

# COVID-19 Brief

coronavirus



Here is the brief for Tuesday 17 November 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.

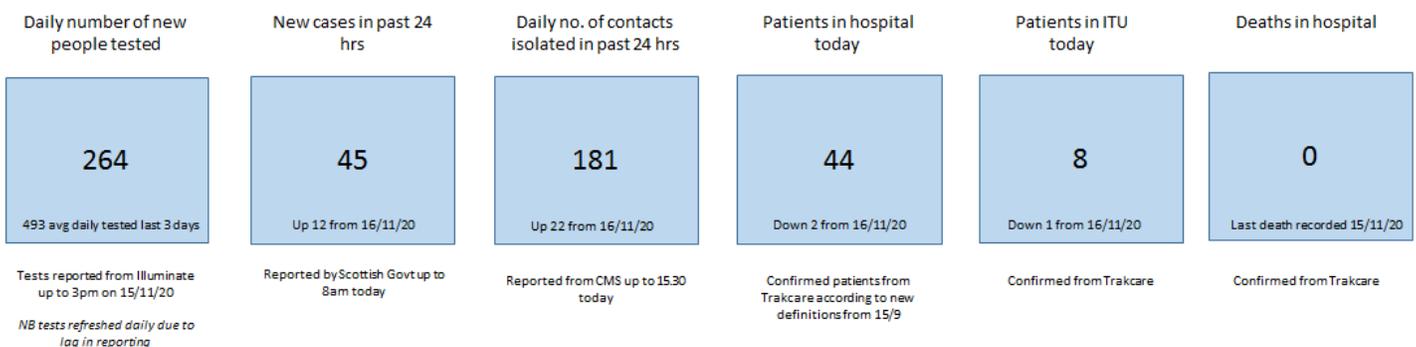
**Protection levels in Scotland – update** The First Minister updated parliament earlier on the protection levels in place in local authorities across Scotland. The update for Grampian is as follows:

- Moray – remains in [Level 1](#). People living in Moray should not socialise with other households indoors; however, from Thursday, it will be possible to meet in groups of up to 8 people, from no more than 3 households. This applies to areas in Level 1 **only**.
- Aberdeen City and Aberdeenshire – both areas remain in [Level 2](#).

In her statement, the First Minister noted that there is concern about the growing rate of cases in both the city and Aberdeenshire, albeit from a relatively low level. She also said the following:

“Please don’t assume that being in one of the lower levels means you can ease up. On the contrary, having fewer restrictions mean that the virus has more opportunities to spread - so it is more vital to abide by all the rules and precautions.”

**Grampian update** The most up-to-date data about COVID-19 new cases, contacts and care in Grampian hospitals is shown below. Remember, all the national data collected by Public Health Scotland is available [here](#). Using that link you can see what is happening at board, local authority, and neighbourhood level anywhere in Scotland.



**Stats and how to understand them – testing times** In testing for COVID we would commonly think there are only two answers to a test. That is whether someone does (Positive) or does not (Negative) have the virus. However, with a moment’s thought, there are another two possible answers. The test could incorrectly provide a negative result (saying something is not there, when in fact it is) or incorrectly provide a positive result (saying something is there, when it is not).

These are called false negatives and false positives. While an ideal test would have neither of these, no test is perfect. Two terms you may come across to describe this are:

- Sensitivity (True Positive): The proportion of people correctly identified to have it. If sensitivity was 80% and 100 people with a condition were tested, 80 of those would test positive (the other 20 would be false negatives).
- Specificity (True Negative): The proportion of people correctly identified as not having it. If specificity was 95% and 100 people who did not have the condition were tested, 95 would correctly test negative (and the other 5 would be false positives).

Those of you who are still reading will recognise the risk of any testing is false reassurance or false diagnosis; both of which have negative consequences. An important factor in understanding how the risks and benefits can be balanced is understanding 'Pre-Test Probability'. Currently the NHS is largely testing people who present with symptoms. This means those who are tested have a high probability of having COVID and the actual number of false positives in this scenario is minimised. The reason being (Stay with me 😊) there are relatively few people who do not have it and (as the COVID test is quite specific) only a very small proportion of those will falsely be told they are infected. There are some scenarios where testing is done where there is a low pre-test probability. For example, asymptomatic offshore workers, or those caring for very vulnerable people where the implication of having the infection is so high. In this scenario (where most people will not have it), even with a high specificity, the actual number of false positives will be higher.

The take home is that no test is 100% accurate. The process of balancing risk and benefit, as new tests and capacity are made available and as our understanding develops, is a constant process. The British Medical Journal explored some of these concepts in [an article in May](#), which you may find interesting.

**Staying safe in the workplace** An updated FAQ is available on the [Safer Workplaces section](#) of the COVID-19 website. Remember there is a wealth of information here to support you to stay safe while at work.

**Protect Scotland app – reminder** The app works most effectively if users have Bluetooth active on their phones at all times and keep their phones on their person whenever possible. This isn't always possible for people working in health & social care. If you keep your phone in a locker or other secure facility during your shift and/or if you are working in a clinical setting and using medical grade PPE, then ideally you should switch your phone off. Recognising that this isn't possible or practical for many people you can either turn off Bluetooth or pause the app. You can do this quite simply by pressing the Tracing Active button in the app and following the instructions from there – do remember to turn tracing back on at the end of your shift. **If you are using the app and not working in the settings described above, it is most effective if it is in Tracing Active mode at all times.**

**Question of the day** We've got a special question today, set by the Trustees of the Endowment Funds:

Each year funding is allocated to allow a contribution of £10 per head, which is available to be claimed by all staff as a contribution towards a social activity. Many of you have used this in the past towards the cost of a Christmas meal or other festive occasion with colleagues. However, with the current restrictions on socialising, the majority of us are unlikely to have the opportunity to take advantage of this during the current year. Recognising this, the Trustees have agreed that the funding identified for this purpose in 2020/21 should be fully utilised for the benefit of staff. One option being considered is to use the money to further develop staff rest areas across our various locations, providing a comfortable and welcoming space for staff to take "time out" and refresh themselves away from their normal working environment. This would create a sustainable legacy benefitting staff now and in the future. The intention is to revert to supporting staff social activities at £10 per head available for all staff in the normal way from next year.

The Trustees would like to hear your views on this proposal. You can have your say by clicking [here](#) or copying this link into your browser: <https://www.menti.com/acbia5iwnf>. Please share with colleagues and encourage them to take part, we will share the results in tomorrow's brief.

**Thought for the day** So. The protection levels covering Aberdeen City, Aberdeenshire and Moray remain unchanged. However, as the First Minister made clear (and anyone who is following the figures will know already) we cannot afford to rest on our laurels. Being at a lower level does not give us a 'free pass' to do as we please and it doesn't mean sticking with the restrictions is any less vital. We find ourselves at (yet another) crucial point. Christmas is most definitely on the horizon. While it is highly unlikely this year's celebrations will be a carbon copy of previous years (and for some of you that may come as a huge relief!), if we want to be able to mark the occasion in a meaningful way we have to stick with it. Every victory – big or small, collective or personal – achieved this year has been hard won. We square our shoulders, and we go again.

**Items for the brief?** If you have something you would like to be considered for inclusion in this brief, please send this to [gram.communications@nhs.scot](mailto:gram.communications@nhs.scot). Messages should be clearly marked as 'Daily brief – for consideration'. Please be aware that space is limited, and items are prioritised based on subject matter and relevance to all staff groups.

We are working on a new way for you to feedback on the content of the brief and to give us your ideas and will be sharing more on that soon.