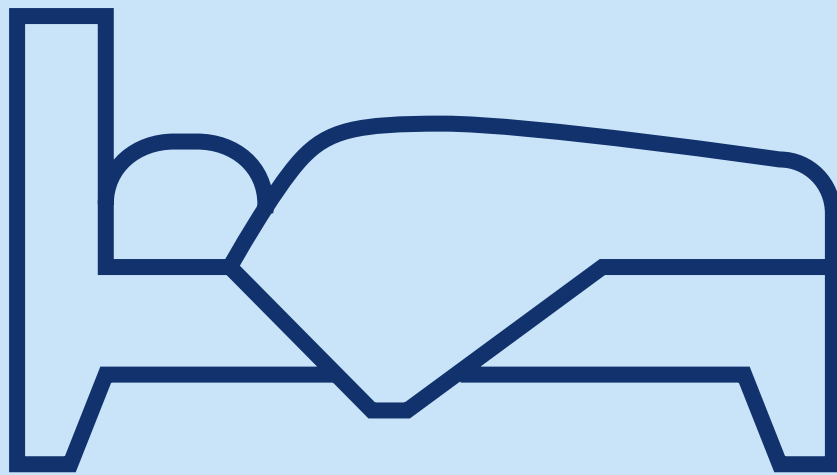


## BMA NI – Fatigue & Facilities Charter



## Introduction

Doctors are all working together to meet increasing demands in an overstretched health service; working more intense hours, missing breaks and experiencing inadequate rest facilities. This does not support staff well-being with the overall aim of delivering safe patient care.

This charter outlines simple steps that can be taken to improve facilities and reduce fatigue, so doctors can safely, effectively and efficiently care for patients

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 Hospital medical and dental staff and doctors in Public Health medicine and the Community Health service (Northern Ireland) Terms and Conditions of Service and the Circular HSS(TC8) 1/2002 – ‘Living and Working Conditions for Hospital Doctors in Training’ provide specific requirements, these need to be delivered within a supportive environment that enables doctors to work effectively whilst minimising occurrences of fatigue. This is consistent with one of the key objectives of the second Action Plan 2021 – 2023 of the Health and Social Care Workforce Strategy 2026, which focusses on the Health and Well-being of the workforce.

Effective implementation of the charter will require engagement and oversight from the Board Liaison Group (BLG) and the DOH NI and action from Trusts to ensure standards are met. Trust Local Negotiating Committees (LNCs) can also report any issues to the BLG, that have not been resolved locally.

### Rostering and rota design

- Provide adequate recovery time after working nights to re-establish normal sleep patterns.
- Rotas will be designed to meet New Deal and WTR requirements in line with the NI resident doctor contract, which identifies required rest periods.
- In delivering these requirements and to prevent unnecessary fatigue, rotas should 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 should work towards rotas that contain no more than a maximum of seven consecutive shifts.
- Consideration should be given to those in caring roles as four night-shifts consecutively have a huge impact on the children of single parents and often affect women disproportionately. When creating a rota for LTFT trainees, the option of splitting night shifts with other LTFT trainees should be offered.
- Provide clearly rostered breaks that comply with rest/break entitlements.<sup>1</sup> For example, for resident doctors under the 2002 terms and conditions: at least 30 minutes' continuous rest after approximately four hours' continuous working, achieved within the 5th hour at the latest.
- 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 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 well-being support to address health concerns associated with sleep disorders due to working irregular shift patterns eg via Occupational Health
- 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.

<sup>1</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/hospital-medical-terms2008.pdf>

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

- Ensure common room facilities are in line with those set out in Circular HSS(TC8) 1/2002 – Living and Working Conditions for Hospital Doctors in Training
- There should be a doctors' mess easily accessible from wards and departments. In large hospitals this may require more than one mess. In small hospital sites a joint mess for all clinical staff may be acceptable.
- This 'mess' should have 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.
- Information on the location of the mess rooms, how to access the facilities (eg bike storage/changing areas) should be provided to doctors as soon as possible
- Facilities should be regularly assessed to ensure there is adequate provision of resources for staff use (for example adequate space in the fridges)
- Facilities should be cleaned on a regular basis.
- Provide the following areas, located appropriately on site, for resident 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 wifi 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 Circular HSS(TC8) 1/2002 – Living and Working Conditions for Hospital Doctors in Training
- Any catering facility must be:
  - be open 365 days a year
  - provide adequate, varied, efficiently served and freshly prepared meals made from good quality ingredients and with a focus on healthy eating.
  - Provide options to suit a range of cultural and dietary requirements, including vegetarian/vegan options.
  - serve hot food for extended meal-times for breakfast, lunch and dinner, where possible with a minimum late opening until 11pm and a further two-hour period between 11pm and 7am.
  - Make hot 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.
  - Doctors should be informed of the opening hours of canteens and how to access 'out of hours' meals at the start of each placement.

### Travel

- Provide sufficient parking, with a short, well-lit and safe route to and from the hospital
- Those attending work outside a normal day shift timing should have access to reserved spaces close to an entrance to the hospital. This includes those who are non-resident on-call overnight.
- Each trust should refer to each department's rotas to calculate the number of spaces required
- When a shift unexpectedly finishes outside the normal day shift timing, a resident doctor should be able to request an escort to their vehicle if they feel uncomfortable walking to it alone.
- Where possible, provide an appropriate sleep facility for doctors advising that if they feel unable to travel home after a night shift or a long, late shift due to tiredness this is available for their use free of charge. Where this is not possible, ensure that alternative arrangements are made for the doctor's safe travel home.
- Resident doctors should be informed in writing about the location of reserved out of hours parking, their ability to request an escort to their vehicle and the availability of rest facilities and how to access them should they feel unfit to travel home after a shift at the beginning of each rotation in a hospital.

### Rest facilities for doctors working on-call

- Make sleep facilities available free of charge for all staff who are rostered resident on-call at night.
- Aim to provide sleep facilities for staff voluntarily resident on-call at night.
- An individual room should be provided, with:
  - a bed, of good quality, with linen changes every three days and for every new occupant – new occupants should be identified using the rota of the team using the accommodation
  - an independently controlled source of heating
  - towels, changed daily and for every new occupant
  - a telephone with access to hospital switchboard/access to wifi
  - electrical power points
  - access to toilet/shower facilities, available at close distance to the rest facilities
  - rest facilities should be regularly audited by the trust and mattresses and room equipment should be changed as they become worn
  - adequate sound- and light-proofing (for example black out blinds) to allow good quality sleep day and night

### Fixing problems

- If not already in existence, Trusts should appoint a nominated employer representative for dealing with fatigue and facilities.
- It is the responsibility of Trusts to take action to improve standards, of the Board Liaison Group (BLG) to monitor the standards and of the Department to performance manage them.
- Trusts should work with the Department, the BLG, the Postgraduate Dean, training grade doctors and other relevant interest groups towards full compliance with the standards set out in Circular HSS(TC8) 1/2002<sup>2</sup> – Living and Working Conditions for Hospital Doctors in Training and also highlighted in this charter
- For failure to meet the standards, Trusts will be required by the Department to draw up an action plan showing how they intend to address any problems and within what timescale.
- The action plan should be implemented within six months of the date that the issue was raised.
- Where minimum standards have not been achieved, the Trust LNC can also alert the BLG at any time and request an inspection visit if ad hoc problems have not been resolved locally.
- Occasions where an action plan is not implemented by the deadline should also be reported directly to the Trust board.

2 HSS(TC8)1/2002 (NI) in Northern Ireland ([www.dhsspsni.gov.uk/hsstc8\\_1\\_2002.pdf](http://www.dhsspsni.gov.uk/hsstc8_1_2002.pdf))

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