

BMA Fatigue & Facilities

KMPT - Current Proposals

15.11.2019

 – LNC Trainee Rep

Rostering and rota design

- When designing rotas, refer to joint guidance from NHS Employers or equivalent and the BMA, where available.
- Use forward-rotating rota designs (day-evening-night) which minimise frequent transitions between day and night shifts.
- Give adequate recovery time after nights to re-establish normal sleep patterns – at least 46 hours after completing the final night shift.
- Design rotas with no more than four long shifts in a row, a maximum of seven consecutive shifts and no more than 72 hours in a 168-hour period.
- Emergency requests for cover should stay within these limits.
- Provide clearly rostered breaks that comply with rest/break entitlements. For example, for junior doctors:
 - under the 2002 terms and conditions: at least 30 minutes' continuous rest after approximately four hours' duty
 - under the 2016 terms and conditions: at least one 30-minute paid break for a shift rostered to last more than five hours, and a second 30-minute break for a shift of more than nine hours.
- Support a team-based 'hospital at night' approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night.
- Help doctors to raise issues with missed breaks – eg through monitoring or exception reporting systems – and create action plans committing the employer to ensure all breaks are taken.
- 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.
- Ensure rosters and staffing numbers are sufficient to allow safe cover if doctors are unexpectedly absent, eg for sickness or compassionate leave.

KMPT - applies to F&F charter, but not under F&F budget

- Emergency cover/ rota planning is an issue being raised at LFG/ LNC meetings – awaiting outcome of discussion

Induction and training

- At induction, provide basic education on sleep and working nights, as well as general healthy lifestyle advice.
- Offer regular screening of shift workers for primary sleep disorders.
- Make all staff aware of the importance of taking their breaks, and run regular campaigns to encourage it.
- Give information about the location of rest facilities and how to access them.
- Recognise the importance of rest in reducing human error, in organisational standards and responses to raised concerns, missed breaks, or rostering problems.

KMPT: applies to F&F charter, but not under F&F budget

- Changes that can potentially be made to the induction process (in the long-term)
 - Guardian of safe working talk – exception reporting section to include information on rest breaks, and intended benefits and facilities available on site
 - Induction paperwork – additional guidance on exception reporting, rest break and shift parameters as per BMA, raising concerns regarding breaks/ rota, signposting for concerns re: health/ sleep
 - BMA/LNC stand if required for further information, in addition to above resources

Catering

- A catering facility must be:
 - be open 365 days a year
 - provide adequate, varied, efficiently served and freshly prepared meals
 - offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements
 - 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.

KMPT: applies to F&F charter and F&F budget

- On-call access to a fridge and microwave across all sites
- On-call access to a vending machine that offers a diverse range of options (including vegetarian, halal, kosher etc.)
- On-call access to food and drink (suggested for Higher trainees, could be extended to junior trainees as well ?)

KMPT: applies to F&F charter, but not under F&F budget

- Each on-call room can have a contact list of nearby takeaways (preferentially NHS discounted)

Travel

- Provide sufficient parking, with a short and safe route to and from the hospital, and reserved spaces for doctors expected to travel after dark. This includes those who are non-resident on-call overnight. Refer to each department's rotas to calculate the number of spaces required.
- Where possible, provide an appropriate sleep facility for doctors advising that they feel unable to travel home after a night shift or a long, late shift due to tiredness.
- Where this is not possible, ensure that alternative arrangements are made for the doctor's safe travel home.

KMPT: applies to F&F charter and F&F budget

- Provision of rest facilities for doctors across sites – a common room for all doctors, and enough rest spaces (For junior doctor/ SpR/ doctor working overtime)

KMPT: applies to F&F charter, but not under F&F budget

- Improving lighting across sites – especially for doctors who will be walking between wards
- Improved security measures across sites – doctors accompanied by professional from requested ward when walking across site and seeing patients (?) if formal security cannot be provided
- Possible idea – Security alarms for doctors who will be travelling between sites/ lone working that links to GPS/ central security centre ? Can be given to doctors at induction (with fee payable if not returned at the end of their tenure with KMPT) to ensure access to security during out-of-hours/ home visits ?
- Access to swipe cards at induction (with fee payable if not returned at the end of their tenure with KMPT)

Rest facilities for doctors working on-call

- Make sleep facilities available free of charge for all staff who are rostered or 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
 - an independently controlled source of heating
 - towels, changed daily and for every new occupant
 - a telephone with access to hospital switchboard
 - electrical power points
 - adequate sound- and light-proofing to allow good quality sleep day and night.

KMPT: applies to F&F charter and F&F budget

- On-call access to a bed (details as in F&F charter) across all sites
- On-call access to independently controlled A/C +/- fans and portable heaters across all sites
- Renovation of on-call facilities to ensure – telephone in working order with access to switchboard, safe electrical power points and adequate sound/ light-proofing for rooms

KMPT: applies to F&F charter, but not under F&F budget

- Agreed maintenance policy for on-call facilities across sites

Fixing problems

- Appoint a nominated employer representative for dealing with fatigue and facilities.
- Situations where standards set out in this charter are not met should be raised with the employer representative and an action plan brought to the LNC for agreement.
- The action plan should be implemented within six months of the date that the issue was raised.
- Occasions where an action plan is not implemented by the deadline should be included in the guardian of safe working's quarterly report to the employer's board, or for employers without such a guardian, reported directly to the board.

For KMPT –

- Nominated employer representative – Dr Sarfraz (DME)
- Guardian of safe working at present – site dependent (?)

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

KMPT: applies to F&F charter and F&F budget

- On-call access to WiFi across all sites (individual router, as NHS WiFi is unreliable)
- On-call access to storage and lockers across all sites

KMPT: applies to F&F charter, but not under F&F budget

- Each on-call room to be supplied with a confidential waste bin that is emptied regularly/ appropriately (patient confidentiality issue)
- Wards to be appropriately stocked with clinical equipment i.e. stethoscope, tendon hammer, otoscope, pupil torch (clinical care issue)
- Updated computers/ AV sets across all on-call sites

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.

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 junior 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.

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- Safety and security – covered in previous slide
- Educational experiences and resources likely have alternative allocated budgets