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SMOKING  
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## Introduction and Foreword

We have a bold ambition in Cheshire and Merseyside, to be smokefree by 2030. Through our collective strategy, All Together Smoke Free, we are working to end smoking for everyone, everywhere, ensuring a fair and equitable approach for adults and a tobacco-free future for every child.

Nationally, the goal is to create a smokefree generation, with fewer than 5% of people smoking across all groups. The proposed Tobacco and Vapes Bill supports this by raising the legal age of tobacco sale annually, so those born after 2009 will never legally purchase tobacco.

Smoking remains the leading cause of preventable death and a major driver of health inequalities. It contributes to 16 types of cancer, diabetes, dementia, and two-thirds of the life expectancy gap for people with serious mental illness.

Locally, 10.4% of adults in Cheshire and Merseyside smoke, which is below the national average of 11.6% and down 1.3% since 2022. This progress reflects the dedication of our communities and services, but there is still more to do.

### **Why smokefree spaces matter in Cheshire and Merseyside**

Creating smokefree environments is a vital part of our strategy. Smokefree spaces protect people from the harms of second-hand smoke. They also help to shift social norms, making smoking less visible and less acceptable, which is key to preventing uptake among future generations.

In our region, where smoking is deeply linked to deprivation and poor health outcomes, smokefree spaces are a powerful tool to reduce inequalities. They support quit attempts, promote healthier lifestyles, and send a clear message that tobacco has no place in our shared public spaces, especially those that are intended to help people stay well.

This guide, co-created by the All Together Smoke Free team with partners across Cheshire and Merseyside, supports NHS Trusts in creating and managing smokefree environments and workforces. It is designed to promote a consistent approach across the region's Trusts, offering practical tools, policy guidance, and communication resources.

## How to use this toolkit

Use this guide as a practical resource to:

- **Establish smokefree leadership:** Set up or refresh a Smokefree Steering Group using the step-by-step guidance and templates provided.
- **Develop and implement policy:** Create or update your smokefree policy with clear procedures, enforcement strategies, and guidance on vaping.
- **Communicate effectively:** Access tailored and editable communication materials to raise awareness among staff, patients, and the public.
- **Train and educate:** Equip staff with the knowledge and confidence to uphold smokefree standards and support quit attempts.
- **Monitor progress:** Use recommended KPIs and evaluation tools to track impact and inform continuous improvement.

Each section of the toolkit includes practical tools and templates to help you take action. Whether you're starting from scratch or enhancing existing efforts, this resource is here to guide you every step of the way toward a healthier, smokefree future.



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## Smokefree Steering Groups

A Smokefree steering group is made up of senior leaders within an organisation and provides strategic oversight, coordinates, and is accountable for all efforts to reduce tobacco use and promote smoke-free environments in the organisation. These groups should align with broader public health priorities and national strategies, whilst also taking into consideration local needs and context. This group should play a key role in developing smokefree policies and supporting treating tobacco dependence and stop smoking services in the NHS Trust. To support the creation or refresh of your steering group, some of the core responsibilities and functions are detailed below.

<b>Provide strategic leadership</b>	<ul style="list-style-type: none"> <li>• Provide strategic direction and oversight for smokefree initiatives on behalf of the organisation's executive leadership team</li> <li>• Ensure alignment with Cheshire and Merseyside <u>All Together Smokefree Strategic Framework</u></li> </ul>
<b>Partnership coordination</b>	<ul style="list-style-type: none"> <li>• Bringing together stakeholders from across departments and services within the Trust</li> <li>• Coordinating efforts and facilitating joint working and collaborative campaigns.</li> </ul>
<b>Policy development and implementation</b>	<ul style="list-style-type: none"> <li>• Develop a smokefree policy that applies to all areas of the NHS Trust</li> <li>• Ensure that policies are consistent, up to date, evidence based and align with national, regional and local guidance.</li> <li>• Create detailed action plans for implementing policies and monitoring impact</li> </ul>
<b>Performance monitoring and evaluation</b>	<ul style="list-style-type: none"> <li>• Set measurable targets</li> <li>• Monitor progress using available data</li> <li>• Evaluate the impact of interventions and adapt strategies as needed</li> </ul>
<b>Public engagement and communications</b>	<ul style="list-style-type: none"> <li>• Plan, lead and support public facing campaigns</li> <li>• Promote smokefree messaging across the NHS Trust</li> </ul>
<b>Treatment support and resources</b>	<ul style="list-style-type: none"> <li>• Ensure availability of nicotine dependency treatment services and resources</li> <li>• Promoting nicotine dependency services</li> <li>• Managing the performance of nicotine dependency services</li> </ul>

<p><b>Education and training</b></p>	<ul style="list-style-type: none"> <li>• Provide training for staff on the organisations smokefree policy, which details the importance of maintaining smokefree environments</li> <li>• Educate staff on how to have 'Very Brief Advice' (VBA) conversations and direct patients and colleagues to appropriate support including in-house nicotine dependency services.</li> </ul>
<p><b>Advocacy and championing</b></p>	<ul style="list-style-type: none"> <li>• Act as champions for smokefree environments</li> <li>• Advocate for the health benefits and importance of smoking cessation</li> </ul>

To support you in setting up your steering group the five key stages are detailed below.

- 1. Secure executive leadership support**  
Engage senior management and gain commitment and support for your group.
- 2. Identify key stakeholders and group members**  
Use the provided list to identify your organisations key stakeholders.
- 3. Establish roles and responsibilities**  
Clearly define roles and responsibilities, including important roles like Executive Sponsor, Clinical Lead and Chair.
- 4. Create terms of reference**  
Develop terms of reference (ToR) that outline the purpose, scope, and structure of the steering group, as well as the decision-making processes. Engage senior management and gain commitment and support for your group.
- 5. Secure executive leadership support**  
Engage senior management and gain commitment and support for your group.

**Example of SMART targets you may want to consider:**

*“Increase staff awareness of smokefree policy by 30% within 6 months (via survey)” or “Achieve 90% signage compliance across all Trust sites by Q4”*

## Who should be included in a smokefree steering group?

It is important to identify key stakeholders who will be involved in the steering group. For a comprehensive approach, include key internal and external stakeholders who can influence, deliver, and support tobacco control efforts within the local area. The goal should be to ensure cross sector collaboration and joined up working. Refer to the template smokefree steering group Terms of Reference for suggested membership.

[Download the Terms of Reference template here](#)

## Smokefree Policy

### Policy development

NHS Trusts in Cheshire and Merseyside should have an up-to-date smokefree policy in place that does not allow smoking anywhere inside NHS owned or leased buildings, land or vehicles. This policy should be supported by procedures and resources that help both members of the public and staff comply. It should also detail how staff can enforce any breaches to policy, direct individuals to available support, and report any incidents in an effective and consistent way.

### Addressing the use of vapes and e-cigarettes in smokefree policy

Smokefree means air that is free of tobacco smoke, and as e-cigarettes do not burn tobacco or create smoke they are not currently covered by smokefree legislation. However, addressing the use of vapes and e-cigarettes in your smokefree policy is helpful for both the public and your workforce to understand what is acceptable on your sites.

As good practice, vaping and e-cigarettes should be addressed in policy separately from smoking. There should be a clear distinction between smoking and vaping and the policy should indicate accurately where vaping is permitted or prohibited. The evidence of harm from second hand smoke is conclusive and provides the basis for UK smokefree laws. In contrast, international peer-reviewed evidence indicates that the risk to the health of bystanders from second hand e-cigarette vapour is extremely low and insufficient to justify prohibiting e-cigarettes outside in most public places. This evidence should inform policy approaches when considering vaping in your smokefree policy.

In addition, it is important to recognise that vaping is a NICE approved treatment option for quitting smoking, with approximately three million people quitting smoking with the use of a vape in the last five years. To help adult smokers to stop smoking and stay smokefree, we suggest a more enabling approach to vaping on NHS sites in Cheshire and Merseyside. We would advocate that Cheshire and Merseyside NHS sites should support adult smokers to quit by allowing the use of vapes in

designated spaces, vapers should not be required to use the same space as smokers, as this could undermine their ability to quit and stay smokefree.

### Introducing 'Quit Zones' to smokefree sites

In line with upcoming legislation in the Tobacco and Vapes Bill, which is likely to prohibit smoking in public spaces frequented by children and vulnerable individuals, establishing Quit Zones on NHS Trust sites offers a positive, supportive approach to tobacco harm reduction. These designated outdoor areas, which should be positioned away from main entrances and out of direct view, can provide an appropriate space for staff and visitors to utilise tobacco alternatives such as

e-cigarettes and vapes in line with harm reduction approaches.

Quit Zones can also act as clear points for signposting individuals to further quit support resources and local stop smoking services. In doing so, these spaces recognise the role of vaping as a legitimate quit aid while ensuring it is used in a managed, appropriate setting.

On NHS hospital sites, Quit Zones could be integrated with Treating Tobacco Dependency (TTD) teams and direct visitors to community local Stop Smoking Services. TTD teams who offer vapes as an alternative to smoking to inpatients could direct them to these spaces without the need for them to leave hospital premises. It would offer staff, who currently must leave the premises to smoke, a pathway to begin their quit journey by transitioning to vaping. Supported by staff training, targeted communications, and clear signage, Quit Zones can also help strengthen the enforcement of smokefree and vape free policies across NHS sites.

These **quit zones are not designed to encourage vaping** in those who do not currently smoke, and information and signage should highlight that the use of the Quit Zone is only for adults over 18.

By providing these designated vaping environments for those who are on a tobacco cessation journey, Quit Zones have the potential to reduce smoking prevalence and promote healthier behaviours, which align with our region's broader public health objectives.

### Quit Zone Checklist

Identify a discreet outdoor area away from main entrances, windows and public view

- Avoid installing shelters or seating to discourage prolonged use.
- Do not provide bins to deter smoking and the use of illegal disposable vapes.
- Use clear signage to indicate:
  - Smoking is not permitted.
  - The area is for adults aged 18+.
  - QR codes or links to local stop smoking services

## Where should vaping be allowed vs not allowed?

Location	Location	Location
Inside hospital buildings	<input checked="" type="checkbox"/> Not Allowed	Vaping indoors is prohibited to protect others from exposure and maintain clean air.
Enclosed public areas (e.g. waiting rooms)	<input checked="" type="checkbox"/> Not Allowed	NICE and OHID advise against vaping in enclosed spaces due to etiquette and comfort.
Trust-owned vehicles	<input checked="" type="checkbox"/> Not Allowed	Advised against due to enclosed space and etiquette and comfort.
Hospital grounds (specified outdoor areas)	<input checked="" type="checkbox"/> Allowed (with restrictions)	Vaping may be permitted in designated outdoor areas (quit zones) to support smoking cessation.
Mental health inpatient units (outdoors)	<input checked="" type="checkbox"/> Allowed (case-by-case)	Permitted where vaping supports cessation and prevents relapse; policies vary by Trust.
Mental health inpatient units (indoors e.g. in patient bedrooms)	<input checked="" type="checkbox"/> Allowed (case-by-case)	Permitted in private spaces such as bedrooms where vaping supports cessation and prevents relapse; policies vary by Trust. Not allowed in public or communal spaces.
Entrances to buildings	<input checked="" type="checkbox"/> Not Allowed	Vaping near entrances is discouraged to avoid exposure and maintain professional image.
Inside hospital buildings	<input checked="" type="checkbox"/> Not Allowed	Vaping indoors is prohibited to protect others from exposure and maintain clean air.
<i>Children's hospital sites (e.g. Alder Hey)</i>	<input checked="" type="checkbox"/> Not Allowed	Vaping is discouraged due to child exposure and risk of normalising nicotine use.

[Download the full Vaping and E-Cigarette Policy Template here](#)

## Policy considerations for in-patient mental health settings

Smoking is the leading cause of the 10–20 year reduction in life expectancy for people with serious mental illness; in our sub-region, 45 per cent of people with serious mental illness are smokers. Some considerations for implementing and maintaining smokefree spaces for in-patient mental health settings are detailed below:

### 1. Respect Patient Autonomy

- Acknowledge patients' desire to smoke or vape.
- Balance individual rights with the need for a safe, healthy environment.
- Where possible consider co-production of vaping protocols with service users.

### 2. Support Harm Reduction

- Provide access to nicotine replacement therapy during their hospital stay to manage their nicotine withdrawal.
- Promote vaping as a safer alternative to smoking, while managing associated risks.
- Consider appropriate allowances such as permitting vaping in private bedrooms to reduce pressure on the patient.

### 3. Ensure Health & Safety

- Minimise exposure to second-hand vapor in enclosed spaces for staff and patients. I.e. requesting patients do not vape when staff are present and not allowing vaping in communal areas.
- Recognise risks and put provisions in place to best prevent misuse of vaping devices and manage fire alarm risks.

### 4. Standardise Policy Across Units

- Work towards consistent rules on where vaping is and is not permitted.
- Clearly define indoor, outdoor, and communal area restrictions.

### 5. Protect Staff Wellbeing

- Enforce smokefree policies to safeguard staff from second-hand smoke and vapor exposure.
- Provide training and support for staff to confidently uphold policies.

### 6. Communicate Clearly

- Use signage, patient information, and staff briefings to reinforce expectations.
- Offer access to NRT and stop smoking services.

## 7. Treat Tobacco Dependence

- Ensure patients have access to a treating tobacco dependency service on inpatient sites.
- Provide a harm reduction model to those who currently have no interest in quitting nicotine completely.
- Provide a combination of behavioural support and pharmacotherapy for those patients who do express a desire to quit smoking completely.
- For patients with prolonged inpatient stays continue to revisit their smoking status and offer stop smoking support.

## Considerations for CYP and maternity sites

Smoking is the leading modifiable risk factor for poor birth outcomes in our sub-region. Cheshire and Merseyside Smoking at Time of Delivery (SATOD) rate reduced in just two years from 22/23 to 24/25 from 10% to 6.5% helping to close the gap with national average of 6.1. CYP lung health is vulnerable from conception to adulthood, with early exposure to tobacco smoke linked to:

- Premature birth
- Low birth weight
- Increased susceptibility to infections (e.g. bronchiolitis)
- Higher risk of developing asthma and long-term respiratory conditions

### Environmental design considerations

- Hospital areas frequented by infants and children should be strictly smoke and vape-free, including obstetric and maternity units, children's outpatient and inpatient departments, and communal play areas.
- Designated quit zones/ vaping areas must be clearly marked and child-free to prevent passive exposure.

### Support for families and carers

- Smoking cessation support should be extended to:
- Parents and carers staying with children on hospital premises
- CYP themselves where appropriate
- Pregnant women who are smoking and their extended support i.e. partners or family member they live with.
- Access to short-term cessation aids (e.g. nicotine replacement therapy) and referral pathways to community services should be readily available and visible.

## Communication and education

- Train staff to confidently discuss air pollution and smoking risks with CYP and families.
- Use of visual aids and posters in paediatric and maternity settings to raise awareness of air pollution and smoking harms.
- Integration of RCPCH Air Pollution Companion resources into staff CPD and patient education materials.

## Utilising e-cigarettes as quit tools in maternity settings

- Vapes may be used as quit aids for pregnant women alongside other forms of NRT to support them in their quit journey if they are current smokers and it supports them to stay smokefree.
- Women who are not smokers but currently use a vape may be encouraged to quit using their vape during pregnancy if this does not lead to the use of cigarettes instead.
- Vaping in maternity settings should still fall under general guidelines for vaping on NHS sites.

Further guidance on vaping in pregnancy can be found here:

[Challenge-Group-vaping-in-pregnancy-briefing-2024-v2.pdf](#)

## Evidence based guidance for policy development

NICE guideline [NG209 for tobacco \(preventing uptake, promoting quitting, and treating dependence\)](#) recommends smokefree policies should:

- Be developed in collaboration with staff and the people who use secondary care services.
- Set out a clear timeframe to establish or reinstate smokefree grounds.
- Identify the roles and responsibilities of staff.
- Ban staff from supervising or helping people to take smoking breaks.
- Identify the resources needed to support the policy.
- Be periodically reviewed and updated, in line with all other organisational policies.

## A smokefree workplace policy should also:

- State that employees, contractors, and volunteers cannot smoke during working hours or when recognisable as an employee (for example, when in uniform, in trust vehicles, wearing identification, or working onsite).
- Support staff to protect themselves from second-hand tobacco smoke when they visit people's homes as part of their duties (in accordance with

smokefree legislation, employers must take action to reduce the risk to the health and safety of their employees from second-hand smoke).

- Direct staff who wish to stop smoking to Treating Tobacco Dependency Teams.

[Click here to access the full NHS Smoke Free Policy Template for Cheshire and Merseyside Template](#)

## Policy Implementation

A comprehensive smokefree policy implementation plan is essential to ensure that a policy is introduced to staff and the public effectively, adhered to by all parties, and sustainable long-term.

**An effective policy implementation plan should be used to:**

1. Ensure clarity and consistency of the policy
2. Improve compliance to the policy
3. Reduce resistance to the policy

**Recommendations for successful implementation of smokefree policy:**

**Review, assess and plan:**

- Identify any current challenges with existing policy implementation and identify key areas for improvement.
- Address the areas for improvement by defining clear goals and objectives for the smokefree policy implementation. This should include key stages, timelines, and responsibilities.

**Engage stakeholders:**

- Raise awareness of smokefree policy with staff and involve representatives from key groups to support the roll out.

**Training and resources:**

- Provide clear and consistent staff training on the smokefree policy, including how to enforce the policy, and how to direct staff, patients, and visitors to relevant support confidently and consistently.
- Training should include where smoking and/or vaping is prohibited, who this applies to, what the correct enforcement procedures and consequences of breaches are, as well as the timeline for implementation.

**Communications and environmental upgrades:**

- Develop a communication plan to raise awareness of the smokefree policy which is tailored for different audiences and touchpoints e.g. pre-admission/visitation.

- Include a strong positive message and signposting information around how to access your local Stop Smoking Service or access to Treating Tobacco Dependency teams for NRT if relevant to your setting.
- Update or install clear signage and any ground markings or wall decals.
- Remove any smoking related paraphernalia including smoking shelters, cigarette bins with ashtrays or smoking related litter that could dilute your message.

### **Monitor and enforce**

- Define who is responsible for enforcement and make sure this is clearly communicated to staff via training and resources.
- Establish clear procedures for non-compliance and violations.

### **Evaluate and feedback**

- Monitor the impact of compliance, or lack of, over time.
- Use surveys, feedback loops and incident reports.
- Adjust policy or implementation techniques and support mechanisms as needed.

### **Policy enforcement**

A strong smokefree policy should clearly assign enforcement responsibilities and outline how breaches are handled. While everyone can play a role, named individuals such as security staff, should lead enforcement. Staff and the public must feel confident to challenge violations, supported by clear signage and consistent messaging. Training should cover enforcement methods and be reflected in policy documents. Breaches should be used as opportunities for brief interventions, offering education and referrals to available support services.

Some best practice tips to improve the enforcement of your policies are listed below:

- Senior leaders should lead by example in this space and regularly walk the grounds to offer advice and support to anyone smoking on-site as well as staff who are witnessing on-site smoking and failing to offer advice and support
- Train staff on how to approach anyone breaching policy and advise on quit zones and available support.
- Total smoking bans: Policies that implemented a complete ban resulted in higher levels of compliance than those with partial bans or designated smoking areas.
- The easier you make compliance the less you will need to depend on enforcement.
- Allowing vaping onsite either in outdoor spaces or in designated 'quit zones' can support smokers to engage with quit tools and become tobacco free.
- Compliance is dependent on improving awareness and promotion, visible signage and communications will make enforcement easier.

- Having a consistent approach across NHS sites will help everyone understand that smoking is not allowed or facilitated in a place where they, or their loved ones, have come to get well.

### **Navigating challenging conversations**

It is also important to recognise that approaching someone on an NHS hospital site to uphold the smokefree spaces policy can be challenging, and in some instances, may be met with resistance or hostility. These situations can be emotionally charged, particularly when individuals are dealing with distressing news or supporting seriously ill loved ones. It's important to approach these conversations with empathy and understanding. Offering alternatives such as information about nicotine replacement options whilst on site, directing individuals to quit zones or providing information about local stop smoking support services can help keep the dialogue constructive and respectful, while reinforcing the policy in a compassionate way.

Sensitivity and support are key to navigating these moments effectively and maintaining a positive environment for everyone on site. If your policy designates the responsibility for dealing with smoking on sites to certain roles or individuals, e.g. security teams, it may be appropriate for them to be called if staff are met with hostility or abuse when enforcing a smokefree policy.

### **Tools of exchange**

In addition to offering information and signposting to support services, there are several practical, tangible items, or "tools of exchange", that staff could offer to individuals who are smoking on a smokefree site. These items may help to shift the conversation from enforcement to support, making it easier for both staff and the public to engage positively.

Some suggested tools of exchange could be:

#### **Nicotine Replacement Products (NRT)**

- **Nicotine gum, lozenges, or patches:** Offering a sample or directing individuals to where they can access these on-site, for example in a retail premises or vending machine, can help manage cravings immediately.
- **Vape starter kits:** If your Trust supports vaping as a quit aid, offering a basic kit or voucher for one can be a powerful alternative.

#### **Chewing Gum or Mints**

- A simple, non-nicotine option that can help distract from cravings and offer a polite, non-confrontational gesture. These can be printed with QR codes to access support.

### Quit cards with QR codes

- Credit card sized cards, with QR codes to access support.

### [NHS Smokefree Sites Enforcement Script – Example Approach](#)

## Communications Strategy and Resources

A well-planned communication strategy can support effective policy implementation by raising awareness and understanding to garner support and increase compliance.

### Internal communication

Inform staff about the smokefree policy at various touchpoints including:

#### Recruitment processes:

- Job adverts
- Job descriptions
- Interview checklists
- Corporate inductions
- Statutory and mandatory training

#### Internal communication channels such as:

- Staff intranet site
- Staff email briefings
- Staff newsletters
- Under health and safety in all team meetings

#### One-to-one and appraisal processes

- Wellbeing check-ins
- Staff health and wellbeing plans

Display posters or physical copies of the policy in staff areas to ensure it is visible and accessible to all staff, contractors, and volunteers, and provide a forum for members of staff to raise questions and address any concerns.

Encourage all staff to participate in training to familiarise themselves with the policy, benefits of a smokefree hospital, how to have conversations with people who smoke and refer patients and staff who smoke to smokefree support.

## External communication

Inform the public of the smokefree policy before they arrive at hospital through:

- Patient letters
- Text messages
- Social media
- Website

## All NHS buildings should display

- Smokefree information leaflets
- Smokefree posters
- Smokefree pull-up banners

As well as utilising digital screens near reception desks, waiting areas, wards, and high-traffic areas to display information about services and patient case studies of successful quit attempts.

## Public-facing resources

The All Together Smoke Free team have created a suite of public-facing resources that have been co-designed and co-produced with healthcare professionals across Cheshire and Merseyside. These include:

- **Website copy**
- **Social media copy and images**
- **Digital screensavers**
- **Leaflets**
- **Posters**
- **Pull-up banners**
- **Floor and wall decals**

The suite of resources are available to view, download and adapt here:

<https://smokingendshere.com/smokefree-spaces-toolkits>

## A guide to no-smoking signs and floor markers

Install clear, visible, and consistent signage throughout hospital grounds to make people aware that they're in a smokefree environment and what they can and can't do. Ensure signs are up to date, display the latest policy information and where to find smokefree support.

- Make no-smoking signs visible at timely moments, for instance when people are entering or leaving the building or site.
- Position signs at eye level and consider using floor markers tactically but be wary not to create 'smokefree zones' to avoid people thinking smoking is allowed in other areas of the hospital.

## Training and Education

Training staff on smokefree policies, including the importance of maintaining smokefree sites, is essential to ensure consistent enforcement, protect public health, and support individuals to quit smoking. Well-informed staff can confidently uphold policies and create supportive environments that reinforce smokefree norms. For training materials and resources, staff can access training material and resources via the **Smoking Ends Here** website linked [here](#).

## Monitoring and Evaluation

Systematically tracking progress and gathering feedback can identify areas for improvement, address challenges, and celebrate successes.

- **Key Performance Indicators (KPIs):** Identify KPIs to measure the success and impact of the smokefree initiative, such as smoking prevalence, tobacco dependence service quit outcomes, levels of compliance and the number and types of smoking-related incidents reported on hospital grounds.
- **Data collection methods:** Use surveys, feedback forms and administrative data to collect relevant information.
- **Short-term and long-term metrics:** Track immediate outcomes, such as awareness levels and compliance rates, and long-term impacts such as health outcomes.
- **Reporting and feedback mechanisms:** Regularly report on progress and collect feedback from staff, patients, and stakeholders.
- **Reviewing and updating policies:** Periodically review and update the smokefree policy based on evaluation findings, feedback and emerging evidence and best practices.

- **Addressing challenges and barriers:** Identify and address any challenges or barriers to successful implementation such as areas with low compliance or frequent incidents.

## Treating Tobacco Dependency Teams

Treating tobacco dependency is as crucial as treating other major health conditions, such as cancer and cardiovascular disease, and it's a core component in the [NHS Long Term Plan](#) to help people improve their health and tackle health inequalities.

Hospital based treating tobacco dependence services provide essential support and resources to help patients and service users be smokefree, ultimately improving health outcomes and reducing the burden of smoking-related diseases.

### Effective tobacco dependency services can lead to:

- Reduced smoking prevalence and associated health risks.
- Improved overall health outcomes for patients.
- Decreased healthcare costs related to smoking-related illnesses.
- Enhanced quality of life for individuals and their families.
- Decreasing recovery time
- Reducing length of stay
- Reducing readmission rates

For these reasons, treating tobacco dependence in patients admitted to hospital and pregnant women receiving maternal care is now standard of care in all NHS trusts in Cheshire and Merseyside. This includes:

- Identifying and recording the smoking status of patients admitted to hospital and pregnant women receiving maternal care.
- Immediate access to appropriate nicotine replacement therapy (NRT), vapes or e-cigarettes and/or pharmacotherapy.
- Referral to the on-site tobacco dependence service for one-to-one behavioural support and a personalised treatment plan.
- Ongoing smokefree support following discharge through continuation of care or onward referral to a community stop smoking service or pharmacy stop smoking service.

## Smokefree support for staff

NHS Trusts should provide advice, guidance, and support to help employees be smokefree.

Staff should be allowed to access stop-smoking support during working hours if possible, and if not, workplaces should reduce barriers to accessing stop smoking support by delivering support on-site, providing access to services during lunch breaks as well as before and after shift patterns. Information on stop-smoking support should be promoted to employees at every opportunity.

## The NHS Smokefree Pledge

The [NHS Smokefree Pledge](#), launched in 2018 by the Smokefree Action Coalition and relaunched in 2022, shows NHS organisations' commitment to helping people quit smoking and maintaining smokefree environments. Endorsed by key health bodies, it supports the Government's 2030 smokefree goal and the NHS Long Term Plan. Senior leaders in NHS Trusts or ICBs should sign the pledge and lead strategic action to deliver its eight commitments.

1. Treat tobacco dependency among patients and staff who smoke in line with commitments in the NHS Long Term Plan and Tobacco Control Plan for England
2. Ensure that smokers within the NHS have access to the medication they need to quit in line with NICE guidance on smoking in secondary care [\[NG209, Section 1.12\]](#)
3. Create environments that support quitting through implementing smokefree policies as recommended by NICE
4. Deliver consistent messages about harms from smoking and the opportunities and support available to quit in line with NICE guidance
5. Actively work with local authorities and other stakeholders to reduce smoking prevalence and health inequalities
6. Protect tobacco control work from the commercial and vested interests of the tobacco industry
7. Support government action at national level
8. Publicise this commitment to reducing smoking in our communities and [join the Smokefree Action Coalition \(SFAC\)](#), the alliance of organisations working to reduce the harm caused by tobacco

Proud Signatory to

The NHS  
Smokefree  
Pledge



## Signing the NHS Smokefree Pledge

All NHS organisations in Cheshire and Merseyside are encouraged to sign the NHS Smokefree Pledge and publicise their commitment.

### Step 1: Read the briefing

Before signing the NHS Smokefree Pledge, please read the [NHS Smokefree Pledge Briefing](#). This provides important information about the pledge commitments and practical guidance and resources on their effective implementation.

### Step 2: Sign the pledge

[Download and sign the pledge](#). It should be signed by individuals in senior leadership positions.

If your organisation has already signed the pledge, review local policies and practices to make sure that the updated commitments are embedded into local plans and activities. The pledge is a live document, not a one-time commitment.

### Step 3: Publicise your commitment

Once your organisation has signed the pledge, celebrate your commitment by adding web banners to your website to show the positive action you've taken. The banners are available in [square, landscape](#) and [high-res](#) formats.

You can also celebrate by telling your local community. The public is supportive of efforts to reduce the harm caused by tobacco. If you're sharing your good news on X (formerly Twitter), be sure to use the hashtag [#NHSPledge](#) and tag [@AshOrgUK](#).

**For more information and to see other signatories, visit:**

[The NHS Smokefree Pledge - ASH.](#)

## Resources, case studies and tools

[Visit the Smoking Ends Here Website](#)

## Acknowledgements

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## Glossary of Terms

### **All Together Smoke Free (ATSF)**

The regional strategy and partnership across Cheshire and Merseyside working to achieve a smokefree future by 2030.

### **ASH**

Action on Smoking and Health – a UK public health charity focused on tobacco control.

### **Brief Intervention / Very Brief Advice (VBA)**

A short, structured conversation with someone about their smoking, aiming to encourage a quit attempt and signpost to support.

### **Cheshire and Merseyside**

The sub-region covered by this toolkit, comprising NHS Trusts working together on smokefree initiatives.

### **Compliance**

The extent to which staff, patients, and visitors adhere to smokefree policies.

### **Enforcement**

Actions taken to ensure smokefree policies are followed, including staff training, signage, and procedures for addressing breaches.

### **Key Performance Indicators (KPIs)**

Metrics used to measure the success and impact of smokefree initiatives (e.g., smoking prevalence, quit outcomes, compliance rates).

### **Local Authority (LA)**

A council or governing body responsible for public services and spaces in a defined area (included for cross-sector collaboration).

## **Mental Health Inpatient Unit**

Specialist NHS facilities where individuals receive comprehensive psychiatric care for acute mental health issues. Additional considerations for smokefree and vaping policies are required due to patient needs.

## **NHS Smokefree Pledge**

A formal commitment by NHS organisations to help people quit smoking and maintain smokefree environments, supporting the NHS Long Term Plan.

## **NICE**

National Institute for Health and Care Excellence – provides evidence-based guidance for health and social care.

## **Nicotine Replacement Therapy (NRT)**

Products such as gum, lozenges, or patches that help people quit smoking by providing controlled doses of nicotine.

## **Policy Implementation**

The process of introducing, communicating, and embedding a smokefree policy within an NHS Trust.

## **Policy Enforcement**

The assignment of responsibility and procedures for ensuring compliance with smokefree policies.

## **Quit Zones**

Designated outdoor areas on NHS sites where adults trying to quit smoking can use tobacco alternatives (e.g., vapes), positioned away from entrances and public view.

## **Second-hand Smoke**

Smoke inhaled involuntarily from tobacco being smoked by others; a major health risk addressed by smokefree policies.

## **Smokefree**

An environment or policy where smoking is not permitted, indoors or outdoors, on NHS-owned or leased buildings, grounds, land, or vehicles.

## **Smokefree Policy**

A formal document outlining the rules, procedures, and enforcement strategies for maintaining smokefree environments.

## **Smokefree Steering Group**

A group of senior leaders within an NHS Trust providing strategic oversight, coordination, and accountability for smokefree efforts.

## **Stop Smoking Service**

Local services providing support, advice, and resources to help people quit smoking.

### **Treating Tobacco Dependency (TTD) Teams**

Specialist NHS teams providing support, advice, and pharmacotherapy to help patients and staff quit smoking, as part of the NHS Long Term Plan.

### **Tobacco and Vapes Bill**

Proposed UK legislation to raise the legal age of tobacco sale annually, aiming to create a smokefree generation.

### **Tools of Exchange**

Practical items (e.g., NRT, vape starter kits, quit cards) offered to individuals breaching smokefree policy to support quit attempts.

### **Training and Education**

Staff development activities to ensure understanding and enforcement of smokefree policies.

### **Vaping / E-cigarettes**

The use of electronic devices that deliver nicotine without burning tobacco; addressed separately from smoking in policy.

### **Acronyms**

- **ATSF** – All Together Smoke Free
- **ASH** – Action on Smoking and Health
- **KPI** – Key Performance Indicator
- **LA** – Local Authority
- **NHS** – National Health Service
- **NICE** – National Institute for Health and Care Excellence
- **NRT** – Nicotine Replacement Therapy
- **SATOD** – Smoking at Time of Delivery (maternity metric)
- **TTD** – Treating Tobacco Dependency
- **VBA** – Very Brief Advice