

BOARD MEETING**28 July, 2016**

Paper Title:	Progress on Smoke-free Development
Section:	Public
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Agenda Item:	13
Presented For:	Update

1. Purpose of this Report:

The purpose of this report is to provide assurance to the Board relating to the continued safe implementation of the smoke-free policy.

The report aims to provide an update on:

- An overview of specific challenges in relation to the smoke-free policy.
- An overview of positive practice, actions taken and planned in relation to further safe implementation of the policy

2. Summary of Key Points

The Trust has successfully implemented the smoke-free policy across clinical services. The monitoring of progress continues and reviews are occurring in areas that may require further development and improvement. Clear plans have been established to focus on these areas and further guidance is being designed to enhance existing approaches, strengthen staff skills and abilities and to further promote the Trust's position as a health promoting organisation. We are currently working with North London Trust on areas that affect both Trusts. The common themes emerging from BDCFT and North London are staff and patient experience of smoke-free. Further development plans will be formulated with regard to ongoing joint data gathering.

3. Board/Committee Consideration

The Board is asked to:

- Consider whether the information given provides assurance on the approaches taken regarding key quality and safety issues in relation to the smoke-free policy.
- Support the further development of the smoke-free initiative.

4. Financial Implications

No current financial implications

5. Legal Implications

None

6. Assurance

	Assurance provided?
Board Assurance Framework	Yes
CQC Themes (see below)	Yes
Monitor Risk Assessment Framework	Yes / No
Other (please specify):	

This paper provides assurance in relation to the following CQC Themes:

Safe:	People who use our services are protected from abuse and avoidable harm
Caring:	Staff involve people who use our services and treat them with compassion, kindness, dignity and respect
Responsive:	Services are organised to meet the needs of people who use our services
Effective:	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.
Well led:	The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

7. Previous Meetings/Committees Where the Report Has Been Considered:

Highlight whether the paper has been discussed at any of the following meetings by placing a tick in the relevant box(es):

Audit Committee	<input type="checkbox"/>	Service Governance Committee	<input type="checkbox"/>	Remuneration Committee	<input type="checkbox"/>	Resources Committee	<input type="checkbox"/>
Executive Management Team	<input checked="" type="checkbox"/>	Directors' Meeting	<input type="checkbox"/>	Chair of Committees' Meeting	<input type="checkbox"/>	MH Legislation Committee	<input type="checkbox"/>

8. Risk Issues Identified for Discussion

Risks have been identified regarding the possession of restricted items such as cigarette lighters and smoking in inappropriate areas.

9. Publication under Freedom of Information Act

This paper has been made available under the Freedom of Information Act

10. Recommendations:

That the Board

- Considers whether the information given provides assurance on the approaches taken regarding key quality and safety issues in relation to the smoke-free policy
- Supports the further development of the smoke-free initiative
- Approves the issuance of new and updated guidance for the re-launch of smoke-free in October 2016
- Approves new signage for LMH and ACMH clearly indicating the Trust's smoke-free status
- Continues to support partnership working with other Trusts
- Continues to support improved and structured smoking cessation on clinical wards

Progress on 'Smoke-free' Development Paper

1. Background

Since 1 July 2015, Bradford District Care NHS Foundation Trust (BDCFT) has been a smoke-free organisation. Remaining smoke-free continues to be a positive step and continues to reinforce the Trust's position as a health-promoting organisation with a responsibility for the mental and physical health of all its service users, staff and visitors. The policy complies with smoke-free legislation (Health Act, 2006) and The National Institute for Health and Clinical Excellence (NICE) Guidelines for Smoking Cessation in Secondary Care; Acute, Maternity and Mental Health Services (NICE, 2013). NICE public health guidance recommends that all NHS funded care sites should become completely smoke-free.

2. Progress

Since the launch of the smoke-free policy, service users have not been permitted to smoke in any sites or grounds of Bradford District Care Foundation Trust, including service users who are both detained and informal users of inpatient services. This continues to be the situation but there are instances of clients and visitors breaching this policy. Staff are aware of the policy and do continue to remind and support clients and visitors of the Trust's commitment to remaining smoke-free.

Since the implementation of the smoke-free policy, there have continued to be incidents which have been attributed to smoke-free. The highest reporting area is Moorlands View. Currently low secure services class smoking on leave as a breach of policy and consequently, since May 2016, Risk Management have implemented a new reporting system for smoke-free in low secure services to include this. This explains a spike in reported incidents in Moorlands View during quarter 1 of 16/17 and is attributed to the new system of risk reporting. There remains an expectation that all incidents which are deemed serious still require completion of an electronic incident reporting form (IRE). The data shows that there has been a decline in reporting in some areas and an increase in others. With these issues in mind, the task-and-finish group is currently reviewing the reporting systems and a new reporting system is planned for roll-out to all clinical areas in the next 6 months; therefore, we will have a more accurate understanding of 'smoking only' related incidents.

Department	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	TOTAL
Moorlands View Ward: Thornton	8	19	27	7	29	17	38	25	34	82	235	155	676
LMH Ward: Oakburn	12	12	6	17	12	10	16	21	21	17	18	10	172
LMH Ward: Clover (PICU Unit)	51	15	13	24	8	13	7	1	14	9	8	8	171
LMH Ward: Ashbrook	12	26	7	18	8	7	8	4	1	7	13	13	124
Moorlands View Ward: Ilkley	39	32	22	1	7	1	1	0	4	3	9	49	168
ACMH Ward: Heather	12	11	12	11	9	5	10	5	3	15	3	6	102
LMH Ward: Maplebeck	10	7	10	3	9	8	15	7	5	4	6	4	88
ACMH Ward: Fern	3	6	18	6	3	4	1	3	3	2	0	2	51
Moorlands View Ward: Baildon	0	0	0	1	2	1	1	9	5	6	72	50	147
The Step Forward Centre	1	1	0	5	4	0	8	2	2	3	3	1	30
ACMH Ward: Bracken	1	0	1	1	0	0	0	0	0	1	2	0	6

Data collected has focused on incidents that have identified negative experiences or incidents believed to be related to the no smoking agenda. The task and finish group is now planning the collection of data that highlights positive experiences as well, including the experience and results of smoking cessation for staff and service users.

3. Further Developments and Assurance

Although the smoke-free policy is fundamentally established, there is still a requirement for further development and consistency across Trust sites. A relaunch of the smoke-free policy in October 2016 has been planned. The relaunch will include an updated and simplified clinical policy for all clinical areas. It will highlight all prohibited items and ensure clear and appropriate guidance on managing smoke-free development. There will be further support for staff in smoking cessation and improved pathways with public health smoking cessation.

After review of the current BDCFT policy and discussion with other Trusts, it has been decided by the smoke-free task-and-finish group that the following areas should be further developed and implemented across both inpatient sites:

- A number of staff were trained in level 2 smoking cessation. The aim of this was to provide in-house smoking cessation. At present, this has not been implemented consistently across all areas. Reasons for the difficulty in delivery of this include staffing levels and ensuring protected time for staff to complete these sessions. Work is currently ongoing to ascertain an up-to-date list of all staff who are trained in smoking cessation. This will afford the opportunity to ensure that all areas have access to smoke-free training and advice and that required importance is placed upon ensuring a manageable timetable for cessation delivery can be produced and implemented across all clinical inpatient sites
- A further review is planned with Consultant Psychiatrists regarding the use of section 17 leave and the creation of consistent standards across wards and sites regarding its use. Pharmacy are also attending the Medical weekly update training to continue to advise and support the medical team with appropriate advice on nicotine replacement therapy (NRT) products and the need for clear smoking status to be obtained on admission to meet the individual client's needs
- Continued partnership working with community and primary care staff in ensuring that all partner agencies, staff and service users are aware of the smoke-free policy prior to admission to hospital. A new leaflet is currently under review by the smoke-free task-and-finish group which will be sent out to all services for distribution to clients at the relaunch in October 2016
- The majority of NRT products are now available to prescribe but there has been a limited uptake of some products such as mouth-spray. A planned 'road show' in October is going to be delivered by clinical staff and pharmacists. This will cover both Bradford and Airedale sites and will incorporate drop-in sessions for both clients and staff to look at NRT products and support options for smoking cessation. This will include staff and clients from both inpatient and community settings
- Continued training for staff on the policy and protocols regarding the searching of service users and their property and the restricted items protocol to ensure consistency across sites, is planned. Airport-style signs clearly displaying images of prohibited items are being developed and will be distributed to all clinical areas.
- The reporting of IREs is continuing to be reviewed by the Risk Management Team in ensuring accurate collation of data of smoking-related incidents.
- Meetings of the smoke-free task-and-finish group have increased in their frequency and will now occur monthly in preparation for the re-launch in October.
- Monitoring of areas where breaches of the smoke-free policy are commonly reported, such as reception area of Lynfield Mount Hospital, will be increased to look at further developments required. This information will allow areas to be redesigned and resources targeted in a plan to reduce potential breaches.

- Improved signage across the sites demonstrating that all BDCFT sites are smoke free are to be established.
- Improved access to NRT for clients detained under Section 136 of the Mental Health Act. This is planned in conjunction with improved physical screening of Section 136 clients. Stock NRT items are stored on the wards for prescribing to clients admitted out-of-hours or detained on a Section 136.

4. Work with other Trusts

There has been an increase in other Trusts becoming smoke-free. These include Cygnet hospitals and South West Yorkshire Partnership NHS Foundation Trust. Since the Trust has become smoke free, BDCFT has been contacted by several other Trusts and will continue to liaise with these and other Trusts that have adopted a smoke-free approach in order to continue to learn and share good practice.

South West (SW) Yorkshire Trust

We have worked closely with SW Yorkshire Trust and have attended several of their smoke-free task-and-finish groups. There continues to be contact between the Trusts offering ongoing support and sharing of ideas. SW Yorkshire Trust have continued to report issues of breaches in smoking in areas of the hospital and it is planned that we will jointly examine these issues and propose methods to reduce these incidents by learning from each other's experiences. There is a further planned meeting between our Trusts on 26 August 2016 to continue this partnership and developments.

North East London NHS Foundation Trust

A conference call was undertaken with the Director of Nursing (Clinical Effectiveness) of North East London NHS Foundation Trust. The purpose of this was to look at some joint working between BDCFT and North London. There have been several discussions between both Trusts to look at what information/ joint working would be beneficial. One gap identified in service at both Bradford and North East London appears to be related to patient and staff experience in direct relation to the smoke-free implementation but little information on this is currently available. BDCFT is working with North East London Trust in an initiative to gather and analyse data regarding staff and patient experience of the no-smoking agenda in order to compare experience and jointly develop further actions required to improve the experience. This work is expected to be completed by quarter 3.

Oxleas NHS Trust

The Senior Advanced Nurse Practitioner for Smoke-free will be attending Oxleas NHS Trust to meet with their Head of Nursing in August 2016. This in part is to support their on ongoing work around Oxleas becoming smoke-free in October and initiate further joint working within the smoke-free agenda.

5. Scimitar Smoking Intervention

This is a York-University-led smoking intervention study with which BDCFT is involved. Its focus is on people with serious mental health problems such as schizophrenia, who are twice as likely to smoke and die approximately 25 years earlier than most as a consequence. This client group experiences poor access to effective interventions to help them quit or cut down on their smoking. It is hoped that the study will potentially develop a bespoke smoking cessation service targeted to meet the needs of those clients in the community with severe mental illness (SMI). One aim of this service is to help people to cut down smoking until they are ready to quit.

Recruitment to the study is generally going well, after some initial problems and BDCFT has recruited 29 people to the study out of a required target of 40. Recruitment closes on 1 December 2016. Randomisation has placed 13 people into the intervention arm of the study, and 16 into the control group.

Whilst recruitment rates have been slowing, we are optimistic of being able to identify sufficient participants for the last cohort; however the delivery of the intervention, which is conducted by members of clinical staff, has proved problematic due to clinical pressures. Out of the 4 staff trained to deliver the intervention, only 2 have been able to do so, and are now at capacity. Consequently, participants are restricted until further capacity can be achieved. A final attempt to recruit further clinical staff to deliver the intervention has been unsuccessful and has caused concern around current resources as to whether we can deliver the study to time, and on target. Although the remaining trained staff members, from the physical/mental health team, have not been able to participate due to operational priorities, solutions to release these staff are currently being explored.

To date, the study has seen some encouraging signs from higher functioning patients, and, clearly, we want to complete the input into this study to reap the full benefits from its findings. Additionally, we hope to participate in further studies led by York University, who do much work relevant to our population; failing to deliver this study would be a significant obstacle to that.

5. Financial Implications

There are no current financial implications.

6. Risk Implications

Risks have been identified regarding the possession of restricted items such as cigarette lighters and smoking in inappropriate areas.

Risk	Likelihood High/Medium/Low	Implication	Mitigation
Potential risk of fire	Medium	Harm to service user, staff and property	Implementation of the restricted items protocol, searching of service users and property and smoke free policy. Fire safety and Arson policy

7. Monitoring and review

The progress on actions and development will be monitored by the Acute and Community Mental Health Quality and Safety Meeting and reports are regularly presented to the Quality and Safety Committee.

8. Recommendations

That the Board

- Considers whether the information given provides assurance on the approaches taken regarding key quality and safety issues in relation to the smoke-free policy
- Supports the further development of the smoke-free initiative
- Approves the issuance of new and updated guidance for the re-launch of smoke-free in October 2016
- Approves new signage for LMH and ACMH clearly indicating the Trust's smoke-free status
- Continues to support partnership working with other Trusts
- Continues to support improved and structured smoking cessation on clinical wards