

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

Supporting Evidence for the 15 October Review

20 November 2020



Scottish Government
Riaghaltas na h-Alba
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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.

On 15 October we were within Phase 3 of our Route Map and the criteria for entering Phase 3 were:

- R is consistently low and the number of infectious cases is showing a sustained decline.
- 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, 29 August, 25 September and 13 October.

This current document contains information compiled by the Scottish Government to inform decisions at the review of 15 October.

The data on the R value is sourced from <https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-issue-no-21/> published on 8 October. This sets out Scottish Government modelling of the spread and level of COVID-19 using data from the week up to 2 October 2020 compiled via epidemiological modelling.

The evidence on supplementary measures has been compiled from a range of data sources including the daily data published on the [Scottish Government Coronavirus \(COVID-19\): daily data for Scotland](#) web page and from [Public Health Scotland](#) and [National Records of Scotland](#). This evidence is based on the available published data at 12 October.

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 to Phase 3 thereafter. Meeting those criteria involved suppressing the virus to low levels through a sustained decline in infectious cases and a consistently low R number. We continue to monitor performance against these two aspects of the phase criteria and against the broader WHO conditions that also form part of the phase criteria.

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 measures announced on 15 October to inform the relevant decisions (more recent data 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 has been a continuing increase in the numbers of confirmed cases in most parts of Scotland, with cases increasing quickly in all age groups. As such, the threat has not receded, but continues to increase. The R number is now above 1. 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.

Progress against Phase 3 criteria

1. Evidence on the achievement of the Phase criteria has been gathered from across the Scottish Government. The information below represents a summary of those reports.

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

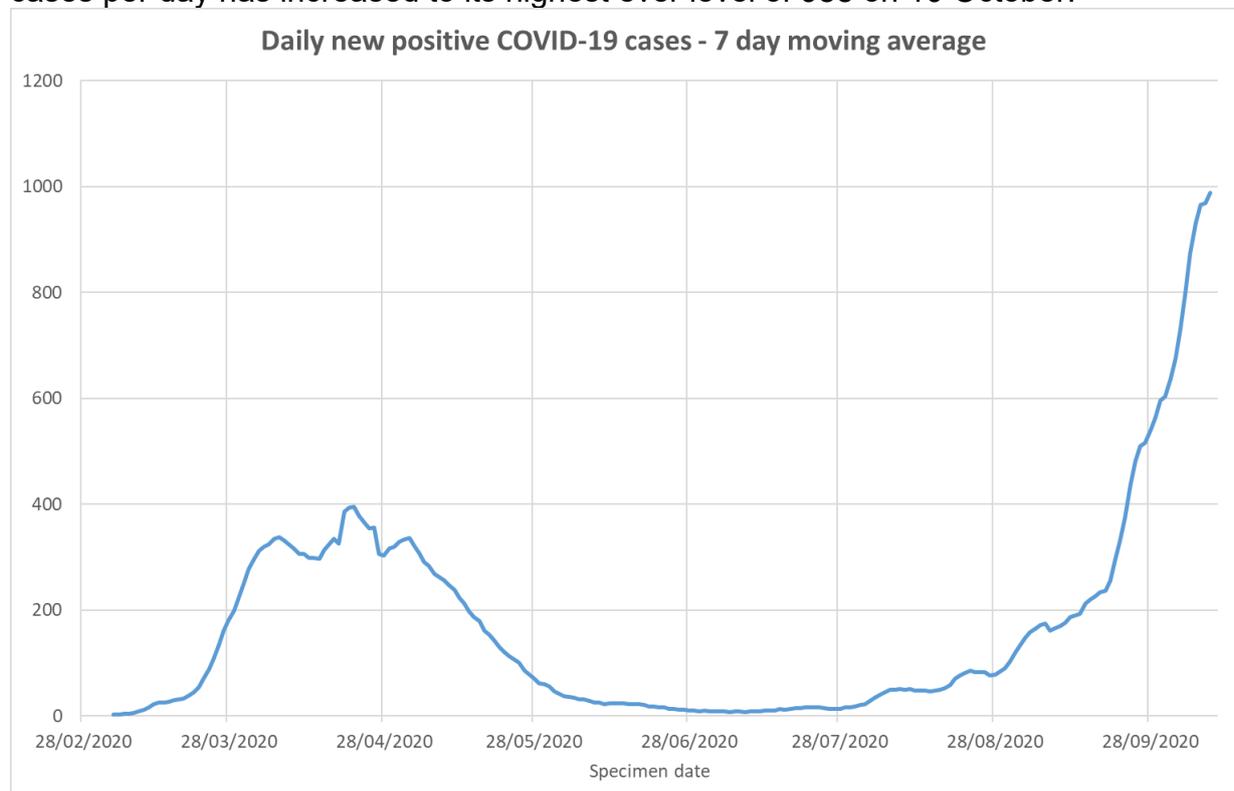
◆ R is consistently low

◆ Number of infectious cases is showing a sustained decline

These criteria are not met. SAGE's consensus view, as of 8 October, was that the value of R in Scotland was between 1.3 and 1.6. 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 changes varies from group to group, leading to increased levels of uncertainty at this point in the epidemic. However R in Scotland is now above 1. The SAGE consensus is updated weekly on a Thursday.

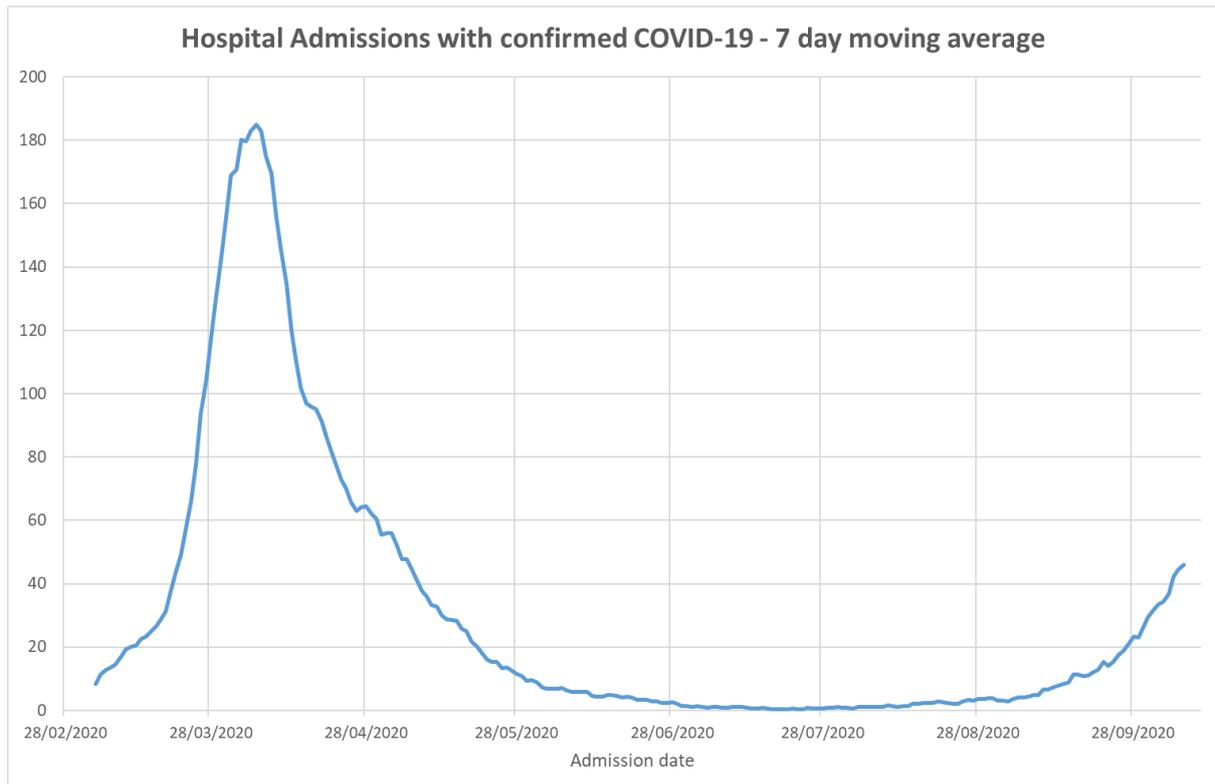
Supplementary measures

The number of new confirmed COVID-19 cases by specimen date showed a sustained decline since peaking in late April 2020, based on the 7 day moving average, up until 9 July, even in the context of increased testing and expanded eligibility. In early July there were fewer than 10 new cases a week and at the last review we reported 232 per day in the week to 19 September. Since then the weekly average number of new cases per day has increased to its highest ever level of 988 on 10 October.



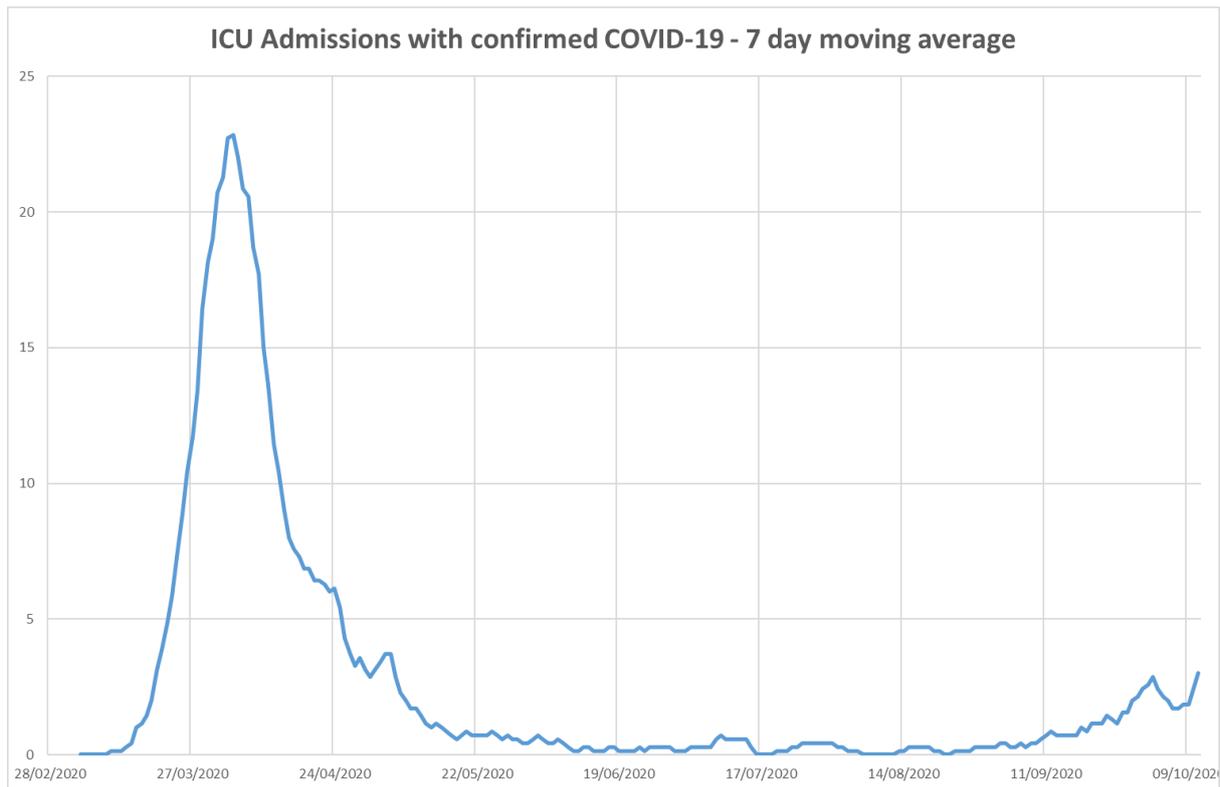
Source: [Public Health Scotland daily dashboard](#), 12 October 2020

The number of hospital admissions per day for those with a positive COVID-19 result showed a sustained decline from 7 April 2020, based on the 7 day moving average, but has recently started to increase. In the week ending 8 October there were 46 admissions per day, compared with under 5 per day in early September and fewer than 1 per day in mid-July.



Source: [Public Health Scotland daily dashboard](#), 12 October 2020

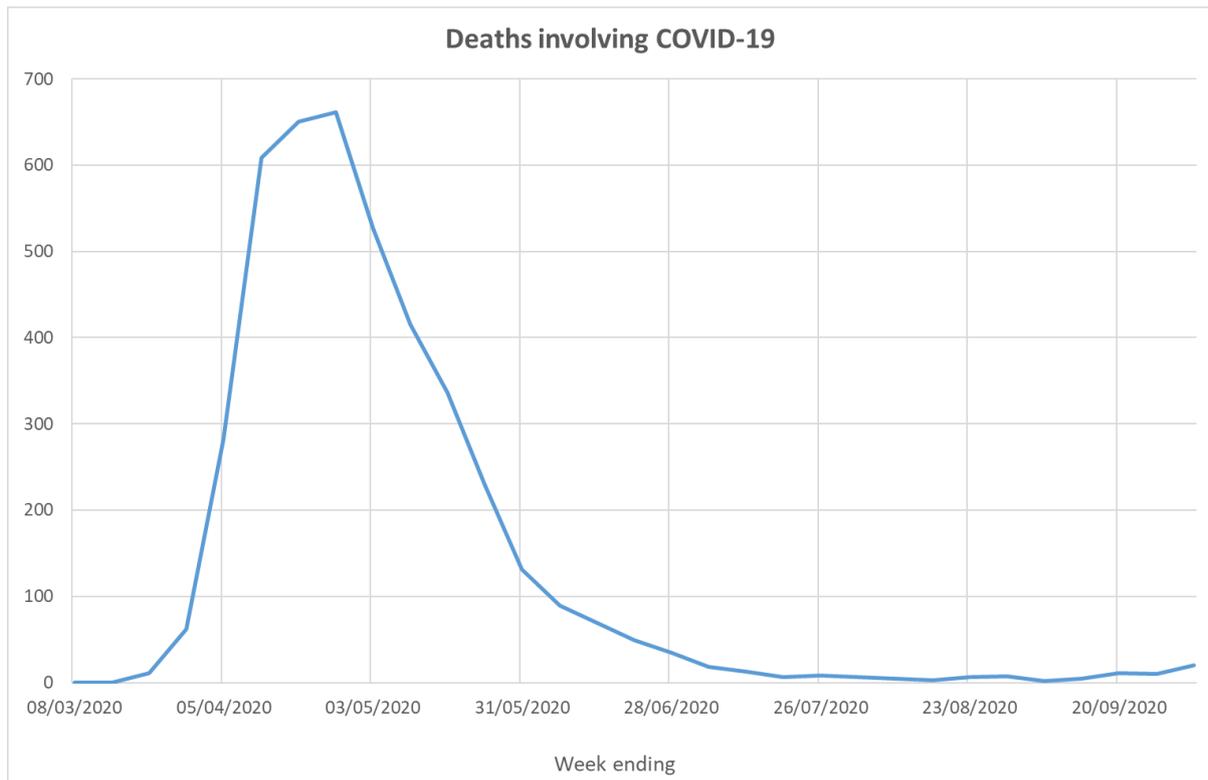
The number of new daily ICU admissions showed a sustained decline from 4 April based on the 7 day moving average, and while still low has shown signs of increasing again recently. In the week ending 11 October, there were 21 confirmed COVID-19 patients admitted to ICU compared with 8 in the week ending 21 September.



Source: [Public Health Scotland daily dashboard](#), 12 October 2020

After peaking at 661 in the week ending 26 April (week 17), the number of deaths involving COVID-19 reduced to less than 1% of the peak level but has started to increase slightly again.

As of 4 October, there have been a total of 4,276 deaths registered where COVID-19 was mentioned on the death certificate. In the latest week (to 4 October) there were 20 deaths, which was double the previous week's number and 3% of the peak level. The previous review reported 5 deaths in week ending 13 Sept.



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 has increased in recent weeks. There were no swab positives for three weeks, week 27 (29 June to 5 July) to week 29 (13 to 19 July) but 36 positive swabs in the most recent week (28 September to 4 October) which represents 7.6% of swabs.

In conclusion:

A significant increase in case numbers has been observed over recent weeks and the weekly average number of new cases per day has now increased to its highest ever level. Hospital and ICU admissions and deaths have increased over recent weeks and continue to rise.

The estimated range on R has been above 1 in Scotland for the last three weeks.

On the basis of the evidence summarised above the assessment is that these criteria have not been met at this review point

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

Test & Protect

Test and Protect - the public-facing name for the TTIS strategy and 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, awareness of symptoms, and self-isolating when required to do so.

The COVID-19 testing strategy for Scotland sets out the five priorities for testing:

- 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.

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 and continuing the vital surveillance work to support our understanding of the disease in Scotland.

We have published guidance about the collection of visitor contact details, to assist Test and Protect, for sectors where there is an increased risk of exposure. 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.

We have set out detail of the financial support offered to those on low incomes who are asked to self-isolate.

Local Outbreaks

Managing Public Health Incidents (MPHI) has been updated to reflect the experience of dealing with coronavirus. The Protect Scotland app which was launched on 10 September, signposts to local guidance when users receive an anonymous proximity alert.

Systems

NHS testing is available in all 14 Health Boards and we will soon activate a series of larger Regional Hubs. We now have active weekday NHS lab capacity of over 10,000 tests a day. In addition, we have access to the UK Government Lighthouse Lab Network (LLN), Scotland receives a population-based share of this capacity, currently approximately 20,000 per day. We are working with the UK Government to continue to build laboratory processing capacity to approximately 65,000 tests between NHS Scotland laboratories and the LLN.

Recent surges have placed significant pressure on the LLN resulting in occasional backlogs across the network, which in turn can have knock-on effects on the performance of the overall system, leading to delays to contact tracing and getting contacts to isolate. In the period of time of concern of this Evidence Review capacity issues across the LLN on weekend of 25-27 September caused an increase in turnaround times of between 48 and 72 hours in the following days. We have implemented a range of measures to mitigate this. Principally, we have begun to migrate routine testing of care home staff into NHS Scotland laboratories. This will reduce demand for our share of Lighthouse lab network capacity, allowing that to support other sampling routes.

The UK Government has established 6 Regional Testing Centres and a pool of 18 Mobile Testing Units in Scotland. We are also establishing 22 walk-through test sites which will support sampling capacity for areas with low car ownership.

As a consequence of the rapid increase in positive cases picked up through testing, as set out under criterion 1 above, the contact tracing system has come under increased pressure as we have continued to scale up capacity. We are working closely with Public Health Scotland to support NHS Boards to continue to build local capacity, including delivering support at a national level through the National Contact Tracing Centre (NCTC). From Saturday 10 October, Test and Protect temporarily moved to a system of contacting all close contacts of those who tested positive via SMS only. This has allowed contact tracers to prioritise calling all positive individuals and has helped ensure close contacts of index cases received instruction to self-isolate promptly. Further system efficiencies and workforce surge capacity is also being explored to ensure the system will be able to continue to withstand further pressures.

Contact Tracing App

Following growing international evidence, and a number of academic modelling studies, that showed the additional benefits that proximity tracing apps could have on speeding up the contact tracing process, we launched **Protect Scotland** on 10 September 2020. Close to 1.5 million people have now downloaded the app. This represents 33% of all over 16s in Scotland (or 27% of the whole population) – well over the level at which the academic modelling shows the app will start to have an affect (at least 15% of the population).

And we know the app is working as intended. As of 13 October, 39% of all people in Scotland who have tested positive since Protect Scotland was launched have been

app users. This has resulted in 5,449 close contacts receiving an alert via the app advising them to self-isolate.

At this stage, we have no way of knowing how many of those close contacts would have been otherwise identified through traditional contact tracing. It is highly likely that a proportion will be truly unknown contacts who would not otherwise have been identified. It is also highly likely that the majority of 'known' contacts would have received their notification before they were subsequently contacted via the manual process, although this is dependent on the speed at which the app user who tested positive entered their unique test code into the app.

We are close as well to ensuring Protect Scotland works with similar apps across the UK and other countries, enabling people to travel across borders whilst still benefiting from the Protect Scotland app. We also aim to expand the app to under 16s, and engagement on this continues

Data (valid as at 4th October)

14,997 individuals (15,901 cases) were recorded in the contact tracing software and 65,755 contacts have been traced, of which 48,243 were unique contacts.

Our data demonstrates that the system has reached 93% of index cases and 93% of close contacts between 22 June and 11 October. It therefore continues to be the case that the vast majority of index cases and contacts are reached and only a small proportion cannot be reached. Notwithstanding the above, there are indications from the data that end-to-end turnaround time is dropping as a result of the high increase in daily positive cases, and as a result of testing backlogs in the LLN.

The Protect Scotland proximity tracing app is issuing close contact alerts, potentially further speeding up the process and identifying potentially previously unknown contacts.

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 4.1 per case and 4.4 per individual. The latter has been steadily decreasing since 13 September where the cumulative average number of contacts was at its highest at 5.12, as illustrated by the below table (Source: Public Health Scotland COVID-19 Statistical Reports).

period start	period end	Contacts per case	Contacts per individual	Contacts per individual, matched
28-May	07-Jun	1.24		
	14-Jun	1.25		
	21-Jun	1.25		
	28-Jun	1.34		3.10
	05-Jul	1.42	2.72	3.64
	12-Jul	1.49	2.73	2.90
	19-Jul	1.51	2.70	3.22
	26-Jul	1.72	2.96	4.22
	02-Aug	2.10	3.40	5.91
	09-Aug	2.48	3.76	5.36
	16-Aug	2.90	4.06	5.49
	23-Aug	3.31	4.33	6.02
	30-Aug	3.62	4.51	6.15
	06-Sep	4.21	5.00	5.78
	13-Sep	4.45	5.12	4.98
	20-Sep	4.48	4.99	5.13
	27-Sep	4.40	4.77	4.06
	04-Oct	4.14	4.38	N/A

As testing capacity has continued to increase, more people are now tested daily than at the start of the pandemic. We may be still seeing lower than actual levels of symptomatic people booking a test however, so work is underway to better inform and motivate people to be tested.

Funding

We have confirmed funding of £1.1 billion to address financial pressures arising in response to COVID-19 across the Health & Care sector. This funding ensures the sector will continue to receive the support required to deal with the additional challenges of the pandemic, whilst still delivering the vital health, social care and hospital-based services the public rely on every day.

We will undertake a further substantive funding allocation in January. This will provide the opportunity to better understand the implications of COVID across the sector for the remainder of this financial year and ensure frontline services continue to have the funding they require.

In conclusion:

The Test and Protect contact tracing system has been introduced across all health boards using established and effective contact tracing techniques. As case numbers have risen, we have continued to invest in our National Contact Tracing Centre and Health Boards to ensure staffing can meet demand over the coming period, and ensured mutual aid arrangements are in place between health boards which ensures support is in place to meet local surge demand.

On the basis of the evidence summarised above the assessment is that while public health capacity to find, test, trace and isolate have come under more pressure in this period, including periods where turnaround times exceeded those required for optimal public health interventions to reduce chains of transmission, overall and on balance, considering the range of mitigating actions and additional capacities such as the Protect Scotland app, Criterion 2 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)

Since 1 July, Public Health Scotland (PHS) has published weekly validated nosocomial COVID-19 hospital onset data.

At the start of May, the Scottish COVID-19 Nosocomial Advisory Group was established with its main focus on analysing and interpreting existing nosocomial data. Based on their work, recommendations and the updated 4 UK nations IPC guidance, additional measures to reduce in-hospital transmission of COVID-19 have been developed:

- Physical distancing of 2 metres is standard practice in all health and care settings;
- Asymptomatic healthcare staff testing for COVID-19 was 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.
- On 18 September guidance was issued on extended use of Fluid Resistant (Type IIR) Surgical Masks covering primary care and wider community care and community hospitals.
- The guidance recommends staff providing direct care to individuals should wear a Fluid Resistant (Type IIR) Surgical Mask at all times throughout their shift and non-clinical staff members should also wear a Fluid Resistant (Type IIR) Surgical Mask if they need to enter an area where direct care is undertaken
- It recommends that anyone visiting or attending these settings also wear a face mask/covering.

NHS Boards are integrating infection prevention and control into their remobilisation plans. Health Boards are ensuring the effectiveness of their remobilisation plans regarding additional cleaning, good hand hygiene, ventilation, physical distancing, low, medium and high risk pathways for patients and staff movements and rostering.

Prisons

The Scottish Prison Service (SPS) has taken steps to resume regime activity including the resumption of in-person visits on 28 September. A provision for virtual visits will remain to ensure continued family contact for prisoners.

As of 15 October, there are 2 confirmed cases of COVID-19 in Scottish prisons and 293 individuals self-isolating across 11 establishments.

Care Homes

The Scottish Government has taken regular and firm action to support care homes across Scotland and to protect the wellbeing of those who work and live there. We

have established a Care Homes Clinical and Professional Advisory Group sponsored 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.

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 for care home staff, reduce false positives and to enable timeous action where required.

We are introducing visiting in care homes in a staged way. 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 in the same manner, provided the same conditions are met.

Other Vulnerable Settings

The package of measures to minimise infection applies to all adult care homes. We will strengthen information on other residential settings including adult mental health, learning disability, and forensic services. We are putting in place location-specific measures across the mental health inpatient estate to minimise the risk of infection.

In terms of secure mental health services, as part of the NHS they are following all Scottish Government and Public Health Scotland guidance. 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.

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. A children's residential care group, supported by SG officials including clinical advisors, considers necessary advice to that sector.

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. 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.

Day care and stand-alone residential respite services can now reopen in line with the relevant infection protection and control measures and guidance. Support at home and outdoor activities or children's day care can also continue in line with existing infection prevention and control guidance.

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 23 September to confirm guidance to enable safe reopening of stand-alone residential respite for adults and children.

Regarding children's services at 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.

Student Accommodation

The Scottish Government published on 1 September 2020, *Coronavirus (COVID-19): universities, colleges and student accommodation providers guidance*, which sets out our current advice and guidance for institutions and providers in helping to minimise the risk of transmission of COVID-19. This is under continuous review. The guidance in respect to student accommodation includes guidance on for example forming student households and shared facilities. We have worked in close partnership with student accommodation representatives, student representatives and trade unions in developing this.

Everyone on campus or in student accommodation must follow the rules around quarantine, self-isolation, physical distancing and using face coverings.

The Coronavirus (Scotland) (No.2) Act 2020 introduced notice to leave periods for students in halls of residence and Purpose Built Student Accommodation. The provisions have been extended to the end of March 2021.

Student accommodation – guidance on visits home published on 27 September 2020 explained how the current restrictions on social gatherings apply to students living away from home. It applied from the 28 September 2020.

In partnership with Universities Scotland, Scotland's 19 universities and higher education institutions have confirmed, on 30 September 2020, a package of ten measures they are using to support student wellbeing, as students adjust to a different learning and wider student experience in the first semester of the academic year, as a result of the coronavirus pandemic. This will ensure that students across

Scotland, regardless of where they study, are aware of the minimum level of support they can expect from universities, with many universities going beyond this. This applies to Scottish students, those from the rest of the UK and those coming to study in Scotland from overseas.

The *Consistent Core of Care for students* includes three measures specifically aimed at students who find themselves needing to self-isolate or quarantine in university-owned accommodation in order to limit the transmission of the virus.

<https://www.universities-scotland.ac.uk/wp-content/uploads/2020/09/CoreCare0920PDF.pdf>

We remain committed to supporting the mental health and wellbeing of our students and on 22 September announced a further £3.645 million in support of our commitment to provide more than 80 additional counsellors in every college and university in Scotland over the next four years.

We announced on 11 June that the Scottish Government has brought forward early access to £11.4 million of Higher Education (HE) discretionary funds. These funds remain available for applications from students experiencing hardship. This builds on our £5 million support plan for FE and HE students announced in April.

Personal Protective Equipment (PPE)

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.

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.

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 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.

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 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. A national online recruitment portal has been developed to support local efforts to enable those with relevant skills and experience to re-join the workforce went live on 29 March.

Emergency Legislation

We have acted quickly to introduce interventions which will protect the progress that we have made so far. The Health Protection (Coronavirus) (Restrictions and Requirements) (Scotland) Regulations 2020 require the mandatory use of face coverings in certain indoor public places, including museums, galleries, community centres and places of worship.

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 to 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 serious risk to residents' health, life or wellbeing due to Covid-19 and allow the highest risk cases to be addressed urgently.

Care Homes Data

Over the week ending 1 October 38,260 staff were tested. This included 2,276 staff in homes with confirmed COVID-19, and 35,984 staff in homes with no cases of confirmed COVID-19.

As at 7 October, 91 (8%) adult care homes had a current case of suspected COVID-19. This number relates to care homes who notified the Care Inspectorate of at least one suspected case of COVID-19 in the previous 28 days.

There were 46 new positive COVID-19 cases among care homes residents for week 28 September - 4 October.

National Records of Scotland are the official source of COVID-19 deaths. The most recent publication on 4 October shows weekly number of deaths in care homes are still well below the peak of 341 at the end of April with 6 deaths in care homes from 28 September to 4 October.

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 declined from late April to mid-September although there are some signs of cases starting to increase.
- 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 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 and recovery 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

Scottish Ministers have power under The Health Protection (Coronavirus) (Restrictions and Requirements) (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 The Health Protection (Coronavirus, Restrictions) (Direction by Local Authorities) (Scotland) Regulations 2020.

This regulation permits Local Authority officers to impose prohibitions, requirements or restrictions on a business, so long as they are a proportionate means of achieving the purpose of preventing, protecting against, controlling or providing a public health response to the incidence or spread of infection by coronavirus in the local authority’s area. Statutory Guidance for use of these powers was published on 1 September 2020 and is based on Engage, Explain, Encourage, Enforce (the 4 Es) approach.

Officials continue to work with the wider health and safety community in Scotland, and specifically with Scottish Hazards around extending access to trustworthy information and advice on addressing the COVID-19 threat in the workplace.

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 trade unions in undertaking risk assessments and putting in place means of safe working.

Guidance

We continue to work with industry, trade unions, regulators, local authorities and others, including equality organisations to develop sectoral guidance on safe working. This is in addition to workplace guidance developed by the UK Government and HSE.

We have already published guidance across around 30 sectors and continue to publish and update guidance based on policy changes, the latest public health advice and feedback from regulators.

This has included:

- updated guidance across sectors and locations to reflect the temporary targeted measures put in place between 9 October and 25 October
- work to introduce regulations to extend the mandatory use of face covering in indoor communal settings
- from 10 October, shops across Scotland were asked to return to 2 metre physical distancing and reintroduce the mitigations put in place earlier in the pandemic
- publication of soft play guidance

Work is underway across all sectors to review – and where necessary refine – guidance and regulation on operating practices

Non-essential offices working group

We continue to work with partners including the Scottish Chambers of Commerce and STUC on a plan for a limited and phased return to office working. Since this work started the context with regard COVID-19 has deteriorated. We continue to keep this under review but are clear a phased return will only commence when it is deemed safe, given broader progress in tackling the epidemic in Scotland.

Home working and Fair Work

While many workplaces have reopened, we are clear that working from home and working flexibly remain the default.

We have strengthened already published guidance to reinforce this message and 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. 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.

We are taking forward work to finalise a strategic framework, setting out the different levels of intervention which can be adopted in future – either locally or across Scotland – depending on how the virus is spreading. It is hoped to align the broad framework with those being considered by other UK nations – although each nation will take its own decisions on implementation.

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 Friday 9 October, via a Government Initiated Question (GIQ). The next review point is Monday 2 November.

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) and Joint Biosecurity Centre (JBC) analysis and risk assessment which provides evidence on a range of factors including incidence rates; test positivity; testing rates; deaths and hospitalisations and imported cases. Any removals from the list 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 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 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.

Since the previous update, there have been further additions and removals to the exemptions lists. The week beginning the 28 September all four nations removed Turkey, Poland and Bonaire, St Eustatius and Saba from the exemption list on the basis of evidence provided by the JBC suggesting of a significant rise in cases and increase in test positivity. In addition the Scottish Government added Madeira and the Azores to the exemption list.

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 – there have been times where there has been a divergence in approach across the four UK Governments as they make their own decisions based on the balance the risk of imported transmission in relation to their own virus rates.

Sectoral exemptions

The UK Government announced a number of changes to sectoral exemptions which came into force on 26 September. The Scottish Government will continue to assess the sectoral exemptions and where it is considered that there is a clear basis for an exemption and that the changes would not negatively impact on the rationale behind the regulations or present a risk to public health then we will make changes. Similarly we will continue to review all of the 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 that there is appropriate advice and guidance available to sectors who have exemptions from the requirement to self-isolate.

Compliance

Work continues to improve and streamline the Passenger Locator Form which should allow for greater compliance. We are in regular contact with Border Force through weekly updates and with any operational challenges they are experiencing.

Passenger arrivals into Scotland are provided by the Home Office to Public Health Scotland (PHS). Public Health Scotland contacts all individuals via email, who require to self-isolate, on return from a country that is not exempt from quarantine. The National Contact tracing centre subsequently contacts a sample of those individuals.

Up to 11 October 10,904 individuals have been contacted so far, with 8,036 successful contacts made. Further resource is now in place 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.

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. (Note that this was the position at the point of the 15 October review.)

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. Further consideration should be given to the effectiveness of existing mechanisms to control intra-UK importation, particular if there is significant regional variation in prevalence.

On 14 October the First Minister advised against non-essential travel to those regions in the North of England which had been placed on very high (Liverpool City Region) or high alert levels. The First Minister also advised against travel to Blackpool because in the previous month 180 people with Covid reported that they had recently gone to Blackpool, 94 in the previous week. Note – this had increased to 286 in the previous month by the 15 October. There was also concern that football fans were planning to travel to watch the Celtic vs Rangers match in pubs in Blackpool around the match date on 17 October.

Linked to the advice to avoid high prevalence areas in the North of England was their growing incidence rate. Liverpool which has been placed on very high alert had an incidence rate of 634.7, which was significantly higher than the central belt areas in Scotland which were placed on enhanced measures on 10 Oct – Lothian (127), Lanarkshire (263), Forth Valley (94), Ayrshire & Arran (148) and Greater Glasgow & Clyde (227).

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 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.

This report provides a snapshot of engagement activity during the period 22 September – 15 October. It does not comprehensively list all engagement undertaken during this time, and does not reference activity completed outside of these dates.

Informing the Public

Intention: to ensure the public is aware of the public health measures in place, able to access support if they require it, and has trust in the Government's decision making and advice.

Ministerial briefings to the public continue. These are generally led by the First Minister supported by medical and scientific advisors, as well 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. They have also been used to launch and direct the public to new publications, information and services to mitigate the harms of Covid-19. YouGov polling (29-30 September) showed that 48% of adults across Scotland claim to use the First Minister's daily briefings on a regular basis (i.e. at least three times a week) to access information about the current Coronavirus situation¹.

The messaging provided by the daily briefing has been supported by marketing campaigns, primarily focused on increasing awareness of and compliance with restrictions and public health measures, but also highlighting support for those who need it (including for domestic abuse, mental health and managing finances).

Messages have evolved as restrictions have changed and activity includes:

- **Restrictions:** a public information campaign to explain the new 16 day restrictions from 9 October, with specific executions for the Central Belt highlighting the different restrictions there
- **Compliance:** the current campaign explains how the guidance helps stop the spread to encourage compliance
- **Test & Protect:** the current campaign explains the importance of self-isolating and booking a test immediately at the first sign of symptoms, and how to find support if needed (National Assistance Helpline).

All of this activity references FACTS and encourages the public to 'Stick with it. For yourselves and each other.'

In terms of current work with other audiences:

- ParentClub activity which provides a range of messaging and support products for parents is on-going.
- We have been working closely with Young Scot to devise a campaign to inform and support secondary school pupils in Scotland on guidance and restrictions in relation to behaviours in and around schools and on public transport.

¹ Sample consisted of c.1000 adults 18+ across Scotland. YouGov apply weighting to the data to match the population profile to adjust for any over/under representations and to maximise consistency from wave to wave.

- We have been working with the National Union of Students to create a toolkit of digital assets that will be distributed throughout Scottish universities and colleges.

These campaigns direct people to relevant websites for further information, including gov.scot, nhsinform.scot, parentclub.scot, studentinformation.gov.scot and www.young.scot

These campaigns are supported by other channels which cover the more nuanced, audience-specific information that is being updated and changed on a regular basis. 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.

Advice and Guidance continues to be published on a wide range of issues [on the Scottish Government website](#) to support individuals and businesses through this period. Additionally, we continue to share information around Scotland's route map, including [supporting evidence](#) for each review.

Data on the pandemic continues to be [published on the Scottish Government website](#) daily, and is also available in Open Data format. Public Health Scotland's [dashboard](#) is regularly updated with health data, while data on the Four Harms are shared on dedicated [dashboard](#). Findings on modelling the epidemic [continue to be shared online](#) as well as reports of research on [public attitudes and behaviours](#).

Next steps:

Marketing and public health campaigns; the First Minister's briefings, and data publication will continue responding to current needs.

Finding out about the public

Intention: 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.

The Marketing and Insight Unit and Covid analytical hub have 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 summaries of trends for wider

policy/analysis, and regular summaries published for external audiences, with the most recent summary published on [9 October](#). Recent findings have indicated that²:

- Compliance with rules and guidance has been high, with a large and stable majority of people claiming to following the rules completely or almost completely³ (78%, 6-7 October).
- The virus has impacted on personal and societal wellbeing, with 39% reporting high levels of anxiety⁴, 68% feeling worried about the coronavirus situation and 45% reporting feeling lonely at least some of the time (6-7 October).
- Trust in Scottish Government advice and guidance is strong, with 66% viewing the Scottish Government as doing a good job to help Scotland deal with recovery following the pandemic (6-7 October) and 73% trusting the Scottish Government to work in Scotland's best interests (22-23 September).

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

Next steps:

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

Engaging the public

Intention: To give the public the opportunity to give their opinion on decisions which are being made, or problems which we face.

Policy teams across the organisation continue to engage with stakeholders and members of the public around specific decisions and programmes of work.

The Social Renewal Advisory Board is undertaking a broad programme of engagement, which will feed into its work. Recently this has included a "call for ideas" from organisations which supported communities through the response to Covid-19. This call asked for ideas as to what changes need to take place to bring about a Fairer Scotland, based on their learning from the pandemic.

The National Taskforce for Human Rights Leadership has been undertaking an extensive programme of stakeholder engagement over recent months, Recently, this has included Civil Society Reference Group and Public Sector Reference Group meetings on 29th September, and a Faith Groups Roundtable on 8th October.

² Sample consists of c.1000 adults 18+ across Scotland each week. YouGov apply weighting to the data to match the population profile to adjust for any over/under representations and to maximise consistency from wave to wave.

³ This includes those giving themselves a score of 6 or 7 at the question: On a scale of 1-7, where 1 is 'Not at all' and 7 is 'Completely', to what extent do you feel you are following the regulations and guidance?

⁴ This includes those giving a score of 6-10 at the question: On a scale of 0-10, where 0 is 'not at all' and 10 is 'completely', overall, how anxious did you feel yesterday?

An exercise was launched on 5 October asking the public to submit their ideas on what issues should inform future decisions on Scotland's approach to tackling Covid-19. Promoted across Scottish Government social media accounts, the site received 20,000 visitors and 70,000 unique page views over the 7 days the challenge was open. 564 ideas were published in this time, along with 1635 comments, submitted by 981 users. Analysis of these submissions and the discussions following will provide a valuable snapshot of the balance of opinion around crucial aspects of Scotland's approach – though all analysis will make clear that this cannot be assumed to be a representative sample of the population.

Two citizens' assemblies are underway in Scotland. The first, [on the future of Scotland](#), met face to face previously, but reassembled online for the first time on 5 September and again on 3 October. In 2 remaining weekends running to December 5, it will consider the future of Scotland in the context of the pandemic. [Scotland's Climate Assembly](#) will meet over the autumn 2020 with the context of the Covid-19 pandemic as a major part of the context. The membership of both of these assemblies were selected to be broadly representative of the adult population across a number of criteria, including age, gender, socio-economic class/household income, ethnicity, and geography.

Next steps:

The public engagement [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.

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. We expect to see less community transmission, followed by clusters of cases, then more sporadic cases (one or more cases, imported or locally detected). These need to be carefully monitored, including outbreaks in special settings.

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

Data from Test and Protect has been critical in understanding 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.

The Scottish Government is undertaking a survey that started on 10 August which 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. Results were published for the first time from this survey on 17 September: <https://www.gov.scot/publications/coronavirus-covid-19-modelling-epidemic-issue-no-18/>. Updates are now reported weekly.

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.

In addition, as part of our approach of openness and transparency, from 2nd October, data on Covid cases for neighbourhoods across Scotland have been made available to the public without risk to individual privacy via the Public Health Scotland website https://public.tableau.com/profile/phs.covid.19#!/vizhome/COVID-19DailyDashboard_15960160643010/Overview.

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.
- ◆ 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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