



Health and safety policy (Appendix L) Smoke free policy

DOCUMENT INFORMATION	
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1. Introduction

- 1.1 The South Central Ambulance Service NHS Foundation Trust recognises its duty to comply with the Health and Safety at Work Act (HSWA) 1974 and all subordinate regulations, particularly the Management of Health and Safety at Work Regulations 1999 and the Workplace (Health, Safety and Welfare) Regulations 1992.
- 1.2 The Trust also recognises its duty to provide a safe workplace that is safe and secure for staff to provide healthcare. Therefore, the Trust is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all of its employees and will do all that is reasonably practicable to protect staff and patients within its care from nuisance smoke/vapour from e-cigarettes/vaping and any harmful emissions/hazards associated with the smoking of tobacco.
- 1.3 Moreover, the Trust recognises its duty under the Health Act 2006 to ensure that all workplaces are smoke free and the consequences of failing to fulfil this; and the subsequent fines that can be applied in accordance with the Smoke Free (Penalties and Discounted Amounts) Regulations 2007.

2. Scope

- 2.1 This policy applies to all who work for or carry out work on behalf of the Trust, including volunteers and work experience students. It also applies to all patients within the care and control of the Trust and any contractors and visitors whilst they are on Trust premises. This includes the grounds of any Trust premises and also all ambulances and Trust vehicles including pool cars and cars leased by the Trust for business purposes.

3. Equality statement

- 3.1 The Trust is committed to promoting positive measures that eliminate all forms of unlawful or unfair discrimination on the grounds of age, marriage and civil partnership, disability, race, gender, religion/belief, sexual orientation, gender reassignment and pregnancy/maternity or any other basis not justified by law or relevant to the requirements of the post. The Trust will therefore take every possible step to ensure that this procedure is applied fairly to all employees regardless of the afore mentioned protected characteristics, whether full or part time or employed under a permanent or a fixed term contract or any other irrelevant factor.
- 3.2 By committing to a policy encouraging equality of opportunity and diversity, the Trust values differences between members of the community and within its existing workforce, and actively seeks to benefit from their differing skills, knowledge, and experiences in order to provide an exemplary healthcare service. The Trust is committed to promoting equality and diversity best practice both within the workforce and in any other area where it has influence.
- 3.3 Where there are barriers to understanding; for example, an employee has difficulty in reading or writing, or where English is not their first language, additional support will be put in place wherever necessary to ensure that the process to be followed is understood and that the employee is not disadvantaged at any stage in the procedure. Further information on the support available can be sought from the HR Department.



4. Aim

- 4.1 The aim of the policy are to set out the arrangements for the management of a smoke free work environment which protects, and in so doing improves, the health of staff, patients, visitors and contractors.
- 4.2 The objectives are to ensure that the Trust has clear and defined arrangements for:
- the protection of both smokers and non-smokers from the hazards to their health due to exposure to environmental tobacco smoke
 - and protecting non-smokers from nuisance smoke/vapour from e-cigarettes and vaping
 - the support available to staff who wish to stop smoking
 - setting an example to other employers and workforces, particularly other health care organisations.

5. Roles and Responsibilities

5.1 Trust Board

- 5.1.1 The Trust Board will ensure that there are suitable and sufficient arrangements and adequate resources for the management and maintaining of a smoke free environment which controls the risks to staff and patients (within its care), volunteers, work experience students, contractors and visitors (affected by the activities of the Trust) from nuisance smoke/vapour from e-cigarettes/vaping and also the harmful emissions/hazards associated with smoking tobacco.

5.2 Chief Executive

- 5.2.1 The Chief Executive has overall responsibility for:
- the effective implementation of this policy within the Trust and for ensuring that there are suitable and sufficient arrangements for the management and control of the risks to staff and patients (within its care), volunteers, work experience students, contractors and visitors to the Trust from nuisance smoke/vapour from e-cigarettes/vaping and also the harmful emissions/hazards associated with smoking tobacco.
 - ensuring the allocation of sufficient resources to maintain efficient and effective health and safety arrangements to provide and maintain a safe and secure working environment that is smoke free and free from nuisance smoke/vapour from e-cigarettes/vaping and also the harmful emissions/hazards associated with smoking tobacco.
 - ensuring that policies are reviewed to secure compliance with existing legislation and any changes to this legislation.

5.3 Executive Director

- 5.3 Executive Directors are responsible for the effective implementation of this policy within their directorates and for ensuring that there are adequate resources available to fulfil the requirements of this policy.



5.4 Director of Quality and Patient Care

5.4.1 The Director of Quality and Patient Care is directly accountable to the Chief Executive and will advise and assist the Trust Board in fulfilling its duties under the relevant statutory legislation. In particular they are responsible for:

- ensuring that workplace health, safety and welfare procedures are constantly reviewed
- ensuring that there are arrangements for liaising with the Health and Safety Executive (HSE)
- ensuring that the Trust Board are kept abreast of relevant new legislation and guidance in order to ensure on-going compliance with the law.

5.5 Managers and Supervisors

5.5.1 Managers and supervisors' responsibilities include:

- adhering to any information provided to enable them to fulfil their responsibilities outlined in this policy
- bringing this policy to the attention of staff within their area of responsibility
- ensuring that all staff within their area or responsibility comply with this policy and any smoke free protocols and procedures
- communicating these local procedures and protocols to all staff within their areas of responsibility
- encouraging staff within their area of responsibility to report all breaches of this policy, using the Trust's Incident reporting system, Datix
- ensuring that staff who request it have access to appropriate smoking cessation information and guidance
- ensuring that members of staff are given all necessary support and advice with regard to smoking cessation
- arranging for the investigation of any matters or incidents or breaches of this policy raised by the staff within their area of responsibility
- where necessary, referring any staff who request it to Occupational Health.

5.5.2 Managers and supervisors need to recognise that for some, smoking tobacco and/or smoking e-cigarettes or vaping is an addiction that helps them cope with stressful or traumatic events. There is a difference between someone trying to de-stress after a stressful or traumatic event and someone who is wilfully breaching a health and safety policy. The former should be treated sensitively and humanely and all managers and supervisors should make themselves aware of their duty of care towards staff with regard to stress management and promote more stress relieving strategies.

5.5.3 If a member of staff has not complied or is not complying with this policy, then their manager or supervisor should seek the support of their Human Resources Advisor, and manage the matter using the Capability policy and/or the Discipline and Conduct policy as appropriate.

5.5.4 If individual members of staff challenge their manager on what they perceive as their right to smoke, the manager should refer them to these points:



- This is a Trust policy relating to health and safety and should be observed as such. Indeed, staff have a legal duty to comply with health and safety legislation and the arrangements the Trust has put in place to comply with health and safety legislation. This policy is based on the same principles as policies relating to dangerous machinery, hazardous substances, etc.,
- The policy is concerned with where someone smokes and/or uses e-cigarettes and/or vaping not whether they smoke and/or use e-cigarettes and/or vaping.

5.5.5 In the event of a wilful breach of this policy, staff will be treated in accordance with local Performance and Conduct/Disciplinary policies as appropriate.

5.6 All staff

5.6.1 Staff have the following responsibilities:

- to make themselves fully aware of the policy and to abide by it
- to ensure that they do not smoke cigarettes and/or electronic cigarettes and/or vape whilst they are on either Trust premises or any other NHS Smoke free premises and other organisations' premises. This includes whilst they are in Trust vehicles. (It should be assumed that all NHS premises are smoke free.)
- to take reasonable care for their own health, safety and welfare and that of others who may be affected by their acts or omissions
- to report any concerns they have with regards to a smoke free environment not being observed using the Trust's Incident reporting system, Datix
- to adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures
- to attend the Occupational Health department, if referred by their manager.

5.6.2 Since the 1st January 2007, staff have not been permitted to smoke whilst they are on duty (on duty refers to the time they are at work, excluding official breaks), irrespective of their location within the Trust. This applies to all staff within the Trust. Staff who wish to smoke and/or use e-cigarettes or vape can only do so if they are off-site and on their lunch-break or equivalent.

5.6.3 Staff must not smoke and/or use e-cigarettes and/or vape whilst they are wearing their uniform and are visible to the general public. Should staff wish to smoke and/or use e-cigarettes and/or vape whilst they are off duty (on their official break) they should do so away from Trust premises and if they are in their uniform they should disguise/cover their uniform with a non-uniform jacket, coat or similar.

5.6.4 Staff are reminded when assessing incidents/entering scene that they have the right to withdraw if risks are apparent to staff and/or equipment in accordance with generic risk assessment procedures.

5.7 Visitors and Contractors

5.7.1 This policy applies to all visitors and contractors, irrespective of their circumstances.



- 5.7.2 Visitors who contravene this policy will be asked to either stop smoking cigarettes and other tobacco products, and also stop smoking e-cigarettes and/or stop using vaping devices or leave Trust premises.
- 5.7.3 Contractors who contravene this policy will be reported to the relevant lead person within the Estates and Facilities Team who is responsible for the monitoring of the conduct of contractors on site.
- 5.7.4 If a visitor or contractor requests information or advice on stopping smoking they should be given the details of the NHS Stop Smoking Service.
- 5.7.5 All tenders and contracts will stipulate adherence to this policy. If there any existing contracts which do not then they should be modified at the earliest opportunity.

5.8 Health and Wellbeing Team

- 5.8.1 The Trust's Health and Wellbeing Team will advise and guide the Trust on the latest guidance and developments with regards to:
- Maintaining a smoke free workplace
 - Support available for smokers who wish to quit.
- 5.8.2 The Health and Wellbeing Team will also, upon request, send out an information pack containing guidance on nicotine replacement therapy (NRT).

5.9 Occupational Health

- 5.9.1 The Occupational Health Department, commissioned by the Trust, have the following responsibilities:
- a) to advise the Trust of all aspects of health in the workplace in order to assist the Trust in complying with legal requirements
 - b) to assess any managers and staff who have been referred to Occupational Health with suspected work-related ill-health and to advise the Trust of the action that should be taken
 - c) to carry out assessments of medical fitness on staff prior to employment
 - d) to carry out assessments and advise on the manager or staff member's suitability to return-to-work following an injury.

6. Patients smoking whilst Trust staff are present

- 6.1 The Trust has no control on whether or not a patient chooses to smoke or smoke e-cigarettes and/or vape in their own home/residence whilst Trust staff are in attendance. Nonetheless, the Trust does have a duty to protect staff from noxious substances and harmful emissions and protect, so far as reasonably practicable, their health, safety and welfare whilst they are at work and this extends to areas outside of the Trust's control.
- 6.2 If staff attend to a patient in their own home/residence or another person's home/residence and the patient or someone in the vicinity of the area is smoking cigarettes or smoking e-cigarettes or vaping and thereby exposing staff to second hand smoke and/or the vaping fumes, the member of staff should politely ask the



patient/individual to stop smoking/vaping and give them reasons why. It is hoped that the patient/individual will comply with this polite request. When doing this, staff should bear in mind that the patient may be smoking/vaping because it affords them some relief from their pain/discomfort/anxiety/stress. Likewise, any individuals who are smoking/vaping in the vicinity might be doing so to alleviate their anxiety/stress.

- 6.3 If the patient/individual does not comply with this request, then the member of staff should report the matter using the Trust's Incident reporting system, Datix.
- 6.4 If it is a patient who the Trust regularly visits and who continues to ignore requests to stop smoking/vaping whilst Trust staff are in attendance, then, provided the staff have reported this issue using the Trust's Incident reporting system, Datix, the Trust will write to the patient and formerly request that the patient does not smoke whilst Trust staff are in attendance at their home/residence. If necessary a visit will be made to the patient's home/residence to discuss and try and resolve the matter with them.

7. Trust communication of this policy

- 7.1 This policy and the Trust's smoke free position will be communicated to staff at Induction. Staff will also be advised/reminded of how the policy applies in all Trust premises and vehicles.
- 7.2 Signs will be clearly displayed at Trust premises to ensure that anyone entering these premises will be aware that smoking tobacco and also smoking e-cigarettes or vaping is not allowed within the Trust. This includes Trust grounds and the entrances and exits to these grounds and premises.
- 7.3 Tenders and contracts with the Trust will stipulate that adherence to this policy is a contractual condition.
- 7.4 Advertisements will include a reference to this policy.

8. Breaches to this policy

- 8.1 As of the 1st April 2007, any member of staff found to acting in breach of this policy will be managed informally in the first instance as follows:
 - If the staff member is found to be in breach of this policy they will be managed in accordance with the Capability and Discipline and Conduct Policies as appropriate.
 - In the event of a wilful breach of Trust Procedures, staff will be treated in accordance with the Trust's Capability and/or Discipline and Conduct policies as appropriate.

9. Fines for non-compliance

- 9.1 Any organisations or persons who chose not to abide by the Health Act 2006 and the subsequent smoke free legislation may be liable to a fixed fine and possible criminal prosecution.
- 9.2 Individuals are liable for fines of £50 for smoking in a smoke free premises or a vehicle. This fine will be reduced to £30 if paid within 15 days.
- 9.3 If individuals are prosecuted in court, the fine could be £200.



- 9.4 A fixed penalty notice of £200 can be imposed on the Trust and/or a manager of a premises or a person in control of a premises (or a vehicle) for failing to display appropriate no smoking signage. This fine is reduced to £150 if paid within 15 days.
- 9.5 In cases of prosecution and conviction, the Trust and /or manager or a person in control of a premises (or a vehicle) can be fined up to £1,000.
- 9.6 The Trust and/or manager of a premises or a person in control of a premises (or a vehicle) can be fined up to £2,500 for failing to prevent others from smoking in their premises.

10. The effects of smoking and exposure to second-hand smoke

- 10.1 Smoking can, among other things, cause lung cancer and heart disease. Likewise, second hand smoke and breathing other people's tobacco smoke can cause lung cancer and heart disease to non-smokers, as well as many other illnesses and minor ailments/conditions.
- 10.2 This policy recognises that smoking and second hand smoke adversely affects the health of all people. However, it is not concerned with whether anyone smokes, rather it is concerned with where they smoke and the potential effect this has on patients, visitors, contractors, smoking and non-smoking staff and other members of the wider health community. It is also concerned with the presence of preventable carcinogenic substances at Trust premises, including in the curtilage of those premises.

11. E-cigarettes and vaping

- 11.1 This policy recognises that smoking e-cigarettes and vaping is not the same as smoking tobacco. It also recognises the evidence from the World Health Organisation and Public Health England which states that the use of e-cigarettes and vaping:
- is 95% less harmful than smoking tobacco
 - can help people quit smoking tobacco
 - and that organisations should recognise these differences.
- 11.2 The Trust also recognises that staff who do not smoke tobacco /e-cigarettes e and/or vape have expressed concerns about the smoking of e-cigarettes and vaping within the Trust with regards to the variance in the chemical composition of these products and the potential impact on their health. They have also expressed concerns about the nuisance/unpleasant odour/vapour given off by e-cigarettes/vaping and the image portrayed by Trust staff smoking e-cigarettes or vaping whilst in their uniform.
- 11.3 Therefore, because of these concerns and until the smoking of e-cigarettes and vaping is classified as completely safe, the Trust does not allow the use of these products on Trust premises.
- 11.4 The Trust will also continue to monitor and review the medical research and guidance from the WHO and Public Health England, the British Medical Foundation and their respective findings on the use of e-cigarettes and vaping; and, where necessary, will amend this policy.



11.5 Due to the effects of smoking and the use of e-cigarettes and vaping, the Trust sincerely encourages its employees to refrain from smoking/using e-cigarettes/vaping outside the circumstances set out in this policy, both in their own interests and as representatives of a major public body whose purpose, among other things, is to improve health. However, this falls outside the scope of this policy.

12. Smoking cessation support for staff

12.1 Staff who wish to stop smoking will be helped to access individual or group support and nicotine replacement therapies as appropriate. A 'Support for Quitters' contact list of national and local services can be obtained from Occupational Health.

12.2 The Trust will give maximum support to staff wishing to give up smoking and the following facilities have been introduced:

- General information regarding the NHS Smokefree National Helpline which can be contacted on: 0300 123 1044 or email: <http://quitnow.smokefree.nhs.uk>
- Provision of information regarding smoking cessation courses
- Counselling through the Trust's employee assistance provider
- Regular publicity of smoking cessation services available to staff and their families in Berkshire, Buckinghamshire, Hampshire and Oxfordshire.

12.3 To access free or discounted nicotine replacement therapy, staff must contact the Trust's Health and Wellbeing Team who will send them the relevant information pack which contains guidance.

12.4 Any other advice and support that is suggested by staff will be considered.

13. Training

13.1 On induction, Managers and staff will be provided with information about the Trust being a smoke free environment.

14. Equality and Diversity

14.1 An equality and diversity impact assessment has been carried out on this policy and can be found at appendix 3.

15. Monitoring

15.1 The effectiveness of this policy will be monitored in the following way.

Standard process / issue	Monitoring and audit			
	Method	By	Committee	Frequency
a) The number of Incident reports about breaches to this policy received by the Trust's Incident reporting	a) An annual report from the Risk Team on the number of incident reports about breaches to this policy completed	a) Risk Team	a) Health, Safety and Risk Group.	a) Annually as a minimum.



system, Datix in a financial year.	and/or reviewed in a financial year.			
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16. Consultation and Review

16.1 A consultation exercise on the policy will be carried out with the stakeholders listed below.

16.2 This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

Stakeholder or Group Title	Consultation Period (From-to)	Comments received (Yes/No)
All Managers and staff	5/4/2017 to 26/4/2017	Y
Health, Safety and Risk Group	5/4/2017 to 26/4/2017	Y
All Managers and Staff	27/5/2017 to 16/6/2017	Y
Health, Safety and Risk Group	27/5/2017 to 16/6/2017	N

17. Implementation (including raising awareness)

17.1 The policy will be implemented and communicated to managers and staff within the Trust via the weekly newsletter, Staff Matters. Emails will also be sent to senior managers and area managers asking them to bring the existence of the policy to their staff.

18. References

- Health and Safety at Work Etc. Act 1974
- Management of Health Safety at Work Regulations 1992 (Amended 1999)
- Workplace Health, Safety and Welfare Regulations 1992
- Health Act 2006
- Smoke Free (Penalties and Discounted Amounts) Regulations 2007

19. Associated documentation

- Health and safety policy
- Lone working policy
- Dignity at work policy
- Adverse incident reporting policy
- Capability policy



- Discipline and conduct policy.



20. Appendix 1: Review Table

Version	Reason for change	Overview of change
V5	Review of policy	Adoption of new policy template. Policy completely rewritten and changes to all sections.
V6	Amendments following initial consultation and discussion at the Health, Safety and Risk Group Meeting on 17/5/2017.	Section 12.
V7	Policy sent out for consultation.	Removal of section on smoking shelters.



21. Appendix 2: Responsibility Matrix – Policies, Procedures and Strategies



Policy Group	Lead Director / Officer	Working Group	Committee	Board Ratification
Strategies	As appropriate	As appropriate	As appropriate	Required
Standing Orders & Standing Financial Instructions	Chief Executive + Director of Finance	Not applicable	Audit Committee	Required
Corporate Policies	Chief Executive +Director of Quality and Patient Care	As appropriate	Quality and Safety Committee	Required/ Committee decision
Health and Safety Policies and Procedures	Director of Quality and Patient Care	Strategic Health, Safety and Risk Group	Quality and Safety Committee	Health and Safety Policy – Required H&S Appendices – Committee decision
Control of Infection Policy and Procedures	Director of Quality and Patient Care	Clinical Review Group	Quality and Safety Committee	Required
Personnel Policies and Procedures	HR Director	Staff Consultation Group	Quality and Safety Committee	Required for new policies. Committee decision for revisions
Financial Policies and Procedures.	Director of Finance	Not applicable	Audit Committee	Required for new Policies. Committee decision for procedural changes.
Operational Policies and Procedures	Chief Operations Officer	As appropriate or through Team Meeting	Quality and Safety Committee	Committee decision
Information and IT Policies and Procedures	Associated Director of Information Management and Technology (IM&T).	Information Management and Technology Control Board.	Audit Committee	Committee decision
Emergency Operational Centre Policies and Procedures	Chief Operations Officer	As appropriate	Quality and Safety Committee	Committee decision
Clinical Policies and Procedures	Director of Clinical Services	Clinical Review Group	Quality and Safety Committee	Committee decision





22. Appendix 3: Equality Impact Assessment Form Section One – Screening

Name of Function, Policy or Strategy: Smoke free policy

Officer completing assessment: John Dunn, Head of Risk and Security

Telephone: 01962 898068

1. What is the main purpose of the strategy, function or policy?
The aim of the policy are to set out the arrangements for the management of a smoke free work environment which protects, and in so doing improves, the health of staff, patients, visitors and contractors.
2. List the main activities of the function or policy? (for strategies list the main policy areas)
<p>The objectives are to ensure that the Trust has clear and defined arrangements for:</p> <ul style="list-style-type: none"> • the protection of both smokers and non-smokers from the hazards to their health due to exposure to environmental tobacco smoke • protection of staff from nuisance smoke/vapour from e-cigarettes • the support available to staff who wish to stop smoking • setting an example to other employers and workforces, particularly other health care organisations.
3. Who will be the main beneficiaries of the strategy/function/policy?
All Trust staff and patients (whilst in the care of Trust staff), visitors and contractors (whilst on Trust premises).
<p>1. Use the table overleaf to indicate the following:-</p> <p>a. Where do you think that the strategy/function/policy could have an adverse impact on any equality group, i.e. it could disadvantage them?</p> <p>b. Where do you think that there could be a positive impact on any of the groups or contribute to promoting equality, equal opportunities or improving relations within equality target groups?</p>



		Positive Impact – it could benefit	Negative Impact – it could disadvantage	Reasons
GENDER	Women	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Men	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
RACE	Asian or Asian British People	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Black or Black British People	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Chinese people and other people	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	People of Mixed Race	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	White/White other	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
DISABILITY	Disabled People	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
SEXUAL ORIENTATION	Lesbians, gay men and bisexuals	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
AGE	Older People (60+)	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Younger People (17 to 25) and children	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.



RELIGION/BELIEF	Faith Groups	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.
	Equal Opportunities and/or improved relations	✓		Policy is designed to protect all staff and people who carry out work for or on behalf of the Trust.

Notes:

Faith groups cover a wide range of groupings, the most common of which are Muslims, Buddhists, Jews, Christians, Sikhs and Hindus. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and to the needs of other communities that do not appear as separate categories in the Census, for example, Polish.



5. If you have indicated that there is a negative impact, is that impact:		
	Yes	No
Legal (it is not discriminatory under anti-discriminatory law)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Intended	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Level of Impact	High	Low
	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.		
6(a). Could you minimise or remove any negative impact that is of low significance? Explain how below:		
6(b). Could you improve the strategy, function or policy positive impact? Explain how below:		
7. If there is no evidence that the strategy, function or policy promotes equality, equal opportunities or improves relations – could it be adopted so it does? How		
Please sign and date this form, keep one copy and send one copy to the Trust's Equality Lead.		
Signed:.....		
Name:.....		
Date:.....		



23. Appendix 4: Equality Impact Assessment Form Section Two – Full Assessment

Name of Function, Policy or Strategy: Smoke free policy.

Officer completing assessment: John Dunn, Head of Risk and Security.

Telephone: 01962 898068.

Part A

Looking back at section one of the EQIA, in what areas are there concerns that the strategy, policy or project could have a negative impact?

Gender	<input type="checkbox"/>
Race	<input type="checkbox"/>
Disability	<input type="checkbox"/>
Sexual Orientation	<input type="checkbox"/>
Age	<input type="checkbox"/>
Religion/Belief	<input type="checkbox"/>

2. Summarise the likely negative impacts:-

.....

.....

.....

3. Using the table below, give a summary of what previous or planned consultation on this topic, policy, function or strategy has or will take place with groups or individuals from the equality target groups and what has this consultation noted about the likely negative impact?

Equality Target Groups	Summary of consultation planned or taken place
Gender	



Race	
Disability	
Sexual Orientation	
Age	
Religion/Belief	

4. What consultation has taken place or is planned with Trust staff including staff that have or will have direct experience of implementing the strategy, policy or function?

.....

.....

.....

5. Check that any research, reports, studies concerning the equality target groups and the likely impact have been used to plan the project and guide or indicate what research you intend to carry out:-

Equality Target Groups	Title/type of/details of research/report
Gender	
Race	
Disability	
Sexual Orientation	
Age	



Religion/Belief	

6. If there are gaps in your previous or planned consultation and research, are there any experts/relevant groups that can be contacted to get further views or evidence on the issues?

Yes (Please list them and explain how you will obtain their views)

.....

.....

No

Part B

Complete this section when consultation and research has been carried out

- 7a. As a result of this assessment and available evidence collected, including consultation, state whether there will be a need to be any changes made/planned to the policy, strategy or function.
- 7b. As a result of this assessment and available evidence is it important that the Trust commission specific research on this issue or carry out monitoring/data collection?

(You may want to add this information directly on to the action plan at the end of this assessment form)

.....

.....

.....

.....

.....

8. Will the changes planned ensure that negative impact is:

Legal?

(not discriminatory, under anti-discriminatory legislation)



Intended?

Low impact?

9a. Have you set up a monitoring/evaluation/review process to check the successful implementation of the strategy, function or policy?

Yes

No

9b. How will this monitoring/evaluation further assess the impact on the equality target groups/ensure that the strategy/policy/function is non-discriminatory?

Details:

.....
.....
.....
.....

Please complete the action plan overleaf, sign the EQIA, retain a copy and send a copy of the full EQIA and Action Plan to the Trust's Equality Lead.

Signed:.....

Name:.....

Date:.....



EQIA ACTION PLAN

Issue	Action Required	Lead Officer	Timescale	Resource Implications	Comments

Please continue on another sheet if you need to.



24. Appendix 5: Ratification Checklist

Section 1: To be completed by Author prior to submission for ratification

Policy Title	Smoke free policy
Author's Name and Job Title	John Dunn, Head of Risk and Security
Review Deadline	
Consultation From – To (dates)	27/5/2017 to 16/6/2017.
Comments Received? (Y/N)	Y
All Comments Incorporated? (Y/N)	N
If No, please list comments not included along with reasons	Comments not relevant.
Equality Impact Assessment completed (date)	31/3/2017
Name of Accountable Group	Health, Safety and Risk Group.
Date of Submission for Ratification	21/7/2017.

Section 2: To be completed by Accountable Group

Template Policy Used (Y/N)	Y
All Sections Completed (Y/N)	Y
Monitoring Section Completed (Y/N)	Y
Date of Ratification	26/7/2017.
Date Policy is Active	10/8/2017.
Date Next Review Due	May 2020.
Signature of Accountable Group Chair (or Deputy)	
Name of Accountable Group Chair (or Deputy)	Philip Astle, Chief Operations Officer.