

## Fatigue Risk Management in Health & Social Care

### Webinar transcript

Professor Mark Young (Chair):

Welcome to this afternoon's webinar on fatigue risk management in health and social care which, given you're here, you will know is a really important topic for both patient and staff safety. There is, of course, a wealth of experience in both research and applied settings across other industries that has helped us to understand the causes and consequences of fatigue as well as how best to manage the risks arising from fatigue. It's fair to say that a lot of the experience in those other industries has come from transport - aviation, rail and maritime all face their own challenges with operators working around the clock, and all are at different stages in their development in terms of managing fatigue risk. Suffice it to say that the problem isn't solved overnight and even in aviation, which I think it's fair to say is the most advanced, I think would agree that there is still more to be done. So that brings us to healthcare, which in relative terms is at an early stage in this journey, but there is a growing groundswell of work to introduce formal fatigue risk management in the industry. You will be aware of the CIEHF white paper which was the product of about a year of work led by Laura Pickup and off the back of a workshop early in 2023, bringing together some of this experience from other industries to try and translate the lessons into healthcare, which is what our speakers are talking about today.

Laura Pickup:

In the human factors profession, we are fortunate to have colleagues who work across a wide variety of industries. Working in other industries and then coming back to healthcare it becomes very evident the difference that exists around how fatigue is managed and in my time as a healthcare national investigator the lack of consideration to fatigue in investigations. Our healthcare staff are amazing but they are human, with the same physiology as staff in these other industries. A few of us have come together to consider why and how can fatigue start to be considered in a pragmatic way in healthcare. You are going to hear from Nancy first who I think it's fair to say led the way with her colleagues in highlighting fatigue as a risk for her clinical colleagues and then you'll hear from Saskia who will explain how the national healthcare investigation body became involved. Finally, you'll hear from me and I'll outline how the white paper came about and what we are aspiring to do with it.

Nancy Redfern:

Many thanks for inviting us to participate. We're speaking on behalf of a number of colleagues, all involved in trying to improve the recognition and management of staff fatigue in healthcare. So how did we get into this? I was listening to a trainee describe the experience of speaking at his colleague's funeral. Lovely chap; he'd finished 3 night shifts and just wanted to get home to his wife, who was pregnant. He knew he was tired, wound the window down has his phone on loudspeaker and was singing to his wife when he crashed and died. I was membership secretary at the Association of Anaesthetists at the time. To me this was a completely unnecessary death; something had to be done. We needed to find out how common fatigue is. We started with a

survey of trainees in anaesthesia in the UK, and of course as soon as this was published, the consultants said 'me too', so we have surveyed both. We had over 5000 responses so this was a big issue, even before the pandemic. 57% of trainees and 45% of consultants described having an accident or near miss driving post-nights or after a long day. Three quarters commute by car or motor bike and 84% of trainees describe feeling too tired to drive. But some do it anyway because there are no facilities for rest while they are on call. The European working time directive prevents trainees working more than a 12-hour shift. When it was introduced, hospital managers removed on call rooms from many places, meaning there is nowhere to have a rest during or after a shift. Later, a colleague surveyed nurses and midwives and got similar results. One of the challenges in healthcare is that many of us qualified before there was much understanding of circadian physiology. So many of the more senior managers and clinical staff aren't aware of the impacts fatigue has on our own health. Perhaps more worrying is that although every healthcare worker who does long days or nights is aware of the impacts fatigue has on the care we deliver to patients, the culture has been to treat it as an occupational hazard.

*Recording of the webinar begins...*