

Here is the brief for Tuesday 19 January 2021.

National lockdown extended As many of you will already be aware, the Scottish Government has extended the lockdown currently in place across the mainland and some island communities – including school closures - until mid-February at least. There will be a further review on 2 February. We should all be familiar with what these restrictions mean in practice by now; you can refresh your memory by clicking [here](#).

COVID-19 vaccine programme As part of the JCVI guidance, health boards are required to provide vaccinations to a range of patient/client facing staff from other organisations. This will include Third Sector partners such as Red Cross or CLAN, and private providers such as nursing/AHP agencies.

These patient and client facing staff will be prioritised ahead of health & social care staff not in patient/client facing roles. This prioritisation follows JCVI risk-based guidance on who needs to receive their vaccines and the priority order in which they are to receive them. If you have submitted a vaccine request, please be assured it will be dealt with, in line with the prioritisation guidance. Please do not submit multiple requests and if you have been vaccinated via Peer vaccination, please ensure any clinic appointment is cancelled, to free up capacity for your colleagues.

All booking teams across Grampian are reporting a high volume of calls from staff asking about second appointments. Please **do not** call, clinics will get in touch with you to offer you your second appointment. Time spent on dealing with phone calls means the staff are not available to booking second appointments.

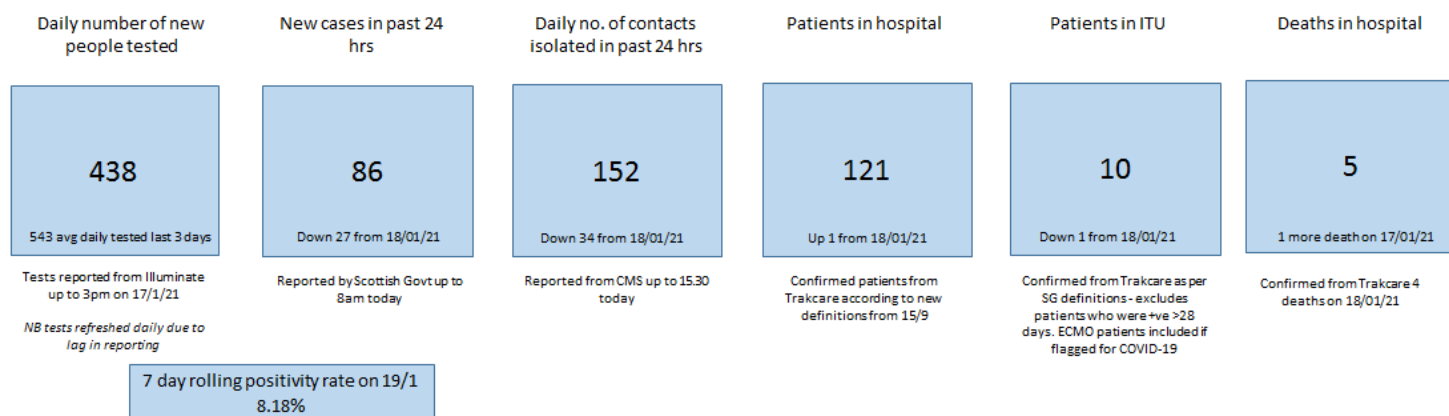
Acute Sector update COVID-19 numbers, although still higher than at any time during last year's peak, are now beginning to plateau and that is visible in our numbers. We remain at 2Ai on our TOM – with three wards taking COVID-19 positive admissions, one being used for stepdown and a second ready to do so when needed.

The Emergency Department saw attendances climbed slightly yesterday with more of the issues we usually see, rather than winter related injuries. Despite this performance has improved slightly in recent days. Within acute, the specialties are extremely tight in terms of bed space and this is continuing to have a knock-on effect on activities. Including some elective surgeries. Staffing also remains challenging in some areas. We continue to work hard, on a daily basis, to create as much bed space and capacity as possible, and our new discharge lounge is helping us to do this. Patients are able to wait there, with medical supervision, while they wait to be taken home – be that by ambulance, family member or any other method. This process frees up much needed space on our wards. Around 65 patients have used this facility since 5 January. We would encourage all teams to consider using the discharge lounge for their patients going home. In time we will look to use the lounge for all patients who require an ambulance to support discharge be moved to the lounge to await their pick-up.

Across acute, we continue to ask staff to take up [asymptomatic testing](#) when they are offered. We have seen excellent uptake, to this point, across cancer wards, long stay care of the elderly and our old age psychiatric wards. Taking part in this screening allows us to better protect patients, protect your colleagues and ultimately protect each of you and your families.

We once again would like to thank each and every one of you for your continued efforts – you continue to be incredible.

Grampian data The local figures for today are shown below. Following feedback, we now include information on the positivity rate in Grampian. Some of you have asked how this figure is arrived at; our calculations follow the government definitions i.e., positive tests in a 7-day period and divides it by the total number of tests in the same period.



If you click [here](#) you can visit the Public Health Scotland website, which includes neighbourhood figures for all local authority areas in Scotland.

Teetering on the 'COVID edge' The numbers we share each day only tell part of the story. We are extremely grateful to Dr Maggie Whyte, consultant clinical neuropsychologist, for sharing this piece with us. It is a very personal reflection on the impact of COVID-19 and, while it is longer than the items we usually include in the brief, we would encourage everyone to read it:

It is the individual stories from the pandemic that show us the true impact. People have suffered and continue to suffer with COVID symptoms, with loss of loved ones, with huge work pressures, with job loss, with poverty. The cost of 2020 will stretch on for years. This is my story, which does not involve any of those hardships for which I am extremely grateful.

In January 2020 we could never have predicted the impact of the virus emerging from Wuhan. For me, March 2020 has memorable markers indicating where it became real. Sat 14th March my son had friends round for his birthday. I didn't cancel but was extra diligent to wipe down surfaces. Sunday 15th I experienced a dry cough but thought nothing of it. It was too early to be COVID. Tues the 17th I was due to be taking a training course for NHS Education Scotland in Edinburgh with psychologists from all round Scotland. My elderly (but very fit) parents were travelling from Edinburgh to help with childcare. The course organisers wanted us to proceed. On Mon 16th I pulled out worried that I would expose my parents through meeting so many others at the course. Tues 17th, my co-facilitator from the training course went off sick. Thurs 19th I sat in a meeting of 10 people in an Ashgrove meeting room, keeping myself apart and coughing into a tissue, still believing my cough was 'too early to be COVID'. Fri 20th I cried with colleagues when discussing how people would not be able to be present at their loved ones death beds.

Over the weekend, I woke several times a night coughing and sweating. Mon 23rd as the country locked down, I was breathless when climbing the stairs, I couldn't fill my lungs and there was a rattling noise as I breathed. Unable to raise my voice to call the kids, I blew my cub leader whistle to summon them (they hated that). I couldn't keep away from the news. The dreadful daily death stats and the stories of people walking to ambulances and never coming back. My elderly mother, who has a lung condition, was phoning daily but I was often not able to speak for coughing and I hated that I was causing more worry. Living alone with my 8- and 11-year-old, I texted a neighbour to let them know I was ill, asked them to be ready to take the kids and contact their Dad, just in case.

Fri 27th, following an emotional Whatsapp call with some colleagues, I stopped linking into work and phoned 111. After a 2.5 hour wait and a conversation with a medic, I felt reassured. My intercostal muscles had been damaged so that I had to bend double to help the pain when coughing. People were amazing. Neighbours and friends dropped off care packages (including the rare gifts of toilet paper and hand sanitiser!), the kids stopped fighting each other and even Sainsbury, by quirk of happy fate, offered me a delivery slot. There were days where I would wake, the fog lifted and I felt better, then the next day I would be just as bad, sometimes worse. Gradually over a long 2 weeks, I recovered and re-joined the psychology team as the wellbeing centre opened providing staff support. We were privileged and humbled to hear the experiences of those on the very frontline and the fundamental impact on their lives.

The only way to understand the impact of the pandemic fully is in the individual stories. Behind every one of the tens of thousands of deaths in the UK is a terrible loss for families and friends. Behind every vaccinated grandmother is an immensely treasured, long awaited hug with a grandchild. There are countless stories of struggle from those with long COVID-19 symptoms which continue to impact daily life, those whose working life and aspirations are turned upside down and those who have been plunged into or further into poverty. All the phrases are right 'we are in this together' 'it's OK to not be OK' and yes, from the ashes of 2020 the phoenix in the form of a vaccine is rising, but we can't lose sight of the devastation and ongoing mountains that individuals have to climb. I have been so lucky during this pandemic but I, in common with many, feel the impact of long-drawn-out pressures and constantly shifting sands and see many friends and colleagues who are managing, but only just. We are all teetering on the 'COVID edge' where a seemingly minor event or comment could push us over. So be compassionate and kind to neighbours, friends, colleagues, family and strangers as we embrace our position on the COVID edge and rope together to keep each other safe.

Thought for the day We are consistently impressed by the thoughtful responses many of you take the time to send in following each brief. Today, we are turning over thought for the day to one such response. This comes from Rosie Crighton, Health visitor and School nurse team leader in Formartine, and is her reflection on 'Blue Monday':

"Yes, it was blue Monday, the sky was a most beautiful shade of dark blue with a fiery sunrise first thing in the morning heralding a bright day. As the sun moved round the sky, the shades of blue changed from bright, 'siren' blue, to a paler watery shade, mixed with ochres and oranges and finally transformed to a deep indigo, enveloping the sky and covering the land with a blanket of deep darkness. I'm glad it was a Blue Monday, grateful for the certainty of a new day, 'blue' heralding the universe's promise of a fresh start every morning. A regular reassuring gift in an otherwise uncertain world. The colour of the sea, the sky, cornflowers, Himalayan poppies, but most importantly the uniform nurses wear, acting as a reminder for the many workers who are struggling to see the 'blue' in our world. Also, acting as a reminder that as the days lengthen, the potential for blue skies and sunnier days will be with us again."

Questions to ask? Information to share? If you have particular questions – or are aware of questions coming from friends and family – please share them with us. We may not be able to answer every question and it may take us time to get a proper answer, but we will endeavour to respond and share the answers. You can get in touch with us via gram.communications@nhs.scot. Please also use that email address if you have items for consideration for future briefs.