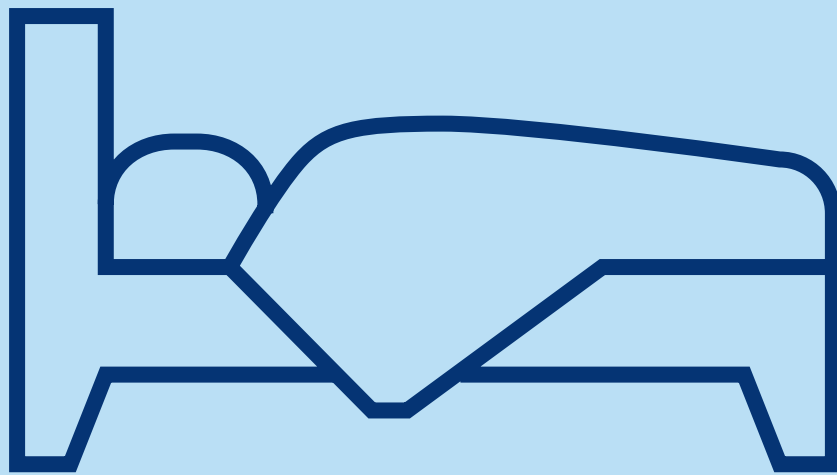


# NHS Wales Fatigue and Facilities Charter





## Introduction

Employers and employees both recognise that NHS Wales must be a safe place to work and a safe system of work. Health services operate 24 hours a day, 365 days a year, with teams providing round the clock services in many different environments. Getting the experience of work right within rotas is critical to the educational experience of doctors in training. Whilst the Terms and Conditions of Service for NHS Doctors and Dentists in Training 2002 and the 'Standards for Hospital Residential Accommodation and Associated Support Facilities' provide specific requirements, these need to be delivered within a supportive environment that enables doctors to work effectively whilst minimising occurrences of fatigue. When fatigue and tiredness do occur, mechanisms should be in place to manage and alleviate this. This is consistent with the aims of 'A Healthier Wales' and the emphasis which the quadruple aim places on the health and wellbeing of the health and social care workforce.

The Fatigue and Facilities Charter has been developed in partnership by BMA Cymru Wales, NHS Wales Employers and Welsh Government to provide a comprehensive set of standards to be followed by employers, recognising the specific opportunities NHS Wales has to provide an enhanced environment for doctors working in Wales. The standards are designed to address the systemic causes of sleep deprivation and fatigue among doctors. They require Health Boards and Trusts to provide good quality facilities particularly, but not exclusively, for staff working at night and at the end of night shifts.

The charter is collectively owned and has been developed to act as a catalyst for change. Implementation will require the joint development of solutions to problems so as to support and improve the overall experience of doctors working in Wales. In implementing the charter, not all areas will be starting from the same place and local negotiating committees (LNCs) will take forward the charter's provisions at a local level and monitor local implementation of the standards. To support this, Health Boards and Trusts will be required to nominate a representative responsible for maintaining these standards.

### Rostering and rota design

- When designing rotas, refer to joint guidance from Welsh Government, employers, HEIW and the BMA.
- Use forward-rotating rota designs (e.g. day-evening-night) which minimise frequent transitions between day and night shifts based on contractual/EWTD requirements.
- Give adequate recovery time after nights to re-establish normal sleep patterns working towards at least 46 hours after completing the final night shift subject to local circumstances.
- Rotas will be designed to meet New Deal and EWTD requirements in line with the Welsh junior doctor contract, which identifies required rest periods. In delivering these requirements, rotas will be designed with no more than four long shifts in a row and no more than 72 hours in a 168-hour period. In addition:
  - emergency requests for cover should stay within these limits
  - organisations will work towards rotas that contain no more than a maximum of seven consecutive shifts.
- Provide breaks that are clearly rostered, unless this is varied by mutual agreement within teams, and which comply with rest/break entitlements. For example, for junior doctors under the 2002 terms and conditions, there should be at least 30 minutes' continuous rest after approximately four hours' duty
- Support a team-based 'hospital at night' approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night.
- Support doctors to raise issues with missed breaks – e.g. through monitoring or exception reporting systems – and create action plans which ensure the employer is able to meet its commitment under the contract for all breaks to be taken during a shift.
- Ensure rosters and staffing numbers take account of the need to give the full allocation of annual, study, and other kinds of leave, with enough flexibility for doctors to take leave when sufficient notice is given. Where difficulties arise in achieving this, there is a joint commitment from all parties to work together to resolve these.
- Ensure rosters and staffing numbers (including provision of locum cover where required) are sufficient to allow safe cover if doctors are unexpectedly absent, eg for sickness or compassionate leave.

### Induction and training

- Ensure the provision of a timely induction which should provide basic education on sleep and working nights, local arrangements for access to Occupational Health services as well as general healthy lifestyle advice.
- Offer regular screening of workers on shifts finishing after 10pm and ensure staff are able to self-refer to Occupational Health for any health concerns e.g. for primary sleep disorders.
- Make all staff aware of:
  - the importance of taking their breaks, and run regular campaigns to encourage breaks to be taken.
  - the location of rest facilities and how to access them.
  - the importance of rest in reducing human error and where appropriate including this in organisational standards and in responses to raised concerns, missed breaks, or rostering problems.
  - the importance of personal safety and security particularly in relation to travelling after shifts and specific security aspects of sites and environments e.g. hospital car parks at night.
  - the identity of the LNC chair and the senior employer representative for fatigue and facilities, and how to contact them.

### Facilities and Common room or 'mess' arrangements

- Ensure common room facilities are in line with those set out in 'Standards for Hospital Residential Accommodation and Associated Support Facilities'.
- Provide an easily accessible 'mess' with appropriate rest areas 24 hours a day, 7 days a week, allowing staff to have a meaningful and restful break during allocated periods, ideally in a dedicated 'quiet' area, free from interruptions.
- Ensure rest areas are separate from food preparation or routine break areas, and that the mess is not used for organised shift handovers or other clinical work – it should be an area of rest and not a clinical environment.
- Provide the following areas, located appropriately on site, for junior doctors:
  - lounge (with power points, telephone connection and TV point)
  - office/study area or access to a computer/printing facilities in a separate area. (with power points, telephone connection and internet access)
  - kitchen (with appropriate food preparation facilities e.g. sink, microwave, toaster, fridge, freezer, kettle, etc.)
  - changing facilities and access to showers
  - storage area including lockers for doctors
  - secure cycle storage.

### Catering

- Ensure catering facilities are in line with those set out in 'Standards for Hospital Residential Accommodation and Associated Support Facilities'.
- Where possible any on-site canteen should serve hot food for extended meal times throughout the day, with opening times extended into the evening. Opening times should be clearly advertised and displayed.
- Any catering facilities should:
  - be accessible 365 days a year.
  - provide easily accessed, sufficiently varied and where possible freshly prepared meals.
  - offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements.
  - make hot and cold food available if the canteen is closed through a supply of microwave meals or a similar arrangement. Supplies should be sufficient for all staff on duty, readily accessible to doctors in training, and regularly restocked. Offer card payment or change machines where necessary.

### Travel

- Provide sufficient and reasonably accessible parking which has well-lit, safe and timely routes to and from the hospital/site for staff expected to travel after dark.
- Safety assessments should be undertaken to ensure that car parking provision meets the needs of staff working shifts, on-call and at night.
- Where possible, provide appropriate sleep and rest facilities for situations where doctors indicate that they feel unable to travel home after a night shift, a long shift or a late shift due to tiredness. Where this is not possible, ensure that there are alternative arrangements for the doctor's safe travel home.
- Support doctors on rotation to temporarily access sleep facilities as part of the NHS Wales relocation policy arrangements either on-site or in proximity to their placement. Such arrangements should enable the doctor to effectively participate in on-call, and minimise travel following night shifts when working at a significant distance away from their main residence.

### Fixing problems

- A nominated senior employer representative for dealing with fatigue and facilities should be appointed in each Health Board and Trust. The representative will be supported by their organisation to undertake their role and will regularly communicate with junior doctors and their representatives. The representative will attend the LNC.
- Situations where standards set out in this charter are not met should be raised with the employer representative for resolution. Where there are significant issues, which can't be dealt with in a timely manner, then these will be raised by the employer representative with the LNC. The LNC will jointly consider how the issues may be addressed and resolved.
- Any agreed resolution should have a clearly specified outcome, clear accountability for delivery and an agreed timeframe. This should be discussed and monitored by the LNC.
- Occasions where an implementation/action plan is not implemented within the agreed timeframe should be discussed by the LNC and remedial measures put in place to deliver the agreed plan.



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BMA 20190292