeting hotspots for cigarette butt littering in Poole and Boscombe High Streets - using bright Hubbub 'ballot bins'²⁰ to encourage participatory and playful engagement with responsible butt disposal
- targeting late night and weekend alcohol- and drugs-related littering at the rear of Bournemouth beach - using glow-in-the-dark bins and Hubbub's new interactive 'disco' bin,²¹ to incentivize action by weekend partygoers²²
- targeting poor bin performance in Lower Gardens (existing small, dark, inaccessible and unwelcoming bins were the worst performing bins in the BCP region) - by adding colourful, large, open-top accessible and attractive vinyl bins alongside existing bins
- targeting high levels of food & drinks packaging in Bournemouth, Boscombe and Poole city centres - by adding bright Hubbub 'voting' bins²³ to increase visibility and boost awareness of bin availability.

Bin strategies -
<https://www.ellipsis.earth/bcp>



Reduce Friction: Plan bin placement
Make bins stand out, are clean and ensure emptied

Utilise 'Positive action' in messaging.

Watching eyes

- 'Communitrees' were created by the community from rubbish / recycling as part of a community outreach engagement scheme - schools/youth groups/community hubs (with Artist input to make sure they actually looked good).
- These figures were put up in the forest, as art installations, but also as a mechanism to encourage forest users to take their rubbish with them - harnessing the power of "watching eyes".
- With associated educational messaging the installations Act as a voice of the community saying NO to littering - repeated throughout the woods.

Can WSH utilise the power of "watching eyes" and Community spirit to dissuade anti-social smoking and littering?

Could community action like Neighbourhood watch be a route?



<https://www.hubbub.org.uk/the-communitrees>

Clean stenciling

- Gum littering campaign in city centre reduced gum littering by 53%.
- Messaging to interrupt the exact moment a user might drop the gum on the street.
- Clean stencils last 2-4 months based on the weather.

Can we think about how we might use line of sight ?

How might we think about temporary or transitional solutions ?

What is the lifetime of our solution?



<https://tacklegumlittering.co.uk/campaign/clean-stencilling>

DIY urbanism

- Give controllable elements to the users of spaces to make it their own and create ownership of the space.
- In some outdoor spaces in Paris they have moveable public furniture which is constantly moving and changes with different uses of the park. It keeps the grass clean.
- 'Yarn bombs' have been used in various communities to take ownership of a public space.
- A space that feels lived in, is likely to be more cared for.



Does it change behaviour if WSH staff feel a sense of ownership and pride in a space?

Do visitors / patients act differently if interventions make a space feel like it's loved in by its community?

What not to do, hostile architecture

- In urban architecture there is a type of design called 'hostile architecture'.
- It is when design is used to make a place purposefully unusable, uncomfortable and deter certain uses.
- the groups targeted by hostile architecture are homeless people looking for somewhere to rest or teenagers looking for somewhere to play. Not only does this practice contradict the main tenets of public space (i.e., accessibility, freedom of usage, inclusivity), but it is likely to also lower the quality of the space in general.

What might the unintended consequences of our solution be?

How does our solution create dignity?



Hospitable architecture

- The Tube has plush soft seats, yet it is one of the busiest underground services in the world.
- The space is effectively a third space for many Londoners, not quite their home, or office. Having a space that can be lived in is essential for a space that is used as this third space in people's lives.
- Imagine how different the tube would be if it took a more hostile approach to how it designed it's seating.

What is the impact of a 'homely' public space?

What would we want to describe our space as, and how could it look?



VS



Make it law

- Scottish government have now put into law that it is illegal to smoke within 15m of a hospital entrance.
- All hospital sites and grounds are smoke free.
- They have created a 'drawing to a close' multimedia campaign about the END of smoking on hospital sites.
- Fines are: a £50 on-the-spot penalty (reduced to £30 if paid within 15 days), or. Escalates to £1,000 if the offence leads to court prosecution.

Rules are followed if they have authority. Without authority compliance is reduced.

- *Make it law (and/or)*
- *Reinforce with a consequence - disciplinary or fine*
- *Enforcement - Consistent procedure*



Crack down

- Bham Trust - Employ “Smoking Wardens” to patrol the entrances and site as a visible presence to enforce smoking rules. CCTV utilised to identify smoking.

Clear intervention process defined:

- Step 1 - Request individual stops smoking and explains smoke free site rules.
- Step 2 - Should an individual refuse and persist smoking onsite - Fine is issued.
- Fines are: a £50 penalty (reduced to £30 if paid within 15 days)

Could WSH security act as smoking Wardens + use CCTV to raise authority of smoking rules:

- *Intervention Escalation - aim to stop behaviour without issuing fines.*
- *Consequence is defined and enforced*
- *Discussion point - If smokers are “moved on” where are they directed to?*

Combine with a messaging campaign to create awareness and reinforce rules.

Behavioural Note - *If one person smokes at entrance, they create a norm for the next person to smoke. This erodes authority.*

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Everywhere, except ...

- In Japan outdoor smoking is frowned upon on public streets and local governments typically have bylaws banning smoking on busy public streets.
- However in the city you can find smoking areas in busy hubs like train stations etc.
- There are people who will walk around in uniform to enforce the fines.

Where smoking is banned in an area... but people still wish to smoke. Reduce non-compliance by providing (and directing) people to where they can smoke.



Rewarding healthy behaviours

- Yu life is an app that is created by an insurance platform that rewards users for steps.
- You can earn Yu points that can be exchanged for food vouchers or clothing vouchers with their partner agencies.
- The program is gamified, rewarding your existing activity, but incentivising you to do more than you would normally do.
- Note: this is not always a good mechanism to use, some may not be able to take part and be disadvantaged by this type of incentive system.

What rewards could be relevant at WSH if we were to reduce smoke on site?



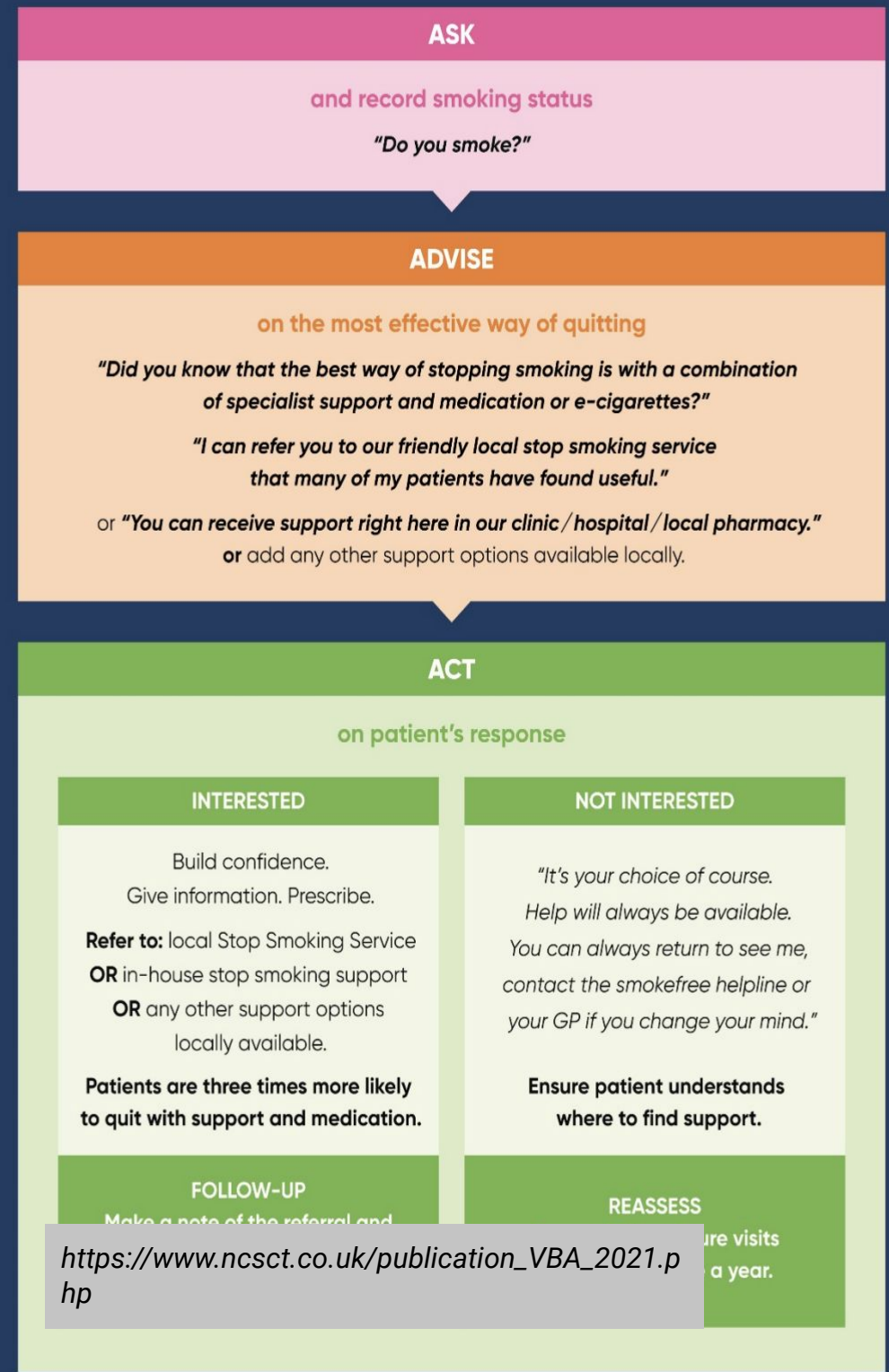
Very Brief Advice

- The Khan report recommends using a staff training approach to offer very brief advice on quitting smoking.
- Smokers can benefit from a single stop smoking support intervention, but success with quitting increases with multiple sessions.
- How might staff deliver a short intervention to drive engagement with stop smoking services.

Exemplars:

- Mid-Yorks Trust: Almost 3,000 patient-facing clinicians have completed Very Brief Advice training on smoking.
- Northumbria Trust: Very Brief Advice Training for all staff groups - to support conversations with patients

Could WSH use widespread "Very Brief Advice" training for frontline staff to kick start a **culture change** across staff and patients.
Monitor advice and quit rates and **CELEBRATE** quit success milestones together as a long term campaign.



All Angles Covered

Cumbria, Northumberland, Tyne and Wear Trusts

Strategic Approach to Smokefree launch

Planned Campaign - "We share clean air"

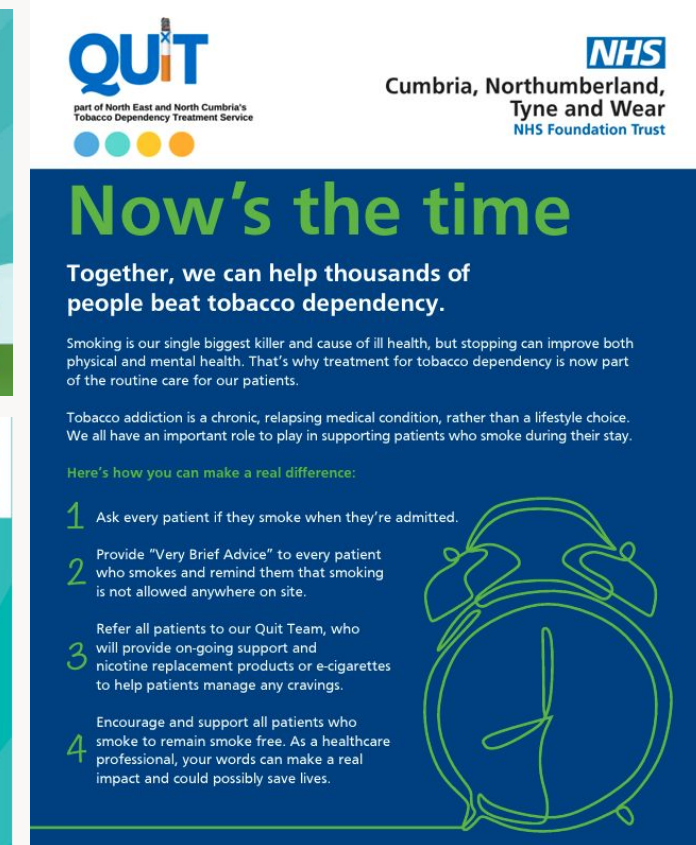
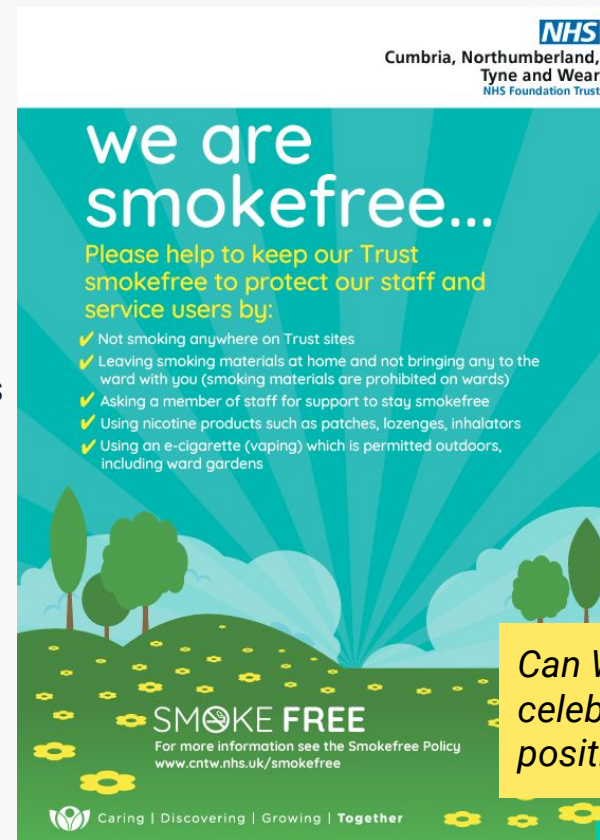
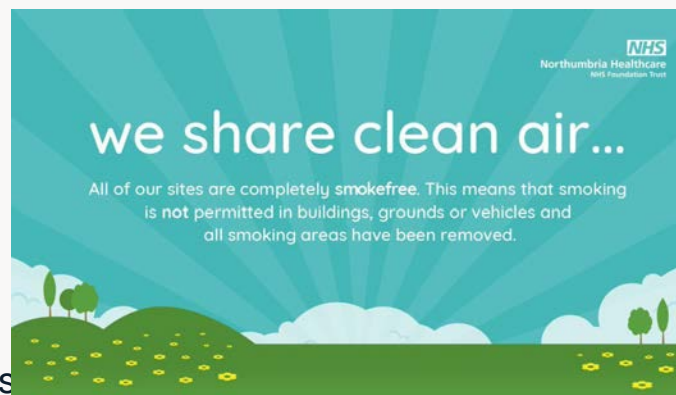
Staff engagement - to get onboard

Staff Training

- Very Brief Advice Training for all staff groups
- Smokefree - include in staff inductions and appraisals
- Smokefree champions recruited

Monitoring

- Patient notes contain smoking status for 90+% of patients - every one offered "very brief advice".
- Increase in NRT Referrals for in-patients
- 6 fold increase in NRT referrals for out-patients



Can WSH build a staff culture that celebrates smoke free and sees it as a positive journey for community health?

Note - e-cigarette use allow in CNTW Trust grounds

<https://www.cntw.nhs.uk/resource-library/we-share-clean-air/>

Ask for Angela

- In partnership with Met Police, Safer sounds and local Bars.
- If someone was feeling unsafe they could discreetly ask for Angela at the bar.
- A staff member that had completed Welfare And Vulnerability Engagement (WAVE) training would support the person who had asked for help.
- Posters would exist in places like bathrooms.
- Initiative was original started by Lincolnshire County Council.

How might we use other spaces in the hospital to reach people ?

How might we make it easy to ask for support without others knowing or judgement?

mima

#ASK FOR ANGELA
FOR DISCREET HELP

“ HI I'M ANGELA,

ARE YOU ON A DATE
THAT ISN'T WORKING OUT?

DO YOU FEEL LIKE
YOU'RE NOT IN A
SAFE SITUATION?

IS YOUR TINDER OR
POF DATE NOT WHO
THEY SAID THEY WERE
ON THEIR PROFILE?

DOES IT ALL FEEL
A BIT WEIRD?

IF YOU GO TO THE BAR AND ASK FOR 'ANGELA'
THE BAR STAFF WILL KNOW YOU NEED SOME HELP GETTING
OUT OF YOUR SITUATION AND WILL CALL YOU A TAXI OR
HELP YOU OUT DISCREETLY - WITHOUT TOO MUCH FUSS

”



Originators of the 'Ask for Angela' poster campaign part of the #No More sexual violence

<https://www.met.police.uk/police-forces/metropolitan-police/areas/about-us/about-the-met/campaigns/ask-for-angela/>

Make alternatives easy

- Bham trust - Smokefree sites - but Vaping permitted in grounds and dedicated vaping shelters.
- Adopted as a harm reduction approach - encouraged as alternative aide to quit smoking tobacco whilst on site.
- Vape stores were installed into hospitals in Birmingham 3 years ago - creating a news splash. Noted - both shops have since closed (reason unknown).

Could permitting vaping onsite in the grounds offer a harm reduction approach to nudge people from smoking to e-cigarettes?

Vape shops open in two UK hospitals to help smokers kick the habit

West Midlands trust brings in £50 fines for lighting up as part of clampdown on smoking



Sandwell general hospital and Birmingham city hospital allow the use of e-cigarettes on their grounds. Photograph: Peter Byrne/PA

Vape shops have opened in two NHS hospitals in the West Midlands as part of e

The Bro and
https://www.theguardian.com/society/2019/jul/10/vape-shops-hospital-smokers-kick-habit-west-midlands

Smokefree Trust Vaping Stop Smoking advice Patient Information

Welcome to our Smokefree Trust

Smoking is a serious hazard to health which contributes towards the deaths of thousands of people each year across the UK. Smoking is one of the most common causes of heart disease and lung cancer, and can lead to several longstanding breathing problems.

Smoking is currently banned by law in all public indoor locations, and all of our hospital buildings are completely non-smoking throughout. From 5 July 2019, our Trust turned smokefree, which means no smoking on any outdoor areas of our sites. We support vaping in our grounds, but not in our buildings or entrances, and it will be in line with the current Public Health England advice.

It is our collective responsibility to ensure that people do not smoke anywhere on our sites, and in this we are supported by dedicated smoking wardens who are patrolling our sites, and by an external company who will police our ban through an on-the-ground presence backed up by CCTV. The maximum fine for anyone caught smoking on site is £50, and this includes smoking in cars on our premises.

PROUD TO BE **SMOKE FREE**

Smokefree Trust Vaping Stop Smoking advice Patient Information

Vaping is allowed outside, and a small number of smoking shelters will be converted into vaping shelters. These shelters are monitored by CCTV to ensure they are not used for smoking.

VAPE STORE NOW OPEN!

Aberdeen St Church of God of Prophecy

See photos

Permanently closed

Ecigwizd Birmingham City Hospital | Vape Shop is permanently closed. If that's wrong, you can suggest an edit.

Ecigwizd Birmingham City Hospital | Vape Shop

3.7 ★★★★★ 3 Google reviews

Vaporizer store in Birmingham, England

Make alternatives easy

- Nottingham Uni Hospital Trust manages 2 sites - both are Smokefree - But **permit e-cigarettes/Vaping in grounds.**
- Policy states "If you wish to smoke, you will need to walk off-site. If you choose to smoke off site, you will need to be mindful of our local neighbours, and we ask that you **dispose of cigarette butts** and litter in a bin.
- However - active local newspaper articles suggest smoking and littering still an issue.

Could permitting vaping onsite in the grounds offer a harm reduction approach to nudge people from smoking to e-cigarettes?

Our sites are smokefree

Whether you're a patient, visitor, or staff member, **you can't smoke** on any of our hospital sites. This is to protect vulnerable patients and children from the adverse effects of cigarette smoke.

This includes all side roads, car parks and outdoor areas within our campus boundary. If you wish to smoke, you will need to walk off our site, otherwise you may be challenged by NUH staff. We also remind you that, if you choose to smoke off site, you will need to be mindful of our local neighbours, and we ask that you dispose of cigarette butts and litter in a bin.

You can vape on our sites

Vaping is allowed on NUH sites for patients, visitors and staff.

The most up-to-date research on the effects of vaping shows it to be 95% safer than smoking (based on research by Public Health England). Vapes contain only a fraction of the chemicals found in tobacco, and a 2014 Public Health England independent evidence review showed that there is no evidence of harm to bystanders from exposure to e-cigarette vapour, and the risks to health are likely to be extremely low.

Unfortunately, due to fire prevention protocol, we are unable to allow patients to charge

'Horrible' amount of smokers spotted outside QMC

'At one point there were parents carrying kids out with covered faces'

By Jamie Barlow Content editor

10:00, 7 MAR 2020

Enter your postcode for local news and info Enter your postcode Go In YourArea



Smokers outside the main entrance of the Queen's Medical Centre. (Image: Submitted)

BBC NEWS

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E-cigarette ban lifted by Nottingham hospital trust

12 May 2018



Patients and visitors will be allowed to use e-cigarettes in the grounds of City Hospital and the Queen's Medical Centre.

A hospital trust has lifted a ban on the use of e-cigarettes in its grounds.

Nottingham University Hospitals NHS Trust, which runs Queen Medical Centre and City Hospital, is one of the first trusts in England to allow restricted use of the

My Nottingham



CLEAN AND GREEN COMMUNITY PROTECTION ENVIRONMENT NEIGHBOURHOOD NEWS PRESS RELEASES

Smokers reminded to stub it out and bin it!



By Media Team

www.nuh.nhs.uk/our-smoke-free-sites/

<https://www.mynottinghamnews.co.uk/smokers-reminded-to-stub-it-out-and-bin-it/>

Digital quit support

- Quit genius is digital quitting support, it offers 1-1 coaching online to help people quit.
- Is offered confidentially and separately from the employer although paid for by the employer.
- Nudge and gamification method used in the app to help support someone to quit and find support when they have a craving.

How might we use other channels to thinking about supporting nudging staff, patients and visitors to think about quitting?

Could we create a digital guide for those who want to quit?

Personalized addiction treatment for your employees & members

Dynamic solutions for tobacco, vaping,
alcohol and opioid addictions



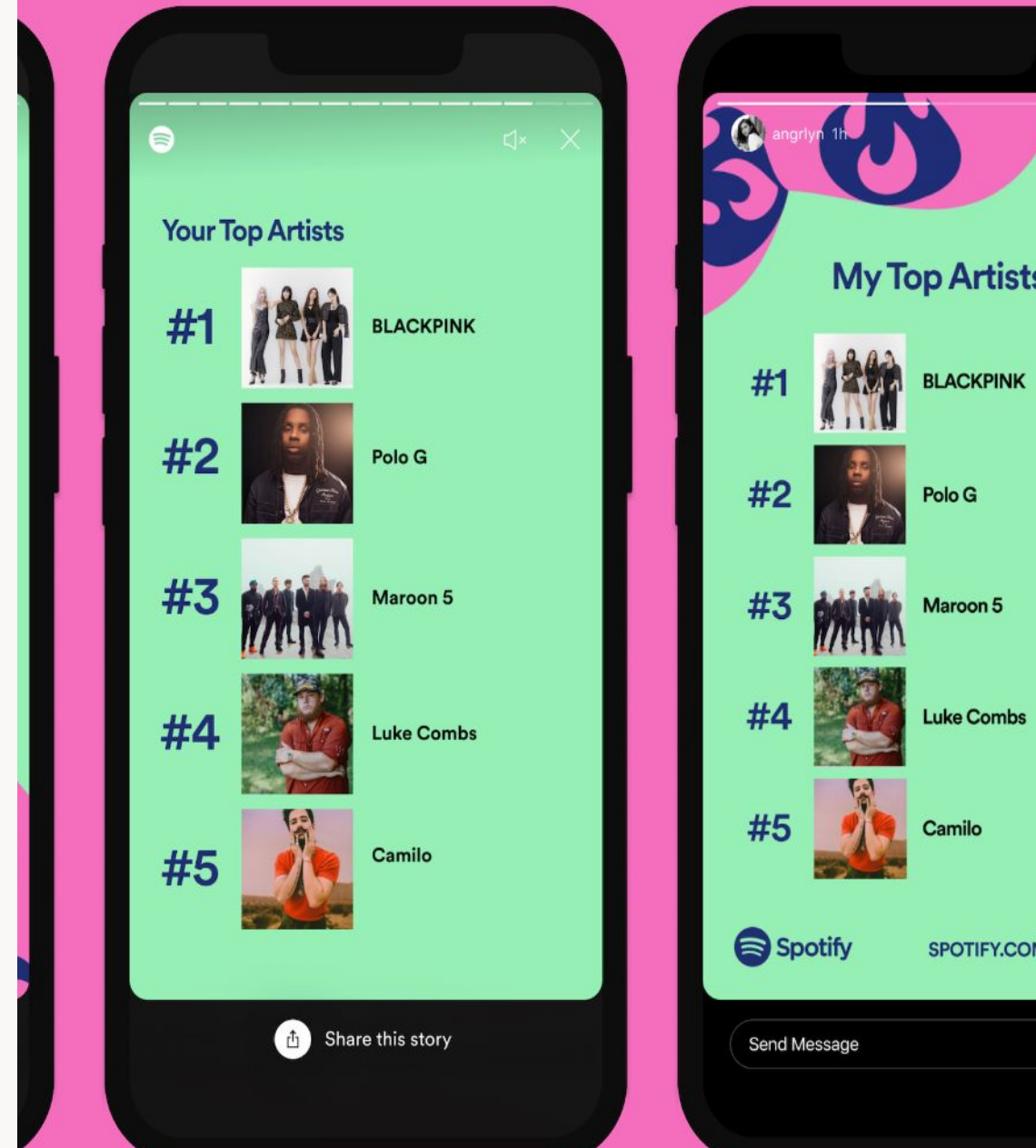
Solutions for Employers



Making monitoring meaningful

- Spotify wrapped in released once a year. It is one of few designs that makes 'tracking' something that the user is excited about.
- It is something people want to share.
- It is a moment to 'celebrate' or be reflective.
- It's personal, yet everyone experiences it at the same time.

Is there a way we could use data to celebrate all of the things as a team we have achieve in public health?



Self reporting

- Bins in Salford have a message at the bottom to allow users to report when the bin is full.
- This allows users to feel empowered to do something when the bin is full rather than just putting their rubbish outside of it. It shifts some of the responsibility on to the users of the bin with giving them an action to take.
- Similar features are included in the London City bikes where you can report if a bike is faulty when you dock the bike.

How might we create a feedback loop between people who use the space and people who service the space?

How might we call people to action when they see that something is not working with the space?



Omni present message

- Partner - All district and borough councils backed Love Essex, as well as Essex County Council, McDonald's, KFC, Dominos, and around 300 local businesses. It was also supported by the Highways Agency and Keep Britain Tidy.
- Combined education with enforcement warnings. Messages highlighting the **risk of a fine for littering** were displayed on posters, buses, fast-food packaging, and promoted on social media.
- There were also regular litter-picks with local businesses and councils.
- In its third year, from August to October 2016, Keep Britain Tidy reported a two-fifths reduction in fast-food litter and a 41% reduction in litter overall.

*Can WSH; partner with parties that influence?
Display omni-present evocative messaging and enforcement messages.
Build community action - and social norm for not smoking / littering.*



<https://www.zerowastescotland.org.uk/litter-flytipping/top-campaigns>

Knock on effect

- Snow clearing previously prioritised clearing road for people to get to work in Sweden.
- Took an alternative strategy prioritising the needs of those who use the pavements, this was typically women.
- They started clearing the foot paths as opposed to the roads first.
- This led to a reduction in accidents and A&E attendance.

What default assumptions might we be able to challenge?



Energy efficiency

- Octopus is distributing cameras to help people see where they are losing heat in their home.
- This helps people become more energy aware, energy efficient and will result in a warmer healthier home.
- By making the home more energy efficient it has a net benefit to Octopus as well as the customer.
- Seems low cost for Octopus to deliver VS energy saved.

Could thinking about home spaces enable us to think differently about supporting smoker at the hospital?

Could we think differently about the problem we are trying to solve ? is it bigger or smaller ?

Spot heat loss around your home with one of our FLIR thermal imaging cameras

Smart energy & tech

<https://octopus.energy/blog/flir-thermal-cameras/>

Appendix 3:

Workshop output

WSH - Smoking policy workshop output

Communication

Option 1

Smoke free except for designated areas



Physical environment

Note - Area within WSH boundary - adjacent to the Heath



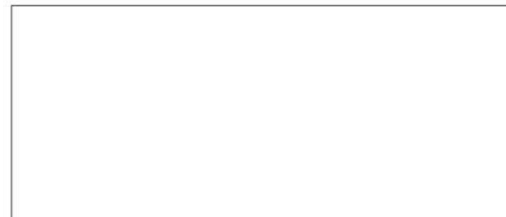
Rules and Enforcement



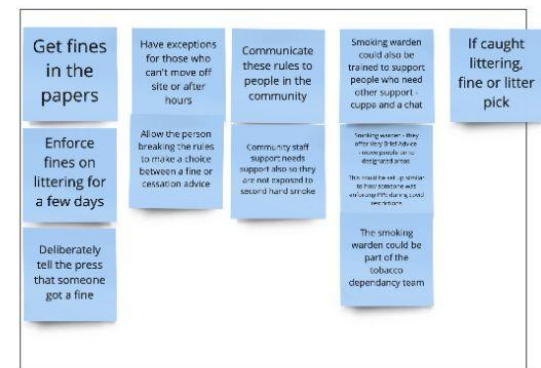
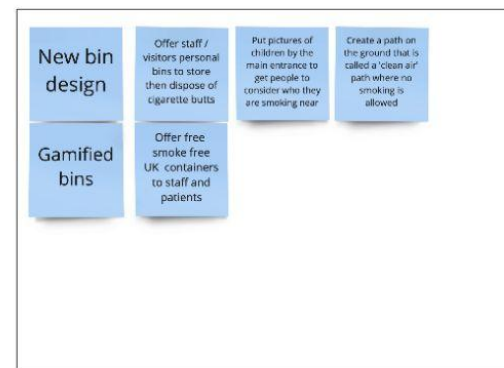
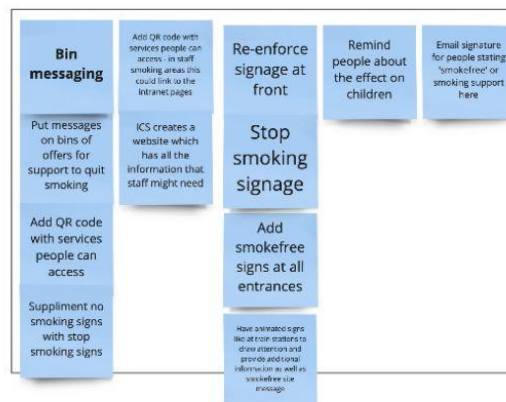
Option 2

Smoke free

Is this option 2 like putting our head in the sand?



Applies to both



Staff training

Stop smoking support

Monitoring

Partnerships

Consider the potential for relapse by being near second hand smoke

More work on the staff policy - Getting staff to sign a commitment to not smoke on site like a pledge

Offer quit support when a staff member is induced. Ensure the door is open for them to ask for support later on

Remind people in the policy of the consequence of the small of smoke on others

Smokefree induction

Support power breaks for everyone + staff phycology

Very Brief Advice for frontline staff

Staff induction - stop smoking services

Call these power breaks refill breaks so that it implies that they could be used for anything, more than food.

Can we support people to get through the shift without smoking?

Digital stop smoking for staff

Digital stop smoking for staff - Manchester example SEE cure website

Offer NRT + Vape as an option to patients

One life Suffolk - ICS promoting vape free hand outs as harm reduction

During appraisal support staff with health and wellbeing advice

During appraisal optionally update smoking status

Give managers training and support to offer support to staff

Note: Caution on incorporating smoking status in to appraisal potential for it to be linked to performance?

Show how normal it is to take up support

Monitor complaints

Use warden to monitor and measure. Record updates of Very Brief Advice and Stop smoking support

Track digital subscribers to online smoke quit support

Get community groups involved in creating spaces / partners - Local Stop & Well group get them involved with working with WSH

General comments

Trial - is a good next step to test something - take action.

Because we have the Heath it will always be an alternative.

Want to know about best practise from other places. How have other places done smoke free- Cambridge Addenbrookes Hospital may be a case study hospital to review and reach out to for lessons learnt in Smokefree challenges and implementation

WSH Policy Working group may be a good forum to workshop and approve the consistency of the Smoking Area spaces and any wording to be used in the messaging.

Refer to Appendix 2 - a number of case studies from other NHS trusts have been collected from available sources - although we note from comment sections and other articles and observations that Smokefree rules are challenging for all hospitals to apply and uphold.

Final Stakeholder Review workshop - Option Pro's and Con's feedback

Option 1 - Smoke free except for designated areas

Pro

- We address smoking at the front entrance and reduce impact of second hand smoke.
- Smoking areas with designated bin provision proven to reduce littering.
- Avoids displaying smokers onto the Health with undesirable external consequences and visitors with neighbours and touring.
- This also is not smoke free as smokers are already finding the rule. This way they will have designated areas and will not have to hide in cycle shelters or outside.
- Enforcement would be easier as designated areas are provided.
- Marking designated locations with sufficient signage for cigarette litter would reduce littering and be a place to promote assistance with quitting smoking.

Con

- Can we still call ourselves 'smokefree'?
- Cost of enforcement & changes.
- The hospital may take on fire safety responsibility by creating designated smoking areas.
- Gives a contradictory message for people who are on cessation.

Challenges

- CONSIDERING VAPERS**
 - It may be difficult to offer separate designated areas for vapers (space, time, signage, understanding and cost). Could it work to provide co-located / partially separated designated areas?
- STAFF ROLE MODELLING**
 - Staff smoking areas should be separate to patient/public smoking areas - should this be defined in policy and signage. Or would separation naturally occur through location?
 - Will staff and patients smoke in the same area
- SHELTERS**
 - "Shelters" were not requested by smokers in interviews, and would incur greater cost and visible presence. But would a shelter be necessary to change behaviour in bad weather?
- LIGHTING**
 - Need to consider lighting
 - Area - to consider lighting and safety
- APPROPRIATE LOCATION**
 - Any area that is picked - it needs to be considered for space allocation, traffic, fire safety.
 - Several locations will be needed
 - There are certain areas of site that we can't put anything on as there are tree roots.
 - Access issues, we need to think about drop curbs.
- COSTS**
 - Additionally cost of bins & cleaning
 - Equality impact assessment to be completed.
 - Sam Jover - template and can help complete.
- OUT OF HOURS**
 - Main smoking issues are happening outside of core hours. Would there need to be a team of people to cover after hours.
 - Smoking warden (Team resourcing)
- CLINICAL OBJECTIVES**
 - Stop smoking support should be part of the test / trial site. This is key.
 - Pragmatic compromised Smoking area to manage on site with Strong focus on Stop Smoking support.
 - How can we bridge the gap - Pushing the smoking cessation is a key part of this. Addressing the clinical side of it.
- DUTY OF CARE**
 - I'd be keen to understand where our duty lies as a care provider for patients when they are outside smoking in the winter in a gown with reduced mobility but asked to move further away from the entrance.

Final Stakeholder Review workshop - Option Pro's and Con's feedback

Option 2 - Fully Smoke free

Pro

We align to NICE guidelines & we can call ourselves 'smokefree'.

Being a Smokefree site sends a stronger "anti-smoking" message to the public.

prompt to stop for some smokers

Con

To date visitors and patients are not complying with the smoke free rules. Openly smoking at the entrance.

Smoking at entrance is the primary SH smoke health risk at WSH - likely to remain a challenge.

Enforcement would likely be required to reduce prevalence of smoking at the entrance.

If enforcement of smokefree site is pursued at the hospital entrance area (visitors and patients) would be more difficult to "move on".

Displace smokers onto the Heath and road to the front of site.

Cost of enforcement & changes.

Challenges

Without alternatives the heath is where displaced smokers would go. The heath will always be an appealing option, rather than roads or other areas.

Hospital have little influence over visitor, patient, staff behaviour once they are on the heath.

Heath is unlit and muddy by nature - challenging to modify smoker behaviour.

Anti-social consequences of smoking on the heath likely to remain and may be exacerbated if enforce policy.

We need to have a licensed council official to issue littering fines on heath.

ensure the bins are emptied daily this will reduce the fire risk and littering, there is nothing worse than going for a smoke and the bins are full

Appendix 4:

Behavioural design 101

Behavioural Design

Understanding People - How they see the world and the role of cognitive bias in how people act and make decisions.

Understanding how context and the framing of choices impacts decisions

Human Touchpoints - Designing decision moments

Holistic approach - Designing to make the right decisions easy



Brains are 'lazy'

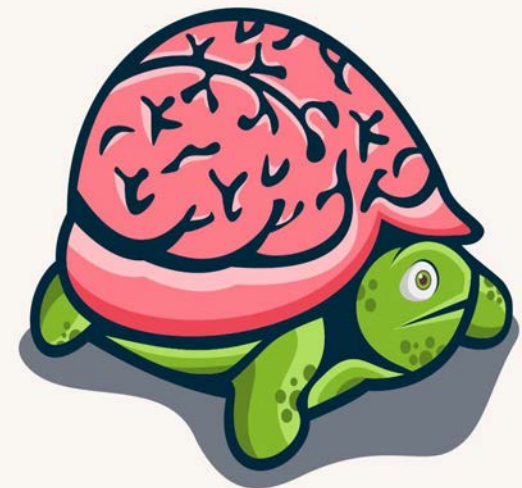
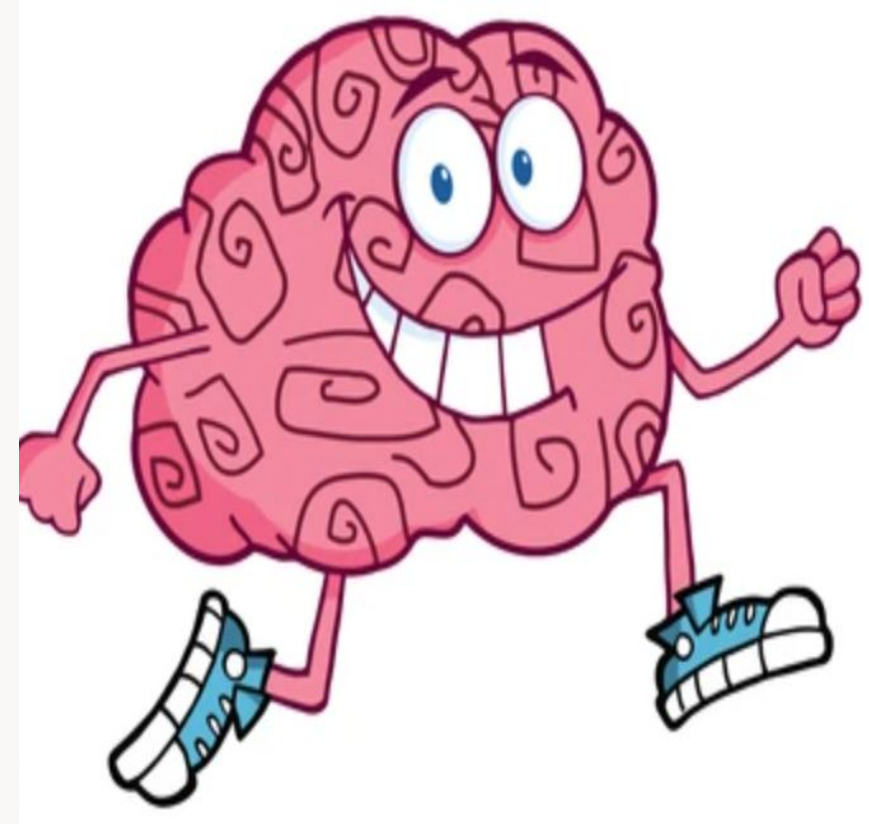
People like to think they are entirely rational. But we often make decisions and act on the basis of cognitive shortcuts (heuristics / Bias). Our brains can be seen to work using two systems:

System 1: "Fast"

- Near instantaneous and automatic
- Intuitive
- Based on Instinct and experience
- Unconscious thought

System 2: "Slow"

- Controlled and Analytical
- Conscious and Logical
- Reason dominates
- Learned



Source: Daniel
Kahneman

People are complex

What people say is rarely what they do...

Intention > Action Gap

The brains 'fast' thinking 'heuristics' are incredibly sensitive to *how choices are framed* and the context, revealing opportunities to 'nudge' people's decisions by adjusting the framing.



Default Bias

Defaults matter

People are much more likely to stick to the “default” option - also known as ‘status quo’. Less action is required and seen as the safest path.

Example:

Organ donation

In a global study, countries which have an “Opt-out” Organ donation scheme - donation rates = 90%+

Countries with an “Opt-In” scheme - donation rates = less than 5%.



Insight:

People pick the easiest option to avoid complex decision making.

Default - Stop smoking treatment? With a fixed period renewal requiring Opt out.

Social Proof / Norms

Fit in

People will follow the lead of multiple, comparable others, if they have seen that many others LIKE THEM are behaving in certain way.

Example:

People take cues from others:

- Amazon reviews
- A busy restaurant gets busier (window seats first)
- AirBnB or Flight booking - Pop up *"28 people have view in last hour"* - Drives Urgency
- TAX Arrears - BIT - Reworded standard letter - "Nine out of ten people with a debt like yours, in your area, pay their tax on time. You are in the minority..." Repayment rose 33 > 39% = £200Mil

mjma



It's Popular

28 people have viewed
3 mins



Insight:

Social norms = Powerful tool to drive a desirable behaviour. But require careful framing.

Social Proof / Norms

Beware...

Negative Social Proof

Example:

- News articles - *“Young people not voting”* - outcome = voter apathy

R Cialdini Experiment

- Signs in US National Park “So many people are stealing petrified wood that it is endangering the integrity of the Forest”

It was a problem for the national park but rate - **actually 2.9% of visitors.**

- Implemented new sign: “If even one person steals petrified wood it endangers the integrity of the forest” - **Cut Stealing by 50%**
- Found through trialling that the original sign - **drove stealing x3!**

mima



Insight:

Beware of negative social proof reinforcing undesirable behaviour

Friction Costs

Beware...

The harder you make it for an individual to undertake a behaviour, the less likely they are to do it.

Small hassle factors and 'friction costs' can have a disproportionate effect on behaviour.

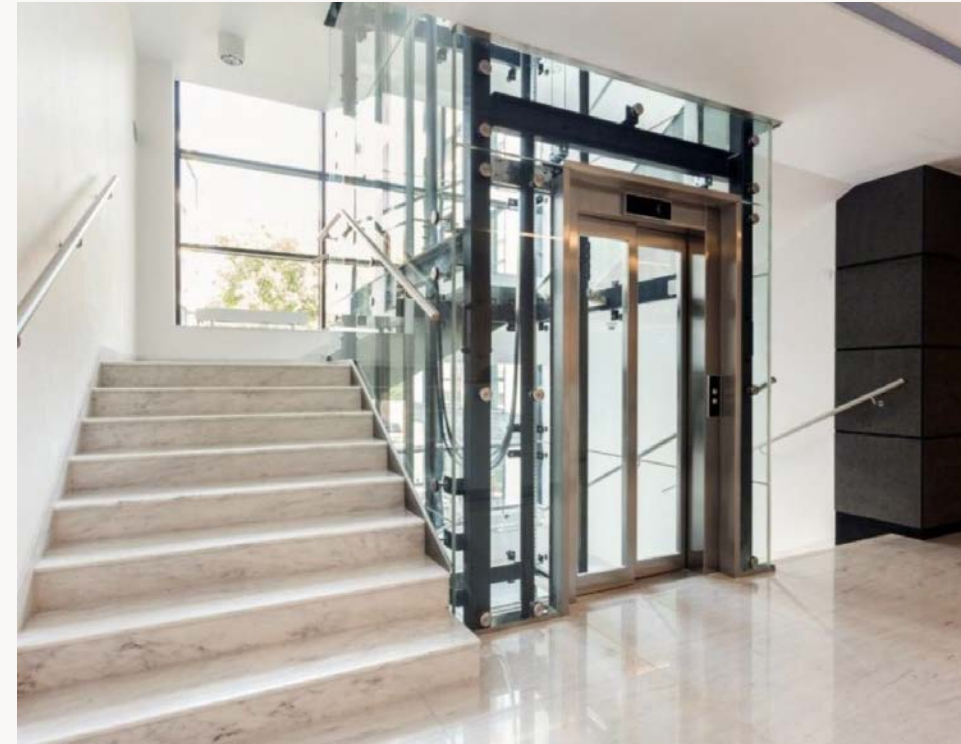
Example:

REDUCE

- **Reducing the number of steps in a process**
 - BIT implemented a one click action in a HMRC process and increased returns by 5%

INCREASE

- **Lift Vs Stairs Trial**
 - Educate people on the health benefits - No change
 - Increase lift door closing time by 16 seconds - $\frac{1}{3}$ more people chose the stairs. Also found habit stuck when lift timings reverted to normal.



Insight:

Identify point of friction and determine ways to increase or decrease to change behaviour and habits.

Watching Eyes

The 'watching eyes' effect refers to a strange phenomenon whereby the mere presence of pictures of eyes or stylized eye images is enough to cause people to adjust their behaviour.

Example:

Following riots images of “Babies of the Borough” were painted onto the high street shop shutters.

Resulted in a significant reduction in crime and antisocial behaviour by:

- Signalling community - not crime
- Watching eyes effect
- Babies - stimulate a caring response



Insight:

Watching eyes may influence behaviour. Invoking a community spirit can help engage change.

Ogilvy / Babies
of the Borough

Appendix 5:

Existing smoking policy

Trust Policy and Procedure

Document Ref No: PP(19)004

Smoke Free Environment Policy

For use in:	All areas of the Trust
For use by:	All Trust staff
For use for:	Reducing the ill effects of smoking and 'passive vaping' affects from Electronic Cigarettes (e-cigarettes) for all members of staff, patients and visitors.
Document owner:	Occupational Health Manager
Status:	Final

Purpose of this document

This Policy has been developed to support the Trust's Strategy to create an environment free from smoke, which includes the grounds as well as the Trust Buildings, to Improve Working Lives.

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Definition:

Smokefree: Smoking is not permitted anywhere within Trust premises (including buildings and grounds), which includes the use of Electronic Cigarettes in the workplace. Exceptions will only be made on a case-by-case assessment by the responsible clinician.

Source: Occupational Health Nurse Adviser/HR Manager	Status: Approved	
Issue date: July 2019	Review date: July 2022	Document reference PP(19)004

1. Introduction

Smokefree England – July 2007 highlights that everyone now has the right to enjoy the benefits of a cleaner, healthier environment, free from secondhand smoke.

Section 2(2) of the Health & Safety at Work Act 1974 places a duty on employers to:

"... provide and maintain a safe working environment which is, so far as is reasonably practical, safe, without risks to health and adequate as regards facilities and arrangements for their welfare at work"

The Management of Health and Safety at Work Regulations 1999 site under the General Principles of Prevention, the following:

- Avoiding Risks
- Combating risks at source
- Replacing the dangerous by the non-dangerous or the less dangerous
- Giving collective protective measures priority over individual protective measures

Second hand smoke, i.e. breathing other people's tobacco smoke has now been shown to cause lung cancer and heart disease in non-smokers, as well as many other illnesses and minor conditions.

The Trust acknowledges that breathing other people's smoke is both a public health hazard and a welfare issue adversely affecting the health of all employees.

This policy is not concerned with **whether** anyone smokes but with **where** they smoke and the effect this has on patients, visitors, smoking and non-smoking colleagues and other members of the wider health community. This Policy has been developed to address smoking in the West Suffolk NHS Foundation Trust premises (Buildings and Grounds).

Electronic Cigarettes

The Trust acknowledges that some staff may wish to make use of electronic cigarettes (e-cigarettes) in the workplace, particularly as an aid to giving up smoking.

E-cigarettes are battery-powered products designed to replicate smoking behaviour without the use of tobacco. Some e-cigarettes look like conventional cigarettes, while others appear more like an electronic device. They consist of a cartridge containing liquid nicotine, an atomiser (heating element), a rechargeable battery and electronics. They turn nicotine, flavour and other chemicals into a vapour that is inhaled by the user. The exhaled vapour can be seen, and some products have a light emitting diode (LED) at the tip that lights up when the user inhale.

Although they fall outside the scope of smoke-free legislation, the Trust prohibits the use of e-cigarettes in the workplace. The Trust's rationale for a ban on e-cigarettes is that:

Source: Occupational Health Nurse Adviser/HR Manager	Status: Approved	
Issue date: July 2019	Review date: July 2022	Document reference PP(19)004

- Although they do not produce smoke, e-cigarettes produce a vapour that could provide an annoyance or health risk to other employees:
- Some e-cigarette models can, particularly from a distance, look like real cigarettes, making a smoking ban difficult to police, and creating an impression for patients/visitors/other members of staff that it is acceptable to smoke.

The Trust also has a duty of care to protect staff and members of the public from the exposure to e-cigarette vapours. While the concentrations of the constituents of these vapours (propylene glycol, glycerine, flavouring substances and nicotine) are lower than with smoked cigarettes, 'passive vaping' has been found to occur with the use of e-cigarettes.

Exposure to nicotine from e-cigarettes (either directly through their use by an individual or indirectly from the vapours they produce) may adversely impact on patients, such as those with heart or circulatory conditions, and their use may also become a source of conflict between staff and patients.

The Trust are mindful to ensure that their use does not undermine the success of conventional tobacco control measures by reinforcing the normalcy of smoking behaviour in a way that other nicotine containing products do not. This specifically relates to the way these devices commonly resemble tobacco cigarettes in terms of appearance, vocabulary and the way they are used, as well as features such as flavouring and styling that are potentially highly attractive to children, and may include cigarette brand reinforcement.

2. Aim

The aim of this Policy is to:

- Protect and improve the health of the staff
- Protect and improve the health of patients, visitors and contractors
- Protect both smokers and non-smokers from the danger to their health of exposure to second-hand smoke
- Set an example to other employers and organisations, particularly in health-related locations

3. Application

This Policy will apply to all staff, patients, visitors, contractors and any other person who enters the West Suffolk NHS Foundation Trust premises including buildings and grounds, for any purpose whatsoever.

This policy also applies to cars leased from the Trust during business usage, it does not apply to the interior of private cars used during working hours

4. Implementation

Staff are not been permitted to smoke or use e-cigarettes on any part of the Trust site while they are on duty.

Source: Occupational Health Nurse Adviser/HR Manager	Status: Approved	
Issue date: July 2019	Review date: July 2022	Document reference PP(19)004

Should an individual or group of individuals continue to infringe this policy the manager may invoke disciplinary procedures as a means of enforcing adherence to the policy.

If you see a member of staff smoking, or using e-cigarettes in the workplace or on any part of the Trust site while they are on duty is in contravention of the Policy it is suggested that you:

- Remind the member of staff of the Policy
- Make a simple diary note
- Report the incident to the member of staff's line manager

Patients are to be advised of the Policy prior to, and on admission to the West Suffolk NHS Foundation Trust premises. Patients will be advised appropriately during their hospital stay, with the support of stop-smoking specialists providing counselling and advice on NRT where appropriate. Staff are to complete the referral form for any patient wanting support or advise on discharge and send to Suffolk Stop Smoking Service, G6 Corridor.

Training will be offered to staff in advising patients, visitors etc. of the policy, and available support as requested

It is the role of the departmental manager to ensure that staff are aware of the policy and how to access help and support in stopping smoking and how to be smoke free at work. Managers should ensure that each ward has access to a level 1 Smoking Cessation Adviser.

If a visitor or patient becomes angry or violent, the standard Trust Policy for aggressive behaviour is to be invoked. If a visitor is distressed for any reason they should be comforted, but the Policy stands.

5. Residencies

It is the policy of the West Suffolk NHS Foundation Trust that all residencies are smoke free and that all members of staff have a right to live in a smoke free environment.

6. Opposition

If a member of staff continues to infringe the policy, the manager should refer to these points:

- This is a Trust Policy relating to Health & Safety and is based on the same principles as policies relating to toxic substances, dangerous machinery etc.
- A member of staff cannot challenge the employer's right to introduce healthier and safer working practices
- This Policy is concerned with where someone smokes or the use of e-cigarettes.
- The Trust has a duty to its patients to protect them from the health hazard that smoking represents or the use of 'passive vaping'.
- The manager may invoke disciplinary procedures.

Source: Occupational Health Nurse Adviser/HR Manager	Status: Approved	
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7. Responsibility

The chief executive is responsible for implementing this policy.

Day-to-day responsibility for implementation lies with Directors and Managers who will need to establish their own monitoring arrangements to ensure the Policy is followed.

8. Official Breaks

Under the Working Time Regulations 1998, where staff work for longer than six hours they are entitled to a break of a minimum of 20 minutes unpaid. The Trust encourages all staff to take their break.

Breaks should be taken in a manner consistent with maintaining minimum staffing levels. Managers need to plan effectively for staff who leave the premises on breaks for any reason.

9. Uniform

Where members of staff smoke in a public place (or allocated area) they must ensure that their uniform is covered and it is not otherwise apparent that they are an NHS employee. Smokers should be aware that the smell of cigarette smoke on clothing can be abhorrent to a non smoker and if, on return to work, the member of staff is in close proximity to a patient, may even cause them to feel nauseous and unwell.

10. Role of Occupational Health Service

The Occupational Health Department will provide advice and support for staff. Those who wish to stop smoking will be helped to access individual or group support and nicotine replacement therapies as appropriate. To arrange an appointment or request advice or information contact the Occupational Health Department on extension 3106.

11. Role of Staff

The smoking status of patients should be ascertained at the earliest possible moment using the care plan to enable an assessment to be carried out on those patients who smoke and a referral made for those wishing to quit, to the Suffolk Stop Smoking Service. The Specialist Advisor within the Suffolk Stop Smoking Service will then follow-up the referral on discharge.

The health benefits should be highlighted to the patient.

12. Role of Smoking Cessation Advisors

The Specialist Advisors for The Suffolk Stop Smoking Service are available to provide support and advice to smokers. Confidential and individual or group support can be offered within the hospital or in a community setting. They can be contacted on 01473 229292.

A clinic is run in Outpatients Department every Monday morning. Staff, inpatients and outpatients are able to book onto this. Please ring 01473 229292 to make an appointment.

Visitors or relatives can also refer themselves to this service via the One Life Suffolk phone number 01473 229292 (please be aware that this number is chargeable)

The Suffolk Stop Smoking Service also offers free training, which is open to all Health Service staff interested in supporting people to stop smoking, details of which can be obtained by contacting the Smoking Cessation Advisors internally on extension 2725, or on 01473 704314.

13. Signage

To ensure that everyone entering the West Suffolk NHS Foundation Trust sites understand that smoking or the use of e-cigarettes are not allowed in the buildings or grounds, clear signs will be on display.

Smoking and the use of e-cigarettes at entrances and exits by staff, patients or visitors will not be tolerated.

14. Littering

Littering, eg dropping a cigarette end, could attract a fine if caught as both littering and smoking is not permitted on site. Dropping cigarette ends on the Heath and Heli-Pad is also a hazard and will not be tolerated.

15. Contractors

All Tenders and Contracts with the West Suffolk Hospital NHS Trust will stipulate adherence to this Policy as a contractual condition.

16. Recruitment

Job advertisements will include reference to the non-smoking policy and indicate adherence will be contractual.

17. Exceptions

The Trust Board recognises that some patient's circumstances require staff to make an assessment as to whether special arrangements need to be made to enable the patient to be allowed to smoke or use of e-cigarettes on the Trust site. Permission to grant an exception will rest with the nurse in charge of the ward and be formally recorded.

In all cases where an exception has been made there should be demonstrable evidence that smoking cessation has been fully considered as part of the patient pathway in alliance with the patient and or their relatives.

Where an exception is made, every effort must be made to minimise staff exposure to smoke or 'passive vaping'. This would normally mean that smoking would only be permitted outdoors where staff and other patients would not be in

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close proximity to the smoker. Ideally, this would also be out of sight of other patients, visitors and staff who may be engaged in a stop-smoking programme.

18. Review and Monitoring

This policy will be reviewed annually by the Health, Safety and Environmental Committee, HR Directorate and the Stop Smoking Service Advisors.

19. Development of the Policy

19.1 Other Relevant Documents

Health, Safety and Welfare Policy PP 018
Nursing and Midwifery Practices Manual, Guideline C3: Nursing and Midwifery Uniform Code
Management of Violence and Aggression PP 082
Control of Substances Hazardous to Health Policy PP 039
BMA – A briefing from the Board of Science and the Occupational Medicine Committee – January 2013 (updated March 2013) Electronic Cigarettes.

19.2 Changes compared to previous Documents

This document replaces PP (16) 004 Smoke Free Environment Policy

The revised document contains changes relating to littering.

This document has been updated to reflect current practice.

19.3 Contributors and Peer Review

This document was submitted to the Risk Management Executive Committee for consideration, approval and endorsement following acceptance by the Health & Safety Committee

19.4 Distribution and Implementation

This document will be widely circulated within the Trust, including all Heads of Department and Ward Managers and will be made available on the Trust's Intranet and Internet sites. Relevant changes will be brought to the attention of staff during circulation. All recruitment publicity will indicate that the Trust is Smoke-free.

Refs: HDA Guidance on Smoke Free NHS 2005
Smokefree England – One Year On. Department of Health. 2008
BMA calls for stronger regulation of e-cigarettes March 2012 (updated January 2013)

Author(s):	Sue Pollett, Occupational Health Nurse Adviser
Other contributors:	Angie Manning, HR Manager, Paul Morris, Deputy Chief Nurse Mike Dixon, Health and Safety Advisor
Approvals and endorsements:	Health and Safety Committee

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Issue date: July 2019	Review date: July 2022	Document reference PP(19)004

Consultation:	Health and Safety Committee
Issue no:	1
File name:	Occupational Health on Windows/Policies/PP(19)004
Supercedes:	PP(16)004
Equality Assessed	
Implementation	See 4
Monitoring: (give brief details how this will be done)	See 18.
Other relevant policies/documents & references:	See 19.1
Additional Information:	N/A

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