



HEALTHCARE SAFETY  
INVESTIGATION BRANCH

Talking about fatigue in healthcare

Laura Pickup and Suzy Broadbent  
(Saskia Fursland and Mairi Alexander)

**Fatigue** **HSIB**  
 'A physiological state of reduced mental or physical performance capability resulting from sleep loss, extended wakefulness, circadian phase, and/or workload (mental and/or physical activity) that can impair a person's alertness and ability to perform safety related operational duties.' (ICAO, 2015, page xiii)

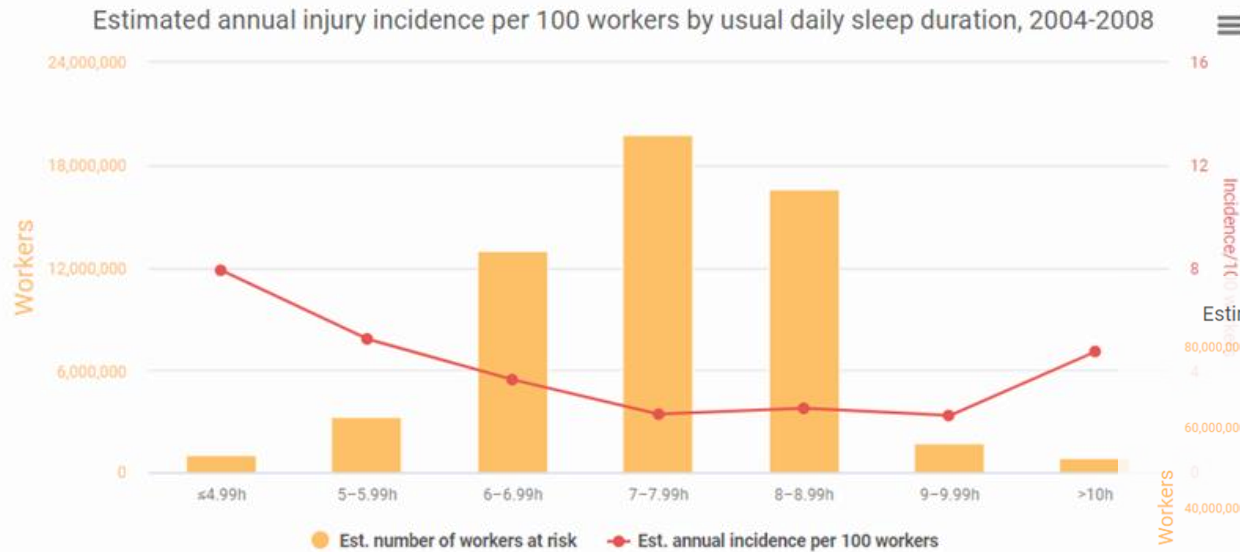


Chart Data Table



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Dr Ronak Patel  
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SHARE  



## Doctors

**Andrew Gregory**  
Health editor

Mon 17 Jan 2022 12.20  
GMT



# One in four NHS doctors tired to the point of impairment

News Greater Manchester News Bolton

**Exclusive: Patients suffering have been deprived of sleep during pandemic**

- **Sleep deprived NHS doctors: 'patient collapsed'**
- **See all our coronavirus coverage**

## Tragedy as 'selfless' doctor, 28, who was on his way to teach students after night shift dies in horror crash

Jyothis Manalayil was killed in the collision

NEWS By **Thomas George** News reporter

11:46, 25 JUL 2022 | UPDATED 11:58, 25 JUL 2022



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HSIR-KCI Preterm L mp3

# Causes and Effects of fatigue

Duration of time awake

Circadian Rhythms

Shift patterns

Workload/work conditions



Cognition – memory

Response times

Decision making

Risk taking

Manipulation tasks

Communication



# Wellbeing

**Dr Mike Farquhar** explores the need for sleep, both for patients and staff, and highlights the conditions that have led to excess pressures



**Dr Mike Farquhar**  
● Consultant,  
Paediatric Sleep  
Medicine  
● Evelina London  
Children's Hospital  
● @DrMikeFarquhar

**IN OUR EVELINA London Sleep Clinic, we support many families whose children have significant sleep disruption in the context of complex physical and neurodevelopmental difficulties and differences.**

When children don't get the quality sleep they need, this can impact their health but can also cause far-reaching problems within the family. When parents and carers are chronically sleep deprived, it affects their physical and mental health, their ability to maintain jobs and, fundamentally, their ability to be the best parent to their children.

Quality sleep depends on a foundation of good routines and habits, often supported by behavioural interventions to effect change. This can often be misunderstood by those who think that if children have poor sleep, it's always because these principles are "not being done properly".

A harsh truth is that the 'rules' can be followed perfectly but for some, particularly those with complex needs, these simply aren't sufficient. Families

**"The resource gap has been filled by NHS staff drawing on their own reserves. Many are now running on fumes..."**

become despondent, convinced they've failed, not always recognising how chronic sleep deprivation is affecting them. For many families when I first meet them they are, like Wile E. Coyote in the *Roadrunner* cartoons, often already over the cliff edge, suspended in mid-air unaware they're already at the point of no return, about to plummet to the ground.

These children may need consideration of sedatives, to give parents time to recharge their own batteries. They may need social care support, providing respite or carer input. Above all, these families need to know they haven't failed, that they can give their all, for that not to be enough and for that not to be their (or anyone's) fault – that some problems are too big to be solved by them alone.

Those same principles must apply when we think about our own teams. RCPCH has, for many years, long before COVID, emphasised the importance of looking after our members, providing support both individually and by changing the way departments and deaneries consider these issues. As a sleep physician, I've focused on helping members improve their own sleep, especially for those who work shifts, to try to give them the best individual foundation to face the challenges of our daily work.

The greatest problems we face in the NHS though are systemic, endemic, and weren't caused by the pandemic.

The Health and Social Care Committee, chaired by Jeremy Hunt,

recently published a report that told us what we all know – our NHS has been chronically under-staffed for years, and the resource gap that created has been filled by NHS staff drawing on their own reserves. Many are running on fumes but, like Wile E. Coyote in mid-air, haven't realised it yet.

## Self-care

Hunt's report echoes earlier reports like the Health Education England Mental Wellbeing Commission, published February 2019, which asked "Who cares for those who care for the nation's health?", and the GMC-commissioned *Caring for doctors, caring for patients* report, published December 2019, whose co-author Professor Michael West said, "We can't simply go on the way we are, loading more responsibility onto doctors already struggling to cope. Where workloads are excessive, patient care suffers."

"Wellbeing" has been a cornerstone of the NHS response to the pandemic, with lots of fantastic work done to support staff. The brutal truth though is that, as brilliant and needed as that work is, by itself it isn't sufficient to deal with the problem. Solutions focused on individuals alone, no matter how fabulous, will never be enough to compensate for the massive systemic issues that have put us under immense pressure for many years now, a situation that has often been very much normalised across the whole NHS. We must be honest about



**MIKE'S SLEEP TIPS**  
Before bedtime, write your 'to do' list for tomorrow – get it out of your head before trying to sleep



this, otherwise individuals end up blaming themselves, thinking they've failed, for not being able to deliver for our patients and their families to the standards we know they deserve, for reasons which are not really within their control.

## Back to basics

As stated by Hunt, we need major reform of, and investment in, the NHS workforce – and that is going to take time. Until then we will have to work with what we have.

Where we now face long waiting lists and children and families who need our input and support, we must take the longer view, and emphasise that if we don't get looking after our staff right now, then many more will become ill, burn out and leave the profession... and children and families will end up waiting even longer for the care they need.

We must emphasise the importance of the basics, such as getting regular rest and breaks within shifts, and meaningful

regular time away from work to recharge. There is absolutely value in all the brilliant work to help individuals think about their own wellbeing. These need to be supported by departments and hospitals, but just like in my clinic, while these form part of an essential foundation, we must acknowledge they aren't a complete solution in themselves. We must allow ourselves to admit that in the modern NHS we can individually give our all, that that may not be enough, and that isn't necessarily the 'fault' of individuals and departments... and we must better communicate that message to our patients, their families and the public.

The World Medical Association Declaration of Geneva reminds us that healthcare practitioners must "attend to their own health, wellbeing and abilities in order to provide care of the highest standard".

In the context of a system that is currently incapable of meeting our population's health needs, we

must remember that looking after healthcare staff is a key professional responsibility, borne primarily by employers, NHS organisations and Government, and that individuals must not be made to feel guilty for needing time and space to look after themselves, in the best interests of them and our patients.

...but yes, working to get good sleep most nights is always going to be a small but important building block of our own individual responsibilities around this! 🌙

## Useful Links

- [www.evelinalondon.nhs.uk/sleep](http://www.evelinalondon.nhs.uk/sleep)  
Evelina London Sleep Clinic
- [www.sleepandwellbeingforhealthprofessionals.com](https://www.sleepandwellbeingforhealthprofessionals.com)  
Sleep, breaks and wellbeing for health professionals
- [www.rcpch.ac.uk/sleep-breaks](http://www.rcpch.ac.uk/sleep-breaks)  
Advice from Dr Mike Farquhar on how working the effects of shift work
- [ep.bmj.com/content/102/3/127](http://ep.bmj.com/content/102/3/127)  
Research: Shift working linked to reporting rates on wellbeing
- [paediatrics2040.rcpch.ac.uk](http://paediatrics2040.rcpch.ac.uk)

# Raising the profile

Association  
Anaesthetists



Education & events Membership Resources & publications News & opinion Get involved Wellbeing & support

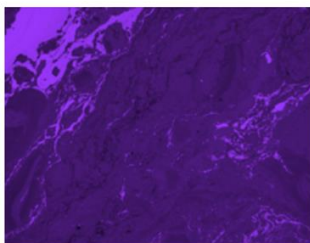
## Fatigue support and resources

Watch the webinar recording 'Facing Fatigue - science, strategies and solutions to help manage work-related fatigue'



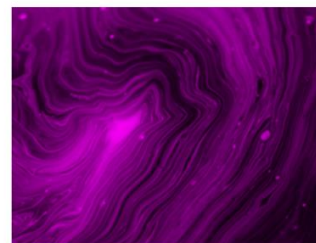
### The culture of fatigue

Read our three-point plan for addressing the culture of fatigue among healthcare



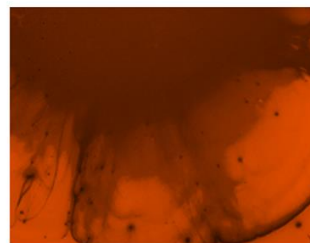
### Help Fight Fatigue

Fatigue puts you, your colleagues and your patients at risk. Find out how to fight



### Are you at risk?

Find out what fatigue is, the risks, and if you're in the fatigue danger-zone



### Fight Fatigue resources

Browse and download posters and other resources, including a fatigue risk assessment tool

## Fatigue resources

### Organisational responsibilities

#### Standards for rest facilities

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

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

#### Ratings for rest culture

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

### Individual responsibilities

	At work	At home
<b>Knowledge</b>	<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>
<b>Behaviours</b>	<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>
<b>Attitudes</b>	<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. AAGB. Fatigue and Anaesthetists. 2014 <https://www.aagb.org/sites/default/files/Fatigue%20Guidelines%20web.pdf>  
2. NHS Choices information about Tiredness and Fatigue <http://www.nhs.uk/ivemety/tiredness-and-fatigue/Pages/tiredness-and-fatigue.aspx>  
3. RCP. Working the night shift: preparation, survival, recovery. 2006. <https://rctb.shcplly.com/files/1/5824/5392/Files/working-the-night-shift-booklet.pdf?1709962806511712441>



Association  
of Anaesthetists

The Faculty of  
Intensive Care Medicine

RCOA  
Royal College of Anaesthetists

Association of Anaesthetists is the trademark used to refer to both the Association of Anaesthetists of Great Britain & Ireland and its related charity, AAGB Foundation (England & Wales no. 268075 and in Scotland no. SC245887).

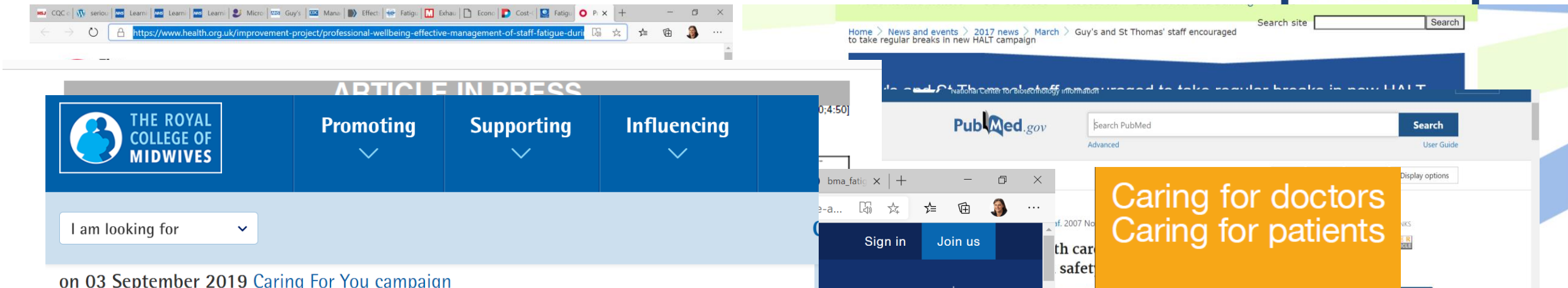
[www.anaesthetists.org/fatigue](https://www.anaesthetists.org/fatigue)

# BMA (2018)



‘A more comprehensive approach is urgently required that recognises the factors that are known to increase the risk of fatigue and sleep deprivation among doctors and other clinical staff. As set out in the following framework, this will need leadership by government and national bodies, as well as actions by employers and staff.’

# Interest in fatigue in healthcare



on 03 September 2019 [Caring For You campaign](#)

The Royal College of Midwives, Royal College of Obstetricians and Gynaecologists and the Obstetric Anaesthetists' Association are supporting the national Fight Fatigue campaign, a joint initiative of the Association of Anaesthetists, the Royal College of Anaesthetists and the Faculty of Intensive Care Medicine. The campaign aims to raise awareness of the impact of fatigue and shift work on our NHS workforce.

The Fight Fatigue campaign was launched last year in response to the tragic death of a trainee anaesthetist who died whilst driving home tired after a night shift. In addition, a national survey of over 2,000 anaesthetic trainees published in the scientific journal *Anaesthesia*<sup>[1]</sup> found:

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**On this page**

Being a doctor typically involves high-intensity, time-pressured working patterns. These can lead to sleep deprivation and fatigue.

*Design and data sources:* The following databases were searched in November, 2018 with no limit on publication dates: MEDLINE, PsychINFO and CINAHL.

*Review methods:* We included: (1) studies conducted in adult samples of nurses and/or midwives that evaluated a sleep-related/fatigue-management intervention; and (2) studies that reported intervention effects on fatigue, sleep, or performance at work, and on measures of attention or cognitive performance.



## Healthy workplace toolkit

# Contractor found guilty after death of two railway welders

March 23, 2020

**Two railway welders died in a road traffic accident as a result of their employer, Renown Consultants Ltd, failing to ensure that they were sufficiently rested to work and travel safely**

Nottingham Crown Court heard that Zac Payne and Michael Morris died on 19 June 2013 when Payne fell asleep at the wheel of the work van and came off the motorway, crashing into a parked van, while driving back to Doncaster after a night shift in Stevenage.



## Rail worker killed by train was fatigued and on zero-hours contract

**Safety chiefs call on Network Rail to review labour practices after warnings go unheeded**



# Culture in healthcare

‘You told the panel that prior to this incident, you had worked 11 shifts on the CAU. The shift on 18 February 2011 was your twelfth. You explained that there were systemic issues within the CAU including that it was not fully staffed and there was a lack of experience amongst the nursing staff. ‘

‘During your oral evidence you sought to place some blame on... the inadequacy of the staffing levels..’

# Burnout in doctors doubles chances of patient safety problems, study finds

**Burnout most common in doctors aged 20 to 30 and those working in A&E or intensive care**



📷 The study of studies examined papers based on the views and experience of 239,246 doctors globally. Photograph: ER Productions Limited/Getty Images

# Step 1 – read instructions

# and answer step 1



**Case Tasks**

- Edit details
- Reassign
- Change type
- Add security permission
- Link to another case
- Set responsibilities
- Set involvements

**Status Tasks**

- Proceed to Engagement

**Add Action**

**Perform Fatigue Trigger Assessment**

**Action Details**

Due Date: 04/05/2022 08:16

Reminder: [ ] Years

**Step 1 - Context that questions are being asked**

Is this being completed in relation to shift when incident took place? (Not Set)

**Step 2 - Evidence of factors likely to create fatigue**

**Step 3 - Job the interviewee performs**

**Attachment**

Choose File No file

OK Cancel

**Step 1 - Context that questions are being asked**

**Fatigue trigger Tool**

This tool is to record data that will reflect how many factors are present which may indicate fatigue could be considered as influential to staff performance. The tool will assist in providing a profile of the evidence, which could be used to highlight other organisational factors to understand if the risk of fatigue is being considered/managed i.e. through staff resources, shift rosters, protection of breaks. This tool should NOT be used to make an individual member of staff identifiable within the context of the report.

**Introducing the questions to staff**

This text has been produced to assist in introducing these questions to staff.

The way our work is planned, and shift patterns are developed can have an impact on how staff sleep, rest and function. There are several factors which may influence us becoming fatigued, which we may not always notice. There is good scientific evidence behind the impact of fatigue and other industries have strategies to manage workplace fatigue. HSIB are starting to explore how we can understand fatigue in healthcare and the impact on staff. These questions are under development and we would value your help in testing them to understand the type of information that may be useful to healthcare investigations.

**To complete the fatigue trigger tool in HMS:**

**Step 1**

Click on 'i' to reveal information the first time you use the tool

# Complete Step 2

**THIS IS A TEST SYSTEM - DO NOT ENTER LIVE DATA**

V: 50.2 | Home | New Case | Search | Organisations | Reports | Administration | Laura Pickup | Sign Out

Your Location: Home > Case

### Add Action

#### Perform Fatigue Trigger Assessment

**Action Details**

**Due Date** 10/04/2022 10:49

**Reminder**  Years

Step1 - Context that questions are being asked

Step2 - Evidence of factors likely to create fatigue

**How long was the duration of your shift(s)?**

**What time did your shift(s) start?**

**Did you take scheduled uninterrupted breaks during the shifts described?**

**How many hours sleep did you have prior to the shift when the**

**Information - No Patient (NI-000177)**

**Source** Case Collection

**Created Date** 12/2021 08:48

**Creator** IIZUKA Support

**Owner** IIZUKA Support

**More Detail**

**Case Tasks**

- Edit details
- Reassign
- Change type
- Add security permission
- Link to another case
- Set responsibilities
- Set involvements

**Status Tasks**

- Back to Engagement
- Identify as Reference Case
- Proceed to Analysis

**Messaging Tasks**

- Send Message

# Summary of concerns

- Workload or fatigue is typically not reported upon within formal organizational reporting systems.
- The risk of staff fatigue is not acknowledged or managed as other risks associated with patient safety.
- Healthcare relies upon a person focused approach to mitigate against the impact of fatigue and workload on staff performance.

Thank you for the invite

Questions?