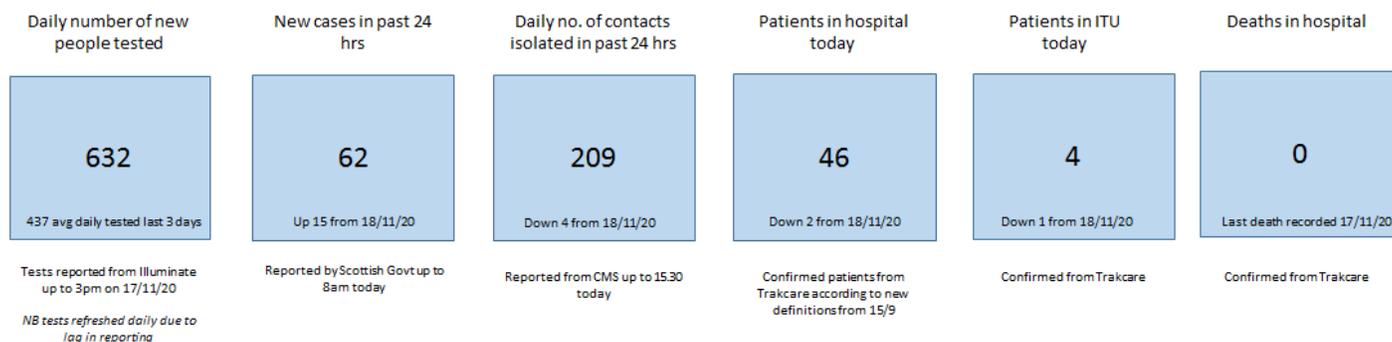


Here is the brief for Thursday 19 November 2020. Please ensure that you share this brief with colleagues and staff who do not have access to email, especially if they are self-isolating, otherwise working from home or do not have ready access to a PC. Briefs are shared on our dedicated website covid19.nhsgrampian.org which is updated continuously.

COVID-19 vaccine programme Jeane Freeman, the Cabinet Secretary for Health, made a statement earlier today about the delivery of a programme to immunise the public against COVID-19. The programme will see the vaccine delivered in a prioritised way, with health & social care staff, older care home residents, care home staff and the over 80s among those to be included in the first wave. Ms Freeman stressed that safety is the paramount concern. Trials by both Pfizer and Moderna have reported very encouraging results, but no vaccine has yet achieved final approval for widespread public use. The government is planning on the basis both that the Joint Committee on Vaccination and Immunisation (JCVI) are able to review the clinical evidence and provide Governments with a recommendation, and that the vaccine receives a license. You can read the Cabinet Secretary's statement in full [here](#) and we will be sharing more information on this as we get it.

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 – comparing apples with oranges? We have tackled several different ideas this week (sensitivity and specificity, incidence and prevalence, and R). One of the things that can be difficult in thinking statistically is that often there seem to be no certainties. This however does not mean we should jump to thinking these measures are meaningless or disingenuous (Lies, damned lies and statistics...). Rather many statistics give us an estimate of what a true number likely is (for example the exact number of people who have COVID right now in Scotland). Estimates are often expressed as a range, in which the true figure likely lies (for example an R of between .9 and 1.1; a confidence interval). These estimates are only as good as the measures used, how and how often they are made, who or what we are measuring, and the inferences drawn. Keeping these ideas in mind can help us be critical consumers of statistics and the statements based on them.

For example, take polling. If you are ringing people on a home landline to ask their opinion during office hours, then you will miss people out at work and/or who solely use mobiles. It is easy to imagine then the conclusions drawn from those conversations will not be representative of people in general (the whole population) but rather a subset (those who are retired, working from home, or have caring responsibilities). This introduces the idea of the 'sample' and 'population'. We rarely can ask the entire

population a question, so we choose a subset (imagine drawing a bucket from a well). If we want a reliable estimate (or in the case of a vaccine trial, have enough infections between two groups to see if there is a difference), we need to ensure the bucket is both big enough, and pulled up enough times, to get a good estimate. As our sample size grows, and as long as the measures are appropriate and consistently used, the accuracy of the estimate improves (the confidence interval tightens).

We need to be aware of what population we are considering. The Scottish Government produces daily COVID statistics. However, as we know there is not just one 'population' - there are many (geographical, level of deprivation, age or occupation). It is important to have measures of each of these populations - as that will influence decision making. To further complicate things that population (people who present to be tested and test positive) are only ever going to be a subset of the population of new infections (as people who are asymptomatic are less likely to be tested).

Finally, when we make comparisons, we need an anchor (a baseline), to measure changes against. For example, if we want to compare how many new cases of COVID there were in March versus November we may choose to compare the number of positive COVID tests at the two time points. However, as the criteria of who got a test may well have changed in that time, we may risk (unless accounted for) drawing from different populations, and the comparison may not be reliable (the apples and oranges of the title).

Summing up then, there are many factors that can influence a statistic. In contrast to Terry Pratchett's comment "...**million-to-one chances happen nine times out of ten**" responsible statistics, well reported, will allow us to interrogate using the basic questions above: How was it measured? who or what was measured or compared? what populations are being considered? are those the populations I am interested in, and, in both accuracy and volume, were the measurements appropriate?

Endowments update Following on from your feedback on the Endowments question we posed on Tuesday, Luan Grugeon, Chair of the NHS Grampian Endowment charity asked us to share this message with all of you:

"Huge thanks to everyone who took the time to let us know your views on use of the staff £10 for social activities in the Daily Brief questionnaire. I will feed this back to all the trustees and we will honour the wishes of the majority. Hopefully, next year there will be opportunities to reconnect socially as staff groups, and I look forward to seeing how Endowments can support these activities. Thanks also to those who emailed different ideas for use of the fund - we will respond to each email in due course. It struck me that we need to do more to communicate to you what the NHS Grampian Endowment charity funds and supports. To start this process off, please [click here](#) to view this graphic on our spending in 2019/20. From now on, I will ensure we use the daily brief to keep you updated on the work of the charity. Whilst there are lots of challenges, there is also a lot of goodwill, kindness and a deep appreciation for the work people are doing in health and care in Grampian."

World Antimicrobial Awareness Week (WAAW) This campaign aims to increase awareness of antimicrobial resistance (AMR) and to encourage best practices among the general public, health workers and policy makers to avoid the further emergence and spread of drug resistant infections which remain a major public health issue. In NHS Grampian hospitals we are launching our new [IV to Oral Switch \(IVOST\) Guidance](#) for patients prescribed intravenous antibiotics. Early IVOST can benefit both patients and clinical teams, with reduced hospital-acquired infections, improved patient satisfaction and improved efficiency. Please follow this guidance in your area. Looking after antibiotics is everyone's responsibility. If we all work together, we can make a difference!

Question of the day Buzzwords. From 'blue sky thinking' to 'synergies', we've all heard them and we're all guilty of using them from time to time. For today's question, we want to find out what buzzwords you've been hearing – at home, at work, on tv. This is just a bit of fun – we aren't setting out to have a go at anyone – so please answer in that spirit! You can take part in the question by clicking [here](#) or copying this link into your browser: <https://www.menti.com/zdjnd4jewh>. We'll share the WordCloud you create in tomorrow's brief

Thought for the day – 58.8 Million That's the estimated number of disposable facemasks being used in the UK every day, according to [research by one waste company](#). That's just by members of the public too – it does not include usage in health & social care settings. While we carefully manage the waste produced in hospitals, you only have to step outside your front door to see the impact this is having on our environment. Discarded masks mingle with crisp packets and squashed drinks cans. The Marine Conservation Society found masks and other discarded items of PPE on nearly a third of the beaches in the UK in their annual survey. No-one is suggesting we stop using masks, so what can we do? The most important thing is to dispose of any mask correctly. In our workplaces, the appropriate lidded bins (either orange stream or black stream) are available, so let's make sure we use them. Encourage friends and family to dispose of masks they use in lidded bins (at home or in the municipal bins provided on-street) as well – this prevents them being blown out of open bins (or getting hauled out by the local seagull population!). Snapping the ear loops on disposable masks prevents wildlife getting tangled up in them. Admittedly small steps, but if we all play our part, they can make a big difference.

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.