

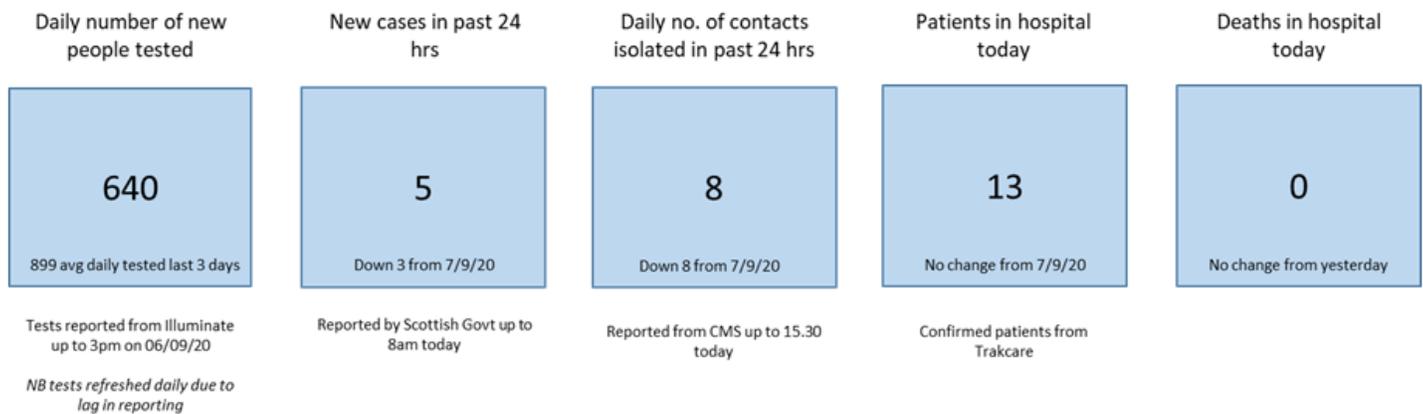
COVID-19 Brief

coronavirus



Here is the brief for Tuesday 8 September 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 which is updated continuously.

Grampian update The most up-to-date Grampian data about COVID-19 new cases, contacts and care in Grampian hospitals is shown below. National data is provided by Public Health Scotland. You can view that [here](#).



How do you run a service during a pandemic? COVID-19 and the associated lockdown brought many of our services to a dramatic halt, but there were some teams who simply had to keep going throughout. One of these was our maternity service - babies arrive on their timetable and not anyone else's. Despite significant restrictions, we continued to provide safe and effective care for women and their babies. This was not without its challenges; partners could no longer attend appointments or scans and were only able to be present during labour and birth. Our midwives adapted quickly and continued to provide a high level of care. One of their goals was to support women's choices for their birth wherever possible. Water births and home births continued to be supported throughout lockdown. The service also maintained its support of our students, ensuring the next generation of midwives got excellent training. The return of restrictions to visiting in Aberdeen during August was an extra challenge, but one the team worked well to manage.

Between May and July 2020, 1428 babies were born in Grampian. Behind each of those births are personal stories. Some parents write directly to the teams involved; others share their stories via Care Opinion, but the unifying theme is of a service - and the people working within it - dedicated to doing the very best for women and families.

Contact tracers needed The Public Health Directorate is now moving towards the establishment of a Contact Tracing Team on a longer term and more sustainable basis than at present. The work is ideally suited to working from home. To allow for flexibility to deal with future surges it would be for one shift per week as a minimum with additional hours worked when required until the 31st March 2021 in the first instance. If you were previously shielding and OHS have advised that your health prevents you from returning to the workplace and you have not been provided with work to undertake at home; if you are a part time employee or bank worker seeking additional hours; or if you would be interested in a secondment from your present post to the Contact Tracing Team and your manager would be willing to

release you, we would be interested in hearing from you. Training would be provided, both in the principles and practice of contact tracing and in the use of the national Case Management System. There is no particular qualification or experience required, however you would be expected to be educated to degree level or have the equivalent relevant experience. The main attributes of contact tracers are tact, persistence, clear verbal communication skills, ability to write detailed notes, ability to learn quickly and an ability to take responsibility for their decisions alongside an understanding as to when escalating decision making to the Team Leader is appropriate. A clinical background is useful, but not essential. The position is awaiting national job evaluation with the expectation of it being Agenda for Change Band 5. If you are interested in finding out more, please e-mail Dr Derek Cox at derek.cox@nhs.scot leaving your telephone number.

SSTS/HealthRoster Codes Managers are reminded of the importance of updating SSTS/HealthRoster on a real time basis where possible, and also that SSTS is amended if the reason the staff member is absent from work changes. For example, if a staff member is showing symptoms consistent with COVID-19 this should be recorded as **Special Leave – Coronavirus – Self displaying symptoms – self isolating**. If the test subsequently comes back negative and the staff member remains unfit to attend work, SSTS/HealthRoster should be amended so that the remain of their absence is recorded as a sickness absence. More information on this is available [here](#). The full SSTS / HealthRoster codes for staff absences relating to COVID-19 are in [Appendix 3](#) of the Manager's Q&A. These apply only if the staff member is not working from home during this time.

Ethical decision-making advisory group This group was set up at the end of March, in direct response to the pandemic. It has met throughout and brings together clinical staff from Grampian, Shetland and Orkney, social care staff and lay members. The group exists to provide ethical decision-making support to any individual or team who requires it. More information on the group – and how to seek its support – is available [here](#).

Everyone Matters Pulse Survey This national survey is now live. Emails with links to the questionnaire were sent out last week. If you have not received this email, please contact nhsg.imatter@nhs.net. If you normally complete the iMatter survey on paper, please speak to your manager. The survey is open for responses until 5pm on 22 September.

Scottish Health Awards Time is running out to make a nomination for the Scottish Health Awards; celebrating the best in health and social care across the country. There are 16 categories, covering everything from innovation to global citizenship, and of course including Doctor, Nurse, Midwife, Allied Health Professional, and Top Team of the year. The past few months have demonstrated the strength and depth of our teams in Grampian and you deserve national recognition. Details on the event and how to nominate are available [here](#). Nominations close on 30 September.

Thought for the day - the value of volunteering Prior to the pandemic, many of us will have volunteered in a range of roles: youth groups, community groups, through our churches, or through local charities. The chaos of the last few months may have brought this to a sharp stop, or forced you to think laterally, as groups moved online. The pressure of work may have prevented you from volunteering altogether. Hopefully, as we reshape our lives to living with COVID-19, we will be able to return to – or perhaps even start – volunteering. Not only does it benefit those who are supported, it is also provides a sense of purpose for the volunteer, as well as reducing stress. Speaking personally as a volunteer, I know my participation in virtual meetings has been a much-needed slice of normality – a welcome fixed point in an often-shifting world. If it is something you are keen to get back to, we hope that happens for you soon. If you've never volunteered before, is it something you could consider?

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