

Trust Board

28th June 2018

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| Paper Title: | Electronic Cigarette Use within Inpatient Mental Health setting |
| Lead Director: | Debra Gilderdale |
| Paper Author: | Simon Long on Behalf of the smoke free group |
| Agenda Item: | 11 |
| Presented For: | Approval |
| Paper Category: | Quality, Governance & Compliance |

Executive Summary:

Smoking has been long recognised as harmful to health and is the largest preventable cause of death in England, resulting in 80,000 premature deaths per annum (Public Health England, 2014). Although the Trust has aspired to be a smoke free environment since 2015, it remains a considerable challenge to attain. A proposal has been endorsed by the Quality and Safety Committee around the potential use of Electronic Cigarettes (E-Cigs), which are now in use across other NHS Trusts, as a method to reduce incidents resulting from smoking cessation and support further methods for patients to reduce/stop smoking.

The paper summarises the proposal (a recommendation already supported by the Quality & Safety Committee) to further develop the Trust's smoke free policy, to include the use of E-Cigs.

The proposal is to:

- Permit use of E-Cigs and support their use only in designated areas e.g. courtyards and trust grounds
 - Require use of designated device charging points
- Continue to prohibit access to 'tank' style E-Cigs, which might be used to imbibe, inhale or ingest illicit substances e.g. MDMA, cocaine, fentanyl, spice and morphine

Recommendations:

That the Board:

- Approve the proposal to allow use of specific types of E-Cigs in courtyard areas and Trust grounds and a revised smoke free policy to operate effective from 1st August 2018.

Governance/Audit Trail:

| Meetings where this item has previously been discussed (please mark with an X): | | | | | |
|---|----------|---------------------------------------|----------|------------------------------------|---|
| Audit Committee | | Quality & Safety Committee | X | Remuneration Committee | Finance, Business & Investment Committee |
| Executive Management Team | X | Directors | | Chair of Committee Meetings | Mental Health Legislation Committee |
| Council of Governors | | | | | |

| This report supports the achievement of the following strategic aims of the Trust: (please mark those that apply with an X): | |
|--|----------|
| Quality and Workforce: to provide high quality, evidence-based services delivered by a diverse, motivated and engaged workforce | x |
| Integration and Partnerships: to be influential in the development and delivery of new models of care locally and more widely across West Yorkshire and Harrogate STP | |
| Sustainability and Growth: to maintain our financial viability whilst actively seeking appropriate new business opportunities | |

| This report supports the achievement of the following Regulatory Requirements: (please mark those that apply with an X): | |
|---|----------|
| Safe: People who use our services are protected from abuse and avoidable harm | x |
| Caring: Staff involve people who use our services and treat them with compassion, kindness, dignity and respect | x |
| Responsive: Services are organised to meet the needs of people who use our services | x |
| 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. | x |
| 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. | x |
| NHSI Single Oversight Framework | |

1. Introduction & Background

Smoking has been long recognised as harmful to health and is the largest preventable cause of death in England, resulting in 80,000 premature deaths per annum (Public Health England, 2014). On average 42% of all tobacco smoked in the UK is smoked by people with mental ill health and causes disproportionate harm in this group.

Increased smoking is significant in the excess mortality in people with severe mental illness and quitting smoking is the single most important lifestyle change that can be made to improve health and life expectancy in this group. The highest prevalence of smoking is found amongst people who are inpatients on psychiatric units, with an estimated 70% smoking, of whom 50% are described as heavy smokers.

The Trust adopted a smoking cessation approach (which has been presented to the Trust Board previously) and has aspired to be a smoke free environment since 2015, offering smoking cessation advice and nicotine replacement therapy (NRT) to inpatients.

Although the Trust has tried to be a smoke free environment there have been considerable challenges in maintaining this approach examples of which include:

- frequent incidents of smoking related incidents reported in acute and specialist care
- frequent short periods of leave granted for those service users who do not wish to cease smoking requiring an increase in the need for extra staff to escort service users
- Some of the service users are currently using Electronic Cigarettes as a form of NRT but having to stop once they are admitted to hospital

As a result, the smoke free group have reviewed the smoking cessation approach and proposed an alternative to the Quality and Safety Committee regarding the introduction of the use of Electronic Cigarettes within Inpatient settings.

2. Electronic Cigarettes (EC)

The smoke free working group explored the potential use of Electronic Cigarettes (EC or E-Cig). Electronic Cigarettes uses battery power to heat up an element which heats a liquid containing propylene glycol, nicotine and flavour. No smoke or combustion is produced, and no tobacco is included.

EC use is not covered by UK smokefree law and requirements. South London and Maudsley Trust (SLaM) have developed an EC policy as well as other trusts such as TEWV & NTW whom also advocate the use of E Cigarettes in their trust spaces. Sheffield Health and Social Care also advocate the use of EC.

The CQC state that inspections will not challenge smoke free policies, however there will be focus on what support and advice is offered for smokers to abstain or stop including the use of medication, EC and behavioural support.

E-Cig (EC) use is seen more positively than smoking tobacco and in a survey by ASH, 67% of respondents were in agreement that EC should be available for use in mental health services as an alternative to smoking.

3. Proposal

In light of evidence in relation to supporting smoking cessation and harm reduction and to reduce the ongoing challenges, the smoke free group developed a proposal that was submitted to the Quality and Safety Committee (QSC) to introduce the use of E-Cig within in-patient settings (appendix one). Consequently the QSC gave support to the re-drafting of the current smoke free policy to include procedures to allow the use of E-Cig for service users admitted to the wards.

This policy has now been completed and approved by the professional council and can be found in appendix two and it is proposed that this policy is introduced across services with effect from 1st August 2018. The Trust remains committed to achieving a smoke free environment and supporting patients to give up smoking. Consequently E-Cig will be supported as a form of NRT with smoking cessation advice continuing and the Trust will continually review the emerging evidence regarding the use of ECigs and amend our approach/the policy accordingly.

The proposal is to:

- Permit use of service users' own rechargeable E-Cig and support their use only in designated areas e.g. courtyards and trust grounds
- Require use of designated device charging points
- Continue to prohibit access and use to 'tank' style EC, which might be used to imbibe, inhale or ingest illicit substances e.g. MDMA, cocaine, fentanyl, spice and morphine
- Hold a small supply of disposable E-Cig to be available for short-term/emergency use, e.g. on admission

4. Next Steps

Once approved by the Trust Board, the smoke free group will continue to develop and initiate procedures for the introduction, use and monitoring of E-Cigs within inpatient settings.

Key activities to support implementation are:

- Consideration of communications to service users, staff and other visitors

- Assessment of Trust signage implications
- Installation of Trust approved charging points (to Inpatient Wards)
- Procurement of a small stock of disposable E-cigarettes (for emergency/short term service user use)

5. Implications

5.1 Legal and Constitutional

None

5.2 Resource

The policy for the use of E-Cigs within in-patient settings state that acute services will provide and manage controlled charging units; this has been defined and costed below. The current NRT costs are being assessed.

The proposal is to ensure a supply of E-Cigs within the inpatient settings for use on admission and during the first few days, but the service users will then be expected to supply their own E-Cigs following this. The actual provider of single use E-Cigs has yet to be defined by the smoke free group. The requirement of single use E-Cigs will require monitoring within the 3 months however an estimation of requirement has been made on an average of 5 admissions a day, 70% or which may be smokers and may require a supplied EC.

| Item | Details | Recurrent | Non-recurrent |
|------------------------------|--------------------------|-----------|---------------|
| Lockable Charging Units | 1 per ward (13 in total) | | £8000 |
| Single use disposable E-cigs | 1277 @ £6.95 each | £8875 | |
| Change of signage* | | | £1000 |
| | | | |
| Total | | £8875 | £9000 |

Note that the above costs* have not been fully assessed but would be managed from within existing budgets.

5.3 Quality and Compliance

The introduction of E-Cigs within inpatient settings will aid compliance with the Trust's smoke free policy and reduce current smoking related incidents. The CQC state that inspections will not challenge smoke free policies, however there will be focus on what support and advice is offered for smokers to abstain or stop including the use of medication, E-Cigs and behavioural support.

6 Risk Issues Identified

| Risk | Likelihood High/Medium/Low | Implication | Mitigation |
|------|----------------------------|------------------|----------------------------|
| | Low | Fire risk within | For controlled chargers to |

| | | | |
|--|--------|---|--|
| Risk of explosion / fire during charging of E-Cigs | | units | be supplied for inpatient services that can be monitored |
| Potential uses substance misuse secreted within E-Cigs | Medium | Use of illicit substances within services | Prohibit the use of 'tank' style E-cigs. |

7 Monitoring and Review

An update on the introduction of E-Cigs and consequent outcomes will be presented to the Quality and Safety Committee.

8 Timescales/Milestones

A policy for the introduction and use of E-Cigs within inpatient settings has been developed and can be put into place to achieve the proposed effective date of 1st August.

9. Appendices



e-cigpaper2018 QSC
version.docx



Smoke Free Policy
Update with E-Cig ad