

Fatigue Risk Management in the NHS

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Why ?

- Staff safety
- Patient safety
- Public safety

Health and Safety Executive Health and Safety law- what you need to know

1. Decide what could harm you at your job and the precautions to stop it. This is part of risk assessment

Health and Safety Law
What you need to know

All workers have a right to work in places where risks to their health and safety are properly controlled. Health and safety is about stopping you getting hurt at work or ill through work. Your employer is responsible for health and safety, but you must help.

What employers must do for you

- 1 Decide what could harm you in your job and the precautions to stop it. This is part of risk assessment.
- 2 In a way you can understand, explain how risks will be controlled and tell you who is responsible for this.
- 3 Consult and work with you and your health and safety representatives in protecting everyone from harm in the workplace.
- 4 Free of charge, give you the health and safety training you need to do your job.
- 5 Free of charge, provide you with any equipment and protective clothing you need, and ensure it is properly looked after.

What you must do

- 6 Provide water, washing facilities and drinking water.
- 7 Provide adequate first aid facilities.
- 8 Report major injuries and fatalities at work to our Incident Contact Centre on **0845 300 9023**. Report other injuries, diseases and dangerous incidents online at www.hse.gov.uk.
- 9 Have insurance that covers you in case you get hurt at work or ill through work. Display a hard copy or electronic copy of the current insurance certificate where you can easily read it.
- 10 Work with any other employers or contractors sharing the workplace or providing equipment (such as agency workers), so that everyone's health and safety is protected.

If there's a problem

- 1 If you are worried about health and safety in your workplace, talk to your employer, supervisor, or health and safety representative.
- 2 You can also look at our website for general information about health and safety at work.
- 3 If, after talking with your employer, you are still worried, you can find the address of your local enforcing authority for health and safety and the Employment Medical Advisory Service via HSE's website: www.hse.gov.uk.

Your health and safety representatives

Other health and safety contacts

Fire safety
You can get advice on fire safety from the Fire and Rescue Services or your workplace fire officer.

Employment rights
Find out more about your employment rights at www.gov.uk.

HSE Health and Safety Executive

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Definitions of fatigue

Fatigue is a state of impaired physical and/or mental performance and lowered alertness arising as a result or combination of physical and mental work, health and psychosocial factors or inadequate restorative sleep. (Schutte 2009)

It is a decreased capacity for physical and/or mental activity resulting from imbalances of the resources required to perform the activity (Aaronson et al. 1999)

*Greater explicitness and convergence on operationalization of fatigue would lead to greater consistency of measurement, improve our ability to compare different findings, and help increase the priority of fatigue as a causal factor in relation to those causes that are more easily measured (Brown, 1995). It would also lead to more effective attempts at **fatigue management**, and consolidate the concept as one that is meaningful and useful (Phillips and Sagberg, 2010, Åhsberg, 1998, Stokes and Kite, 2000)*

- A condition marked by drowsiness and an unusual lack of energy and mental alertness, often due to alcohol or drugs.
- A condition marked by extreme tiredness and inability to function due lack of energy.
- A disorder characterized by a decrease in consciousness characterized by a state of generalized weakness with a pronounced inability to perform ordinary activities.
- A disorder characterized by a state of generalized weakness with a pronounced inability to perform ordinary activities.
- A general state of sluggishness, listless, or uninterested, with being tired, and often related to depression or drug addiction.
- A state of sluggishness, listless, and apathy
- A survey question about whether a person has experienced a lack of energy.
- An overwhelming sustained sense of exhaustion and decreased capacity for physical and mental activities.
- Characterized by a lack of vitality or energy.
- Decreased consciousness characterized by mental and physical inertness.
- Exhaustion that interferes with physical and mental activities
- I have a lack of energy
- State of weariness following a period of exertion, mental or physical, characterized by an inability to respond to stimuli.
- That state, following a period of mental or bodily activity, characterized by a feeling of weariness, sleepiness, or irritability. (Oxford)
- The state of weariness following a period of exertion, mental or physical, characterized by an inability to respond to stimuli. You're tired, weak, exhausted, weary, worn out. You have difficulty functioning as well as you should. It's called fatigue, and everyone feels it at some point. Fatigue attacks that begin quickly and last for a short time. Rest may help ease acute fatigue. Chronic fatigue syndrome (cfs) is a disorder that causes extreme fatigue. This fatigue is not the kind of tiredness you feel after a long day and limits your ability to do ordinary daily activities. Fatigue may also accompany depression. Fatigue may result from medicines or emotional problems. fatigue is a common symptom of many conditions. We recommend ways to relieve it.

2024 ICD-10-CM Diagnosis Code R53.83 'Other fatigue'

Applicable To

- Fatigue NOS
- Lack of energy
- Lethargy
- Tiredness

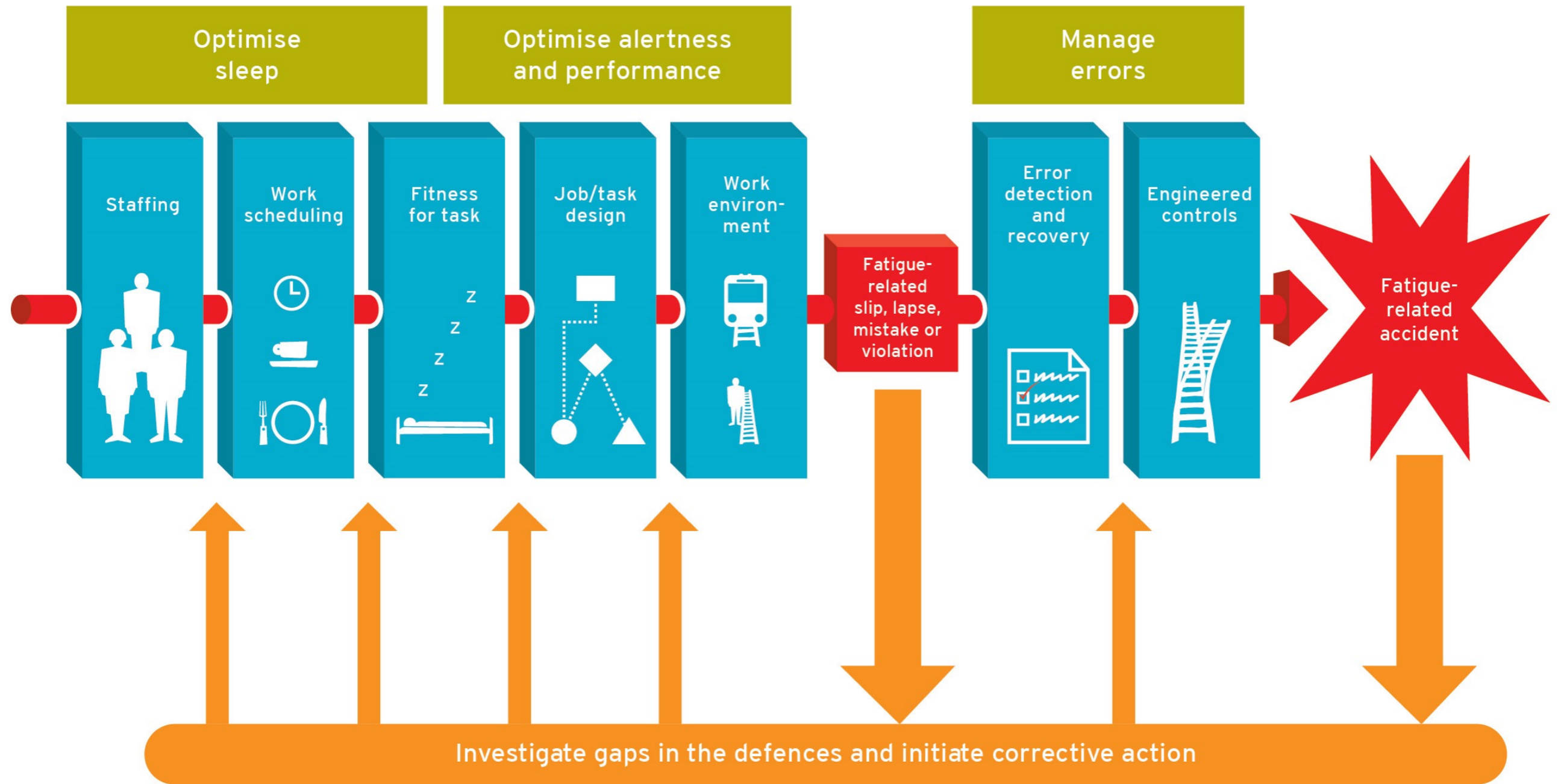
Approximate Synonyms

- Fatigue
- Fatigue due to chemotherapy or radiation therapy
- Lethargy
- Malaise and fatigue

Diagnosis Index entries containing back-references to R53.83:

- Exhaustion, exhaustive (physical NEC) R53.83
- Fatigue R53.83
- general R53.83
- Lack of energy R53.83
- Lethargy R53.83
- Overstrained R53.83
- Overworked R53.83
- Prostration R53.83
- Tiredness R53.83
- Vitality, lack or want of R53.83

Fatigue Risk Management Systems



Adapted from Reason (1997), Dawson and McCulloch (2003) and Moore-Ede *et al* (2009)

Fatigue Risk Management Systems in other high risk 24 hour industries



MANAGING ASSOCIATI
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Management plan (FR)

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TC-1002862



TP 14577E
April 2007

Fatigue Risk Management System
for the Canadian Aviation Industry

Introduction to Fatigue Audit Tools



Canada

edu.au

FRMS consultants
Adelaide, Australia

for occupational
safety and health

Staff regularly fed back to us of being overworked, exhausted and stressed, sometimes to the point of becoming ill, injured or leaving their job altogether. They say low staffing levels can affect their ability to provide safe and effective care to people

One person told us there was “complete apathy” and “a lack of understanding from management”. They said that “clinical decisions [were] being shaped by non-clinicians” and there was “disagreement about permissible level of risk”

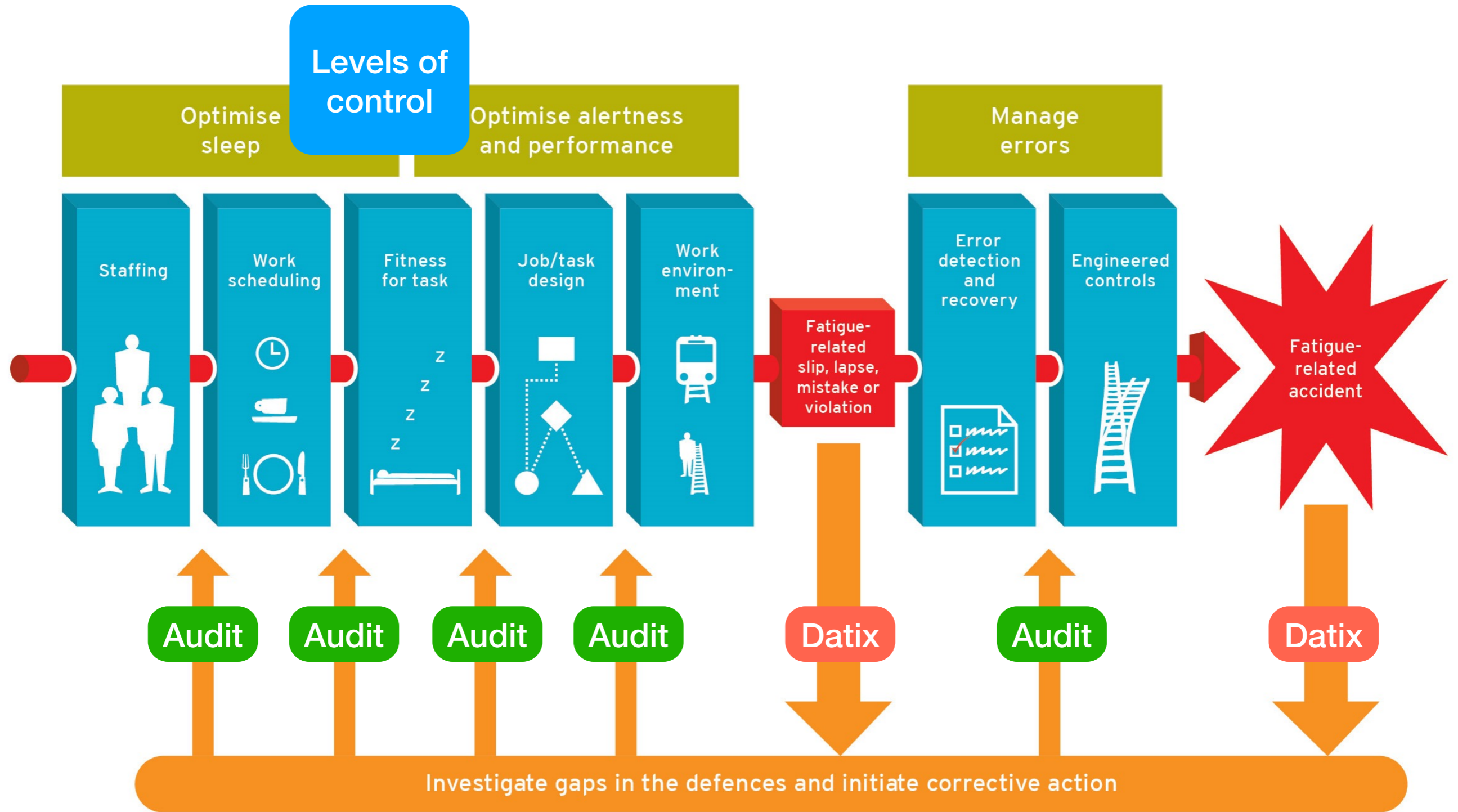
Although we learned about the level of understanding of the [People First] resource, the majority of those who responded took the opportunity to tell us about the significant pressures and problems they were facing. They told us about fatigue and stress

2023 survey of providers

Fatigue Risk Management Systems in Healthcare



Fatigue Risk Management Systems



Adapted from Reason (1997), Dawson and McCulloch (2003) and Moore-Ede et al (2009)

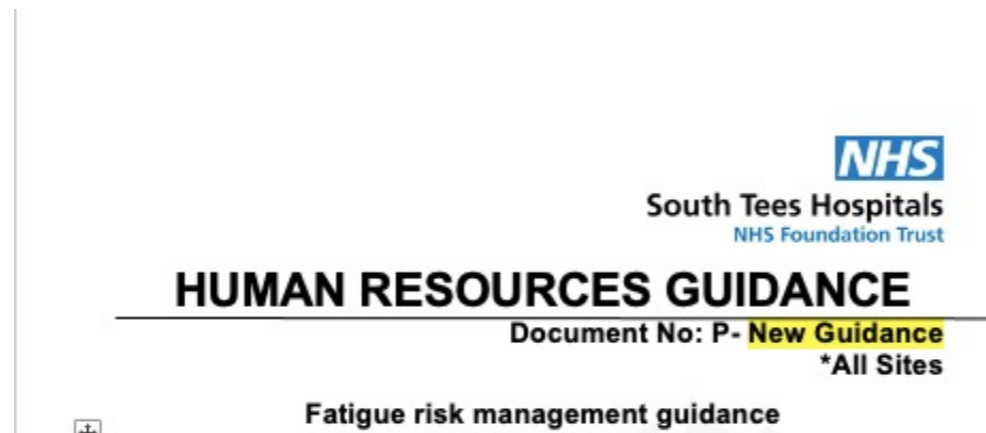
Principles behind FRMS in Healthcare

- Senior management accountability- GOVERNANCE
- Evidence based assessments at every level of safety and control
- Education and mandatory training-all staff

Current NHS policies and systems

- European Working Time Directive Policy
- Mandatory training Policy
- Health and Safety Policy
- Audit
- Datix system to record incidents and events
- Risk assessments
- Trust risk register
- Occupational Health
- Human Resources
- Wellbeing Groups within Hospitals

Fatigue management guidance for staff and managers to be read alongside EWTD policy



This guidance is aimed to provide some practical ways to monitor fatigue in staff to avoid accidents and underperformance, leading to potential harm to staff, patients and the general public. It also goes beyond the legislative framework, to ensure the Trust enables a safe working environment that actively demonstrates that we are looking after all of our workforce, in line with our People Plan and the Better Health at Work Framework.

Staff Fatigue Risk Assessment for managers



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"/>		
Describe the departmental shift patterns identifying staff groups that work late into the evening/overnight, where shifts are 10 hours or more in duration.	<input type="text"/>		
Bullet point/identify key tasks and duties that require a high degree of attention/are complex, where fatigues bring an increased potential for harm.	<input type="text"/>		

2. Tasks and Staffing

	Yes	No	NA	Action/Notes/Description
Taking account of the operational and patient needs, are there any tasks can be completed on the day shift, before 1am or after 06.30am that need a higher level of attention?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
For those higher risk/complex tasks which need to continue between 1am and 06.30am, are there any additional supportive measures that can be implemented?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Audit

Shift duration on rota		Number of consecutive night shifts or on call		Perelli Fatigue score at start of shift		
Length of shift	Level	Number	Hours off	Fatigue score	Level of risk	Controls
<10	Low	1	>12	1-3	Low	None unless showing signs of fatigue
10-12	Medium	2-3	10-12	4-5	Moderate	Assess Levels 2 & 3 Individual self assessment and controls
12-16	High	4	8-10	6	High	Assess Levels 2 & 3 Individual and team assessment and controls Inform unit director and document Napping and Safe home policy
>16	Very High	>4	<8	7	Very high	Unacceptable -inform unit manager and report on register

From Queensland Fatigue Risk Management Document

NHS departments linked with fatigue management

- Senior executive team-CEO, Senior Matron/Nurse, Medical Director
- Health and Safety-staff
- Quality and safety-patients
- Risk management team
- Datix team
- Training team-staff all levels
- Occupational Health

CQC KLOEs

Safe

- Managing risks
- Safe care and treatment
- Medicines management

Well led

- Management of risk and performance

Thank you

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