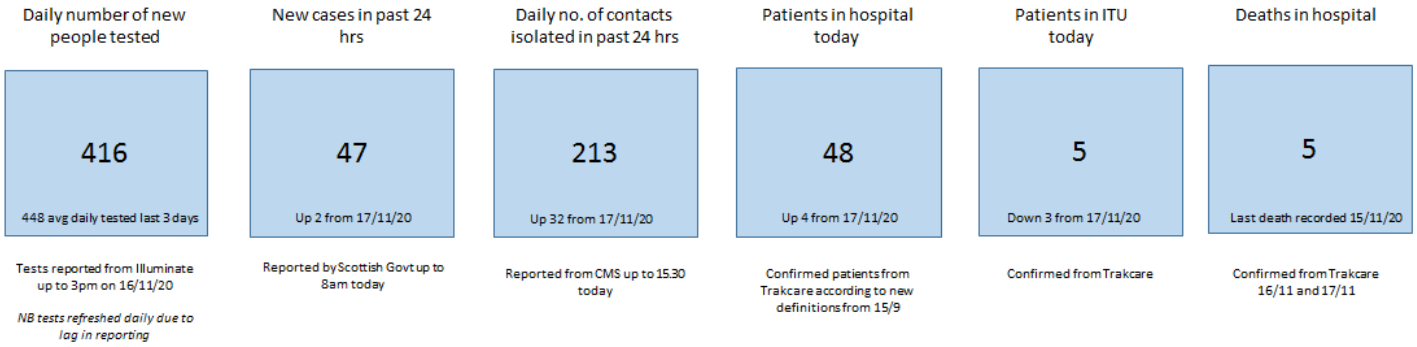
COVID-19 Brief

coronavirus

NHS Grampian

Here is the brief for Wednesday 18 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 which is updated continuously.

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 – lets talk about R Most of us have heard about *R*. It is the 'reproduction rate', the average number of infections produced by a single infectious person in a population. If you have read the other items on statistics this week, you will be unsurprised to learn there is more than 1 '*R'.* There is a basic rate (*Ro)* which is when there are no limits to the illness spreading in the population. For COVID this number is between 2 and 3. There is also an effective *R.* This is the rate of reproduction when there are limits to the illness in place (masks, Test & Protect, social restrictions, immunity and (hopefully) a vaccine).

When *R* is less than 1, each person will give it to less than one other person (in reality as COVID cannot spread to half a person some of us will infect others, and some will not) and the illness will end. An R rate of greater than 1 has the opposite effect, as each person who is infected passes it on to more than one person. One of the things that was striking in February and March was how quickly things changed and how quickly the infection seemed to grow. An understanding of *R* can help make sense of this. Firstly, *R* is always going to be a measure of where we were, not where we are right now. This is because we cannot measure infections as they occur. We measure: positive tests, people with symptoms, antibodies in blood, people being admitted to hospital, or loss of life. All of which will happen days or even weeks and months after the initial infection.

Secondly as we become aware that cases are growing then measures can be put in place to limit transmission. These decisions are highly complex. Not only is the information unavoidably 'where-we were' it can also take time for people to change behaviour. Therefore, the impacts of limits are not instantaneous, we do not know they have worked till later, and transmission continues as limitations take effect. Finally, *R* can also tell us something about the nature of how quickly the infections can grow. We are often used to things changing in a linear fashion. If we see 3 patients in an hour (or bake one cake, write a letter, or drive 40 miles), after 2 hours we have seen 6 patients (2 cakes, 2 letters, 80miles). However, infections do not grow in a linear fashion. Instead, like an unpaid credit card, they

compound. This compounding, and rapid cumulative impact is one of the really awful things about this disease.

If *R*=2, then 2 patients, quickly turn into 4, then 8 and so forth. If you remember the bathtub analogy from Monday it is not just that you have 8 (or 16 or 32) new patients, it is that those who were sick may still be unwell. Even (apparently) small differences in *R* can have large impacts on the number of people with the illness. As an example, if you have an *R* of 2 by the time you have reached the 10th cycle you have 512 new infections (or over 1000 people infected from 1 person as a starting point). An R of 1.5 however gives you 38 new infections at that same point (and a total of 113 infections).

Therefore, any reduction in *R* can be powerful in limiting the growth of the disease. Those of you who are interested in *R* and some of the other considerations should read this article in The Lancet.

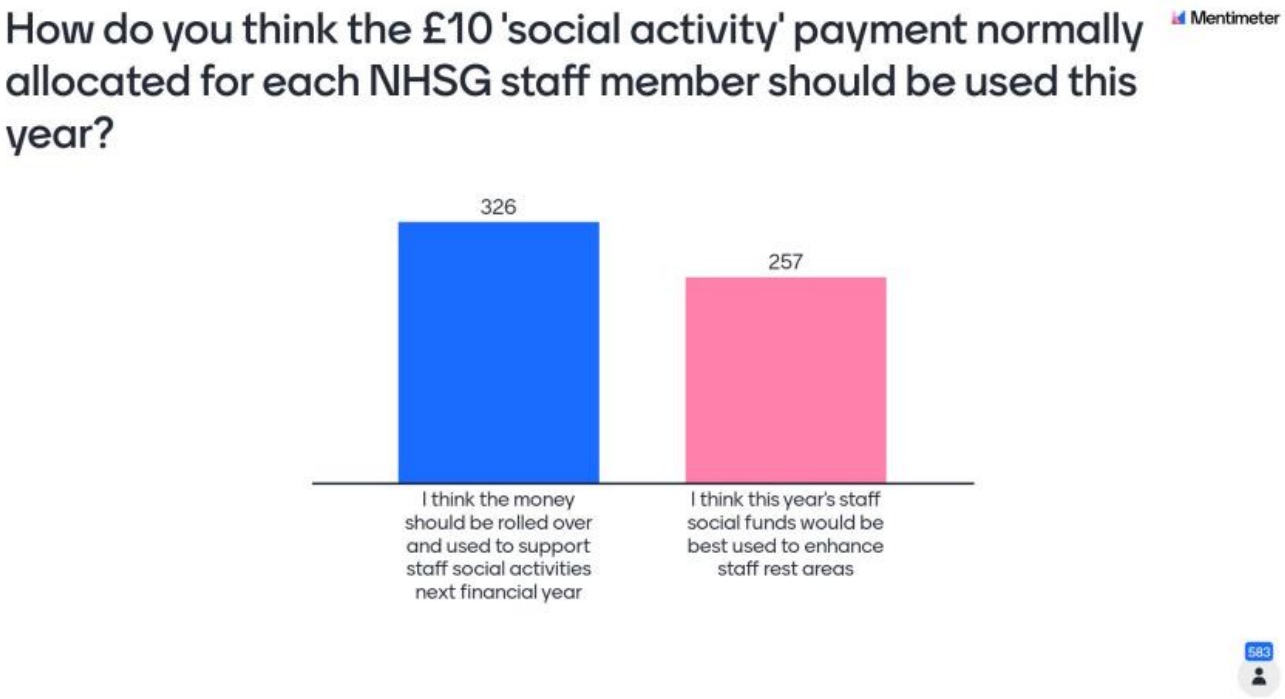
Brexit We are moving closer to the end of the transition period, put in place after the UK formally left the European Union at the end of January this year. If you – or any family members - are a citizen of the EU, Iceland, Lichtenstein, Norway or Switzerland, you/they will need to apply for settled status to continue living and working in the UK after 31 December 2020. The deadline for applications under the EU Settlement Scheme is **30 June 2021**. You can secure your status now by applying on GOV.UK. A range of support is also available online, by email and over the telephone to help EEA citizens and their family members apply to the EU Settlement Scheme. We appreciate that, in the midst of a pandemic, this is an additional concern for those you from EU member states, along with Iceland, Lichtenstein, Norway and Switzerland. The work you do is valued and it is very much hoped you will choose to stay in Scotland, and with us in Grampian in particular.

Email migration From midnight tonight (18 November) our old NHS.net email accounts will be shut down and auto-forwarding turned off. Please ensure you have updated your profile on any accounts using your work email address (e.g. professional bodies, training packages, NHS Near Me) and that your contacts outside the organisation have your new NHS.scot address.

Training & learning – digital first The pandemic has forced many of us to work in different ways and make the leap to digital. This also applies to our training and learning opportunities, which should be delivered online in their entirety, wherever possible. Where some in-person components are required, there must be careful consideration of the safety and wellbeing implications. This paper provides more information and all staff are encouraged to read it.

Alcohol Awareness Week As you may have spotted on the NHS Grampian social media accounts, we are taking part in #AlcoholAwarenessWeek. This year the campaign is focused on the link between alcohol and mental health. Research commissioned in the run up to the campaign found more than half the drinkers surveyed had drunk alcohol for a mental health reason – anxiety, stress, difficulties sleeping – at least once in the past 6 months. You can get more information about the campaign here. If you are concerned about your drinking, or that of someone you know, help is at hand in Aberdeen, in Aberdeenshire, and in Moray– just click on the location relevant to you.

Question of the day It's fair to say this question prompted a strong reaction, with many of you taking the time to get in touch directly with your thoughts and suggestions. Thank you for doing this! We have passed all the messages received to the Trustees of the Endowment Funds for their further consideration. The results, as of 15:30 today are as follows:



These results have also been shared with the Trustees to further inform their discussions.

Thought for the day – Hemmin! You may well have seen this short video already today, but it is too good not to share. Mike Taylor, the headmaster at Rosehearty Primary School, with a simple message for us all, whether living in Aberdeenshire or not!

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. 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.