Shared **Regulatory** Services
Gwasanaethau **Rheoliadol** a Rennir

Review of the six-month educational phase of Smoking Enforcement in Hospital Grounds

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Cardiff and Vale University Health Board
Public Health Team

Project in conjunction with Cardiff and Vale University Health Board Public Health Team through the Health Protection Partnership

Introduction

The purpose of this review is to evaluate the initial six-month educational phase of the smoke-free hospital grounds project, delivered through partnership working between Shared Regulatory Services (SRS), as the Enforcing Authority, and Cardiff and Vale University Health Board (CVUHB). This phase prioritised education; raising awareness and engagement to support compliance with smoke-free legislation and the Local Health Board's '*No Smoking and Smoke-Free Environment Policy'*.

This review draws upon data collected throughout the educational period, including identified patterns of non-compliance, to provide evidence-based observations and inform future actions. It outlines key lessons learned and assesses the extent to which the Local Health Board has met its management responsibilities in maintaining smoke-free hospital grounds.

The findings and recommendations set out within this report are intended to support CVUHB in strengthening compliance, reducing smoking-related incidents, and ensuring that effective and sustainable arrangements are in place to meet both statutory requirements and organisational policy commitments.

Background

The six-month educational phase has primarily focused on raising awareness of the legislative requirements for smoke-free hospital grounds, encouraging compliance amongst key groups and promoting access to smoking cessation pathways including the NHS 'Help Me Quit' service and Nicotine Replacement Therapy for hospital in-patients.

Throughout this period, smoking-related incident data has been collated by SRS and presented to CVUHB Public Health Team at regular monthly insight meetings, enabling trends and key areas of concern to be communicated. The information gathered has also been shared more widely across the Local Health Board, ensuring that statistical evidence relating to smoking incidents is available to inform ongoing internal discussions and decision-making.

This data has supported the re-establishment of the Smoking Enforcement Task and Finish Group, providing key stakeholders with a clearer understanding of the scale and nature of non-compliance across hospital sites. In addition, the Local Health Board has incorporated these findings into wider organisational communications, including Public Health Team newsletters and staff-facing articles published on SharePoint, to maintain awareness and reinforce messaging across the workforce.

SRS representatives have also been invited to contribute to the *'Towards a Smoke Free Cardiff and Vale'* partnership group, which brings together a range of stakeholders and organisations with a shared interest in tobacco control. This has provided an opportunity to align this project with broader public health objectives and to contribute to a co-ordinated, multi-agency approach to reducing smoking prevalence across the region.

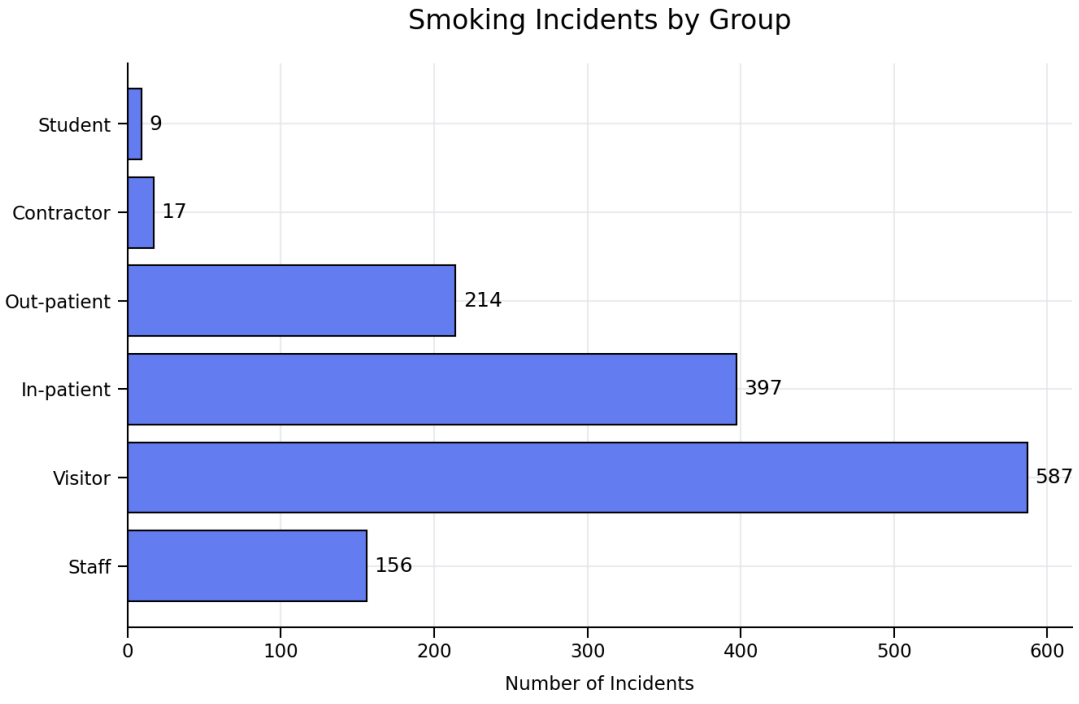
Following an initial induction period, a three-week rolling rota was introduced from week commencing 29th December 2026. An enforcement officer has been employed via a third-party to patrol all sites within scope across shifts operating between 8am to 8pm, 5 days per week.

Statistical data

The enforcement officer engaged with a total of **1380** individuals smoking on CVUHB hospital grounds between the **17th November 2025** and **17th May 2026**. A breakdown of incidents by hospital and by category of site user is detailed below:

Hospital site	Staff	Visitor	In-patient	Out-patient	Contractor	Student	Total
UHW	100	468	209	139	12	6	**934**
UHL	50	83	187	27	2	1	**350**
Barry	5	14	0	13	0	1	**33**
CRI	1	15	1	28	1	0	**46**
St David's	0	7	0	7	2	1	**17**
TOTAL	**156**	**587**	**397**	**214**	**17**	**9**	**1380**

Analysis of trends indicates that the highest number of smoking incidents (934) were recorded at the University Hospital of Wales (UHW) accounting for 68% of all recorded activity. This is to be expected given that UHW is the largest hospital within the Local Health Board estate. University Hospital Llandough (UHL) is the second largest site and accounted for the second highest volume of smoking incidents (350), approximately 25% of all activity.

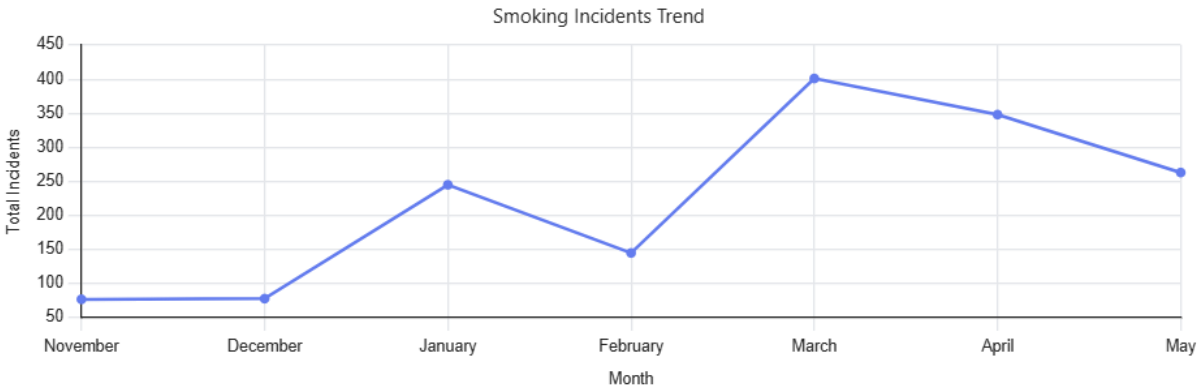


When categorised by group, visitors represent the largest percentage of smoking incidents accounting for 42.5% of all interactions throughout the educational phase. Visitors at UHW represent the largest contributing group to smoking incidents, accounting for 468 smoking incidents, which equates to 50% of all incidents at the site and approximately 80% of visitor-related incidents across the Health Board. This reflects the hospital's role as the primary acute and tertiary centre, characterised by high footfall and a transient population.

In contrast, visitor-related incidents at UHL are significantly lower, with 83 recorded engagements, representing 24% of the site total. This reduced proportion reflects both lower overall footfall and a different site profile, with smoking behaviour at UHL being more strongly associated with in-patient activity. Descriptive data suggests that this variation is likely attributable to smoking prevalence amongst individuals receiving care within Hafan-y-Coed specialist mental health unit, where higher smoking rates are commonly observed within the in-patient population. It is important to recognise that there are inherent challenges in engaging with mental health patients, particularly where repeated non-compliance is observed. These individuals may continue to re-offend despite intervention, reflecting the complex clinical, behavioural, and dependency-related factors that can influence engagement with smoke-free policies in mental health settings.

The smaller hospital sites include Barry Hospital, Cardiff Royal Infirmary and St David's Hospital. These sites collectively account for a relatively small proportion of overall smoking incidents, reflecting lower footfall and more limited-service provision compared to UHW and UHL. At these sites, smoking incidents are generally low and more evenly distributed, although some localised patterns are evident. For example, at CRI, a higher proportion of incidents involve out-patients (28 cases), which is as expected as the site is predominantly focused on the provision of out-patient clinics.

The below chart shows the total number of smoking incidents by month (November 2025 – May 2026):



The graph shows a notable increase in engagement in March, most likely reflecting a change in Enforcement Officer midway through the educational phase. If the engagement levels were initially lower, the data may not accurately represent baseline activity. It should also be noted that November data reflects activity only from 17th November 2025 onwards and includes an initial induction period, while reduced cover over the Christmas and New Year period in December may have further influenced the results.

May figures are affected by a lack of leave cover provided by the third-party contractor, meaning the dataset is not fully consistent or reliable across the six-month educational period. This variability limits the ability to draw robust conclusions about the overall effectiveness of the educational phase in reducing smoking incidents across CVUHB hospital grounds at this stage.

Smoking cessation

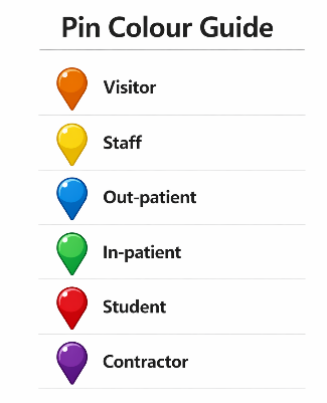
Throughout the educational phase, the Enforcement Officer proactively engaged with individuals observed smoking on hospital grounds, adopting a supportive and educative approach. Engagements were undertaken in a consistent and non-confrontational manner, aimed at raising awareness, supporting behaviour change and promoting compliance with the Local Health Board smoke-free policy. A key element of this engagement involved signposting smokers to smoking cessation services and support pathways available through the NHS.

During the education period, a total of **408 smokers** accepted signposting to the All-Wales Help Me Quit (HMQ) service, which provides tailored advice and support to help individuals reduce or stop smoking. Smokers were given an information card or directed to signage featuring QR codes and contact details to access the HMQ service.

In-patients witnessed smoking were advised on the availability of Nicotine Replacement Therapy (NRT). In these cases, patients were encouraged to speak directly with their ward manager or clinical team to request support, ensuring that appropriate assessment and provision of NRT could be arranged in line with clinical guidance.

As these pathways are reliant on individuals independently accessing services, it is not possible to determine how many of those signposted went on to engage with smoking cessation support services.

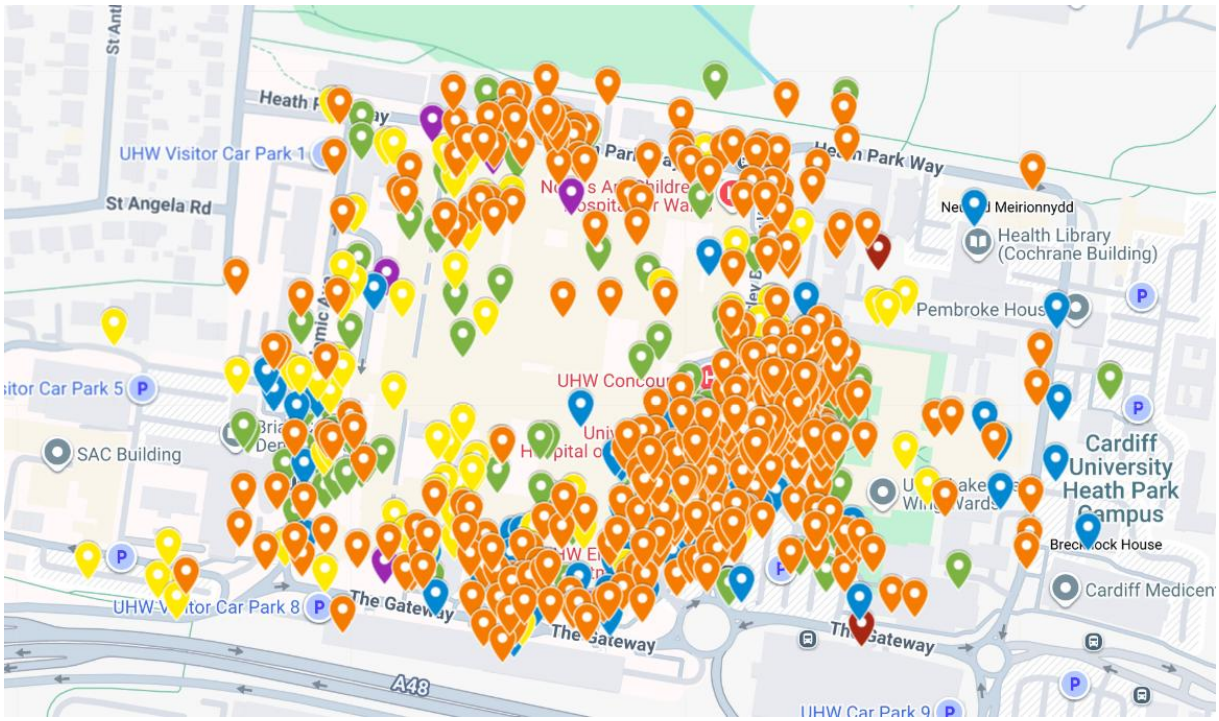
Geographical Data and Environmental Observations



The use of geo-location technology provides a visual representation of the distribution of smoking incidents and identifies key hot spot areas across each of the CVUHB hospital sites. These incidents have been colour-coded by category of smoker, as illustrated in the pin colour guide.

A full suite of maps for each hospital site and category can be found in Appendix A at the end of this report.

University Hospital of Wales



Spatial analysis of recorded smoking incidents at UHW demonstrates a widespread distribution across the site, with clear clustering in areas of high pedestrian activity. The most prominent concentrations are observed at the main entrance to the Concourse, Lakeside, and the Accident and Emergency (A&E) department. These locations are characterised by consistently high volumes of traffic, along with regular movement between buildings, transport links and waiting areas. Additional areas of elevated activity have also been identified along Academic Avenue, particularly in proximity to the dental buildings, and along Heath Park Way, notably adjacent to the Antenatal Clinic and Maternity Unit.

Cigarette litter in bike shelter area near the taxi rank:

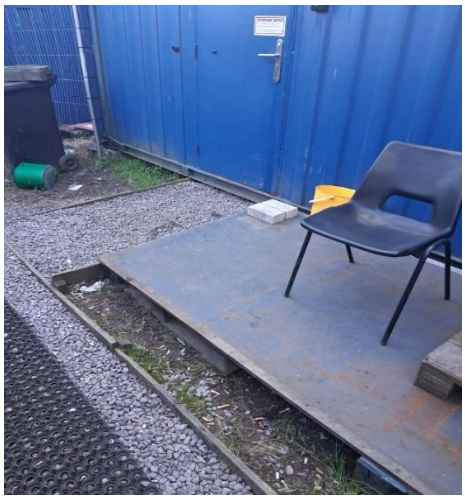
UHW out of hours women's unit:


Smoking bin at UHW Lakeside:

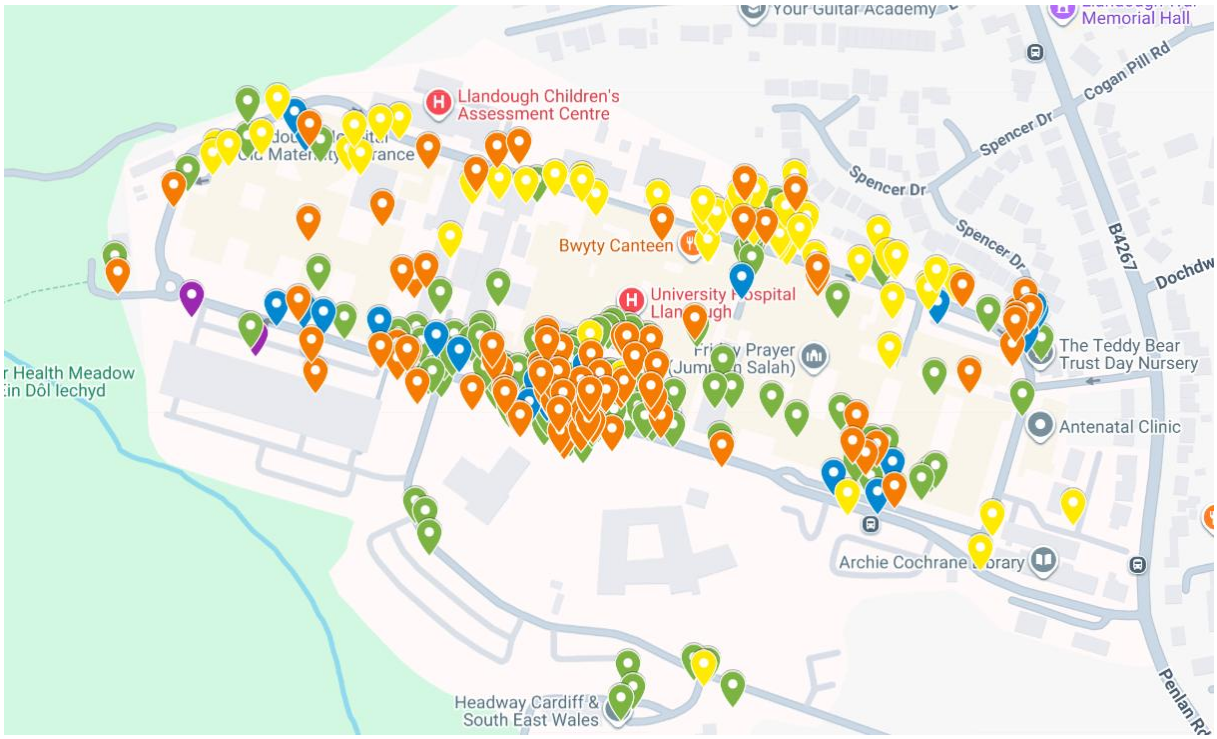
Evidence of cigarette litter and seating at Lakeside:

Cigarette litter outside Dialysis Unit:

Evidence of cigarette litter in enclosed contractor area next to helipad/schools of medicine office:



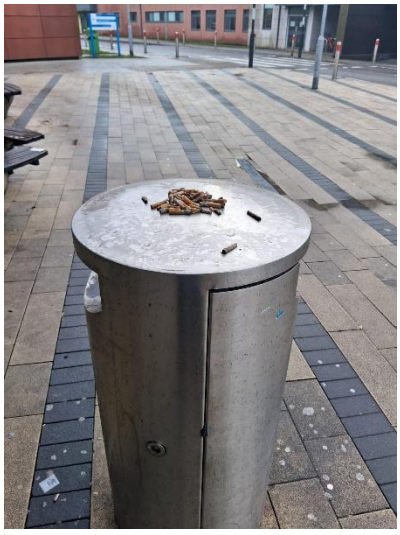
University Hospital Llandough



Spatial analysis of smoking incidents at UHL indicates that the highest concentration of smoking incidents occurred around the main entrance, which represents the primary hotspot on site, particularly amongst visitors and in-patients. In addition, a secondary pattern of activity is evident along the rear site boundary, with a notable clustering of incidents near the Radiology Department and Mortuary.

Evidence of cigarette litter at the entrance to Outpatients:

Evidence of cigarette litter at the entrance to Hafan y Coed specialist Mental Health Unit

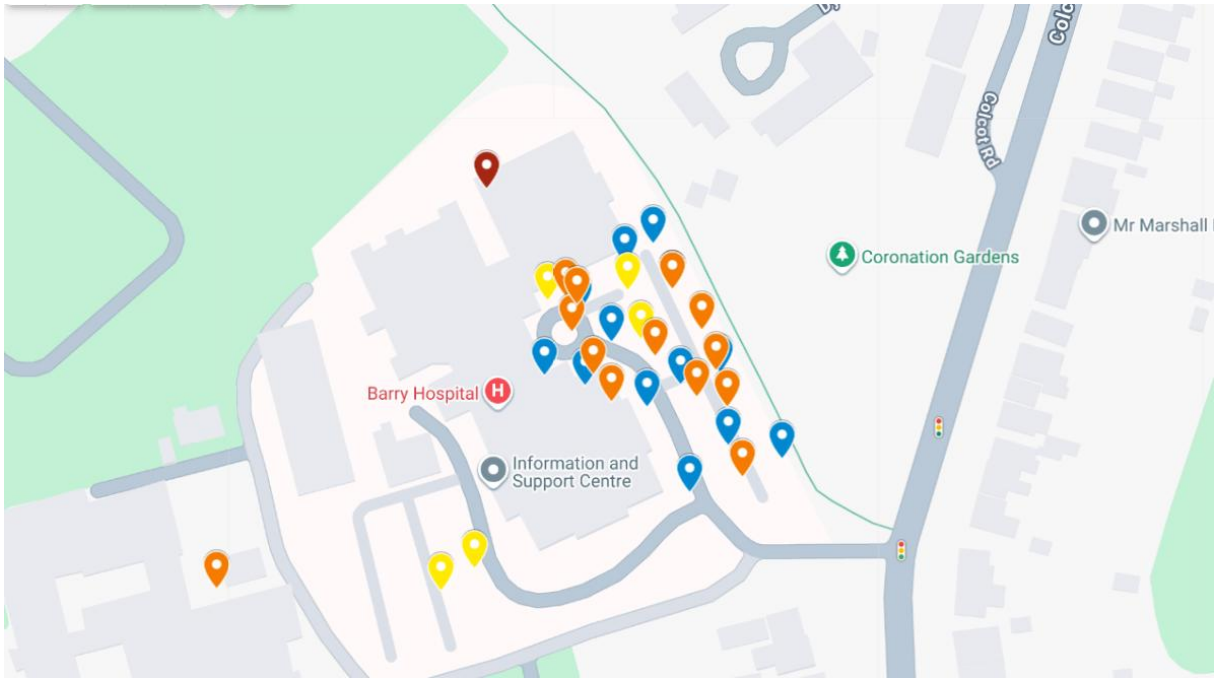


Evidence of cigarette litter on top of waste bin outside Main Entrance

Old style cigarette bin outside the Llanfair Unit

New style 'smoker station' cigarette bin affixed to the external façade of the staff residential accommodation block

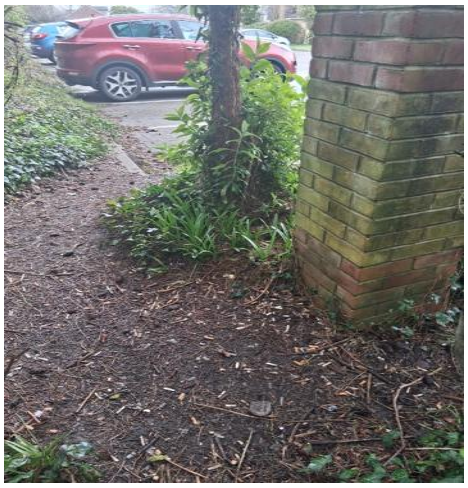
Barry Hospital



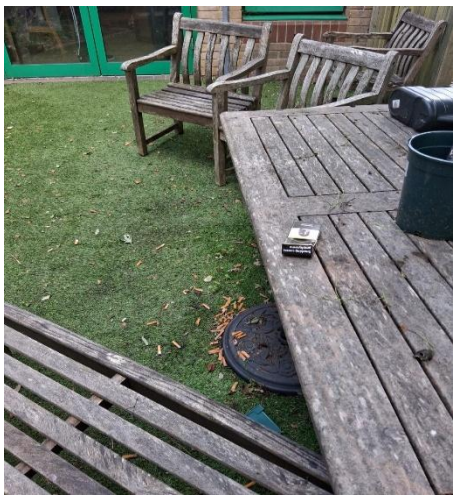
Spatial analysis of smoking incidents at Barry Hospital identifies activity along the main internal access road and car park area, which functions as the main point of arrival and departure. This environment, characterised by short-term parking, waiting, and drop-off activity, creates conditions conducive to smoking, particularly where individuals pause before entering or after leaving the hospital.

Evidence of cigarette litter around benches at main entrance:

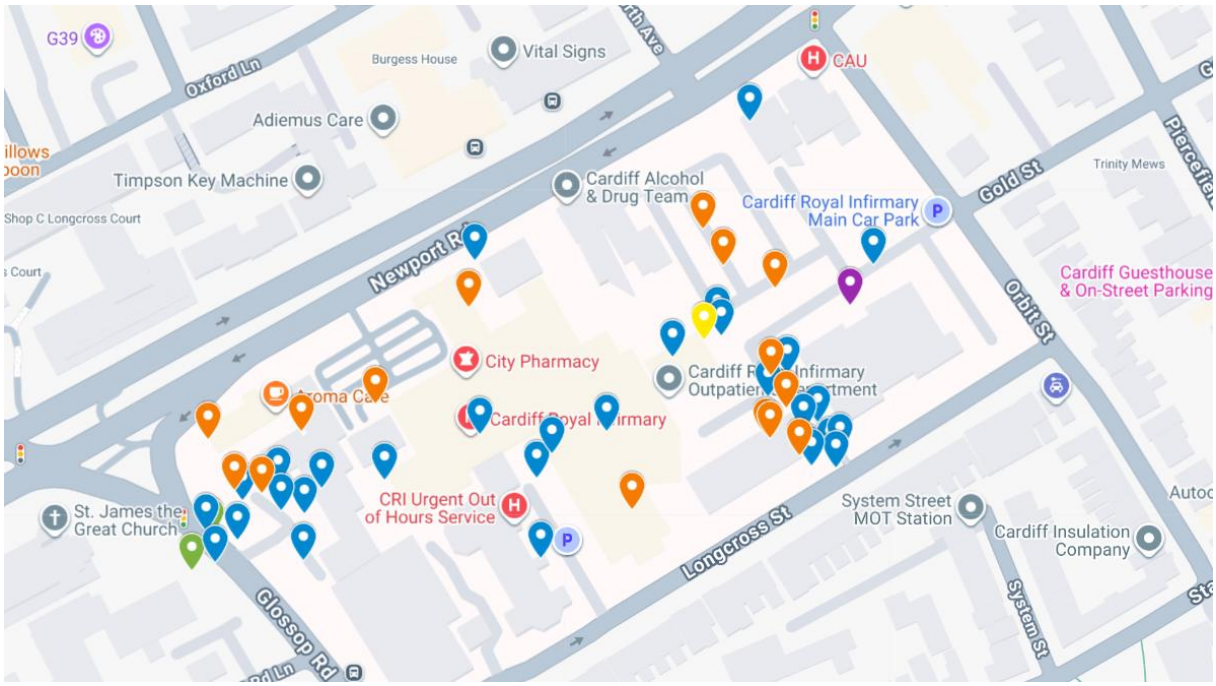
Evidence of cigarette litter in the corner of the car park:



Evidence of a smoking area in enclosed rear garden (area behind gate):

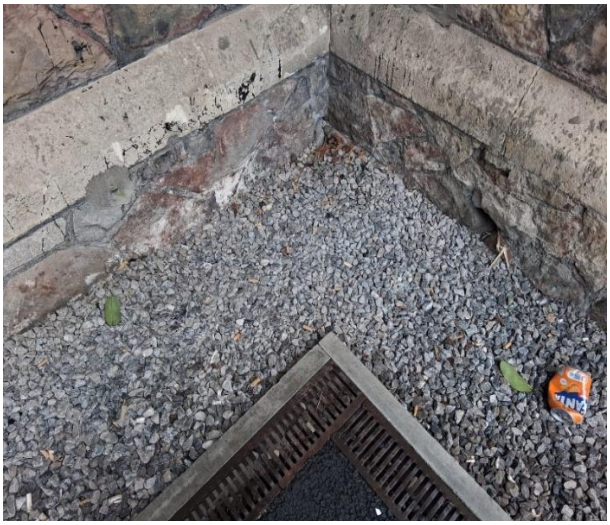


Cardiff Royal Infirmary

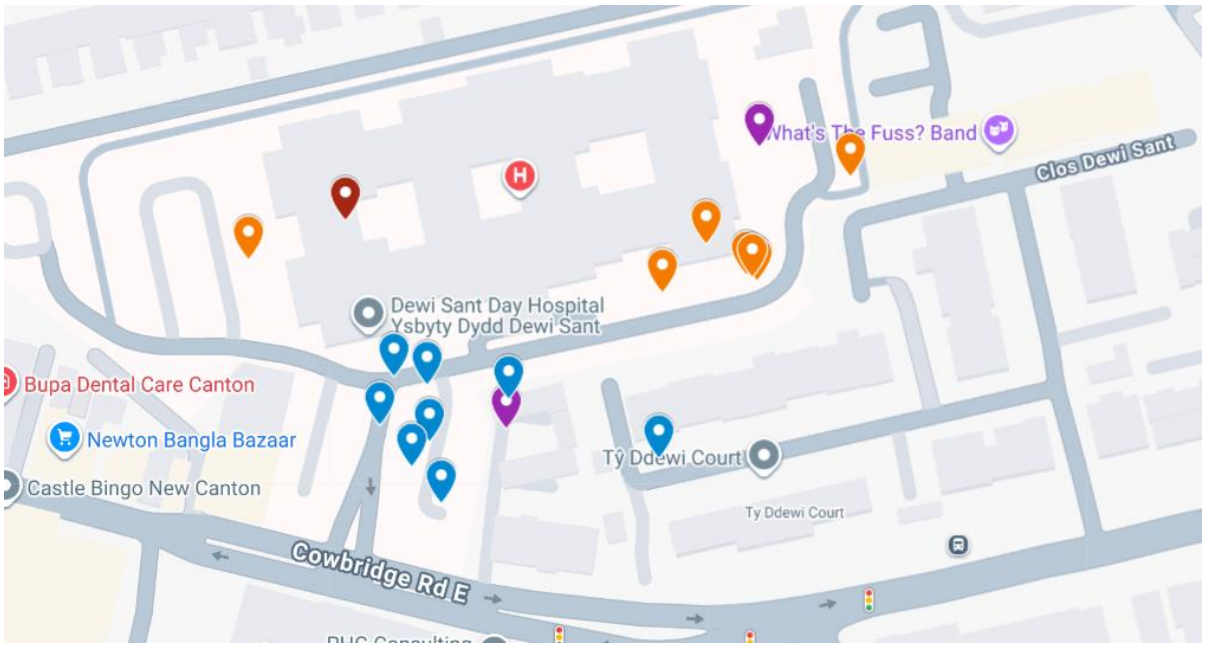


Spatial analysis of smoking incidents at Cardiff Royal Infirmary is characterised by multiple distinct hotspots across the site. The highest densities are observed around key clinical access points, particularly the Outpatients Department, as well as in close proximity to visitor parking areas.

Evidence of cigarette litter to side of the building:



St David's Hospital



Spatial analysis of smoking incidents at St David's Hospital indicates that activity is primarily concentrated around the main entrance off Cowbridge Road East, which represents the principal hotspot on site. A smaller number of incidents are also recorded around the perimeter of the hospital building. St David's hospital accounts for the lowest number of smoking incidents (17) which accounts for 1.2% of all recorded activity.

Staff smoking incidents

The Enforcement Officer engaged with **156** CVUHB staff smoking on hospital grounds between 17th November 2025 and 17th May 2026 accounting for 11.3% of all engagement. A total of **128** staff smoking incident forms have been populated by SRS and referred to HR People Services at actionpoint@wales.nhs.uk. This activity formed part of the agreed educational enforcement approach aimed at improving staff compliance with the Local Health Board's Smoke-Free Policy.

Descriptive data gathered during this phase identified some concerning behaviours amongst staff. Several individuals refused to engage with the Enforcement Officer, with some walking away when challenged or actively avoiding interaction, including leaving the area upon approach. This avoidance behaviour suggests potential cultural and compliance weaknesses within the organisation and could imply that there is limited perception of accountability or consequence for non-compliance.

Although smoking on hospital grounds is prohibited and may constitute misconduct, there is currently no standardised HR process in place to identify repeat staff offenders. Whilst incident forms submitted to People Services are referred to individual Line Managers, there is no central mechanism for tracking repeated breaches or follow-up, to ensure appropriate escalation. The absence of a formalised process presents a clear governance gap and increases the risk of inconsistent responses across departments, potentially undermining the application of fair and proportionate disciplinary action.

During the reporting period, SRS identified at least one case of repeat offending, involving an individual who had been challenged on three separate occasions. Although assurance was provided that the matter was addressed internally, no formal feedback or outcome information was shared beyond HR. This lack of transparency limits oversight and reduces the ability to demonstrate consistent and equitable enforcement of the smoke-free policy.

Reliance on SRS as the external Enforcement Authority does not remove the requirement for CVUHB to maintain robust internal governance arrangements. The absence of a defined and standardised operational procedure undermines effective enforcement and limits organisational accountability. It also creates variability in how Line Managers may respond to policy breaches, highlighting a gap in the Health Board's responsibility to ensure consistent management of non-compliance.

The current lack of formalised processes introduces legal and reputational risk. Should enforcement escalate to an enforcement approach through the service of Fixed Penalty Notices, there is an increased likelihood of challenge if internal procedures cannot clearly demonstrate fairness, consistency, and due process. This may undermine the credibility of enforcement activity and expose both SRS and CVUHB to reputational harm, as well as scrutiny regarding compliance with statutory responsibilities.

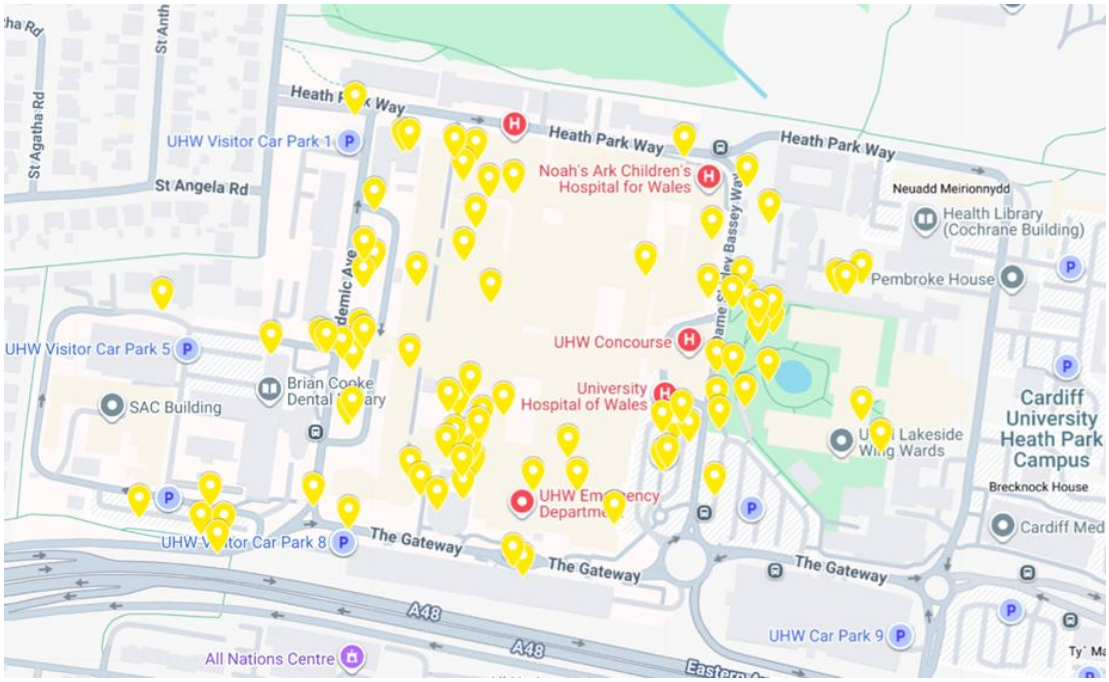
It is also of note that there have been instances where staff were observed smoking alongside their Line Manager, which raises further concerns regarding accountability. Managers are responsible for upholding organisational standards, enforcing policy compliance within their teams and addressing misconduct. This further reinforces the need for strengthened governance arrangements and robust HR oversight, to ensure consistent and appropriate management of breaches. Additional examples of concerning staff-related incidents are available upon request.

Analysis of enforcement data further highlights recurring locations where smoking activity persists, indicating habitual use of specific areas across hospital grounds where staff are smoking. Environmental observations further suggest these locations are informal smoking areas, despite the prohibition in place and present an ongoing challenge to achieving compliance.

Overall, while the educational phase has been effective in identifying patterns of non-compliance, it has also highlighted significant gaps in internal processes and governance. Without the implementation of a standardised and transparent operational framework, there remains a risk that non-compliance amongst staff will persist, undermining both enforcement efforts and the Health Board's ability to uphold its Smoke-Free Policy.

Geolocation maps showing the distribution of staff smoking incidents at UHW and UHL sites are shown below:

University Hospital of Wales

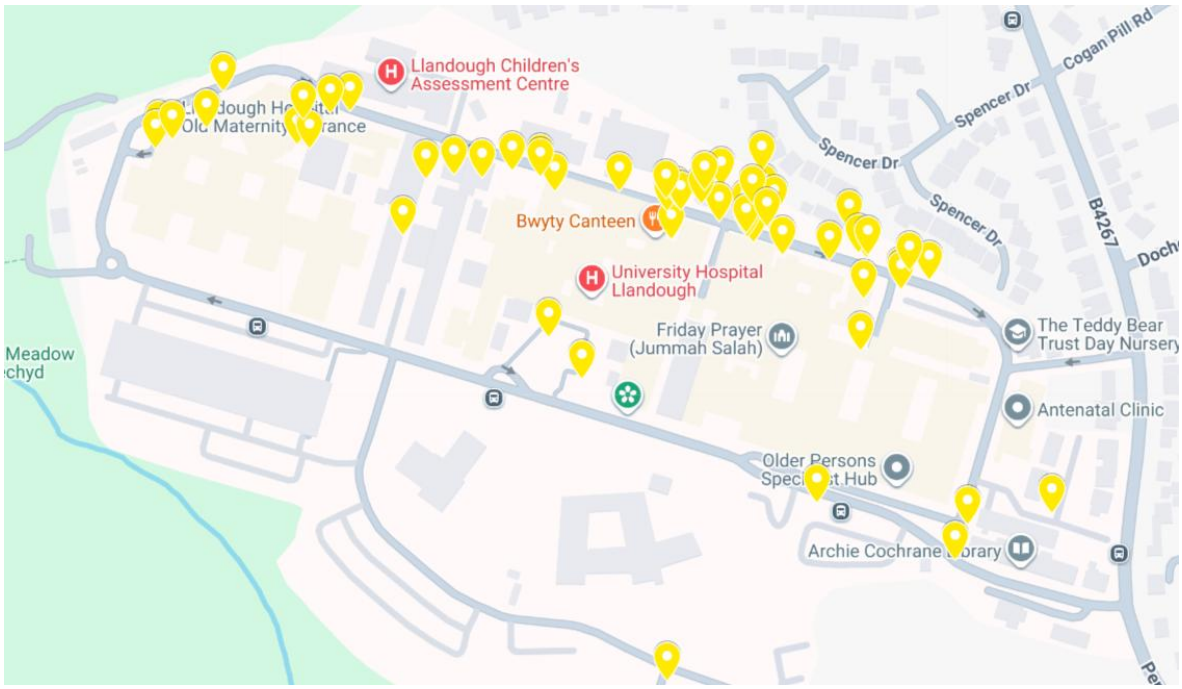


A total of 100 staff smoking incidents were reported at UHW during the educational phase. Spatial analysis, alongside descriptive data capture, highlights a concentration of staff smoking activity near the main entrance to the Concourse, the area behind Aroma and the Lakeside offices.

Further qualitative feedback from the enforcement officer identifies additional problem areas that are less visible and therefore more difficult to monitor. These include discrete locations such as the side of the Emergency Unit, where a lane situated behind the security unit provides a degree of concealment. Another notable hotspot has been identified opposite the Dental buildings, adjacent to the extractor fans. The presence of hidden or low-supervision spaces appears to facilitate continued non-compliance, highlighting the need for targeted enforcement, improved visibility and potential environmental modifications to address these specific locations.

Evidence of cigarette letter opposite dental unit, next to the extractor fans:

University Hospital Llandough:



A total of 50 staff smoking incidents were recorded at UHL during the educational phase. Spatial analysis indicates a clear clustering of these incidents toward the rear of the site, suggesting that staff are deliberately selecting less visible locations. This pattern implies an awareness of non-compliance with the smoke-free policy and a conscious effort to avoid detection.

Supporting descriptive data and body-worn camera footage further identify that staff have been observed smoking in groups, particularly in areas near the mortuary. This behaviour indicates there are informal, habitual smoking locations within less prominent areas of the hospital estate. This is further reinforced by environmental observations, including the presence of chairs and accumulated litter, which suggest repeated and sustained use of these locations as smoking areas.

Evidence of cigarette litter in the area outside the vacuum plant room situated behind the mortuary

Evidence of smoking opposite the mortuary:

Area beside radiology unit which has been identified as a common area where staff have been observed smoking.

Lane behind day surgery unit:

Conclusion

It is acknowledged that whilst Cardiff and Vale Public Health Team remain committed to promoting a healthier smoke-free environment, further preparatory work is required to demonstrate that management responsibilities in relation to smoke-free hospital grounds are being effectively discharged by CVUHB. This includes ensuring that robust operational processes are in place to support compliance with smoke-free legislation and the Local Health Board's own smoke-free policy framework.

Findings from this review indicate that significant challenges remain. There has been a lack of demonstrable progress in advancing the actions identified in the initial Month One review report issued by SRS, and a number of additional actions identified throughout the six-month educational phase remain incomplete (Appendix B). This highlights a clear gap between requirements and implementation, which has limited the overall impact of the educational phase and hindered progress in moving towards an enforcement-led approach.

Whilst the provision of smoking facilities must be carefully balanced against wider public health objectives, the Local Health Board are considering options to provide a designated smoking shelter at Hafan-y-Coed. The educational phase has evidenced persistent non-compliance amongst in-patients of the unit, evidencing there is a need for a more effective and sustainable approach to managing smoking behaviour amongst this cohort. SRS considers this to be a risk-managed intervention, designed to complement existing smoke-free policies rather than undermine them. On this basis, the introduction of a compliant smoking shelter is viewed as a pragmatic proportionate step to improve overall compliance levels at UHL.

However, in parallel, consideration should also be given to additional long-term harm reduction interventions tailored to the needs of this in-patient cohort. It is essential to recognise the complex clinical and behavioural needs of this population, particularly in relation to high levels of nicotine dependence and a reduced capacity to comply with smoke-free requirements. As such, this cohort should not be disproportionately disadvantaged by a policy approach that does not fully account for these factors, and interventions should be considered to provide appropriate, equitable support.

The updated action log from the Local Health Board can be found in Appendix C at the end of this report. Of key concern is that most Local Health Board actions remain open or on-going, without clearly defined timescales or named leads responsible for delivery. This lack of clarity presents a risk to effective oversight and accountability, making it difficult to monitor progress and ensure ownership. Strengthening project management arrangements through the assignment of accountable leads, deadlines and regular reporting mechanisms will be critical to driving forward improvement.

The educational phase has also incurred substantial costs due to reliance on a third-party provider, which SRS does not consider represents an effective use of public funds. To achieve greater *value for money*, it is recommended that the current delivery arrangements are paused to allow for a re-assessment in how this intervention is approached in the future. SRS has therefore provided written notice of contract termination to the third-party contractor, with the last date for enforcement patrols to take place on Wednesday 8th July 2026. This period should be used by the Local Health

Board to undertake a comprehensive review to pay due consideration to the findings of this report, whilst also allowing SRS to consider more sustainable delivery options going forward.

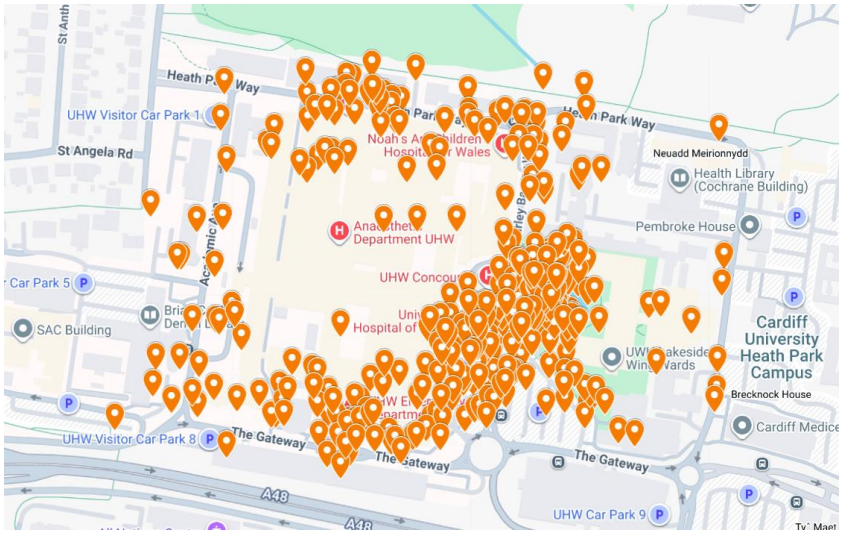
To conclude, transition to a formal enforcement-driven approach would not be endorsed by SRS at this stage. The Local Health Board has not yet demonstrated that sufficiently robust management arrangements are in place to support such a transition, nor is it in a position to evidence that it has discharged its legal duties in relation to maintaining smoke-free hospital grounds. Fundamental components necessary to support enforcement, such as clear HR processes for managing staff non-compliance, remain underdeveloped. Without these systems in place, enforcement activity risks being inconsistent, lacking organisational support and failing to achieve the intended behavioural and cultural change.

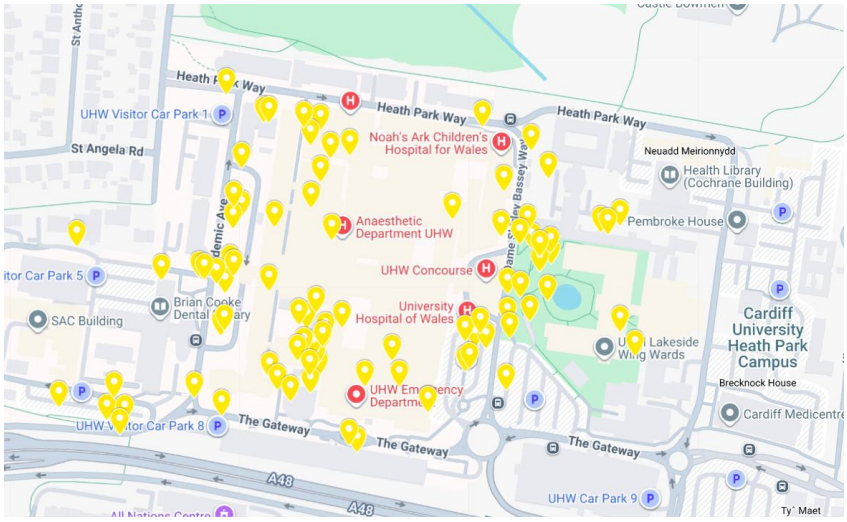
Proceeding to an enforcement phase under the current arrangements would also present legal and reputational risks for SRS as the Enforcing Authority. Enforcement action may be subject to challenge where the duty holder cannot demonstrate that appropriate systems and controls are in place to meet their obligations. Furthermore, premature escalation could undermine public confidence in the proportionality and fairness of enforcement.

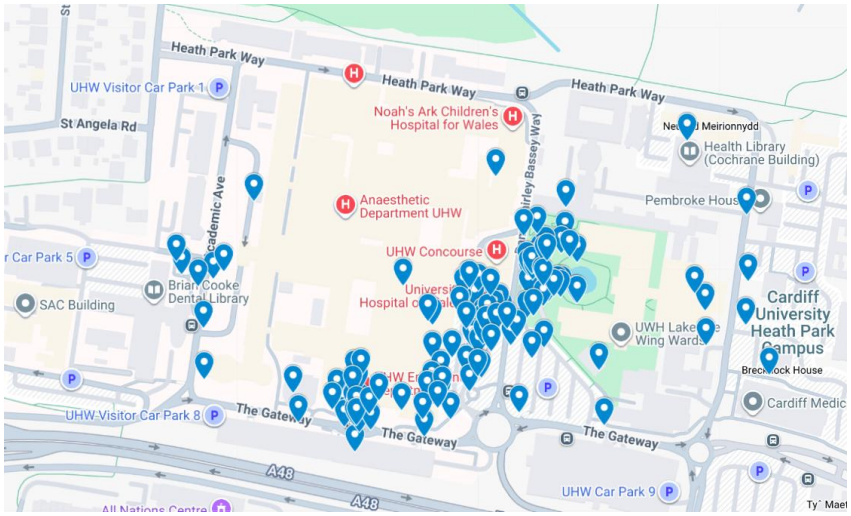
Only when the Local Health Board management responsibilities are clearly demonstrated and embedded should consideration be given to progressing towards an enforcement driven approach.

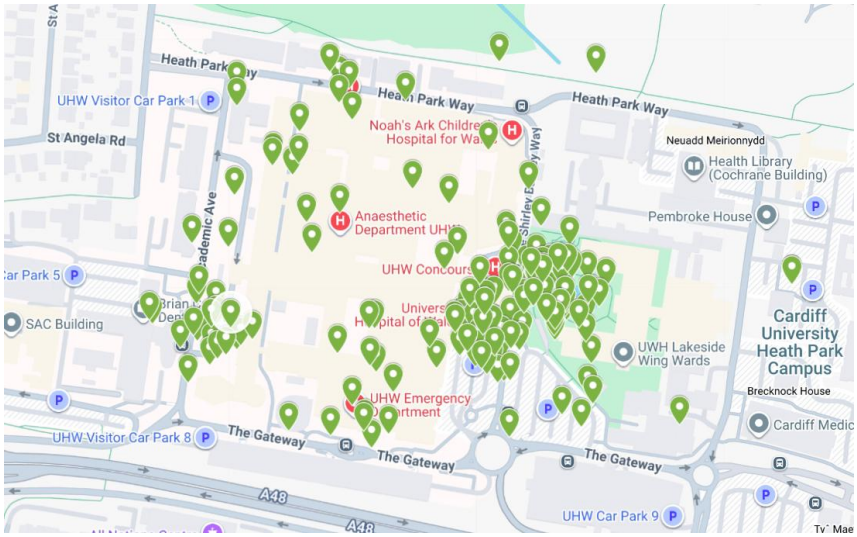
Appendix A

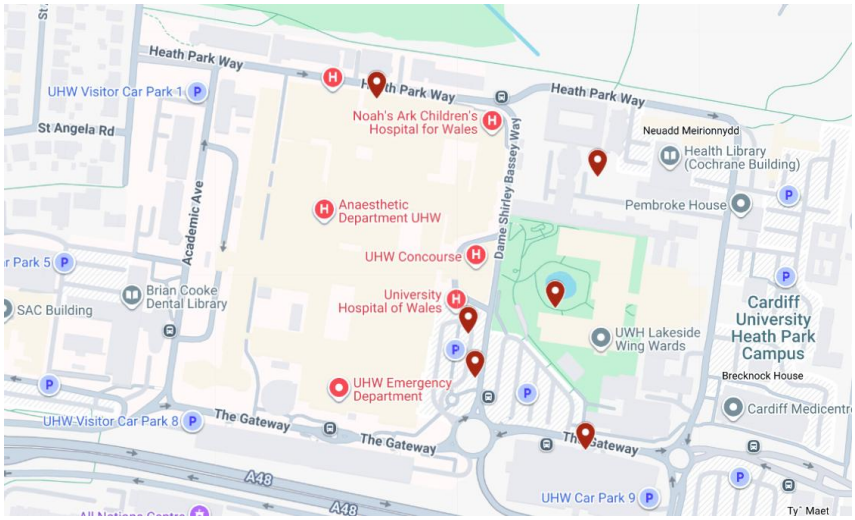
University Hospital of Wales








Heath Park Way
UHW Visitor Car Park 1
St Angela Rd
Noah's Ark Children's Hospital for Wales
Neuadd Meirionnydd
Health Library (Cochrane Building)
Pembroke House
Anaesthetic Department UHW
UHW Concourse
SAC Building
UWH Lakeside Wing Wards
Cardiff University Heath Park Campus
Brecknock House
UHW Emergency Department
UHW Visitor Car Park 8
The Gateway
A48
UHW Car Park 9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Brian Cooke Dental Library
SAC Building
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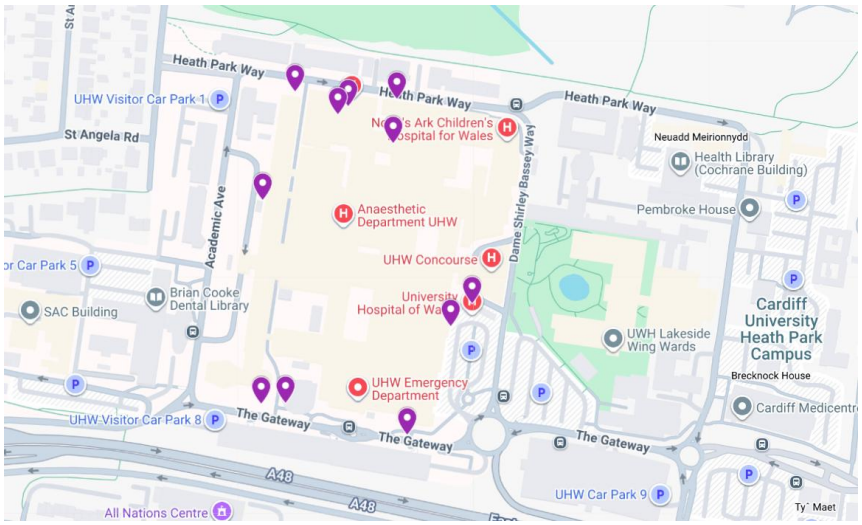
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The Gateway
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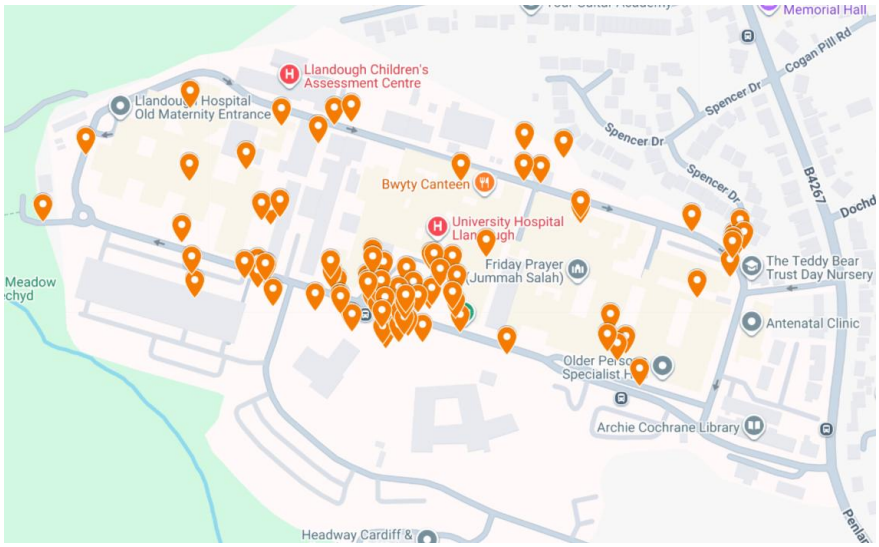
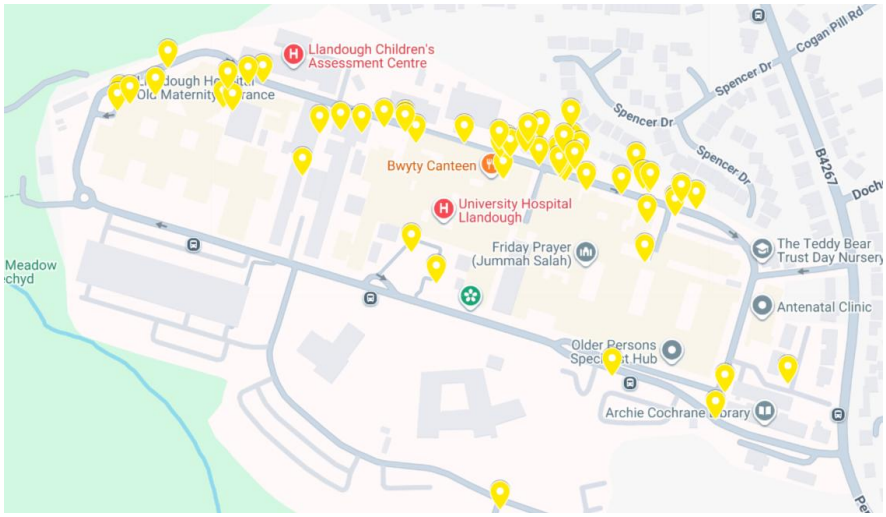
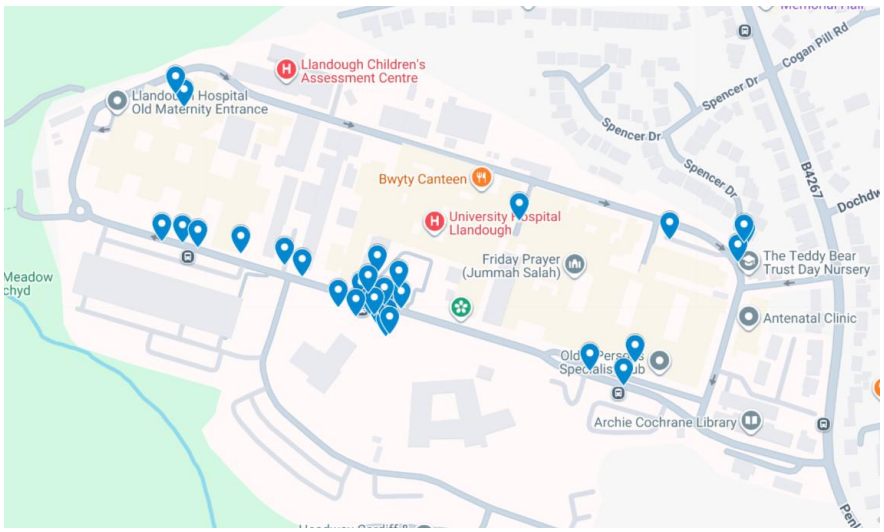
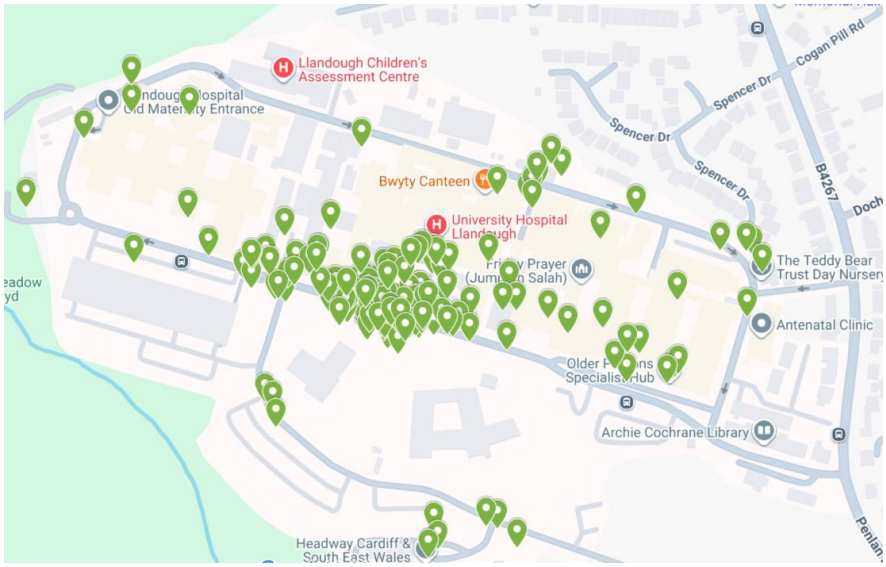
UHW Car Park 9
All Nations Centre

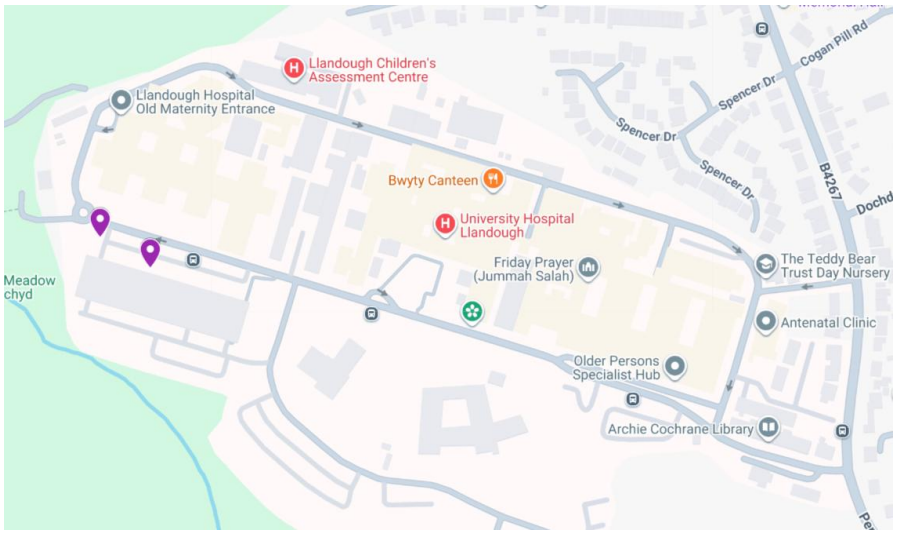
University Hospital Llandough



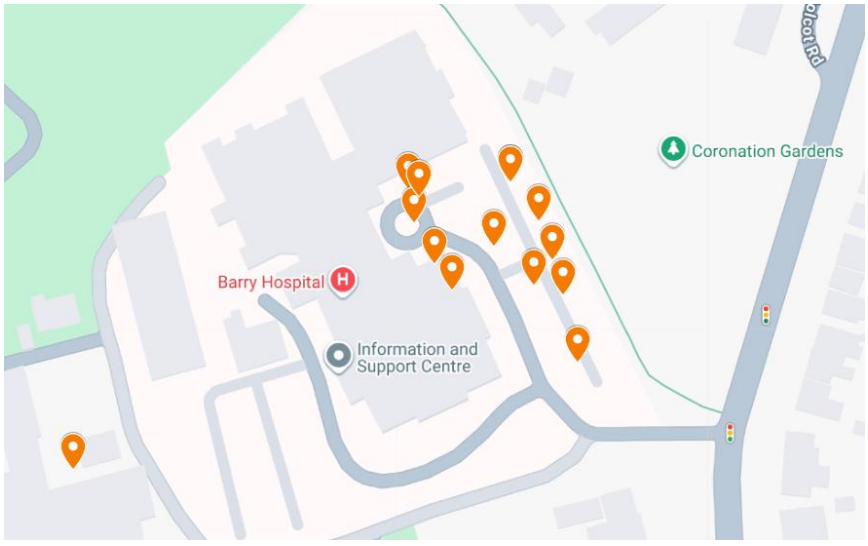


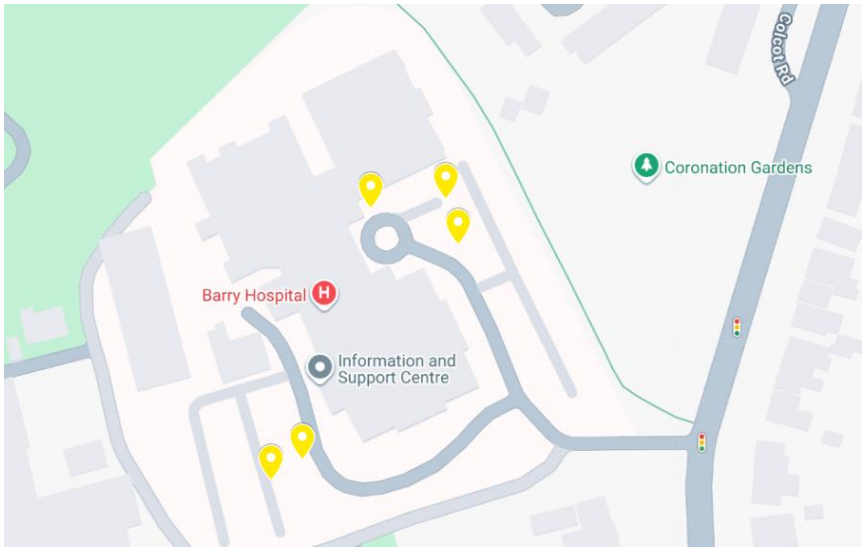






Barry Hospital

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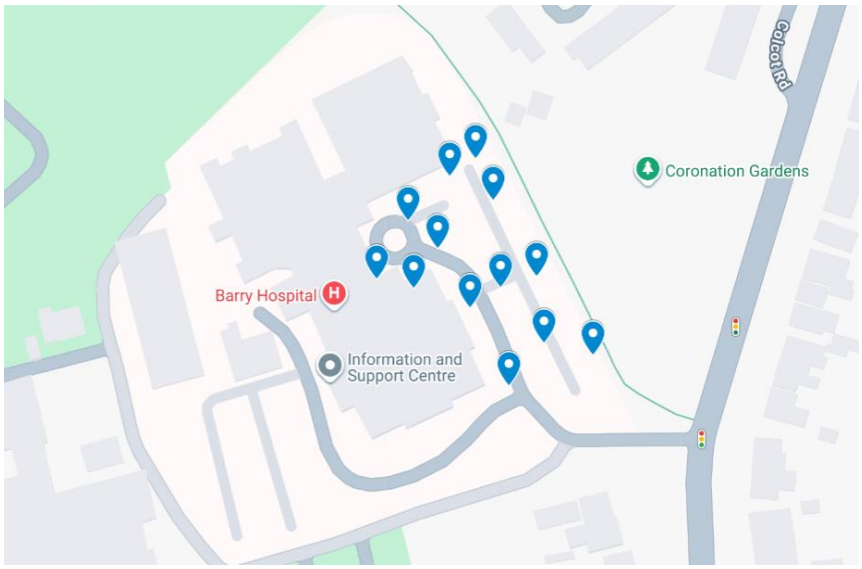
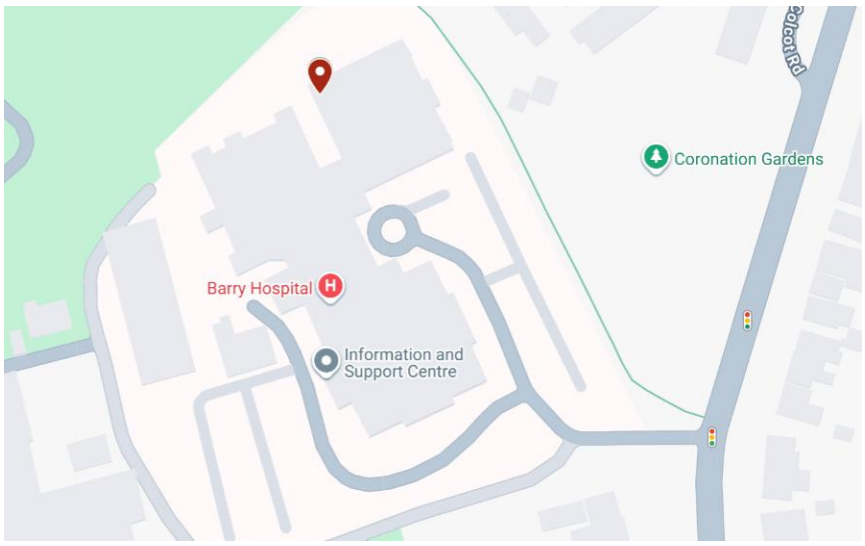
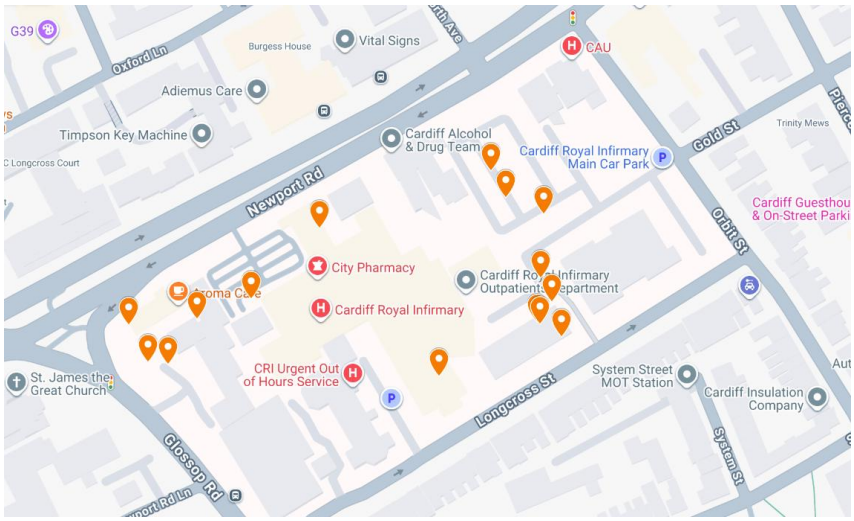
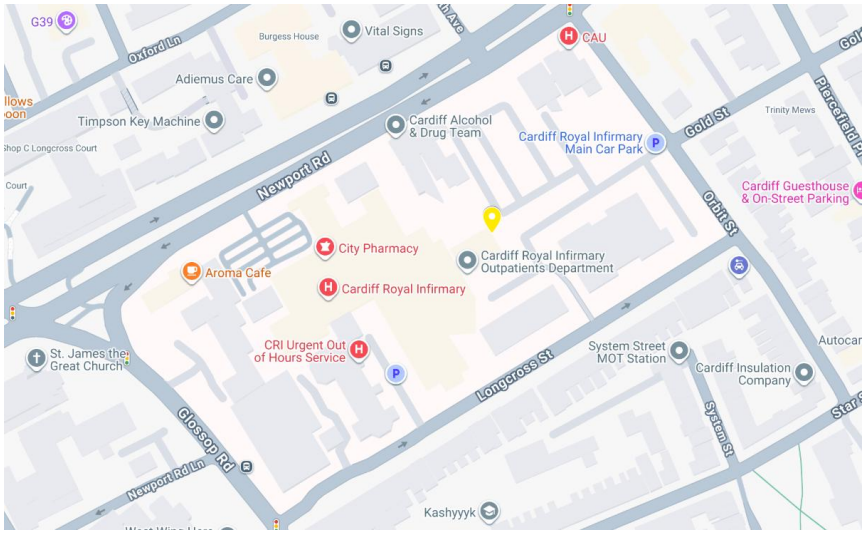
Barry Hospital
Information and Support Centre

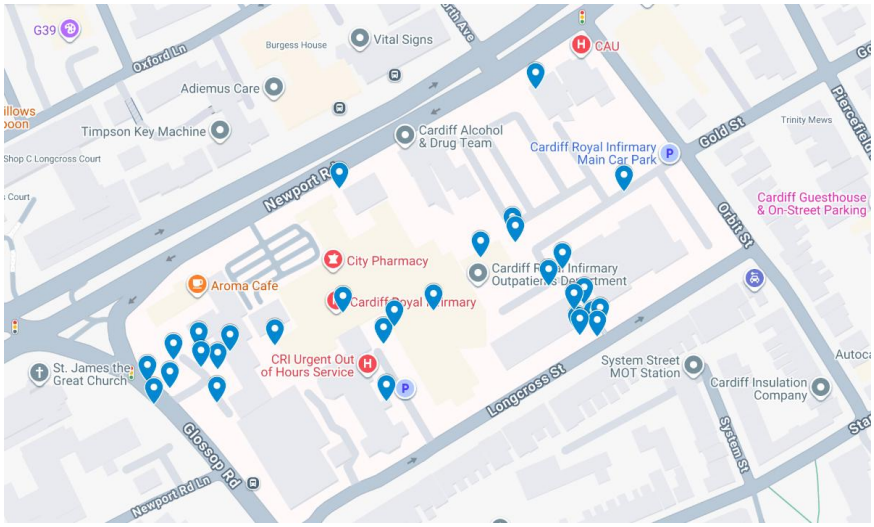

Coronation Gardens
Barry Hospital
Information and Support Centre

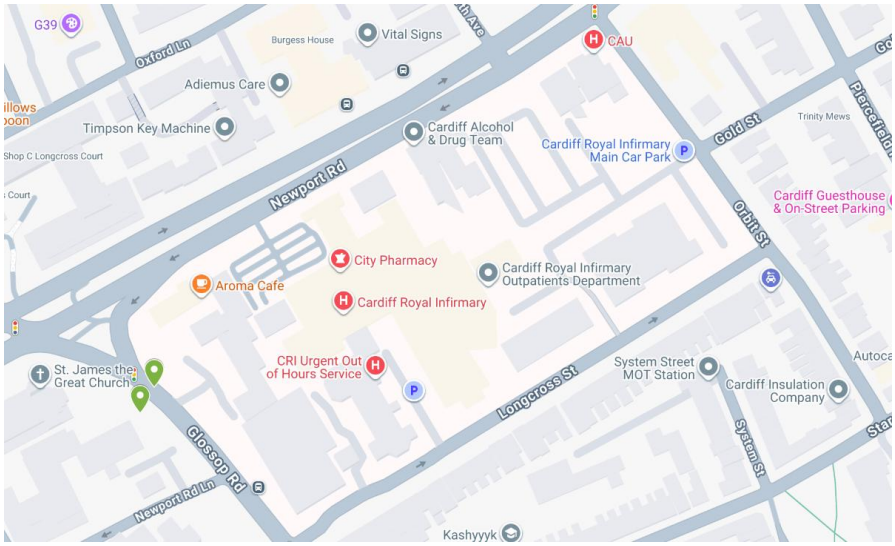

Coronation Gardens
Barry Hospital
Information and Support Centre

Cardiff Royal Infirmary





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Burgess House
Vital Signs
CAU
Adiemus Care
Timpson Key Machine
Cardiff Alcohol & Drug Team
Cardiff Royal Infirmary Main Car Park
Gold St
Trinity Mews
Shop C Longcross Court
Newport Rd
Cardiff Guesthouse & On-Street Parking
Orbit St
City Pharmacy
Cardiff Royal Infirmary Outpatients Department
Aroma Cafe
Cardiff Royal Infirmary
CRI Urgent Out of Hours Service
St. James the Great Church
System Street MOT Station
Cardiff Insulation Company
Longcross St
Glossop Rd
Newport Rd Ln
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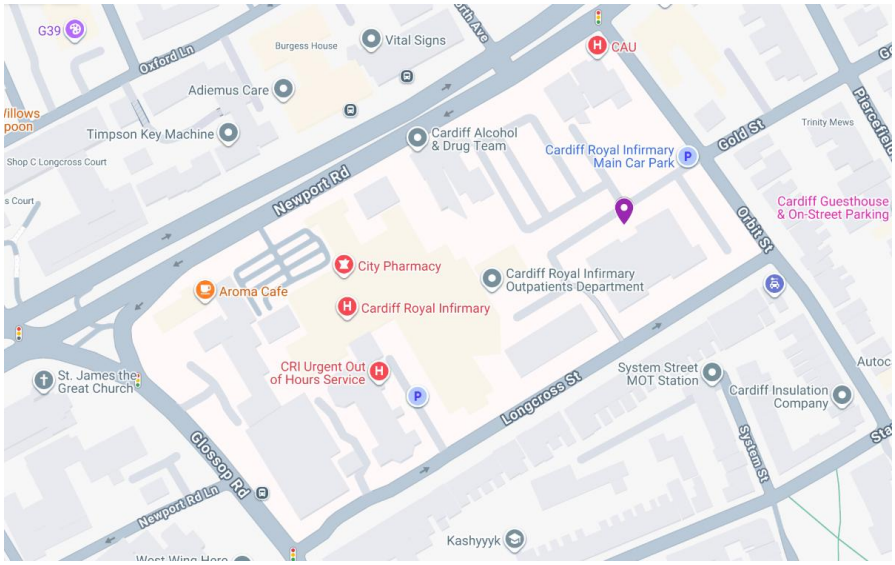
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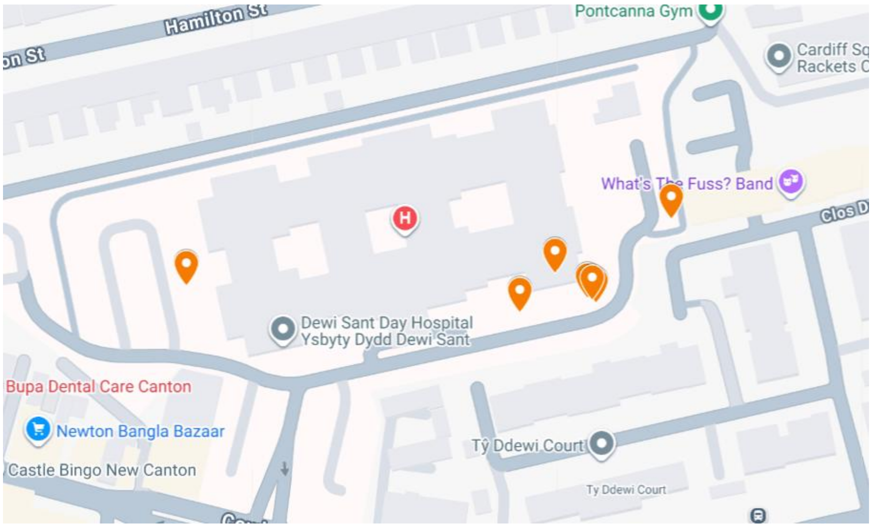
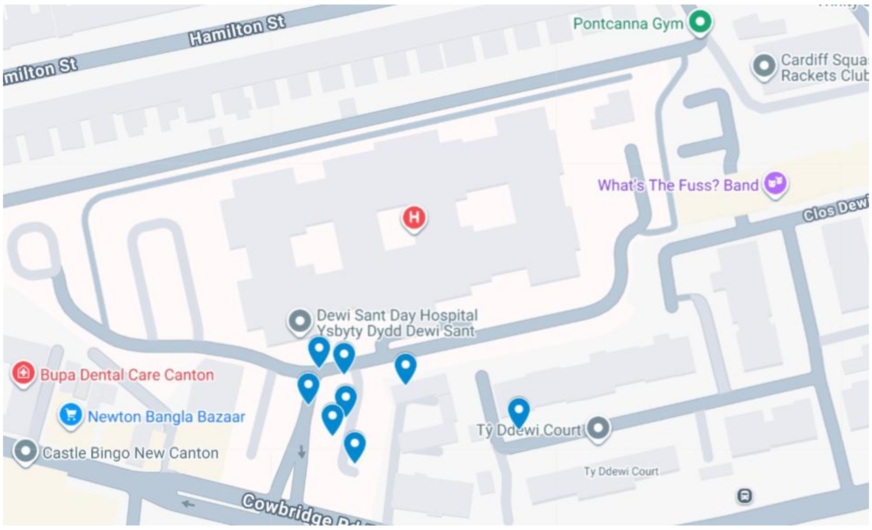
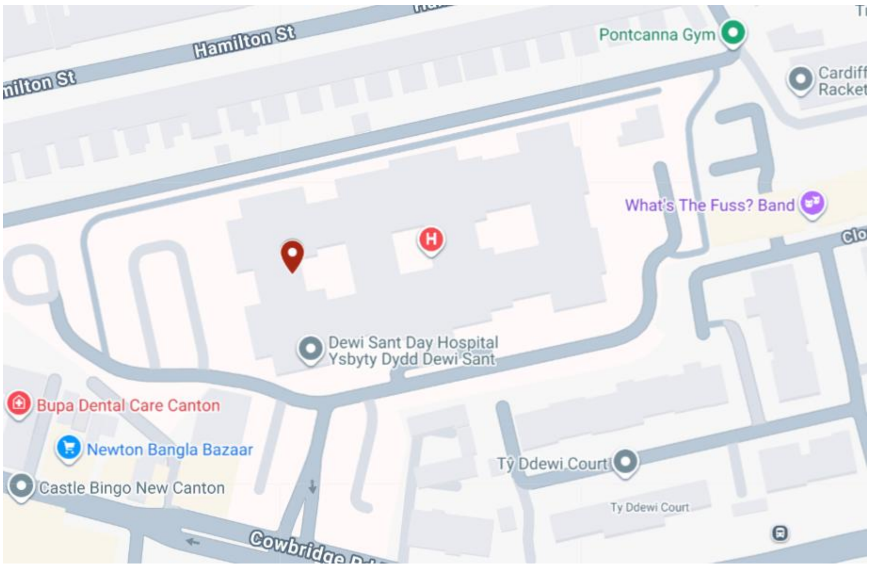
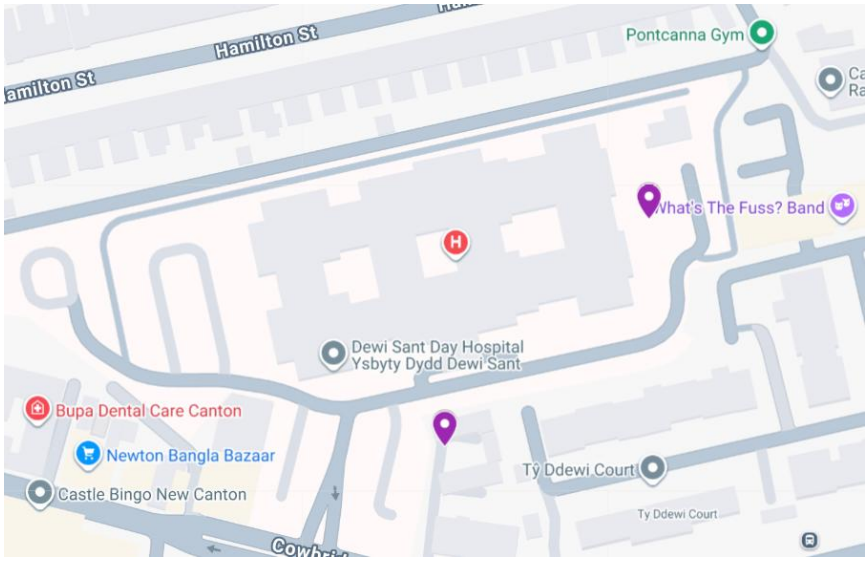
Newport Rd Ln
Kashyyyk

St David’s Hospital








Hamilton St
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Pontcanna Gym
What's The Fuss? Band
Dewi Sant Day Hospital
Ysbyty Dydd Dewi Sant
Bupa Dental Care Canton
Newton Bangla Bazaar
Castle Bingo New Canton
Ty Ddewi Court
Ty Ddewi Court

Appendix B – Action Log

Action No.	Action Details	To be Actioned By / Current situation
001	To remove all remaining ashtray style waste bins from UHW and UHL.	CVUHB- These should have already been removed. The remaining will be changed as all bins on hospital sites are being replaced with bins that comply with waste segregation legislation. are remaining following this they will be flagged with Estates and Facilities – ongoing.
002	To review the frequency of litter picking arrangements at UHW and UHL.	CVUHB – raised with Estates and Facilities – ongoing.
003	To review the style and placement of existing 'No Smoking' signage at UHW and UHL to improve messaging to staff, visitors, patients and contractors.	CVUHB – Estates and Facilities will remove old signage in a phased approach. List of Out of date Signs compiled and given to the team. Maintenance requests submitted for each site – ongoing.
004	To reduce foliage around 'No Smoking' signage to increase visibility or arrange for the suitable relocation of existing signage.	CVUHB – Raised with Estates and Facilities- ongoing.
005	Ensure all HMQ signage includes full contact information / QR code.	CVUHB – new signs ordered have a QR code to HMQ website.
006	Either remove the umbrella structure above the seating areas at UHW and UHL or provide clear 'No Smoking' signage in this area.	CVUHB – signs ordered and delivered. The signs are railed with clips that can be attached to posts. Maintenance request to be raised and flagged with Estates -ongoing.
007	Confirm what arrangements have been taken by the Health Board where staff observed smoking have been referred to the HR department.	CVUHB -Staff reported by emailing Action Point email address. People services sending to line manager. People services follow up with the line manager by email to ask if any support or advice is required. -The incident forms are being processed by line managers with People Services providing advice and support if requested. -Met with People Services to explore how the staff reporting process and feedback can be refined, particularly where a staff member has been reported on more than one occasion. Currently People Services do not get feedback from Line manager on the action that has been taken. People services to explore options on how this feedback can be obtained. Test process of identifying staff member who has been reported 3 times and asking line manager for feedback on what action has been taken. This will help inform process in the future with the aim of creating a SOP to ensure a consistent approach is taken -ongoing.

008	To discuss and affirm reporting pathways for notifying the LHB of incidents and accidents identified by the Enforcement Officer during patrols.	SRS /CVUHB - patrol officer would inform SRS of any incidents / accidents. Details to be sent t LW in Public Health team to enter onto Datix.
009	To confirm how CVUHB will identify staff captured by body cam footage when observed smoking on hospital grounds and personal details are not provided.	CVUHB - People Services don't consider sending photos captured from body cam footage an appropriate option at this time. They would be unable to identify the staff member from a photo. -PS advised it is more appropriate to capture patterns and trends - send an incident form and include colour of uniform, time, date, day of week etc. These trends can be used to focus communications to the relevant teams and the delivery of staff awareness sessions for them. -Public Health Team in the process of planning staff information sessions. Focus will be on housekeeping teams for the first sessions - ongoing.
010	To secure access to body cam footage worn by the Enforcement Officer.	SRS - Bodycam footage is available to view via Halo Vault. Complete.
011	To confirm arrangements to cover patrols when primary Enforcement Officer is on annual leave.	SRS - Kingdom contracted to provide cover during periods of absence. Additional Enforcement Officers have been authorised by SRS under the relevant smoke-free legislative provisions. Complete.
012	To provide an update on discussions concerning the potential designation of an area in the hospital grounds at UHL that may be used for smoking by Hafan y Coed in-patients.	CVUHB -PHT have met with Director or Operations Mental Health Clinical Board and colleague to discuss progress. Location of smoking shelter is being explored. The challenge is locating an area that is compliant with the 10m mandated distance from a building. HB has invited Welsh Gov colleagues to meet to discuss- ongoing.
013	To remove unauthorised chairs across the UHL site that have been placed in less visible outdoor areas for staff to have smoking breaks.	CVUHB - Environmental cleaning team remove chairs and clean up litter when found. Communication to be sent to out to staff. Emphasise that creating make shift smoking areas in unacceptable and adds to the work of environmental cleaning teams. Estates have provided photos of smoking areas that have been found-ongoing.
014	To follow up progress printing options for HMQ information by Enforcement Officer.	SRS - This option is available but query over use of HMQ branding and QR for data capture. Additional NHS style HMQ cards provided to officer.
015	To liaise with Kingdom on completion of Contactor Health & Safety Questionnaire (CHSQ1 form) and provide documentary	SRS – Confirmation from CVUHB Corporate Health & Safety Manager that Kingdom is set-up on 'Work Wallet' and QR access code provided. Complete.

	evidence to LHB Corporate Health & Safety Team as requested.	
016	To confirm Enforcement Officers completed CVUHB Health & Safety contractor online induction package.	SRS – Confirmation from Kingdom that the induction modules have been completed by Enforcement Officers (17/04/26). Complete.
017	To confirm arrangements for staff smoking at on site residential accommodation at UHL following identification of new style wall-mounted cigarette bins affixed to the outside of the building.	CVUHB
018	To confirm operational HR process for monitoring repeat staff offending and escalation actions taken by Line Managers.	CVUHB

Appendix C – Local Health Board Action Log

Issue / raised by	Response/Mitigation	Open /Closed
Hospital Site Environment		
To remove all remaining ashtray style waste bins from UHW and UHL (SRS)	All bins on hospital sites are going to be replaced with bins that comply with waste segregation	Ongoing
To review the frequency of litter picking arrangements at UHW and UHL (SRS)	Shared with Estates – awaiting response	Open
To review the style and placement of existing 'No Smoking' signage at UH and UHL to improve messaging to staff, visitors, patients and contractors (SRS)	• PHT to visit hospital sites and make a list of out of date signs that need to be removed and the locations. These will be removed in a phased approach and replaced with new signage. • List provided to Estates and Maintenance requests raised. • Signs have been removed	Ongoing
To reduce foliage around 'No Smoking' signage to increase visibility or arrange for the suitable relocation of existing signage (SRS)	Shared with Estates – awaiting response	Open
Ensure all HMQ signage includes full contact information / QR code (SRS)	• Consider adding a sticker with QR code to existing signs. • Include QR code on any new signs produced. • New signs purchased have QR code.	Closed
Either remove the umbrella structure above the seating areas at UHW and UHL or provide clear 'No Smoking' signage in this area (SRS)	• Signs purchased with fixings to be attached to posts / structures. • Maintenance Request raised to have these fitted with Estates. Also to be fixed to lampposts at Taxi rank.	Ongoing
To remove unauthorised chairs across the UHL site that have been placed in less visible outdoor areas for staff to have smoking breaks (SRS)	• Environmental cleaning team remove chairs and clean up litter when found. Communication to be sent to staff Emphasise that creating make shift smoking areas in unacceptable and adds to the work of environmental cleaning teams. Andrew to provide photos of smoking areas that have been found (received)	Ongoing
Increase signs / messaging on site	• Explore the option of having large No Smoking signs / transfers on roads and walkways – CP	Ongoing
Bin with ash tray attached has been located outside Lakeside Building Sliding doors	• LW to flag with Estates and Facilities • Estates to check and remove	Open

Appendix C – Local Health Board Action Log

	• These have been removed	
Wall mounted ash trays have been fitted out side residential flats on UHL site	• LW to check compliance with smoke free regs • The wall mounted ashtrays are due to be removed by Estates team.	Open
Staff Compliance / Cooperation		
Confirm what arrangements have been taken by the UHB where staff observed smoking have been referred to the HR department (SRS)	• People Services have confirmed that: • Staff smoking incident forms are being emailed to People Services using an action point email address. Manager cc'd in if known. • People services forward to line manager and follow up by email to ask if any support or advice is required. • The incident forms are being processed by line managers with People Services providing advice and support if requested. • Line managers in line with Disciplinary Policy and Procedure will complete an initial assessment to inform the next steps in the disciplinary process. • Public Health Team met with People Services 17/4/26 to explore how the staff reporting process and feedback can be made more robust, particularly where a staff member has been reported on more than one occasion. Currently People Services do not get feedback from Line manager on the action that has been taken. People services to explore options on how this feedback can be obtained. Test process of identifying staff member who has been reported 3 times and asking line manager for feedback on what action has been taken. Aim is to develop a SOP to inform process in the future. • LW has shared email template that can be used to send to line managers that includes details of HMQ / Hospital service and link to FAQ document. • People services have identified staff member reported three times and confirmed with manage that they have appropriately addressed the 3 occasions. Unable to share details of the outcome / action taken- reassured that managers are addressing smoking incidents. • SOP request is with People Services – Head of service.	Ongoing

Appendix C – Local Health Board Action Log

To discuss and affirm reporting pathways for notifying the HB of incidents and accidents identified by the Enforcement Officer during patrols (SRS)	Patrol officer to inform SRS of any incidents / accidents. Details would be sent to LW in Public Health team to enter onto Datix.	Closed
To confirm how UHB will identify staff captured by body cam footage when observed smoking on hospital grounds and personal details are not provided (SRS)	• People Services don't consider sending photos captured from body cam footage an appropriate option at this time. They would be unable to identify the staff member from a photo. • More appropriate to capture patterns and trends - send an incident form and include colour of uniform, time, date, day of week etc. These trends can be used to focus communications to the relevant teams and the delivery of awareness sessions for them. • T&F group suggested that photo's could be used to identify staff members who do not provide details. Uniform colour can help identify line managers to ask for the identity?	Open
Clarify boundary of hospital site near the footbridge. Staff are smoking underneath the bridge as under the impression it is off grounds. Estates have informed that the boundary line is approximate. Clarification needed to support the patrol officer and to ensure clear message is given before FPN's are issued (UHB staff member)	• Following a site visit by PHT and discussions with Estates the boundary has been clarified - the yellow fence that runs alongside the car park is a clear boundary marker. This means that the steps are on site but the ramp and underneath the bridge are off site	Closed
Some staff smoking incident forms are being submitted with no line manger given. The forms are being emailed to action point email address.	• LW discussed this with People Services. LW to meet with new officer as part of induction and reiterate the importance of getting line manager name. If not know ward or department. • Internal comms to reiterate that staff need to cooperate and provide info requested by the officer. • Colour of uniform to be recorded • Use info on uniform colour to target comms / training	Ongoing
Staff at UHL have queried boundary at UHL stating that a walkway behind the Llanfair unit is LA land.	• LW to check • Boundary is clear on map – lane behind Llanfair building is on UHB grounds.	Closed
In patient tobacco dependency management pathway		
To provide an update on discussions concerning the potential designation of an area in the hospital grounds at UHL that may be used for smoking by HYC in-patients (SRS)	• Public Health Team are scheduled to meet with interim Director of Operations Mental Health Clinical Board on 4/2/26. • Meeting to be rescheduled.	Open

Appendix C – Local Health Board Action Log

	• HB and CP met with Director or Operations Mental Health Clinical Board to discuss. Location of smoking shelter to be explored. • MHCB have found one possible location for a shelter but this does not comply with the mandated 10m distance from a building. HB to contact Welsh Gov to discuss. • HB raised the issue with SRS. HB and SB to work together with SRS to consider feasibility of the identified location. • Request from MHCB for PH team and SRS to visit site to consider possible area for shelter. Date to be confirmed	
Month 5 data from SRS – only 43% of in patients approached for smoking said they had been offered NRT.	• An updated 'Management of nicotine withdrawal for in patients in secondary care' pathway is due to be launched. This will include a pathway flow chart. • Arrange training / outreach to wards to promote the pathway and update staff on enforcement. This could be done as part of audit days. • Request that patrol officer makes a note of the ward if the patient knows it. If this could be shared with PH team on a monthly basis this can be used to contact wards and ensure they are complying with pathway and offering patients NRT – LW to request. • Free text is available on the reporting form – however difficult to manage and extract the info. Potential to add to database when the contract is extended? If the patient has not been offered NRT – record what ward.	Ongoing
Communications		
Comms tasks identified from wider issues -	• Promote the launch of the updated 'Management of nicotine withdrawal for in patients in secondary care' pathway and any related staff training for ward staff. • Promote staff workshops / roadshow – targeting housekeeping initially. • Continue to identify areas for new signage. • Explore the option of a No smoking sign / transfer for walkways and roads.	Ongoing

Appendix C – Local Health Board Action Log

	• Comms to staff to emphasise that creating make shift smoking areas in unacceptable and adds to the work of environmental cleaning teams. Andrew Poole has provided photos of smoking areas that have been found. • Internal comms to reiterate that staff need to comply with the law and cooperate with the patrol officer if asked for their details. provide info requested by the officer • Ensure regular communications updates are provided - to UHB staff and patients/public. These should emphasise enforcement data, evidence and learning and signposting to expert smoking cessation advice and support services. • Robust comms push is required at the six-month point of enhanced enforcement – summarise enforcement data.	
Training		
Increase in number of staff approached for smoking on site. Some staff are not complying and refusing to give details to patrol officer.	• Information sessions to be held for staff to learn more about enforcement, increase compliance and signpost to HMQ / Hospital service for support to quit. First workshop to focus on housekeeping staff. • CP to write agenda / learning objectives and meet with housekeeping manager to explore the best way to facilitate. • Explore options to deliver ward based training to promote • CP has met with Housekeeping managers – 600 housekeeping staff across UHW and UHL. Staff have frequent training and briefings. Slides and resources being prepared to share at these.	Ongoing
Funding / Resource		
Need to identify sustainable funding for enforcement once the educational phase has ended.	• HB to explore options • Joint letter from SRS and UHB to be sent to Welsh Gov • T&F group suggested inviting Welsh Gov to the next T&F meeting to update on progress to date and barriers. HB to invite WG.	Ongoing

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