

# **Covid-19: Framework for Decision Making**

## **Further Information**

**May 2020**



**Scottish Government**  
Riaghaltas na h-Alba  
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## Foreword

Last month we published the Coronavirus (COVID-19) - *Framework for Decision Making* as part of our effort to inform, and listen to, the people of Scotland. This outlined our principles and approach to managing our way through and out of this crisis to a 'new normal'.

Since then we have continued to see signs of hope, not least in the declining numbers of people requiring intensive care treatment as a result of the virus. This is testament to the sacrifices we have all made in staying at home and to the courageous work of our health and care services.

Despite this progress, each day brings news of more people who have sadly lost their lives to this cruel disease and so our absolute commitment to suppressing the virus remains. We must proceed with caution, and while the time is right to think about what comes next, it is certainly not the time for complacency.

In the *Framework for Decision Making* we said that we wanted to keep the public up to speed with our thinking, to share as much as we could of that and to involve people in those decisions. This update continues that process.

It provides more background on the "R number" that people will have heard us talk about. This is the reproduction rate of the virus – it estimates how many people are currently catching the virus from each person who has it. It is vital that we keep this number below 1. If we do not, the virus will run out of control again and any relaxation of lockdown conditions will most likely have to be reversed.

By law, we must review our COVID-19 regulations every three weeks. This ensures that they remain proportionate to our need to tackle this public health emergency, and the absolute necessity of suppressing the virus, but also recognises the broader harms to health, the economy and society that are the side-effects of these measures. The final day in the current three-week cycle is this Thursday, 7<sup>th</sup> May.

At present the weight of evidence across these harms indicates that there is very little room, if any, for changing the restrictions at this time. However, I want to assure you that the restrictions will be in place for no longer than required. We understand their consequences.

It is worth stressing that there are fine margins involved here. Once changes are made we will need to carefully monitor their impacts as even small shifts in the R number could lead to the virus spreading exponentially again.

I also want to assure you that we are using the time that the regulations are in place to do the planning required to ensure that our workplaces, our schools and other public spaces will be safe to return to when the time is right to change our restrictions. That includes planning for possible changes to how businesses, schools and public transport will have to operate, as well as expanding our testing capacity and our capability to undertake Test, Trace, Isolate and Support (TTIS) to ensure that the virus remains suppressed and we can go about our lives safely, as we set out in our [publication yesterday](#).

To share our thinking about how we will carefully and gradually move towards this 'new normal', this document provides illustrative examples of the steps that might form part of the initial changes to the current lockdown restrictions. To be clear, we are not recommending these options at the moment but offer them as examples of what may come next and the kind of preparations that are underway.

We will only make changes to lockdown rules when we believe it is safe to do so, whether that is in reopening schools or businesses or increasing social interaction. This is not just because that is the right thing to do but because we also need to give you confidence that, in following our advice, you and your family will be safe and our public services will be protected.

To help us in that process, we are launching today an online tool that gives people the opportunity to offer their ideas and reflections on how we should move forward. We are listening. Each community of Scotland has been affected, and will recover, in a different way and it is crucial that businesses, unions, councils, public services and community groups are also part of this discussion.

Your views are key because there are careful balances to be struck. Our decisions will, of course, be informed by scientific and medical advice but must also involve judgement about what our country needs. For us to expect people and organisations to comply with the difficult rules that we impose, your views must be taken into account.

We have seen remarkable examples of our society's ingenuity, compassion and kindness. Each of those traits will be vital as we go forward. The people of Scotland's observance, and perseverance, with the lockdown rules is helping us to beat this virus. When we do make changes to lockdown restrictions we will again be asking everyone to make difficult trade-offs and to adjust to a new normal.

It will be vital that we as Government make absolutely clear what we expect of you and why, and we will ask in return for you to continue your hard work.

I know it has not been easy, and will continue to be hard, but if we work together in a spirit of openness, kindness and determination, we will succeed.



A handwritten signature in black ink that reads "Nicola Sturgeon".

Nicola Sturgeon  
First Minister of Scotland

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## 1. Introduction

The Scottish Government published on 23 April 2020 its *COVID-19: Framework for Decision Making*.

We welcome the many positive responses to the *Framework*. These confirmed widespread support for our approach and principles and offered valuable comments and feedback, which we have drawn upon in preparing this update.

While there are encouraging signs in the latest evidence, the restrictions in place remain vital to suppressing the virus. It will not be possible to lift all the current restrictions at once, or soon. Some will remain part of daily life for the foreseeable future, until a reliable vaccine or treatment becomes available.

We know, however, that the restrictions, vital though they are, are themselves causing harm to people, society and the economy. We are committed to containing and suppressing the virus in order to minimise the harm it can do, and to considering how we can achieve that objective while restoring as much normality to everyday life as possible.

This update is a further contribution to discussion, scrutiny and understanding of our approach within Scotland, in the rest of the UK, and beyond. This includes discussion as part of the Four Nations process within the UK, and with delivery partners and stakeholders in Scotland, as we plan our approach.

We must by law complete our next review of the restrictions currently in place no later than 7 May. We will retain current restrictions while they remain justified, necessary and proportionate, and will not change them unless and until it is safe to do so. On our assessment of the current evidence for Scotland, it is almost certain that no significant change will be possible on 7 May.

We are committed to drawing on expert advice, working together with others and engaging with and listening to the people of Scotland as we continue to develop our response to COVID-19, in line with our approach and principles.

## Our approach and principles

As set out in the *Framework*, our approach is that we will:

- **Suppress** the virus through compliance with physical distancing and hygiene measures, ensuring that the reproduction number remains below 1 and that our NHS remains within capacity
- **Care** for those who need it, whether infected by the virus or not
- **Support** people, business and organisations affected by the crisis
- **Recover** to a new normal, carefully easing restrictions when safe to do so while maintaining necessary measures and ensuring that transmission remains controlled, supported by developments in medicine and technology
- **Protect** against this and future pandemics, including through effective testing, contact tracing and isolation
- **Renew** our country, building a fairer and more sustainable economy and society.

Our approach is set out graphically and described further in **Annex B**.

The following principles will guide how we make our decisions:

<b>Safe</b>	<b>We will ensure that transmission of the virus remains suppressed and that our NHS and care services are not overwhelmed.</b>
<b>Lawful</b>	We will respect the rule of law which will include ensuring that any restrictions are justified, necessary and proportionate.
<b>Evidence-based</b>	We will use the best available evidence and analysis.
<b>Fair &amp; Ethical</b>	We will uphold the principles of human dignity, autonomy, respect and equality.
<b>Clear</b>	We will provide clarity to the public to enable compliance, engagement and accountability.
<b>Realistic</b>	We will consider the viability and effectiveness of options.
<b>Collective</b>	We will work with our partners and stakeholders, including the UK Government and other Devolved Nations, ensuring that we meet the specific needs of Scotland.

## 2. Review and Assessment

### Review of COVID-19 Regulations

A number of rules for physical distancing and restrictions on activity are currently in place to tackle the public health emergency. These include legal requirements set out in The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 as well as guidance or advice to the public issued by the Scottish Government.

Many of these match those across the rest of the UK. However, some are specific to Scotland. The table at **Annex A** lists the measures currently in place. Further detailed guidance is available online.<sup>1</sup>

The COVID-19 regulations must be reviewed every three weeks. This ensures that they remain proportionate to the need to tackle this public health emergency, and the absolute necessity of suppressing the virus, but also recognises the broader harms to health, the economy and society that are the side-effects of these measures. The final day in the current three-week cycle is this Thursday, 7<sup>th</sup> May. This coincides with the final review date for the UK Government and the dates for the other Devolved Administrations fall at or close to this time.

The following three-week cycle ends on 28<sup>th</sup> May. Consistent with the legislation, changes can be made before that date, and of course after that date, if the assessment indicates that is the right thing to do: the regulations should only be in place for as long as required.

The Scottish Government participates in the UK Four Nations process that facilitates collective decision making and shares expert advice. While alignment of decision-making will often make sense, on occasion, expert advice may point to the need for different approaches across the UK reflecting specific circumstances in each country or to different optimal timings for changing restrictions across the varied geography of the UK. On such occasions, the Scottish Government will consider the appropriate course of action to best meet Scotland's specific needs and circumstances.

In line with our commitment to transparency, based on the current evidence for Scotland, this update indicates that it is almost certain that no significant change will be possible on 7<sup>th</sup> May and the lockdown will be extended. This position will be confirmed when we formally review the position on 7<sup>th</sup> May.

### Assessment Process

The *Framework for Decision Making* set out our assessment framework. Our first objective and absolute necessity is to contain and suppress the virus. Beyond that, our challenge is to minimise broader harm to our health, society and economy and to restore as much normality to everyday life as possible.

<sup>1</sup> <https://www.gov.scot/collections/coronavirus-covid-19-guidance/>

This update describes the advice we shall draw upon in assessing possible options for changes to the current restrictions. We will shortly publish a supporting evidence paper that sets out some of the analysis that we use to inform these assessments.

In making these assessments, Scottish Ministers have access to expertise from a range of professional advisers and expert groups, both within and beyond the Scottish Government. These include, within government, the Chief Medical Officer (CMO), the Chief Social Policy Adviser and the Chief Economic Adviser. In addition, Ministers' judgments are informed by advice and oversight from other professional advisers including the National Clinical Director, Chief Scientific Adviser, Chief Nursing Officer, Chief Statistician, and the Solicitor to the Scottish Government.

Beyond the Scottish Government, Ministers have access to the CMO's Advisory Group on the epidemiology and public health impacts of the virus, and to expert advisory groups as part of the Four Nations response to COVID-19, including the Scientific Advisory Group on Emergencies (SAGE). We also have expert advisory groups in fields such as the economy and education that we are able to draw upon. The Equality and Human Rights Commission has offered to contribute its services, resources, expertise and knowledge, both in the immediate response to COVID-19 and in considering the wider socio-economic recovery.

The Scottish Government continues to engage with its resilience partners, including Police Scotland, other first responder organisations and local government represented by COSLA and SOLACE, in order to plan and implement its response to COVID-19. This informs our assessment by helping us to understand how changes would be implemented in practice.

We continue to engage with the Four Nations response to COVID-19 and we are following, engaging with and learning from the measures being taken in other parts of Europe and around the world, to ensure that we learn from their experience.

The Scottish Government is engaging with many other groups, businesses, unions and organisations across Scotland. We are grateful for their engagement and contributions. Together, these help to ensure that our response is safe, lawful, evidence-based, fair and ethical, clear, realistic and collective.

### 3. Evidence

This section provides an update on evidence concerning the virus and its direct health impacts. We will shortly publish a supporting evidence paper that provides further data on this harm and the three other harms (wider health, societal and economic) that will inform our review of the regulations and broader restrictions.

#### The spread of the virus in Scotland: our lockdown rules are working

As of 5<sup>th</sup> May, 12,437 people in Scotland have been confirmed to have been infected with the virus, and as of Sunday 26<sup>th</sup> April 2,272 people have been recorded as having sadly lost their lives<sup>2</sup>.

The virus continues to pose a serious threat to public health in Scotland. The Scottish Government will not change restrictions until it is safe to do so. A second surge in infection would cause further harm to our health, society and economy.

To judge whether and when restrictions can be changed, we will consider a range of evidence on the progress of the pandemic in Scotland, including the number of people in our hospitals with COVID-19, the number of those who are in intensive care, and the number of deaths. Community surveillance is underway with surveillance for antibody testing due to start soon. The charts and the numbers are available online, and are regularly updated.<sup>3</sup> A range of these data is shown in the charts below.

The charts show the rate of change of key measures of the pandemic in Scotland: new cases; hospitalisations; numbers requiring ICU care; and deaths. The number of new cases is a measure of those who have tested positive – and so, to some extent, reflects changes in testing policy (for example, increased testing in care homes). Similarly, the reporting of deaths is subject to time delays from actual date of death, as it reflects the date of registration of deaths. The charts show the changes in these key measures since lockdown was introduced. The inset pictures show close-ups of the situation in the last seven days.

The line in each chart shows the ratio of each measure in the last seven days compared to the previous seven days. Where the ratio is one, that indicates no change – i.e. the numbers of each measure in the last seven days is the same as the previous seven days.

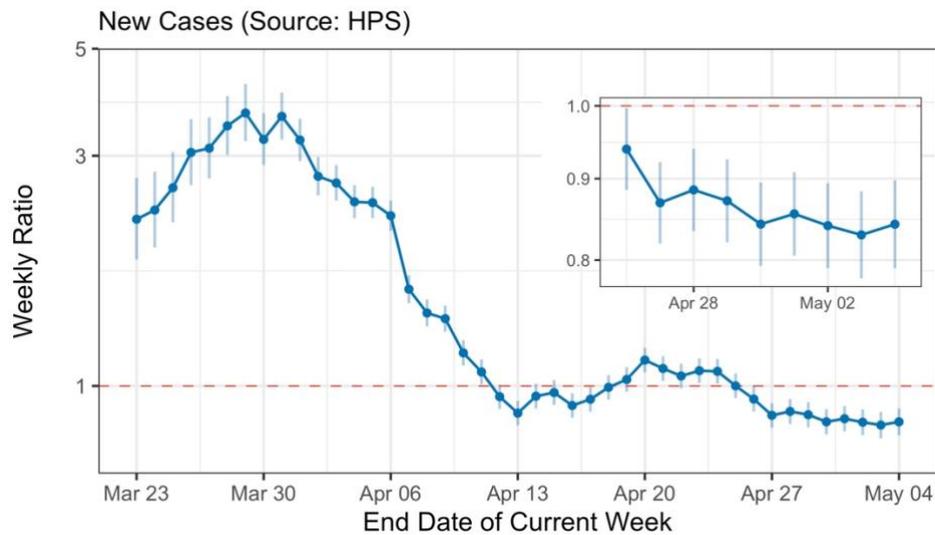
Overall, the charts show the effect of the lockdown in slowing the transmission of the virus. In more recent weeks, there are signs this rate of change has stabilised, or plateaued. Sustained continued evidence of the ratio staying below one will be required to be more confident that transmission is falling, and that numbers of new cases per day are falling, to the extent that is required for key elements of pandemic response – including Test, Trace, Isolate and Support – to be effective.

<sup>2</sup> This figure is all deaths where COVID-19 is mentioned on the death certificate. As of 5<sup>th</sup> May the number of patients who have tested positive who have died is 1620.

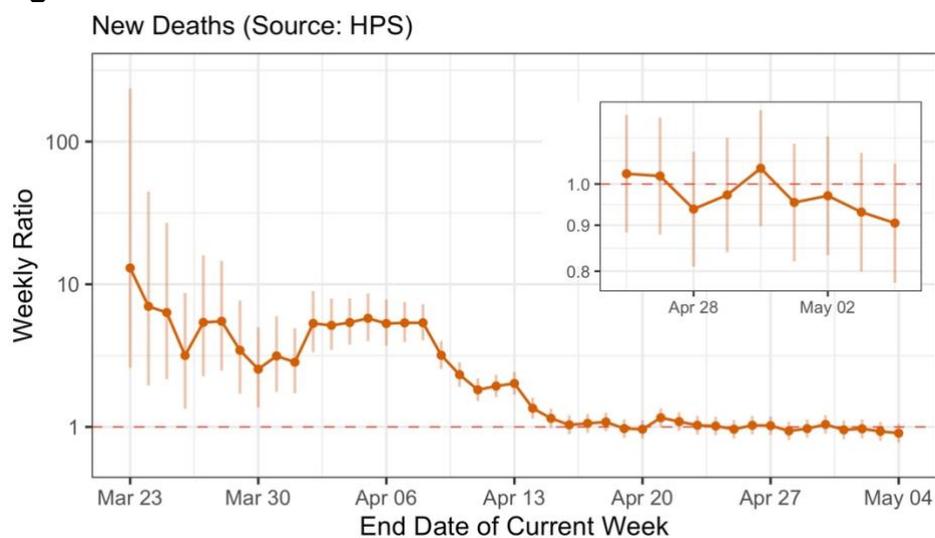
<sup>3</sup> <https://www.gov.scot/publications/trends-in-number-of-people-in-hospital-with-confirmed-or-suspected-covid-19/>

We can estimate, from these and other data, the total number of people in Scotland currently likely to have the virus, whether or not showing symptoms, and the current reproduction rate, or  $R$ , of the virus: the number of people, on average, who are catching the virus from each person who already has it.  $R$  must be well below 1 for a sustained period in order to suppress the virus.

**Figure 1: New Cases Ratio**

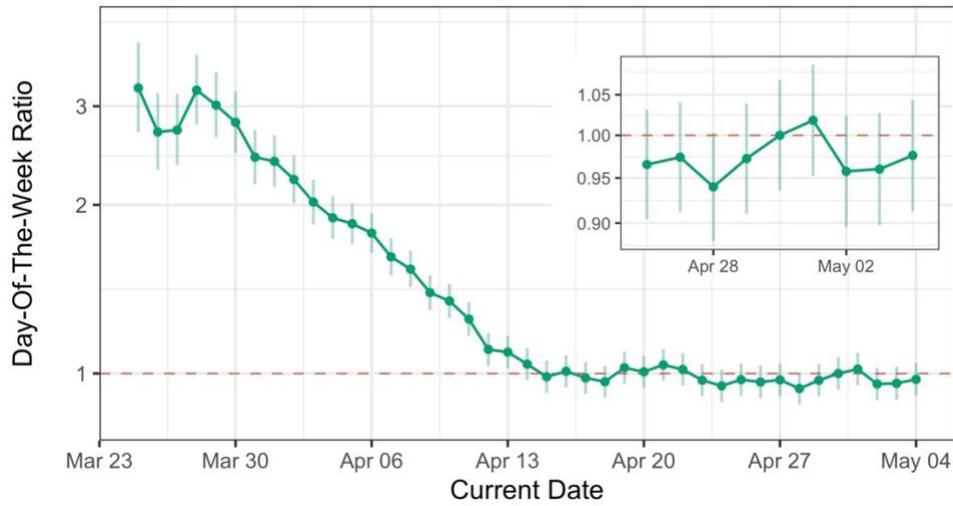


**Figure 2: New Deaths Ratio**



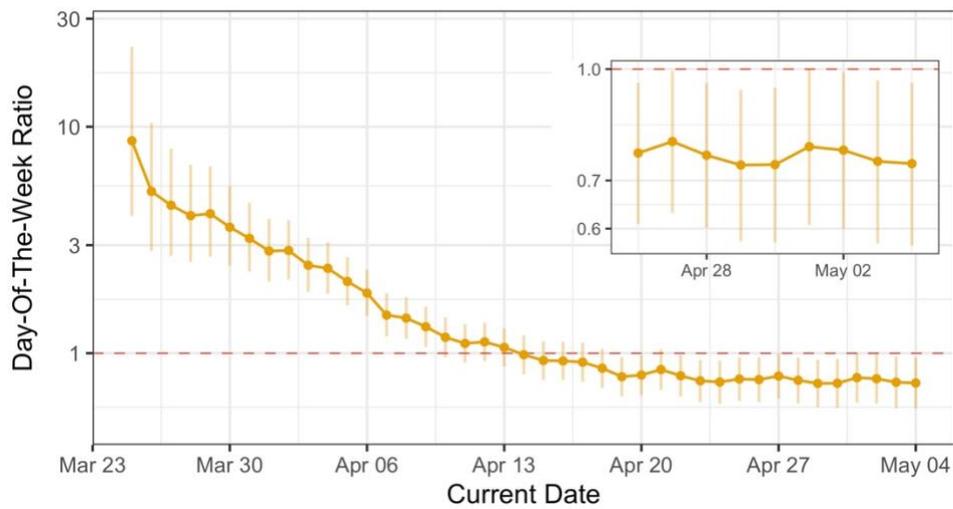
**Figure 3: Hospital Occupancy Ratio**

Hospital Occupancy (Source: NHS Boards)



**Figure 4: ICU Occupancy Ratio**

ICU Occupancy (Source: NHS Boards)



Graphics provided by the University of Edinburgh.<sup>4</sup>

<sup>4</sup> Weekly ratios for new cases and new deaths are ratios of weekly sums, plotted on a log 10 scale. Day-of-the-week ratios for hospital occupancy and ICU occupancy are ratios of daily counts, measured 7 days apart and plotted on a log 10 scale. Figure insets highlight more recent ratios and trends.

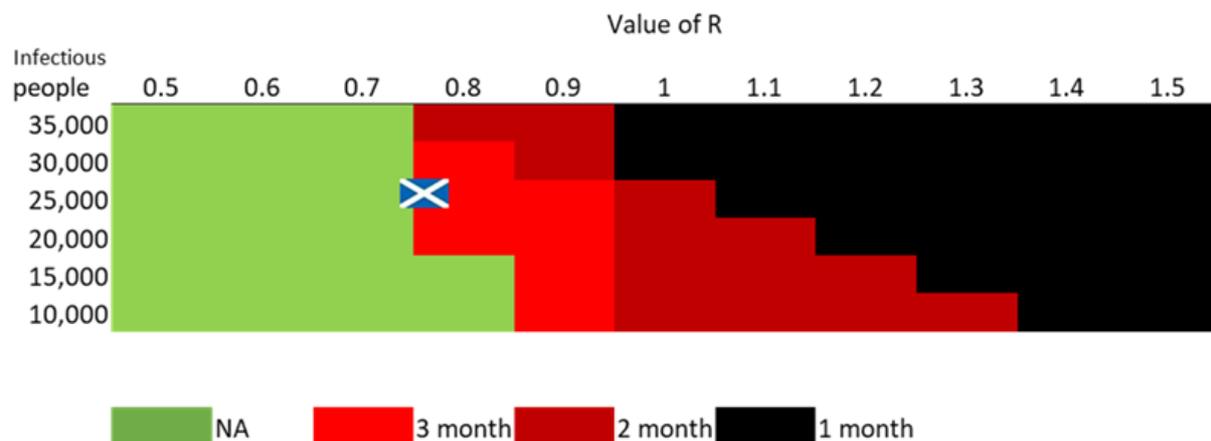
### Limited headroom to change restrictions

The following chart indicates how little, if any, room to manoeuvre we have in Scotland in terms of changing restrictions at the current time. It shows how quickly our COVID bed capacity (4,250) in Scotland risks being overwhelmed if the R number increases from its current level. The fewer infectious cases there are, the less likely it would be for a slight increase in R to overwhelm hospital capacity.

The chart shows that, on current estimates (and these estimates do change as the data are updated on an ongoing basis), there are approximately 26,000 infectious people in Scotland (vertical axis). This number remains much too high at present to consider the virus under control.

While precision on the R number is difficult, it is likely to lie between 0.7 and 1.0 (horizontal axis). This remains too high to be confident that case numbers will continue to fall. With the number of infectious people estimated at 26,000, this means that we are still at risk of a resurgence of the virus that would overwhelm NHS capacity. Moreover, this number is an average for all of Scotland. The R number for community transmission in Scotland is estimated to be below the R number in hospitals and care homes. This is a matter of critical concern.

**Figure 5: Time taken for increases in R to overwhelm NHS capacity for different numbers of infectious people (assumes capacity of Covid Beds of 4,250 in Scotland)<sup>5</sup>**



(Source: Scottish Government)

<sup>5</sup> Figure 5 is the result of an SIR model. The range of infectious people along the left of the chart (from 10,000 to 35,000), is based on the outputs of the publicly available [Imperial College Covid-19 model](#). Susceptible population is total population minus those that are infectious and have recovered by that point. This, along with the different Rt values along the top of the chart (from 0.5 to 1.5) are applied to forecast the number of infected people. Breach of NHS capacity is based on an approximation that 5% of infected people will require hospitalisation, and that they will need to enter hospital a week after first becoming infected.

Our current lockdown is pushing the number of infectious cases down. This means that the longer we leave restrictions in place, the more latitude we will have to change restrictions without risking a resurgence of the virus. But at present, given the continued high number of new cases and the imprecision around the R number for Scotland, which remains too close to one, the evidence is indicating that any change to the restrictions could easily lead to a resurgence of cases that would risk overwhelming NHS capacity in Scotland.

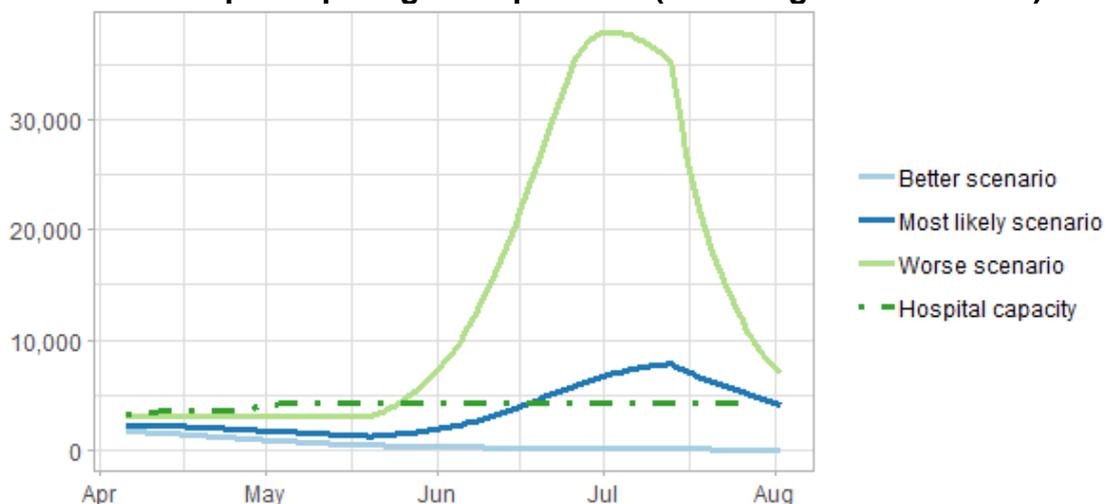
### The risks to premature re-opening of schools and nurseries

The following chart indicates, for just one potential option that we are reviewing, the risk to re-opening schools and nurseries too early, even in a phased or redesigned way. It is based on very recent international experience and the data are still relatively limited, so our estimates of the impacts will change and become more robust over time.

This chart shows that, in the ‘better’ scenario, primary schools and nurseries in Scotland would be able to re-open without causing a resurgence in the virus. However, given the current level of infections and R, the chart also shows that, in the ‘most likely’ scenario, full re-opening would cause a resurgence in the virus such that hospital capacity in Scotland would be overwhelmed in less than two months. A ‘worse’ scenario would further exacerbate the situation. These scenarios illustrate the risks we face in considering different options and the merit in delaying a decision to re-open until transmission of the virus is much reduced from the current level.

**Figure 6: Modelled estimates of the impacts on hospital capacity of fully re-opening primary schools and nurseries in Scotland in May, based on International experience**

### Number of People requiring a hospital bed (including intensive care)<sup>6</sup>



(Source: Scottish Government)

<sup>6</sup> The epidemiological progression in the Scottish Government model is simulated using the publicly available [Imperial College Covid-19 model](#). The model uses publically available time series data of daily cases and deaths for Scotland and a range of other countries. This allows us to track infectious people in the population, cases, deaths and the reproduction rate R. We then estimate the impacts of interventions applied in other nations, such as opening nurseries and primary schools, and apply similar responses for Scotland.

## Current assessment of COVID-19 evidence

Our current best estimate is that about 26,000 people in Scotland are currently infective and R is likely to lie between 0.7 and 1.0. While precision is difficult with these numbers, they remain too high to conclude that the virus has been suppressed and we must therefore continue to proceed with extreme caution. We consider that it would be unsafe to make anything other than marginal changes to restrictions until the estimated number of new cases is significantly lower and R is sufficiently below 1 to give confidence that easing the current restrictions will not increase it beyond 1.

An increase beyond 1 would risk exponential growth in the number of new cases, hospitalisations and deaths, causing very significant harm to Scotland's health, society and economy. Some restrictions and guidance are therefore likely to remain in place for the foreseeable future. And any signs of a resurgence in the number of cases, whenever it occurs, may necessitate the introduction or reintroduction of further restrictions.

The data so far show some encouraging signs of progress, but it is too early to say that is safe to ease restrictions. We will continue to monitor and publish the data and our assessment of what they show. At this stage, our view remains that there is very little room for manoeuvre in introducing changes to the restrictions currently in place.

The longer we leave the lockdown in place, the fewer people will be infected by the virus. This means that we will have more latitude in the future to change restrictions without risking a resurgence of the virus. In the meantime we are working with partners to ensure that any change to restrictions can happen safely when the time is right and to put in place the public health capacity and capability to ensure that, after we have successfully suppressed the virus, any future outbreaks can be effectively contained.

There is some evidence that the currently R number in Scotland is slightly above that elsewhere in the UK though comparative estimates depend on models used and are subject to a significant degree of imprecision and variation over time as new data become available. Any meaningful variation in the R estimates among the four nations could be a significant factor in co-ordinating decision making across the UK.

On our assessment of the current evidence for Scotland, it is almost certain that no significant change will be possible on 7 May. This fundamental assessment informs our consideration of the options set out in the following section.

## 4. Options

While the evidence indicates that there is minimal latitude to change current restrictions in Scotland before the coming review date of 7<sup>th</sup> May, which marks the end of the current three-week cycle, we are using this time to consider themes and options for changes when it does become safe to introduce them. We will want to have assessed these options fully – and made the necessary preparations for implementation if the evidence suggests that it's possible for any of them – ahead of the next end-of-cycle review date of 28<sup>th</sup> May.

Although we cannot put dates for Scotland on any of these changes yet, we are thinking through how they can be made safely when the time is right. For example, we are working with our partners in the Education Recovery Group to ensure that our schools and the way we use them will be safe. We are also urgently considering how we can safely resume aspects of our health service that were deferred to create additional COVID-19 capacity, to ensure that urgent need is addressed. This approach to redesigning processes, services and workplaces is being replicated across the country as we move towards the 'new normal'.

In this section we want to share with you the options we are reviewing as having potential for initial changes. These are not the only options that we will consider over the coming weeks; we know the whole range of restrictions is of concern and each of the regulations must be kept under review. At present the weight of evidence indicates that there is very little room, if any, for changing restrictions at this time in Scotland and it is possible that some or all of any changes we do eventually make will have to be reversed if that is necessary to suppress the virus and prevent a resurgence of cases.

The options currently being considered by the Scottish Government as possible initial steps are in five themes. The options are derived from the emerging international evidence, from what people and organisations are telling us in Scotland, and from our own analysis of which options might best alleviate harm without compromising our over-riding public-health objective to suppress the virus.

All options within these themes remain under consideration at this stage; no specific changes have been decided upon, and we may conclude that it is not safe to proceed with any specific changes either in the near future or the longer term. However, we want to make the necessary preparations now, so that when the time is right to make the changes, they can happen safely and effectively. The themes are set out below.

### ***A. Changes to advice about staying at home***

In line with current evidence that outdoor activity poses less risk of transmission of the virus than indoor activity, we are considering if and how we could make changes to allow people to leave their home more often and/or for longer. This would still involve staying in their local area, staying within their own household group (or any extension of this that may be permitted in future), maintaining physical distancing from those not part of their own household, and maintaining good hygiene at all times. We will also consider whether the evidence supports any changes to the

restrictions on certain outdoor work activities, provided that associated safe working practices are in place.

### ***B. Changes to advice about visiting other households***

We are considering if and how we could make changes to allow people to meet with a small number of others (the number is under consideration) outside their own household in a group or “bubble” that acts as a single, self-contained unit, without connections to other households or “bubbles”. It is possible that this option would be introduced first for outdoor meetings, ahead of any change to permit indoor meetings of the bubble.

Existing rules for households would continue to apply to these groups. In particular, everyone in the group would have to observe good hygiene, maintain physical distancing from people not part of the group, and remain vigilant for symptoms of COVID-19. If anyone in the group developed symptoms of the disease, those people would need to self-isolate immediately for 7 days, and the remainder of the bubble for 14 days.

This change would not apply to people currently in the “Shielded” group, who remain at the highest risk from the virus, and who are being asked to continue to observe the additional restrictions currently in place. We recognise that this will become increasingly challenging as advice changes for other people. We are committed to an honest conversation with our citizens who are shielding and with their families about the support they need, the evidence about the risks they face, and maintaining a quality of life while shielding.

Special consideration will also be given to those who are not shielding but are at heightened risk, for instance people over 70, pregnant women, and people with certain medical conditions.

Although similar approaches have been applied in other countries, each country’s experience of the virus may differ, and we have to be sure that this, or any other measure we consider, would fit Scotland’s particular needs and circumstances.

### ***C. Options for resuming care and support for those most affected by the current restrictions***

In order to suppress the virus and ensure that the NHS would not be overwhelmed, some NHS and community support services had to be suspended as part of our emergency response. We are considering whether and how we can resume these services, provided this can be done safely and without unacceptable risk.

The options under consideration include resuming certain NHS Scotland elective procedures and screening services, and the phased re-introduction of a wider range of social care support such as therapeutic group activities.

Here and in all our decision-taking, we are considering how we can ensure that changes are made in a fair and ethical manner, including to mitigate avoidable disproportionate impacts on particular groups: for example, those living with cancer, or the significant numbers of older and disabled people and their carers, who have seen services diminish or stop completely.

#### ***D. Changes affecting businesses that have been subject to restrictions or closure***

Many workplaces have closed as a result of regulations, while others have followed public health guidance and closed. Before deciding to change restrictions in a phased and controlled way, we must consider how the seven principles set out in the *Framework* would apply to different businesses and their activities, and what the wider implications might be for health, the economy and wider society – for example, considering the consequences for transport, supply chains and more general compliance.

We will engage and work with business and trades unions to support the reopening of certain workplaces as soon as possible, but only when it is safe to do so. This will be on the basis of a solid framework of guidance that supports safe working and is consistent with our Fair Work approach.

Our work to put these structures in place will allow us to make considered decisions on where and when particular business activity can restart safely. Our initial assessments are likely to focus on construction, manufacturing and retail, where less work can be done remotely, as well as elements of outdoor and rural work, where transmission risks are likely to be lower. We are working closely with these sectors. For example, the Construction Leadership Forum is developing a five phase plan to support the restart of that sector, when it is safe to do so.

Our considerations will also cover related issues, such as managing the use of transport and the re-opening of schools. We are also aware that requirements will need to be applicable to different types of workplaces, so what is required in a factory will be different to an office or a shop. Our guidance on safe working will reflect clear underlying principles about the basic requirements of physical distancing, hygiene and broader health and safety considerations, and this must then be developed for specific environments, by employers and trades unions. We will take due regard of the approach being developed by the UK Government in our own consideration of the appropriate way forward and we will continue to engage with Scottish businesses and trade unions on that.

But to be clear, restrictions are likely to remain in place for some business activity for some time to come, especially where safe working is harder to achieve. Changes already adopted in many sectors, for example working from home and the use of digital technology, are likely to persist as part of the 'new normal'.

### ***E. Options for allowing pupils to return to school***

We are considering a phased approach to returning pupils to school, when it is safe to do so. We do not consider it likely that schools will reopen fully in the foreseeable future. Indeed, we are not yet certain that they can re-open at all in the near future.

The Education Recovery Group (ERG) has been established, chaired by the Deputy First Minister. The ERG brings together the Scottish Government with our Local Government partners and key stakeholders including teacher unions and parent representatives. The first main task for the group is to model what a phased approach to school re-opening will look like. The ERG has been asked to consider the 'what' and 'how' of phased re-opening, but not the 'when' as this will be a Ministerial decision guided by the evidence on progress in suppressing the virus. Ten workstreams have been established with partners (reporting to the ERG) to consider the wide range of policy, practical and operational issues related to re-opening schools.

Subject to that work the options we are examining for return to school are:

- i. Developing a chronological list of priority groups who would return to school in an agreed order (for example vulnerable pupils and pupils who are in transition, e.g. from P7 to S1 or those about to commence national qualification courses in S3-6).
- ii. Modelling a new approach to schooling for the foreseeable future. To enable ongoing physical distancing, most pupils are likely to have a blend of in-school and in-home learning. This would include attending school part-time in blocks of a few days or even a week at a time, to enable deep cleaning of schools between groups. Learning at home will be supported by consistent, high-quality online materials which will be developed to support the curriculum.

## 5. Routemap

Before we change any of the restrictions currently in place, we will need to see sustained evidence that the transmission of the virus is continuing to be suppressed. We shall also want to be confident that the public are aware that, whatever measures change, there will still be a need for physical distancing, stringent hygiene and high vigilance for the symptoms of the virus.

### Test, Trace, Isolate and Support

We will also ensure that we have in place the equipment, testing capacity and the arrangements necessary to contain the virus and care for those infected by it. This includes the significant enhancement of testing capacity now coming on-stream and building on that to establish the ability to “test, trace, isolate and support” cases of the virus.

Testing and tracing does not of itself suppress the virus. Combined with surveillance of the virus in the wider community, and once cases have reduced to a low level, it will make it more likely that cases can be isolated and localised outbreaks prevented from re-emerging as sustained community transition. “Test, trace, isolate and support” can only work with the support and co-operation of people across Scotland, who may be asked to give samples for tests, share information about their recent contacts so that those at risk of infection can be traced and tested, and to isolate for long enough, potentially several times, to ensure that they have not contracted the virus.

Our success will ultimately hinge on our ability to detect a high proportion of outbreaks very quickly, as even a very small number of undetected cases can develop into a major outbreak in a matter of days. Test, trace, isolate and support will be coupled with community surveillance to enable effective suppression of outbreaks. We are working with clinicians, Public Health Scotland and NHS Boards to enable the design of data systems to enable the tackling of outbreaks at local levels.

### Planning for moving safely to the new normal

The changes we are considering will require careful planning. Businesses, public services and the third sector will need time to plan and to prepare workplaces, processes, supply chains, logistics and financial provisions in order to introduce any changes safely and effectively. Communities, households and individuals will also need to adapt.

As we conduct further reviews of the restrictions now in place, we shall look to establish a rhythm of assessment, implementation and monitoring, so that changes can be undertaken effectively, and we can respond to future changes in the transmission of the virus, including by reintroducing restrictions where that is justified, necessary and proportionate. We shall be discussing with sector and service leaders what lead-time is required for changes, and will take that into account in mapping the route ahead and setting out more detail on phasing.

We are also working closely with Police Scotland and others to assess the best ways to ensure continued good compliance where it remains necessary to keep restrictions in place, and enforcement of those which are legal requirements. We recognise that expecting people and organisations to comply with the difficult rules means that we must, in turn, enable people to tell us about how these rules are affecting them. We must listen to those views and take account of them in our future decision making. We also recognise that people tend to comply with the rules when they are able to do so. This means that we must ensure that the right support is in place – provided by different levels of government, the broader public sector and wider partners – to enable everyone to comply with the rules.

### Potential for geographical variation

We will continue to keep an open mind about the potential for geographical variation in our approach, guided by the evidence. This geographical variation could occur across the UK although, as stated in the *Framework*, we will only do that if the evidence and our judgement indicates that this would best meet Scotland's particular needs and circumstances. We will continue to engage in the collective Four Nations process.

Geographical variation could also happen within Scotland. For example, future evidence may indicate that there are certain geographies where a differential approach, or different timings in the same broad approach, would be appropriate. Assessment of the right way forward would factor in broader considerations, including the scope for any geographical (or sectoral) variation to impact on the clarity of communication and broader operational considerations, for example in relation to localised testing measures and travel restrictions in the event of a geographically varied approach. And we would listen to the views of people, businesses and organisations affected by such changes. No decisions on this have been made at this stage and we will continue to keep this option under review as part of our broader review process.

### Next steps

The next stage of our work will include preparing more detailed reviews of options for change, consistent with the themes, approach and principles set out in the *Framework*. These more detailed reviews will include:

- **assessments** of the options in terms of their impact on the risk of infection and their potential to reduce harm to Scotland's health, society and economy, in a fair and ethical way;
- **consideration** of the options and how they would be communicated to enable compliance, engagement and accountability;
- the **changes to regulations and guidance** that would need to be made to introduce each option in a lawful way;
- **outline plans** for implementing each option in a realistic and collective way, indicating the work required to ensure the change is managed in a viable and effective way, the likely timescale between a decision to implement and the

change being made, who is responsible and accountable for that work, and who needs to contribute to it and be kept informed about it. Such plans would include assessments of **the steps needed to reverse each option**, should that prove justified, necessary and proportionate.

We intend to publish further updates on this work ahead of the next end-of-cycle review date of 28 May.

## 6. Public Engagement

The Framework published on 23 April emphasises the need for transparency and public engagement:

“Although the decisions on if, when, and how to ease restrictions must be made by government, they cannot be made in isolation. We are listening to the best scientific advice and will apply our best judgements to that. We must also listen to the people of Scotland. Transparency and engagement is fundamental.”

We need an honest conversation on these difficult judgements and their evidential basis. For that to be possible we need to be transparent about the evidence we have and its uses. It should be publicly available, easily understandable and promote an inclusive approach to engage with a wider range of people. We are taking further steps in that direction with today’s publication, but will go further in the weeks ahead.

Our approach will be incremental, building on each step over time. By meeting the immediate need for public engagement on the decision-making process concerning the current restrictions, we may also develop tools and habits of discourse that can be adapted to inform the longer-term recovery and renewal process to come.

Today we are initiating public engagement through a **digital platform**, to allow members of the public to engage with the issues, evidence and analysis we are setting out through publications such as this and those that will follow. The link for the platform is:

[www.ideas.gov.scot/covid-19-a-framework-for-decision-making](http://www.ideas.gov.scot/covid-19-a-framework-for-decision-making)

Engagement through the digital platform will not suit everyone. We will ensure that other means of public engagement are open too. The digital platform is one step in a broader public engagement initiative that we are now developing and which will be set out in future weeks to inform our decision-making process.

### The Scottish Government

5 May 2020

## Annex A: Rules on physical distancing and broader restrictions to support the response to the public health emergency

A range of measures for physical distancing and restrictions is set out in the following table. These include legal requirements set out on The Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 as well as guidance or advice to the public issued by the Scottish Government. The legal requirements are reviewed at least every three weeks. The next review is on 7<sup>th</sup> May.

Public health guidance is also issued to provide advice to the public around health measures – for example, hand washing – and are rules that we should all follow.

**Table A1: Rules currently in place in Scotland**

<b>Restriction</b>	<b>Description</b>
<b>Self-isolation</b>	Individuals should stay at home for 7 days from when they experience symptoms, or until they feel better if they are still unwell after 7 days.
<b>Household isolation</b>	Household should stay at home for 14 days if someone else in the house is showing symptoms. Individuals should continue to stay at home for 7 days from when they show symptoms, or until they feel better if they are still unwell after 7 days.
<b>Shielding very high risk individuals</b>	Shielding (effectively stay at home) is advised for people with the highest clinical risk for 12 weeks from the date on which the first shielding letters were issued, up to 18 June. Each individual has been contacted by the NHS. The rest of the household is advised to practice strict social distancing.
<b>Strict Social Distance for high risk: 70+, pregnant, certain medical conditions</b>	Strict adherence to social distancing guidance is advised.
<b>No gatherings of more than two people</b>	No gatherings of more than two people in public, subject to exceptions.  The exceptions are where everyone is from the same household, where it is essential for work purposes, to attend a funeral, or (where reasonably necessary) to facilitate a house move, provide care or assistance to a vulnerable person, provide emergency assistance, or participate in legal proceedings/fulfil a legal obligation.
<b>Closure of schools and nurseries</b>	Closure of schools and nurseries, apart from children of critical workers and vulnerable children.
<b>Closure of entertainment premises and leisure facilities</b>	Closure of specified indoor leisure and entertainment premises (including cinemas, theatres, nightclubs, bingo halls, museums, concert halls, casinos, betting shops, spas, beauty parlours, skating rinks, indoor gyms and leisure facilities). Exceptions allow some premises to remain open for the purpose of broadcasting performances or hosting blood services.

<b>Closure of retail, libraries and certain indoor public spaces, notable exceptions</b>	<p>Closure of most retail, hire and library services. Exceptions include food retailers, off licences, pharmacies, DIY stores, petrol stations, car repair services, bike shops, banks, post offices, dentists, etc). Shops and libraries can also remain open insofar as they can provide a delivery service.</p> <p>Closure of other venues such as places of worship, community centres and crematoriums. Certain exceptions apply – places of worship and crematoriums can open for funerals. Community centre can open for essential voluntary or public support services.</p>
<b>Certain outdoor public spaces</b>	<p>Closure of specified outdoor public spaces, including playgrounds, sports-courts, outdoor gyms, and outdoor markets.</p>
<b>Mass Gatherings</b>	<p>Ending all mass gatherings (see restrictions on no gatherings of more than two people above)</p>
<b>Stay at home</b>	<p>Individuals must stay at home except where they have a reasonable excuse, which includes (amongst other things) shopping for basic necessities; exercise - alone or with members of their household; to seek medical assistance, to provide care or to help a vulnerable person; and travelling to and from work, but only where it is not reasonably possible for that to be done from home.</p> <p>Guidance goes further – e.g. it advises that people can exercise daily, can ensure animal welfare needs are met when necessary, and can leave home for any medical need.</p>
<b>Non-essential workplaces should close</b>	<p>Non-essential workplaces in Scotland are advised to close.</p>
<b>Closure and restriction of businesses selling food or drink</b>	<p>Certain businesses (cafes, restaurants, pubs, bars) must close or stop selling food or drink on the premises. They can continue to sell food off premises as takeaway services.</p> <p>Limited exceptions apply – e.g. canteens in hospitals, prisons, some workplaces, or services to the homeless</p>
<b>Social distancing requirements on businesses</b>	<p>Businesses must take reasonable measures to ensure a 2 metre distance can be maintained between people on the premises or waiting to enter.</p>
<b>Closure of holiday accommodation</b>	<p>Businesses providing holiday accommodation (hotel, holiday home, caravan park etc) must cease, subject to limited exceptions. Exceptions include providing accommodation to people who need it because they can't return to their main home or they are attending a funeral or moving house. They can also remain open to provide homeless services, blood donation sessions or at the request of Ministers. The business can continue to provide information or services online or by phone or post.</p>

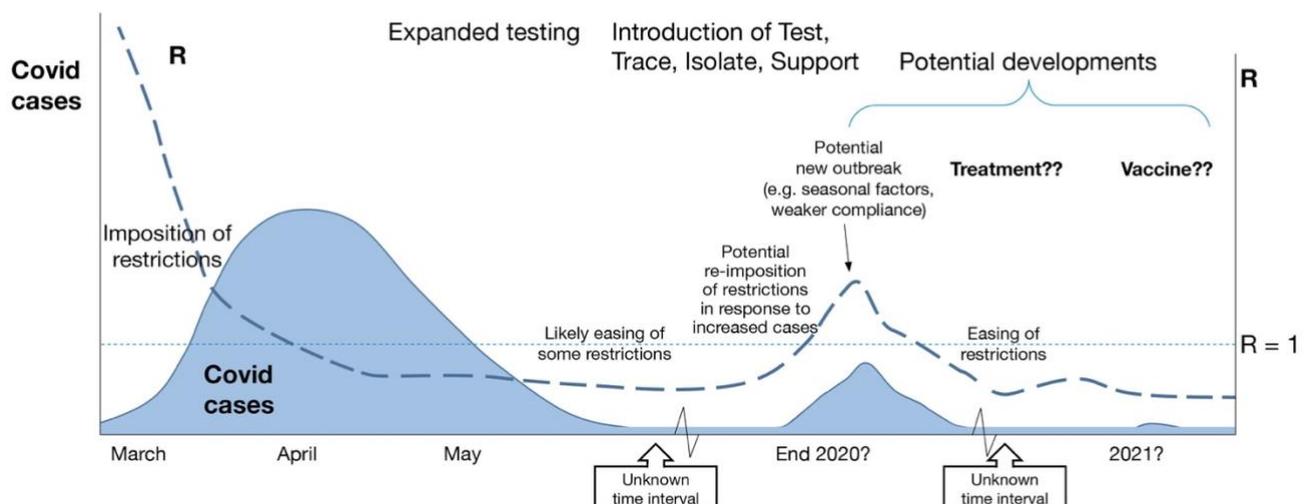
## Annex B: Our Approach to transitioning through and exiting from the crisis

The diagram below depicts **our approach** to transitioning through and exiting from the crisis as described in the *COVID-19: Framework for Decision Making*. It is a **simplified** representation. We will update it as timings and other factors become clearer.

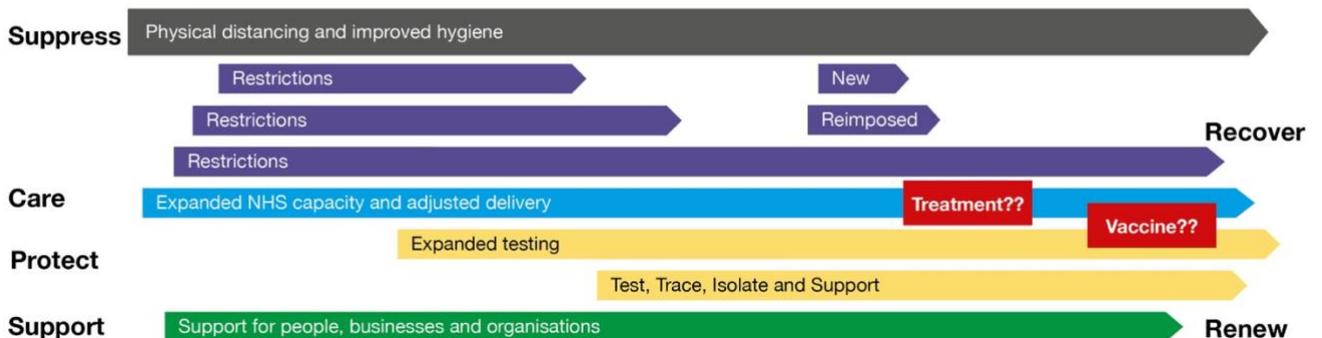
The future is uncertain and the diagram shows just one potential scenario, with key timings and future developments uncertain. It shows the possible increase in the transmission of the virus some months ahead. We are not planning for this to happen, but we will be ready to deal with it should it occur.

Throughout this approach, our decisions, choices and actions will contain risk. These risks must be understood and carefully managed by us all in our daily lives as we move to a 'new normal'. We recognise that people, businesses and organisations need to be able to plan for the future. We will introduce more certainty to future timescales and phases when the evidence for Scotland enables us to do.

### Graphical representation of our approach



#### Approach: Approximate Timescales



## Our Approach

Our initial priority, and the essential for all our future decisions, is to contain and **suppress** the virus. That means both reducing the number of cases to very low levels and controlling the spread of the virus (keeping R below 1). We are already doing this through a range of physical distancing restrictions and improved hygiene requirements.

If people do not comply with these restrictions and requirements then we will not achieve the desired suppression of the virus and would need to keep restrictions in place for longer or introduce new ones. And if compliance weakens at a future point then, as shown, this could potentially cause an increase in transmission in the future and could lead to the re-imposition of restrictions to suppress the virus once more.

People suffering from COVID-19 in Scotland must receive the **care** they need. To ensure this, we have increased NHS capacity, necessarily delayed non-essential health interventions and adjusted the delivery of some health services. People must still receive the emergency healthcare they need and our health services remain open to support and care for them. We will bring back deferred NHS capacity as soon as it is safe to do so.

To **protect** our people from the virus, both now and in the future, we are expanding our testing capacity. Once the virus is suppressed to low numbers of cases, we will implement a 'test, trace, isolate and support' approach to ensure that the virus remains controlled.

This, along with continued hygiene and necessary distancing measures, will enable us to cautiously **recover** our way of life to a new normal, re-opening our workplaces and school with safe practices – with redesigned processes, services and spaces - when it is safe to do so and we can be confident that the virus will remain suppressed.

In the meantime, we know how difficult the restrictions and broader impacts of the crisis are: no-one will be unaffected. Consequently, working with partners in the public and third sector, we have put in place an unprecedented range of **support** for people, businesses and other organisations.

We will harness developments in **treatments and vaccines** when the scientific advice tells us it is safe to do so. But we do not know if or when these will be available. We hope it will be sooner than shown but we will not count on them in our planning.

When the virus is suppressed, and with continued necessary protections and restrictions in place, we will move to a 'new normal' way of living. With that comes the potential to harness the best of our society and our public services that has been demonstrated amid the suffering of the crisis, and to **renew** our country, looking towards a fairer and more sustainable future beyond the crisis.



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