

## THE SMOKE FREE CHALLENGE – BY RON MOODY

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I suppose I should start by saying a bit about myself...

I hold the post of Health & Safety Risk Manager and have been in post with South London and Maudsley NHS Foundation Trust since April 2002. Prior to this I worked for the London Borough of Hackney, in a Health & safety role for about 3 years and before this I completed 37 years in the Army.

In October 2003 I pick up the following article from a Safety Management magazine:

- The Prospect of a Europe-wide ban on workplace smoking has moved a step closer after the European Commission announced plans to consider the introduction of a Directive on the prevention of exposure to passive smoking at work.

I took this to the Trust Health and Safety Committee to see if they felt if the Trust needed to pursue this – it met with a mixed reaction. The outcome was that the Lambeth Hospital stated that they would like to pilot a going smoke free initiative. For the next 12 months this was worked at with a series of consultations with staff, service users and trade unions, a policy was drafted and put out for consultation. This was overtaken by events.

In 2005 the white paper “Choosing better health” was published, the following statement was made:

- ‘NHS organisations should take action to eliminate secondhand smoke from all their buildings and provide comprehensive support for smokers who want to give up’
- ‘By the end of 2006 ... the NHS will be smoke free’ ‘The HDA will shortly publish guidance for NHS organisations on the provision

of smoke free buildings to protect staff, patients and others from the health risks of secondhand smoke'

As a result of this the Chief Executive along with my boss decided that the Trust had to have a smoke free lead and that was to be me – why me I asked (hadn't I enough to do?) – The answer was that as I am almost public enemy No 1 (due to health and safety), I might as well go all the way and be public enemy No 1. On those grounds I accepted the challenge and what a challenge it turned out to be.

My first thought was that I cannot do this on my own, so I asked each Director to appoint a smoke free lead and these would form the basis of the Trust Smoke Free working group and to my amazement I suddenly had 7 senior managers on my working group, this working group was boosted by membership from HR, Estates and Facilities, Finance, Pharmacy, Occupational Therapy, Health & Safety Advisers (I needed someone on my side), Trade Union, Service user representation, Communications and a selection of ward managers. It might be thought that this was a large working group, well you would be right and this was the first challenge to get all working together towards a common aim of going smoke free by the end of 2006. With good management and diplomacy it worked (up to a point), we had a couple of smokers in the group (a good thing) who did everything they could to derail the process, I often felt like telling them to go away and have a smoke break so that the rest of us could get on with the matter in hand.

The aim of the group was to have a smoke free policy in place for the implementation of smoke free premises in January 2006 – trying to stay ahead of the game.

The approach was to get a draft policy out for consultation as quickly as possible, this took two months to write a document that the group agreed upon – it is now September, 3 months to implementation!

The policy went of for wide consultation – all staff and service user groups, they where given a month to comment, and did I receive some comments:

- Some helpful
- Some not so helpful
- Some downright abusive (time to put the rhino skin on)

After the consultation period I amended the original draft and it went back to the working group, the general thought that it was a workable document, it then need to go to the Trust Board for approval we where running out of time so the group decided to delay implementation until July 2006 as we did not want to release a policy for immediate implementation. The draft policy went to the December Board and much to my relief was approved.

It was then decided that there had to be a robust implementation plan, which would include the following:

- Publicity campaign
- Training staff
- Meetings with service users and staff

The Trust communications department where asked to come up the a strategy for this implementation, this they did and we had a rolling program of implementation starting from January 2006 and running through to July 2006. This needed funding, so I went back to the Trust Board who amazingly gave me a grant of £7000.

Posters and leaflets where designed and printed and the distribution started in January 2006. I started a round of ‘hearts and minds’ visits to all wards and departments talking to as many staff and service users as I could. This at times was good and beneficial and at other times was harrowing and counter productive. However the policy was implemented and in most cases all wards had a smoke free plan.

## **Lesson learnt from this first approach:**

- Do not rush the process, leave plenty of time for full consultation, and get most if not all to buy into the process before implementing.
- Ensure that you have the backing of the Trust Board and that you have sufficient funding – we ran out very quickly £7000 does not go very far.
- Be selective with membership of the working group, ours was maybe too large, get people on it who can influence and make a difference.
- Be ready for setbacks.
- Failure to put the right support in place – no liaison with Smoking Cessation Clinics.

## **Challenges**

- Staff attitude “this will never work”
- Dealing with Human Rights
- Being very much a one man band – I ended up doing all the visits etc

## **Barriers**

- Lack of sufficient funding
- Lack of enthusiasm by staff and managers to go all the way with this project.
- To some extent lack of enthusiasm by the Trust Board and there was not any real legal requirement to take this forward.

## **The Smoking Ban**

However, during the second half of 2006 rumours were about that a smoking ban was going to be put into effect – the emphasis suddenly change – forget ‘choosing health’. What is this talk about a ban? The rumours included:

- It will only be pubs, clubs etc
- Mental health will be exempt
- Two tier approach to mental health – Short stay to be banned from smoking, long stay to be exempt.

This really put our efforts at complying with the ‘choosing health’ initiative on hold. Now the working group was looking at a complete ban on smoking with legal enforcement – now there’s a challenge.

After going to a series of conferences and meeting others who were in the same boat as me (fog bound and not sure which direction to go in). It became clearer that there would be a ban on smoking in all public places and workplaces to be implemented some time in 2007. The full details, this stage were not known and would not be known for a while. So I took the assumption that it would be a full ban and that mental health trust would not be exempt. I had to sell this to the Trust Board, staff and service users. I did this as follows:

- A short presentation to the board on to the reason why I thought that a full ban was appropriate and partial or even full exemption sent the wrong message In that those that were mentally unwell had to be treated differently. This got their attention and approval for me to push ahead (maybe some were hoping that if I dug the hole deep enough I would disappear!).
- Meetings with staff to explain the implications of a full ban (should it be implemented) so that they were forewarned. Most were acceptant of this but some were not and the hardcore were steadfast in that it would not work and that they could not support such a move – problems looming.
- Meetings with service users – including talking to inpatients on adult acute wards, to my amazement most supported the idea

with some saying it is about time – perhaps now someone will consider my physical healthcare and help me when and if I want to quit smoking. This as it happened was quite a powerful message and managed to silence some of the “against” lobby.

- Producing a newsletter outlining the Trust’s approach to a possible smoking ban – this was an attempt to generate as many opinions as we could get from a Trust wide approach. Which is did, ranging from this is good to it will never work.

From all this a policy was developed that would implement a smoking ban in all trust premises, but because of not knowing when it would actually happen it could not include any dates.

The in February the Trust received the letter from Louis Appleby informing us that there would be a ban on smoking in all public places and workplaces from July 2007, but Mental Health inpatients areas where exempt from this ban until July 2008 (strange how July keeps cropping up – our first smoke free effort was implement in July 2006). As far as I was concerned this was excellent news, there was to be no half way measures, a ban it is and a ban it has to be.

I finished the policy and took it to the Trust Board for approval in Feb 2007 – well, certain members of the Board started asking questions about the policy, when it was clear that the answers where in the policy – it was very apparent that they had not read it. The Chief Executive suggested that all should go away and read the policy and could I bring it back in March. Yes said I, but I wanted to get the process of publicity moving so could I have some money? How much was the answer so I said how about £10000 with an option to come back for more if required and I also stated that this would only be for the campaign in implementing the ban for the non-inpatient areas and that I would be coming back for more in the run up to July 2008. They agreed. The policy was approved at the March 2007 meeting of the Board.

Now the work started, the effort would be to get all aware of what was intended and what support was available. The working group was

meeting monthly and would continue to do so right throughout the process. Also what I needed to do was to meet with all the PCT smoking cessation leads and see how they could help. Some were more helpful than others, but a good working relationship came from this and support was set up for both staff and service users, and of course I should not forget Slam's own smoking cessation service who were to play a major part in the support role. Some PCT representatives were co-opted onto the working group.

New leaflets and posters were designed and printed, smoking ban signs were made up, again it was a trawl round all the non-inpatient sites to make sure that managers and staff knew what was expected of them. I also co-opted our child and adolescent service users and got them to design posters, a short list of 6 was chosen with 2 being finally selected and sent for printing – the child and adolescent wards took on the distribution of these trust wide.

It was about this time that I started hearing about level 1, 2 and 3 training in smoking cessation – I picked up that level 1 training would be ideal for all staff so I informed the directorate smoke free leads to liaise direct with their respective PCT and get the training arranged, this met with a varied response, some did and some did not, however, we started to get an interest going and some staff wanted level 3 training and in these early days we had about a dozen at level 3 with about 40 or so at level 1, not good with some 4,500 staff. A push was needed to improve the training, this happened and by the 1<sup>st</sup> July the numbers at level one had improved but not enough – I was being restricted by the policy stating that level one training was desirable (board decision).

With the 1 July 2007 rapidly approaching, we started a countdown from the 1<sup>st</sup> June, this meant every time a member of staff turned a computer on they saw the message about the smoking ban, and of course it was very high on the media agenda so how could staff not know about it – believe me some did, or was it because they did not want to know? Right up until the 30<sup>th</sup> June I was getting comments that it would not happen, the Government would change its mind!

The 1<sup>st</sup> July 2007 arrived and the first stage of the smoking ban in respect of mental health trusts was implemented; now all we had to do was to make sure that it worked. The smoke free working was still meeting bi monthly and our remit was to monitor stage one and get ready for stage two.

### **Lessons learnt**

- Do not try to do this on your own it needs dedicated people and a fully committed lead.
- As before leave plenty of time, as it runs out very quickly.
- Ensure that training is high on the agenda and that it is mandatory – I regret not forcing this issue with the Board.
- Get service users involved – they can give out a powerful message.
- Ensure that funding is sufficient to meet the needs.
- Ensure that partnerships with any outside agencies are firm and workable.
- Be ready to deal with those staff that are resistant to change.

### **Challenges**

- Staff attitudes – this will not happen.
- Ensuring that enforcement of the ban is workable and practical.
- Dealing with issues around smokers who flaunt the ban.
- Getting all on board.

### **Barriers**

- Failure to make training mandatory – lack of trained staff to support any smoking cessation drive.

- Comments like “smoking is all service users have”
- Dealing with attitude and how to change cultural thinking.

## **Stage Two – Implementing the Ban in Inpatients Areas**

If we thought we could relax after getting through stage one, how wrong we were. This was to be the most thought provoking and challenging stage. We adopted the same process as the first stage, but quickly arrived at the decision that more needed to be done to ensure that the implementation was smooth and trouble free.

I started by giving a presentation to all ward managers and team leaders, my opening words were:

- “Do not shoot the messenger, this is not Moody’s Law, it is not even Trust Law, it is an Act of Parliament and therefore we like any other organisation have to comply with it.”

I then got their attention by showing some hard core slide of the effects of smoking.

By the end of this presentation I had about 50% of the delegates on my side; boy was this going to be a struggle. It was going to need some in depth ‘hearts and minds’ approach. The big area was the staffs fear and anxiety of the possibility of increased violence and aggression – which I must admit I had a great deal of empathy with them.

I took my concerns back to the smoke free working group and asked for a concentrated effort from them to win over staff. The Directorate leads agreed to attempt to improve the situation, this was a varied approach as follows:

- More level one training to raise awareness amongst staff.
- Meeting with service user groups
- Getting those managers who were on board to meet with those who were reluctant to move forward.

As the months went by I found myself getting busier and busier with this and my day job was being neglected. Meeting with ward staff, service users, attempting to deal with all the concerns about implementing such a ban, trying to reduce staff fears and anxiety about increases in violence and aggression, these were difficult days, weeks and months, but I started to get the impression that what I was doing was working, but again I found myself out on my own, the Directorate Leads were trying to help but they also had other important roles to fulfil and smoking ban was not as high on the agenda as it should be – so where better than others – Croydon for example already had a plan to close all smoking rooms by December 2007.

At every opportunity I was given presentations and talks on the impending ban and what it would mean to both staff and service users. This included:

- Trust Board
- Executive meetings
- Ward managers and team leader meeting
- Directorate executive meetings
- Ward staff – during handover times
- Service users

It was hectic and somehow a satisfying challenge, not that I ever professed to know all the answers, I like many others was learning as we went along, but I was determined to give ward managers, as it was they who would have to manage this, as much support as I could. I put myself up for any time that they wanted to talk, to meet, to have training session I would make myself available, this was to be the top of my agenda until the ban was implemented.

It was time to up the ante and to push the training issue. Having known Lisa McNally for some time (met at conferences, spoke at the same conferences), an approach was made to get some intensive training on the books.

This was first done with the Lewisham Directorate (as a pilot) a two day intensive course, which would take delegates from Level One to Level Two/Three and with a bonus would give those attending a train the trainer qualification. The big plus with this training it was centred on mental health and the challenges that this has. Around 40 staff attended, and the feedback was positive so more courses were arranged, and to the Trust's delight and mine the London Development Centre would fund this training. So further courses were arranged, I booked for two courses and advertised them, I did not realise that they would be so popular. The first course I had 40 vacancies on I had something like 80 - 90 applications. Two courses were run prior to the implementation of the ban getting some 80 staff trained, with the 40 already trained in Lewisham, this meant that the Trust had around 120 trained quit smoking advisers (Mental Health) - progress at last, but this also meant that those employees could go out and train colleagues to Level One, this had a real impact on the numbers being made aware. I also started to talk on this issue at Corporate Induction.

The two day intensive training has carried on over the past year, we now have a nucleus of almost 200 staff full trained as quit smoking adviser and a good 70% of staff are now trained to level one. The two day course are to continue and will become part of the trust training programme, with at least two courses being run annually.

The date of the ban grows nearer, so time for one last push, new posters designed, printed and distributed, leaflets produced and distributed, more and more meetings with staff and service users. The publication of a document by Camden & Islington showing a comparison on violence and aggression figures pre ban and post ban (they implemented the ban early), these figures showed that violence and aggression incidents had actually reduced. This helped to reduce some the fears and anxieties that staff had. Also and very apparent at one induction session I was approached by a nurse who has come from Australia and she stated that when the ban was implemented, there was no increase in violence. This aligned with the Camden results was one way of alleviating those concerns over increases of violence.

But wait, was it all in the bag, not a chance! Right up until the last minute I was still getting calls from staff asking if the ban was going to happen, with comments like:

- The Government are going to change there mind aren't they.
- Well if prisons are exempt why shouldn't we be?
- You can't ban them for smoking it is against there human rights.

Some managers where struggling on how they where going to deal with the implementation, and asking me how I was going to do it. My polite reply was to point out to them was that this should be treated no differently from the ban on using any other substance in an inpatient environment and they had a duty to manage.

So the 30<sup>th</sup> June 2008 arrives, we have done everything that we can to make sure that all are aware of what is happening, what there responsibilities are. The ban is implemented on the 1<sup>st</sup> July; we had roads shows set up to be at all out main inpatient sites, just to make sure. All went well. But was this then end of the challenge, was I finished with smoke free and smoking bans, could I get back to my day job of Health & Safety – not completely, I was still, and still am getting calls for help. We decided that the smoke free working group would meet in October 2008 to see how it was going. At this meeting I had a spreadsheet of all smoking related incidents, this should that there had not been an increase in violence and aggression.

However, managers and staff still had problems that they wanted solving, as follows:

**Some of the risks that evolved where:**

- An inpatient on an acute mental health inpatient ward insists on smoking
- An inpatient on an acute mental health ward is seen smoking.

- An inpatient on an acute mental health ward is suspected of smoking in a smoke free environment.
- An inpatient wishes to smoke but has to be escorted to an outside area. There is not enough staff available.
- Inpatient ward of 10 beds, 6 patients are non smokers, 4 are smokers, and they do not have access to an outside area. How do you manage the smokers?
- Risk of increased violence/aggression.
- A member of staff encourages an inpatient to smoke.

There is no quick fix solution to any of the above risks, senior managers, ward managers, ward staff have all a part to play in assessing the risk and arriving at manageable solutions. They will have to consider is the risk:

- Organisational
- A risk to patient safety
- A risk to staff safety

No one solution will fit all. Some suggested solutions are:

- Provide NRT
- Education and training for both staff and patients.
  - (Mandatory training for all staff to level 1 – Brief Intervention Skills)
  - Include smoking issues on any induction training.
  - Physical healthcare briefings for patients
- Include smoking interventions in the patients care plan.
- Stop boredom – provide activities that involve patients.
- Guidance for staff on what to do if a patient/other person is smoking in a smoke free area.
- Good sensible, understandable policy.

## **Lessons Learnt – from stage Two**

- Do not take anything for granted
- Push training for staff – do not leave it , we ran out of time and only recognised that we needed more training during the last 3 months prior to implanting the ban.
- Involve all staff and service users
- Ensure that guidance is published for the ‘what if events’
- Winning of ‘hearts and minds’ is a must.
- Make sure that all directorates get involved fully.

## **Challenges**

- Staff attitude
- Service users attitude, ‘my home, my right to smoke’
- Dispelling the myth that it would not happen
- Managers expecting me to write smoking ban plans for them.
- How to enforce
- Fear of violence and aggression

## **Barriers**

- Managers and staff not buying into this, stating that it was not their responsibility.
- Again attitudes and a massive shift in cultural changes.
- Lack of acceptance that we had a role to play in implementing the ban.
- Difficulty of trying to manage my ‘Day Job’ and this as a priority.