

RESPONSE TO YOUR REQUEST

Under the Freedom of Information Act 2000, you are requested to please provide the following:

1. **Full Disclosure of ACTUAL deaths caused only by SARS-nCov-2, In particular, make sure anything regarding ‘pollution liability’, ‘policy enhancement’ and ‘schedules of exclusions’ documents in relation to the commercial public liability insurance policy held by Ayrshire and Arran Health Boards hospitals and clinics.**

Under section 25(1) of FOISA, we do not have to give you information which is already reasonably accessible to you. If, however, you do not have internet access to obtain this information from the website(s) listed, then please contact me again and I will send you a paper copy.

Figures on the number of deaths from Covid 19 using the NRS measure can be found here:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/general-publications/weekly-and-monthly-data-on-births-and-deaths/deaths-involving-coronavirus-covid-19-in-scotland>

and figures on deaths using the PHS measure can be found here:

https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview

You requested information about ‘pollution liability’, ‘policy enhancement’ and ‘schedules of exclusions’ documents in relation to the commercial public liability insurance policy held by Ayrshire and Arran Health Boards hospitals and clinics. This is a formal notice under section 17(1) of FOISA that the Scottish Government does not have the information that you have requested.

You may however wish to contact Public Health Scotland at PHS.FOI@nhs.net who may be able to help you.

2. **Copies of the ‘certificate of indemnity’ from your Health Boards commissions that may include the public insurance provider and underwriters, confirming that any injuries, damages or adverse health effects directly or indirectly arising out of, resulting from or contributed to by electromagnetic fields, electromagnetic radiation, electromagnetism, radio waves or noise, wireless RF radiation, microwave radiation, non-ionising radiation emitting devices and equipment.**

This is a formal notice under section 17(1) of FOISA that the Scottish Government does not have the information you have requested.

However, you may wish to contact individual NHS Boards who may be able to help you.

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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3. Time between triage and intubation. Induced coma state. Why ventilated early?

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Data relating to patients admitted to intensive care units (ICUs) and high dependency units (HDUs) across Scotland with COVID-19 is published by Public Health Scotland and can be accessed at: <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/scottish-intensive-care-society-audit-group-report-on-covid-19/>

If you require any further information regarding these statistics, you may wish to contact Public Health Scotland at PHS.FOI@nhs.net.

4. Real figures of : Deaths since Feb 2020. Deaths from dis-ease Total CV patients in beds. Total beds.

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National Records Scotland collate and publish all data relating to deaths in Scotland, including from COVID-19. In the excel file accompanying their monthly deaths publication, (found here: <https://www.nrscotland.gov.uk/covid19stats>) you can find a breakdown of deaths where COVID-19 was mentioned on the death certificate and deaths from all causes by health board. If you require any further information regarding these deaths statistics, you may wish to contact National Records Scotland, at foi@nrscotland.gov.uk.

NHS A&A and reported that they had relative high acute bed occupancy in late September NHS Lanarkshire in mid-November, NHS Forth Valley in late November and NHS Fife in early December. In addition the latest published figures for bed occupancy can be found at : <https://beta.isdscotland.org/find-publications-and-data/health-services/hospital-care/acute-hospital-activity-and-nhs-beds-information-quarterly/>

5. Full capacity status: When at capacity? Full staffing and bank? Holidays cancelled?

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Official statistics on the NHSScotland workforce are available at:

<https://turasdata.nes.nhs.scot/workforce-official-statistics/nhsscotland-workforce/>

Data on NHS staff absence related to COVID-19 are available at:

<https://www.gov.scot/publications/coronavirus-covid-19-trends-in-daily-data/>

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6. What with, NO VIRUS ever being isolated or purified, What is the actual causation here?

The SARS-nCov-2 virus was isolated on 7th January 2020: <https://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/novel-coronavirus-2019-ncov#:~:text=A%20novel%20coronavirus%20was%20identified,cold%20to%20more%20severe%20diseases>

and sequenced on 12th January 2020:(<https://www.who.int/csr/don/12-january-2020-novel-coronavirus-china/en/>)

An international research and development effort has accelerated innovative research, that informs our public health response, and helps us to contain the spread of the virus.

The rationale for the steps we have taken to contain Covid-19 is set out in our published guidance 'Covid 19- A Framework for Decision Making' :

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2020/04/coronavirus-covid-19-framework-decision-making/documents/coronavirus-covid-19-framework-decision-making/coronavirus-covid-19-framework-decision-making/govscot%3Adocument/coronavirus-covid-19-framework-decision-making.pdf>

7. Were there NDA made during this EXERCISE?

We are not able to respond to this question as it is not clear what exercise you are referring to. If you wish to proceed with this question, you will be required to provide the name of the exercise for which you wish to know whether there were any Non-Disclosure Agreements made. If you do not know the name of the exercise, you should outline your understanding of its general purpose and estimate when the exercise occurred.

8. Is this pure and simply a DNA harvest?

We take the data protection rights of people in Scotland very seriously.

Scotland's testing programme includes local and UK-wide testing. We have completed Rapid Privacy Assessments of the testing data flows and have put in place the required agreements with those organisations that are helping in delivering the UK testing policy.

In line with data protection and patient confidentiality regulations, if you have tested positive your name and contact details will not be passed to others you have been in contact with, unless you have agreed to this.

This line relates to the contact tracing data for a positive case – Data gathered will be stored securely by NHS Scotland and safely destroyed as soon as possible after the pandemic.

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9. PCR never designed to do job, so it amplifies what exactly?

PCR tests are used to detect if someone is currently infected with the virus; and antibody testing is used to tell us if someone has had the virus.

PCR tests, used to test for current infection, operate as a swab taken from the nose and back of the mouth, with the sample collected sent to one of the existing NHS Scotland laboratories, or the Glasgow Lighthouse Laboratory, to be analysed. Any positive cases identified are automatically followed up for contact tracing through our national system of Test and Protect.

No test is perfect, and understanding the limitations of the tests we currently use is important. If we assume tests are perfect, and that results always accurate, we put others at risk. In PCR testing, the key risks are false negative results – where a test is negative but the person tested does actually have COVID-19 and is infectious – and occasions where the test is positive but the person tested is not infectious.

False negative results can happen if a swab misses collecting cells infected with the virus, or if virus levels are low – for example, at the start of an infection. The risk to others of false negative results is clear – an infectious person who receives a negative result risks transmitting the virus to others, including vulnerable people who can suffer very severe harm. In certain situations, testing again after a number of 5 days – when levels of the virus may be higher and therefore detectable – can reduce the risk of false negative results having serious consequences. Weak positive results can happen when the swab picks up fragments of the virus from an individual who is no longer infectious. Laboratories in Scotland have now implemented confirmation testing (or repeat testing) in certain circumstances to confirm whether weak positive test results are actually infectious cases. We will also actively monitor developments around testing innovation so we can take advantage of any new opportunities from testing they present.

10. Was this a PANDEMIC? By definition, 12% mortality minimum.

The Scottish Government uses the World Health Organisation definition of a pandemic. The WHO declared a pandemic for Covid-19 on 11 March 2020, using their definition of “a pandemic is the worldwide spread of a new disease”. They do not define a minimum mortality rate. You might find this link to the WHO’s FAQ on “What is a pandemic?” useful, however please note that this article was written in reference to Swine Flu, so the references to influenza are not applicable to Covid-19: https://www.who.int/csr/disease/swineflu/frequently_asked_questions/pandemic/en/

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