

Here is the brief for Wednesday 29 July 2020. Please ensure that you share this brief with colleagues and staff who do not have access to email, especially if they are self-isolating, otherwise working from home or do not have ready access to a PC. Briefs are shared on our dedicated website [covid19.nhsgrampian.org](https://covid19.nhsgrampian.org) which is updated continuously.

**Grampian update and the internal reporting of COVID-19 related deaths in hospital** Almost since the start of this brief we have shared data on COVID-19 related activity in hospitals. The feedback on this has been positive but as time goes on, there have been suggestions from you on how we could make this better. Importantly, there have been queries about the way we reported deaths data, so our attention today is on that. The blue boxes will be back tomorrow, but it won't be long before we make changes to the information we share in the Brief based on your suggestions, which we hope will be more relevant and useful as we go into the autumn and winter.

The definitions for COVID-19 care were developed at the start of the pandemic. Since then, the reporting of positive cases in hospital, understanding nosocomial transmission, readmissions and deaths have all become increasingly complicated as the virus situation has unfolded. National guidance has not been specific enough to avoid some potential inconsistencies in reporting between Boards. This has most recently been noted in the way Boards report numbers of COVID-19 patients in hospital.

A query has been raised asking about the difference between the number of COVID-19 related deaths reported by Scottish Government and NHS Grampian. The main reason for this is due to differences in definitions where SG classify a COVID-19 related death as someone who has died within 28 days of a positive test. We report a COVID death if a patient dies and they have been admitted at any point in the past with a previous positive test result.

The Scottish Government is looking to establish greater consistency in the definitions used by Boards, particularly in the way we report COVID-19 admissions in hospital. In addition, we have been working with clinicians to agree definitions which support clinical decision-making. We anticipate completing this work in the next two weeks. As both pieces of work conclude, we should see improvements in consistency of reporting between Boards and more relevant patient data to support clinical management. We will explain these changes to you when they are confirmed.

However, answering this query has brought to light a change needed in the internal reporting of patient deaths. NHS Grampian has been identifying COVID-19 related deaths for patients who had been in hospital but died in the community. Patients who died within 28 days of testing positive will be included as COVID-19 deaths in national figures from National Records Scotland. **However, they should not have been shown as a death in hospital in this brief - that is an error on our part and we apologise.** Just to re-emphasise, this affects our internal method of reporting COVID-19 deaths only – it does not change the information contained on death certification, which is the standard, official method of reporting deaths. The effect of this is that the number of COVID-19 related deaths in Grampian hospitals since the start of the pandemic reduces from the **122** reported yesterday to **101**.

**Shielding staff and others with a particular vulnerability to COVID-19** We have received the [Scottish Government guidance](#) which explains the risk assessment process in relation to the specific risk of COVID-19 to individuals in the workplace. In particular, this is relevant to those staff members who have been shielding, those who have had COVID-19 related restrictions, or anyone who has a concern

about a particular vulnerability to COVID-19 including age, ethnicity, pregnancy, BMI or underlying health conditions.

Staff in these groups are now encouraged to complete an individual risk assessment with their manager using the [COVID-19 occupational risk assessment tool](#) at the end of the guidance. This tool has been designed to help managers undertake an individual risk assessment with members of staff in combination with a workplace risk assessment. This tool facilitates an overall assessment of occupational health risk to an individual followed by supportive and constructive discussion between manager & staff member. In addition, workplace risk assessments as outlined in the [Safe Workplaces section](#) should also be completed and where appropriate controls put in place for identified COVID-19 related hazards.

**It should be noted that this guidance is designed for all industries and not solely NHS boards and as such the circumstances for pregnant and staff aged 70 and over remain as stated within our Staff and Manager's Q&A.**

Key Points:

- Staff who are currently able to work at home and can continue to do so are encouraged to continue working in this capacity but must still complete the risk assessment. Where working at home has not been possible and a safe return to work has been agreed by the staff member and manager, physical distancing in the workplace must be maintained.
- For NHS Grampian staff, in the very high vulnerability group, those whose specific condition is not listed in the tool or if there is a health issue and no agreement can be reached between manager and staff member, an onward referral to Occupational Health should be made using the [COVID-19 Enquiry Form](#) (please note this is an Intranet link and will not work on non-networked devices). Until the OHS assessment has been completed, these staff should continue to work in their current working arrangement.

The [Staff](#) and [Managers](#) Q&A and OHS website will be updated accordingly in the next few days.

**Staff focus groups** There are already three staff focus groups in place, and their inputs to discussions have been extremely informative and, more importantly, have had a positive influence both on how we communicate with staff and a number of management and organisational decisions. It seems timely to have a look at the membership of these groups as things are changing towards 're-mobilisation'. The focus groups last for an hour, during normal working hours, and are conducted through Teams. If you would be interested in taking part please e-mail [gram-uhb.staffquestions@nhs.net](mailto:gram-uhb.staffquestions@nhs.net) indicating your interest.

**PPE e-learning modules** Our Infection Prevention & Control and Corporate Health & Safety Teams have worked in collaboration to develop two eLearning modules which are designed to support staff to correctly identify Personal Protective Equipment (PPE) requirements for both droplet precautions and aerosol generating procedures. Both eLearning modules are now live and available to access via Turas and are titled:

Donning & doffing of personal protective equipment (PPE): part 1: droplet precautions

Donning & doffing of personal protective equipment (PPE): part 2: aerosol generating procedures (AGPs) precautions

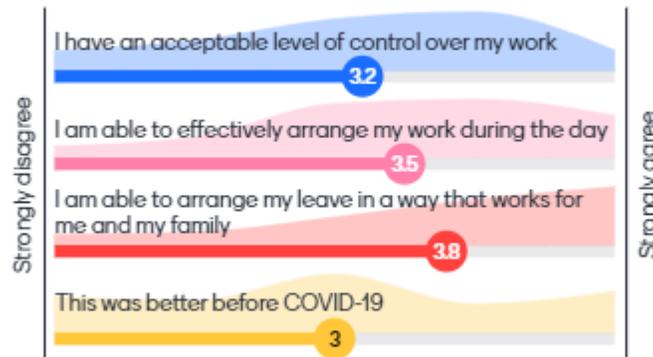
Staff should complete part 1 – droplet precautions before completing part 2 – aerosol generating procedures (AGPs) precautions.

**Thought for the day** We know that stress, strain, and absenteeism is all worse for staff when we have little autonomy in our roles. Much is rightly outside our control, as we work within the systems of health and social care. However, within that there is room to work flexibly, balance work and home, and influence how tasks are organised and shared. We're going to explore this more in today's question.

**Question of the day – new topic and yesterday’s results** Yesterday we asked how in control you felt at work – and whether this had changed as a result of COVID-19. As of 16.00 today, the results are as follows:

This week we are looking at how much control we have over our daily working lives

Mentimeter



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We are pleasantly surprised by these results, given everything we have gone through since March. It is good to see many of you who answered this question feel in control. However, we have to be cautious as some of you will not have responded, and some of you who did feel out of control. There is room to be optimistic, but this is a call to us all, to work collaboratively and be supportive of each other. With that in mind our question today is looking at the role we can all play in supporting flexibility and greater control at work. To answer the question please click [here](#) or copy this link into your browser: <https://www.menti.com/ofzomde8ig>

**Comments? Suggestions?** If you have feedback about this brief or questions about the content please do not hesitate to get in touch via [gram-uhb.staffquestions@nhs.net](mailto:gram-uhb.staffquestions@nhs.net)