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

Supporting Evidence for the 10 September Review

September 2020

Scottish Government
Riaghaltas na h-Alba
gov.scot

Note: **This paper sets out evidence and analysis that was available to inform decision making ahead of the 10 September review point. More recent data will be available on the www.gov.scot website and at** www.publichealthscotland.scot.

Introduction

Scotland's Route Map, published on 21 May, describes an evidence-led, transparent and phased approach to varying 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 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. Supporting evidence for the decision to remain in Phase 3 was also published on 4 and 29 August.

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 10 September.

The data on the R value is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 17) published on 10 September. This sets out Scottish Government modelling of the spread and level of COVID-19 using data from the week up to 3 September 2020 using epidemiological modelling. The latest data on the infectious pool is sourced from Coronavirus (COVID-19): modelling the epidemic in Scotland (Issue No 17) published on 10 September.

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 10 September.

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 10 September review to inform the relevant decisions (more recent data may have been published since then).

Evidence on Phase 4 criteria

To progress to Phase 4, the following criterion must be met:

"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. He has confirmed that his view as expressed at the last review point remains valid and that the Phase 4 criterion has not been met. This judgement reflects both domestic and international data on the progress of the epidemic. Since the last review, there have been increased numbers of local outbreaks and there are indications that the disease activity has increased during this review period and as such, the threat has not receded but increased. Key conditions remain to be met that would support a judgement that the disease no longer represents a significant threat to public health, such as the roll-out of an effective vaccine programme and/or development of effective treatments for the virus that significantly reduced public health risk.

The phase criteria in the Route Map have been set to ensure safe progress between phases and confidence in the ensuing re-opening of the economy and broader society. The Phase 3 criteria were judged to have been met at the 9th July review point, enabling the move into Phase 3. Meeting those criteria involved suppressing the virus to low levels through a sustained decline in infectious cases and a consistently low R number. Even though the criteria are only necessary to be met to enter Phase 3, it remains important to monitor performance against them, including the broader WHO conditions that form part of the phase criteria, to inform ongoing decision-making on the remaining Phase 3 Route Map changes.

Progress against Phase 3 criteria

1. Evidence on the phase criteria has been gathered from across the organisation. The information below represents a summary of those reports.

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

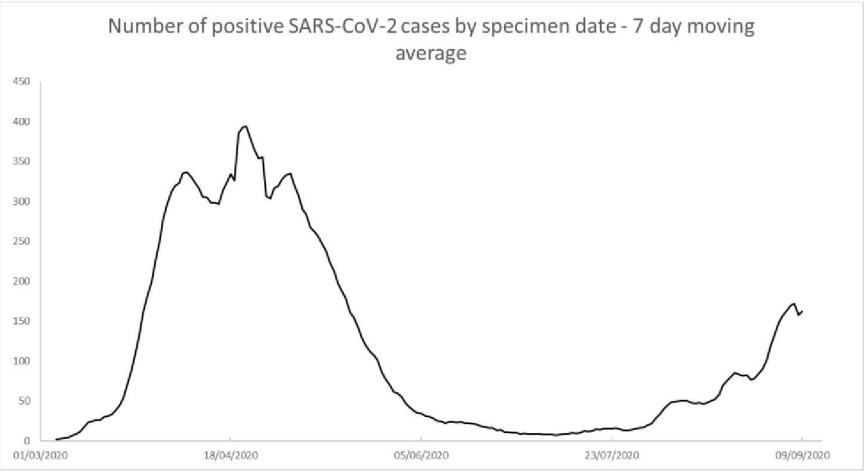
- **R is consistently low**
- **Number of infectious cases is showing a sustained decline**

SAGE's consensus view, as of 9 September, was that the value of R in Scotland was between 1.1 and 1.5. The various groups which report to SPI-M use different sources of data in their models (i.e. deaths, hospital admissions, cases) so their success at capturing recent local outbreaks varies from group to group, leading to increased levels of uncertainty at this point in the epidemic, however R in Scotland is now likely to be above 1. The SAGE consensus is updated weekly on a Thursday.

in the week up to 7 September, the picture across Scotland was one of a general and widespread increase in the number of new confirmed cases. As a result, no local authority areas recorded "significant" (>6.0, $p > 0.05$) levels of cumulative exceedance. The analysis identified Dumfries and Galloway (5.4), Renfrewshire (3.7), West Lothian (3.3) and Glasgow City (3.1) as areas of higher risk of transmission, however given the rising background of positive new cases across the country, these were only slightly above expected levels.

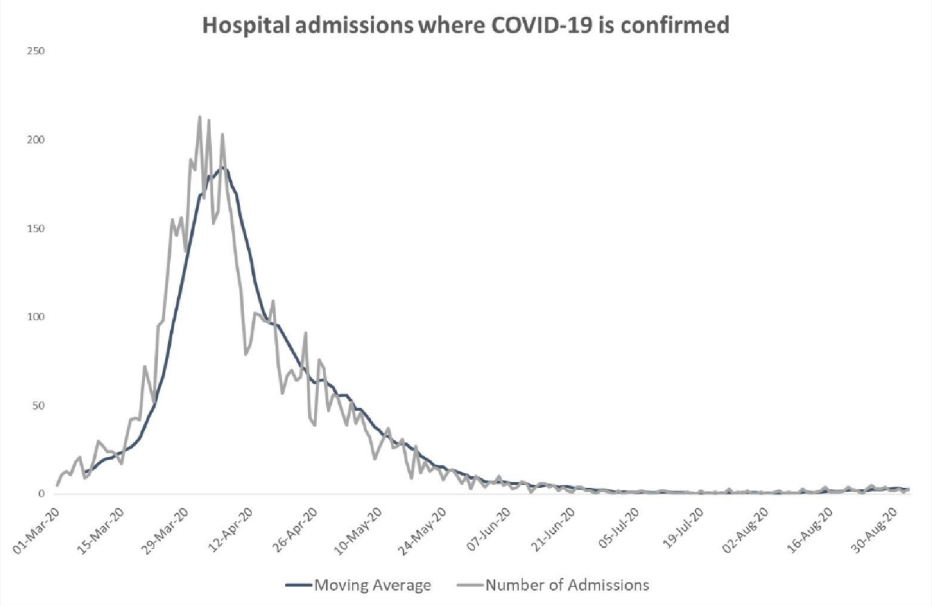
Supplementary measures

The number of new confirmed COVID-19 cases by specimen date showed a sustained decline after 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. Mid-July saw a slight increase in confirmed cases – potentially as a result of increased detection of asymptomatic cases through Test & Protect. Since then the average number of new cases has increased to 159 on 9 September, with noticeable stepped increases associated with outbreaks in Grampian and then in Tayside and around Glasgow.



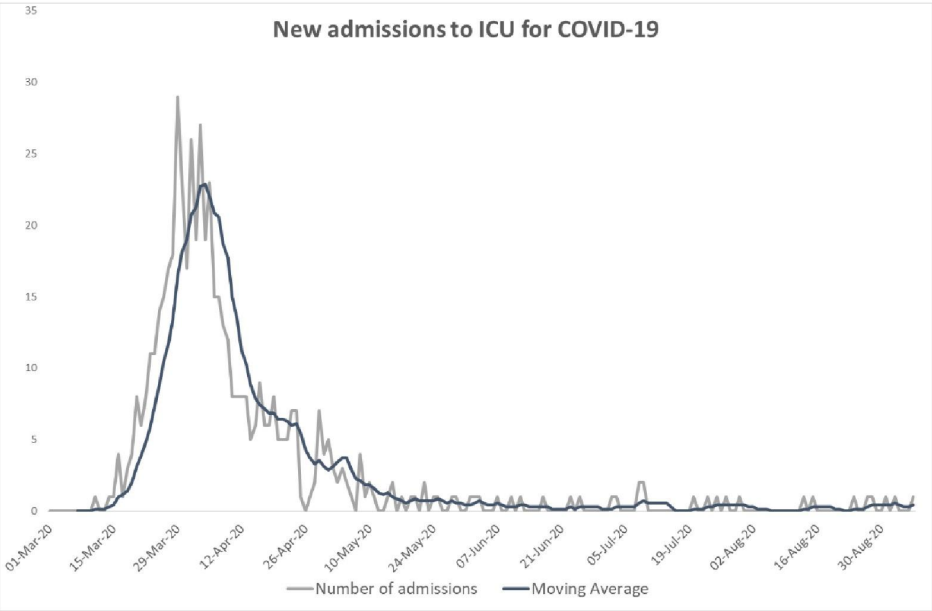
Source: Public Health Scotland, 9 September 2020

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, prior to a small increase over the latest two-week period. Between 20 August and 2 September, there were a total of 37 hospital admissions for patients with confirmed COVID-19, compared to 17 admissions over the preceding two week period, from 6 to 19 August.



Source: COVID-19 Statistical Report, 9 September 2020, Public Health Scotland

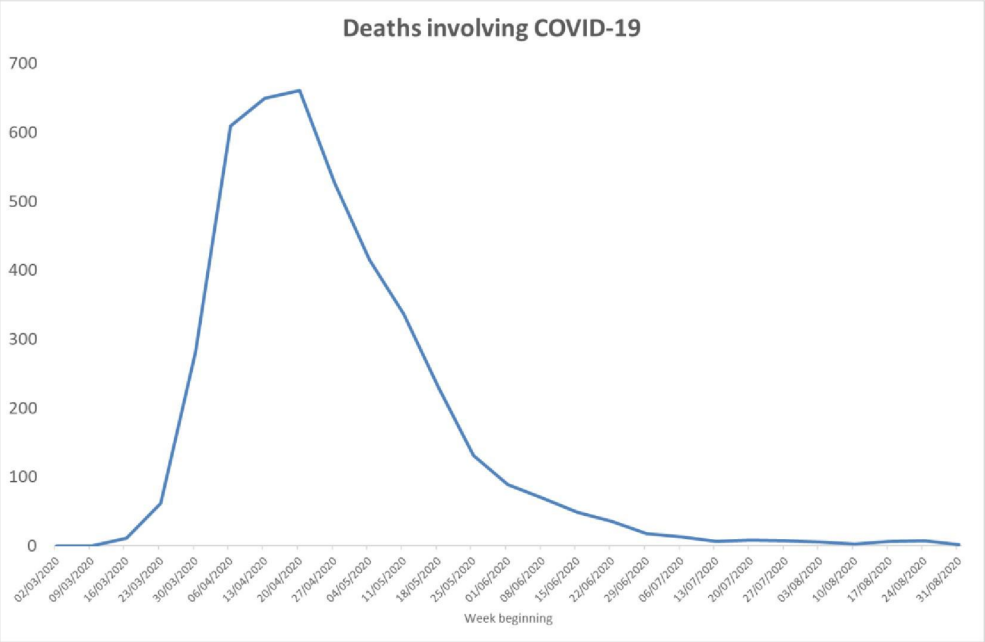
The number of new daily ICU admissions has shown a sustained decline since 4 April based on the 7 day moving average. Between 1 August and 6 September 2020, there were 8 confirmed COVID-19 patients admitted to ICU.



Source: COVID-19 Statistical Report, 9 September 2020, Public Health Scotland

After peaking at 661 in the week ending 26 April (week 17), the number of deaths involving COVID-19 has reduced, and is now less than 1% of the peak level.

As of 6 September, there have been a total of 4,231 deaths registered where COVID-19 was mentioned on the death certificate. In the most recent week (31 Aug – 6 Sept), there were 2 deaths where COVID-19 was mentioned on the death certificate.



Source: https://data.gov.scot/coronavirus-covid-19/detail.html#1_direct_health_harms

The proportion of those who have a positive test for COVID-19 out of those who are symptomatic of COVID-19 in community healthcare remains very low. There were no swab positives for three weeks, week 27 (29 June to 5 July) to week 29 (13 to 19 July) but two positive swabs in the most recent week (24-30 August) which represents 0.2% of swabs.

In conclusion:

Hospital admissions have increased a little recently but remain very low and there have only been 8 ICU admissions between 1 Aug and 6 September. However a marked increase in case numbers has been observed over recent weeks.

This is the first time since March that the upper limit on R has been above 1 in Scotland. Within Grampian, cases in Aberdeen and Aberdeenshire are still exceeding what would be expected at this point in the epidemic.

On the basis of the evidence summarised above the assessment is that this criterion (COVID-19 transmission is controlled) has been met at this review point, although vigilance is critical as new outbreaks emerge.

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 and we use this to interrupt chains of transmission in the community.

Test and Protect – our direct response to criterion 2 – launched on 28 May. This system relies on disease prevalence being low, balanced with high levels of public compliance with public health advice including hand and respiratory hygiene, physical distancing and awareness of symptoms.

Our testing approach has adapted as the pandemic has progressed and as we navigate our way out of lockdown. The COVID-19 testing strategy for Scotland covers testing for the following reasons:

- whole population testing of anyone with symptoms (Test & Protect);
- proactive case finding by testing contacts and testing in outbreaks;
- protecting the vulnerable and preventing outbreaks in high risk settings by routine testing;
- testing for direct patient care, to diagnose and to treat, and to support safe patient care as NHS services restart; and
- surveillance to understand the disease, track prevalence, understand transmission and monitor key sectors.

All 14 territorial Health Boards across Scotland have flexible contact tracing arrangements in place, supported by the National Contact Tracing Centre. The capacity of the contact tracing workforce is kept under constant review to be able to flexibly support any localised increases in community transmission of the virus that may occur. This means that staffing will increase or decrease due to demand and that not all of them will be required at any one time. Our data demonstrates that the system is working well, with 99.1% of index cases and 98.2% of close contacts reached by the contact tracing service between 22 June and 6 September. This is of particular note as we have been able to identify chains of transmission of the virus across the country – which has in turn informed our response to outbreaks and guided the way in which we address the ongoing pandemic.

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 we meet demand and 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 about the collection of visitor contact details, to assist Test and Protect if required, for sectors where there is an increased risk of exposure, including tourism and leisure settings, and places of worship. Further, we have made it mandatory for food and drink hospitality settings to collect visitor contact details, and to share these with NHS Test and Protect if relevant, to support contact tracing. 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.

Following the publication of the Scottish Testing Strategy on 17 August, work is in train to expand testing eligibility to also include asymptomatic close contacts in a move towards more proactive case-finding, recognising selected asymptomatic testing has high levels of potential benefit for the strategic aim of suppressing transmission to the lowest levels possible. This additional eligibility will be turned on as soon as we have confidence there is sufficient testing capacity to meet the increase demand, likely in the coming couple of weeks when the pressures on current testing – in part driven by the return of schools – have stabilised.

Local Outbreaks

Scotland has well established processes for addressing outbreaks of infectious disease. *Managing Public Health Incidents* (MPHI) has been updated to reflect the experience of dealing with coronavirus. MPHI sets out in detail the role of local agencies in addressing local outbreaks, the role of Incident Management Teams and the escalation process for more serious or widespread outbreaks.

Where there are outbreaks, these are investigated through a risk assessment which takes into account patient confidentiality, public health needs and individual consent issues.

As with most countries impacted by COVID-19, Scotland has also seen localised outbreaks of the virus following the lifting of lockdown restrictions. Most recently, we identified two outbreaks (Aberdeen; Glasgow, East Renfrewshire and West Dunbartonshire) which, following clinical advice, led us to implement localised restrictions in an attempt to reduce the spread and contain the outbreak.

The recent outbreaks across Scotland have shown how the local response has managed these proportionately. The outbreak in Aberdeen was managed by the re-imposing of rigorous statutory restrictions, with provision in regulations. In comparison the recent measures introduced in Glasgow and surrounding areas, were managed by re-imposing restrictions on visiting other households. The different approaches taken

were informed by clinical assessments of the main causes of the respective outbreaks: a large number of positive cases associated with the hospitality sector (both clients and staff) in the case of Aberdeen and a significant number of smaller household-related outbreaks in the case of Glasgow, East Renfrewshire and West Dunbartonshire.

Dealing with these outbreaks has demonstrated that criteria for triggering action, strong understanding of data, clear public communication, clear escalation criteria and understanding of effective compliance are key to managing the pandemic and protecting the wider population from further spread.

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 12,006 tests a day (around 10,500 on weekend days). In addition we have UK Government capacity through the Lighthouse Lab network, including the Glasgow Lighthouse Lab which has capacity to do 28,000 tests per day. Scotland receives a population-based share of this capacity, which is currently approximately 12,000 per day.

The UK Government has established 6 Regional Testing Centres and a pool of 18 Mobile Testing Units in Scotland. Any symptomatic individual can access testing via the programme. The Scottish Ambulance Service took over responsibility for the operation of mobile testing units in Scotland from the Army on 1 September 2020. We are continuing to work closely with Board Chief Executives and Directors of Public Health to ensure access to resources to increase testing.

A recent UK-wide surge in testing demand has put greater pressure on existing capacity, leading to temporary shortages of capacity at UK testing sites. We had anticipated that fluctuations in demand would place pressure on the testing system and we were able to activate contingency plans which rapidly brought additional capacity online in Scotland. The surge in demand has also resulted in significant delays in turnaround times on tests conducted through the UK Government programme and we have raised this as a significant concern with the UK Government.

Scaling up of Lighthouse capacity across the UK has been slower than expected. We are working with the UK Government to continue to build sampling pathways, and to build laboratory processing capacity to approximately 65,000 tests between NHS Scotland laboratories and the Lighthouse Lab in Glasgow. It is expected that the Glasgow Lighthouse Lab will still reach 40,000 daily capacity by November 2020. We will continue to work closely with UK officials to secure increased capacity in the Glasgow Lighthouse lab. Care home staff testing will now be carried out by the NHS. This will ensure quicker turnaround times in for care home staff, reduce false positives and to enable timeous action where required.

Following high levels of demand across the UK, we are working closely with Health Boards to provide additional capacity and alternate routes to the UK Government programme. This includes the mobilisation of academic and commercial nodes and the launch of three Regional Hubs this year. We are also working with boards to put

in place alternative arrangements for routine testing of care home staff and are assessing a number of options to increase capacity and reduce turnaround times.

Testing of symptomatic individuals was expanded to include children under 5 years of age on 22 July and we are preparing to further expand eligibility for testing to all close contacts identified through contact tracing, once capacity allows. This will strengthen our case finding abilities and will help identify and break further chains of transmission faster.

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. The UK Government announced on 3 August the roll out of two rapid COVID-19 tests, which can provide results in 90 minutes, and discussions are ongoing about the deployment of these tests to Scotland.

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. As case numbers have been increasing, we have increased resourcing for the National Contact Tracing Centre and continue to staff up our national contact tracing workforce to be able to adapt and respond. In response to the increase in international arrivals needing to quarantine, we are providing a further £1 million to recruit up to 25 new contact tracers to allow the NCTC to recruit additional staff into the team which will be dedicated to quarantine follow-up calls. In parallel, the NCTC has a further 30 staff joining as contact tracers over the next fortnight. This is part of planned increased capacity to handle anticipated increases in positive test results due to more testing. Simultaneously, all boards keep the deployment of their own contact tracing staff under review and there are mutual aid arrangements in place across NHS Scotland to ensure sufficient capacity can be redirected to meet demand.

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 incidents 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.

Contact Tracing App

The Cabinet Secretary for Health and Sport announced on 31 July that a contact tracing app to support NHS Scotland's Test and Protect system was in development and may be made available to the Scottish public as soon as 10th September. The decision to develop our own app followed careful consideration of all the options open

to us, and took into account the undoubted additional benefits that anonymous contract tracing technology can offer Scotland's tried and trusted Test & Protect service. The simple Proximity tracing App named Protect Scotland has been developed by NearForm using the same software as the Republic of Ireland's contact tracing App, which has already been adapted for use in Northern Ireland and Gibraltar and will work with those apps to support movement across the common travel area. The app will offer us an additional tool to support contact tracing efforts and notifies users via Bluetooth technology when they may have been in close proximity with someone who has tested positive for Covid (within 2 metres for 15 minutes or more).

The Scottish Government has committed to engaging with the UK Government regarding the potential of a UK-wide contact tracing App and working towards ensuring that the Scottish App is interoperable across the UK.

The App is free to download, no personal identifiable information is entered and it does not monitor the location of individuals. The App produces aggregated and anonymous Scotland-wide metrics that will enable the Scottish Government and Public Health Scotland to better understand the spread of the virus and plan accordingly, in particular:

- The total number of App users
- The total number of instances where an App user has registered a positive test result and has consented to upload the encrypted anonymous random codes that will be used to alert other App users that they have been in close contact with over the last 14 days (this is also referred to as 'uploading diagnosis keys')
- The total number of alert notifications triggered (this is also called 'exposure notifications').

As it is entirely voluntary to sign up and download the App we appreciate that we are relying on the honesty and participation of the public in order to achieve an effective outcome and reliable tracing system via the App. As with the decision to develop the App, careful consideration has been given to the roll-out and data protection aspects of this digital tool so that we can maintain public trust, raise awareness of the spread of the virus and ensure that we are reaching a broader section of the population.

Data

Data valid as of 7 September:

3,970 individuals (4,707 cases) were recorded in the contact tracing software and 15,197 contacts have been traced.

The average number of contacts per positive case was 1.49 initially; this is what we should expect to see during Phase 1 and 2 of lockdown restrictions. This is now to 5.0 as lockdown restrictions eased further in Phase 3, and reflecting recent outbreaks. For cases generated in the week commencing 24 August, the average number of contacts per individual was 6.1.

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 low prevalence, albeit with a small but sustained increase in daily cases, 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. As case numbers have gone up, we have continued to invest in our National Contact Tracing Centre to ensure staffing can meet demand, and ensured mutual aid arrangements are in place between health boards which ensures support is in place to meet local surge demand.

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 was 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 implement 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. We are mindful of the need for access to and transparency of data, particularly when it is so closely related to Scotland's health.

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, and again revised on 11 August 2020, with a number of additional precautionary steps:

- Extending the use of surgical masks to be worn by all health and social care staff who work in a clinical area of an acute adult (incl. mental health, maternity, neonatal and paediatrics), community hospital, primary care, care at home (community care), or in a care home for the elderly at all times throughout their shift;
- Physical distancing of 2 metres is considered standard practice in all health and care settings;
- Use of face coverings by all outpatients (if tolerated) and visitors when entering a hospital or GP/dental surgery;
- Use of a surgical facemask by all inpatients/residents in the medium and high-risk pathways if this can be tolerated and does not compromise their clinical care; and
- Asymptomatic healthcare staff testing for COVID-19 has been 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.

These steps were informed by the work of the Scottish COVID-19 Nosocomial Advisory Group, which was established at the start of May to focus primarily on analysing and interpreting the existing nosocomial data in Scotland in order to identify additional interventions to reduce in-hospital transmission of COVID-19 and identify what other data are needed.

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 has asked health boards to ensure the effectiveness of their remobilisation plans regarding additional cleaning, the built environment (water), good hand hygiene, 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.

Additionally, Healthcare Improvement Scotland were able to resume inspections of Scottish hospitals in the week commencing 6 July 2020. The safety of all patients, staff and inspectors has been paramount in the resumption of inspections.

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 while acknowledging the precautionary measures that are required due to the unique environment of prison settings. This is 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 through the remainder of the pandemic. It is likely that individual prisons will move between the phases at different rates due to the local guidance and different accommodation types. SPS have taken a number of steps to resume regime activity including the resumption of in-person visits across the estate on 5 August. This provision will be closely monitored and will follow local health protection advice. A virtual visit provision will remain in all prisons to ensure family contact remains in place.

New powers have been put in place through the Coronavirus (Scotland) Act 2020 for the early release of specified groups of prisoners held in Scottish prisons. Consideration is given to whether this is necessary and proportionate and only when this supports the safe and effective operation of prisons, and does not expose the health of prison staff and prisoners. A controlled early release scheme was undertaken in May 2020 in order to provide the SPS with the additional operational capacity necessary to support these aims. This allowed for a greater use of single cell occupancy, increased flexibility and capacity to support individuals requiring to self-isolate or shield, and reduced operational demands on staff. Regulations for the selection of suitable individuals and the handling of releases were placed before Parliament on 4 May and 348 prisoners were released under the scheme between 4 May and its conclusion on 1 June. The Scottish Government will keep the option for further early release activity under consideration, depending on the circumstances within the prison estate, and in the wider community.

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 of 4 September, there are no confirmed cases of COVID-19 in Scottish prisons and 13 individuals self-isolating across 7 establishments. The latest data on COVID-19 in the prison estate can be found here.

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 sponsored by by the Chief Medical Officer (CMO) and Chief Nursing Officer (CNO) to provide up-to-date clinical and professional 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.

We also 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 asked all health boards to finalise their testing plans and these were made publicly available on 10 July.

Since 8 June, the UK Social Care Portal has been available for Scottish staff and care homes. We have access to a weekly maximum of 67,900 tests and this is the primary method by which care homes are testing staff. Staff agencies have also been notified that all staff should be tested prior to deployment into a care home and advised that the UK Government Employer referral portal should be used. Care home staff testing will now be carried out by the NHS. This will ensure quicker turnaround times in for care home staff, reduce false positives and to enable timeous action where required. Reporting testing data nationally will be picked up on the safety huddle tool and will allow us to monitor the data over time and allow us to assess it against staffing, IPC, PPE and residents requirements.

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 stage plan, first published on 25 June and updated on 8 August, 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). Since 10 August care homes have been able to support weekly outdoor visits of up to 3 visitors from no more than 2 households. This is in addition to essential visits in exceptional circumstances which have operated throughout the pandemic. The introduction of one indoor visitor has been permitted following approval of care home plans to support safe indoor visiting since 24 August. Further visiting options will be introduced incrementally and subject to scientific advice. Information gathered from the safety huddle tool will provide further data to support future changes or to support delaying of such changes,

On 3 September we published a staged plan for the return of services who contribute to the wellbeing of residents in care homes. The first stage being the resumption of routine health and social care visiting from 7 September in care homes that have been COVID-free for 28 days. Those care homes participating in the care worker testing programme have had relevant risk assessments signed off by the local Director of Public Health. Communal activities within care homes will also resume on the same date, provided the same conditions are met.

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 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.

Respite and day care support covers a multitude of user groups and settings including building-based services, family-based care, support at home, group activities, community activities, individual support and overnight support. There is nothing to prevent respite support at home, outdoor activities or children's day care from continuing in line with existing infection prevention and control guidance. Respite services remain open for emergencies such as a carer being admitted to hospital or where there are other serious breakdowns in care arrangements. Some modified day care support for adults has remained in place with appropriate physical distancing and hygiene measures.

Guidance to support the safe re-opening and delivery of building-based day services for adults was published on the 31 August on the Scottish Government website and guidance on stand-alone residential respite/short break facilities is under development to issue as soon as possible. Ministers wrote to the sector on 3 August to confirm that, in the interim, these types of building-based services can reopen, subject to risk assessment in line with existing guidance and agreement with the Care Inspectorate and local Health Protection Team.

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 11 August we have, since 1 March, distributed 287 million items of PPE to hospitals, 37 million to community care and 124 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 2 September 122 individuals have been matched with social care employers with a further 847 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 or another amount which is less than their expected income. 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.

Emergency Legislation

As we move through the phases of the Route Map through and out of lockdown and public services begin to re-open we have acted quickly to introduce interventions which will protect the progress that we have made so far. We have amended The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 to expand the mandatory use of face coverings to include certain indoor public places, including museums, galleries, community centres and places of worship. The Regulations have also been amended to exclude face shields as a definition of a face covering, as the emerging scientific and clinical advice indicates that they do not provide adequate protection against aerosol transmission. The use of face shields is still permitted, however you must be worn with a face covering underneath. These amendments were laid on Friday 7 August and came into force at 12:01 on Saturday 8 August.

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 ending 3 September 36,912 staff were tested. This included 880 staff in homes with confirmed COVID -19, 35,980 staff in homes with no cases of confirmed COVID -19 and 52 staff tested across NHS Grampian who could not be allocated to a specific care home.

As at 2 September, 69 (6%) 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.

There was 1 new positive COVID-19 case among care homes residents for week 24 – 30 August.

National Records of Scotland are the official source of COVID-19 deaths. The most recent publication on 9 September continues to show a steady decrease in the weekly number of deaths in care homes, falling from a peak of 341 at the end of April to 2 deaths from 31 to 6 September.

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 confirmed funding of up to £100 million to address immediate sustainability and financial challenges across social care. We are carrying out a detailed review of actual expenditure incurred by Health Boards and Integration Authorities during the first quarter of 2020 and, following that, we will make a funding allocation to further recognise cost implications. We have provided assurance across the sector that the necessary funding will be made available for health and care services in recognition of costs incurred to date in responding to COVID-19, to support remobilisation of services, and to ensure that patient safety remains the top priority at all times.

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; and
- 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 must be achieved safely and must be built around three pillars:

- Successful measures to suppress the virus;
- Guidance that promotes Fair and Safe workplaces and sectors; and
- 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 reinterpreted the Health and Safety and 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.

Scottish Ministers have the power under regulation 4A(1) of the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 ("the Regulations"), to issue guidance on measures which should be taken in order to minimise the risk of the incidence and spread of coronavirus.

Statutory guidance published on 14 August 2020 has been issued under this regulation. Businesses operating in the hospitality sector are required by law to have regard to this. Failure to have regard to its terms is a matter likely to be taken into account should it become necessary to take enforcement action under public health legislation.

Under regulation 4ZA of the Regulations, the recording of customer/visitor contact details is now mandatory and must be implemented in all hospitality settings.

Under Schedule 19 of the Coronavirus Act, Scottish Ministers have now passed on direction-making powers directly to local authorities. The new regulations allow an officer nominated by a Local Authority to give directions relating to specified premises, events and public outdoor places within that Local Authority area.

The legislative requirement for the wearing of face coverings was extended further on 24 August 2020 to encompass a number of businesses which have recently reopened. For example, bingo halls, bowling alleys and casinos.

Officials continue to work 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 the COVID-19 pandemic.

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 organisation 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.

We have already produced and updated guidance across around 30 sectors including retail, manufacturing, construction, forestry and environmental management, food and drink, transport, culture, 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, call/contact centres, tourism and hospitality, indoor sport and leisure, technology, driving lessons, performing arts & venues and general safer workplaces guidance for organisations not covered by sectoral guidance, such as offices. Guidance for soft play areas and community centres is currently under development.

We have updated existing guidance following changes to policy in relation to physical distancing in hospitality, retail and transport, to ensure that workplaces are supported to implement these changes. We have extended the list of indoor public premises where it is mandatory for people to wear face coverings and updated the face covering guidance to reflect latest public health advice. We are also strengthening and updating sectoral guidance based on feedback from regulators.

Updated customer guidance for tourism and hospitality sectors has also been published. It reinforces key health protection measures such as physical distancing requirements, limits on households mixing and providing contact details for test and protect.

Due to the low efficacy rate of temperature checking, the Scottish Government is not recommending this method as a means of testing employees for COVID-19. This advice has now been included within the sectoral guidance.

Non-essential offices working group

As a first step in developing a safe, sustainable, fair and balanced transition for Scotland's cities and town, workers and workplaces, the Scottish Government is also working collaboratively with the Scottish Chambers of Commerce and the STUC to plan for a safe, phased re-opening of non-essential offices and to inform route-map review decisions. Meetings have been held since 3 September.

Noise control measures in hospitality

Additional statutory guidance for the hospitality sector has been published. It stated that for noise control purposes there should be no background music and televisions must be on mute and sub-titled. This issue has been explored in further detail through the development of an expert group led by the Scottish Government.

Home working and Fair Work

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 fair work was at the centre of our national response to COVID-19 during lockdown. The development of our guidance to date has been shaped by these Fair Work 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 needed between employers, unions and workers to ensure workplaces can operate safely.

On the basis of the evidence summarised above, the assessment is that this criterion has been met at this review point.

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

International

Importation of new COVID-19 cases represents one of the greatest threats to continued control of the virus - that is why the Health Protection (Coronavirus) (International Travel) (Scotland) Regulations 2020 regulations continue to be so important. There are two measures within the regulations (unless an exemption applies): the requirement to provide contact details when travelling to Scotland and the requirement to self-isolate for 14 days on arrival to Scotland. Guidance on these regulations is available here.

Review

Scottish Ministers have continued to review the health measures closely over the last three weeks and have assessed that there remains a requirement for these regulations to remain in place. This decision was relayed to the Scottish Parliament on Monday 31 August via a Government Initiated Question (GIQ). The next review point is Monday 21 September.

Evidence base

We continue to assess country specific exemptions (often referred to as air bridges or travel corridors) on a weekly basis. The data we use to establish an evidence base for consideration is provided by the UK Government and comes through a Public Health England (PHE) risk assessment (outlining where countries sit within the Red, Amber, Green risk rating) and Joint Biosecurity Centre (JBC) analysis which provides data on the number of cases in the countries. Changes are made with great urgency to ensure public health is not compromised in Scotland. We are not required to wait for the formal review date to make these amendments to the regulations.

The data provided by the JBC and PHE is owned by the UK Government. We continue to urge the UK Government to publish the data transparently 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, with lower infection rates than Scotland. All arrivals and returnees from exempt countries are still required to provide contact details through the Passenger Locator Form (PLF) and Public Health Scotland use this information from the PLF to contact the individual if they, or someone they have have travelled with develops coronavirus symptoms.

If there is clear evidence of risk we will take action to remove a country or territory from the exemption list if necessary to safeguard public health. The decision to remove a country must be made on public health grounds. There have been a number of

changes to the country exemptions list since 10 July. Spain and France were removed from the list on 26 July and 15 August respectively, and a number of other countries have been removed as outlined in previous updates. There have been fewer additions to the list, including Portugal on 22 August.

Since the previous update, there have been further additions and removals to the exemptions lists. JBC/PHE data, week commencing 17 August, identified significant concerns regarding the rise in cases in Austria, Croatia, Switzerland and Trinidad & Tobago. Across the four nations there was agreement to remove Austria, Croatia and Trinidad & Tobago, and the Scottish Government also decided to exclude Switzerland due to concerns over the increase in its weekly virus cases in comparison to Scotland. The other UK nations decided not remove Switzerland, although they have since aligned with the Scottish Government position. There was also four nation agreement to add Portugal to the exemptions list, as evidence over a number of weeks has highlighted a reduced number of cases across the country. These changes were implemented on Saturday 22 August. The following week the Czech Republic and Jamaica were also removed from the exemptions list due to rising rates of the virus and Cuba was added to the list as the evidence identified a consistent trend in reduced cases. These changes were implemented on Saturday 29 August.

In the week commencing 31 August significant issues were raised relating to high numbers of imported cases from Greece into Scotland and the wider UK. Scottish Ministers subsequently considered that Greece represented an extraordinary situation and agreed to remove Greece from the exemptions list on Thursday 3 September.

Further concerns were raised in the full JBC/PHE analysis regarding the virus rates in Portugal and French Polynesia. Ministers therefore assessed that Portugal and French Polynesia represented a significant risk of imported transmission and agreed to remove both countries from the exemption list from 5 September.

We will continue to closely monitor the situation and if the evidence suggests an exempt country may provide increased risk, we will not hesitate to reinstate quarantine arrangements, as has been the case with several countries. It is clear that the situation can change very quickly and immediate action is likely to continue to be required – the last weekly cycle has shown a divergence in approach which can occur as the four UK Governments make their own decisions based on the balance the risk of imported transmission in relation to their own virus rates.

Sectoral exemptions

We have aligned with the UK Government on some changes to the regulations relating to maritime workers, updating the sporting competitions which are applicable for exemption and a small change to the Passenger Locator Form. It is considered that these amendments do not negatively impact on the rationale behind these regulations but we continue to review these exemptions as part of our ongoing review process and will not hesitate to make changes if evidence suggests that any of the current exemptions pose a risk to public health. We continue to work with partners to ensure there is appropriate advice and guidance available to sectors who have exemptions from the requirement to self-isolate. Further exemptions for consideration have been

provided to officials that are being reviewed; it is likely that we will adopt a cautious approach to any further exemptions.

Compliance

Border Force continue to carry out spot checks on arrivals at the border to ensure they have completed the Passenger Locator Form. Work continues to improve and streamline the Passenger Locator Form which should allow for greater compliance.

Police Scotland can be notified of potential breaches of the requirements under International Travel regulations through two main routes: from members of the public using the 101 number and through a referral process from Public Health Scotland. As of 26 August, published data shows that Police Scotland made 168 referrals to the Home Office to check on the self-isolation and exemption status in relation to reported breaches of the requirements and have issued one Fixed Penalty Notice. As with the domestic lockdown measures, Police Scotland's proportionate operational approach is based on the 4 Es, where officers, Engage, Educate, Encourage and only Enforce if absolutely necessary.

Passenger arrivals into Scotland are provided by the Home Office to Public Health Scotland (PHS). PHS then take a sample of those passengers who are required to quarantine and pass the data to NHS National Services Scotland, which runs the National Contact Tracing Centre. Up to the end of July, the National Centre has been averaging around 600 contacts per week. Up to 6 September 5,323 individuals have been contacted so far, with 4,085 successful contacts made and a further 389 in progress. Scottish Ministers have agreed to provide further resource to Public Health Scotland to enhance capacity for follow up calls offering advice and guidance to people self-isolating on return. Public Health Scotland can also refer concerns they have to Police Scotland for further investigation. For the period 31 July to 23 August, Public Health Scotland has confirmed that the details of 103 passengers were passed to Police Scotland under these arrangements.

Internal border (Common Travel Area)

Intra-UK risk

There is a risk that the virus will be exported from communities with higher prevalence in Scotland and elsewhere in the UK to communities with lower prevalence. Tourism to Scotland has now opened up (including all holiday accommodation), which means that citizens from other parts of the UK can now travel to Scotland.

A practical approach for managing transmission to and from communities with high rates of transmission in the rest of the UK is to rely on systems for instituting local lockdowns being developed in each country. The UK Government 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 lockdown localities in England. On 31 July, the UK Government introduced stricter lockdown rules for parts of northern England following evidence of increased

transmission. 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. Following an increase in the number of cases in the Aberdeen City Council area, restrictions on travel, indoor gatherings and hospitality were introduced on 5 August. Restrictions were introduced in Glasgow, East Renfrewshire and West Dunbartonshire from 2 September and extended to East Dunbartonshire and Renfrewshire on 7 September.

Scotland is developing 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 those derived from imported cases by quickly identifying COVID resurgence, clusters, and outbreaks.

Phase 3 brought further gradual re-opening, resumption and scaling up of economic and social interactions. Those changes were 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 that we reduce importation risk to an acceptably low level.

On the basis of the evidence summarised above, the assessment is that this criterion has been 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

Ministerial briefings to the public continue. These are led by the First Minister supported by medical and scientific advisors. These also act as a forum to outline economic and social actions to mitigate the harms caused by the Pandemic. 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 focused 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 empower 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 a regular 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 for download on NHSInform.

Paid-for-media campaigns have additionally targeted a number of different demographics with specific messaging including: General Population – NHS Remobilisation campaign; and Clear Your Head - supporting positive mental health. Phase 3 of this has recently launched to promote continuance of physical activity as a coping mechanism during the pandemic.

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. Recent publications have included information for people who are asked to self-isolate, guidance for care homes around visiting, and the dynamic guidance around international travel which is kept under review constantly.

We continue to share information around Scotland's route map, including supporting evidence for each review .

Data on the pandemic has continued to be published on the Scottish Government website daily, and is also available in Open Data format. Public Health Scotland launched their improved dashboard at the end of July and is regularly updated. Findings on modelling the epidemic continue to be shared online as well as reports of research on public attitudes and behaviours. Data on the Four Harms continue to be published on the dedicated dashboard.

Much of this work is led by the Data and Intelligence Network - a collaborative initiative bringing together public service organisations, including national and local government and health and care organisations to provide a safe, expedient and ethical access to use data and intelligence to effectively manage our response to the COVID-19 public health emergency. It has enabled rapid response to combine sources of data to solve priority issues and is building its capacity to do more.

Finding out about the public

The intention here is to develop a clear understanding of how COVID-19 and the response to it are impacting different sectors of the public. To gain an understanding of the attitudes and beliefs held by the public at this time.

Marketing activity has been developed following insight gathering qualitative groups 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[1]:

For phase 2 of the Test & Protect campaign (at 13-17 August):
During phase 2, the campaign achieved 93% awareness, building from 83% achieved in phase 1 (July). Among those who had seen the campaign, 76% said that if they personally had symptoms they would request a test. 64% said they would provide details to the NHS if asked to do so for contact tracing (up from 57% at phase 1).

For NHS Remobilisation campaign (at 13 – 17 August):
Campaign awareness of 30% (expected in line with budget). Among those who had seen the campaign, 87% said it makes it clear why it is important to go to the right place for any medical care we need (against a target of 50%).

For Parent Club Summer Support (Coronavirus) campaign:
Awareness amongst parents/ carers of children 0-16 of 48% (against a target of 35%). Amongst those who had seen the campaign, 75% took action – for example on using tips/ideas for play or for coping with worries/emotions (both for parents and children).

The COVID hub has carried out a range of research, tracking the impact of COVID 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 involved the production of weekly

[1] Results from campaign evaluation carried out by Progressive; n=500 adults 16+ across Scotland at each wave; 8 waves to date from 2-6 April, approximately every 2-3 weeks; online; weighted to population estimates

summaries of trends for wider policy/analysis, and monthly summaries published for external audiences.

Compliance with rules and guidance has been high, with a large and stable majority of people following the rules completely or almost completely (78%, Aug 25-26).

The virus has impacted on personal and societal wellbeing, with 38% reporting high levels of anxiety, 64% feeling worried about coronavirus and 44% reporting feeling lonely. (Aug 25-26)

Trust in Scottish Government advice and guidance is strong, with 77% viewing the Scottish Government as doing a good job to help Scotland deal with recovery following the pandemic (4-6 August) and 75% trusting the Scottish Government to work in Scotland's best interests. (Aug 25-26)

There have been increases in levels of comfort in resuming activities, with 66% feeling comfortable going to their usual place of work in the next month and 61% feeling comfortable with children going back to school. (Aug 25-26)

Recognising that the impact of COVID-19 affects certain areas of the community disproportionately, 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 it 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** was established to assess and understand impacts for Minority Ethnic (ME) groups in Scotland. The ERG has now provided its initial recommendations to the Scottish Government, and a response to those is expected shortly.

In addition to the work of the ERG, there has been continued wider engagement with race equality stakeholders, including the Minister for Older People and Equalities meeting with the Ethnic Minority National Resilience Network on 27 August.

Policy teams will continue to gather data and information on how COVID is affecting the public and stakeholders throughout our response.

Engaging the public

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. Following the first expert group meeting, planning is now under way to develop the next online engagement exercise which will focus on aspects of the management of the pandemic and the maintenance of public trust.

The second meeting was held on 4 August, and focused on how best the public can be engaged and involved in the Renew process, looking ahead to the longer term.

Initial public engagement is already under way within the Renew Process. For example, the Social Renewal Advisory Board has commissioned a series of

community-based listening events, to ensure that lived experience informs their work. These events are already under way, and will allow the board to hear from at least 30 local authorities across Scotland. Feedback from the first round of discussions with Poverty Truth Commissions have already been received.

Complementing these events, deep dives with communities of interest are also planned, intending to use existing groups and networks as "sounding boards" for the longer term recommendations of the board. An exercise will also be run to allow interested organisations to submit responses, questions and ideas on the Social Renewal work, with thematic analysis of these responses feeding into the board.

Two citizens' assemblies are under way in Scotland, the first, on the future of Scotland met face to face in the spring, but is now reassembling to meet on line. It is more than 100 randomly selected members of the public who have been asked to deliberate on the future of Scotland in the pre-assembly work with the participants it has been clear that part of their deliberation for the remaining three weekends between 5 September and will consider the future of Scotland in the context of the pandemic.

The Climate Change Citizen's Assembly has yet to meet, but work is under way to plan the content and it too will meet over the autumn 2020 with the context of the covid-19 pandemic as a major part of the context.

Next steps

Planning for a second Dialogue Platform public engagement exercise is under way. The proposed launch date is yet to be confirmed. A third dialogue exercise is anticipated before the end of the year, perhaps focused on winter challenges.

A trawl of Scottish Government Directorates identified more than 100 engagement activities related to the COVID-19 pandemic under way or in planning across Government. The expert advisory group along with a Scottish Government team with expertise from across government are continuing to develop a strategic approach to engagement and participation during the Pandemic. To connect and share experiences, to identify gaps in skills and resources and work to align information products and engagement tools which are currently under consideration or development.

On the basis of the evidence summarised above, the assessment is that this criterion has been met.

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 need to be supplemented by local active surveillance.

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 establish 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 set conditions for consideration of whether to re-impose lockdown 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. Maps showing areas of Scotland with higher than expected positive cases, NHS24 calls for respiratory symptoms, and trends in symptomatic patient surveillance at Community Hubs are shown in the SG Situation Report. Data, maps and insights of NHS24 calls and positive tests in local areas are now shared across Scottish public bodies.

Further development is planned for the coming weeks, in particular, we are:

- Assessing a forecast of new COVID cases that looks seven days forwards. This is based on travel patterns. We are currently assessing its predictive power for local authority areas and neighbourhoods.
- Undertaking a survey that started on 10 August that asks where people have gone and how many people they have met/spent time with. This uses a standard approach that is used across Europe that translates changes in people's contacts to likely changes in new cases. This should give good forecasts of new cases for Scotland.
- Analysing waste water for signals of COVID. This will report on 26 areas around Scotland. Early indications are that it can pick up indications when there are COVID spikes.

- discussing potential additional early warning indicators with UK Joint Biosecurity Centre.

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 very well 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. To support the publication of the refreshed guidance officials are developing 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 criterion has been met.

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