# **NHS Wales Fatigue & Facilities Charter Implementation Toolkit**

## **Introduction**

[The NHS Wales Fatigue and Facilities Charter](https://www.bma.org.uk/media/2147/wales-fatigue-and-facilities-charter-march-2020.pdf) was 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.

## **How to implement the charter**

It is the responsibility of health boards and trusts to implement and maintain the charter’s standards at a local level and each health board/trust is required to nominate a senior employer representative for fatigue and facilities to lead on this. The representative should communicate regularly with doctors and the local negotiating committee (LNC) chair, and provide regular progress updates at LNC meetings. All doctors should be made aware of the identity and contact details of the fatigue and facilities representative and be encouraged to raise relevant issues with them.

## **How to use this toolkit**

This toolkit is designed to be completed by the employer representative for fatigue and facilities to support them in implementing and monitoring compliance with the charter’s standards.

1. **Standards evaluation** (pages 3-7)

Assess the extent to which each standard of the charter is currently being met within your organisation using the implementation checklist.

Note any variation of compliance across the organisation’s different sites and/or departments and in this respect it may be helpful to undertake separate assessments using the checklist and to collate these into an organisational document to indicate overall compliance.

The evaluation should be based on thorough consultation with doctors working across all departments of each of the organisation’s sites

1. **Action planning** (page 8)

Suggest short-, medium- and long-term actions to address areas of non-compliance, i.e. any standards which are not being delivered

1. **Good practice** (page 9)

This is included so any areas which are considered as relevant examples of good practice within your organisation can be captured for sharing with other organisations

1. **Joint agreement**

Present findings quarterly to the LNC to discuss and reach agreement on proposed implementation status and actions

1. **Overall compliance**

The employer’s Fatigue and Facilities Charter lead will prepare an annual report every September for the LNC setting out the organisation’s overall compliance with the charter and what needs to be done to achieve full compliance. Before the report is finalised it will be shared with the LNC Chair/nominated LNC representative for comment. The report including the LNC comments will be submitted to the Medical and Dental Business Group (“MDBG”) to provide oversight of compliance across Wales.

1. **Review and update**

Ensure that the charter remains as a standing item on the LNC agenda

Provide updates on agreed actions at each LNC meeting and agree further actions where required

Regularly update the toolkit to reflect changes within your organisation by revisiting steps 1-4

1. **National monitoring**

The organisational annual reports, will be collated into a national report in December of every year to enable the BMA, Welsh Government and NHS Wales Employers to monitor implementation and compliance on an all-Wales basis through the MDBG

## **Useful resources**

* [Wales Fatigue and Facilities Charter FAQs](https://www.bma.org.uk/media/2148/wales-fatigue-and-facilities-faqs-march-2020.pdf)
* [Procedure for NHS staff to raise concerns](https://www.nhsconfed.org/publications/procedure-nhs-staff-raise-concerns)
* [BMJ Dealing with conflict](http://learning.bmj.com/learning/module-intro/conflict.html?moduleId=10060212&locale=en_GB)
* [BMJ Preventing bullying and harassment](http://learning.bmj.com/learning/module-intro/.html?moduleId=10061413)
* [BMJ Understanding resilience in the workplace](http://learning.bmj.com/learning/module-intro/resilience.html?moduleId=10060244&locale=en_GB)
* [Standards for Hospital Residential Accommodation and Associated Support Facilities](http://www.wales.nhs.uk/sites3/documents/254/2011%20Standards%20of%20accommodation.pdf)

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| --- | --- |
| **Site/Department:** |  |
| **Standards assessment completed: (Date)** |  |
| **Proposed review date:** |  |

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| --- | --- | --- |
| **Status** |  | **Status Descriptor** |
| **Compliant** | **C** | **Standard being met -** The standard is being met and is under regular review |
| **Partial** | **P** | **Standard Partially being met -** The standard is not being met but a joint solution has been agreed |
| **Not met** | **N** | **Standard not being met -** The standard is not being met and no resolution is in place yet |

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| **Rostering and Rota Design** | **Status** | **Comments/Action**  | **Action completion date** |
| **C** | **P** | **N** |
| During rota design, is joint guidance from the Welsh government, NHS Wales employers, HEIW and BMA Cymru followed? |  |  |  |  |  |
| Are rotas designed to rotate forwards (day -> evening -> night) with minimal transitions between day and night? |  |  |  |  |  |
| Is at least 46 hours rest given after a set of night shifts? |  |  |  |  |  |
| Does the rota avoid rostering:* More than 4 long shifts in a row?
* More than 72 hours in a 168-hour window?
 |  |  |  |  |  |
| Is the rostering working towards rotas which contain no more than a maximum of seven consecutive shifts? (the response should be expressed as a number of rotas and a percentage which are compliant) |  |  |  |  |  |
| Does the hospital operate a “Hospital at night” system with team working and bleep filtering? |  |  |  |  |  |
| Are doctors easily able to raise issues regarding missed breaks? |  |  |  |  |  |
| Are doctors able to flexibly take their full allocation of annual, study, and other types of leave, when they give sufficient notice? |  |  |  |  |  |
| Are rosters and staffing numbers sufficient and/or is cover in place to allow for safe working in case of unexpected absences? |  |  |  |  |  |

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| **SInduction and Training** | **Status** | **Comments/Action** | **Action completion date** |
| **C** | **P** | **N** |
| Is induction consistently provided in a timely manner? |  |  |  |  |  |
| Do induction periods contain advice and information on:* Working nights?
* Sleeping effectively?
* Living a healthy general lifestyle?
* Accessing local Occupational Health services?
 |  |  |  |  |  |
| Are doctors aware of the identity and contact details of the senior employer representative for fatigue and facilities? |  |  |  |  |  |
| Is regular occupational screening of workers finishing shifts after 10 pm offered? |  |  |  |  |  |
| Are doctors able to self-refer to Occupational Health for any health concerns? |  |  |  |  |  |
| Are processes in place to ensure all doctors are aware of:* The importance of taking their breaks?
* The location of rest facilities and how to access them?
* The importance of rest in reducing human error?
* The importance of personal safety and security when travelling before and after shifts?
* The identity and contact details of their LNC chair?
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| **Common room (doctors’ mess)** | **Status** | **Comments/Action**  | **Action completion date** |
| **C** | **P** | **N** |
| Are the common room (‘mess’) facilities in line with those set out in ‘Standards for Hospital Residential Accommodation and Associated Support Facilities’? |  |  |  |  |  |
| Is the mess easily accessible 24/7 and does it provide an area for meaningful and restful breaks, during allocated periods, in a dedicated ‘quiet’ area, free from interruption? |  |  |  |  |  |
| Are the rest areas in the mess separate from any catering areas/routine break areas? |  |  |  |  |  |
| Is the mess free from any clinical handovers and is clinical work there kept to a minimum?  |  |  |  |  |  |
| Does the site contain the following facilities for junior doctors?* A lounge with power points, internet access, television and telephone connection
* An office/study area with computer/printing facilities available
* A kitchen with food preparation facilities (e.g. sink, microwave, toaster, fridge/freezer, kettle etc.)
* Changing facilities and access to showers
* Storage area with lockers available for junior doctors
* Secure cycle storage
 |  |  |  |  |  |
| **Catering** | **Status** | **Comments/Action**  | **Action completion date** |
| **C** | **P** | **N** |
| Are the catering facilities in line with those set out in ‘Standards for Hospital Residential Accommodation and Associated Support Facilities’? |  |  |  |  |  |
| Are the catering facilities:* Accessible 365 days a year?
* Providing varying and (if possible) freshly prepared food?
* Offering healthy and vegetarian options and taking account of other cultural and dietary requirements?
* Making hot and cold food available if the canteen is closed (e.g. microwave meals that are readily accessible and regularly restocked)?
 |  |  |  |  |  |
| Is there an on-site canteen serving hot food for extended mealtimes throughout the day including the evening? |  |  |  |  |  |

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| **Travel** | **Status** | **Comments/Action**  | **Action completion date** |
| **C** | **P** | **N** |
| Is there access to parking that has safe, well-lit and timely routes to the hospital/work site for doctors working night shifts and for those expected to travel after dark? |  |  |  |  |  |
| Have safety assessments been undertaken to ensure that car parking provision for doctors working shifts and at night meets their needs? |  |  |  |  |  |
| Are sleep and rest facilities available for doctors who feel unable to travel home following a long shift, night shift or late shift due to tiredness? If not, are there alternative arrangements in place for safe travel home? |  |  |  |  |  |
| In line with NHS Wales relocation policies, are junior doctors supported to temporarily access proximal sleep facilities when working away from their main residence? |  |  |  |  |  |

## **Action planning summary**

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|  | **Agreed actions to improve compliance** |
| **Short-term****(within 2 months)** | **Medium-term****(within 4 months)** | **Long-term****(within 6 months)** |
| **Rostering and Rota Design** |  |  |  |
| **Induction and Training** |  |  |  |
| **Common room (Doctors’ mess) arrangements** |  |  |  |
| **Catering** |  |  |  |
| **Travel** |  |  |  |

## **Any relevant examples of good practice identified.**

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| --- | --- |
|  | **Good practice examples** |
| **Your organisation** | **Other organisations** |
| **Rostering and Rota Design** |  |  |
| **Induction and Training** |  |  |
| **Common room (Doctors’ mess) arrangements** |  |  |
| **Catering** |  |  |
| **Travel** |  |  |

**Best practice completed: (Date)**

**Proposed review date:**