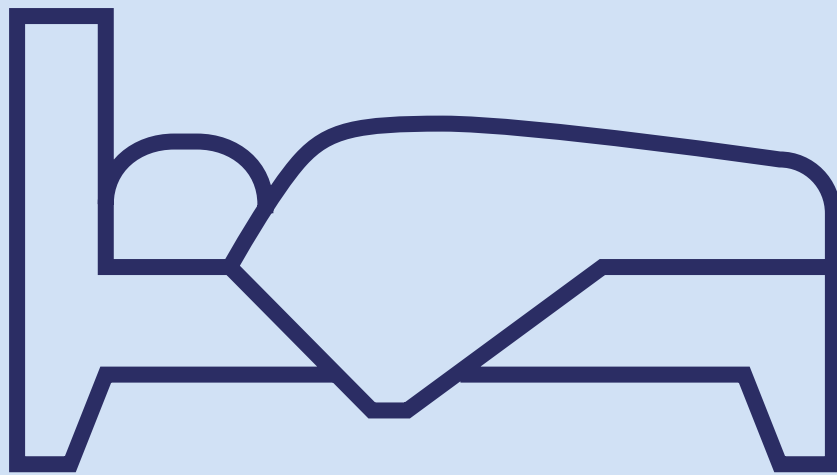


# NHS Wales fatigue and facilities FAQs



## **When will the charter be implemented?**

The Fatigue and Facilities Charter represents a commitment to combating the problem of fatigue amongst junior doctors and improving facilities. All health boards and trusts are committed to this goal. Some of the measures contained within the charter will take longer to implement than others, and this aspirational element of its measures is recognised by all parties.

Where the charter requires significant changes to sites or to working practice, a transitional period will take place and this process will be discussed and scrutinised by local negotiating committees (LNCs) as detailed in the charter. The implementation of the charter will also be monitored at an all-Wales level, and stakeholders will reconvene after one year to review implementation and next steps. However, it is hoped that the charter will be fully implemented by all health boards and trusts within two to three years of launch.

## **What is a long shift and a consecutive shift?**

The charter goes beyond the requirements of the EU Working Time Directive and the New Deal to stipulate that rotas should be designed with no more than four long shifts in a row. There is also a commitment that Health Boards and Trusts must work towards rotas with no more than seven consecutive shifts. A long shift is a shift of over 10 hours including natural breaks. A consecutive shift is a shift that takes place on the same day as, or the day after, another shift; therefore, when this aspect of the charter is implemented, you should not be required to work more than seven consecutive days in a row as part of your rota.

Furthermore, emergency requests for cover must also stay within these limits. This means that you should not be asked to work a fifth long shift in a row, or, following full implementation, an eighth consecutive shift of any sort, in order to cover, for example, a colleague's last-minute absence due to sickness.

## **What is 'meaningful rest'?**

What constitutes a meaningful rest will vary from individual to individual. However, broadly defined, this is a rest break that provides benefit to the junior doctor in terms of cognitive offload and subjective reenergisation. This could mean using your break to have a relaxing chat with colleagues, to read a book, listen to a podcast or music (as long as you can hear your bleep), watch television, eat, or engage in a mindfulness exercise, amongst other activities.

Studies indicate that a meaningful rest can improve cognition, reduce error risk, improve judgement and improve productivity. Essentially, by taking your contractual 30-minute break after approximately 4 hours continuous duty, you are improving the safety and quality of the care you give to your patients.

You may also want to use your break to have a nap. There is now a substantial body of evidence that a 20-minute nap can be beneficial for cognition, performance and reducing error rate. In order to take a good quality 20-minute nap, your body needs to be 'told' it is time to rest, a process which is impaired by the presence of blue light. Therefore, rest facilities should be dark, quiet and of a comfortable ambient temperature.

You are entitled to privacy and dignity. For example, sharing a futon with one or two other junior doctors does not do this. You should have sole use of a piece of furniture for the length of your rest in a context conducive to rest. This could mean, for example, a sleep pod, or a bed or futon in a space separate to the mess, or a room otherwise reserved for junior doctors too tired to drive home if these are available at the time.

The growing evidence highlighting the physiological impact of night shift working is leading organisations to consider night shift work as different to day shift work. This is important for junior doctors who regularly undertake night shifts and have to maintain vigilance and make prompt, patient safety-critical decisions throughout their shifts. Healthcare bodies have a duty to their patients to incorporate strategies to partially mitigate the impact of night shift working. This could include a 20-minute nap during a contractual 30-minute natural break during a night shift.

### **What should you do if you wish to take a nap?**

- Ensure nursing staff are aware of your break, where you will be, and to save any non-essential bleep jobs/questions for the period of your break. If there is a hospital at night system, it may be possible to inform the coordinator so they can filter your bleeps during the break.
- Ensure your bleep is close by and that the batteries have not run out in case an emergency bleep is sent out.
- Whilst at work and on shift you have a duty to patients to respond to any emergency or urgent calls regarding patients. However, it is reasonable that your break should be undisturbed by bleeps or calls to complete non-urgent/non-emergency tasks that can wait 30 minutes without impacting patient safety.

### **What is the parking safety assessment and how can you access it?**

Parking can be frustrating if you work at a busy hospital site. You may end up needing to park some distance from your area of work in an overflow car park or on-road parking. However, it is important that you and the Health Board/Trust for which you are working consider your safety in accessing your vehicle, especially late at night or early in the morning when there may not be many other people around. The charter requires that all routes to and from vehicles for all staff should be reasonably accessible, well-lit and safe at all times of the day. This means that you should be able to easily see your way from the doors of the building to your car, bus stop or taxi pick-up point without having to use a torch. Equally, you should not have to take routes which might feel unsafe. This could include routes that are overly enclosed, easily blocked, or which might otherwise put you in a dangerous situation. The burden should not be on you to explain why you feel unsafe.

Whilst you must take reasonable precautions to look after your safety when navigating hospital sites at night, it is also the responsibility of your health board to undertake a safety assessment for all sites, to ensure that it meets the needs of staff working all times of day and is compliant with the charter. This assessment should explain what measures are in place to ensure you can get to your car safely at night. Local solutions will vary from site to site and the LNC should be involved in arriving at these.

They could include:

- reserved, nearby parking spaces for specified staff members working certain shifts;
- being promptly escorted by security or other staff to your car, either in person or in a vehicle, with a clear procedure and time limits for action in place; or
- being permitted to move your car closer to your building at an appropriate time during your shift once capacity has been freed up in the car park.

You can request a copy of the safety assessment at any time, and safe parking provisions must be explained to you at induction and freely available, for instance on the car, bus stop or taxi pick-up point intranet.

### **What should rest/sleep facilities look like?**

When you are too tired to drive home after working a night shift, a long shift, a late shift, or having been called in whilst non-resident on-call, you are entitled to facilities free of charge in which to rest/sleep before feeling safe to drive home. The time you need to rest on-site should not be time limited but rather guided by your own perception of your fatigue levels.

Rest facilities for when you're too tired to drive home should ideally be an individual room containing a bed of good quality, with fresh linen and towels provided for each new user. The provision must be fit for purpose so as to enable and support appropriate rest/sleep as required. The facility should have adequate sound- and light-proofing so as to allow good quality sleep during day or night. As an alternative, or if there are not facilities available, alternative travel arrangements should be provided by your health board for your safe travel home, including reasonable expenses to travel back to work the next day to pick up your car.

### **How will the senior employer representative undertake the role?**

The senior employer representative's role will be to provide an organisational focus on supporting the implementation and progression of the principles set out in the charter. Each Health Board/Trust will need to determine the amount of time allocated to the role and the arrangements required across the organisation to enable the representative to discharge the role effectively. It is expected that in the large health boards that this will be no less than one session per week. The appointee will be a member of clinical or non-clinical staff in a senior management role and will report to the Medical Director.

On appointment they will develop a baseline assessment of the organisation's position in relation to the charter and set out how the charter's principles can be met and over what timescale. This assessment will be taken to the LNC for wider discussion and to agree a way forward. The senior employer representative will also be responsible for overseeing the ongoing implementation of the charter, as well as the maintenance of these standards following implementation.

The role will also provide a focus for individuals to raise concerns regarding the application of the charter and to receive suggestions to aid the delivery of the principles, and Health Boards/Trusts will need to ensure that the person occupying the role and their contact details are widely publicised. It is also expected that the representative will be visible across the organisation and known to the junior doctor workforce in particular.

The employer representative will also be able to act on behalf of the Health Board/Trust to secure a resolution to issues agreed as a concern by the LNC and to ensure appropriate action is taken to implement changes required so that charter standards are met. Where there are issues which are significant or require an organisational focus to be resolved, the senior employer representative will ensure that these issues are taken to the LNC for consideration. Following agreement, they will then take forward the issues raised with relevant bodies in order to secure implementation to the satisfaction of the LNC.

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