

Smokefree Policy

H23

Ref No:

Date: 24/09/2019

Partners in Care

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ELECTRONIC CIGARETTE MANAGEMENT			
SMOKING POLICY – YOUNG PERSONS UNIT, LOUISA CARY WARD, TORBAY HOSPITAL			
DICIPLINARY POLICY			
UNIFORM POLICY			
GRIEVANCE POLICY			
<p>The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.</p> <p>The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.</p>			

Amendment History

Issue	Status	Date	Reason for Change	Authorised

Contents

1	Introduction.....	3
2	Policy Statement/Objective.....	4
3	Roles & Responsibilities	5
4	Main body of the document	6
5	Training.....	12
6	Monitoring, Auditing, Reviewing & Evaluation	12
7	References	12
9	Equality and Diversity Exceptions.....	13
10	Distribution.....	13
11	Appendices.....	13

1 Introduction

Smoking remains the leading cause of preventable morbidity and premature mortality in England, causing around 96,000 deaths every year, and more deaths than the next six most common causes of premature mortality (Public Health England).

The evidence set out in papers reviewed by the South West Clinical Senate (2017) states that:

- Tobacco is still the biggest killer in England
- Although fewer people are smoking the prevalence of smoking in Torbay is 14.8% compared to the regional average of 13.7%.
- More pregnant women than average smoke in the South West and Torbay has the highest percentage of smoking during pregnancy in the region
- 1 in 4 hospital beds are occupied by a smoker
- 1 in 4 patients accessing healthcare are smokers
- Hospital based programmes addressing tobacco dependence have been shown to significantly lower rates of all cause re-admissions, smoking related re-admissions and all cause ED visits

In addition to the human cost, smoking is estimated to cost the NHS in England £2.6 billion a year (PHE: Cost of Smoking to the NHS in England 2015).

Torbay and South Devon NHS Foundation Trust (TSDFT) is committed to providing the best possible working conditions and environment for all employees and in doing so is keen to promote a smokefree environment. It is therefore the belief of the Trust that all employees have the right to breathe air free of tobacco during the course of their duties and be protected from the harmful effects of second hand smoke.

The Trust also has a legal obligation in accordance with the Health and Safety at Work Act 1974 and Smokefree (Premises and Enforcement) Regulations 2006 to

ensure the safety of all employees during the course of their duties and in recognition that smoking not only affects smokers, but also non-smokers exposed to second hand smoking, then it is considered appropriate for the Trust to enforce a smokefree working environment.

2 Policy Statement/Objective

TSDFT premises and grounds are completely smokefree environments for all, supporting smokers to stop smoking and to protect staff, patients/service users and visitors from second hand smoke. Smoking and using any form of tobacco is not permitted anywhere on any Torbay and South Devon Foundation Trust site; this includes all internal and external areas, including car parks, Trust vehicles and covers the Trust boundaries.

This policy applies to all employees, visitors, patients/service users, contractors, and employees of other Trusts and organisations that occupy or use TSDFT premises.

Torbay and South Devon NHS Foundation Trust remains committed to helping people to stop smoking and to encourage and support staff to quit smoking or to manage their tobacco dependence whilst on Trust premises in order to adhere to the policy and reduce harm from tobacco.

The policy will clarify the use of electronic cigarettes/vapourisers (e-cigarettes) as an alternative to smoking combustible tobacco.

E-cigarettes can help to reduce the acceptance of smoking by cutting the number of smoking role models, reducing public smoking and providing a role model for the rejection of smoking. International peer-reviewed evidence indicates that the risk to the health of bystanders from exposure to e-cigarette vapour is extremely low and e-cigarettes have significant potential to help reduce tobacco use and the serious harm it causes to smokers, those around them and wider society¹. E-cigarettes will therefore be allowed on trust grounds (not in trust buildings or vehicles) but employees should consider etiquette and appearance when using vaping products that create a vapour in the presence of other employees, patients/service users and visitors. Please see the Electronic Cigarette Management policy for further information regarding the use and charging of e-cigarettes.

The use of e-cigarettes will be reviewed by the Trust should they become prescribed; when further evidence concerning their use emerges; or in light of Government guidance or legislation.

¹ Public Health England: Use of e-cigarettes in public places and workplaces (2016)

The key objectives to the policy are:

- 2.1 Protect and improve the health and safety of staff, patients/service users and visitors across all TSDFT services (acute and community provision).
- 2.2 Implement NICE guidance PH48 smoking cessation in secondary care: acute, maternity and mental health services.
- 2.3 Ensure that patients/service users and staff have easy access to stop smoking medications (e.g. Nicotine Replacement Therapy (NRT) or prescription only medication) to aid quitting, treat withdrawal symptoms and assist with compliance of the smokefree policy.
- 2.4 Motivate and support all smokers to quit by providing smoking cessation advice and support. Every smoker using NHS services is offered stop smoking support on site or referred to local services.
- 2.5 To ensure the rights of employees, patients/service users and visitors to a smokefree environment.
- 2.6 To take into account the needs of employees and patients/service users who continue to smoke.
- 2.7 To provide a protocol for Health Care Workers with regard to the care of patients/service users, relatives and visitors who smoke.
- 2.8 To set an example to other employers and workforces, particularly in health related locations.
- 2.9 To comply with the Smokefree (premises and enforcement) regulations 2006 and allied legislation.

3 Roles & Responsibilities

- 3.1 Trust Responsibilities
 - 3.1.1 Overall responsibility for implementing this policy and ensuring it is fully supported by staff, rests with the Trust's Chief Executive and Executive Board, with a clinical champion to be identified at board level.
 - 3.1.2 The Trust has a legal and moral obligation to provide a safe and comfortable working environment that is compliant with the Health and Safety at Work Act 1974 and Smokefree (Premises and Enforcement) Regulations 2006.
 - 3.1.3 The Trust will seek to take any appropriate action against employees who choose to negatively impact upon the working experience and health of colleagues and patients/service users by smoking in unauthorised places.
 - 3.1.4 Trust will support staff to be Smokefree, by facilitating behavioural support to maintain abstinence from smoking during working hours or offer support to help quit smoking.
 - 3.1.5 The Trust should have a named consultant responsible for stop smoking (usually a chest physician).
 - 3.1.6 All wards/departments/divisions should have a dedicated lifestyles champion responsible for:
 - Promoting brief intervention training to staff to ensure that the identification of smokers, the assessment of their tobacco dependence, the provision of medication and referral pathways are in place.

- Ensuring that smoking cessation posters and display materials are clearly visible.
- Ensuring referral forms are accessible to patients/service users and staff.

3.2 Line Manager Responsibilities

- 3.2.1 To make employees aware of this policy and the restrictions on smoking and vaping during working hours, in work uniforms, and on work premises including Trust vehicles.
- 3.2.2 Staff who wish to quit smoking should be supported to be able to attend stop smoking appointments in relation to their working times and rostered hours.
- 3.2.3 To ensure that contractors or non-NHS staff comply with this policy.
- 3.2.4 To raise concerns with employees reported as being in breach of the smoking regulations contained in this policy.
- 3.2.5 To make employees aware of the possible implications from tobacco smoking or vaping in unauthorised places on Trust premises and/or whilst being in uniform and take appropriate action as required.
- 3.2.6 To ensure that the application of the policy is monitored in individual service areas. Incidents relating to the implementation of this policy are to be monitored through the health and safety committee.
- 3.2.7 To advise prospective employees and new employees of the policy either through Job Application Information Packs, the Trust's Induction Programme or directly by their Ward/Departmental Manager.
- 3.2.8 To use line management, 1-2-1s, return to work interviews and achievement reviews to raise awareness of the policy and of health related behaviours (including smoking) as part of a wellbeing review.

3.3 Employee Responsibilities

- 3.3.1 All employees have a responsibility to comply with this policy as part of the terms and conditions of employment, and to provide support to patients, visitors and colleagues.
- 3.3.2 Employees should respect the rights of patients/service users and work colleagues to a Smokefree environment by not engaging in any smoking activity whilst on Trust premises.

4 Main body of the document

4.1 Stop smoking support for staff

- 4.1.1 NHS Trust staff should be encouraged and supported to quit smoking. Staff who wish to quit smoking should be supported to be able to attend stop smoking appointments in relation to their working times and rostered hours.
- 4.1.2 Local services and resources are available for staff to access stop smoking support and are accessible through the intranet site.

- 4.1.3 The National NHS smoking help line (0800 022 4332) is also available to staff to access and gives help and advice to smokers to quit, and can offer information on where to access local NHS cessation services. Further information is available at: <http://Smokefree.nhs.uk>.
 - 4.1.4 Staff are discouraged from smoking at any time during the working day, however, staff who continue to smoke when at work, must smoke only during official break times and they must leave the site completely. Staff must ensure that any form of identification and/or uniform is completely covered up, this is to ensure that they are not identified as Trust staff and to reduce the impact of smoke on their clothes when administering patient care.
 - 4.1.5 The Trust recognises that e-cigarettes have a role to play in supporting smokers to quit or as an alternative to smoking but ask that employees consider etiquette and appearance before vaping on Trust grounds. Use of e-cigarettes or vaping is not permitted inside trust premises or vehicles.
 - 4.1.6 Staff choosing to go off site particularly when on a late shift or night duty, should undertake a risk assessment to ensure their personal safety is not compromised.
 - 4.1.7 Trust employees affected by this policy can seek advice and support from the Employee Assistance Programme. This is a confidential support service, providing practical information, legal advice, telephone and face-to-face counselling. The service is free and available to all Trust employees, 7-days a week, by telephoning 0800 1116 387, or via email at helpline.wellness@rehabworks.co.uk.
- 4.2 Stop smoking support for patients/service users
- 4.2.1 Patients/service users should be advised of the existence of the Trust's smokefree policy prior to the attendance of any appointment and should be provided with written communication on how to stop smoking. Planned admissions should be referred to their local stop smoking service at the earliest opportunity and offered support to either stop smoking or abstain from smoking during the course of their stay in hospital.
 - 4.2.2 Coming into contact with a healthcare professional can present patients/service users with an ideal opportunity to stop smoking. All employees can access training in how to give brief intervention advice, which promotes quitting and reduces resistance to behaviour change. This will be delivered within the Trust as part of the Making Every Contact Count (MECC) training programme.
 - 4.2.3 Patient's smoking status should be recorded in their case notes. Actions taken by the member of staff to promote stopping smoking should also be clearly documented on the care record.
 - 4.2.4 The Trust supports a volunteer led lifestyles screening programme providing information and brief advice to identified smokers.
 - 4.2.5 All smokers should be referred to their local Stop Smoking Services via the Trust website; resources including referral cards are available to give to patients/service users.

- 4.2.6 NICE Guidance PH26 recommends that all pregnant women should have a Carbon Monoxide (CO) reading taken at the time of booking in order to assess exposure to CO through smoking or second hand smoke and should be reviewed at every appointment. Pregnant women who are still smoking at the time of delivery should be given advice on the continued risks of smoking and dangers of second hand smoke to their baby. Post-natal women who smoke and their partners who smoke should also be encouraged to quit and referred to their local stop smoking service.
- 4.2.7 Following assessment of smoking status and nicotine dependence, frontline medical or other qualified staff should consider prescribing smoking cessation medication for patients/service users in order to manage withdrawal symptoms and/or to support the smoker in quitting smoking.
- 4.2.8 Medical or other qualified staff will, if appropriate, prescribe first line smoking cessation medication on a prescription chart or outpatient prescription. All outpatient prescriptions must be in line with South and West Devon Formulary and Referral processes.
- 4.2.9 For high-risk inpatients requiring intensive behavioural support and potentially higher doses of nicotine (e.g. pregnant women, cardiovascular disease, lung disease, diabetes, pre-operative and people with mental health conditions) who are receiving NRT, Varenicline or Bupropion; the Trust is responsible for ensuring that they are referred to the Stop Smoking Service before discharge as there is a high risk of relapse once the patient returns home without ongoing support. This will prevent a gap in service to the client and ensure that access to stop smoking medication and support is provided seamlessly.
- 4.2.10 All patients/service users receiving stop smoking medication should be advised on discharge about how best to maintain smokefree status and provided with 7 days of relevant stop smoking medication.
- 4.2.11 Staff should advise patients/service users against leaving the site to smoke or use electronic cigarettes and ensure that they are using sufficient NRT to manage withdrawal symptoms. Should they still choose to leave the ward or department, staff must highlight the risks of accident, deterioration of condition and reduced access to care and treatment. If you advise a patient against leaving the ward to smoke, but they still choose to do so, this will be documented in their clinical record.
- 4.2.12 The smokefree policy also applies to all Devon Partnership Trust (DPT) patients/service users with mental health conditions who are being cared for by the general hospital. Inpatients within Haytor and Beech wards who are under the care of DPT are subject to the DPT Smokefree Environment Policy (S13).
- 4.2.13 Advice and support in managing very dependent smokers can be obtained from the local stop smoking service.
- 4.2.14 Staff that visit patients/clients in their homes to deliver treatment and/or care will not be expected to be exposed to second hand smoke. It is recommended that if it is known that a visit is being

made to a patient who smokes (or a relative or carer) they are asked (usually by letter), to refrain from smoking in the room to be used for at least one hour prior to arrival and for the duration of the visit. If a patient/client/ other person refuses to do this, the patient may be asked to attend a suitable Smokefree venue instead for their treatment/care to be delivered.

- 4.2.15 It is unlikely that the use of electronic cigarettes by patients/service users or carers in their own homes will pose any significant risk to staff. International peer-reviewed evidence indicates that the risk to the health from exposure to e-cigarette vapour is extremely low².

4.3 Stop Smoking Support for Visitors

- 4.3.1 Visitors are not permitted to smoke anywhere on the Trust premises. Information for visitors, including information on the hospital website, should inform visitors of the Trust's smokefree policy.
- 4.3.2 Visitors should have access to information about local stop smoking services and are able to self-refer or may be referred by a member of staff. Posters and leaflets are in place throughout the organisation advertising these services.
- 4.3.3 Licensed nicotine containing products (NRT) should be available to be purchased within Trust retail premises/pharmacy.

4.4 Procedures

- 4.4.1 Partner organisations will be informed of the Trust's smokefree policy.
- 4.4.2 Trust staff are expected to ensure that visitors, staff and patients are compliant with the smokefree policy and to inform visitors, patients and staff of the policy if they are found to be in breach of it. Smokers should be dealt with non-judgementally and smokers should be offered help to quit or to manage withdrawal symptoms (including cravings).
- 4.4.3 Staff will not be expected to enter into any personal confrontation that is likely to put their personal safety at risk, though it is hoped staff will contribute to increasing awareness of the smokefree policy and that through appropriate training contribute to its implementation.
- 4.4.4 Should any employee have a complaint made against them for politely informing someone of the Trust's smokefree policy, they will have the Trust's full support in taking action which is in compliance with this policy.
- 4.4.5 The smokefree policy will be made available on the Trust intranet and website. Information leaflets are also available throughout the Trust for patients, staff and visitors. All correspondence to patients will inform them of the Trust's smokefree policy.
- 4.4.6 Adequate signage will be prominently displayed at the entrances to buildings, and other necessary locations throughout the Trust re-enforcing and identifying that the Trust operates a smokefree environment.

² Public Health England: Use of e-cigarettes in public places and workplaces (2016)

- 4.5 Use of electronic cigarettes and vapourisers
- 4.5.1 The use of electronic cigarettes and vaporisers are not covered by current Smokefree legislation, however the Trust acknowledges that e-cigarettes have a role to play in supporting smokers to quit or as an alternative to smoking. Employees must consider etiquette and appearance before vaping on Trust grounds and the use of e-cigarettes or vaping is not permitted inside trust premises or in trust vehicles.
- 4.5.2 Guidance from Public Health England (PHE) has confirmed that e-cigarettes have the potential to help reduce tobacco use and the serious harm this causes to smokers and those around them. An independent review of evidence published by PHE in 2015 found that vaping is around 95% safer for users than smoking.
- 4.5.3 The Trust permits patients and visitors to use e-cigarettes as an alternative to smoking in the hospital grounds. The use of vaping products that create a vapour cloud is not permitted inside buildings; near entrances, exits or windows; or where patients, service users, visitors or staff congregate.
- 4.5.4 The charging of e-cigarettes is not permitted anywhere on site or in Trust vehicles due to potential fire hazards.
- 4.6 Contravening the Trust's smokefree policy
- 4.6.1 TSDFT Employee
- 4.6.1.1 The Trust takes seriously any breach to the smokefree policy and considers that second- hand smoke could significantly and adversely affect the health of employees. It is therefore the commitment that upon the first instance of an employee being observed and/or reported to have contravened the Trust's smokefree policy that there will be a meeting convened by their line manager to explain the implications of their behaviour. At this meeting the employee should be made aware of the following:
- That they have been observed and/or reported to have contravened the Trust's smokefree policy
 - Reminded that their behaviour could constitute misconduct in accordance with the Trust's values, and that further instances of such behaviour could lead to a formal investigation and disciplinary sanction being applied
 - Explanation of the risks of their behaviour with regards to financial penalties being imposed on the Trust for breaching the Smokefree (Premises and Enforcement) Regulations 2006 and associated reputational damage to the Trust
 - Expectations set with regards to future behaviour
- 4.6.1.2 A summary of this discussion should be provided by the line manager to the employee within seven calendar days of the meeting.

- 4.6.1.3 For any further instances of the employees breaching the smokefree policy reference should be made to the disciplinary policy (H1).
- 4.6.2 Patient or visitor breaches the policy
- 4.6.2.1 Patients or visitors found smoking should be advised of this policy by security staff and by members of staff. The person should be politely asked to stop smoking or to move off the Trust grounds. An information card with details of local stop smoking services should be given to the person smoking.
- 4.6.2.2 If the person smoking is an inpatient, medical staff or other qualified staff will, if appropriate, prescribe stop smoking medication on a prescription chart and provide support to the patient to abstain or quit smoking whilst on trust premises.
- 4.6.2.3 When considering whether to ask a patient or visitor not to smoke in the Trust grounds, staff should be sensitive to that person's personal situation, particularly if the patient or visitor is visibly distressed. Distressed relatives or carers who wish to smoke should be dealt with sympathetically but no provision can be made for them to smoke on site. The staff member dealing with them may wish to direct them to the boundary of the Trust site or, if staff availability allows, escort them there. Staff should not remain in a position where they are exposed to second hand smoke or seen to be endorsing smoking.
- 4.6.3 Volunteer breaches the policy
- 4.6.3.1 Volunteers found smoking should be advised of this policy by security staff or by other appropriate members of staff. The volunteer will be politely asked to stop smoking or to move off the Trust's ground. Referral to the local stop smoking service should be offered by way of an information card with details of the service being given to the Volunteer.
- 4.6.3.2 Volunteers found smoking on Trust grounds on more than one occasion, or smoking outside Trust grounds while wearing a recognisable Trust uniform or Trust identification badge on more than one occasion will be reported to a member of security. Security will then inform the Volunteer Manager, and the matter could be dealt with as misconduct under the Voluntary Services' Policies.
- 4.6.4 Contractor or supplier breaches the policy
- 4.6.4.1 Tenders and contracts with TSDFT shall stipulate adherence to this policy as a contractual condition. Contractors or suppliers found smoking should be advised of this Policy. The person should be politely asked to stop smoking or to move off the Trust's grounds.
- 4.6.4.2 If the person persists in smoking, security should be informed and they will inform a Senior Manager in the

Estates and Facilities team. The Manager will contact the employer of the person concerned. The employer will be expected to take action to guarantee that the person will not smoke on the Trust's grounds again.

5 Training

- 5.1 The Department of Health (DH) recommends that all front line health care professionals provide at least Very Brief Intervention (VBI) advice to smokers "[30 seconds to save a life](#)". This is line with the NHS commitment to 'Make Every Contact Count' (MECC)

ASK: Ask about smoking status (current smoker/ex-smoker/date of last cigarette/non- smoker)

ADVISE: Advise about the benefits of quitting smoking and that they are 4 times more likely to be successful with a stop smoking service

ACT: Refer the smoker and their partner (if appropriate) to the local stop smoking service – unless they choose to opt out of this invitation

- 5.2 If time allows a more comprehensive assessment of the smoker's intention to quit in the short term can be made and more motivational support can be provided. Frontline staff can receive training and support with this through the Torbay Healthy Lifestyles Service by contacting 0300 456 1006.

6 Monitoring, Auditing, Reviewing & Evaluation

6.1

7 References

- 7.1 Health Act, 2006. [Accessed on 2nd October 2018]. Available from: http://www.legislation.gov.uk/ukpga/2006/28/pdfs/ukpga_20060028_en.pdf
- 7.2 NICE PH48
- 7.3 Public Health England. '[Evidence review of e-cigarettes and heated tobacco products 2018](#)'
- 7.4 Public Health England. '[Use of e-cigarettes in public places and workplaces 2016](#)'

8 Equality and Diversity

- 8.1 This document complies with TSDFT's Equality and Diversity statement.

9 Equality and Diversity Exceptions

9.1

10 Distribution

10.1

11 Appendices

The Mental Capacity Act 2005

The Mental Capacity Act provides a statutory framework for people who lack capacity to make decisions for themselves, or who have capacity and want to make preparations for a time when they lack capacity in the future. It sets out who can take decisions, in which situations, and how they should go about this. It covers a wide range of decision making from health and welfare decisions to finance and property decisions

Enshrined in the Mental Capacity Act is the principle that people must be assumed to have capacity unless it is established that they do not. This is an important aspect of law that all health and social care practitioners must implement when proposing to undertake any act in connection with care and treatment that requires consent. In circumstances where there is an element of doubt about a person's ability to make a decision due to 'an impairment of or disturbance in the functioning of the mind or brain' the practitioner must implement the Mental Capacity Act.

The legal framework provided by the Mental Capacity Act 2005 is supported by a Code of Practice, which provides guidance and information about how the Act works in practice. The Code of Practice has statutory force which means that health and social care practitioners have a legal duty to have regard to it when working with or caring for adults who may lack capacity to make decisions for themselves.

“The Act is intended to assist and support people who may lack capacity and to discourage anyone who is involved in caring for someone who lacks capacity from being overly restrictive or controlling. It aims to balance an individual's right to make decisions for themselves with their right to be protected from harm if they lack the capacity to make decisions to protect themselves”. (3)

All Trust workers can access the Code of Practice, Mental Capacity Act 2005 Policy, Mental Capacity Act 2005 Practice Guidance, information booklets and all assessment, checklists and Independent Mental Capacity Advocate referral forms on iCare

http://icare/Operations/mental_capacity_act/Pages/default.aspx

Rapid (E)quality Impact Assessment (EqIA) (for use when writing policies)

Policy Title (and number)		Smokefree policy		Version and Date	
Policy Author		Andy Simpson			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
Who may be affected by this document?					
Patients/ Service Users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Contractors, visitors and employees of other Trusts / organisations <input checked="" type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population?					
<i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it likely that the policy could affect particular 'Inclusion Health' groups less favourably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Please provide details for each protected group where you have indicated 'Yes'. 'Inclusion Health' groups are more likely to be affected by the policy but they are not treated less favourably					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language ⁵ used throughout?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Are the services outlined in the policy fully accessible ⁶ ?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Does the policy encourage individualised and person-centred care?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA <input type="checkbox"/>
EXTERNAL FACTORS					
Is the policy a result of national legislation which cannot be modified in any way?					Yes <input type="checkbox"/> No <input type="checkbox"/>
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
Who was consulted when drafting this policy?					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input type="checkbox"/>		Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state... <input type="checkbox"/>	
What were the recommendations/suggestions?					
Does this document require a service redesign or substantial amendments to an existing process? <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
ACTION PLAN: Please list all actions identified to address any impacts					
Action				Person responsible	Completion date
AUTHORISATION:					
By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Andy Simpson			Signature	
Validated by (line manager)	Lyn Ware			Signature	

Please contact the Equalities team for guidance:

For South Devon & Torbay CCG, please call 01803 652476 or email marisa.cockfield@nhs.net

For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdht@nhs.net

This form should be published with the policy and a signed copy sent to your relevant organisation.

¹ Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user

² Travelers may not be registered with a GP - consider how they may access/ be aware of services available to them

³ Consider any provisions for those with no fixed abode, particularly relating to impact on discharge

⁴ Consider how someone will be aware of (or access) a service if socially or geographically isolated

⁵ Language must be relevant and appropriate, for example referring to partners, not husbands or wives

⁶ Consider both physical access to services and how information/ communication is available in an accessible format

⁷ Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Clinical and Non-Clinical Policies – New Data Protection Regulation (NDPR)

Torbay and South Devon NHS Foundation Trust (TSDFT) has a commitment to ensure that all policies and procedures developed act in accordance with all relevant data protection regulations and guidance. This policy has been designed with the EU New Data Protection Regulation (NDPR) in mind and therefore provides the reader with assurance of effective information governance practice.

NDPR intends to strengthen and unify data protection for all persons; consequently, the rights of individuals have changed. It is assured that these rights have been considered throughout the development of this policy.

Furthermore, NDPR requires that the Trust is open and transparent with its personal identifiable processing activities and this has a considerable effect on the way TSDFT holds, uses, and shares personal identifiable data. The most effective way of being open is through data mapping. Data mapping for NDPR was initially undertaken in November 2017 and must be completed on a triannual (every 3 years) basis to maintain compliance. This policy supports the data mapping requirement of the NDPR.

For more information:

- Contact the Data Access and Disclosure Office on dataprotection.tsdf@nhs.net,
- See TSDFT's [Data Protection & Access Policy](#),
- Visit our [GDPR](#) page on ICON.

Protocol and Guideline Ratification

Ref No:

(n.b. for new documents, this number will be allocated after ratification, prior to publication on the intranet)

Title:

Delete this text and type your information in respective text entry areas.

Responsible for review	Designation	Approval of policy	Date

*Ratified By Name	Designation	Signature	Date Approved

***Please note:**

- **Your new/revised document will not be published on the intranet until a fully signed off Ratification Sheet is received by the Clinical Effectiveness Department.**
- Please ensure that your document is approved by your peer group, and ratified by your Clinical Lead.
- If your document contains references to any form of drug, ratification from the Clinical Director of Pharmacy is required **in addition** to your Clinical Lead ratification.

Links or overlaps with other policies:
