

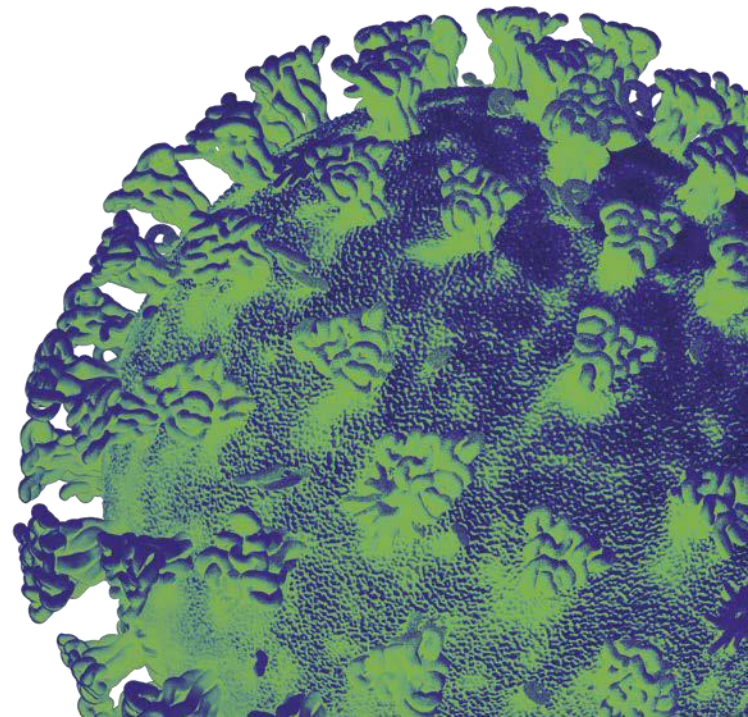
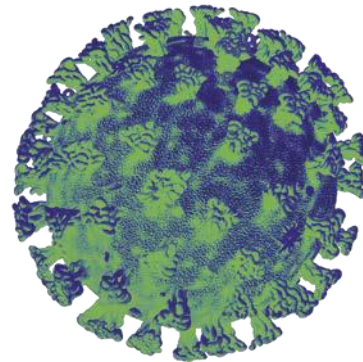
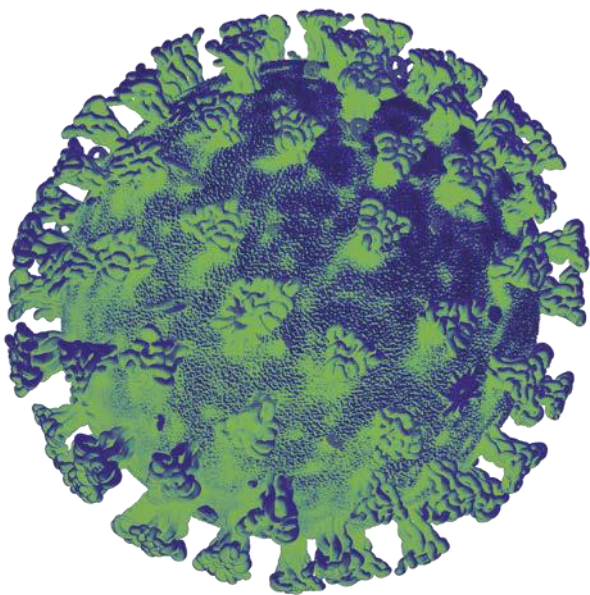


Llywodraeth Cymru  
Welsh Government

# Science Evidence Advice (SEA)

## Winter planning: NHS Wales Staff Absence

February 2023





## Background

This paper follows on from the previous NHS staff winter absence paper<sup>1</sup> 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 consider the trend in staff absence due to COVID-19 compared with the trend in COVID-19 bed occupancy, winter staff absences due to COVID-19 by staff group and winter staff absences by absence reason.

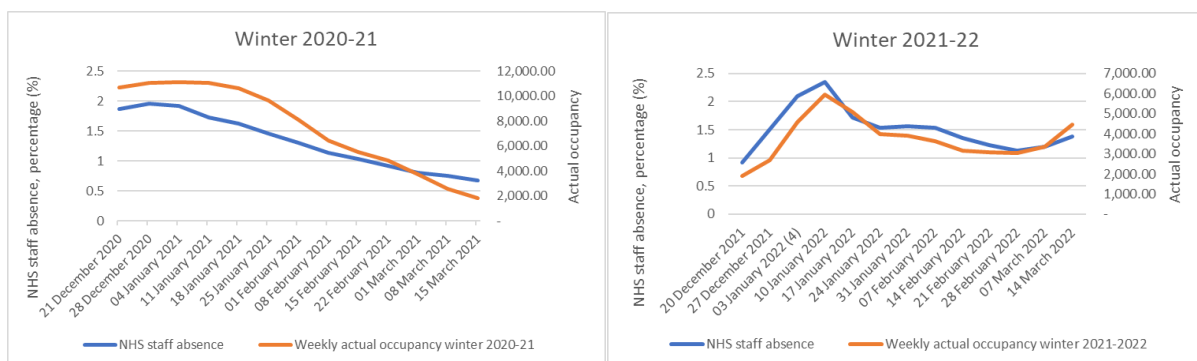
As in the previous paper, scenarios have been put together for planning purposes, to understand what NHS Wales staff absence levels might look like during the current winter season. As in the previous paper, scenarios are based on historical sickness absence trends and winter bed occupancy scenarios.

The scenarios included in this paper provide a forward look on what pressures NHS Wales could expect to see. There is a large amount of uncertainty as we cannot say for certain what will happen. Pressures could arise due to several reasons such as a new variant of COVID-19 that can evade vaccines or other infectious diseases like Influenza. Waning immunity due to the lower numbers of health care staff opting to have the autumn booster vaccination in 2022 could also result in an increase in staff absence figures. Data shows as at 10 December 2022, 56% of health care staff had received the booster COVID-19 vaccination.<sup>2</sup> This is in comparison to 87% uptake the previous season.

## Timing of peak in staff absence due to COVID-19

The following charts show NHS Wales staff absences due to COVID-19 and COVID-19 hospital bed occupancy for the winter periods 2020-21 and 2021-22.

*Figure 1: NHS Wales staff absences due to COVID-19 and COVID-19 hospital bed occupancy for the winter periods 2020-2021 and 2021-2022*



The pattern of staff absence and bed occupancy followed each other quite closely in both winters 2020-21 and 2021-22. Neither of the staff absence or bed occupancy trends appeared to peak significantly earlier than the other. The number of staff

<sup>1</sup> [Science Evidence Advice: winter planning - NHS Wales staff absence | GOV.WALES](#)

<sup>2</sup> [COVID-19 vaccination - Public | Tableau Public](#)

absences remained similar in winter 2021-22 compared to winter 2022-23 even though the actual occupancy decreased. This could have been due to Coronavirus self-isolation guidance and the likelihood of NHS staff having contacts who tested positive for COVID-19.

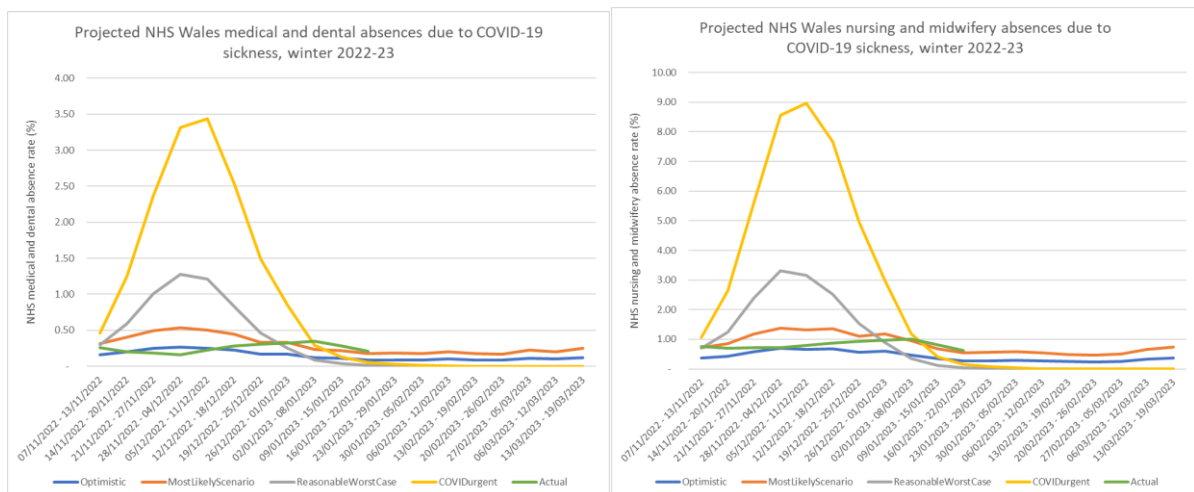
In comparison to the Welsh labour market sickness absence rate (by region of residence) the NHS Wales staff absence rate was very similar. In 2020 the sickness absence rate in Wales was 2.2% and increased to 2.8% in 2021. Although comparable to the overall percentage of sickness absence, UK data shows that the wider categorisation including 'human health and social work activities' was the sector with the highest sickness absence rate in 2021 at 3.4%, followed by transport and storage at 3.1%.<sup>3</sup>

The levels of staff absence can be separated by staff group, and results of analysis of absences by staff group are discussed in the next section.

## NHS Wales staff absence by staff group

The following two charts show the staff absence scenarios by staff type (medical and dental, and nursing and midwifery). As of mid-December 2022, Wales is tracking between the optimistic scenario and the most likely scenario, but admissions and occupancy are increasing.

*Figure 2: Projected NHS Wales staff absences due to COVID-19 sickness by staff type*



Sickness absence due to COVID-19 has been higher in previous years in nursing and midwifery when compared with medical and dental, and the scenarios for the coming winter are expected to follow a similar pattern.

Figure 2 shows that in the most likely scenario it is expected that medical and dental staff absence could reach 0.5% due to COVID-19 in Wales. However, in a COVID urgent scenario numbers could reach a peak of 3.4%; this is more than double the

<sup>3</sup> [Sickness absence in the UK labour market - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

reasonable worst-case scenario which peaks at 1.3%. Additionally, in the most likely scenario nursing and midwifery staff absences due to COVID-19 in Wales could reach 1.4%; a reasonable worst-case scenario sees absences reaching 3.3% whereas in a COVID urgent scenario absences could reach a peak of 9.0%. Currently, a covid urgent scenario is felt to be unlikely.

*Figure 3: Projected NHS Wales staff absences due to COVID-19 sickness by staff type 'other'*

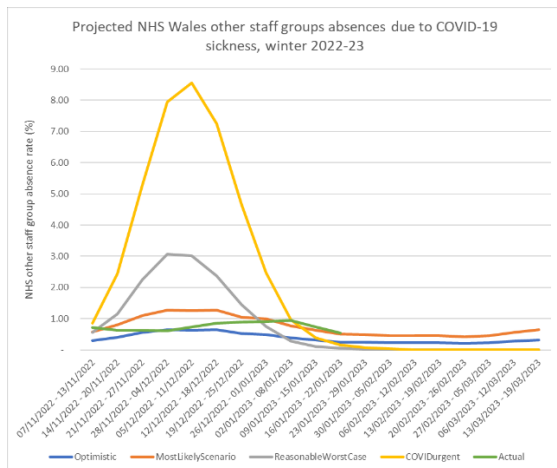


Figure 3 shows that in the most likely scenario absences in the other staff group due to COVID-19 could reach 1.3%. In the reasonable worst-case absences could reach 3.1% and in a COVID Urgent scenario, absences could reach 8.6%. The 'other' staff group includes Additional Professional Scientific and Technical, Additional Clinical Services, Administrative and Clerical, Allied Health Professionals, Estates and Ancillary, Healthcare Scientists and Students.

For absences of all staff types presented here the actual data thus far for winter 2022-23 has tracked just below the most likely scenario. This will continue to be monitored throughout the coming months.

As well as absence due to COVID-19, it would be useful to get some insights on NHS Wales staff absences due to other sickness reasons (particularly trends relating to mental health). This is considered in the following section.

## **NHS Wales staff absence by sickness type**

NHS Wales staff absences occur due to a range of different sickness reasons, as well as COVID-19. The following investigation aims to understand future absences by sickness type based on historical trends.

*Figure 3: Sickness reasons based on financial year*

Sickness Reason	2017/18	2018/19	2019/20	2020/21	2021/22	Grand Total
Anxiety/Stress	400,390	485,397	506,968	619,481	634,345	2,646,581
Asthma	2,932	3,093	3,691	4,767	4,267	18,749
Back Problems	81,814	90,774	90,814	88,041	100,608	452,052
Benign and malignant tumours, cancers	48,232	56,317	54,703	44,706	58,884	262,843
Blood disorders	6,409	9,530	9,014	6,052	7,622	38,627
Burns, poisoning, frostbite, hypothermia	1,004	1,088	935	929	1,268	5,223
Chest & respiratory problems	55,769	54,088	72,140	210,118	184,780	576,894
Cold, Cough, Flu	95,756	88,931	92,365	52,365	107,230	436,647
Dental and oral problems	6,612	6,156	5,529	6,243	8,384	32,925
Ear, nose, throat (ENT)	37,018	40,651	38,461	26,834	37,206	180,170
Endocrine / glandular problems	8,673	9,416	8,806	9,016	9,113	45,024
Eye problems	15,067	14,755	15,412	12,024	17,198	74,456
Gastrointestinal problems	110,403	123,090	122,896	88,434	117,489	562,312
Genitourinary & Gynaecological disorders	55,756	60,277	56,874	41,899	57,869	272,675
Headache / migraine	20,436	24,911	24,527	29,092	38,394	137,360
Heart, cardiac & circulatory problems	35,275	44,480	45,039	44,159	52,516	221,470
Infectious diseases	8,339	8,223	16,391	153,489	201,154	387,596
Nervous system disorders	13,448	13,329	13,828	11,677	17,224	69,504
Other Musculoskeletal	274,085	288,010	283,129	212,946	288,968	1,347,139
Pregnancy related disorders	42,339	39,296	41,205	36,938	44,597	204,375
Skin disorders	11,152	13,083	10,930	10,879	13,607	59,651
Substance abuse	506	243	958	756	478	2,941
Unknown/Known Causes	167,591	182,545	157,805	146,437	183,036	837,414
<b>Grand Total</b>	<b>1,499,008</b>	<b>1,657,684</b>	<b>1,672,419</b>	<b>1,857,282</b>	<b>2,186,235</b>	<b>8,872,628</b>

The above table shows the number of sick days taken by financial year for the last five years using data provided by Health Education and Improvement Wales (HEIW). The aggregated number of sick days taken has increased, but so has the total number of staff employed<sup>4</sup> (the average number of sick days per employee has remained consistent over the five years). Anxiety and stress have consistently been the leading sickness absence reason and have also been increasing year on year for the past five years. It is likely that this trend will continue to increase, especially as there are continued staff shortages and staff burnout.<sup>5</sup> COVID-19 has been included within the categories 'Chest & respiratory problems' and 'Infectious diseases', which both saw significant increases to the period financial year 2020/2021. Absence due to 'Chest & respiratory problems' decreased by 12% between the periods 2020/21 to 2021/22 whereas absence due to 'Infectious diseases' increased by 31% between those periods. So far there has been no evidence to suggest that absence due to COVID-19 will increase significantly from previous years.

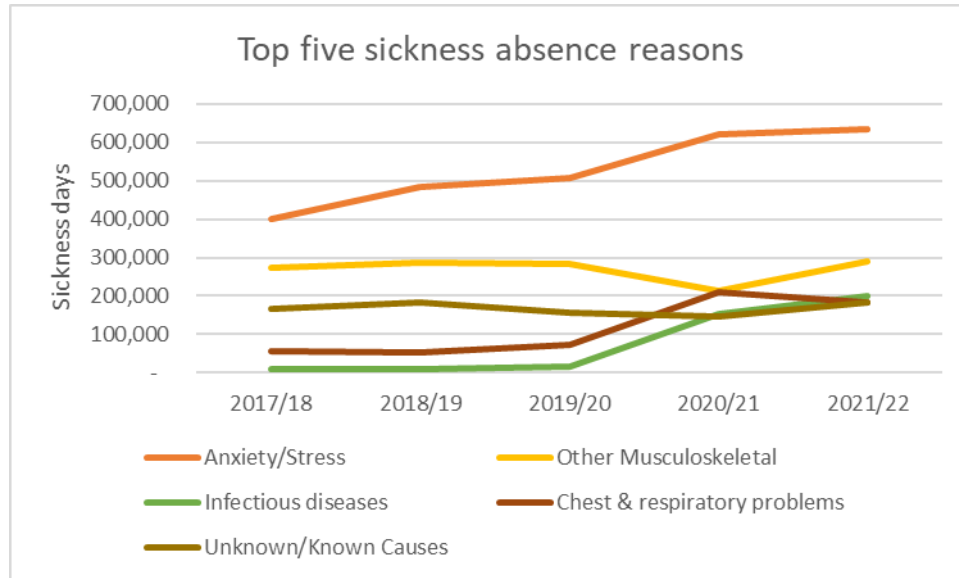
As suggested in the recording of COVID-19 appearing across both 'Chest & respiratory' and 'Infectious diseases', it may be useful to group some sickness absence reasons to get the full picture. This may be beneficial with 'Back problems' and 'Other musculoskeletal' as the symptoms can be similar.

<sup>4</sup> [NHS staff by staff group and year \(gov.wales\)](https://www.gov.wales/nhs-staff-by-staff-group-and-year)

<sup>5</sup> [NHS workforce shortages and staff burnout are taking a toll | The BMJ](https://www.bmj.com/news/nhs-workforce-shortages-and-staff-burnout-are-taking-a-toll)

These trends can be observed in the following graph of top five sickness absence reasons:

*Figure 4: Top five NHS Wales staff sickness absence reasons*



## Discussion

As with all modelling estimates the scenarios presented in this paper provide an overview not of what will happen necessarily but of what 'could be'. There is an additional element of uncertainty to the 2022/23 winter period as, thus far, it has been the first year that both COVID-19 and other winter viruses have circulated together with no form of non-pharmaceutical interventions, such as wearing face coverings to reduce the spread of COVID-19.

This paper looks at the impact of sickness absences on the NHS. However, we acknowledge that there will be absence due to nurse and other staff strikes which will be considered separately from this paper.

This paper indicates that there are several sickness absence reasons that may need to be addressed if the number of sick days and in turn the health of the workforce is to improve.