Written evidence submitted by FirstCare (WBR0015)

Q2. What has the impact of the COVID-19 pandemic been on resilience, levels of workforce stress, and burnout across the NHS and social care sectors?

During the COVID-19 pandemic, FirstCare has supported more than 40,000 NHS employees at Trusts across the country, with 24/7 nurse-led absence management services. Data for these employees shows that, during the height of the lockdown period from April – June 2020, absences related to mental health increased by 22% compared to the same period in 2019.

We also have found that, amongst NHS employees:
- Individuals over the age of 60 reported the largest increases in mental health absence (69%) – more than double the increase recorded by any other age category.
- Women reported an increase in mental health absence year on year (31%), while men saw a small decrease (-3%).
- Mental health-related absence was higher in every month of Q2 compared to last year, but the increased rate of absence fell with each successive month, suggesting a gradual downward trajectory towards 'normal' levels of mental health-related absence.

For reference, the full data tables are copied below.

NHS mental health-related absences by age

Employee age	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
Under 20	17%
20 to 30	1%
30 to 40	8%
40 to 50	30%
50 to 60	31%
Over 60	69%

NHS mental health-related absences by gender

Gender	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
Female	31%
Male	-3%

NHS mental health-related absence by month

Month	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
April 2020	28%
May 2020	20%
June 2020	18%

NHS mental health-related absence by duration

Gender	% increase in average

	length of mental health absence (Q2 2020 vs. Q2 2019)
Overall	6%
Female	10%
Male	-5%

- **Q3. What is the current scale of workforce burnout across NHS and social care? How does it manifest, how is it assessed, and what are its causes and contributing factors?**

The COVID-19 pandemic has created an overall rise in staff being absent from work. While this has been the case for the vast majority of UK industries, the NHS was the public sector organisation most affected by an increase in absence year on year.

Comparing April to June 2020 with the same period in 2019, there has been 108% increase in NHS workers being absent from work.

Our database shows that:
- Absence fell across all reasons except:
  - Medical infection (6209%) – the parent reason for COVID-19
  - Non-medical (1494%) - which includes reasons such as care of a dependent and self-quarantining
  - Mental health issue (22%)
  - Respiratory (26%)
- Absence has risen across all age groups year on year, with an overall trend for the increase to become greater across each advancing age group.

For reference, the full data tables are copied below.

Industries most affected by absence

Industry	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
Retail	363%
NHS	108%
Food and Beverages	90%
Transport	85%
Charity / Care Groups	68%

NHS reason for absence

Absence reason	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
Cardiovascular	-19%
Complications of Pregnancy	-3%
Cough/Cold/Flu	-33%
ENT/Eye/Oral	-22%
Gastrointestinal	-45%

Genitourinary	-19%
Medical Infection	6209%
Mental Health Issue	22%
Musculoskeletal	-6%
Neurological	-6%
Non-Medical	1494%
Respiratory	26%
Surgery	-50%
Tumour/Cancer	-19%

NHS overall absence by age

Age	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
Under 20	41%
20 to 30	80%
30 to 40	97%
40 to 50	117%
50 to 60	101%
Over 60	190%

NHS overall absence by gender

Gender	% increase in days lost per employee YoY (Q2 2020 vs. Q2 2019)
Female	105%
Male	115%

- **Q8. What further measures will be required to tackle and mitigate the causes of workforce stress and burnout, and what should be put in place to achieve parity for the social care workforce?**

FirstCare adapted its service early in the pandemic to ensure that organisations, including the NHS Trusts it supports, were best prepared to plan their workforce, maintain departmental functioning, and minimise the medical and mental health risks to staff, and thereby patients.

COVID-19-specific medical and non-medical absence categories were created to ensure that absences could be classified appropriately. This has enabled NHS HR teams and line managers to better understand what support was needed for staff.

Similarly, NHS-approved COVID-specific return-to-work forms were created, helping line managers to ensure that all applicable Government guidance had been followed for a safe return, and that staff have a forum in which to raise any wellbeing concerns.

Please find a testimony from Oxford University Hospitals NHS Foundation Trust below, which shows how the Trust has used effective absence management to ensure employees receive medical and COVID-related support on day one, while making sure essential services remain operational.

"As FirstCare operate a 24/7 service, the Trust had real-time absence information which was crucial for speedy decision making. From redeploying staff to ensure essential services were appropriately covered, to ensuring staff that were absent could receive duty of care calls, enabling them to receive medical advice, occupational health referrals, psychological support and even access to food parcels supplied by hospital charities.

"FirstCare linked with the staff and community swab testing services, sending SMS texts to staff and line managers to ensure testing could happen as soon as possible to enable staff to return to work as soon as possible."

Rebecca Mawer, Senior HR Business Partner and Attendance Improvement Lead, Oxford University Hospitals NHS Foundation Trust

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