COVID-19: Framework for Decision Making
Scotland's route map through and out of the crisis

Supporting Evidence for the 30 July Review

5 August 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Introduction

Scotland's Route Map, published on 21 May, describes an evidence-led, transparent and phased approach to easing restrictions. To judge whether and when restrictions can be changed, a range of evidence will be considered on the progress of the pandemic in Scotland including what we know about the reproduction rate of the virus and data on the number of infectious cases.

We are currently within Phase 3 of our Route Map and the criteria for entering Phase 3 were:

- R is consistently low and there is a further sustained decline in infectious cases.
- WHO six criteria for easing restrictions must be met.

Any signs of resurgence are closely monitored as part of enhanced community surveillance.

Box 1 below shows the relevant WHO criteria:

Box 1: World Health Organisation: six key criteria for easing restrictions

1. Evidence shows that COVID-19 transmission is controlled.

2. Sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts.

3. Outbreak risks are minimized in high vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings.

4. Preventive measures are established in workplaces, with physical distancing, handwashing facilities and respiratory etiquette in place, and potentially thermal monitoring.

5. Manage the risk of exporting and importing cases from communities with high-risks of transmission.

6. Communities have a voice, are informed, engaged and participatory in the transition.

The criterion which must be met before a move into Phase 4 is as follows:

"[The] virus is no longer considered a significant threat to public health."

This demanding condition reflects the fact of the risks associated with the easing of restrictions that would take place in Phase 4 in the event that the virus continued to represent a public health threat.

Supporting evidence for the move into Phase 1 was published on 28 May; for the move into Phase 2 on 19 June; and for Phase 3 on 14 July.

This current document has been completed by the Scottish Government to inform decisions about timings of changes within Phase 3 as set out at the review point on 30 July.

The data on the R value and infectious pool is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 11) published on 30 July. This sets out Scottish Government modelling of the spread and level of COVID-19 using data from the week up to 24 July 2020 using epidemiological modelling.

The evidence on supplementary measures has been compiled from a range of data sources including the daily data published on the Scottish Government Coronavirus (COVID-19): daily data for Scotland web page and from weekly reports published by Public Health Scotland and National Records of Scotland. This evidence is based on the available published data at 26 July 2020.

Evidence of progress against each of the Phase criteria is set out below.

The data set out in this publication are those that were available ahead of the 30 July review to inform the relevant decisions (more recent data may have been published since then).

Evidence on Phase 4 criteria

The virus is no longer considered a significant threat to public health.

The Chief Medical Officer provides advice on whether this criterion has been met. His advice is as follows:

> "The significant public health threat posed by SARS-CoV-2 persists. This threat has reduced over the period since non-pharmaceutical countermeasures were put in place but in the absence of definitive treatments or vaccine and an estimated population exposure of around 5% to this point, it is a threat that may strengthen as society re-opens. The proportion of tests reported as positive continues to suggest that controls remain effective, but at this stage this data does not yet fully reflect the impact of some of the more recent changes in restrictions that establish more opportunities for society to meet. The prevalence of COVID-19, however, remains very low, and whilst we should not become complacent in our approach there is much encouragement to be taken from the low impact of changes to this point in time. Over the next period we should continue to seek evidence that levels of nosocomial and care home infections are negligible and that community transmission remains suppressed to very low levels."

On this basis the Scottish Government has taken the view that the conditions to move into Phase 4 have not been met at this review point.

It is possible that we will remain within Phase 3 for a significant period of time, but that will be subject to regular review.

Evidence on Phase 3 criteria

WHO criterion 1: Evidence shows that COVID-19 transmission is controlled

R is consistently low

Number of infectious cases is showing a sustained decline

The R value for COVID-19 in Scotland was estimated by SAGE to be between 0.6 and 0.9 on 29 July. Scottish Government analysis, using the Imperial College modelling code, is in agreement with this assessment, and suggests it has been below the critical threshold of 1.0 since 23 March. Given the very low prevalence now in Scotland, the R number itself is likely to become less useful as an indicator.

Further Government modelling estimates the most likely number of infectious people in Scotland on 24 July to be 300. This is the seventeenth week in a row there has been a decline in this number, and has fallen by around three quarters from 1200 cases at the end of June (within a range of between 850 and 1600). This number is forecast to continue to fall for the next two weeks.

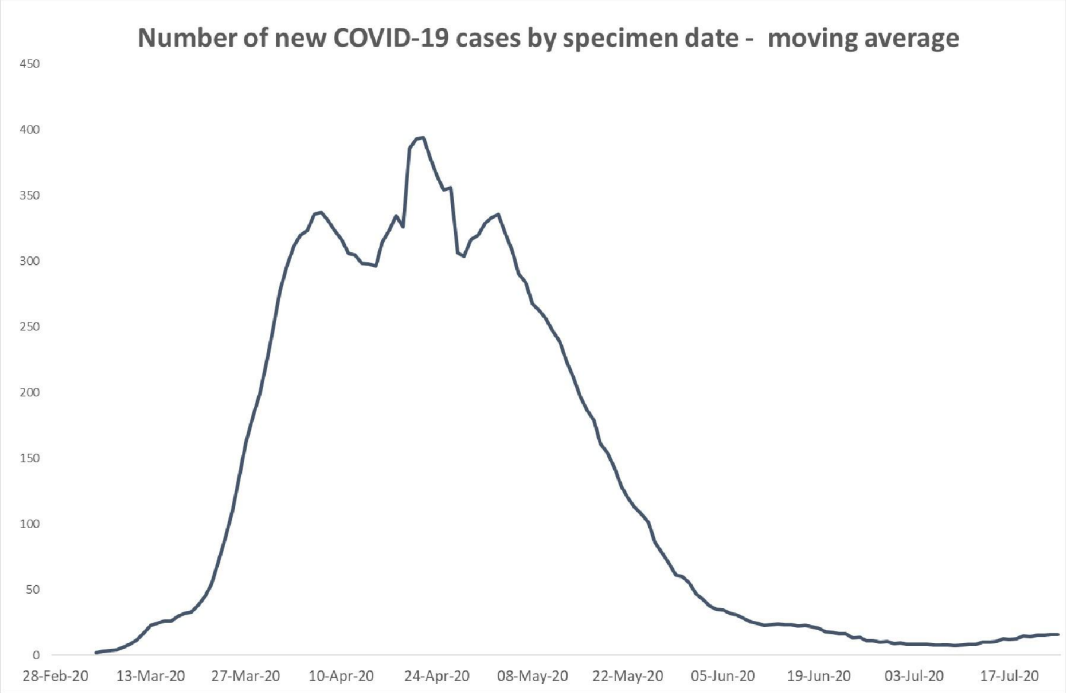
Further modelled information, including short and medium term forecasts of hospital bed and intensive care requirements, along with the above R-value and infectious cases data will be published in a weekly update every Thursday. It takes time for the virus to take its course, therefore we will not fully see the effect of moving to Phase 3 in our modelling until early August.

The criteria for entering Phase 3 included the number of infectious cases showing a sustained decline. Once the virus has been suppressed to very low levels it becomes harder to sustain further declines. At very low numbers, some volatility in the number of cases would be expected but we will need to remain vigilant for any sustained increase.

Supplementary measures

Confirmed COVID-19 cases in Scotland by day

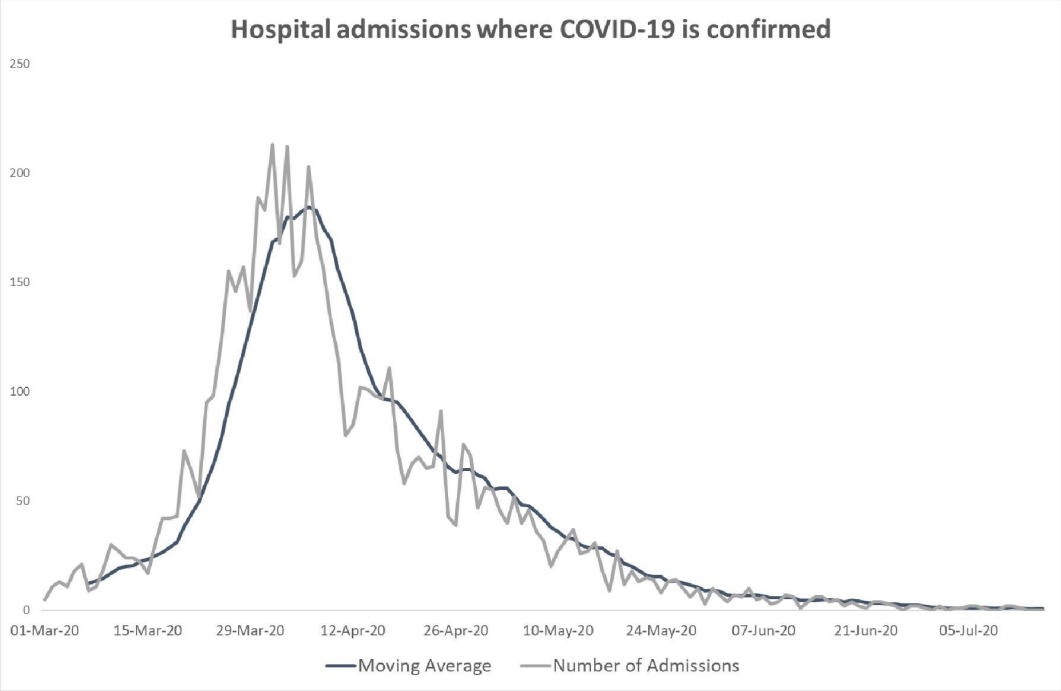
The number of new confirmed COVID-19 cases by specimen date showed a sustained decline since peaking in late April 2020, based on the 7 day moving average, up until 9 July, even in the context of increased testing and expanded eligibility. However in the last 2 weeks we have seen a slight increase in confirmed cases – potentially as a result of increased detection of asymptomatic cases through Test & Protect, but also highlighting that the virus is persisting in Scotland.



Source: Public Health Scotland 26 July 2020
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/

Hospital admissions by day where COVID-19 is confirmed

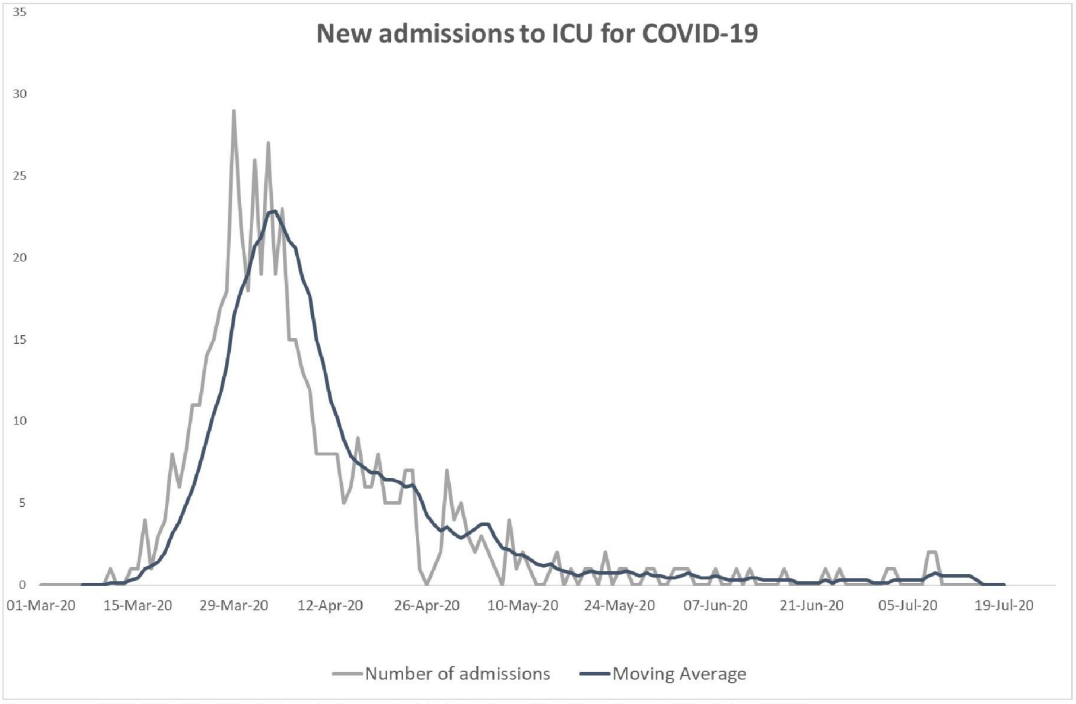
The number of hospital admissions per day for those with a positive COVID-19 result has shown a sustained decline since 7 April 2020, based on the 7 day moving average. From 25 June – 15 July there was on average 1 admission per day.



Source: COVID-19 Statistical Report, Public Health Scotland 22 July 2020
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/

ICU admissions by day of admission to Unit for those where COVID-19 is confirmed

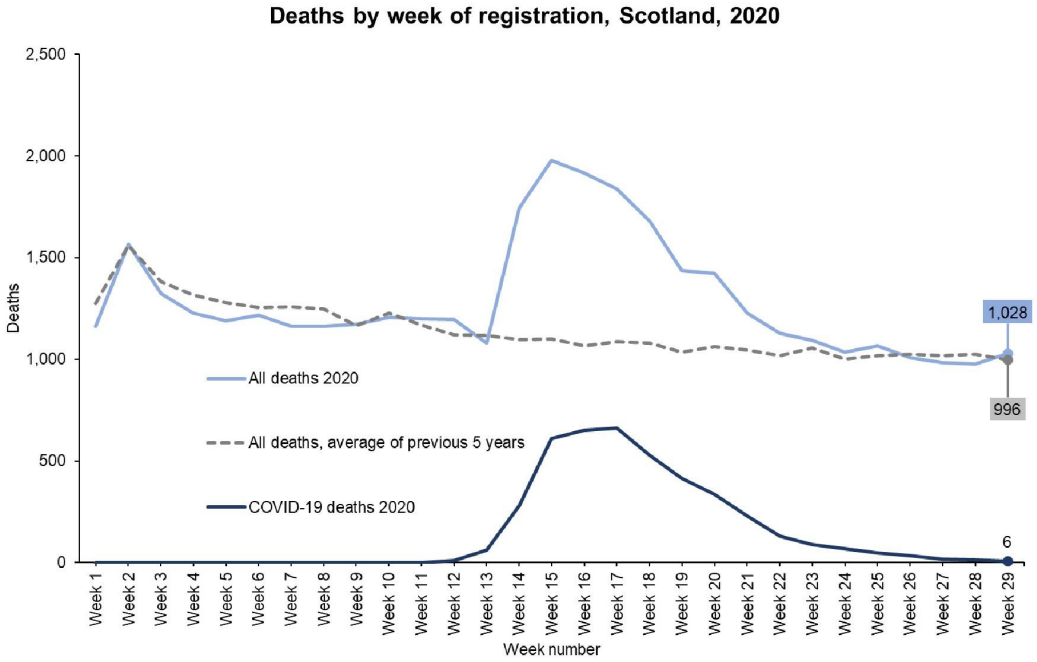
The number of new daily ICU admissions showed a sustained decline since 4 April based on the 7 day moving average, and has been at low levels since early May. From 10 – 19 July 2020, there were 0 confirmed COVID-19 patients admitted to ICU.



Source: COVID-19 Statistical Report, Public Health Scotland 22 July 2020
https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data/

Deaths by week of registration Scotland

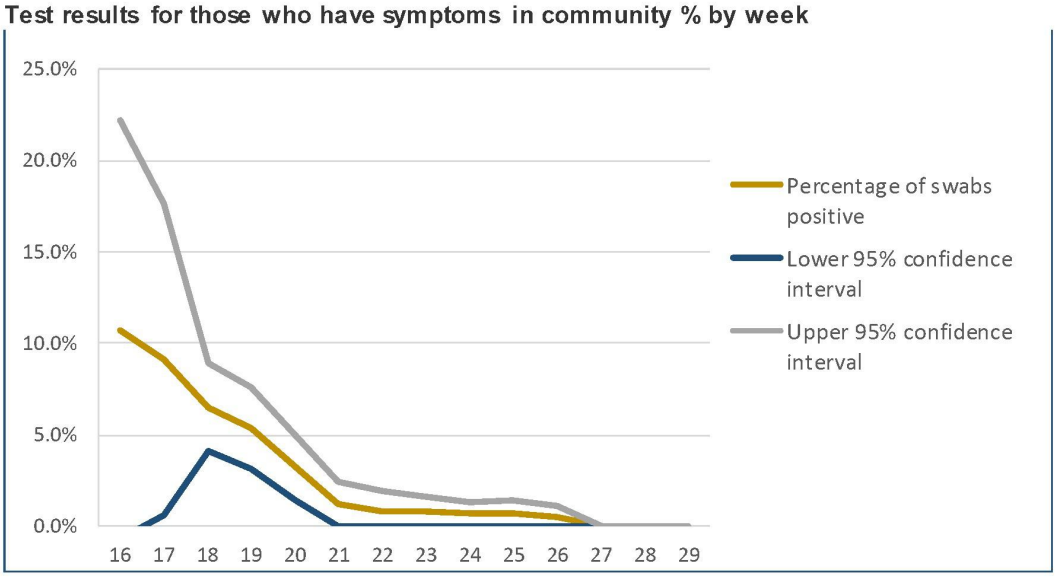
There has been a sustained decline in the number of weekly deaths where COVID-19 is recorded on the death certificate. The number of COVID-19 deaths peaked in Week 17 (20 April to 26 April 2020). Six deaths were registered in the week up to Sunday 19 July, a decrease of 7 from the previous week. Overall, the number of deaths has been around the expected level for the last 6 weeks.



Source: Deaths involving coronavirus (COVID-19) in Scotland, NRS 22 July 2020
https://www.nrscotland.gov.uk/covid19stats

Test result for those who have symptoms in community % by week

The proportion of those who have a positive test for COVID-19 out of those who are symptomatic of COVID-19 in community healthcare has been steadily decreasing since week 16 (13 to 19 April). The weekly swab positivity rate has now been at 0.0% for 3 weeks



Source: Enhanced Surveillance data, Public Health Scotland
Note: Confidence intervals wide in the pilot phase of weeks 16 and 17 due to small numbers

In conclusion:

There is a continued and sustained decline in prevalence of COVID-19 in Scotland.

The number of positive cases has risen slightly over the last two weeks indicating the risk of Covid re-emerging remains present. The evidence for the impact of the early Phase 3 changes will only be available in early August.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point.

WHO criterion 2: Sufficient public health and health system capacities are in place to identify, isolate, test and treat all cases, and to trace and quarantine contacts.

Test & Protect

On 4 May the Scottish Government published its *COVID-19 - Test, Trace, Isolate, Support (TTIS)* paper setting out the approach to controlling the spread of coronavirus in the community. The public-facing name for the TTIS strategy is Test and Protect. It is a public health approach to supporting the management of outbreaks of infectious diseases. It is used to interrupt chains of transmission in the community.

Test and Protect – our direct response to this criterion – launched on 28 May. Test and Protect relies on disease prevalence being low, as well as high levels of public compliance with public health advice including hand and respiratory hygiene, physical distancing and awareness of symptoms.

Scotland's approach to tracing uses established, tried and tested contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level.

All 14 Health Boards across Scotland have flexible contact tracing arrangements in place. They are all ready to support any localised increases in community transmission of the virus that may occur as we take our first steps to ease lockdown restrictions.

Policy interventions

Our approach to testing is focussed on saving lives and protecting the vulnerable, rolling out Test and Protect to interrupt chains of transmission in the community and continuing the vital surveillance work to support our understanding of the disease in Scotland. This is enabling us to continue to expand eligibility for testing, and ensure the necessary capacity exists to support Test and Protect. We are continuing to model what capacity is required in the system to ensure that capacity meets demand and to avoid delays anywhere in the system.

Now Test and Protect has been rolled out, we will continue to work with partners to ensure that everyone who lives in Scotland can access testing. Our health protection teams are experienced in contact tracing across UK and international boundaries. Those teams will continue to work with their counterparts in other areas to deliver effective contact tracing services. We have confidence that people will recognise the importance of taking part in order to protect themselves and each other, just as they have with lockdown.

We have published guidance for the hospitality sector about the collection of customer contact details to assist Test and Protect if required. The guidance was developed in consultation with the hospitality industry and ensures data protection

principles are upheld. This will enable the Test and Protect service, in the event of an outbreak, to get in touch with anyone present at the same time as an individual who tested positive, thus enabling us to break chains of transmission of the virus.

Local Outbreaks

Careful consideration is being given to the ways in which we can prepare for the approaches necessary where different restrictions prove necessary in geographical areas, by way of local lockdown. That has been tested in the experience at Gretna and worked well, both locally in speed and effectiveness of response and nationally through SGoRR arrangements. Criteria for triggering, strong understanding of data, clear public communication, clear escalation criteria and understanding of effective compliance are key.

Systems

Since the start of the pandemic we have significantly increased our testing capacity – original capacity was 350 tests a day. We now have active weekday NHS lab capacity of around 10,000 tests a day (around 8,000 on weekend days) and around 20,000 tests a day from the Glasgow Lighthouse Laboratory, providing overall normal weekday capacity of circa 30,000. The Glasgow Lighthouse Laboratory may process tests taken from across the UK.

This increased testing capacity has enabled us to continually expand eligibility for testing, and ensure the necessary capacity exists to support Test and Protect. Testing of symptomatic individuals was expanded to include children under 5 years of age on 22 July.

We are continuing to model what capacity is required in the system to ensure that capacity meets demand and to avoid delays anywhere in the system.

Health Boards and NHS National Services Scotland (NSS) are working hard to manage demand across different geographies and maximise daily capacity. This includes using real time data to allow variances in capacity and demand to be managed.

We are working closely with Public Health Scotland to support Boards to continue to build local capacity, including delivering support at a national level in the form of a National Contact Tracing Centre (NCTC). The NCTC was rolled out across all Boards by 17 July.

NSS are continuing to develop lab partnerships with all sectors of Scottish society to further build Scotland's testing capacity.

Where there are outbreaks, these are investigated through a risk assessment which takes into account patient confidentiality, public health needs and individual consent issues. Each incident is judged individually. There is scope to make the public aware of incident where appropriate. Anonymised information is used if it is practicable to do so and if it will serve the purpose, and index cases are always asked for permission to disclose their personal details.

Support

We are working with NHS Boards and health care partners on restarting health care services and will ensure there is sufficient capacity to manage additional testing. To enable the remobilisation of the NHS, we will regularly test staff working in specialist cancer units, in long-term care of the elderly, and in long-stay mental health wards.

Since 8 June the UK Social Care Testing Portal has been available in Scotland to help staff to access testing in the care home where they work. Guidance has been provided and updated on use of the Portal, and capacity has been expanded to 67,900 per week, which is more than sufficient for all staff to be offered testing weekly through this route.

We are also testing any health care staff connected to a nosocomial outbreak regardless of symptoms. This testing began on 8 July.

Discussions are under way between health boards and clinical teams about testing patients before surgery, alongside all staff involved in a patient's treatment.

We are continuing to work closely with Board Chief Executives and Directors of Public Health to ensure access to resources to increase testing capacity including Mobile Testing Units (MTU) & UKG Social Care Testing Portal.

The Route Map states that "we will provide information to the public about increases in transmission and significant clusters of cases." Senior Medical Officers (SMOs) have been asked to advise the clinical view on public sharing of information on outbreaks as an expanded Test and Protect approach is implemented.

All health boards are using the digital tools to support contact tracing. We continue to enhance and develop these tools - adding more sophisticated management tools - for use solely by our contact tracing staff. We are also separately developing public-facing versions of these simple tools and users will be involved in the design of these.

We continue to work with the UK Government and independently to explore how proximity tracking via a mobile app may assist the Test and Protect system – but Test and Protect will not be reliant on the use of an app.

Data

Data valid as of 19 July:

953 individuals (1,699 cases) were recorded in the contact tracing software and 2,573 contacts have been traced.

The initial data shows that the average number of contacts per positive case is 1.49; this is what we should expect to see during Phase 1 and 2 of lockdown

restrictions. For the most recent week of data, the average number of contacts per individual is 2.54. This newly-published figure gives us a more accurate reflection of the number of contacts that people have had in the most recent week.

The Scottish Government is working with PHS to understand what data breakdowns are available to identify more local outbreaks.

A sustained decline in transmission has allowed the implementation of a robust system of testing on the basis of significantly expanded capacity. Fast, well trained and effective contact tracing teams are in place; outbreak reporting and monitoring systems have been agreed and implemented; and data systems have been established to ensure that contact tracing is as reliable, rapid and effective as possible. We may be seeing lower than actual levels of symptomatic people booking a test so work is underway to better inform and motivate such people to be tested, in addition to work to make test sampling easier.

In conclusion:

Continuing and sustained decline in transmission coupled with expanded testing capacity has allowed the implementation of a robust testing system.

An efficient Test and Protect and contact tracing system has been introduced across all health boards which uses established and effective contact tracing techniques, delivered by health protection professionals in local teams, with support arrangements at national level.

Localised outbreak reporting and monitoring systems have been agreed and implemented; and data systems have been established to ensure that contact tracing is as reliable, rapid and effective as possible.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point.

WHO criterion 3: Outbreak risks are minimized in high vulnerability settings, such as long-term care facilities (i.e. nursing homes, rehabilitative and mental health centres) and congregate settings.

Hospital Associated Infections (HAI)

On 1 July 2020, National Services Scotland (NSS) published the results of the intensive work to validate data on the source of infections in hospitals. Previously, unvalidated cluster data was self-reported by NHS boards ('health boards'). Scotland is the first part of the UK to publish both unvalidated cluster data and validated data, and hopes that the data helps other countries across the world in their fight against COVID-19.

In spite of the limitations of the unvalidated cluster data, it brought benefits to Scotland's response to this virus by helping health boards to put in appropriate measures to minimise COVID-19 outbreaks, limit the impact to other care services and provide feedback to inform infection prevention and control measures.

Data published more recently is more robust as it looks at each positive case in hospitals and identifies a likely source. This is the most detailed picture of hospital associated infections in the UK to date. Data is now published weekly on the HPS website, and can be found on the NSS website. This data will support our ambition to detect, test, trace, isolate and treat every case of COVID-19.

Publication of validated data adds to steps already being taken in NHS Scotland facilities to minimise risks of virus transmission. These steps were further supplemented on 23 June 2020, with a number of additional precautionary steps:

- Extending the use of surgical masks to be worn by all healthcare staff who work within a healthcare setting and may be unable to physically distance from either patients or staff;
- Out-patients, day case attendances and visitors will be asked to wear a facial covering; and,
- Asymptomatic healthcare staff testing for COVID-19 will be expanded from testing all staff working in an area where there is an outbreak of COVID-19 in a non-COVID ward, to include healthcare staff working in specialist oncology wards, long term care of the elderly wards, and long term care wards in mental health facilities.

NHS Boards will also integrate infection prevention and control into their remobilisation plans so that paused services are better able to be resumed in a safe and clinically prioritised manner. The Scottish Government has emphasised the importance of continually reviewing infection prevention and control measures, and asked them to ensure the effectiveness of their remobilisation plans regarding additional cleaning, the built environment (water), physical distancing, COVID/non-COVID areas for patients, and staff movement and rostering. Effective action in these areas will help to minimise the risk of outbreaks of hospital associated infections.

Prisons

The Scottish Prison Service (SPS) published its COVID-19 route map and related physical distancing guidance on 25 June here. The plan sets out a series of indicative steps through 3 phases that will be taken to ensure the prison service can move forward while acknowledging the measures that will have to be taken due to the unique environment of prison settings. This remains essential to protect the health and well-being of those who live and work in our prisons and to prevent the spread of the virus. It is likely that individual prisons will move between the phases at different rates due to the local guidance and different accommodation types. More guidance on key dates will be published by SPS in due course, however SPS is planning that physical visits will be available in all establishments by Monday 3 August.

New powers have been put in place through the Coronavirus (Scotland) Act 2020 for the early release of a specific class of prisoners held in Scottish prisons. A controlled early release scheme was then undertaken in order to provide the Scottish Prison Service with additional operational capacity. This allowed for a greater use of single cell occupancy, keeping prison staff and the people in their care safe. The early release process has now been completed. 348 prisoners were released under the scheme between 4 May and 1 June.

Operational measures taken by prison and health staff in Scotland continue to be effective in reducing the spread of COVID-19 across the prison estate. As at week ending 24 July, there were no confirmed positive cases of COVID-19 in Scottish prisons and just 2 individuals self-isolating across 2 establishments.

Care Homes

Since the beginning of March, we have taken regular and firm action to support care homes across Scotland and to protect the wellbeing of those who work and live there. Clinical and practical guidance for care homes was first published on 13 March and has been kept updated, most recently on 15 May, to reflect developing circumstances. We have established a Care Homes Clinical and Professional Advisory Group led by the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) to provide up-to-date advice on the response to COVID-19 in the care home sector.

We have tasked Directors of Public Health with providing enhanced clinical leadership to care homes. To supplement this, we have asked all health boards and local authorities to establish multidisciplinary clinical and professional oversight teams – including Medical Directors, Nurse Directors and Chief Social Work Officers – to provide scrutiny of care home provision in their areas.

A Care Homes Rapid Action Group has been established with representatives from across the sector to receive regular updates and activate local action where it is required. As well as providing advice and oversight, we have ensured care homes have the means, resources, and capacity to implement the guidance.

We have established a Care Homes oversight board and developed a safety huddle tool that enables care homes to identify residents' care needs and associated staffing requirements. The information is shared with local care home support and oversight teams to allow them to plan coordinated support for local care homes. Work is underway to automate the tool and support universal adoption.

From 25 May, we started to offer testing to all care home staff, regardless of whether they have symptoms or if there is an ongoing outbreak in their care home. This is being achieved through a range of methods including the UK Government Social Care Testing portal, mobile test units, self-test kits and the employer referral process. Health Boards have been asked to oversee the implementation of this policy. From 10 June, we began to publish data on the number of tests being carried out in each health board. We have asked all health boards to finalise their testing plans and these were made publicly available on 10 July.

We are introducing visiting in care homes in a staged way. This is in response to lower levels of community transmission of the virus and a reduction in deaths and cases in care homes. Our four staged plan published on 25 June permitted outdoor visiting of one visitor from 3 July in adult care homes that have been declared COVID free (28 days from the last positive test or symptoms). Further visiting options, including indoor visiting, will be introduced incrementally.

Other Vulnerable Settings

The package of measures to minimise infection applies to all adult care homes as above. We will strengthen information on other residential settings including adult mental health, learning disability, and forensic services. In addition, we are putting in place comprehensive and location-specific measures across the mental health inpatient estate to minimise the risk of infection. Patient safety is an absolute priority in mental health inpatient settings.

In terms of secure mental health services, as part of the NHS they are following all Scottish Government and Public Health Scotland guidance. This includes measures relating to staff and patients as well as the wider community. In addition, the Minister for Mental Health recently wrote to NHS Chief Executives to set out the presumption that all patients being admitted to a secure hospital should have a negative test before admission, unless the patient does not consent to a test, lacks the capacity to consent or it is in the clinical interests of the person to be moved urgently and then only after a full risk assessment. We continue to liaise with practitioners across the secure mental health estate on a regular basis and are of the view that the measures being taken by secure forensic mental health services are minimising the risks of an outbreak in these settings.

The COVID-19 Children & Families Collective Leadership Group brings senior leaders together to review data on children, young people and families with vulnerabilities, and to identify issues requiring action as we move through and out of the crisis. The Leadership Group is supported by a range of organisations to ensure that the experiences of children, young people, and families inform this

work. A children's residential care group, supported by SG officials including clinical advisors, considers necessary advice to that sector. Alongside continuing liaison with Social Work Scotland and the third sector, this ensures appropriate guidance for social work and social care services for children and families.

There are a wide variety of approaches to social care which pose different levels of risk for different individuals, for example buildings-based services working with multiple people – day care and residential respite – pose greater risk than support at home, working 1:1.

We are working with the Office of the Chief Social Work Adviser (OCSWA) and other stakeholders to agree a route map guiding the safe continuation, resumption and response to changing needs for people in the community in receipt of social care services. This includes carers and personal assistants employed by directly by people who require support. The route map will be driven by a set of overarching and principles, based on human rights and support the moving through different stages of recovery from the pandemic.

The Scientific Advisory Committee recently delivered advice on the wider issue of reopening day care and respite supports, bearing in mind the broad spectrum of ages and user groups that this covers. This is a complex issue given the wide variety of supports, services and user groups involved.

We have used that scientific advice to inform a submission on national actions to support local decisions on re-opening of day care and services, highlighted in Phase 1 of the route map. This includes proposals to develop appropriate guidance with stakeholders and work has begun to develop this. In the interim, the Scottish Government has provided a clear statement for regulators and Health and Social Care Partnerships that building-based support for those with critical needs may be re-opened where support has been adapted with risk assessments in line with the relevant Health Protection Scotland guidance on IPC and PPE as well as physical distancing; and their approach agreed with the local Health Protection team and the Care Inspectorate.

Regarding children's services at the community level, agreement has been reached with stakeholders on when incremental steps for targeted and general support might commence, inside and outdoors, and with groups and households.

The route map for social care services is particularly complex and, as a result, services will look different when they reopen; for example, changed staff to service users ratios in day service provision, which will impact on the unit cost of these services.

Personal Protective Equipment (PPE)

COVID-19 has presented many complex challenges including the provision of PPE at a time when the global supply of PPE has been, and remains, challenging. The Scottish Government, in partnership with the NHS/NSS, Scottish Enterprise, the National Manufacturing Institute Scotland and private companies, has increased both the volume of PPE being manufactured in Scotland and the amount being

imported to provide PPE for both immediate and future needs. We are working with partners within Scotland, across the four UK nations and globally to ensure continued supply and distribution.

Adding to well-established arrangements in hospitals, all health boards now have a Single Point of Contact (SPOC) to manage local PPE supply and distribution for health and social care. For social care, in both the private and public sectors, the supply of PPE is primarily the responsibility of social care providers themselves. However given the pressure on normal supply chains due to COVID-19, we have committed to providing top-up and emergency provision to ensure staff have what they need. As of 30 July we have, since 1 March, distributed 236 million items of PPE to hospitals, 26 million to community care and 98 million to social care.

Other public services, such as the police and fire services, have their own routes of supply, but they are joined up with the Scottish Government Procurement Directorate and, via policy leads, with the PPE Division. We have also established a process with a third party supplier, making PPE available to purchase for organisations providing essential public services if they have difficulty accessing supplies through other means.

Organisations that routinely use PPE, particularly those in health and social care, are generally well placed in terms of demand prediction and supply and guidance has been produced to ensure that all sectors are aware of the appropriate use of PPE and are using it when required by risk assessment alongside other measures to ensure the safety of staff. The Scottish Government will continue to work with all sectors to achieve this, including supporting the development of any further required guidance and helping to address PPE demand and supply problems where they arise. The PPE division has developed a PPE Sustainability strategy to ensure the supply of PPE for Phase 3 and longer-term resilience.

Workforce

Steps have been taken to bolster and support the social care workforce. NHS Education Scotland and Scottish Social Services Council (SSSC) have developed a national online recruitment portal to support local efforts to enable those with relevant skills and experience to re-join the workforce and support health and social care services. The national online recruitment portal went live on 29 March and as of 23 July, 177 individuals have been matched with employers with a further 790 people available to employers, should they need them. This complements extensive work on the ground to deploy local health and social care staff to support care homes.

A national recruitment campaign encouraging people to consider a career in adult social care ran from 27 January until 20 March. We are currently considering a second phase of the campaign.

The Social Care Staff Support Fund became operational on 25 June. This provides support social care staff who, due to the nature of their work or work environment, may be expected to self-isolate on more than one occasion as part of infection prevention and control but whose terms and conditions of employment provide only

for Statutory Sick Pay. Its purpose is to ensure that social care workers do not experience financial hardship if they are off work ill or self-isolating due to coronavirus.

Testing

Our approach to testing is focussed on saving lives and protecting the vulnerable, rolling out Test and Protect to interrupt chains of transmission in the community, and continuing the vital surveillance work to support our understanding of the disease in Scotland.

Test and Protect – our direct response to Criterion 2 – launched on 28 May. Anyone with symptoms of COVID-19 should contact the NHS online or by calling 0800 028 2816 to arrange a test.

Since the start of the outbreak we have significantly increased our testing capacity – the original capacity was 350 tests a day. We now have active weekday NHS lab capacity of around 10,000 tests a day (around 8,000 on weekend days) and around 20,000 tests a day from the Glasgow Lighthouse Laboratory, providing overall normal weekday capacity of circa 30,000. The Glasgow Lighthouse Laboratory may process tests taken from across the UK.

This increased testing capacity has enabled us to continually expand eligibility for testing, and ensure the necessary capacity exists to support Test and Protect. Testing of symptomatic individuals was expanded to include children under 5 years of age on 22 July.

Health Boards and NHS National Services Scotland (NSS) are working hard to manage demand across different geographies and maximise daily capacity. This includes using real time data to allow variances in capacity and demand to be managed.

NSS are continuing to develop lab partnerships with all sectors of Scottish society to further build Scotland's testing capacity.

We are working with NHS Boards and health care partners on restarting health care services and will ensure there is sufficient capacity to manage additional testing. To enable the remobilisation of the NHS, we will regularly test staff working in specialist cancer units, in long-term care of the elderly and in long-stay mental health wards.

Since 8 June the UK Social Care Testing Portal has been available in Scotland to help staff to access testing in the care home where they work. Guidance has been provided and updated on use of the Portal, and capacity has been expanded to 67,900 per week, which is more than sufficient for all staff to be offered testing weekly through this route.

We are also testing any health care staff connected to a nosocomial outbreak regardless of symptoms. This testing began on 8 July.

Discussions are under way between health boards and clinical teams about testing patients before surgery, alongside all staff involved in a patient's treatment.

We are continuing to work closely with health board Chief Executives and Directors of Public Health to ensure access to resources to increase testing capacity including Mobile Testing Units MTU & UKG Social Care Testing Portal.

All health boards are using the digital tools to support contact tracing. We continue to enhance and develop these tools - adding more sophisticated management tools - for use solely by our contact tracing staff. We are also separately developing public-facing versions of these simple tools and users will be involved in the design of these.

We continue to work with the UK Government and independently to explore how proximity tracking via a mobile app may assist the Test and Protect system – but Test and Protect will not be reliant on the use of an app.

Data valid as of 19 July:

953 individuals (1,699 cases) were recorded in the contact tracing software and 2,573 contacts have been traced.

The initial data shows that the average number of contacts per positive case is 1.49; this is what we should expect to see during Phase 1 and 2 of lockdown restrictions. For the most recent week of data, the average number of contacts per individual is 2.54. This newly-published figure gives us a more accurate reflection of the number of contacts that people have had in the most recent week.

Scottish Government are working with PHS to understand what data breakdowns are available to identify more local outbreaks.

Emergency Legislation

We have brought in new legislative powers to ensure the swiftest intervention if individuals in a care home are being put at risk. The Coronavirus (Scotland) (No. 2) Act 2020 contains powers allowing directions to be made of care home providers; ministers to apply for an emergency intervention order in a care home; and powers to voluntarily purchase a care home or care at home service. These powers can be used where there is an anticipated risk to residents' health, life or wellbeing and allow the highest risk cases to be addressed urgently. These additional measures reflect our commitment to working with all stakeholders to take action, adapt and improve the system as new information comes to light.

Care Homes Data

Over the week commencing 10 July:

- At least 1,620 individual care home staff, and 417 residents were tested in care homes with a confirmed case of COVID-19.
- At least 32,829 individual care home staff, and 2,019 residents were tested in care homes with no confirmed cases of COVID-19.

Note: this is based on new data reported by NHS Boards and includes staff and residents tested across all routes. Please also note that we are no longer collecting data from Public Health Scotland regarding testing via NHS labs.

As at 22 July, 81 (8%) adult care homes had a current case of suspected COVID-19. This number relates to care homes who notified the Care Inspectorate of at least one suspected case of COVID-19 in the previous 28 days.

Over the last few weeks, there has a been a consistent decrease in both the number of care home deaths and the number of homes with an active case of COVID-19.

National Records of Scotland are the official source of COVID-19 deaths. The most recent publication on 22 July continues to shows a steady decrease in the weekly number of deaths in care homes, falling from a peak of 340 at the end of April to 3 deaths from 6 to 12 July.

Cases of infection in hospitals, prisons and care homes have consistently declined since late April.

Robust monitoring and reporting mechanisms, together with enhanced funding, provision of PPE and bolstering of the workforce in care settings will ensure that any new cases are quickly identified and isolated and the risk of future outbreaks is minimised.

Application of robust testing measures will ensure that infections are contained, and that staff are routinely tested to ensure their health and wellbeing. We will take further action to address nosocomial infection in healthcare settings that is comprehensive and system wide and that delivers sustainably and at pace; and ensure for care homes full compliance with the testing policy in place.

Funding

We have allocated initial funding of almost £60 million to health boards to route to integration authorities to strengthen resilience. We have also assured local authorities that additional costs arising from COVID-19 will be met by the Scottish Government, aligned to local plans already in place.

In conclusion:

- Cases of infection in hospitals, prisons, care homes and other vulnerable settings have consistently declined since late April.
- Additional, stringent infection prevention and control measures and guidance to safeguard patients and staff in these settings have been established.
- NHS Boards remobilisation plans core aim is to restart paused services in a safe and clinically prioritised manner.
- Well-managed and established plans are in place to meet demand for PPE.
- Application of robust testing measures will ensure that infections are not being moved around the care system, and that staff are routinely tested to ensure their health and wellbeing.
- Early action to address nosocomial infection in healthcare settings that is comprehensive and system wide is being taken.
- Significant national and local funding is in place to strengthen resilience.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point.

WHO criterion 4: Preventive measures are established in workplaces, with physical distancing, handwashing facilities and respiratory etiquette in place, and potentially thermal monitoring.

We have been clear that our economic restart can only be achieved safely and this must be built around three pillars:

- Successful measures to suppress the virus.
- Guidance that promotes Fair and Safe workplaces and sectors.
- The right structures for workplace regulation.

Legislation and Regulation

Employers have a statutory duty under Occupational Health and Safety legislation, which is reserved to the UK Government. The regulatory authority is the Health and Safety Executive (HSE). The HSE has recently reinterpreted the Health and Safety at Work Act 1974 to recognise that infection by the SARS-Cov-2 virus is an occupational risk and that employers must undertake a risk assessment for transmission and put in place appropriate mitigations, such as physical distancing. For those not covered by HSE, the enforcing authority is local authority Environmental Health, acting under HSE guidance.

Workplaces are required to achieve physical distancing under the emergency lockdown regulations. Again, the enforcing authority is local authority (Environmental Health and Trading Standards). Local authority officers can take action on either basis, depending on circumstances. Their approach is currently based on Engage, Explain, Encourage, Enforce (the 4 Es), so they seek to obtain compliance voluntarily where they can.

Officials are working with the wider health and safety community in Scotland, and specifically with Healthy Working Lives and Scottish Hazards around extending access to trustworthy information and advice on addressing the COVID-19 threat in the workplace, particularly for SMEs and for employees with concerns. A Healthy Working Lives mentoring network has been set up, providing an opportunity for professionals to provide peer support on a voluntary basis, in both the preparation required before returning to work and how to continue to work safely once returned to work during COVID-19.

The Scottish Government has issued a joint statement with HSE, local authorities and Police Scotland that sets out the importance of safe working, of the role of the regulators and the importance of engaging the workforce and trades unions in undertaking risk assessments and putting in place means of safe working.

Officials are also working with a wide range of stakeholders, including trades unions, Local Authorities and the Health and Safety Executive to consider ways to assure workers and the public that businesses are operating safely in accordance with guidance and regulations. Potential assurance options include building extra capacity within Local Authorities to check businesses are taking steps to implement guidance and regulations.

Guidance

We have been working with business and industry organisations and trades unions to develop sectoral guidance on safe working. This is in addition to workplace guidance which has been developed by the UK Government and HSE. There are many examples of good practice which are being shared within and across sectors, particularly from essential businesses who have been operating throughout lockdown.

Guidance is being prioritised to support the phasing set out in our Route Map. We have already produced and updated guidance for retail, manufacturing, construction, forestry and environmental management, food and drink, transport, waste and recycling, parts of agriculture, energy, house moving, libraries, small and micro businesses, professional sports, research and labs, creative industries, safer public places, live drive in events, telecommunications, tourism and hospitality. Further guidance is in development for a range of other sectors including finance, technology, contact centres, and culture.

We have updated existing guidance following changes to policy in relation to physical distancing in hospitality, as well as face coverings in retail and transport, to ensure that workplaces are supported to implement these changes.

While many workplaces are re-opening our message remains that organisations should make every reasonable effort to make working from home the default position. We have published guidance to support employers and the self-employed with the continuation of homeworking. It has been developed to complement the suite of COVID-19 related guidance on safer workplaces and can be applied across any sector where homeworking is a feasible option for both workers and businesses.

In March we published a statement of Fair Work Principles, setting out our commitment to ensure that fair work is at the centre of our national response to COVID-19 during lockdown. The development of our guidance to date has been shaped by those principles. On 19 July we issued a new statement with organisations including the Institute of Directors, SCDI, STUC, COSLA and SCVO, underlining the continued collaborative approach that is required between employers, unions, and workers to ensure workplaces can operate safely.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point.

WHO criterion 5: Manage the risk of exporting and importing cases from communities with high risks of transmission.

International

Rationale for measures

Importation of new COVID-19 cases now represents the greatest threat to continued success and to avoiding a resurgence later in the year. Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 regulations continue to be important. There are two measures within the regulations (unless exempt for various reasons): the requirement to provide contact details when travelling to Scotland and the requirement to self-isolate for 14 days on arrival to Scotland.

Scottish Ministers have continued to review the health measures closely over the last three weeks and have assessed that there remains a requirement for them in order to reduce the risk of transmission and safeguard health. This decision was reached following a thorough review process and was relayed to the Scottish Parliament on Monday 20 July.

Review

There is a requirement for Scottish Ministers to formally review these measures every 21 days. This review phase has again been led by a cross Scottish Government working group (comprising colleagues from Health, Justice, Legal, Migration, and Transport) who have assessed both the impact of the regulations and the ongoing need to implement these regulations. Officials are also involved in weekly Operational and Implementation meetings with the other home nations and, as directed by Ministers, have worked to align amendments to the regulations on a four nation basis where possible.

The UK Government's Secretary of State for Transport has requested regular reviews of the evidence with a view to adding countries to the exemptions list on a weekly basis. While we agree regular review of the data is crucial in order to be able rapidly to remove exempted countries when the data indicates serious concern, our preference remains to add countries to the exemptions list at the formal review points; this will enable us to have a degree of assurance that the data for countries provides evidence of a sustained, positive trajectory and will also provide airlines and travellers a degree of certainty regarding their travel plans. Our next review point is Monday 10 August.

Evidence base

The main focus of this review phase centred on country specific exemptions (often referred to as air bridges or travel corridors). The data we use to establish an evidence base for consideration is provided by the UK Government and comes through two separate mechanisms; a Public Health England risk assessment (outlining where countries sit within the Red, Amber, Green risk rating) and JBC (Joint Biomedical Centre) analysis which provides prevalence point data.

The Scottish Government has requested weekly data from the UK Government from both sources to ensure we are able to review regularly and this flow is working at present.

This is particularly important as virus rates fluctuate and a regular, reliable dataset will allow us to make timely decisions to ensure the importation of the virus continues to stay at a low level. We have also urged the UK Government to publish this data for transparency and to provide evidence of effective decision making.

Country specific exemptions

On Friday 10 July, the Scottish Government exempted 57 countries and territories (plus 14 UK overseas territories) from the requirement to self-isolate on arrival in Scotland. These countries and territories were deemed to be low or moderate risk. As Scotland did not exempt Spain from the self-isolation requirement of these regulations at the previous review point, in contrast to the other home nations, particular attention has been paid to the prevalence rates in Spain during this review phase.

Weekly data provided by the JBC since this exclusion had identified a downward turn in prevalence across Spain over a three week period. Following assessment of this data, Scottish Ministers considered the position of Spain to be at a risk level appropriate for Spain to be included on the exemptions list. Subsequently, Spain was added to the exemptions list on Thursday 23 July.

However, further data provided by the JBC on Saturday 25 July, identified that Spanish weekly cases had broadly doubled and that there was an immediate risk of importation of the virus from Spain. It was deemed that this the data showed the risk of importation from Spain was too high for it to remain on the exemptions list. The Scottish Government subsequently announced at 1900 on Saturday 25 July that Spain would be removed from the exemptions list. The change to regulations was implemented at 00:01 on Sunday 26 July. The other UK nations also removed Spain from the exemptions list, with the same implementation date.

Further evidence provided by PHE and JBC in week commencing 27 July identified Luxembourg as an exempt country which had seen a significant increase in cases, moving it from moderate to high risk. Subsequently, the Scottish Government, aligned with the other UK nations, announced on 30 July that Luxembourg would be removed from the exemptions list. This amendment to the regulations was implemented on 31 July.

Further country specific exemptions have been assessed during this period. The importation risk was assessed to be low from the following countries: St Vincent and the Grenadines, Latvia, Estonia, Slovakia, and Slovenia. Aligning with the other home nations these countries have been exempted in our regulations since Tuesday 28 July. Arrivals from all exempt countries and territories are still required to complete the Passenger Locator Form element of these measures.

High risk and moderate risk countries with a significantly higher prevalence rate than Scotland continue to be excluded from the exemptions list. Weekly assessment of the data and evidence provided by Public Health England and the JBC will allow us to continually monitor risk ratings and, where necessary, we will act promptly to remove an exempt country if its risk rating compromises the intention of these regulations.

Sectoral exemptions

There have been no changes to the sectoral exemptions since the last review.

Compliance

Border Force continue to carry out spot checks on arrivals at the border to ensure they have completed the Passenger Locator Form. Passenger compliance continues to be high. Public Health Scotland have commenced follow up calls, offering advice and information to those who are self-isolating. Police Scotland report that, as of 22 July, Police Scotland have received 23 referrals relating to the self-isolation element of these measures with one resulting in a police incident. There has been no enforcement relating to any of these referrals.

Alternative measures

Consideration continues to be given to whether alternative arrangements could be put in place at the international border to reduce the risk of importing new cases of the virus. These have focussed on whether a testing regime could mitigate the risks enough to reduce the need for 14 day quarantine; accepting that the most effective way of mitigating the risk of importation is a well observed regime of 14 day quarantine.

At present it is not considered that there is an alternative package of methods that would manage the risk of exporting and importing cases from communities with high risks of transmission to the extent that the Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 measures do. This will continue to be monitored and assessed, to ensure the most appropriate measures are in place moving forward.

Internal border (Common Travel Area)

Ireland has paused progress through its roadmap out of restrictions at phase 3, delaying a move into the 4th phase until August 10th at the earliest. Several factors contributed to the decision, including the R number for Ireland rising above 1 (currently estimated to be 1.0-1.4), a steadily increasing number of new cases, the 14-day incidence rate increasing from 2.4 per 100,000 people to 3.9 per 100,000 and the rising proportion of new cases being among young people.

The Irish Government is continuing to advise against all non-essential international travel. All incoming passengers arriving at ports and airports are legally required to submit passenger locator information and requested to self-isolate for a 14 day quarantine period. The government is considering options to increase resource in ensuring that passengers are complying with rules through follow-up checks and phone calls.

The Irish Government has now published a 'green list' of countries for whom quarantine travel restrictions will not be required. Travellers coming to and from these locations will not be required to isolate upon entry to Ireland. The list contains 15 countries and is based on European Centre for Disease Control data. Countries with similar or lower prevalence of the virus are included, with countries with higher incidence not (including UK, US, France, Spain). The 15 countries are on the list Malta, Finland, Norway, Italy, Hungary, Estonia, Latvia, Lithuania, Cyprus, Slovakia, Greece, Greenland, Gibraltar, Monaco, and San Marino.

Intra-UK risk

There is the possible risk of exporting or importing cases from communities with high risk of transmission in Scotland or in the other countries of the UK.

The UK Government has, on 17 July, published a COVID Contain Framework for local decision making with statutory guidance which sets out greater powers for councils to take action to address local outbreaks. This includes clear instructions that people should not travel outside of lock-down localities in England. This should have the effect of limiting travel from those areas to Scotland (and anywhere else).

In the event of a significant local outbreak, Ministers have Regulation-making powers under the Coronavirus Act 2020 that would allow Ministers to re-impose lockdown restrictions on a local or regional basis within Scotland if necessary, thus managing the risk of exporting cases from high risk communities.

Scotland continues to develop a responsive system of community surveillance for COVID-19 at national, regional and local level. This approach will utilise a range of existing data sources and build on the existing community of expertise across Scotland.

The enhanced surveillance approach will gather routine and new data. In the community this is gathered from various places including citizens, households, closed settings, primary healthcare, occupational groups and age groups. These data will be monitored closely for trends and also linked to other data sources to enable a fuller picture to be understood of COVID-19 across the population – this will allow identification of signals that the severity, transmission, or impact is worsening in the population and then to be able to respond appropriately to those signals and emerging risks. This supports rapid implementation and action on the ground (including through Test and Protect) by the right actors at the right time.

The development of this surveillance system will help to minimise the spread of COVID-19 in Scotland including when derived from imported cases, by quickly identifying COVID resurgence, clusters, and outbreaks.

The initial changes within Phase 3 (prior to 30 July) brought further gradual re-opening, resumption and scaling up of economic and social interactions. These are necessary to mitigate the overall harm caused by the pandemic and involve sometimes delicate and difficult balances. They also reflect our legal obligation to retain restrictions for no longer than they are deemed proportionate. However this gradual easing of restrictions increases transmission risk. Cross-border movements of people and goods will continue and increase as we ease restrictions. Consequently, it is essential to our plans for a sustainable recovery and to the objective of aspiring to as close to elimination of the virus as possible that we reduce importation risk to an acceptably low level.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met at this review point. However continuing vigilance is required around the management of importation risk.

WHO criterion 6: Communities have a voice, are informed, engaged and participatory in the transition.

Informing the Public

Public briefings continue, led by the First Minister and supported by Cabinet Secretaries and medical and scientific advisors. They continue to provide clear and consistent messaging and are followed by Q&A with journalists. This regular briefing has also been used to launch and direct the public to new publications and information on the government's actions to mitigate the harms of COVID-19.

The messaging provided by the daily briefing has been supported by marketing campaigns, primarily focussed on increasing awareness of and compliance with public health measures and support for those who need it (including for domestic abuse, mental health and managing finances). Messages have evolved as restrictions have lifted, but now, with frequent changes to restrictions, marketing activity focuses on three main areas:

- Compliance (We Are Scotland - an emotive overarching campaign designed to motivate the population to comply)
- FACTS (protection messaging)
- Test & Protect (Scotland's approach to implementing the test, trace, isolate and support strategy).

These campaigns direct people to the nhsinform.scot and gov.scot websites for further information. They are supported by other channels which cover the more nuanced, audience-specific information that is being updated and changed on an almost constant basis (ongoing changes to restrictions). Through our Partnership Team we also engage regularly with various stakeholders, partners and third sector bodies by providing assets via stakeholder toolkits or assets available for download on NHSInform.

Campaigns have additionally targeted a number of different demographics with specific messaging, including:

- General Population – NHS is Open (If it's urgent, it's urgent); Clear Your Head - supporting positive mental health; Scotland Cares – encouraging volunteering and communitarianism.
- At Risk Audiences (adults 70+, adults at increased risk of Covid complications) encouraging additional precautions and offering additional support if required.
- Victims of Domestic Abuse – encouraging access to support services during Covid.
- BAME communities – specific Public Health messaging due to poorer cut through of general messaging.
- Renters – supporting tenants concerned about being evicted.
- Those with financial worries as a result of Covid – increasing awareness of benefits and wider financial support available.

- Young people (18-24 year olds, 13-24 year olds) – demographic-specific public health messaging.
- Parents (of children 0-16 years old, of children 2 - 9 years old) – range of messaging and support products.

Advice and Guidance has been published on a wide range of issues on the Scottish Government website to support individuals and businesses through this period.

A range of documents has been published as part of the Framework for Decision Making series, These outline the approach and principles that will guide us and the Route Map we will follow as we make decisions about transitioning out of the current lockdown arrangements. They also set out the supporting evidence and analysis which supports the framework and the decisions to move to Phases 1, 2 and 3.

Data on the pandemic has been published on the Scottish Government website daily, and is also available in Open Data format. Findings in modelling the epidemic have also been shared online as well as reports of research on public attitudes and behaviours. Work to improve access to data is continuing.

A dashboard which sets out a clear narrative and provides easy access to consistent data has been published. It brings together disparate elements of evidence to help the public understand the data as they relate to the harms caused by COVID-19.

As the drive to use data to better manage the COVID-19 pandemic increases through the Test and Protect system, there is work underway to bring together system-wide ethical, trusted, safe and effective access to the relevant public service data and intelligence.

Finding out about the public

Marketing activity has been developed following insight-gathering qualitative work among different audiences in Scotland. Creative work has been co-created and tested in qualitative research for effectiveness ahead of production. Impact of paid-for-media campaigns has been closely tracked, to ensure that marketing campaigns have been effective. Findings include:

- Campaign awareness for Health messaging has achieved high levels, ranging from 66% to 84%.
- Claimed action (among those who have seen the campaigns) is at very high levels of 85%+ for health related campaigns.
- Trust in advice and guidance has been maintained around 80% (from 73% 7-8th April).
- Awareness of importance of hand washing/cleaning, physical distancing, and keeping hands away from face has been at 88% and over since tracking of these began.
- Levels of importance (as measured by the proportion saying 'very important') increased for physical distancing, wearing a face covering, avoiding crowded places and self-isolating and booking a test at the first

sign of symptoms following the introduction of the FACTS campaign and have for the most part been maintained at higher levels since.
- Perceived importance and usage of face coverings had been increasing but following the new legislation, peaked last week, with 92% saying they wear a face covering at least sometimes (up from 66% the week before).
- Awareness of symptoms has been maintained at more than 80%.

The COVID hub has carried out a range of research, tracking the impact on communities to support effective action to mitigate the harms of the pandemic. This has included polling to monitor public attitudes, behaviours and some of the harm indicators (trust, loneliness and health). This has also involved the production of weekly summaries of trends for wider policy/analysis and monthly summaries published for external audiences.

A consultation with stakeholders has been carried out to explore how community-level organisations responded to the pandemic and their views on the impact of the virus on the people they work with. This helped to contextualise the findings from the polling and survey to provide a more rounded understanding of societal impact.

A commission of focused Social Research analysis has been carried out in the Scottish Government to improve the understanding of the impact of COVID-19, which identified more than 50 pieces of targeted research and rapid reviews of evidence across a wide range of policy areas where harms have been identified. This includes impact on:

- Emerging labour markets
- Student hardship
- Mental health
- Remote court hearings on justice system
- Use of drugs and drug deaths
- Impact on migrant populations
- Review of the impact of Covid-19 funding streams on wellbeing and resilience.

Recognising that the impact of COVID-19 affects certain areas of the community disproportionately, the Scottish Government has worked with partners and stakeholders to understand the impact of COVID-19 on their work. This includes work to improve understanding of the existing data and to identify gaps in the data to help manage risks for both the population and the workforce as lockdown is lifted.

To further this work, an Expert Reference Group (ERG) on COVID-19 and Ethnicity has been established to assess and understand impacts for Minority Ethnic (ME) groups in Scotland. The ERG has met three times and is due to meet again on 6 August. The role of the ERG is to bring together academics and other experts to advise the Scottish Government in its response to any disproportionate impacts of COVID-19 on ME people. The Group will feed into the Race Equality Action Plan (REAP) Programme Board, which continues to have the overarching remit for advancing race equality in Scotland, and will also link in with other relevant bodies such as the SG's COVID Advisory Board, the Social Renewal Advisory Board and

the Economic Recovery Group. In comparison to the broader role of the REAP, the ERG's work is focussed on specific issues arising from COVID-19 in relation to data, inequality, racialized health inequalities, and other identified inequalities in this context.

To support the range of its work, the ERG has established subgroups to explore specific issues such as data, and systemic inequalities; the sub-groups met for the first time on 21 July.

In addition there has been continued wider engagement with race equality stakeholders, the Scottish Government's race equality team meet with a range of stakeholders on an ongoing basis. For example, policy officials met with the Ethnic Minority National Resilience Network (run by BEMIS) on 11 June, to outline the Scottish Government's actions and listen to concerns. The Network shared the priorities that they and their users have, including immediate anxieties and longer-term recovery issues.

Across all areas of government, policy teams have continued to engage in discussions with stakeholders from their respective areas to 'take the temperature' regarding the impact of COVID-19 on different communities across the full range of Scottish Government's work to understand the immediate impacts and to better shape future actions.

Understanding the Impact on Children and Young People

Scottish Government teams have worked with partners and stakeholders to understand the impact of COVID-19 on children and young people. A COVID-19 Children and Families Collective Leadership Group has been established in collaboration with SOLACE, COSLA, Police Scotland, Scottish Children's Reporter Administration (SCRA), Children's Hearings Scotland, the third sector, organisations across education, health and social work sectors, and other key organisations. This Group is gathering data and intelligence about the adversities and challenges being faced by children, young people, and families and to progress local and national actions in response. Current key work-streams involve progressing actions on child protection, disabled CYP, domestic abuse, family support, and kinship families.

Additionally, a regular data collection has been established to understand the impacts of COVID-19 on vulnerable children and families, bringing together intelligence from the 32 Chief Officer Groups and national agencies and delivery partners including the third sector, Police Scotland, and the Health Service. The dataset includes key data on what is happening across children's services partnerships to support children and young people on the child protection register, those looked after and on the edge of care, those affected by poverty and those children and disabled young people. This data collection is being complemented by more detailed reports collating latest research evidence and feedback from service practitioners. Three reports have now been published by the Scottish Government to date, with the most recent available online (published 22 July).

Policy teams will continue to gather data on how Covid is affecting the public. Additionally, more qualitative research will be carried out to supplement the quantitative data we are already gathering. This will make links with existing National Performance Framework (NPF) indicators and measures where relevant. As an example, the Social Renewal Advisory Board is working with Poverty Truth Commissions and local community groups to ensure that the lived experience of those most negatively affected by Covid feeds into our work.

Engaging the public

An online public engagement exercise was launched on 5 May and was live until 11 May. In this time, we received more than 4,000 ideas and almost 18,000 comments relating to the Framework for Decision Making and Test, Trace, Isolate, Support strategy. In total, 11,692 respondents registered for this exercise, of whom 3,274 submitted ideas. All comments and ideas published can be viewed on the platform. A full overview of the engagement exercise has been published online. Outputs from the Dialogue exercise directly fed into the development of the Route Map portion of the Framework for Decision Making, published on 21 May.

In recognition of the evolving approach to Public Engagement across Government, an expert group has been formed to provide advice and guide our public engagement work. The first meeting was held on 26 June and focussed on the needs for engagement in the short term to support people's participation in managing the pandemic. The next meeting is planned for the week commencing 3 August, and will focus on how best the public can be engaged and involved in the Renew process, looking ahead to the longer term.

Engaging to understanding the impact of Shielding

Up to 30 July, just over 180,000 people have been asked to shield for their own safety in Scotland. From the outset the team leading the work recognised the importance of being effectively connected to the citizens affected by this policy so that the impacts on them could be properly understood.

To do this they established a user design and research team to conduct both in-depth qualitative and quantitative work. As part of that work, they have now identified a citizen's panel of about 3,000 people who are shielding and who will be supporting the development of policy and delivery over the next weeks and months.

The User Centred Design Team engaged with people who are shielding or are caring for someone who is shielding (in-depth interviews – 32, survey – 2217); and six proxy users from third sector and support organisations. They were volunteers who had responded to the Framework for Decision-Making, Social Security Experience Panel members, policy and team member networks and via an external recruitment agency.

The work included both 1:1 in-depth telephone interviews and an online survey. This has meant Scottish Government teams working on delivering support and information to those shielding now have a deeper understanding of the lived experience of the cohort. Insights have informed service and policy design from a user centred perspective in a fast-paced environment.

Alongside this work, health and social care analysts have provided more detailed demographic information on the shielding cohort. This information allows policy teams to better understand the make-up of the group and their particular needs: clinical and wider social, economic, and non-Covid health needs. The analytical team have worked with external partners to ensure quality and up-to-date information is shared and analysed to provide support to policy decision-making.

Public Health Scotland have been commissioned to carry out an evaluation of the shielding programme. This has provided input to policy development, but will also provide a retrospective look at the critical initial stages of shielding, giving lessons learned. A survey undertaken by Public Health Scotland as part of the shielding evaluation received 12,700 responses. It covered questions about shielding behaviour, impacts and opinions and provides an invaluable source of information. A full report will be published in due course.

Engagement with Children and Young People

The First Minister and Scottish Government Clinical Director, Jason Leitch, supported by Young Scot, participated in a number of Q & A sessions, during which they have addressed a wide range of issues raised directly by children and young people in Scotland. Additionally, the Deputy First Minister met with a small group of pupils in June 2020 and he took part in a public "town hall style" online event with parents (reaching more than 4,000 people) to engage directly and hear their perspectives.

A Children, Young People and Families (CYPF) Advisory Group (AG) has been set up to ensure that the voices of those groups considered most vulnerable during the pandemic are able to share their lived experience and to participate in solution-based discussions. The group will support the work of the Covid-19 Children and Families Collective Leadership Group. The group has adopted a rolling chair model to support shared leadership and decision making with Children in Scotland taking on the role for the first three month period. The membership of the Group has been extended to include family focused organisations and representation from The Promise.

Any signs of resurgence are closely monitored as part of enhanced community surveillance

As Scotland transitions to the next phase of the COVID-19 pandemic, a responsive system of community surveillance for COVID-19 is essential. The national level measures that have become the mainstay of tracking the pandemic will need to be supplemented by local active surveillance. We expect to see less community transmission, followed by clusters of cases, then more sporadic cases (one or more

cases, imported or locally detected). These need to be carefully monitored, including outbreaks in special settings.

The Scottish Covid Data and Intelligence Network is working to provide an effective pandemic response at national, local, and sectoral levels, and to support public trust by publishing data. That includes the ability to identify potential new clusters of Covid infections at a near real time and on a small area geographical basis.

Data from Test and Protect will be critical to establishing the efficacy of the system and contribute to active surveillance. This includes demonstrating that most new cases are translating into index cases and establishing that high proportions of contacts are traced within 48 hours.

Alongside this, modelling of the pandemic will also continue and will provide an ability to look at the effect of any new cases on the country as a whole and whether this may lead to additional cases that would need to be acted on e.g. around re-imposing lockdown restrictions.

We can determine conditions on whether to re-impose restrictions based on our understanding of the impact on transmission risk of the various changes we have made. Re-imposing restrictions should be considered when key measures cross certain thresholds or meet specified criteria. This could include the estimated levels of R, infectious people, estimated new infections, and observed data.

Other lead indicators are now being tracked to identify any resurgence of the virus as part of enhanced community surveillance efforts in Scotland. There are well established multi-tiered, multi-agency coordinated approaches to managing any public health outbreaks in Scotland. The procedures used are set out in established and effective guidance: The Management of Public Health Incidents: Guidance on the Roles and Responsibilities of NHS led Incident Management Teams. This guidance is well known and well understood by local health partnerships. It was updated and published again on 14 July to reflect COVID legislation and the introduction of Public Health Scotland. To support the publication of the refreshed guidance, officials have developed a position statement that sets out six steps to surveillance and response.

On the basis of the evidence summarised above the assessment is that this Phase 3 criterion continues to be met.

© Crown copyright 2020

This publication is licensed under the terms of the Open Government Licence v3.0 except where otherwise stated. To view this licence, visit **nationalarchives.gov.uk/doc/open-government-licence/version/3** or write to the Information Policy Team, The National Archives, Kew, London TW9 4DU, or email: **psi@nationalarchives.gsi.gov.uk**.

Where we have identified any third party copyright information you will need to obtain permission from the copyright holders concerned.

This publication is available at **www.gov.scot**

Any enquiries regarding this publication should be sent to us at
The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

ISBN: 978-1-83960-949-7 (web only)

Published by The Scottish Government, August 2020

Produced for The Scottish Government by APS Group Scotland, 21 Tennant Street, Edinburgh EH6 5NA
PPDAS752526 (08/20)