

# COVID-19 Brief

coronavirus



Here is the brief for Monday 5 July 2021.

**Grampian data** Here is the local update for today (and over the weekend), including the 7-day rolling positivity rate. As a reminder, this rate is arrived at by dividing the number of positive tests in the past 7 days by the number of tests carried out in the past 7 days. Repeat tests are included in both categories. The figure for the “daily number of new people tested” is only for the number of tests for people who have not been tested previously. A national update is available on the [Public Health Scotland daily dashboard](#).

	Daily number of new people tested	New cases in past 24 hrs	Daily no. of contacts isolated in past 24 hrs	Patients in hospital	Patients in ITU	Deaths in hospital
Sat 3/7	1060	237	210	7	2	0
Sun 4/7	850	192	205	10	2	0
Mon 5/7	773 <small>894 avg daily tested last 3 days</small>	209	266 <small>Up 61 from 4/7/21</small>	11 <small>Up 1 from 4/7/21</small>	1 <small>Down 1 from 4/7/21</small>	0 <small>Last recorded death 26/06</small>
	<small>Tests reported from Illuminate up to 3pm on 3/7/21 NB tests refreshed daily due to lag in reporting</small>	<small>Reported by Scottish Govt up to 8am today</small>	<small>Reported from CMS up to 1530 today</small>	<small>Confirmed patients from Trakcare according to new definitions from 15/9</small>	<small>Confirmed from Trakcare as per SG definitions - excludes patients who were &gt;28 days. ECMO patients included &amp; flagged for COVID-19</small>	<small>Confirmed from Trakcare</small>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                     7 day rolling positivity rate on 3/7 7.93%                 </div>						

**Escalating issues out of office hours** The current increase in COVID community transmission is now starting to impact on the availability of health & social care staff within the Grampian region. At a recent meeting of the Chief Executive Team it was agreed at this time not to step back into a formal civil contingency model, but instead increase visibility and monitoring of staffing absences. It was agreed to remind staff of the escalation, and on-call/out of hours arrangements. A document explaining the process to follow to contact on-call managers for ARI, Dr Gray’s Hospital, the Health & Social Care Partnerships, and the Executive Director on-call is attached to the email used to send out this brief.

**Easing of restrictions** The UK government is due to give an update shortly on plans to further ease restrictions in the coming weeks – please be aware any announcements made will only apply in England and further guidance is expected from the Scottish Government.

**PPE donning & doffing training** This training is taking place fortnightly during the school holiday period, with sessions on 6 July, 20 July, and 3 August – all at 11am and all via Teams. If you need to wear PPE as part of your work duties, keep your skills sharp! You can book your place by emailing [gram.ipc-donn-doff-training@nhs.scot](mailto:gram.ipc-donn-doff-training@nhs.scot)

**New disability payments** Three new benefits - Child Disability Payment (CDP), Adult Disability Payment (ADP) and Pension Age Disability Payment (PADP) are to be launched in Scotland. These will replace the Department for Work and Pension's (DWP's) DLA (Child), Personal Independence Payment (PIP) and Attendance Allowance (AA). The Child Disability Payment launches in 3 pilot areas later this month, before commencing across Scotland in November.

In addition, the Social Security (Scotland) Act 2018 included a new terminal illness definition, for the purposes of accessing disability assistance, which moves away from the 6 month time limited definition of expectation of death that the DWP currently uses. The new Scottish definition does not require an explicit time frame within which death is reasonably expected to occur. The new definition, included in the Social Security (Scotland) Act 2018, and slightly amended by the Social Security Administration and Tribunal Membership Act 2020, states:

“An individual is to be regarded as having a terminal illness for the purpose of determining entitlement to disability assistance if, having had regard to the (Chief Medical Officer's (CMO)) guidance, it is the clinical judgement of an appropriate healthcare professional that the individual has a progressive disease that can reasonably be expected to cause the individual's death.”

The updated 2020 Act included that 'appropriate healthcare professional' must include Registered Medical Practitioner (RMP) and Registered Nurse (RN). A stakeholder event, providing further information on this change, will take place on Wednesday 14 July, 11am-12noon, and will be held on M Teams. [Tickets can be booked on Eventbrite via this link.](#)

**Department of Psychological Medicine (ARI) – emergency number change** The Department of Psychological Medicine (Liaison Psychiatry), ARI, are changing the emergency/duty bleep (2691) to Ascom number 52886. The team will continue to carry the 2691 bleep alongside the Ascom phone during the transition phase. All non-urgent calls will continue to be through our dept number on 52094

**Thought for the day – 73, by George!** The George Cross was instituted during WW2, recognising "acts of the greatest heroism or of the most courage in circumstances of extreme danger". It has been collectively awarded to the NHS today, marking the 73<sup>rd</sup> anniversary of its foundation and recognising the experience of the last 16 months. Now, setting aside any views on the honours system, or things we might rather have had to mark this anniversary, it is worth taking some time to reflect. The NHS is not a static institution. It is a living, breathing, entity, constantly evolving and innovating to meet new challenges. It is far from perfect and there are – of course – things that we wish were done differently (better?). We have collectively, since March 2020, dealt with pressures that the founders could not have imagined. And yet, here we stand. I suspect the vast majority of us do not consider ourselves heroes. We (and I include everyone working in social care in this) are ordinary people, committed to rolling up our sleeves and doing a job that supports the health and wellbeing of everyone. We have been pushed further and harder than we could have believed possible as a result of the pandemic. This experience has changed all of us and will change the services we are part of. It is impossible to know what the future holds. And yet, here we stand. Happy anniversary.

**Tune of the day** This may be fastest u-turn in history! Having just finished saying that most of us probably don't consider ourselves to be heroes, [today's tune is Heroes by David Bowie](#). It goes out to all of you reading. Thank you, for all that you do and all that you bring to health & social care. We are far greater than the sum of our parts.

**Get in touch!** If you've got a question, an item to share with people working in health & social care, or just want to suggest a tune of the day, we want to hear from you! Drop us a line via [gram.communications@nhs.scot](mailto:gram.communications@nhs.scot).