Annex D: Rule 9 Request to be provided to Chief Executives of COSLA Members

Annex D contains questions which the COSLA should provide to the Chief Executives of the Scottish councils within the COSLA's membership.

1. The purpose of these requests are to assist the Covid-19 Inquiry to gain an overarching understanding of the roles and responsibilities of Scottish councils as far as this is relevant to matters within the scope of Module 2 and 2A. The Provisional Outline of Scope for Module 2 can be found here. The Provisional Outline of Scope for Module 2A can be found here. The requests at this stage are not an exhaustive list of the areas the Inquiry is examining for the purposes of Module 2 and 2A and are intended to be high level. As such, the Inquiry may be in contact again with further requests for information and underlying documentary evidence in relation to Module 2 and 2A and/or other Modules.

2. For the purposes of this request the statement should focus upon the period of time between the following two dates ("the specified period"):

   A. 21 January 2020, which is the date on which the WHO published its 'Novel Coronavirus (2019-nCoV) Situation Report - 1'.
   B. 30 April 2022, which is the date when the remaining Covid-19 restrictions were lifted in Scotland.

3. If there are matters that you consider are relevant to the Provisional Outline of Scope for Module 2 and 2A, but fall outside of the proposed date frame, please identify those matters in your response.

*** Moray response slotted in below in red.

Local Restrictions

4. Were any local restrictions, in addition to the national restrictions, imposed in your Council? If so, please: NO
    a. Please provide a list, and the dates of, all local restrictions; N/A
    b. Please provide an outline of the framework regarding the decision-making for the imposition of local restrictions N/A
    c. Please identify the input of representatives of your Council into the decisions of the Scottish Government to impose local restrictions N/A
    d. Please identify whether, and if so which, representatives of your Council attended meetings with the Scottish Government to discuss the imposition of local restrictions. N/A
    e. Please identify whether representatives from your Council provided any information or evidence to the Scottish Government in respect of the decisions that were taken regarding the imposition of local restrictions. N/A
    f. Explain whether representatives of your Council agreed with the decisions and/or reasoning of the Scottish Government's decision to impose or extend local restrictions. N/A

5. Please outline any instances, if applicable, where funding implications impacted upon the decisions to impose or extend local restrictions. N/A

6. Please explain whether representatives from your Council, or the Scottish Government of its own volition, considered the impact that local restrictions would have on 'different groups of people.' By this, the Inquiry means at risk and vulnerable people and those with protected characteristics under the Equality Act 2010. Please provide a high level overview of: N/A
    a. how such categories of people, if any, were identified;
    b. any key communications or meetings between your Council and Scottish Government relating to discussions on (i) different groups of people; and (ii) the potential impact of NPIs on such groups;
    c. Any documents or submissions produced by your Council for the Scottish Government relating to discussions on (i) different groups of people; and (ii) the potential impact of NPIs on such groups;

d. Any methods by which your Council monitored the effect of the pandemic or the response to the pandemic on the different categories of people identified.

e. Please outline the process by which your Council canvassed the views or response of the public to NPIs and whether, and if so how, this was communicated to the Scottish Government.

f. Please explain the role played, if any, by representatives of your Council in discussions with the Scottish Government on the impact of the border with England in the imposition of local restrictions. Please provide an outline of any specific occasions that the border with England caused difficulties surrounding the operation of local restrictions

Enforcement

7. Please provide a list of all non-pharmaceutical interventions ("NPIs") which your Council had responsibility to enforce. NPIs include:

   a. The lockdowns in Scotland

      Advice, Enquiry, Complaint (SR module) - 1060
      Interventions (CP module) - 805

   b. Local restrictions

   c. Working from home

   d. Reduction of person to person contact

   e. Social distancing

   f. The use of face coverings

   g. Travel in and out of Scotland (including any consideration of the border with England)

   h. The initial development of Test and Protect

   i. The certification and app systems rolled out by the Scottish Government

j. Repatriation

8. Do you feel you had:
    a. Sufficient guidance from the Scottish Government to explain your role in the enforcement of NPIs; This was a fast paced intervention, the guidance was always after the legislation and usually issued by the SOCOEH working in conjunction with SG.
    b. Sufficient funding to fulfil your role in respect of enforcement of NPIs.

9. Please provide a high-level overview of your Council's interaction with the NPCC or local police force in respect of enforcement of the Coronavirus legislation and regulations. Local communication is excellent with the local police force. Where necessary and enforcement was anticipated to be required across both agendas, join visits to investigate, educate and enforce were carried out.

Public Health Communications

10. Please outline the role your Council played in public health messaging. Please outline:
    a. Whether your Council issued public health messages over the course of the Pandemic;
    Public health messaging was shared via a dedicated webpage on moray.gov.uk, created in March 2020, and daily on corporate social media channels – Facebook, Instagram and Twitter. Internal communications were provided regularly for staff (weekly when necessary) with any updates to national guidance and in particular workplace specific guidance.

    A summary of the First Minister's briefing was available daily on social media channels, with sector specific guidance being shared online and targeted to businesses and individuals.
    Communications to businesses came directly from our Business Gateway and Economic Development teams and reinforced via our pandemic webpage.

b. Whether the Scottish Government, or Public Health Scotland, provided guidance to assist with public health messaging at a local level;

Public health messaging consisted of Scottish Government, NHS Grampian provided and in-house designed graphics and information. The Scottish Government and NHS Grampian provided these regularly with discussions around any changes to messaging taking place at regular PCG meetings. If we had questions around them SG and NHSG comms colleagues were quick to respond with clarifications to allow us to continue to share either their messaging or our own.

c. Whether you monitored understanding of local public health messages, and whether there were any instances of confusion in respect of what regulations or guidance applied to your particular Council;

We increased resources on social media monitoring to undertake sentiment analysis and provide responses, which is not normal practice for us. Questions raised weren't caused by confusion of messages, which were kept clear and succinct, but were often asking for additional information about scenarios we hadn't covered in our messaging (i.e. travel restrictions and household meeting across council boundaries until guidance became incorporated into that national messaging).

d. Whether messaging of the Scottish Government, Public Health Scotland, or the UK Government, caused confusion to members of the public living in your Council;

Changes of levels and having different levels across LA boundaries caused some confusion – as did it being called 'levels' in Scotland and 'tiers' in England. This caused outbreaks of arguments on our social media channels, which we worked hard to contain as there were often contributors giving conflicting information depending on whether they were personally choosing to follow UKG or SG guidance.

e. Whether and how members of the public in your Council could seek assurance as to what measures specifically applied to them;

We increased comms resources, by seconding a member of staff to the team, to provide resilience on social media monitoring and responding. Members of the public were encouraged to seek assurance and guidance from SG channels but we were able to

clarify via social media. The dedicated webpage was kept up-to-date with changing national guidance and links to national Government information.

We formed part of the Grampian Coronavirus Information Hub with Aberdeenshire and Aberdeen City Council, with a dedicated helpline residents could phone for information or request assistance with shopping, collecting prescriptions etc. This was an avenue of reassurance for the public, with phonelines monitored by Council staff.

Over 1000 members of the public and businesses sought guidance from the Environmental Health and Trading Standards services within this Council.

f. What steps were taken to ensure that different religious or faith groups, or those that speak a language other than English or Scottish, were catered for in the use of public health messaging undertaken by your Council.

Links to SG and UKG resources in BSL and other languages were provided. We were not able to provide council communications in other languages. Comms directed at specific faith or religious groups from the SG were promoted, where available.

Lessons learned

11. In respect of any of the above questions, please explain any 'lessons learned' and whether this changed the actions of your Council over the course of the pandemic.

Copy of Grampian LRP Record of Lessons Identified document enclosed below.

GRAMPIAN LRP – Record of Lessons Identified
No.s 1-18 submitted before 3/6/2020
No.s 19-24 submitted 15/6/2020

	Issue Identified/Notable practice	Lesson Category	Context – what happened and when?	Recommended action to address the issue
1.	Set up of GCAH	Activation/Notification	Little input from Moray Council initially therefore local context not always taken into account and understanding limited at Moray Council level.	Closer working between all 3 local authorities to establish principles, high level processes at setup stage etc. A Moray officer seconded to be part of the GCAH management team.
2.	GCAH run at regional level	Command, Control & Coordination	Regional response not recognised by SG processes, with information flow, reporting, responsibility sitting at LA level. Moray responsible officers not always able to access required information as only available at GCAH level.	Recognition at SG level of regional response and amending processes accordingly. Consideration to be given to taking some elements of the GCAH response and developing a local solution to meet local needs (e.g. shielding) and ensure local responsibilities can be met.
3.	GCAH	Resources/Training	Moray staff redeployed to work within the GCAH but unfamiliar with ICT systems (that are familiar within the Aberdeenshire context) and therefore uneasy about taking on the role. Delays in getting staff setup due to different ICT network arrangements	Training needs to take account of differences in understanding and digital skillsets.
4.	Lack of prior sight/heads up from UK and SG about decisions/actions that have significant implications for	Activation/Notification	National announcements on television with immediate effect providing little or no time for	24 hour heads up protocol with longer where possible and a rating of 'how likely to instigate' if measures still in draft

	LA re service delivery and as a large employer and timing of announcements		communicating effectively with the workforce Timing of televised announcements e.g. evening	
5.	Demands for services/resources for services immediately prior to weekend for immediate standing up on Mondays – timing and tone of communications, and unpreparedness of calling agency to deal with what they had then asked for	Activation/Notification, Command Control & Coordination Interagency communications	Request for resources for GCAH coming in late with deadlines for going live on Monday. Led to hive of activity that was not necessary as whole GCAH was not ready to accommodate the staff we contacted. Timescales were not as 'urgent' and they were not prepared to deal with our staff as demonstrated by the chopping and changing of instruction and contacts and consistently negative feedback on these issues from our redeployed people	Less 'knee jerk' communication of demands and requirements with a more considered approach with realistic timescales. Better prep from receiving / co-ordinating agency for ensuring tech, systems and training in place for redeployed staff.
6.	Lack of co-ordination between different agencies trying to address the same issue e.g. Testing	Activation/Notification, Command Control & Coordination Interagency communications	NHS Grampian response, Mobile testing units, army run units (UK govt?), how they work together, the communication and the liaison between them leaves gaps in terms of staff, managers and the public understanding what the test centres are for, who they are for, the workflow around the information and how employers can or can't use that and overall muddled messages particularly difficult to deal with when the various elements are going live without being properly set up.	Taking slightly longer to have a more structured approach that co-ordinated all the agencies and clearly set out which agency would be responsible for which element of the community (i.e. critical workers, other workers, business related, general public) testing and a co-ordinated series of communications around that to employers and public so that everyone is clear on where they go for their testing, and what will happen with the results, or what they need to do with the results.

			Lack of consideration of how employers of people delivering critical and other services should try to manage and communicate with their staff re this.	
7.	Lack of inter-agency data sharing and poor quality of data for matching purposes.	Command Control & Coordination	Request to contact shielded group with data from Public Health Scotland which did not contain telephone numbers. Data was based on CHI which is not widely used at local authority level. Matching of names/addresses to existing LA systems was only partially successful.	Data sharing agreements should be in place and work undertaken to ensure consistency of quality of data to inform actions.
8.	Creation of Work streams	Resources	Excess Deaths – multiple work streams created which are impossible for small authorities like Moray to resource	Give consideration to the balance between clarity of task and inclusion when different resource levels are available
9.	Creation of GCAH pharmacy delivery systems	Command and Control Coordination	Pressure to set up urgently then implementation delayed until all three authorities at same stage then again by NHS approval process – very stop and start	Consider staging points along the process to reach to bring all authorities forward in closer alignment – may be counsel of perfection however given national expectations
10.	National advice/guidance too slow and lacked clarity	Interagency Communications	Key advice/guidance was too slow in forthcoming, even then it lacked clarity and required pragmatic local interpretation, putting additional pressure on staff to answer partners queries as best they could	Direct comms links to those departments sending out the advice/guidance so that quick clarity can be sought, allowing local staff to circulate key information promptly
11.	Timing of LRP Activation	Activation notification	Grampian LRP stood up early initially 2 telephone conference meetings per week moving to 1	No further recommendations

			once into recovery mode. Frequency of meetings appropriate in first instance whilst pace of escalation not clear however in reality it did progress in slow pace.	
12.	Identification of Agency lead for LRP	Command and Control	Chair of LRP initially lay with NHSG owing it to be a health led response. Once activity within NHS escalated the chair moved to Police Scotland. Chair has then moved to local authority.	No further recommendations
13.	Information sharing	Interagency Communications	The information shared through LRP was appropriate. SAS have very established communication pathways direct with NHSG. SAS involved with daily communication at operational, tactical and strategic levels to ensure joint system planning in mobilisation and re-mobilisation planning.	No further recommendations
14.	Communications Strategy	Public Communications	GLRP Comms cell developed Comms strategy	No further recommendations
15.	Implementation of LRP Plans	Plans	Implemented the LRP major infectious disease development plan.	No further recommendations
16.	Resource deployment	Resources	There was an ask for organisations to make available personnel to staff a hub, unfortunately SAS with being a NHS response could not spare any capacity to support.	No further recommendations

17.	Training delivery	Training	SAS prioritised and continued to deliver essential training but other training was suspended or postponed, as per the SAS Resources Escalatory Action Plan.	No further recommendation.
18.	Move to Recovery Phase	Recovery	LRP initiated a "recovery" phase based on the criteria led by the Scottish Government reporting a reduction of Covid deaths daily.	There is a possibility that the term recovery should have been referred to as something different as the Covid incident maybe reducing but with the absence of a vaccine for NHS there is a real risk of demand escalating with the combination of normal business presenting with ease of lockdown measures.
19.	Different Humanitarian Aid response within GLRP	Care for People	Aberdeen City set up their own independent people response. Arguably goes against the principles of Civil Contingences collaboration. Varying response effected clarity of GLRP, in particular Recovery.	Adherence to principles of collaboration.
20.	Exposure that LRPs do not have current plans for dealing with certain aspects of Pandemic	Plans	No excess death plan in place at GLRP	Quickly developed, showing what can be done.
21.	Clarity required around structure and purpose of GLRP Recovery Group	Recovery	Improved communication around purpose and expectation of GLRP Recovery Group	Improved tasking
22.	Need for SG Chair Training	Training	Efficacy of LRP and subsidiary groups correlated to ability of chair	Training to address inequality
23.		Plans	It became evident during the Covid-19 Pandemic response	This exposed the need for consistency in emergency response plans nationwide. This

			that some LRP plans were ignored and some criticised for a lack of detail.	would provide the opportunity to determine what each plan should contain and the level of detail required. The prolonged nature of the emergency response tended towards a desire for practicality, brevity and less detail to allow flexibility across the region
24.	Initial void of useable situational awareness data to inform Response. Perception that meaningful intelligence held at strategic level and not accurately disseminated or shared.	Command, Control & Coordination	Intel gap filled by improved dissemination of RD Daily Update	SCG / MACC to continually assure that information and intelligence properly disseminated to local decision makers