



The Smokefree Sites Implementation Plan Template

Rachel McIlvenna
rachel.mcilvenna@nhs.net

Joojo Kyei-Sarpong
j.kyei-sarpong@nhs.net

Executive Summary

The NENC Smokefree Sites Implementation Plan Template provides a strategic framework to help NHS Trusts across the North East and North Cumbria (NENC) region achieve fully smokefree healthcare environments. It aligns with national efforts to reduce tobacco-related harm and promote healthier settings for patients, staff, and visitors.

Rationale

As of November 2025, smoking prevalence in the North East and North Cumbria (NENC) region has fallen to 10.4%, the lowest on record. This is a major achievement, yet smoking remains the leading cause of preventable illness and death. Continued tobacco use on hospital grounds, particularly near entrances, signals an urgent need for stronger action.

Tobacco dependency is a long-term condition and a clinical priority. NG209 (NICE Guidance) recommends policies, procedures, resources and smokefree implementation plans are in place to support NHS settings be health-promoting environments, modelling positive behaviours and safeguarding everyone on site. While Trusts have introduced smokefree policies and inpatient treatment teams under the NHS Long Term Plan, these measures do not fully address outpatients, staff, visitors, and contractors.

Stakeholders across the region have identified this gap and developed a locally relevant, evidence-based implementation plan. This plan offers a comprehensive, adaptable approach to create truly smokefree NHS environments, protecting health, reducing inequalities, and reinforcing our leadership commitment to prevention.

Why Act Now?

1. Aligns with national priorities and NICE standards.
2. Protect patients, staff, and visitors from harm.
3. Demonstrate leadership in addressing the leading cause of preventable death.

Co-Production and Collaboration

The template was co-produced with Trust Smokefree Leads, service managers, public health consultants, and the regional tobacco programme Fresh, which hosts NENC's Smokefree NHS Programme. It draws on shared learning, frontline experience, published evidence, and

extensive stakeholder feedback. Its design was informed by the APEASE framework (West & Michie, 2019), ensuring that the final template is feasible, equitable, and fully grounded in real-world implementation needs.

Utility and Structure

This template is designed to be practical, clear, and impactful. It provides a structured framework for implementing smokefree initiatives across NHS settings, supporting consistency while allowing appropriate local flexibility.

Informed by stakeholder input, the implementation plan template is:

1. **Adaptable:** Suitable for use across all Trusts and care environments.
2. **Action-oriented:** Organised into seven clear themes, with defined actions, outcome measures, and accountable leads.
3. **Equity-focused:** Designed to be culturally sensitive and safe for all populations.
4. **Practical:** Incorporates mechanisms for feedback, reflection, and continuous improvement.

To ensure the template supports safety, trustworthiness/ transparency, choice, collaboration, empowerment, and cultural sensitivity across all 10 Trusts, it has been intentionally developed through a trauma-informed lens.

The template is organised into seven themed tabs, each containing pre-populated suggested actions, key steps, and outcomes that Trusts can adopt or adapt. Blank fields are included for local tailoring. Each tab also sets out outcome metrics and considerations for equity, risks, and resource needs.

The seven (7) themes include:

1. **Staff Support and Training:** Building capability and confidence to deliver smokefree care.
2. **Engagement and Cultural Change:** Fostering a shared commitment to smokefree environments.
3. **Policy Adoption and Governance:** Ensuring clear accountability and compliance.
4. **Communication and Signage:** Reinforcing messages through consistent, visible prompts.

5. Support for Patients, Families, and Visitors: Extending care beyond inpatients to all who access NHS services.
6. Infrastructure and Environmental Adjustments: Creating spaces that discourage tobacco use.
7. Collaboration and Research: Driving innovation and continuous improvement through partnerships.

Lastly, to ensure this template comes to life, the regular Smokefree Site meetings will continue to:

1. Ensure consistent and high-fidelity implementation across Trusts
2. Maintain momentum and accountability (not punitive)
3. Troubleshoot cross cutting barriers
4. Share learning, innovation and good practice
5. Strengthen the smokefree champion network
6. Review data, adjust strategy, and respond to any collective concerns
7. Sustain a compassionate, trauma-informed approach throughout the early stages of implementation

Support for Staff and Training Needs

Action: Create a supportive and inclusive training plan that equips staff with skills to uphold smokefree policies in a compassionate manner, navigate challenging interactions with empathy and respect, and adapt approaches to meet diverse cultural needs (e.g., Very Brief Advice training (VBA), Making Every Contact Count (MECC)).

Suggested Key Steps	Suggested Outcome Metrics
1. Pilot training in one department 2. Co-design with staff 3. Embed the VBA training within existing continuing professional development for continuity and support.	1. Staff feel more confident and equipped to support individuals around smoking behaviors, demonstrated through increased use of supportive interventions (VBA/ MECC), 2. Fewer smoking-related incidents. 3. Positive feedback highlighting a sense of safety and empowerment post-training.
Facilitate scenario-based learning sessions that focus on compassionate and respectful approaches to addressing policy breaches, prioritizing safety, dignity, and understanding for all involved.	Noted growth in staff confidence and increased referrals, reflecting improved ability to apply skills effectively and sensitively in real-world situations.
Offer workshops that focus on building skills for compassionate, clear communication and collaborative motivational interviewing, emphasizing respect, empathy, and empowerment throughout the process.	Follow-up evaluation indicates that staff feel more confident and capable in using motivational interviewing techniques to support patients, fostering respectful and collaborative conversations.
Strengthen staff roles by providing consistent, transparent communication and visible support from leadership, fostering trust, clarity, and a sense of safety.	Safe and accessible feedback channels (such as brief pulse surveys, team check-ins, suggestion boxes, digital portals, and incident reporting systems) that encourage open dialogue, transparency, and shared learning without fear of blame.

Engagement and Cultural Change

Action: Develop an approach that fosters psychological safety, shared understanding, and supportive engagement with staff, patients, and visitors.

Suggested Key Steps	Suggested Outcome Metrics
Identify and support director-level champions to advocate for smokefree policies.	Evidence of compassionate leadership, demonstrated through: 1. Improved perceptions of trust, fairness, and emotional safety in staff surveys. 2. Leadership communication that models trauma-informed principles. 3. Staff feedback indicating that champions help create a supportive culture around smokefree practice.
Facilitate regular feedback sessions with staff, patients, and families	Improved understanding and acceptance of smokefree policies across staff, patients, and families, shown through: 1. Feedback indicating participants felt heard, respected, and emotionally safe. 2. Increased clarity and shared understanding of how policies are applied fairly and consistently. 3. Reduced reports of feeling judged, coerced, or unsupported.
Use real-life narratives and case studies to support learning and cultural change.	Evidence of cultural shifts toward trauma-informed smokefree practice, reflected in: 1. Staff using strength-based, non-stigmatising language when discussing smokefree care. 2. Increased confidence in applying policies in ways that support individual autonomy and wellbeing. 3. Observations or feedback indicating greater consistency, compassion, and cultural sensitivity.

Policy Implementation and Governance

Action: Create supportive governance structures that enable consistent, compassionate smokefree practice, with clear accountability and accessible support for staff.

Suggested Key Steps	Suggested Outcome Metrics
Simplify smokefree incident reporting processes (e.g. Datix) so staff can record concerns efficiently, without fear of blame, and with clarity about how information will be used to improve care and environments.	Increased use of simplified reporting systems, reflecting staff confidence that smokefree incidents are recorded and addressed in a fair, learning-focused way.
Identify, support, and train smokefree champions across clinical and frontline teams (including estates, security, and reception) to provide guidance, model respectful practice, and offer reassurance when addressing smokefree issues. <i>NB: Approaching smokers onsite may not be appropriate within mental health settings.</i>	Increased confidence and consistency among smokefree champions in screening, referral, and addressing onsite smoking, demonstrated through staff feedback and observed practice.
Equip staff to engage people who smoke in ways that prioritise dignity, choice, and emotional safety, recognising that direct approaches may not always be appropriate, particularly within mental health settings.	Staff report feeling supported, prepared, and psychologically safe when addressing smokefree issues, with increased consistency across teams and roles.
Routinely review smokefree policy support approaches with staff and service user input, using feedback and lived experience to refine interventions and respond to emerging needs.	Reduction in smokefree incidents alongside improved staff wellbeing and confidence, demonstrating that smokefree approaches are working with people rather than against them.

Enhanced Communication and Signage

Action: Strengthen awareness of smokefree policies by sharing clear, respectful, and supportive messaging through accessible communication channels.

Suggested Key Steps	Suggested Outcome Metrics
Collaborate with staff and individuals with lived experience to co-create smokefree signage and messaging that feels clear, respectful, and supportive.	Improved awareness and acceptance of smokefree policies, evidenced by increased staff and patient engagement with signage, reduced smoking incidents in key areas, and positive feedback from co-design participants on relevance and clarity of messaging.
Introduce clear, supportive signage that guides people toward designated vaping areas and respectfully shares collective progress, such as the number of individuals who have chosen to begin or continue their quit journey, while respecting privacy and personal choice. <i>NB: this step is dependent on the outcome of the ongoing Tobacco & Vapes Bill</i>	Greater awareness and use of designated vape-friendly areas, demonstrated through visitor feedback and reduced vaping in non-designated spaces.
Use calm, supportive audio messages, such as tannoy, to gently invite individuals who are smoking to consider moving to designated areas, offering respectful guidance while maintaining a sense of choice, privacy, and emotional safety. <i>NB: This suggested approach may not be appropriate within mental health settings.</i>	Improved awareness of smokefree policies, demonstrated through feedback and fewer smoking incidents after audio announcements.
Use accessible digital channels such as the Trust website, SMS reminders, patient portals, and the	Proportion of patients and carers who report receiving and understanding supportive smokefree information through digital channels (Trust website, SMS, patient portal, NHS app).

NHS app to share supportive information with patients and carers in a clear, respectful way.	
Include a brief summary of the Trust's smokefree policy (one or two sentences) in all communications sent to patients and carers with scheduled inpatient or outpatient appointment. <i>NB: This suggested action may not be appropriate within mental health settings.</i>	Increased patient and carer awareness of the Trust's smokefree policy, as measured by the proportion of patients and carers who report being aware of the policy in post-appointment surveys.
Create digital posters (for use as screensavers, on the intranet, and on social media) and physical posters (for display in wards and staff communal areas) that promote support services for staff who are dependent on tobacco.	Increase in the proportion of staff who are aware of and/or access tobacco dependence support services, as measured by staff surveys and service referral data.
Develop a communication plan to share updates and success stories.	Stronger staff and public engagement with smokefree policies, demonstrated through positive feedback and wider awareness of updates and success stories.

Support for Patients, Families, Visitors and Staff

Action: Provide clear, compassionate resources and choices that help people feel supported and empowered to meet expectations.

Suggested Key Steps	Suggested Outcome Metrics
Include a discussion of the Trust's Smokefree policies and the support available from TDTS teams as part of pre-admission briefings, in line with NHS England's guidance on good communication with patients waiting for care	Greater patient awareness and acceptance of smokefree policies, demonstrated through feedback.
Embed the use of regional Tobacco programme's Toolkit for Parents and Carers across departments to enhance the support staff provide to families and visitors. <i><u>Click tab to access the toolkit on KHub</u></i>	Improvement in family/visitor satisfaction scores relating to communication, support, or smokefree guidance.
Promote and offer NRT, vapes, and nicotine analogues during admission or in A&E, ensuring the approach is compassionate and non-judgmental, and enabling people to choose the quitting support that works best for them.	Reduced withdrawal symptoms and improved comfort during admission or in A&E.
Offer smokefree packs with clear, easy-to-read information on local support and options for NRT or vapes, available to visitors and families who smoke onsite.	Increased visitors and families engagement with smokefree support.
Ensure pathways into Stop Smoking Services are clearly communicated and accessible to all healthcare professionals so they feel supported in	Number of healthcare professionals who report that pathways into Stop Smoking Services are clear, easy to access, and help them feel supported in assisting patients with informed choices.

helping patients make informed choices about their care.	
Develop and regularly review support for tobacco dependent staff, involving Human Resources and Occupational Health as needed.	Increase in the number of staff who access and/or successfully engage with tobacco dependence support services.

Infrastructure and Environmental Adjustments

Action: Create supportive, calming environments that make it easier for people to choose smokefree options.

Suggested Key Steps	Suggested Outcome Metrics
1. Relocate seating to safe, comfortable areas away from building entrances, and establish clearly marked smokefree zones that promote a welcoming and healthy environment for everyone. 2. Where relocating seating is not possible, introduce supportive and visible signage that explains the health impacts of smoking and encourages voluntary adherence to smokefree areas in a respectful, non-judgemental way.	Reduced smoking near hospital entrances, demonstrated through observations and fewer complaints after seating changes and clear smokefree signage.
Design public spaces to be welcoming and smokefree.	Increase in the proportion of patients, visitors, and staff who perceive hospital public spaces as welcoming and smokefree.

Collaborative Efforts and Research

Action: Strengthen partnerships and maintain data-driven improvements.

Suggested Key Steps	Suggested Outcome Metrics
1. Work collaboratively with local authorities and Smokefree Alliances to design and strengthen supportive referral and transfer-of-care pathways. 2. Co-design clear and consistent processes that ensure patients experience seamless transitions between services. 3. Maintain accessible pathways that link patients to cessation initiatives such as Swap to Stop and other local support options.	1. Strengthened partnership working with local authorities and Smokefree Alliances. 2. Established and consistently used clear, person-centred referral and transfer-of-care pathways. 3. Ensured access to cessation initiatives such as Swap to Stop and other local programmes. 4. Improved transition experiences for patients moving between TDT services and Stop Smoking Services. 5. Increased uptake of smoking cessation support across the patient population. 6. Enhanced continuity of care, with services working together to provide consistent, supportive smokefree interventions.
1. Use ongoing qualitative research to understand the lived experiences of staff, patients, and families. 2. Offer supportive, optional feedback methods that promote psychological safety and respect individual choice. 3. Gather insights in ways that prioritise dignity, trust, and emotional safety for all participants. 4. Continuously refine the Trust's Smokefree strategy based on what people share, ensuring it remains responsive, compassionate, and person-centred.	1. Increased number and diversity of staff, patients, and families participating in voluntary, trauma-informed feedback activities. 2. Feedback indicating that participants felt safe, respected, and listened to during research sessions. 3. Evidence that insights from qualitative research directly informed updates to the Smokefree strategy (e.g., documented changes or iterations). 4. Reduction in reports of feeling unsafe, judged, or unsupported in relation to smokefree policy implementation. 5. Improved staff confidence in applying smokefree support using trauma-informed principles (measured through standardised surveys). 5. 6. Clear annual improvements in experiences of fairness, trust, and transparency, as reported by patients, visitors and staff.

