

Equality, Good Relations and Human Rights Screening Template

*****Completed Screening Templates are public documents and will be posted on the Trust's website*****

See [Guidance Notes](#) for further background information on the relevant legislation and for help in answering the questions on this template (follow the links).

(1) Information about the Policy/Proposal

(1.1) Name of the policy/proposal

Smoke Free Policy

(1.2) Is this a new, existing or revised policy/proposal?

Revised Policy

○ What is it trying to achieve (intended aims/outcomes)?

- Implementation of Smoke Free South Eastern Health Social Care (Trust owned and leased premises) Sites
- Protect and improve health and wellbeing of staff, clients, patients and visitors.
- Reduce the mortality and morbidity rate over the next decade by reducing exposure to hazardous second-hand smoke
- Support staff/patients/clients who are trying to give up smoking
- To set out duties and responsibilities of all staff in the implementation of this policy and staff may be disciplined for breach in Policy as per 5.2.4 in the policy. Oct 19 Stop Smoking Wardens will record the names of staff who breach the policy and these will be forwarded to their line manager for appropriate action as per above policy.
- To minimise the risk of any form of aggression to the Stop Smoking Wardens bodycam equipment to record interactions with staff and public was introduced in Oct 19.
- In line with current legislation the policy is not intended to prevent individuals from smoking in areas/premises which are intended to be their private residential space



- The policy also prohibits the use of electric cigarettes or vaping devices in all Trust buildings, vehicles and trust owned grounds
- To promote a culture of non-smoking/vaping within South Eastern Trust catchment population.

(1.3) Are there any Section 75 categories (see list in 3.1) which might be expected to benefit from the intended policy/proposal?

It will bring benefits to all Section 75 groups

(1.4) Who owns and who implements the policy/proposal - where does it originate, for example DHSSPSNI, HSCB?

South Eastern H&SC Trust Policy in partnership with key stake holders, such as Trade Unions, management and staff.

Policy / Proposals originates from DHSSPSNI correspondence regarding Smoke Free sites from 9th March 2016

(1.5) Are there any factors that could contribute to/detract from the intended aim/outcome of the policy/proposal/decision? (Financial, legislative or other constraints?)

Benefits

This policy is not legislation - There was strong support in a survey for the implementation of smoke free sites. From the 2014 survey of 1430 respondents (staff, visitors, patients and clients) 68.7% were in favour, 21.8% not in favour and 9.5% undecided.

Support for those who want to stop smoking

Training for all staff groups

Cooperation from key stakeholders

Effective communication plan

Resistance



Staff resistance to the implementation of smoke free sites – greater impact on some staff groups where smoking levels are higher

Service user resistance – greater potential impact on some groups e.g. Mental Health and Palliative Care

Requires a cultural shift

(1.7) Who are the internal and external stakeholders (actual or potential) that the policy/proposal/decision could impact upon? (staff, service users, other public sector organisations, , trade unions, professional bodies, independent sector, voluntary and community groups etc)

- Health and Social Care Staff
- Agency staff
- Students on Work experience
- Service users - potential and actual
- Visitors
- DHSSPSNI
- PHA
- Independent sector e.g. Contractors
- Voluntary & Community Groups
- Trade Unions
- Volunteers
- Professional Groups
- NIAS



(1.8) Other policies with a bearing on this policy/proposal (for example regional policies) - what are they and who owns them?

Human Resources Policies

Equality, Good Relations and Human Rights Screening 24th September 2015

South Eastern HSC Trust Smoke Free Survey (2014) which had 1430 respondents

The Health and Safety at Work Order (NI) 1978, requires employers to ensure the health, safety and welfare of employees. Exposure to second hand smoke increases the risk of lung cancer, heart disease and other illnesses.

The DHSSPS Ten Year Tobacco Control Strategy for N Ireland (2012) aspires, by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco free society

Tobacco Retailer Act (2014)

UNCRC – Foster Homes

UNCRPD – Disability & Mental Health Service Users

Equality Scheme

Human Rights Act (1998)

South Eastern H&SC Trust Disciplinary Policy

Working Well Together Policy

(2) Available evidence

Evidence to help inform the screening process may take many forms. What evidence/information (both qualitative and quantitative) have you gathered to inform this policy? Specify details for relevant Section 75 categories.

Details of evidence/information



Smoke Free Survey (2014) 1430 respondents, (2017) 103 respondents, (June 2019) 613 respondents, (June 2022) 806 respondents

Complaints have been received regarding patients and others smoking outside entrances to building and being exposed to second hand smoke when entering and leaving Trust buildings

Complaints have also been received from Health and Social Care staff who have been exposed to second hand smoke.

Complaints have been received from service users, patients / clients and their families

Regional HSCT Smoke Free Group meetings and associated minutes

Media /PR coverage internal and external – e.g. Down Recorder, Ards Chronicle

The Health and Safety at Work Order (NI) 1978, requires employers to ensure the health, safety and welfare of employees. Exposure to second hand smoke increases the risk of lung cancer, heart disease and other illnesses.

The DHSSPS Ten Year Tobacco Control Strategy for Northern Ireland (2012) aspires, by 2020, to reduce the proportion of adults smoking to 15% and ultimately to create a tobacco free society

The South Eastern Health Social Care Trust Smoke Free Policy objectives complement the objectives specified in the smoke free legislation.

NIHRC A partial smoking ban in bars: request for advice from the Health Promotion Agency September 2005

Discussion with NIHRC – January 2016

Potential Legal Challenge (dated 4th March 2016)

The terms of agreement between the parties were as follows:

- The Trust agreed to review the decision to implement the Smoke Free Policy in its Mental Health Inpatient Ward and their designated garden areas
- The Trust will reconsider the application of the Smoke Free Policy for details mental health patients on those wards and will consider whether there should be specific action plans drawn up for these Mental Health

Environments, which would indicate how the Smoke Free Policy should be administered

- The Trust will retake the decision on whether an exemption for the policy is required for the Inpatient Mental Health wards
- The review process will take a minimum of six months and, during this time, the Smoke Free Policy will continue to be implemented in other areas
- Discussion Paper – Preparing for a smoke free environment in the Addiction Treatment Unit and Mental Health Inpatient Units across the South Eastern Trust, 2015

Site visit to the Western HSC Trust in September 2015 – Western HSC Trust had already implemented this Policy

PHA commissioned specific working and training for LAC and Mental Health staff

The Adult Disability Services Smoke Free Implementation Plan 2016

provides further information on Trust tasks, lead officer and timescales

(3) Needs, experiences and priorities

(3.1) Taking into account the information above what are the different needs, experiences and priorities of each of the Section 75 categories and for both service users and staff.

Category	Needs, experiences and priorities	
	Service users	Staff
Gender	Slightly more men smoke	82% staff are female – more men smoke - slight variation
Age	All ages 22% Adults 5% 11-16 year olds	All ages
Religion	Majority Protestant	Majority Protestant

Political Opinion	2 of 3 council areas return Unionist Majority	2 of 3 council areas return Unionist Majority
Marital Status	Affects all status	Majority married
Dependent Status	Smokers higher rates of illness can correlate to greater levels of dependency – 15% of pregnant women smoke	Correlation gender and caring responsibility
Disability	Risk factor for major diseases: smoking negatively impacts on health and increases dependency	Under-reporting in workforce National Statistics 20% population
Ethnicity	Majority White - higher usage amongst some BME communities	Majority White - higher usage amongst some BME communities
Sexual Orientation	6-10% LGB&T - higher usage amongst LGB&T	6-10% LGB&T - higher usage amongst LGB&T

(3.2) Provide details of how you have involved stakeholders, views of colleagues, service users and staff etc when screening this policy/proposal.

Smoke Free Survey which incorporates responses from patients, clients, staff and visitors. There were 1430 respondents. Discussions have taken place re: a follow up survey post implementation. Additional survey in June 2017 with 103 respondents.

Patient forums (10.02.2015 & 27.04.2015) and meetings

Staff training initiatives

South Eastern Health Social Care Trust Smoke Free Policy Group which includes representation from Health Development, Mental Health, Staff Side, Human Resources, Patient Experience, Communications, Hospital Services, Medical Directorate, Looked After Children

Feedback from WHSCT pilot indicated that there were particular issues in the area of Mental Health, Learning Disability, Post Trauma, Palliative Care and Looked After Children. There is an on-going information and sharing of experiences from the pilot site

Regional HSCT Smoke Free Group meetings and associated minutes

The Health Development Manager and Equality Manager met in May 2016 to review the screening document and again in May 2017 February 2018, January 2019 and Oct 2019.

The Smoke Free Policy Group met 23rd June 2016. This group agreed and acknowledged the following exemptions: Ward 11, Dementia Ward on the Downe site, Ward 12, Ward 27, UHD, Mental Health Inpatients (Downe), Ward 27 (Downshire). The Smoke Free Policy Group includes Health Development, Tobacco Enforcement Officer, HR, Service Leads and staff side representation. This groups meets every four months with the next meeting scheduled for Jan 2020.

The Screening was updated August 2016, May 2017, February 2018, January 2019, October 2019 and November 2022.

(4) Screening Questions

You now have to assess whether the impact of the policy/proposal is major, minor or none. You will need to make an informed judgement based on the information you have gathered.

(4.1) What is the likely impact of equality of opportunity for those affected by this policy/proposal, for each of the Section 75 equality categories?

Section 75 category	Details of policy/proposal impact		Level of impact? Minor/major/none
	Services Users	Staff	
Gender	Slightly more men smoke	More men smoke but majority of staff are female	Minor / Minor
Age	All ages Approximately 22% Adults and 5% 11-16 year olds smoke	All ages Approximately 22% Adults and 5% 11-16 year olds smoke	Minor / Minor
Religion	Majority Protestant	Majority Protestant	Minor / Minor
Political Opinion	2 of 3 council areas return Unionist Majority	2 of 3 council areas return Unionist Majority	Minor / Minor
Marital Status	All status	Majority married – links with caring	Minor / Minor
Dependent	Smokers tend to	Links to gender and	Minor / Minor

Status	have greater levels of ill health and require more care. The NI Health & Social Well Being Survey 2005/06 reported that 36% of men and 40% of women indicated that they had a long standing illness related to smoking	caring responsibilities	
Disability	Smokers tend to have a higher level of illnesses related to smoking such as cardiac and respiratory conditions. May have more impact on certain groups e.g. Mental Health	Smoking related disabilities in the workforce	Minor / Minor
Ethnicity	Majority white but higher use in BME Communities	Majority white but higher use in BME Communities	Minor / Minor
Sexual Orientation	Greater usage in LGB&T	Greater usage in LGB&T	Minor / Minor

(4.2) Are there opportunities to better promote equality of opportunity for people within Section 75 equality categories?

<i>Section 75 category</i>	<i>Please provide details</i>
Gender	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Age	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Religion	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Political Opinion	Staff training and briefing sessions Engagement with staff, users, visitors and the

	public. Public awareness campaigns
Marital Status	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Dependent Status	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Disability	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Ethnicity	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
Sexual Orientation	Staff training and briefing sessions Engagement with staff, users, visitors and the public. Public awareness campaigns
(4.3) To what extent is the policy/proposal likely to impact on good relations between people of different religious belief, political opinion or racial group? minor/major/none	
Good relations category	Details of policy/proposal impact
Religious belief	
Political opinion	
Racial group	
	Level of impact Minor/major/none
	None
	None
	None

(4.4) Are there opportunities to better promote good relations between people of different religious belief, political opinion or racial group?	
Good relations category	Please provide details
Religious belief	Staff training and awareness raising
Political opinion	Staff training and awareness raising
Racial group	Staff training and awareness raising Interpreting / translation provision Leaflets

(5) Consideration of Disability Duties

(5.1) How does the policy/proposal encourage disabled people to participate in public life and promote positive attitudes towards disabled people?

The South Eastern HSC Trust Disability Action Plan promotes these two duties.

Adult Disability Services Smoke Free Implementation Plan 2016 acknowledges the Disability Duties - updated

This initiative will improve health and wellbeing and should reduce levels of disabilities in some key conditions e.g. diabetes, stroke, heart disease and respiratory conditions.

(6) Consideration of Human Rights

(6.1) Does the policy/proposal affect anyone's Human Rights?

Complete for each of the articles

Article	Positive impact	Negative impact = human right interfered with or restricted	Neutral impact
Article 2 – Right to life	✓		
Article 3 – Right to freedom from torture, inhuman or degrading treatment or punishment			✓ *
Article 4 – Right to freedom from slavery, servitude & forced or compulsory labour			✓
Article 5 – Right to liberty & security of person			✓
Article 6 – Right to a fair & public trial within a reasonable time			✓
Article 7 – Right to freedom from retrospective criminal law & no punishment without law			✓
Article 8 – Right to respect for private & family life, home and correspondence.			✓ *
Article 9 – Right to freedom of thought, conscience & religion			✓

Article 10 – Right to freedom of expression			✓
Article 11 – Right to freedom of assembly & association			✓
Article 12 – Right to marry & found a family			✓
Article 14 – Prohibition of discrimination in the enjoyment of the convention rights			✓ *
1 st protocol Article 1 – Right to a peaceful enjoyment of possessions & protection of property			✓
1 st protocol Article 2 – Right of access to education			✓

- * ***Please note policy exemption***

Please note: If you have identified potential negative impact in relation to any of the Articles in the table above, speak to your line manager and/or Equality Unit. It may also be necessary to seek legal advice.

(6.2) Please outline any actions you will take to promote awareness of human rights and evidence that human rights have been taken into consideration in decision making processes.

- The positive impacts in relation to Article 2 noted in relation to promoting life and reducing mortality and morbidity levels
- Discussions have taken place in relation to Article 8 and issues relating to Trust property which may be patient / client home e.g. Mental Health & Looked After Children. Policy exemptions may apply
- The Smoke Free Policy Group met 23rd June 2016. This group agreed and acknowledged the following exemptions: Ward 11, Dementia Ward on the Downe site, Ward 12, Ward 27, UHD, Mental Health Inpatients (Downe), Ward 27 (Downshire). – awaiting outcome of judicial review (Feb 18 – still awaiting outcome)
- Consideration of Articles 3 and 14 issues has taken place – exemptions and mitigation have been considered as part of the decision-making process
- Meetings have taken place within Adult Services to discuss and agree the implementation of this policy within their Directorate and staff have received additional training- as above

- Smoke Free Action Plan has been developed to support the Smoke Free Policy and the introduction of Smoke Free HSC sites. This is discussed and updated at the Smoke Free Policy meetings
- Training and engagement of staff regarding the Smoke Free Policy. Specialist training for mental health staff has been commissioned from the PHA and will commence in March 2018. Regional Specialist training, facilitated by PHA, did not take place due to lack of numbers due to attend
- Publicity / Information campaign for public, staff, clients, patients and contractors giving information on the Smoke Free Policy PR is ongoing as per action plan
- Support to individuals to stop smoking in one-to-one and group sessions and through e.g. NRT replacement
- Discussions with staff responding to potential Human Rights issues in relation to this policy
- Information can be made available in alternative formats upon request
- Stop Smoking Wardens will activate the Body Cam recording if the situation requires it. Staff/Public will be informed prior to recording commencing
- The Screening has been revised and updated August 2016, May 2017, February 2018, January 2019, October 2019 and November 2022

(7) Screening Decision

(7.1) Given the answers in Section 4, how would you categorise the impacts of this policy/proposal?

Major impact	
Minor impact	✓
No impact	



(7.2) Do you consider the policy/proposal needs to be subjected to ongoing screening

See note in section 8

Yes	✓
No	

(7.3) Do you think the policy/proposal should be subject to and Equality Impact Assessment (EQIA)?

Yes	
No	✓

(7.4) Please give reasons for your decision and detail any mitigation considered.

This policy and initiative will promote good health and wellbeing and enhance the HSC experience of patients, clients, visitors, volunteers and staff.

Major impact not identified, outcome of screening was minor impact and on-going screening is recommended as an integral part of the monitoring process. A planned meeting to update the screening was held on 7th March 2016 before the implementation date. This screening was brought forward from June 2016.

Mitigation has been considered to cover a number of service area groups e.g. Mental Health and Looked After Children. As the implementation of the policy progresses, issues such as exceptions will be explored in line with local Trust and Regional Direction. No regional direction on the implementation of Smoke Free across the regional HSC Trust sites.

Mitigation is integral to the policy development and implementation examples include: services of Stop Smoking Team, provision of NRT and diversional therapies in Mental Health.

The policy will be operational from 9th March 2016 and any impacts will be subject to monitoring particularly in the areas such as Mental Health, Learning Disability, Palliative Care, Post Trauma and Looked After Children. Staffing issues will also be subject to monitoring.



This screening will be reviewed in June 2016 and earlier if required.

The screening was revised and updated in August 2016.

The screening will be reviewed in November 2016.

The screening was reviewed on 25 November 2016 prior to meetings as follows:

- 29th November - Smoke Free Policy Group Meeting
- 2nd December - Smoke Free Consultation Sub Group Meeting with DLS to discuss legal advice with regard to consultation/engagement
- 7th December Smoke Free Consultation Group Meeting

Consultation/engagement and an associated Action Plan will be considered and the Equality Screening will be reviewed and updated in December 2016 in light of these discussions

21st February 2017

- The policy was due to be reviewed in January 2017 and was updated in light of the DLS advice to the Trust. This advice provided clarification on exemptions which have been added to the policy.
- Guidance is provided on staff responsibility with regard to challenging any person who is smoking on the site.
- However it was also noted in section 3.11 that a challenge may compromise a therapeutic relationship.
- Section 10.11 of the Addendum details which Wards are recognised as exempt from the Smoke Free Policy

Prior to the introduction of Smoke Free the Trust carried out a Survey monkey questionnaire which it undertook to repeat one year following the introduction of Smoke Free Policy. The Questionnaire will be approved by the Smoke Free Policy Group Meeting on 22 February 2017 and issued at end March 2017.

The Screening will be reviewed again on 24 May 2017.

24th May 2017

The Survey Monkey Questionnaire was approved by the Smoke Free Policy Group on 22 February 2017 and was added to i-connect week commencing 22nd



May 2017. The survey will be available until mid-June 2017.

Results and analysis of the survey results will be circulated to the Smoke Free Policy Group for discussion at the next meeting to be held on 14th June 2017.

1st February 2018

Equality Screening has been updated to reflect changes to the Smoke Free Policy included definition of Trust premises (owned and leased) and also that staff may be disciplined if they breach the policy in relation to 5.4.2

The Trust has employed agency staff as smoking wardens (2) to give brief intervention and contribute to the enforcement of the policy

4th January 2019

The Survey Monkey Questionnaire will be repeated in May 2019. Approval will be sought from the Smoke Free Policy Group at the next meeting in January 2019.

Results and analysis of the survey results will be circulated to the Smoke Free Policy Group for discussion.

Trust Policy Committee has been approached to extend the review of Smoke Free Policy to January 2020. Confirmation will be given at the next Smoke Free Policy Group

New policy 'Use of body worn body devices; incorporating audio recording (for use by smoke free wardens) has been drafted and approved by policy scrutiny in June 18.

Tannoys contract has been awarded and will be installed and launched on No Smoking Day in March 2019.

The Trust has now permanently employed 3 staff as smoking wardens to give brief intervention and contribute to the enforcement of the policy (Oct 18).

29th October 2019

Survey was repeated in June 2019. Results were circulated and discussed at Smoke Free Policy Group in Oct 2019.

Body Cam equipment for Smoke Free Wardens was introduced in Oct 2019.

Tannoy systems went live on No Smoking Day 2019.



Smoke Free Wardens now record staff details when they breach of the Smoke Free Policy. These names are then forwarded to line managers for appropriate action as per policy.

8th November 2022

Smoke Free survey was repeated in June 2022 and shared with the Smoke Free Policy Group

The Equality Screening had been reviewed in line with the Smoke Free Policy.

21st February 2024

The Trust has reviewed the Equality Screening in February 2024.

The plan to repeat the Smoke Free survey with staff will be discussed at next Smoke Free Steering Group. This group is being re-established and the first meeting will take place in Q1 of the 2024 / 2025 year.

Results will be added to the Equality Screening at next review.

Vaping. Information on vaping which was circulated by NI Chest, Heart & Stroke has been added to LiveWell site for staff to access.

The Trust continues to receive some complaints from members of the public due to seeing both staff and public smoking on site. There has been an increase in smoking around the entrance of the new Emergency Department noted in recent months which may be due to the distance from the main road.

(8) Monitoring

Please detail how you will monitor the effect of the policy/proposal for equality of opportunity and good relations, disability duties and human rights?

- Data analysis before, during and after the implementation of Smoke Free Policy e.g. head count of smokers on different sites. Each directorate will continue to provide data on the number of challenges
- The Smoke Free Survey will remain part of the Implementation Plan
- Complaints and compliments

- Staff data in relation to potential breaches of the Smoke Free Policy
- Screening will be reviewed after three months after implementation as part of the monitoring process and earlier if required annual ongoing screening is now undertaken next review due October 2020
- Planned specific monitoring as detailed in the Adult Disability Services Smoke Free Implementation Plan 2016
- Share point folder set up to allow nominated staff to record incidents of breach of policy and how they have challenged and the reaction received. This is then raised as an agenda item on the Smoke Free Policy group and taken back for action to individual directorates
- A number of KPI's agreed to support the successful implementation of the policy
- IR1's received relating to smoking on site
- The use of e cigarettes and vaping will be monitored in accordance with DOH & PHA guidance.

Approved Lead Officer: Jeff Thompson

Position: Assistant Director Patient Experience

Date of initial screening: 24th September 2015

Policy/proposal screened by: Lynda Vladeanu and Suzanne McCartney

Date of revised screening : 7th March 2016

Policy/proposal screened by: Lynda Vladeanu and Suzanne McCartney

Date of revised screening : 8th August 2016

Policy/proposal screened by: Lynda Vladeanu and Susan Thompson

Date of revised screening : 25th November 2016

Policy/proposal screened by: Lynda Vladeanu, William Delaney and Susan Thompson



Date of revised screening : 21 February 2017

Policy/proposal screened by: Lynda Vladeanu, Susan Thompson

Date of revised screening : 24 May 2017

Policy/proposal screened by: Lynda Vladeanu, Susan Thompson

Date of revised screening : 1 February 2018

Policy/proposal screened by : Lynda Vladeanu, Kathey Neill

Date of revised screening : 4 January 2019

Policy/proposal screened by: Lynda Vladeanu, Kathey Neill

Policy/proposal screened by: Lynda Vladeanu, Kathey Neill

Date of revised screening : 29 October 2019

Policy/proposal screened by : Lynda Vladeanu, Susan Thompson

Date of revised screening : 8th November 2022

Policy/proposal screened by : Lynda Vladeanu, Susan Thompson

Date of revised screening : 23 February 2024