

# Fatigue in healthcare: the story so far

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# Beginnings



# Beginnings



## Exhausted doctor killed driving home from night shift when he 'fell asleep at the wheel'

Dr Ronak Patel, 33, tried to stay awake by singing to his wife Helen, 33, on his hands-free mobile phone when he ploughed into a lorry



BY SAM WEBB

11:20, 12 JUL 2016 | UPDATED 12:51, 12 JUL 2016



# Beginnings

## FATIGUE SURVEY DATA

The Joint Fatigue Group has surveyed all groups of anaesthetists as part of the #FightFatigue campaign, in order to describe the scale of the issue. Here is an overview of the results:

Survey question	TRAINEES	SAS GRADES	CONSULTANTS
Accident or near miss commuting	57%	30%	45%
Been too tired to drive	85%	48%	60%
Access to on-shift rest facilities	64%	95%	34%
Experienced work-related fatigue	not asked	89%	91%
Fatigue adversely affects:		moderate or severe negative impact	moderate or severe negative impact
• Physical health	73%	59%	52%
• Psychological wellbeing	71%	64%	63%
• Personal relationships/family	68%	70%	72%
Year of survey / Response rate (n)	<b>2016</b> 59% (2231)	<b>2019</b> 36% (352)	<b>2018</b> 46% (3847)

Please scan these QR codes for access to the papers / abstract:



Pg 12

Anaesthesia 2017, 72, 1069-1077

doi:10.1111/anae.13965

## Original Article

A national survey of the effects of fatigue on trainees in anaesthesia in the UK\*

L. McClelland,<sup>1</sup> J. Holland,<sup>1</sup> J.-P. Lomas,<sup>2</sup> N. Redfern<sup>3</sup> and E. Plunkett<sup>4</sup>

Anaesthesia 2019, 74, 1509-1523

doi:10.1111/anae.14819

## Original Article

**A national survey of out-of-hours working and fatigue in consultants in anaesthesia and paediatric intensive care in the UK and Ireland\***

L. McClelland,<sup>1</sup> E. Plunkett,<sup>2</sup> R. McCrossan,<sup>3</sup> K. Ferguson,<sup>4</sup> J. Fraser,<sup>5</sup> C. Gildersleve,<sup>6</sup> J. Holland,<sup>7</sup> J. P. Lomas,<sup>8</sup> N. Redfern<sup>9</sup> and J. J. Pandit<sup>10</sup>

# Beginnings



Let's #FightFatigue

## Let's #FightFatigue

The Fight Fatigue campaign sets out a 3 point plan to improve the culture around fatigue in healthcare:

### Detection

- Raise awareness of fatigue and its risks
- Use tools and models to predict and measure fatigue

### Education

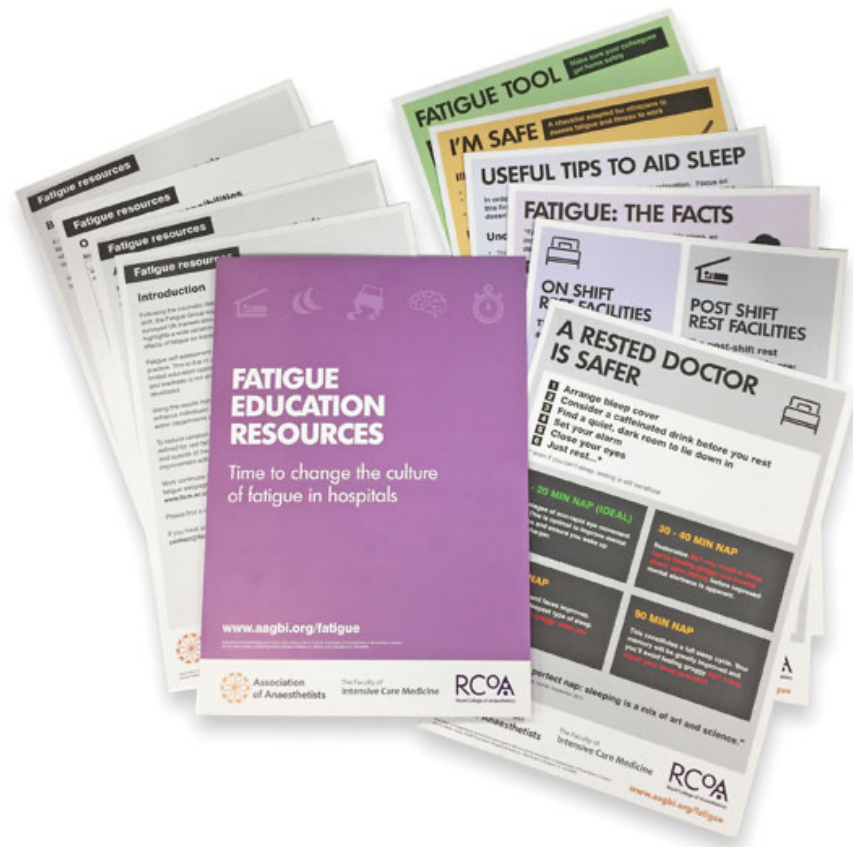
- Educate all staff about fatigue, its risks and how to mitigate them
- Educate staff on how to manage shift working as safely as possible

### Prevention

- Acknowledge that fatigue is a risk
- Set standards for safe rostering, rest facilities and rest culture
- Encourage adoption of these standards into practice

Other safety critical industries have Fatigue Risk Management Systems, we need this in healthcare too.

# Beginnings



## Fatigue resources

### Organisational responsibilities

#### Standards for rest facilities

	During a shift		After a shift	
What is available	Green	Quiet, dark, private room with bed	Green	Quiet, dark, private room with bed and bathroom facilities available for full duration of time between shifts
	Amber	Private area with reclining chair, pull-out mattress or sofa	Amber	Available for limited duration, poor quality facilities
	Red	No or communal facilities	Red	No facilities
Ease of access [N/A if no facilities]	Green	Adequate number of immediately available rooms	Green	Adequate number of immediately available rooms within appropriate walking distance
	Amber	Adequate number of rooms available within 15 mins of request	Amber	Notice required, limited number of rooms or remote location
	Red	Restricted access <sup>1</sup> or limited availability	Red	Pre-shift notice required

<sup>1</sup>including location inappropriate for speed of required clinical response

#### Ratings for rest culture

Green	Positive institutional attitude towards rest; fatigue awareness and introduction to rest facilities included at induction.
Amber	Fatigue awareness and introduction to rest facilities included at induction
Red	Threatening culture towards rest or poor awareness of facilities

### Individual responsibilities

	At work	At home
Knowledge	<ul style="list-style-type: none"> <li>Understand national guidelines on fatigue<sup>1</sup></li> <li>Be aware of the location of rest facilities and how to access them</li> </ul>	<ul style="list-style-type: none"> <li>Understand good sleep hygiene<sup>1,2</sup></li> <li>Understand how to manage shift working<sup>3</sup></li> </ul>
Behaviours	<ul style="list-style-type: none"> <li>Where possible, use breaks on night shifts to nap</li> <li>Consider colleagues' fatigue during the handover process</li> <li>Encourage and enable colleagues to do the same</li> </ul>	<ul style="list-style-type: none"> <li>Practice good sleep hygiene</li> <li>Use time off before a night shift or on call duty responsibly to prepare for work</li> <li>Use time off after a night shift or on call duty responsibly to rest and recover</li> </ul>
Attitudes	<ul style="list-style-type: none"> <li>Demonstrate a positive personal attitude towards rest</li> <li>Act as a role model by supporting colleagues to rest at work</li> <li>Attend and engage with education sessions on fatigue</li> </ul>	<ul style="list-style-type: none"> <li>Demonstrate a positive personal attitude towards rest</li> <li>Be mindful of fatigue if taking on additional locum work</li> </ul>

1. AAGBI. Fatigue and Anaesthetists. 2014 <https://www.aagbi.org/sites/default/files/Fatigue%20Guideline%20web.pdf>

2. NHS Choices information about Tiredness and Fatigue <http://www.nhs.uk/livewell/tiredness-and-fatigue/Pages/tiredness-and-fatigue.aspx>

3. RCP. Working the night shift: preparation, survival, recovery. 2006. <https://cdn.shopify.com/s/files/1/0924/4392/files/working-the-nightshift-booklet.pdf?1709961806511712341>

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# Beginnings



# Beginnings

## GMC National Training Standards



1. Have you received any education about fatigue or sleep during this placement?
2. In this placement, how often have you felt too tired to get home safely?
3. In this placement, please rate the support you get to take rest breaks, including on night shifts.
4. How much has work-related fatigue impacted on your progress through training?



# Progress



# Progress

- Scottish Government Policy



# Progress

- Standards adopted into ACSA & RCoA QI Compendium



## Standards for rest facilities

	During a shift		After a shift	
What is available	Green	Quiet, dark, private room with bed	Green	Quiet, dark, private room with bed and bathroom facilities available for full duration of time between shifts
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	Red	Restricted access* or limited availability	Red	Pre-shift notice required

\*including location inappropriate for speed of required clinical response

# 11

## Delivery of services

Edited by Professor [Ajdeep] Pandt  
 QI editor: Dr. Toby Reynolds

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# Progress



## Anaesthesia & Intensive Care Rest Facilities and Culture a national Service Evaluation project « all hospitals » « all grades »

Thank you for volunteering to submit data to this project looking at Rest Facilities and Culture in Anaesthesia and Intensive Care.

This survey is being undertaken by SCATA. The [FightFatigue](#) group (Association of Anaesthetists, Royal College of Anaesthetists and Faculty of Intensive Care Medicine) support this initiative.

### Aims

1. To describe the current situation regarding availability and quality of rest facilities in anaesthetic and intensive care departments in the UK and ROI, compared with current standards.
2. To describe the current situation regarding rest culture in anaesthetic and intensive care departments in the UK and ROI, compared with current standards.
3. To feedback to departments and provide a benchmarking of their practice as compared to current standards and peers nationally.

The [reference standards](#) can also be found on page 4 of the [FightFatigue](#) group [Fatigue Resources](#).

Please enter the data into the data collection tool for each rota, in consultation with colleagues as you feel necessary.

This tool does not collect any personal data - either in terms of the information requested or browser/IP address details from respondents. The data collected will be shared with partners in the [FightFatigue](#) group and used in line with the aims of the project as above and to produce a summary report. In this report, each Trust/Board will be able to identify their own data but not others.

Please direct queries to [fatigue@scata.org.uk](mailto:fatigue@scata.org.uk)

SCATA & the project team, July 2022

[Begin »](#)

### Standards for rest facilities

	During a shift		After a shift	
What is available	Green	Quiet, dark, private room with bed	Green	Quiet, dark, private room with bed and bathroom facilities available for full duration of time between shifts
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<sup>1</sup>including location inappropriate for speed of required clinical response

# Progress – GMC NTS

1. Have you received any education about fatigue or sleep during this placement?

2018 = 37% → 2019 = 47% → 2021 = 45% → 2022 = 37% → 2023 = 39%

2. In this placement, how often have you felt too tired to get home safely?

Daily/Weekly/Monthly:

2018 = 34% → 2019 = 31% → 2021 = 25% → 2022 = 27% → 2023 = 29%

3. In this placement, please rate the support you get to take rest breaks, including on night shifts.

Very good / good:

2018 = 66% → 2019 = 72% → 2021 = 76% → 2022 = 75% → 2023 = 76%



4. How much has work-related fatigue impacted on your progress through training?

Some or significant impact:

2018 = 37% → 2019 = 36% → 2021 = 33% → 2022 = 36% → 2023 = 36%

# Progress



# Progress



**E**uropean **B**oard of **A**naesthesiology

**U**EMS Anaesthesiology **S**ection



# Progress

- European Patient Safety Foundation
- European Health Leadership Award



<https://www.fightingfatiguetogether.eu>

**Quality care for the patient starts with quality care for the staff.**

[www.fightingfatiguetogether.eu](http://www.fightingfatiguetogether.eu)



**We join forces to improve the well-being of health professionals.**



# Progress



Association of Anaesthetists



The Faculty of Intensive Care Medicine



RCOA  
Royal College of Anaesthetists

**Alex Cunningham MP**

*invites you to the #FightFatigue: World Sleep Day reception*

*on behalf of the Association of Anaesthetists, Royal College of Anaesthetists and Faculty of Intensive Care Medicine*

*in the Terrace Pavilion, House of Commons on Monday 13th March 2023 at 2pm*

**Entrance via Cromwell Green visitors' entrance**

Please allow up to 30 minutes to clear security • Smoking/e-cigarettes not permitted • No parking facilities available

Admittance upon presentation of invitation only • Guests are advised to bring personal photo identification

FICMNews  
@FICMNews · Follow

Very pleased to be at the #FightFatigue reception @HouseofCommons this afternoon. Looking forward to some fascinating talks on this vitally important subject. @Assoc\_Anaes @RCoANews



2:03 PM · Mar 13, 2023

19 Reply Share

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Association of Anaesthetists  
@Assoc\_Anaes · Follow

We're at the Houses of Parliament today to raise awareness of #FightFatigue for #WorldSleepDay among MPs and fellow medical organisations

Find out more about the Fatigue campaign [anaesthetists.org/Fatigue](https://anaesthetists.org/Fatigue)



1:34 PM · Mar 13, 2023



# Progress

[Home](#) > [News, events and blog](#) > The impact of staff fatigue on patient safety: how do we manage the risk



## The impact of staff fatigue on patient safety: how do we manage the risk

17 March 2023

We facilitated a half-day event on 17 March 2023 to ask how healthcare can understand and start to manage the risk of staff fatigue.

This event was held by the Healthcare Safety Investigation Branch (HSIB).  
Find out more about [HSIB legacy](#).

### Related articles



Starting the conversation around NHS staff fatigue and patient safety

[Read article](#)



HEALTHCARE SAFETY  
INVESTIGATION BRANCH

# Progress

## Putting fatigue on the risk register

- Raising awareness – presentation to hospital patient safety & quality group
  - Workshops to interested departments
  - Labour ward study 'Can we co-design a FRMS?'
- Covid – money, sofas
  - Charity – more sofas
- On risk register - Collecting data
- Reporting & investigating systems – fatigue dashboard
- Standards / Expectations/ Processes
- Fatigue risk management system & strategy

# Fatigue Risk Management Strategy on the Labour Ward

Pre

- Workplace activity & Rest
- Provision of rest facilities
- Supportive workplace culture
- Night shift working

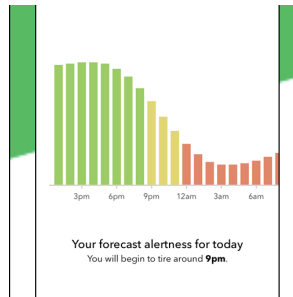


Fatigue-related risk influenced by

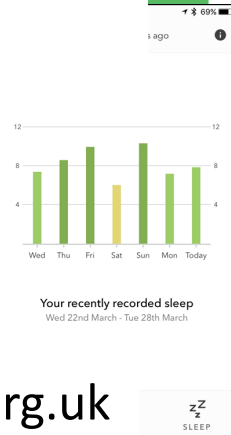
- frequency, duration and intensity of work,
- individual clinical experience,
- level of supervision
- support from the wider team



Your alertness levels are currently looking **good**.



Your forecast alertness for today  
You will begin to tire around **9pm**.



Your recently recorded sleep  
Wed 22nd March - Tue 28th March



*'I do like the sleep app ... on nights shift it says how much more likely you are to have an accident. I now make sure I have a good rest before night shift.'*

*Very helpful project (Midwife)*

Fitbit and app from [jason@safr.org.uk](mailto:jason@safr.org.uk)

**'Amazing Piece of work – fully supportive'**  
Head of Obstetrics

# Our experience

## Potential actions

- Power naps
- Discuss tiredness at ward rounds/team briefings
- Self-rostering
- Change medication timing [1 am & 7 am]
- Minimising nighttime work
- Double checking during circadian nadir
- Involving patients

## Information & facilities

- Education
- Rest facilities & estate



# Our experience

## Potential actions

### Information & facilities

- Education
- Rest facilities
- Estates

Newcastle Fatigue

Cul

DRAFT VERSION 0.7

- Power naps

## Fatigue Risk Management System Strategy Statement 2024 to 2027



The Newcastle upon Tyne Hospitals  
NHS Foundation Trust

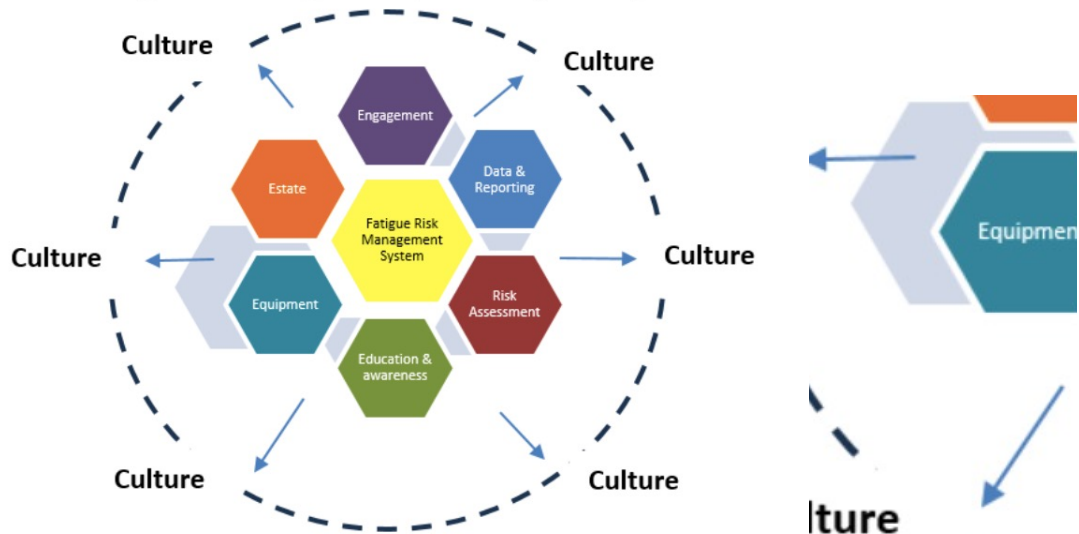
### Fatigue Risk Management – Service Risk Assessment

This document is to be used by departments and teams to assess the risk of harm resulting from excessive fatigue, the assessment should be reviewed as practices/shift patterns change, annually or if incidents or other risk information indicate an increased potential for harm resulting from this hazard area.

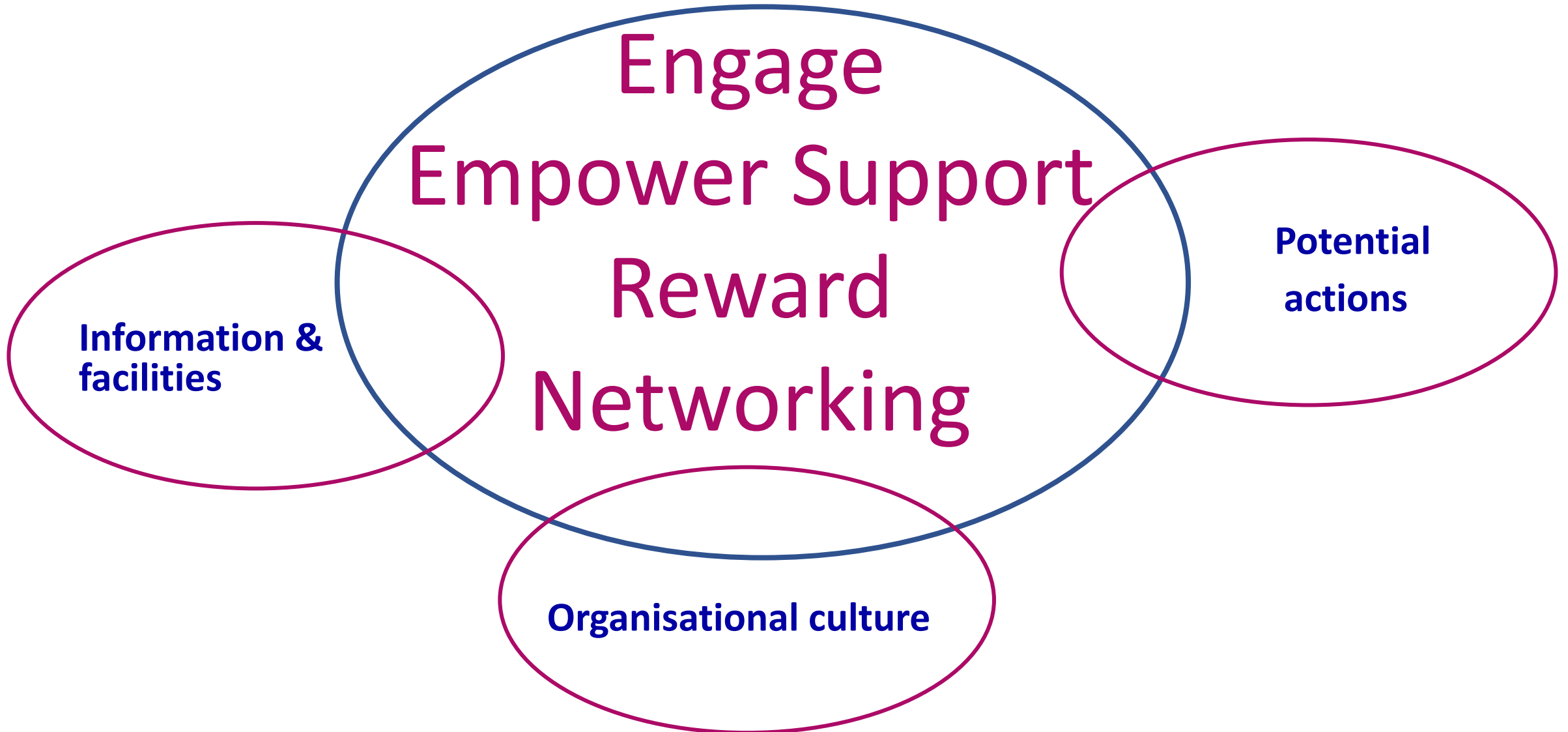
1. Duties

Clinical Board/Specialty	<input type="text"/>	Department	<input type="text"/>
Line Manager:	<input type="text"/>	Assessor(s):	<input type="text"/>
Contact Number:	<input type="text"/>		

Newcastle Fatigue Risk Management System – Key Developmental Areas



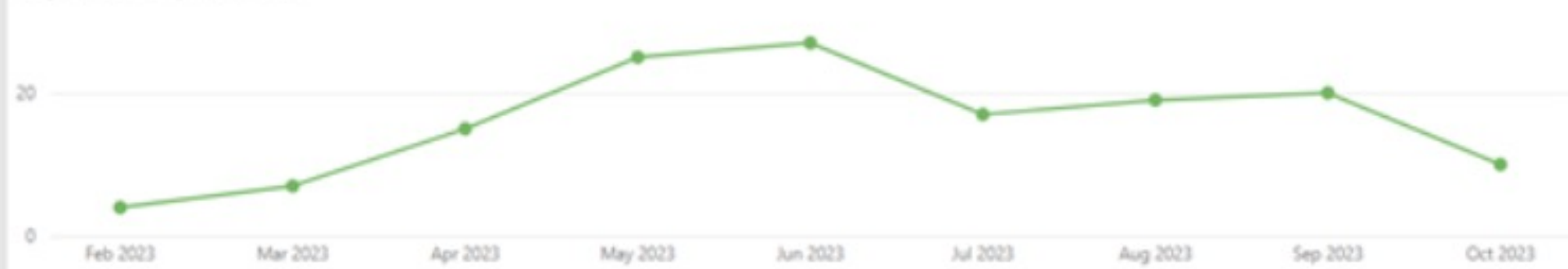
Changing the culture



# Staff Fatigue Incidents - Identified by Investigator



Fatigue Incidents by Incident Date



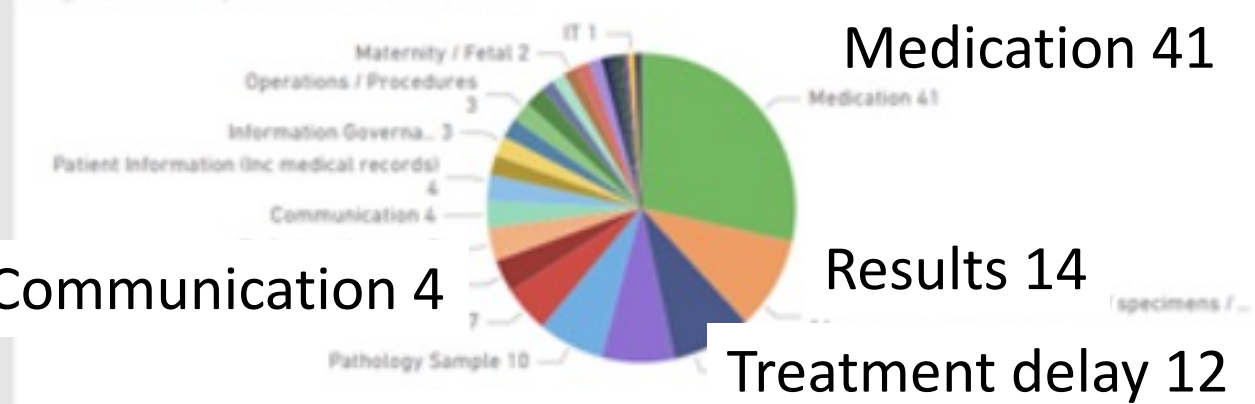
Date

01/02/2023 22/10/2023

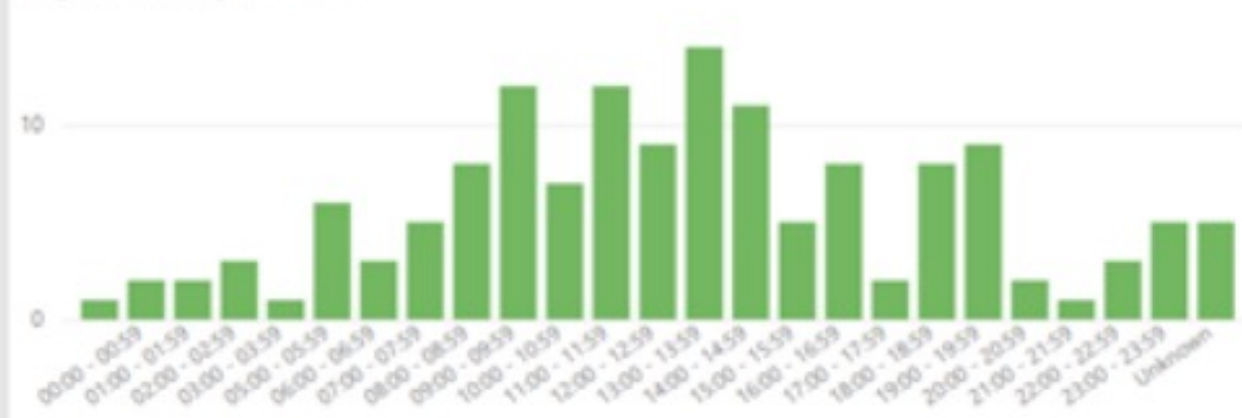
Fatigue Incidents by Clinical Board / Directorate



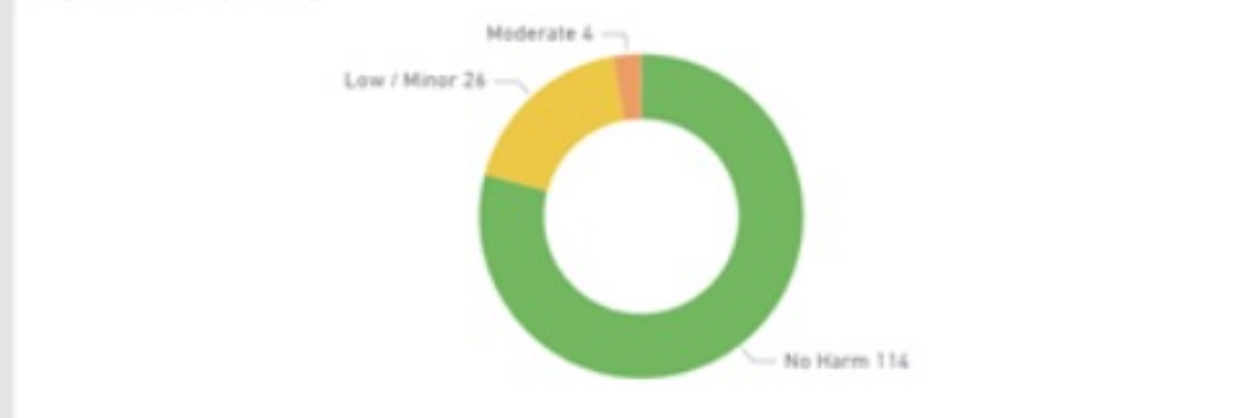
Fatigue Incidents by Clinical Board / Directorate



Fatigue Incidents by Time Band



Fatigue Incidents by Severity





WHAT'S  
NEXT?

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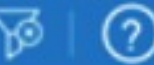
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[nancyredfern@hotmail.co.uk](mailto:nancyredfern@hotmail.co.uk)

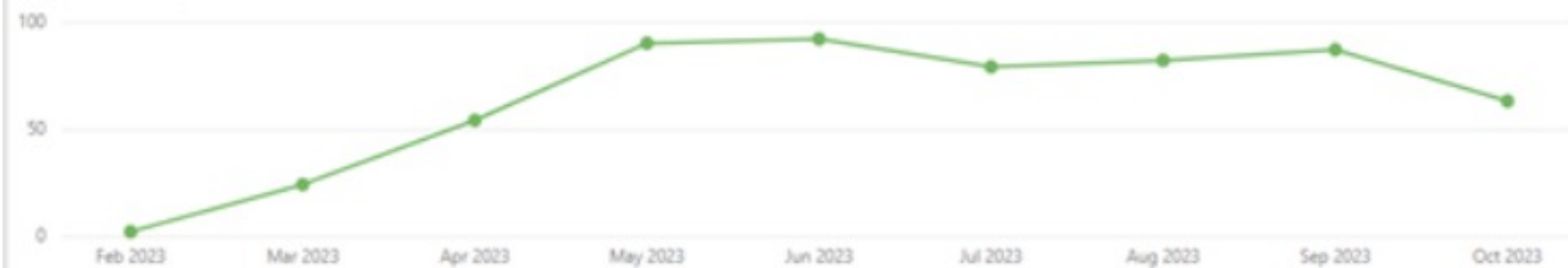
 @emmaplunkett

 @nancy\_redfern

# Staff Fatigue Incidents - Identified by Reporter



Fatigue Incidents by Incident Date

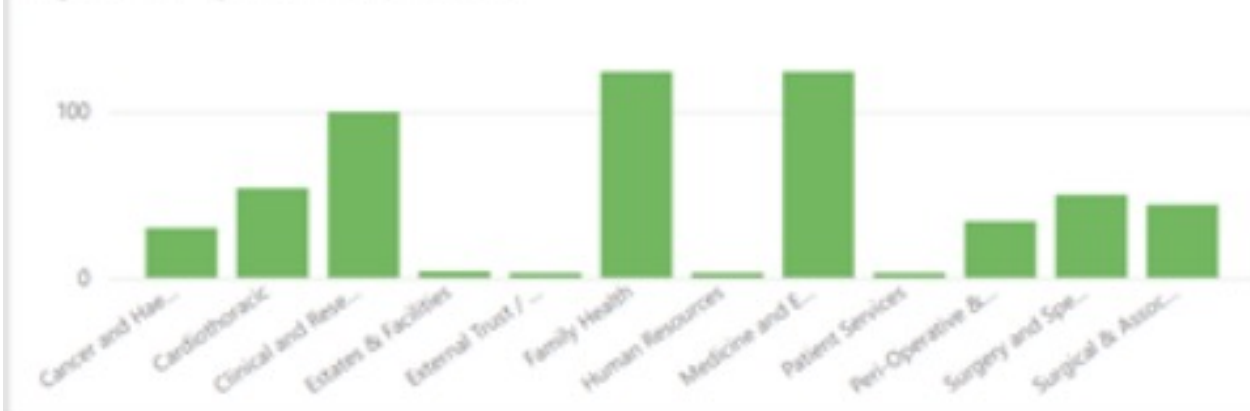


Date

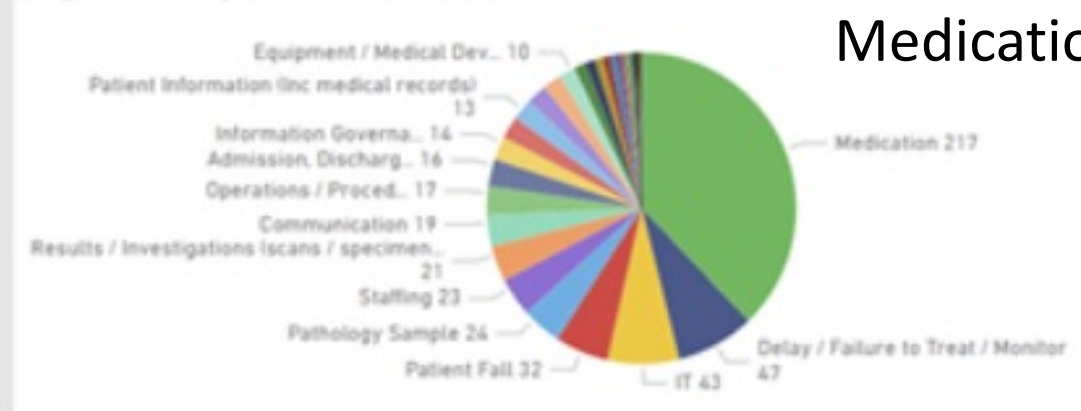
06/02/2023 28/10/2023



Fatigue Incidents by Clinical Board / Directorate



Fatigue Incidents by Clinical Board / Directorate

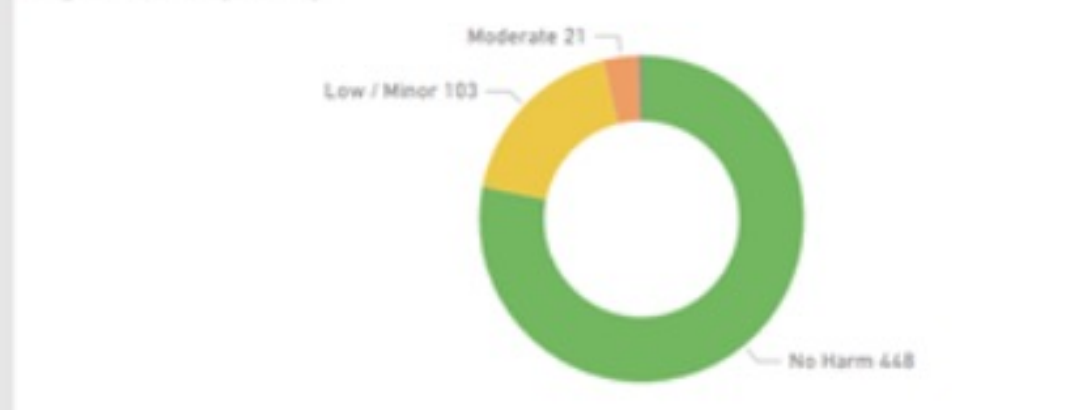


Medication 47

Fatigue Incidents by Time Band



Fatigue Incidents by Severity





# Staff Fatigue Incidents

Fatigue Incidents by Incident Date



Date

Date

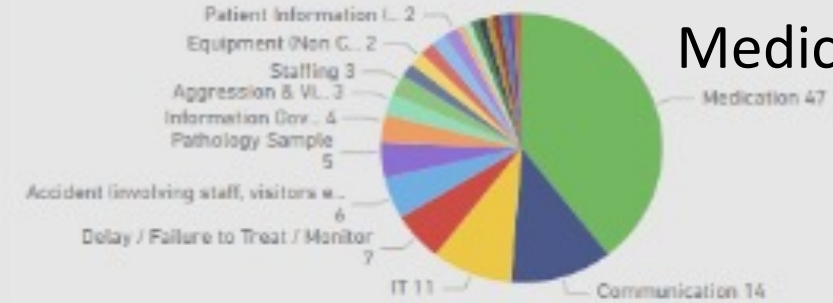
01/04/2022 31/03/2024



Fatigue Incidents by Clinical Board / Directorate



Fatigue Incidents by Category



Medication 47

Communication 14

Fatigue Incidents by Time band



Fatigue Incidents by Severity

