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**Sent:** 31 December 2021 16:03

**To:** First Minister <firstminister@gov.scot>; Cabinet Secretary for Health and Social Care <CabSecHSC@gov.scot>; Deputy First Minister and Cabinet Secretary for Covid Recovery <DFMCSR@gov.scot>

**Cc:** Chief Medical Officer <CMO@gov.scot>; Smith G (Gregor) <Gregor.Smith@gov.scot>; Leitch J (Jason) <Jason.Leitch@gov.scot>; DG Health & Social Care <DGHSC@gov.scot>; McAllister C (Colin) <Colin.McAllister@gov.scot>; Hutchison D (David) (Special Adviser) <David.Hutchison@gov.scot>; [redacted]; [redacted]; [redacted]; DG Constitution and External Affairs <dgcea@gov.scot>; Director of Culture, Major Events and Covid Co-ordination <DirectorofCultureMajorEventsandCovidCoordination@gov.scot>; [redacted]; Covid-19 Director <covid-19.director@gov.scot>; McLaughlin C (Christine) <Christine.McLaughlin@gov.scot>; Jackson H (Helena) <Helena.Jackson@gov.scot>; [redacted]; MacDougall A (Audrey) <Audrey.MacDougall@gov.scot>; [redacted]; [redacted]; Burns J (John) <John.Burns@gov.scot>; [redacted]; [redacted]; [redacted]; [redacted]; DL for Covid-19 Deputy Directors <DLHSCPCOVIDDEPDIR@gov.scot>

**Subject:** RE: Covid hospital admissions - detailed information - today

[redacted], colleagues,

We've been working with PHS over the last 24 hours to see what can be done, and by when, to provide a more granular understanding of what is happening in hospitals

The following has been agreed with PHS colleagues.

### **1) Admission because of, or with, COVID**

PHS have quickly developed a methodology for a new clinical audit based on work undertaken by NHS Grampian. This addresses the key question of whether people in hospital have been admitted for COVID symptoms (definite or probable) or admitted for another reason (and COVID was not a contributing factor). Further understanding of the numbers and proportion of people actually admitted due to the variant will also help inform how increasing population prevalence will impact on hospital admissions.

The first of these MI data will be shared in confidence next **Wednesday 5<sup>th</sup> January** and headline data will be published in the PHS COVID Weekly Report on **Friday 7<sup>th</sup> January**.

- NHS GGC clinical audit – this will proceed from tomorrow (1<sup>st</sup> January 2022) with first output on, or before, Wednesday 5<sup>th</sup> January.
- NHS Grampian are also updating their preliminary analysis and this will be shared alongside the GGC audit on, or before, Wednesday 5<sup>th</sup> January
- Additional NHS boards will be recruited on a rolling basis from the 3<sup>rd</sup> January onwards, subject to Caldicott Approval
- As above, the headline data from these audits will be published in the PHS Weekly on 7<sup>th</sup> January and regularly thereafter as data become available.

### **2) Length of Stay Analysis**

Length of stay analysis is possible using the RAPID hospital data. RAPID is predominantly a hospital admissions data set, but does also collect information at subsequent discharge of the patient. PHS note that there is an inevitable time lag in the discharge data being available, because that is dependent on the patient being discharged before it is submitted. That means in the most recent data there is always missing discharge data because many patients have not yet been discharged.

PHS analytical team will run an analysis by length of stay looking at each of the last 4 weeks on **Wednesday 5<sup>th</sup> January**, and will refresh the same analysis again on **Friday 7<sup>th</sup> January** when more up to date RAPID data will be available (there are no RAPID submissions over the holiday weekend). These data will be shared as unpublished MI as soon as available.

The analysis be presented by age (in 10 year age groups) and lengths of stay showing total cases by <24 hours, 24-48 hours, >=48 hours, missing. The age profile of the admissions is really important as length of stay tends to be shorter in younger ages. Therefore PHS advise that an "all ages" total split by length of stay will be misleading, as any apparent reduction may be skewed by the younger age groups.

### **3) Hospital admissions and occupancy**

Separately, PHS routinely publish (in the PHS weekly report) a comparison of positive cases, hospital admissions, and hospital occupancy. This is a key graph as it shows how these metrics are all behaving relative to each other. At present, the admissions and occupancy have not been rising as fast as the case numbers (suggesting lower severity or a vaccine impact). Hospital admissions rising faster than occupancy would suggest a lower length of stay on average (likely driven by the younger age profile of the patient). The chart is available in the weekly report [Public Health Scotland COVID-19 & Winter Statistical Report](#). This will be updated in the PHS Weekly report on **Friday 7<sup>th</sup> January with pre-release access to HSCA on 6<sup>th</sup>**.

### **4) ARHAI data**

PHS and ARHAI colleagues are working together to improve data on interpretation of hospital onset COVID cases. This will ensure a distinction between new admissions to hospital and those testing positive during their stay. In addition, limited intelligence relating to asymptomatic/symptomatic cases is also informing the work to interpret hospitalisation data.

Hope this is helpful.

Happy New Year to you all.

Anita

**Nicola Edge, Anita Morrison**  
**Deputy Directors, Health and Social Care Analysis (HSCA)**  
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**From:** Head of HSCA

**Sent:** 30 December 2021 14:14

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**Subject:** RE: Covid hospital admissions - detailed information - today

[redacted],

Just to confirm we have picked this.

PHS colleagues are already working on the question of because/with COVID.

I'll also go back to them urgently with the additional asks and confirm what can be provided and by when.

Anita

**Nicola Edge, Anita Morrison**  
**Deputy Directors, Health and Social Care Analysis (HSCA)**  
**COVID Public Health Directorate**

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**From:** [redacted] **On Behalf Of** First Minister

**Sent:** 30 December 2021 12:44

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**Importance:** High

Health colleagues,

Further to yesterday's statement, FM is keen to get as soon as possible a much more granular understanding of hospital situation – e.g. insofar as is possible;

- those in with Covid v because of Covid

- daily admissions related to Covid (not just net change in occupancy)
- length of stay
- any other relevant info

Grateful if this can be take forward today, with a view to the relevant information being with us soonest.

Thanks,  
[redacted]

[redacted]

**Deputy Private Secretary to the First Minister**  
**Office of the First Minister**

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*Office of the First Minister of Scotland*

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