

Fatigue and facilities FAQs

Why is this money being given to trusts?

The investment represents a significant achievement for the BMA as we work with NHS Employers, Health Education England, NHS Improvement, the Academy of Medical Royal Colleges and the Department of Health and the investment is an early outcome of the 2018 contract review.

Following the appointment of a new Secretary of State for Health and Social Care in the summer of 2018, the BMA's UK RDC chair Jeeves Wijesuriya met with Matt Hancock to update him on pressing issues and concerns for resident doctors. This included the BMA's Fatigue and Facilities Charter (March 2018), which outlined the detrimental effects of tiredness and outlined simple steps that can be taken to improve facilities and reduce fatigue.

In September 2018 the Secretary of State announced in a letter to the BMA that he was making available to NHS trusts in England £10m to be spent in agreement with resident doctors locally to improve working conditions for resident doctors in all trusts in England to be overseen by this group.

Where has this money come from?

This is new, additional investment in resident doctors comes from the Secretary of State for Health & Social Care, Matt Hancock.

How much money will my trust receive?

It has been agreed that all 210 NHS trusts in England will receive £30,000, a total of £6.3 million. In addition, the remaining balance of £3.7m will be shared equally between 122 trusts defined as having a greater need (using data from a range of sources and perspectives). As a result, in 2019/20, 92 trusts in England will receive £30,000, and the remaining 122 trusts will receive £60,833.

How was it decided which trust would receive what?

Data has been collected from the BMA data of compliance with the Fatigue and Facilities Charter, data from the CQC, NHS Employers and from Health Education England postgraduate deans.

This data has then been amalgamated to target and allocate where the additional money should be spent. The trusts that most need to improve their rest facilities receive the higher amount.

What does the BMA fatigue and facilities charter say?

[The charter](#) includes recommended best practice and practical interventions that can be made to improve a doctor's wellbeing. It outlines simple steps that can be taken to improve facilities and reduce fatigue, so that you can safely, effectively and efficiently care for your patients.

How should the money be spent ?

The investment should enable trusts to meet the requirements laid out in the BMA charter. A key aim of the charter outlines the need for free access to facilities to prevent doctors being injured or worse when forced to travel home tired after long shifts.



Additionally:

- **Sleep facilities**
Create on-call rooms/refurbish on-call rooms/sleep pods
- **Mess**
Create a mess if there is not already one/refurbish mess facilities/new recliner chairs/install wifi in the mess install lockers/create rest areas – when the mess is too far away for certain specialties
- **Catering facilities**
Provide food preparation and storage areas that are appropriately resourced with cutlery, crockery, kettles and microwaves
- **Safety and education**
Access to computers or resources for study in mess facilities/lockers for safe storage/secure cycle storage

How will the money be distributed?

The money will be released once a trust has agreed with (RDF) resident doctor forums, in writing, the arrangements for how the money will be spent.

How do we agree what to spend the money on?

To ensure the funding is used to make improvements that will impact positively on the working conditions of resident doctors, proposals must be put forward and signed off by the JDF. The Director of Medical Education and JDF should sign off, and monitor, the funding allocation locally.

Trusts will be required to document the allocation of their funds along with the justification for that allocation and be able to provide evidence of its use to BMA (LNCs) local negotiating committees.

Who has oversight that the money is spent how it should be?

It has been agreed that the trust has to provide the BMA/Trust LNC with a detailed analysis of how money has been spent at their request.

Our rest facilities have been recently updated and don't need additional investment, what should we do with the money?

It has been agreed that if a JDF decides via a majority vote, it can invest the funding into other areas which it feels is appropriate.

Our trust has already invested money because of this commitment can this be backdated?

If the commitment was made after the publication of the letter from the Secretary of State to the BMA, it was agreed and ratified by the JDF, then yes it can be reimbursed and the payment backdated, but only with the agreement of the JDF.

What happens if we can't reach agreement?

If a trust does not formally agree to the arrangements with the JDF, funds will not be released to it.

www.bma.org.uk/fatigueinvestment

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