

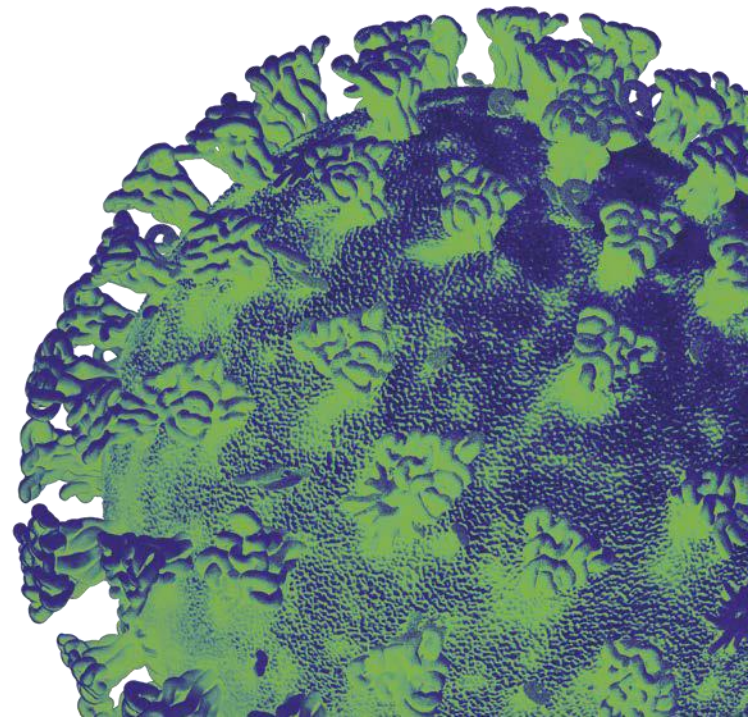
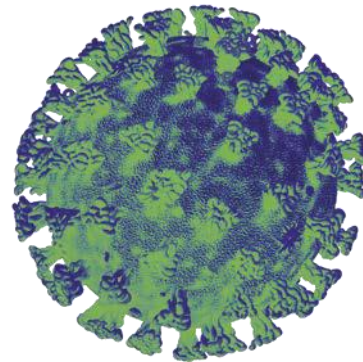
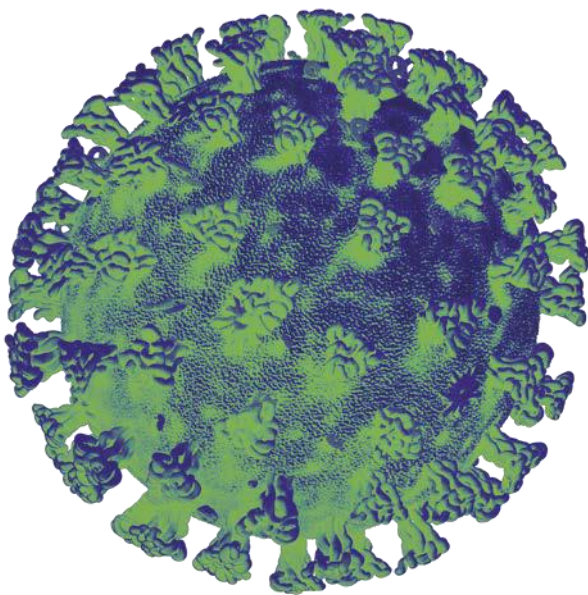


Llywodraeth Cymru  
Welsh Government

# Science Evidence Advice (SEA)

## Winter planning: NHS Wales Staff Absence

November 2022





## Objective

This paper aims to help inform workforce plans for winter 2022-23 by estimating NHS Wales staff absences based on historical absences and winter modelling scenarios. It aims to answer the question *“What is the likely impact on staff absence in the NHS and other public services? (e.g. Consider the impact of projected hospital occupancies on the "NHS Staff absence COVID-19 estimation" and for the impact on social care staff, consider the impact of the whole system, not just health care impacts.)”*

## Background

There are many ways in which pressure on NHS Wales has been increased during the pandemic, including from NHS Wales staff absences due to illness and isolation requirements. Data suggests that NHS Wales staff absence due to COVID-19 has been more prominent in the winter seasons and, for planning purposes, it would be useful to understand what NHS staff absence levels due to COVID-19 might look like in the coming winter season.

## Methodology

Data on NHS Wales staff absence due to COVID-19 sickness is provided by Welsh Government and published by StatsWales<sup>1</sup>; note that the data used is absence due to COVID-19 sickness only, not including absence due to self-isolation. NHS Wales staff absence data and hospital occupancy data were available for the previous two winters (21 December 2020 – 20 March 2021 and 21 December 2021 – 20 March 2022).

Figure 1 shows NHS Wales staff absence patterns for the winters 2020-21 (Alpha variant wave) and 2021-22 (Omicron variant wave) respectively. Both show a peak relatively early in the period: towards the end of December 2020 at close to 2%, and the middle of January 2022 at 2.3%. Staff absences then steadily decreased during the rest of the winter 2020-21 reaching 0.67% at the end of the winter period. Similarly, NHS Wales staff absence decreased to 1.13% during the winter 2021-22 period towards the end of February 2022 before starting to increase again.

The average of NHS Wales staff absence during the previous two winter periods was used as a basis to project future NHS Wales staff absence during winter 2022-23 (Figure 4). Note that week 1 refers to the week commencing 20<sup>th</sup> December for the 2022-23 period.

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<sup>1</sup> [NHS staff absence and self-isolation, by date \(gov.wales\)](https://gov.wales)

Figure 1: NHS Wales staff absence due to COVID-19 sickness, winter 2021-22 and 2020-21

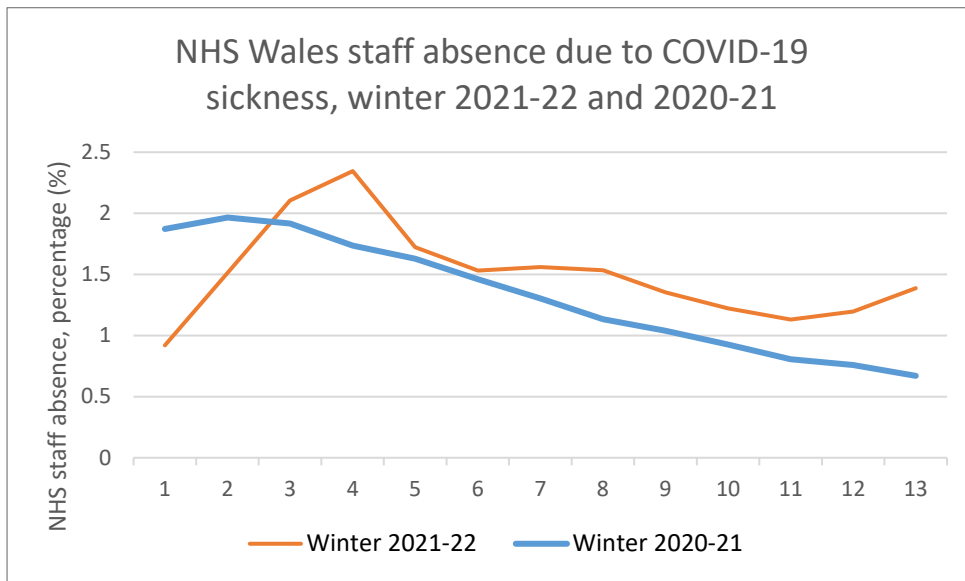
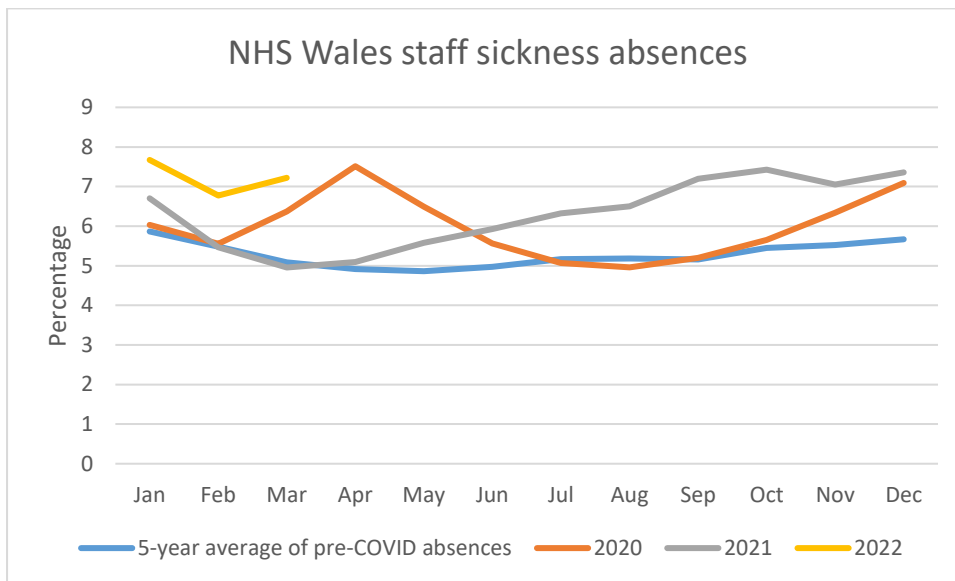


Figure 2: NHS Wales staff sickness absences



The above chart (Figure 2) compares the 5-year average of pre-COVID NHS Wales staff sickness absences with COVID years. In pre-COVID years, sickness absences averaged between 5% to 6%. In the following COVID years, sickness absences reached above 7%. For comparison, the following chart (Figure 3) compares the 5-year average of pre-COVID NHS Wales staff sickness absences with bad flu years. Excess staff sickness absence was not as prominent as those observed in the following COVID years.

Figure 3: NHS Wales staff sickness absences during bad flu years 2017-2018

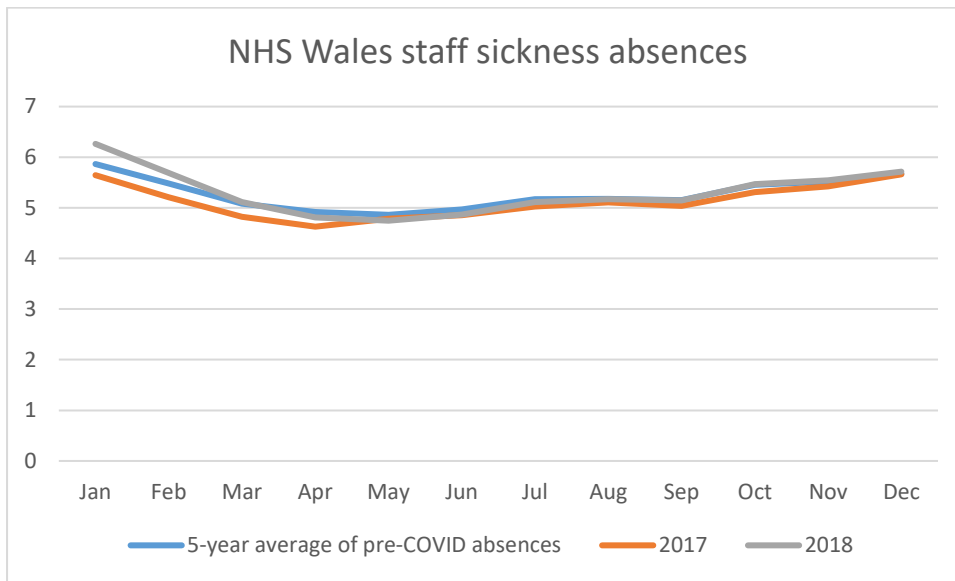
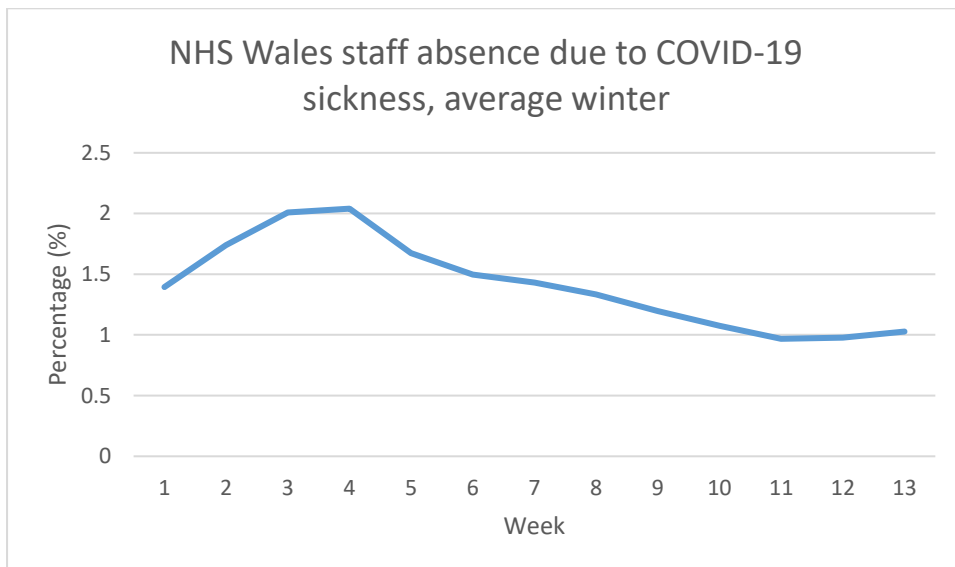


Figure 4: NHS Wales staff absence due to COVID-19 sickness, average winter



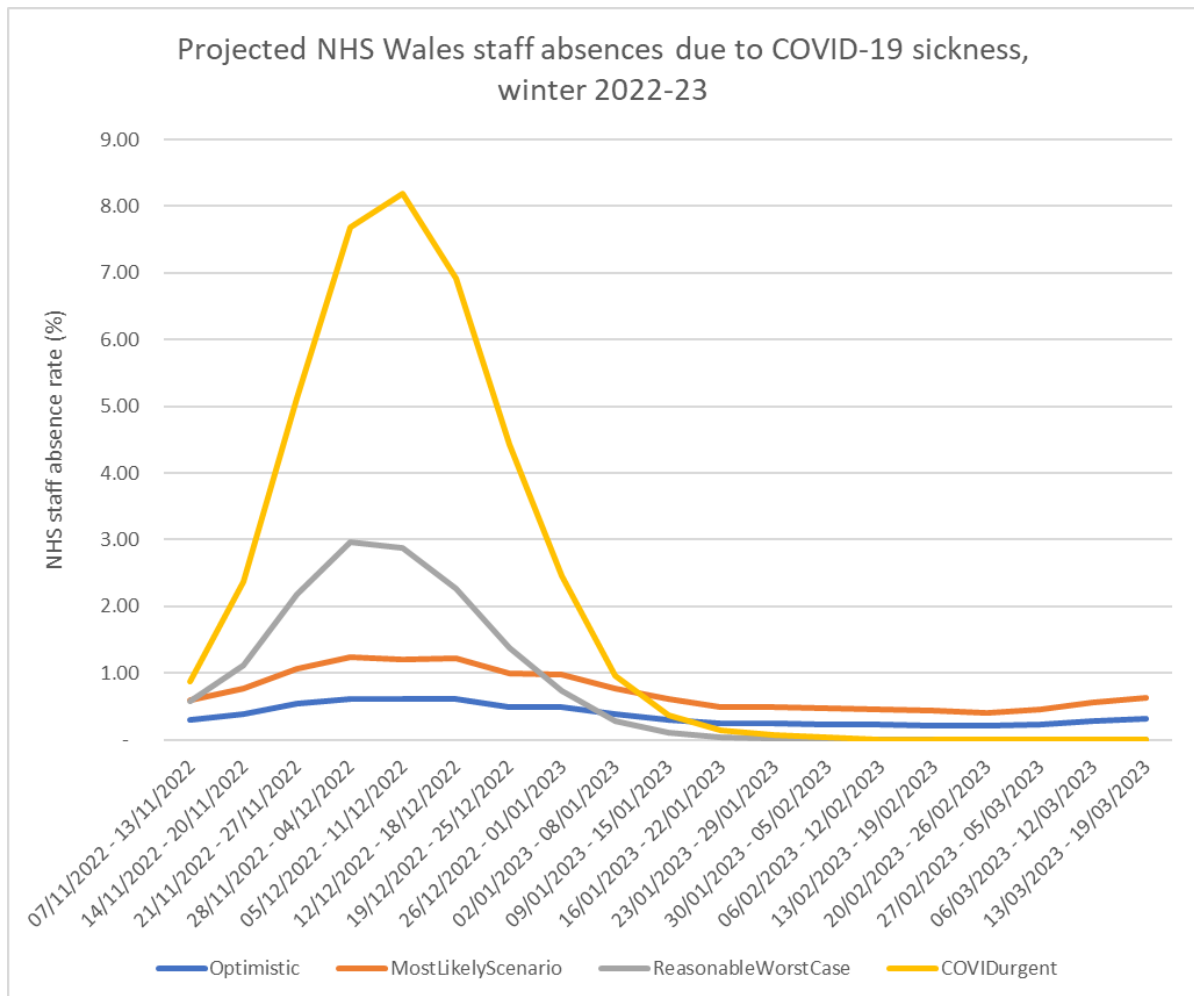
NHS Wales staff absence due to COVID-19 sickness was projected forwards based on the winter scenarios presented in the TAG Winter Scenarios paper. The scenarios discussed what 'might happen if' in Winter 2022-2023. Four scenarios were produced (an Optimistic scenario, a Most Likely scenario, a Reasonable Worst Case and a COVID Urgent scenario) – the first two were based on taking 4.73%, or the Wales population proportion, of the SAGE scenarios produced for the UK in February 2022<sup>2</sup>. Subtracting the actual admissions data to date ruled out the two

<sup>2</sup> [S1513 Viral Evolution Scenarios.pdf \(publishing.service.gov.uk\)](https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/115113/S1513_Viral_Evolution_Scenarios.pdf)

best case SAGE scenarios, hence the next best scenarios (SAGE Central Pessimistic and Reasonable Worst Case) were chosen as this winter's Optimistic scenario and Most Likely Scenario respectively. The final two scenarios were based on the previous winter's scenarios, which were put together to represent what might happen if there is the emergence of a new, transmissible variant with low or high severity.

## Results

*Figure 5: Projected NHS Wales staff absences due to COVID-19 sickness*



Using the scenarios and historic workforce absence data the level of NHS Wales staff absence due to COVID-19 sickness is shown in the above chart.

In these scenarios NHS Wales staff absence levels peak towards the end of November or early in December 2022, too much emphasis should not be placed on the timing of the peak due as it is based on a hypothetical scenario, but it may be helpful in illustrating the quantum of staff absence during winter.

The Optimistic scenario shows a low level of NHS Wales staff absence due to COVID-19 sickness, reaching a maximum of 0.62% at the end of November.

The Most Likely Scenario shows NHS Wales staff absence due to COVID-19 sickness reaching a maximum of 1.24% at the peak.

In the Reasonable Worst Case, NHS Wales staff absence due to COVID-19 sickness reaches a maximum of 2.97% at the peak.

In the COVID Urgent scenario, NHS Wales staff absence due to COVID-19 sickness reaches a maximum of 8.19% at the peak.

Guidance on COVID-19 testing for health and social care workers advises staff with symptoms of a respiratory tract infection including COVID-19 and who has a high temperature to stay at home and take an LFD test as soon as possible. Staff can then return to work if they are no longer symptomatic and they do not have a high temperature, whereas staff who test positive are advised to stay at home. Staff are no longer required to conduct regular asymptomatic testing, though during an outbreak or a high level of cases within a facility some staff without symptoms may be asked to undertake both LFD and/or PCR testing. <sup>3</sup>

The following table includes the proportions of total staff sickness absences that were attributable to COVID-19 sickness for the period May 2020 to December 2021.

Month	Proportion of staff absence due to COVID-19 sickness
May-20	28.58%
Jun-20	15.38%
Jul-20	10.44%
Aug-20	6.88%
Sep-20	9.07%
Oct-20	9.65%
Nov-20	18.19%
Dec-20	27.24%
Jan-21	25.14%
Feb-21	20.13%
Mar-21	13.47%
Apr-21	9.34%
May-21	6.73%
Jun-21	5.76%
Jul-21	6.24%
Aug-21	6.52%
Sep-21	12.24%
Oct-21	13.01%
Nov-21	11.48%
Dec-21	11.33%

<sup>3</sup> [COVID-19 testing for health and social care workers | GOV.WALES](#)



The proportion of staff sickness absence due to COVID-19 sickness was highest at the start of this table in May 2020, and gradually reduced to a relatively low proportion in the late Summer/Autumn months. The proportion increased again during the winter 2020-2021 months before reducing again in the Summer 2021.

## **Conclusion**

The aim of this paper was to estimate the level of NHS staff absence for Wales for absence due to COVID-19 sickness to support winter planning. Four scenarios were produced in which staff absences due to COVID-19 sickness were projected forwards based on the level of NHS bed occupancy suggested by the four winter scenarios (Optimistic, Most Likely Scenario, Reasonable Worst Case and COVID Urgent). With the exception of the COVID Urgent scenario, staff absence due to COVID-19 sickness is projected to be lower than that of the two previous years. Projections based on bed occupancy indicate that the peak proportion of COVID-19 sickness absence will occur earlier in the winter period than in previous years, though there is a great deal of uncertainty in the timing of the peak.

Future work in this area could include further investigation into workforce absences, including from contact isolation, across staff groups and gender specific absences, using more granular data from SAIL Databank and potentially data from Health Education and Improvement Wales (HEIW).