

## FATIGUE AND FACILITIES CHARTER

What the Charter Says		What we do at ESHT - February 2021	
<b>Rostering &amp; Rota Design</b>		<b>Rostering &amp; Rota Design</b>	
1	When designing rotas, refer to joint guidance from NHS Employers or equivalent and the BMA, where available	1	The Trust follows NHS Employers and BMA Good Rostering Guide which is sent to Trainees who requires guidance.
2	Use forward-rotating rota designs (day-evening-night) which minimise frequent transitions between day and night shifts	2	Consideration is given of the doctors' circadian rhythm and sleep deprivation caused by shift working which affects behavioural cycles which may lead to poor work life balance, health risks, fatigue and lack of attentiveness.
3	Give adequate recovery time after nights to re-establish normal sleep patterns - at least 46 hours after completing the final night shift.	3	All work patterns in the Trust compliant with Junior Doctors 2018 Contract refresh Framework Rules released December 2019.
4	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.	4	21 work patterns were identified which required review with clinical leads and senior managers and changes made following DRS upgrade with new Rules. All work patterns were in place by 1 August 2020 and continue to be reviewed.
5	Emergency requests for cover should stay within these limits	5	Administrators are reminded of this requirement when locum cover is required for short term emergencies.
6	Provide clearly rostered breaks that comply with rest / break entitlements. For example, for Junior Doctors:	6	
	a. under the 2002 terms and conditions: at least 30 minutes' continuous rest after approximately four hours' duty	a.	The Trust is aware of the rest requirements under the Junior Doctors contract 30 min break after 5 hours; a further 30 min. break after 9 hrs work and (b) below.
	b. 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.	b.	Arrangements put in hand with Specialty Leads to include in the October 2020 Induction with the Higher Trainees (Registrar) to organise the further 30 minute break required for junior doctor team on night shifts of 12 hrs or more. To be included in all future Trust and local departmental inductions.
7	Support a team-based "hospital at night" approach, including bleep filtering and policies to enable consistent breaks for all hospital staff at night.	7	The Trust has a H@N management team that filter bleep calls out of hours.
8	Help doctors to raise issues with missed breaks - e.g. through monitoring or exception reporting systems - and create action plans committing the employer to ensure all breaks are taken.	8	Regularly enforced at LNC and JDF that Exception Reports are to be submitted for any breach in hours, rest or education.
9	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.	9	Healthroster is used by the divisional administrators to manage annual leave and study leave. During the Covid period, sympathetic attention given to acceding to all leave requests where possible before the end of their rotations.
10	Ensure rosters and staffing numbers are sufficient to allow safe cover if doctors are unexpectedly absent, e.g. for sickness or compassionate leave.	10	The Divisions continue to oversee gaps and unexpected absences and in some areas, move doctors from different teams.
<b>Induction &amp; Training</b>		<b>Induction &amp; Training</b>	
1	At induction, provide basic education on sleep and working nights, as well as general healthy lifestyle advice	1	Virtual induction this year due to Covid and e-learning on ESR done prior to starting.
2	Offer regular screening of shift workers for primary sleep disorders	2	Managers should ask doctors to complete night workers questionnaire. Any issues identified should be referred to Occupational Health. This is optional and OH receive very few questionnaires back. If any staff member is referred to OH for general health reasons, sleep is discussed.
3	Make all staff aware of the importance of taking their breaks, and run regular campaigns to encourage it.	3	This is covered in Induction and the Trust and Staff Engagement and HWB team do inform staff of the needs to maintaining a health work life balance and offer suggestions as to how that can be done. Regularly include reference to breaks in Health and Well being campaigns and training e.g. Compassion without Burnout. Also offer a range of interventions for staff to be active in their breaks.
4	Give information about the location of rest facilities and how to access them.	4	This is covered in the local specialty inductions
5	Recognise the importance of rest in reducing human error, in organisational standards and responses to raised concerns, missed breaks or rostering problems.	5	The Trust has appointed a SuppRTT Consultant, Dr R Alexander overseeing all absences over 3 months, liaising and supporting information sent to trainees to apply for funding/courses prior to return to facilitate transition back to work. The GOSWHs oversee missed breaks from Exception Reports submitted.
<b>Common Room or "Mess"</b>		<b>Common Room or "Mess"</b>	

1	Provide an easily accessible mess with appropriate rest areas 24 hours a day, seven days a week, allowing staff to nap during breaks.	1	Funds for Improving Working Lives of £60,833 for both sites. Upgrade to Conquest Doctors' mess completed which the doctors have confirmed is very good. The Doctors Mess at Eastbourne is completed.
2	Ensure nap/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.	2	Separate kitchen area will be available for food preparation.
3	Provide these areas on site for staff (not necessarily exclusively for junior doctors) wherever is most appropriate:	3	The Charter funds have not been fully utilised following refurbishmnet and upgrade to the Doctors' Messes and doctors' rest rooms across both sites. Medical Staffing have written to all Ward Matrons where Junior Doctors share ward based rest rooms, if these can be upgraded/improved. Requests have been received as well as further requests from trainees.. Review underway to prioritise requests with Junior Doctors & GOSWHs. Consideration of donations to each Mess President to utilise all residual funds.
	lounge(with power points, telephone connection and TV aerial)		Yes - available on each site
	office / study area (with power points, telephone connection and internet access)		
	kitchen (with sink, hotplate, microwave, toaster, fridge, freezer, kettle, coffee machine and supply of tea, coffee, milk and bread)		Yes - available on each site
	changing facilities and showers		Yes - available on each site
	storage area including lockers for doctors		Request received for storage on AMU at Eastbourne being considered.
	secure cycle storage		Yes - available on each site
<b>Catering</b>			
1	Any catering facilities must:	1	
	be open 365 days a year		
	provide adequate, varied, efficiently served and freshly prepared meals		Staff canteen facilities are open Monday to Fri - 7am - 3pm serving a wide range of both hot and cold meals / snacks and beverages.
	offer healthy eating and vegetarian options, and options for a range of cultural and dietary requirements.		Services are supported by other onsite catering retail, outlets situated in the main entrance areas open 7 days week 10am - 6pm. These offer a wide range of hot and cold meal / snack items and a range of beverages.
	serve hot food for extended meal ties for breakfast, lunch and dinner, where possible with a minimum late opening until 11pm and a further two-hour period between 11pm and 7a,		Provision of hot food at night -EB and CQ have vending machines installed which offers a range of meals/snacks options. This is temporary. Currently out to tender for a permanent solution. Consideration to resiting the EB vending machine to a more central position in the Trust which can be accessed by other staff groups working out of hours.
2	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.	2	The permanent solution will provide either frozen or ready meals which can be heated up in the Messes or the Ward Kitchens where there are microwave facilities. The Facilities department have provided snacks/meals for both Messes during Covid and will ensure this arrangement continues during Covid and the vaccination period.
<b>Travel</b>		<b>Travel</b>	
1	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 and on-call overnight. Refer to each department's rotas to calculate the number of spaces required.	1	Parking is provided on site - allocated spaces are available using staff accommodation. During the Covid period, parking is free.
2	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.	2	Reform to the 2018 Framework Contract requires "too tired to drive home" after a long day or night shift, the Trust to cover the cost of an appropriate rest facility or alternative arrangements for travel home. EB provide up to 10 rooms and CQ up to 6 rooms. Also to include provision and reasonable expenses for return journey to work, begin or next shift, or where they have left their vehicle at work to collect the same.
3	Where this is not possible, ensure that alternative arrangements are made for the doctor's safe travel home	3	Accommodation already provide rooms available after long days and night shifts.
<b>Rest facilities for doctors working on-call</b>		<b>Rest facilities for doctors working on-call</b>	

1	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:	1	Non resident On call accommodation is provided free of charge. Harvey House at Eastbourne is being refurbished to provide further doctor accommodation. Request for soundproofing; Facilities confirmed there are no plans for this as it is major capital funding. Request to drop advance booking of rest rooms; Facilities confirmed due to Covid and other Staff Groups also requesting rooms, this was not possible. Conquest is currently having new bathrooms and kitchens installed.
	a bed of good quality, with linen changes every three days and for every new occupant		Yes - with additional linen supplied in accommodation unit
	an independently controlled source of heating		Yes - thermostats in flats
	towels, changed daily and for every new occupant		Yes - with additional towels supplied on request
	a telephone with access to hospital switchboard		Yes - internal phone available
	electrical power points		Yes
	adequate sound and light proofing to allow good quality sleep, day and night		Yes - black out blinds provided. Facilities will undertake to review all blinds and change/repair as appropriate.
Fixing Problems		Fixing Problems	
1	Appoint a nominated employer representative for dealing with fatigue and facilities	1	Medical Staffing and Postgrad Centres have representatives and a Senior Manager in Facilities and Estates
2	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	2	New representatives being appointed to attend LNC and JDF meetings to review queries arising from the new Framework Agreement and any issues brought up by the Junior Doctors.
3	The action plan should be implemented within six months of the date that the issue was raised.	3	We will ensure the implementation timetable is implemented within timeframes with escalation where appropriate.
4	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	4	GOSWHs will include this in their quarterly report and assurance given to the Board in the Annual Report.