

IN THE HIGH COURT OF JUSTICE
BUSINESS AND PROPERTY COURTS
COMMERCIAL COURT (QBD)
FINANCIAL LIST
FINANCIAL MARKETS TEST CASE SCHEME

BETWEEN

THE FINANCIAL CONDUCT AUTHORITY

Claimant

-and-

- (1) ARCH INSURANCE (UK) LIMITED**
(2) ARGENTA SYNDICATE MANAGEMENT LIMITED
(3) ECCLESIASTICAL INSURANCE OFFICE PLC
(4) HISCOX INSURANCE COMPANY LIMITED
(5) MS AMLIN UNDERWRITING LIMITED
(6) QBE UK LIMITED
(7) ROYAL & SUN ALLIANCE INSURANCE PLC
(8) ZURICH INSURANCE PLC

Defendants

AGREED FACTS – DOCUMENT 1

CHRONOLOGY OF GOVERNMENT RESPONSE TO COVID-19 IN THE UK

	Date	Event ¹	Detail ²	Source	Page Reference
1.	31 Dec 19	WHO informed of cases of pneumonia of unknown cause in Wuhan, Hubei, China		https://www.who.int/csr/don/05-january-2020-pneumonia-of-unknown-cause-china/en/	1-2
2.	22 Jan 20	UK DHSC and PHE raise risk level to UK from 'very low' to 'low'	<p>Statement from the Department of Health and Social Care (“DHSC”) and Public Health England (“PHE”):</p> <p><i>“We have been carefully monitoring the coronavirus situation in Wuhan and are ready to put in place proportionate, precautionary measures.</i></p> <p><i>From today, enhanced monitoring will be in place from all direct flights from Wuhan to the UK...</i></p> <p><i>The risk to the UK population has been assessed as low, based on the emerging evidence regarding case numbers, potential sources and human to human transmission. This has been raised from very low due to evidence on the likelihood of cases being imported into this country.</i></p> <p><i>There are no confirmed cases of this new infection in the UK...</i></p> <p><i>Dr Nick Phin, Deputy Director, National Infection Service, PHE, said:</i></p> <ul style="list-style-type: none"> - <i>This is a new and rapidly evolving situation where information on cases and the virus is being gathered and assessed daily. Based on the available evidence, the current risk to the UK is considered low. We are working with the WHO and other international partners, have issued advice to the NHS and are keeping the situation under constant review</i> 	https://www.gov.uk/government/news/dhsc-and-phe-statement-on-coronavirus	3-4
3.	28 Jan 20	UK Foreign Office recommends		https://www.gov.uk/government/news/novel-coronavirus-and-avian-flu-advice-for-travel-to-china	5-10

¹ 'Event' description is a summary only. Priority should be given to the content of the 'Detail' column and contents of the Chronology bundle.

² Summaries or selected quotations are in some instances provided below for documents referred to in this Chronology. Where a summary has been provided, or a selected quote given, the text of the original source takes precedence over any summary included in the Agreed Facts.

		against travel to Wuhan			
4.	30 Jan 20	UK DHSC raises risk level to UK from 'low' to 'moderate'	<p>Statement from the 4 UK Chief Medical Officers on novel coronavirus:</p> <p>"In light of the increasing number of cases in China and using existing and widely tested models, the 4 UK Chief Medical Officers consider it prudent for our governments to escalate planning and preparation in case of a more widespread outbreak.</p> <p>For that reason, we are advising an increase of the UK risk level from low to moderate. This does not mean we think the risk to individuals in the UK has changed at this stage, but that government should plan for all eventualities."</p>	https://www.gov.uk/government/news/statement-from-the-four-uk-chief-medical-officers-on-novel-coronavirus	11-12
5.	30 Jan 20	WHO declares the outbreak of COVID-19 a Public Health Emergency of International Concern	The International Health Regulations (2005) Emergency Committee met and agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern.	https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)	13-18
6.	31 Jan 20	UK confirms its first COVID-19 cases	<p>Chief Medical Officer for England confirms cases of coronavirus in England:</p> <p><i>"We can confirm that 2 patients in England, who are members of the same family, have tested positive for coronavirus ..."</i></p>	https://www.gov.uk/government/news/ceo-confirms-cases-of-coronavirus-in-england	19-20
7.	3 Feb 20	UK government launches public health information campaign	<p>Government-funded campaign advises public to:</p> <ul style="list-style-type: none"> • Always carry tissues and use them to catch coughs and sneezes, and bin the tissue • Wash hands with soap and water or use sanitiser gel to kill germs 	https://www.england.nhs.uk/london/20/02/03/coronavirus-public-information-campaign-launched-across-the-uk/	21-22
8.	10 Feb 20	The Health Protection (Coronavirus) Regulations 2020 enacted	These Regulations supplement the health protection regime found in Part 2A of the Public Health (Control of Disease) Act 1984 ("the 1984 Act") in the	The Health Protection (Coronavirus) Regulations 2020	See J_14

		<p>event that there exists a serious and imminent threat to public health from the virus known as “Wuhan novel coronavirus (2019-nCoV)”.</p> <p>Regulation 2 defines the terms used in the Regulations.</p> <p>Regulation 3 provides that the Regulations apply where the Secretary of State makes a declaration on www.gov.uk that the incidence or transmission of Coronavirus constitutes a serious and imminent threat to public health and that the incidence of Coronavirus is at such a point that the measures outlined in these Regulations may reasonably be considered as an effective means of preventing the further transmission of Coronavirus.</p> <p>Regulation 4 enables a person to be detained for screening purposes where certain conditions are met.</p> <p>Regulation 5 enables screening and other requirements to be imposed on a person where certain conditions are met.</p> <p>Regulation 6 sets out the screening requirements.</p> <p>Regulation 7 enables further restrictions and requirements to be imposed on certain persons for the purpose of reducing or removing the risk of persons infecting or contaminating others.</p> <p>Regulation 8 provides for the isolation of persons.</p> <p>Regulation 9 makes additional provision in relation to cases where persons are detained or isolated.</p> <p>Regulation 10 enables restrictions and requirements to be imposed in relation to groups of persons.</p> <p>Regulation 11 provides that as well as being able to make a Part 2A order on the application of a local authority as provided for in section 45M(1) of the 1984 Act, a justice of the peace may make a Part 2A order on the application of a registered public health consultant or the Secretary of State in particular circumstances.</p> <p>Regulations 12 and 13 provide for appeals and enforcement.</p>		
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9.	22 Feb 20	COVID-19 becomes notifiable in Scotland	The Public Health etc. (Scotland) Act 2008 (Notifiable Disease and Notifiable Organism) Regulations 2020 amended Part 1 and 2 of schedule 1 of the Public Health etc. (Scotland) Act 2008 to add coronavirus disease to the list of notifiable diseases and to add severe acute respiratory syndrome coronavirus 2 to the list of notifiable organisms.	https://www.gov.scot/news/coronavirus-becomes-notifiable-disease-in-scotland/ The Public Health etc. (Scotland) Act 2008 (Notifiable Disease and Notifiable Organism) Regulations 2020	23-24 See J_20
10.	25 Feb 20	UK government advises all travellers returning from certain regions to self-isolate	Government guidance states that travellers returning from Hubei, Iran, and certain regions of South Korea and Italy should self-isolate on reaching home or their destination, even if they have no symptoms	https://www.gov.uk/government/publications/health-protection-report-volume-14-2020/hpr-volume-14-issue-4-news-25-and-26-february/	25-29
11.	25 Feb 20	UK Government publishes guidance for employers and business	Guidance: <ul style="list-style-type: none"> • Provides information on COVID-19, including symptoms and method of spread. • Repeats PHE's advice to cover mouth when sneezing, bin tissues, wash hands regularly, disinfect frequently touched objects and avoid touching face. • Employees are not recommended to wear facemasks • If someone is unwell in the workplace but has not been to specified areas in the last 14 days, then "<i>normal practice should continue</i>". • Those returning from specified areas in the last 14 days should avoid attending work. 	https://web.archive.org/web/20200226214135/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19	30-37

			<ul style="list-style-type: none"> • If someone is unwell and has relevant travel history, the unwell individual should be removed, avoid touching people or surfaces and should call 111. • "<i>Closure of workplace not recommended</i>" if a member of staff or the public with confirmed COVID-19 has recently been in your workplace. The management team of the office or workplace will be contacted by the PHE local Health Protection Team to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken. • Cleaning should include "<i>all surfaces and objects visibly contaminated with body fluids [of a symptomatic person]</i>" and "<i>all potentially contaminated high-contact areas</i>" 		
12.	27 Feb 20	Authorities confirm first case of COVID-19 in Northern Ireland	<p>Dr Jillian Johnston, Consultant in Health Protection at the PHA, said:</p> <ul style="list-style-type: none"> • "<i>All stages of the individual's journey were identified and those who came into closest contact have been traced and contacted with public health advice and guidance</i>" • "<i>We would like to reiterate the effective measures we all can take to help stop the spread of coronavirus. Like seasonal flu, the same public health advice applies for COVID-19 (coronavirus) - if you cough or sneeze, use a tissue to cover your mouth and nose, throw it away carefully after use, and wash your hands.</i>" 	https://www.publichealth.hscni.net/sites/default/files/2020-03/COVID-19%20-%2028%20February%202020%20-%201.pdf	38-39
13.	28 Feb 20	Authorities confirm first case of COVID-19 in Wales	CMO Frank Atherton confirmed the patient had travelled back from Northern Italy.	https://gov.wales/wales-confirms-first-positive-case-coronavirus-covid-19	40
14.	29 Feb 20	COVID-19 becomes notifiable in Northern Ireland	The Public Health Notifiable Diseases Order (Northern Ireland) 2020 amended Schedule 1 of the Public Health Act (Northern Ireland) 1967 by inserting Coronavirus disease (COVID-19) as a notifiable disease.	The Public Health Notifiable Diseases Order (Northern Ireland) 2020	See J_21
15.	1 Mar 20	Authorities confirm first case of COVID-19 in Scotland	The announcement confirmed the patient was a resident of Tayside and recently travelled from Northern Italy.	https://www.gov.scot/news/coronavirus-covid-19/	41-43
16.	2 Mar 20	First COVID-19 Confirmed Death	First COVID-19 Confirmed Death identifiable from the NHS website by downloading the spreadsheet titled 'COVID 19 total announced deaths 10 July 2020' and opening the sheet titled 'Tab 1 Deaths by region',	<p>Extract from the spreadsheet</p> <p>https://www.england.nhs.uk/statistics/statistical-work-areas/covid-19-daily-deaths/</p>	44 45-50

17.	3 Mar 20 (meeting minutes published on 29 May 2020)	12 th SAGE Meeting	<p><u>Summary:</u></p> <p>“1. SAGE discussed the impact of potential behavioural and social interventions on the spread of the COVID-19 epidemic in the UK, including the resulting public response. Going forward, agreement on the optimal timing of these interventions will be required.</p> <p>2. NHS England confirmed it has sufficient information in relation to the reasonable worst case (RWC) scenario for operational planning”.</p>	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888780/S0380_Twelfth_SAGE_Meeting_on_Wuhan_Coronavirus_.pdf	51-54
18.	3 Mar 20	UK Government publishes COVID-19 action plan and also guidance in relation to COVID-19 for health professionals and other organisations	<p>The Government announces a phased response:</p> <ul style="list-style-type: none"> • The 'Contain' phase – aimed at detecting and isolating cases of COVID-19 as they emerge in the UK. • The 'Delay' phase – aimed at delaying the onset of an epidemic • The 'Research' phase – aimed at funding / liaising with scientific research activity • The 'Mitigate' phase – aimed at providing essential services to those at risk <p>The plan states that, "<i>as there are already cases in the UK, the current emphasis is on the Contain and Research phases, but planning for Delay and Mitigation is already in train</i>"</p> <p>UK Government also publishes Guidance on 3 March 2020, but continues to update it over time – see weblink in the next column, including the option to see and expand the list of updates at the bottom of the page. Guidance includes guidance for food businesses, transport, etc.</p>	<p>https://www.gov.uk/government/publications/coronavirus-action-plan</p> <p>http://web.archive.org/web/20200303150857/https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_a_cross_the_UK.pdf</p>	55-56 57-59 60-85
19.	4 Mar 20	UK Government publishes guidance on social distancing,	<p>UK Government publishes guidance on social distancing, asking individuals to:</p> <ul style="list-style-type: none"> • Practise good hand hygiene • Consider how they would manage if they had to self-isolate • Consider the possibility of home working 	https://publichealthmatters.blog.gov.uk/2020/03/04/coronavirus-covid-19-what-is-social-distancing/	86-91

			<ul style="list-style-type: none"> Think about steps that they could take to limit non-essential contact with others <p><i>“Coronaviruses can be spread when people with the virus have close, sustained contact with people who are not infected. This typically means spending more than 15 minutes within two metres of an infected person, such as talking to someone for instance.”</i></p> <p><i>"People will naturally want to know if and when social distancing measures will start but it is not possible to confirm this right now.</i></p> <p><i>These measures will only be implemented if a range of experts and scientists... decide they are necessary and proportionate, informed by the latest scientific evidence"</i></p>		
20.	5 Mar 20	13 th SAGE Meeting (meeting minutes published on 29 May 2020)	<p><u>“Summary</u></p> <ol style="list-style-type: none"> There are currently no scientific grounds to move away from containment efforts in the UK. There is epidemiological and modelling data to support implementation – within 1-2 weeks – of individual home isolation (symptomatic individuals to stay at home for 14 days) and whole family isolation (fellow household members of symptomatic individuals to stay at home for 14 days after last family member becomes unwell) to delay Covid-19 spread, modify the epidemic peak and reduce mortality rates. In addition, there is scientific data to support implementation – roughly 2 weeks later – of social isolation (cocooning) for those over 65 or with underlying medical conditions to delay spread, modify the epidemic peak and reduce mortality rates. SAGE agreed an updated set of reasonable worst case scenario planning assumptions for Covid-19.” 	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888781/S0381_Thirteenth_meeting_on_Wuhan_Coronavirus_Covid-19_.pdf	92-94
21.	5 Mar 20	COVID-19 becomes notifiable in England	<p>Announcement on UK Government website:</p> <p><i>“The government has taken urgent steps to list coronavirus as a notifiable disease in law. At 6.15pm on 5 March 2020, a statutory instrument was made into law that adds COVID-19 to the list of notifiable diseases and SARS-COV-2 to the list of notifiable causative agents. This change was made by</i></p>	https://www.gov.uk/government/news/coronavirus-covid-19-listed-as-a-notifiable-disease	95-96

			<p>adding them to the Health Protection (Notification) Regulations 2010. This change in law requires GPs to report all cases of COVID-19 to Public Health England.”</p> <p>The Health Protection (Notification) (Amendment) Regulations 2020 reg 2(2) added COVID-19 to the list of notifiable diseases and reg 2(3) added SARS-COV-2 to the list of notifiable causative agents</p> <p>In Wales, the Health Protection (Notification) (Wales) (Amendment) Regulations 2020 made coronavirus a notifiable disease.</p>		
22.	5 Mar 20	Chief Medical Officer for England announces death of first person in the UK from COVID-19	Chief Medical Officer for England announces first death of patient with COVID-19.	https://www.gov.uk/government/news/cmo-for-england-announces-first-death-of-patient-with-covid-19	97-98
23.	9 Mar 20	UK advises against all but essential travel to Italy		https://web.archive.org/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy	99-101
24.	10 Mar 20 (meeting minutes published on 29 May 2020)	14 th SAGE Meeting	<p><u>“Summary</u></p> <ol style="list-style-type: none"> 1. SAGE agreed that social distancing measures for the elderly should apply to those aged 70+. Modelling using 65+ and 70+ deliver comparable results, but there is a large drop off in efficacy if the measures are confined to 80+. 2. SAGE advised that these social distancing interventions should consider 2 distinct groups: a) those aged 70+ who are generally well and b) vulnerable groups of all ages (including those aged 70+). 3. Limited evidence suggests that children can be at risk of Covid-19 and will mostly experience mild illness, though they probably transmit the virus. 4. SAGE will revisit its advice on the risks posed by different kinds of social gatherings/meetings and the impacts of restricting them on the epidemic curve at its next meeting (12 March). This will include consideration of the effects of physical distancing among individuals and duration of exposure on infectivity and transmissibility of Covid-19.” 	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888782/S0382_Fourteenth_SAGE_meeting_on_Wuhan_Coronavirus_Covid-19_.pdf	102-106

25.	11 Mar 20	WHO declares COVID-19 a pandemic	<p>Speaking at the COVID-19 media briefing, the WHO Director-General said:</p> <ul style="list-style-type: none"> • <i>"WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction. We have therefore made the assessment that COVID-19 can be characterized as a pandemic."</i> • 	<p>https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen</p> <p>https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020</p>	107 108-111
26.	11 Mar 20	Advice to avoid close contact with anyone who has active Coronavirus symptoms	<p>Matt Hancock, Secretary for Health and Social Care, updates the House on Coronavirus:</p> <p><i>"The advice of the Chief Medical Officer is that close contact is defined as being within 2 metres of someone who has active symptoms for more than 15 minutes."</i></p>	<p>https://www.parliament.uk/business/news/2020/march/statement-covid-19/</p>	112-113
27.	12 Mar 20	UK Government announces move from 'contain' phase to 'delay' phase, raises risk level to UK from 'moderate' to 'high' and tells those with symptoms to self-isolate for 7 days	<p>Announcement on UK Government website:</p> <p><i>"The government has announced that we are moving out of the contain phase and into delay, in response to the ongoing coronavirus (COVID-19) outbreak. The UK Chief Medical Officers have now raised the risk to the UK from moderate to high... We are asking anyone who shows certain symptoms to self-isolate for 7 days, regardless of whether they have travelled to affected areas. This means we want people to stay at home and avoid all but essential contact with others for 7 days from the point of displaying mild symptoms, to slow the spread of infection."</i></p>	<p>https://www.gov.uk/government/news/covid-19-government-announces-moving-out-of-contain-phase-and-into-delay</p>	114-115
28.	12 Mar 20	UK Government publishes guidance for people with symptoms to stay at home	<p>Details of UK Government stay at home guidance:</p> <p><i>"This guidance is for people with confirmed or possible coronavirus (COVID-19) infection who are required to stay at home."</i></p> <p><i>The main messages are:</i></p> <ul style="list-style-type: none"> • <i>if you have symptoms of coronavirus infection (COVID-19), however mild, stay at home and do not leave your house for 7 days from when your symptoms started. (See Ending Isolation section below for more information) ..."</i> 	<p>http://web.archive.org/web/20200312212732/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance</p>	116-117

29.	13 Mar 20 (meeting minutes published on 29 May 2020)	15 th SAGE Meeting	<p><i><u>“Summary</u></i></p> <p><i>1. Owing to a 5-7 day lag in data provision for modelling, SAGE now believes there are more cases in the UK than SAGE previously expected at this point, and we may therefore be further ahead on the epidemic curve, but the UK remains on broadly the same epidemic trajectory and time to peak.</i></p> <p><i>2. The science suggests that household isolation and social distancing of the elderly and vulnerable should be implemented soon, provided they can be done well and equitably. Individuals who may want to distance themselves should be advised how to do so.</i></p> <p><i>3. SAGE is considering further social distancing interventions – that may best be applied intermittently, nationally or regionally, and potentially more than once – to reduce demand below NHS capacity to respond. The modelling sub-group is discussing potential interventions on Monday 16th, for review by SAGE on Tuesday 17th.</i></p> <p><i>4. The behavioural science suggests openly explaining to the public where the greatest risks lie and what individuals can do to reduce their own risk and risk to others, even if this is ahead of measures announced by the Government – but SAGE recognises that taking individual measures may be more feasible for some than others. Greater transparency could enable personal agency, send useful signals about risk and build trust.</i></p> <p><i>5. Measuring the impact of all interventions depends on sufficient, relevant data delivered on time: it is a priority to ensure accurate and complete data are available with minimal delay.</i></p>	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888783/S0383_Fifteenth_SAGE_meeting_on_Wuhan_Coronavirus_Covid-19_.pdf	118-122
30.	13 Mar 20	Authorities confirm first death from COVID-19 in Scotland		https://www.gov.scot/news/first-death-of-patient-from-coronavirus-covid-19/	123
31.	16 Mar 20 (meeting minutes published on 29 May 2020)	16 th SAGE Meeting	<p><i><u>“Summary</u></i></p> <p><i>1. On the basis of accumulating data, including on NHS critical care capacity, the advice from SAGE has changed regarding the speed of implementation of additional interventions.</i></p> <p><i>2. SAGE advises that there is clear evidence to support additional social distancing measures be introduced as soon as possible.</i></p> <p><i>3. These additional measures will need to be accompanied by a significant increase in testing and the availability of near real-time data flows to understand their impacts.</i></p>	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888784/S0384_Sixteenth_SAGE_meeting_on_Wuhan_Coronavirus_Covid-19_.pdf	124-128

			<p>4. SAGE will further review at its next meeting whether, in the light of new data, school closures may also be required to prevent NHS capacity being exceeded.</p> <p>5. SAGE did not review the work on intermittent application of measures nationally or geographically in detail but will do so.”</p>		
32.	16 Mar 20	UK Government publishes guidance on social distancing	<p>UK Government advises vulnerable persons (anyone with underlying health conditions, aged 70 or older or pregnant) to:</p> <ul style="list-style-type: none"> • Avoid social mixing in the community if living alone and showing symptoms of COVID-19; • Work from home, where possible; • Avoid having friends / family visit their homes; • Use remote access to NHS and essential services; • Use less public transport; and • Work from home <p>Guidance on mass gatherings states: <i>"in line with the social distancing guidance it is advised that large gatherings should not take place"</i></p> <p>Details of UK Government social distancing guidance:</p> <p><i>"Guidance on social distancing for everyone in the UK and protecting older people and vulnerable people... This guidance is for everyone. It advises on social distancing measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID-19). It is intended for use in situations where people are living in their own homes, with or without additional support from friends, family and carers."</i></p>	<p>http://web.archive.org/web/20200317001636/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people</p> <p>http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults</p> <p>https://www.gov.uk/guidance/covid-19-guidance-for-mass-gatherings</p> <p>https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people</p>	<p>129-130</p> <p>131-137</p> <p>138</p> <p>139-144</p>
33.	16 Mar 20	UK Government asks public to undertake 14 days' household isolation if	<p>Statement by Prime Minister, Boris Johnson:</p> <p><i>"As we said last week, our objective is to delay and flatten the peak of the epidemic by bringing forward the right measures at the right time, so that we</i></p>	<p>https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020</p>	145-148

		<p>symptoms; and even if without symptoms, to avoid non-essential contact and travel, work from home if possible, avoid “pubs, clubs, theatres and other such social venues”; and moving away from “mass gatherings”</p>	<p><i>minimise suffering and save lives. And everything we do is based scrupulously on the best scientific advice.</i></p> <p><i>Last week we asked everyone to stay at home if you had one of two key symptoms: a high temperature or a new and continuous cough. Today, we need to go further, because according to SAGE [the Scientific Advisory Group for Emergencies] it looks as though we’re now approaching the fast growth part of the upward curve. And without drastic action, cases could double every 5 or 6 days.</i></p> <p><i>So, first, we need to ask you to ensure that if you or anyone in your household has one of those two symptoms, then you should stay at home for fourteen days. That means that if possible you should not go out even to buy food or essentials, other than for exercise, and in that case at a safe distance from others. If necessary, you should ask for help from others for your daily necessities. And if that is not possible, then you should do what you can to limit your social contact when you leave the house to get supplies. And even if you don’t have symptoms and if no one in your household has symptoms, there is more that we need you to do now.</i></p> <p><i>So, second, now is the time for everyone to stop non-essential contact with others and to stop all unnecessary travel. We need people to start working from home where they possibly can. And you should avoid pubs, clubs, theatres and other such social venues. It goes without saying, we should all only use the NHS when we really need to. And please go online rather than ringing NHS 111. Now, this advice about avoiding all unnecessary social contact, is particularly important for people over 70, for pregnant women and for those with some health conditions...</i></p> <p><i>So third, in a few days’ time – by this coming weekend – it will be necessary to go further and to ensure that those with the most serious health conditions are largely shielded from social contact for around 12 weeks...</i></p> <p><i>And it’s now clear that the peak of the epidemic is coming faster in some parts of the country than in others. And it looks as though London is now a few weeks ahead. So, to relieve the pressure on the London health system and to slow the spread in London, it’s important that Londoners now pay special attention to what we are saying about avoiding non-essential contact, and to</i></p>		
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			<p><i>take particularly seriously the advice about working from home, and avoiding confined spaces such as pubs and restaurants.</i></p> <p><i>Lastly, it remains true as we have said in the last few weeks that risks of transmission of the disease at mass gatherings such as sporting events are relatively low. But obviously, logically as we advise against unnecessary social contact of all kinds, it is right that we should extend this advice to mass gatherings as well. And so we've also got to ensure that we have the critical workers we need, that might otherwise be deployed at those gatherings, to deal with this emergency.</i></p> <p><i>So from tomorrow, we will no longer be supporting mass gatherings with emergency workers in the way that we normally do. So mass gatherings, we are now moving emphatically away from. And I know that many people – including millions of fit and active people over 70 – may feel, listening to what I have just said, that there is something excessive about these measures. But I have to say, I believe that they are overwhelmingly worth it to slow the spread of the disease, to reduce the peak, to save life, minimise suffering and to give our NHS the chance to cope.”</i></p>		
34.	17 Mar 20	NHS England announce postponement of all non-urgent operations and urgent discharge of medically fit inpatients	The aim is to expand critical care capacity to the maximum by freeing up 30,000 (or more) of the English NHS's 100,000 general and acute beds and supplement them with all available additional capacity.	https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/urgent-next-steps-on-nhs-response-to-covid-19-letter-simon-stevens.pdf	149-165
35.	17 Mar 20	Association of British Insurers releases statement on COVID-19 business interruption	<p><i>"Irrespective of whether or not the Government orders closure of a business, the vast majority of firms won't have purchased cover that will enable them to claim on their insurance to compensate for their business being closed by the Coronavirus.</i></p> <p><i>Standard business interruption cover – the type the majority of businesses purchase – does not include forced closure by authorities as it is intended to respond to physical damage at the property which results in the business being unable to continue to trade.</i></p>	https://www.abi.org.uk/news/news-articles/2020/03/statement-on-business-insurance-and-coronavirus/	166-167

			<p><i>A small minority of typically larger firms might have purchased an extension to their cover for closure due to any infectious disease. In this instance an enforced closure could help them make the claim, but this will depend on the precise nature of the cover they have purchased so they should check with their insurer or broker to see if they are covered".</i></p>		
36.	17 Mar 20	Chancellor of the Exchequer announces financial measures for businesses in response to COVID-19 (incl £330bn loan guarantees)	<p>Statement by Chancellor of the Exchequer, Rishi Sunak:</p> <p><i>"... In the Budget last week, I set out the first stage of our economic response with a £30 billion package of support for people and businesses. But I also said in the Budget that as the situation evolves, we would take further action. And as the Prime Minister set out yesterday, we're now approaching the fast growth part of the upwards curve. He has set out the next stage of our public health response. So I wanted to update everyone on the next stage of our economic response.</i></p> <p><i>First, the government will stand behind businesses small and large. I can announce today an unprecedented package of government-backed and guaranteed loans to support businesses to get through this. Today, I am making available an initial £330 billion of guarantees – equivalent to 15% of our GDP. That means any business who needs access to cash to pay their rent, the salaries, suppliers, or purchase stock, will be able to access a government-backed loan, on attractive terms. And if demand is greater than the initial £330 billion I'm making available today, I will go further and provide as much capacity as required... That support will be delivered through two main schemes:</i></p> <ul style="list-style-type: none"> <i>• to support liquidity amongst larger firms, I have today agreed a new lending facility with the Governor of the Bank of England to provide low cost, easily accessible commercial paper</i> <i>• to support lending to small and medium sized businesses, I am extending the new Business Interruption Loan Scheme I announced at the Budget last week, so that rather than loans of £1.2 million, it will now provide loans of up to £5 million, with no interest due for the first six months</i> <p><i>Both of these schemes will be up and running by the start of next week.</i></p> <p><i>And I am also taking a new legal power in the Covid Bill to offer whatever further financial support I decide is necessary. Some sectors are facing particularly acute challenges. In the coming days, my colleague the Secretary</i></p>	<p>https://www.gov.uk/government/speeches/chancellor-of-the-exchequer-rishi-sunak-on-covid19-response</p>	168-171

of State for Transport and I will discuss a potential support package for specifically airlines and airports. And yesterday, I asked my Cabinet colleagues to urgently convene meetings over the coming days with business leaders and representatives in the most affected sectors, to identify other specific opportunities to support them and their industries, including possible regulatory forbearance...

Second, as well as access to finance, businesses need support with their cashflow and fixed costs. Following the changed medical advice yesterday, there are concerns about the impact on pubs, clubs, theatres and other hospitality, leisure and retail venues. Let me confirm that, for those businesses which do have a policy that covers pandemics, the government's action is sufficient and will allow businesses to make an insurance claim against their policy. But many of those businesses don't have insurance – so we will go further. I announced last week that for businesses in the retail, hospitality and leisure sectors, with a rateable value of less than £51,000, they will pay no business rates this year. Today, I can go further and provide those businesses with an additional cash grant of up to £25,000 per business – to help bridge through this period. Additionally, I also am today extending the business rates holiday to all businesses in those sectors, irrespective of their rateable value. That means every single shop, pub, theatre, music venue, restaurant - and any other business in the retail, hospitality or leisure sector – will pay no business rates whatsoever for 12 months, and if they have a rateable value of less than £51,000, they can now get a cash grant as well. I also announced last week that we would be providing £3,000 cash grants to the 700,000 of our smallest businesses. In light of the new circumstances, and to support their cash flow, today I can increase those grants to £10,000. Taken together, on top of the unlimited lending capacity I have already announced, this is a package of tax cuts and grants, in this financial year, worth more than £20 billion. That comes on top of the existing multi-billion-pound package I set out at Budget, which included reimbursing small and medium sized companies for the cost of statutory sick pay. Local authorities in England will be fully compensated for the costs of these measures, and the devolved administrations will receive at least £3.5 billion in additional funding as a result to provide support to businesses in Scotland, Wales and Northern Ireland.

Third, I will strengthen our support for peoples and individuals. At Budget last week, I committed £1 billion to support the financial security of vulnerable

			<p>people, through a half billion boost to the welfare system, and a half billion pound Hardship Fund for Local Authorities. Following discussions with industry today, I can announce that for those in difficulty due to coronavirus, mortgage lenders will offer at least a three month mortgage holiday – so that people will not have to pay a penny towards their mortgage while they get back on their feet. And in the coming days, I will go much further to support people’s financial security. In particular, I will work with trade unions and business groups to urgently develop new forms of employment support to help protect people’s jobs and incomes through this period.</p> <p>... The measures I have announced today are part of a comprehensive, coordinated and coherent response to what is a serious and evolving economic situation.”</p>		
37.	17 Mar 20	Parliamentary discussion of 17 March discussion with insurers	<p>Following the above statement the Chancellor of the Exchequer, Rishi Sunak, responded to a question about pubs, clubs and other leisure venues:</p> <p>“The right hon. Gentleman asked about insurance for the leisure sector. I can confirm that, after extensive meetings today between my hon. Friend the Economic Secretary to the Treasury and the insurance industry, the insurance industry will honour insurance contracts that would have been triggered if the advice had been to ban certain things, rather than it being advisory not to do them. That has been agreed and negotiated by my hon. Friend. I thank him for those efforts, and I thank the insurance industry for doing the right thing.”</p>	https://hansard.parliament.uk/Commons/2020-03-17/debates/B98846CC-107B-4FD5-8B16-5B90B09793F5/EconomicUpdate	172-202
38.	17 Mar 20	Association of British Insurers releases further statement on COVID-19 business interruption	<p>"The Chancellor's statement today is consistent with our statement this morning where we said in the event businesses have the right cover, this type of notification could help make a claim.</p> <p>But, as the Chancellor acknowledged, the vast majority won't have purchased extended cover and this remains unchanged"</p>	https://www.abi.org.uk/news/news-articles/update-on-business-insurance/	203
39.	18 Mar 20 (meeting minutes published)	17 th SAGE Meeting	<p>“<i>Summary</i></p> <p>1. Based on limited available evidence, SAGE considers that the UK is 2 to 4 weeks behind Italy in terms of the epidemic curve. The consensus is that growth of the UK epidemic is tracking at the same rate as in other countries.</p>	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888785/S0385_S	204-207

	on 29 May 2020)		<p>2. SAGE advises that available evidence now supports implementing school closures on a national level as soon as practicable to prevent NHS intensive care capacity being exceeded.</p> <p>3. SAGE advises that the measures already announced should have a significant effect, provided compliance rates are good and in line with the assumptions. Additional measures will be needed if compliance rates are low.</p> <p>4. Reliable data on the health impacts of existing interventions will only be available in 2-3 weeks. This would not be in time to inform judgements on additional interventions to limit NHS pressures, which are likely to be significant within 2-3 weeks. It may be possible to collect intermediate data, and this should be a priority.</p> <p>5. Social distancing based on a) places of leisure (restaurants, bars, entertainment and public spaces) and b) indoor workplaces depend on compliance with the guidance issued earlier in the week. We do not yet have reliable compliance data and therefore collecting reliable compliance data should be a priority.</p> <p>6. If the interventions are required, it would be better to act early.</p> <p>7. Transport measures such as restricting public transport, taxis and private hire facilities would have minimal impact on reducing transmission in London.</p> <p>8. Future SAGE meetings will consider broader aspects of Covid-19 including clinical science, genetics, virology, and treatments and vaccines.</p>	<p>eventeenth SAGE meeting on Covid-19 .pdf</p>	
40.	18 Mar 20	Treasury Committee discussion of impact for insurance industry	<p>During a Treasury Committee meeting, the following exchange took place with the Chancellor of the Exchequer, Rishi Sunak:</p> <p>Question: “Could you also commit to asking the Economic Secretary to sit down again with the insurance industry? The feedback from the frontline is that businesses that have policies that pay out—for example, if there is a pandemic—are being told, ‘Oh, but it has to be a pandemic listed on the 2008 list.’</p> <p>Answer: “Let me address that because it is an important point. What we did yesterday was to agree with the insurance companies as regards anyone who had a policy that would have paid out had we said, ‘The restaurant is shut,’ rather than, ‘It is best if people do not go to restaurants.’ That is the instance, rightly, about which there was the most uncertainty, and that is</p>	<p>https://committees.parliament.uk/oral-evidence/210/html/</p>	208-213

			<p><i>what we cleared up. We ensured that the insurance company would do the right thing, and they have said that they would. I appreciate that.</i></p> <p><i>What we cannot do is retrospectively change insurance policies. If an insurance policy was not designed to cover something and the premiums were paid on that basis, if you were to make a retrospective change it would most likely cause solvency issues for the insurance sector as a whole, and for particular individual companies. That is the risk of changing insurance policies retrospectively. If they have collected premiums on the basis of a particular set of cover, as you would expect, and then you suddenly say 'You should have been collecting bigger premiums for a different set of cover' that will have significant issues."</i></p> <p>Response from Questioner: <i>"It seemed to me a bit unfair if you bought coverage against a pandemic and it was not on the 2008 list because it wasn't anything that was known. You are saying there would be actual solvency issues for the whole industry if they were required to pay out."</i></p> <p>Answer: <i>"Retrospectively changing policies would have a significant impact. We have to be cognisant of that because the knock-on impact it might then have on everyone else's insurance policies, whether for travel or anything else, would be significant. That is why, as much as we can, we are providing business support directly to businesses anyway, to help with some of those costs".</i></p>		
41.	18 Mar 20	UK Government publishes statements in COVID-19 Fact Sheet re insurance claims	<p>HM Treasury Fact Sheet:</p> <p><i>"If the <u>only</u> barrier to your business making an insurance claim was a lack of clarity on whether the government advising people to stay away from businesses, rather than ordering businesses to shut down, was sufficient to make a claim on business interruption insurance:</i></p> <p>1 <i>The government's medical advice of 16 March is sufficient to enable those businesses which have an insurance policy that covers both pandemics and government ordered closure to make a claim - provided all other terms and conditions in their policy are met. Businesses should check the terms and conditions of their specific policy and contact their providers if in doubt.</i></p> <p>2 <i>However, most businesses have not purchased insurance that covers pandemic related losses. As such, any affected</i></p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/878995/Covid-19_fact_sheet.pdf</p>	214-220

			<i>businesses should note the government's full package of support, including the Coronavirus Business Interruption Loan Scheme and business rates holiday.</i> " (emphasis in original)		
42.	18 Mar 20	PM announces schools to close from 20 Mar 20	<p><i>"So I can announce today and Gavin Williamson making statement now in House of Commons that after schools shut their gates from Friday afternoon, they will remain closed for most pupils – for the vast majority of pupils- until further notice... [we] need schools to make provision for the children of these key workers who would otherwise be forced to stay home. And they will also need to look after the most vulnerable children."</i></p> <p>Also in relation to affected businesses:</p> <p><i>"Whole household to stay at home for 14 days if one member in that household thinks he/she has the symptoms. Avoid all unnecessary gatherings – pubs, clubs, bars, restaurants, theatres and so on and work from home if you can."</i></p>	<p>https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-18-march-2020</p> <p>https://www.gov.uk/government/news/schools-colleges-and-early-years-settings-to-close</p>	<p>221-224</p> <p>225-227</p>
43.	19 Mar 20	Economic Secretary to the Treasury provides written view re insurance sector	<p>Written question/answer on Parliamentary website:</p> <p>Question: <i>"To ask the Chancellor of the Exchequer, what steps he plans to take to ensure that insurance companies accept covid-19 as a legitimate claim for businesses when as a result of the recent emergence of that virus it is not named on their policy."</i></p> <p>Answer (from John Glen, Economic Secretary to the Treasury): <i>"The Chancellor has made clear that, for those businesses which have an appropriate policy that covers pandemics and unspecified notifiable diseases, as well as government-ordered closure, the government's medical advice of 16 March is sufficient to allow businesses to make a claim against their insurance, provided the other terms and conditions in their policy are met."</i></p>	https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-03-16/30146/	228
44.	19 Mar 20	Discussion in Parliament regarding insurance industry	<p>Question in Parliamentary Commons Chamber:</p> <p>Question: <i>"The very essence of the hospitality industry is to provide social contact. Does the Minister understand the real anger of many in that industry that the Government have given advice to their customers but not</i></p>	https://hansard.parliament.uk/Commons/2020-03-19/debates/A72357FF-0207-4CE1-A3EF-B5F2D5AE5089/CoronavirusEmploymentSupport	229-231

			<p><i>to them? If the Government believe premises should close, they should say so, and they should accept the consequences of paying people whose idleness is enforced because of a contribution to a public health emergency. What is so hard to understand is that the system for doing that is staring the Government in the face. It already exists. It is called Her Majesty's Revenue and Customs. That is a system for taking money out of wage packets every month and giving it to the Government; now it should be put into reverse to put money into the pockets of those employees. ”.</i></p> <p>Answer (from John Glen, Economic Secretary to the Treasury): <i>“The hon. Gentleman is right to express the deep frustration of people in that sector, and I am sure his words resonate across the House. We have put in resources for 2,000 people from HMRC to take calls for bespoke solutions to deal with some of those issues. He is right that there is also an issue in terms of access to insurance. I was on a conference call with the insurance industry to clarify that where insurance has been taken out, that will be effective. However, he is perfectly right that more work needs to be done, and I have been very clear that more will be forthcoming imminently”</i></p>		
45.	19 Mar 20	Coronavirus Bill introduced into Parliament	<p>The policies in the Bill are designed for use temporarily in an emergency.</p> <p>The Bill covers five key areas:</p> <ul style="list-style-type: none"> • Increasing the available health and social care workforce; • Easing the burden on frontline staff in the NHS and beyond (including mental health; social care providers; education and childcare; ports; courts); • Containing and slowing the virus (including events and gatherings; premises; elections; police powers); • Managing the deceased with respect and dignity; and • Protecting and supporting people (including statutory sick pay; food supply). 	https://publications.parliament.uk/pa/bills/cbill/58-01/0122/cbill_2019-20210122_en_1.htm	232-239
46.	20 Mar 20	Prime Minister tells pubs, restaurants, gyms, etc to close (for consumption	<p>Statement by Prime Minister, Boris Johnson:</p> <p><i>“And so following agreement between all the formations of the United Kingdom, all the devolved administrations, we are collectively telling, telling</i></p>	<p>https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-20-march-2020</p> <p>See also:</p>	240-243

*The Coronavirus Job Retention Scheme will cover the cost of wages backdated to March 1st and will be open initially for at least three months - and I will extend the scheme for longer if necessary. **[It was later extended, on 12 May – see entry for that date below]** I am placing no limit on the amount of funding available for the scheme. We will pay grants to support as many jobs as necessary. ... I can assure you that HMRC are working night and day to get the scheme up and running and we expect the first grants to be paid within weeks – and we're aiming to get it done before the end of April. But I know that many businesses are hurting now. I have already taken extraordinary measures to make cash available to businesses, through loans, grants and guarantees.*

I can announce today that the Coronavirus Business Interruption Loan Scheme will not be interest free, as previously planned, for 6 months – it will now be interest free for twelve months. Thanks to the enormous efforts of our critical financial services sector, those loans will now be available starting on Monday. And I will announce further measures next week, on top of those the Governor and I have already taken to ensure that larger and medium sized companies can also access the credit they need. I'm also announcing today further cash flow support through the tax system. To help businesses pay people and keep them in work, I am deferring the next quarter of VAT payments. That means no business will pay any from now until the end of June; and you will have until the end of the financial year to repay those bills. That is a direct injection of £30bn of cash to employers, equivalent to 1.5% of GDP.

Let me speak directly to businesses. I know its tough out there. We in government are doing everything we can to support you. We're paying people's wages up to 80% so someone can be furloughed rather than laid off to protect their jobs. We're deferring £30bn of taxes until the end of the financial year. We're lending unlimited sums of money interest free for 12 months. We're abolishing business rates altogether this year if you are in hospitality, retail and leisure. We're providing cash grants of £25,000 for small business properties.

[...]

Please look very carefully at that support before making decisions to lay people off. It's on all of us. We are starting a great national effort to protect

			<p><i>jobs. But the truth is we are already seeing job losses. And there may be more to come. ...To strengthen the safety net, I'm increasing today the Universal Credit standard allowance, for the next 12 months, by £1,000 a year. For the next twelve months, I'm increasing the Working Tax Credit basic element by the same amount as well. Together these measures will benefit over 4 million of our most vulnerable households .And I'm strengthening the safety net for self-employed people too, by suspending the minimum income floor for everyone affected by the economic impacts of coronavirus. That means every self-employed person can now access, in full, Universal Credit at a rate equivalent to Statutory Sick Pay for employees. Taken together, I'm announcing nearly £7bn of extra support through the welfare system to strengthen the safety net and protect people's incomes. And to support the self-employed through the tax system, I'm announcing today that the next self-assessment payments will be deferred until January 2021...</i></p> <p><i>We've acted already to make sure homeowners can get a three-month mortgage holiday if they need it. I'm announcing today nearly £1bn of support for renters, by increasing the generosity of housing benefit and Universal Credit, so that the Local Housing Allowance will cover at least 30% of market rents in your area."</i></p>		
48.	21 Mar 20	Health Protection (Coronavirus, Business Closure) (England) Regulations 2020 (" 21 March Regulations ") enacted	<p>These Regulations require the closure of businesses selling food or drink for consumption on the premises, and businesses listed in the Schedule, to protect against the risks to public health arising from coronavirus. The closure lasts until a direction is given by the Secretary of State. The Secretary of State is required to keep the need for these restrictions under review every 28 days.</p> <p>Repealed on 26 March 20 by Health Protection (Coronavirus, Restrictions) (England) Regulations 2020, except for provisions re offences committed under the 21 March Regulations before 26 March Regulations came into force.</p>	Health Protection (Coronavirus, Business Closure) (England) Regulations 2020	See J_15

49.	22 Mar 20	Prime Minister instructs public to stay 2 metres apart and follow social distancing advice	<i>“And the reason we are taking these unprecedented steps to prop up businesses, support businesses and support our economy and these preventative measures is because we have to slow the spread of the disease and to save thousands of lives. Today we have come to the stage of our plan that I advertised at the outset, when we first set out the plan of the UK government. When we have to take special steps to protect the particularly vulnerable... Also to reduce infection and to slow the spread of the disease. We have to do more to make sure that the existing measures that we are taking are having the effect that we want. So it is crucial that people understand tomorrow that the schools are closed. And tomorrow you should not send your child to school unless you have been identified as a key worker. And more generally in the view of the way people have responded over the last few days to the measures we have set out I want to say a bit more about how we interact outdoors. Of course I want people to be able to go to the parks and open spaces and to enjoy themselves – it is crucial for health and mental and physical wellbeing. But please follow the advice and don’t think that fresh air in itself automatically provides some immunity. You have to stay two metres apart; you have to follow the social distancing advice. And even if you think you are personally invulnerable, there are plenty of people you can infect and whose lives will then be put at risk. And I say this now – on Sunday evening – take this advice seriously, follow it, because it is absolutely crucial.”</i>	https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020 https://www.bbc.co.uk/news/uk-51991887	264-266 267-274
50.	22 Mar 20	UK Government issues guidance on enforcement of business closures	UK Government sets out plans to enforce closure of businesses and other venues.	https://web.archive.org/web/20200322225248/https://www.gov.uk/government/news/government-sets-out-plans-to-enforce-closure-of-businesses-and-other-venues--2	275-276
51.	23 Mar 20 (meeting minutes published 29 May 2020)	18 th SAGE Meeting	<i>“Summary 1. UK case accumulation to date suggests a higher reproduction number than previously anticipated. High rates of compliance for social distancing will be needed to bring the reproduction number below one and to bring cases within NHS capacity. 2. Public polling over the weekend on behaviour indicated significant changes but room for improvement in compliance rates. 3. Estimated Covid-19 fatalities are anticipated to overlap with those who are likely to be within the final year of their lives. It is important to get an accurate excess deaths estimate, including potential deaths due to the measures taken,</i>	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888787/S0386_Eighteenth_SAGE_meeting_on_Covid-19_.pdf	277-281

			<p>4. Given the clear links between poverty and long term ill health, health impacts associated with the economic consequences of interventions also need to be investigated.</p> <p>5. Antibody screening for healthcare workers should aim to identify those with immunity who can care for the most vulnerable patients.</p>		
52.	23 Mar 20	PHE publishes guidance on physical distancing	PHE guidance: "If you leave your home, you must stay at least 3 steps (2 metres) away from other people"	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876699/COVID-19_Keeping_away_from_other_people_20200328.pdf	282-289
53.	23 Mar 20	Prime Minister announces lockdown, including closure of non-essential shops and restrictions on individual movement	<p>Statement by Prime Minister, Boris Johnson:</p> <p><i>"To put it simply, if too many people become seriously unwell at one time, the NHS will be unable to handle it - meaning more people are likely to die, not just from Coronavirus but from other illnesses as well. So it's vital to slow the spread of the disease. Because that is the way we reduce the number of people needing hospital treatment at any one time, so we can protect the NHS's ability to cope - and save more lives. And that's why we have been asking people to stay at home during this pandemic. And though huge numbers are complying - and I thank you all - the time has now come for us all to do more.</i></p> <p><i>From this evening I must give the British people a very simple instruction - you must stay at home. Because the critical thing we must do is stop the disease spreading between households. That is why people will only be allowed to leave their home for the following very limited purposes:</i></p> <ul style="list-style-type: none"> • <i>shopping for basic necessities, as infrequently as possible</i> • <i>one form of exercise a day - for example a run, walk, or cycle - alone or with members of your household;</i> • <i>any medical need, to provide care or to help a vulnerable person; and</i> • <i>travelling to and from work, but only where this is absolutely necessary and cannot be done from home.</i> <p><i>That's all - these are the only reasons you should leave your home. You should not be meeting friends. If your friends ask you to meet, you should say No. You should not be meeting family members who do not live in your</i></p>	https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020	290-293

			<p><i>home. You should not be going shopping except for essentials like food and medicine - and you should do this as little as you can. And use food delivery services where you can. If you don't follow the rules the police will have the powers to enforce them, including through fines and dispersing gatherings.</i></p> <p><i>To ensure compliance with the Government's instruction to stay at home, we will immediately:</i></p> <ul style="list-style-type: none"> <i>• close all shops selling non-essential goods, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship;</i> <i>• we will stop all gatherings of more than two people in public – excluding people you live with;</i> <i>• and we'll stop all social events, including weddings, baptisms and other ceremonies, but excluding funerals.</i> <p><i>Parks will remain open for exercise but gatherings will be dispersed.</i></p> <p><i>No Prime Minister wants to enact measures like this. I know the damage that this disruption is doing and will do to people's lives, to their businesses and to their jobs. And that's why we have produced a huge and unprecedented programme of support both for workers and for business. And I can assure you that we will keep these restrictions under constant review. We will look again in three weeks, and relax them if the evidence shows we are able to...</i></p> <p><i>Each and every one of us is now obliged to join together. To halt the spread of this disease. To protect our NHS and to save many many thousands of lives... And therefore I urge you at this moment of national emergency to stay at home, protect our NHS and save lives."</i></p>		
54.	23 Mar 20	UK Government issues guidance on further business closures	<p>UK Government guidance to businesses:</p> <p><i>"As of 2pm on 21 March 2020, closures on the original list from 20 March are now enforceable by law in England and Wales due to the threat to public health. The government will extend the law and enforcement powers to include the new list of premises for closure. Further measures on enforcement could be taken following the passage of the Coronavirus Bill through parliament.</i></p>	<p>https://web.archive.org/web/20200324222512/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance</p>	294-299

			<p><i>A business operating in contravention of the Health Protection (Coronavirus, Business Closures) Regulations 2020 will be committing an offence. As agreed with the devolved administrations, these measures will be extended to Scotland and Northern Ireland by Ministerial Direction once the Coronavirus Bill is in force.</i></p> <p><i>Environmental Health and Trading Standards officers will monitor compliance with these regulations, with police support provided if appropriate. Businesses and premises that breach them will be subject to prohibition notices, and potentially unlimited fines". (emphasis in original)</i></p> <p>The UK Government subsequently updated this guidance document on the following dates:</p> <ul style="list-style-type: none"> • 25 March 2020, to provide guidance on work carried out in people's homes and additional details to the list of businesses and premises that must remain closed • 26 March 2020, to reflect the relevant regulations (see below regarding the detail of those regulations) • 27 March 2020, to update the compliance section • 1 May 2020, to clarify the requirements of the regulations • 13 May 2020, to update the document based on amendments to the regulations <p>Each of those updates is referred to on the relevant date in the chronology below, with an associated weblink showing the guidance as it appeared on that date.</p>		
55.	24 Mar 20	UK Government issues guidance for accommodation providers	UK Government advises that businesses providing holiday accommodation (including hotels, hostels, B&Bs, campsites, caravan parks, boarding houses and short term lets) should now have taken steps to close for commercial use and to remain open only for limited prescribed purposes, and UK Government provides guidance on closure requirements.	https://web.archive.org/web/20200325193019/https://www.gov.uk/guidance/covid-19-advice-for-accommodation-providers	300-301
56.	25 Mar 20	Coronavirus Act 2020	<p>Overview of the Act</p> <p>1 The purpose of the Coronavirus Act is to enable the Government to respond to an emergency situation and manage the effects of the COVID-19 pandemic. A severe pandemic will lead to a reduced workforce, increased pressure on health services and death management processes. The Act</p>	Coronavirus Act 2020	See J_13

		<p>contains temporary measures designed to either amend existing legislative provisions or introduce new statutory powers which are designed to mitigate these impacts.</p> <p>2 The Act aims to support Government in doing the following:</p> <ul style="list-style-type: none"> • Increasing the available health and social care workforce • Easing the burden on frontline staff • Containing and slowing the virus • Managing the deceased with respect and dignity • Supporting people <p>3 The Act is part of a concerted effort across the whole of the UK to tackle the COVID-19 outbreak. The intention is that it will enable the right people from public bodies across the UK to take appropriate actions at the right times to manage the effects of the outbreak.</p> <p>4 As part of its contingency planning, the Government has considered what measures would be needed during a severe COVID-19 outbreak to reduce the pressure of key services and limit the spread of infection.</p> <p>5 The action plan¹ sets out options that can be taken as part of the response. This Act ensures that the agencies and services involved in this response — schools, hospitals, the police etc. — have the tools and powers they need. Each of the four nations of the UK has its own set of laws, and thus these tools and powers differ to varying degrees in each area. Consistency of outcome has been achieved by making the range of tools and powers consistent across the UK.</p> <p>6 This Act is just one part of the overall solution. It has therefore not been necessary for each tool or power needed to address the COVID-19 pandemic to be covered by this Act. Some exist already in statute. Some exist in some parts of the UK but not others. This Act aims to level up powers across the UK, so that the actions to tackle this threat can be carried out effectively across all four nations.</p> <p>7 These are extraordinary measures that do not apply in normal circumstances. For this reason, the legislation is time-limited to two years, and it is neither necessary nor appropriate for all of its measures to come into force immediately. Instead, many of the measures in this Act can be commenced from area to area and time to time, so as to ensure that the need to protect the public's health can be aligned with the need to safeguard individuals' rights. These measures can subsequently be suspended and then later reactivated, if circumstances permit, over the lifetime of the Act.</p> <p>8 The lifetime of the Act can itself be ended early, if the best available scientific evidence supports a policy decision that these powers are no longer</p>		
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			<p>needed. It is also possible to extend the lifetime of the Act for a further temporary period, again if it is prudent to do so.</p> <p>9 This facility can be adjusted so that early termination ("sunsetting") can apply to some provisions; and extensions can be applied to others. The aim is to make sure that these powers can be used both effectively and proportionately.</p> <p>10 These provisions also take due account of the UK's devolution settlement in a way that enables swift action to be taken when and where it is needed. UK Government Ministers control the use of provisions on matters that are reserved or England only. This is intended to be a streamlined system that is nonetheless consonant with the role of the Devolved Administrations.</p> <p>11 As is explained below, while the Act includes provisions which relate to a wide spectrum of areas across the UK, they are all focused on responding to circumstances that may arise as a result of the COVID-19 pandemic.</p>		
57.	26 Mar 20 (Meeting minutes published on 29 May 2020)	19 th Meeting SAGE	<p><u>“Summary</u></p> <ol style="list-style-type: none"> 1. <i>Data and modelling for NHS demand must be aligned completely with SPI-M modelling and there must be a single version of the numbers in use across HMG.</i> 2. <i>Nosocomial transmission, risk markers for severe disease and severity scoring for COVID-19 cases need urgent attention.</i> 3. <i>It is vital not to make hasty decisions regarding treatments based on insufficient data.</i> 4. <i>SAGE will begin shifting attention to future phases of the epidemic to anticipate challenges and opportunities to minimise impacts and harms, release current measures safely and advise on long-term issues.</i> 	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888789/S0387_Nineteenth_SAGE_meeting_on_COVID-19_.pdf	302-306
58.	26 Mar 20	UK Government announces further detail re financial assistance	<p>Statement by Chancellor of the Exchequer, Rishi Sunak:</p> <p><i>“Working closely with businesses and trade unions, we have put together a coherent, coordinated and comprehensive economic plan – a plan which is already starting to make a difference:</i></p> <ul style="list-style-type: none"> • <i>big employers like Brewdog, Timpsons and Pret have already said that our Coronavirus Jobs Retention Scheme means they can furlough thousands of staff, rather than laying them off. And we are publishing this evening detailed guidance on how the scheme will operate so that other businesses can take advantage, too</i> 	https://www.gov.uk/government/speeches/chancellor-outlines-new-coronavirus-support-measures-for-the-self-employed	307-311

			<ul style="list-style-type: none"> • <i>small businesses are already benefiting from Coronavirus Business Interruption Loans of up to £5 million, which are interest free for 12 months – with 30,000 enquiries in just four days</i> • <i>local authorities are already informing more than 700,000 retail, hospitality and leisure businesses that they will pay no business rates this year</i> • <i>and the new hardship grants scheme, providing cash grants of up to £25,000 for the smallest businesses, is now up and running ...</i> <i>... to support those who work for themselves, today I am announcing a new Self-Employed Income Support Scheme.”</i> 		
59.	26 Mar 20	Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (“ 26 March Regulations ”) enacted	<p>These Regulations require the closure of businesses selling food or drink for consumption on the premises, and businesses listed in Part 2 of Schedule 2, to protect against the risks to public health arising from coronavirus, except for limited permitted uses. Restrictions are imposed on businesses listed in Part 3 of Schedule 2, which are permitted to remain open. The Regulations also prohibit anyone leaving the place where they live without reasonable excuse, and ban public gatherings of more than two people. The closures and restrictions last until they are terminated by a direction given by the Secretary of State.</p> <p>The need for these restrictions must be reviewed by the Secretary of State every 21 days, with the first review taking place by 15th April 2020.</p>	Health Protection (Coronavirus, Restrictions) (England) Regulations 2020	See J_16
60.	26 Mar 20	The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 come into force	The Regulations impose restrictions on individuals, businesses and others. In accordance with regulation 3, these restrictions apply for an “emergency period”. This period lasts until a direction is given by the Welsh Ministers specifying that the restrictions, or any one restriction (or part of a restriction), is terminated. The Welsh Ministers are required to keep the need for the restrictions under review every 21 days.	The Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020	See J_22
61.	26 Mar 20	UK Government updates its guidance document on	UK Governments updates the business guidance document to reflect the 26 March Regulations.	https://web.archive.org/web/20200326222439/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance	312-319

		closing certain businesses			
62.	26 Mar 20	Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 (“ 26 March Scottish Regulations ”)	<p>These Regulations require the closure of businesses selling food or drink for consumption on the premises, and businesses listed in Part 2 of schedule 1, to protect against the risks to public health arising from coronavirus, except in some cases. The closure lasts until a direction is given by the Scottish Ministers or the expiry of these Regulations in accordance with regulation 11. The Scottish Ministers are required to keep the need for these restrictions under review.</p> <p>The Regulations also prohibit anyone leaving the place where they live without reasonable excuse, and ban public gatherings of more than two people.</p> <p>The need for the restrictions in these Regulations must be reviewed by the Scottish Ministers every 21 days, with the first review being required to take place by 16 April 2020.</p>	Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020	See J_23
63.	27 Mar 20	UK Government updates its guidance document on closing certain businesses	UK Governments updates the business guidance document to update compliance section.	https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance	320-327
64.	28 Mar 20	Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 (“ 28 March Northern Irish Regulations ”)	These Regulations require the closure of businesses selling food or drink for consumption on the premises, and businesses listed in Part 2 of Schedule 2, to protect against the risks to public health arising from coronavirus, except for limited permitted uses. Businesses offering goods for sale or for hire listed in Part 3 of Schedule 2, are permitted to remain open. The Regulations also prohibit anyone leaving the place where they live without reasonable excuse, and ban public gatherings of more than two people. The closures and restrictions last until they are terminated by a direction given by the Department of Health.	Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020	See J_24

			The need for these restrictions must be reviewed by the Department of Health every 21 days, with the first review taking place by 18th April 2020.		
65.	29 Mar 20 (meeting minutes published 29 May 2020)	20 th SAGE Meeting	<p><u>“Summary</u></p> <ol style="list-style-type: none"> 1. SAGE endorsed the reasonable worst case and optimistic scenarios, incorporating changes discussed in the meeting. 2. Further work is required to understand how best to release measures and the scale of any resultant epidemic peaks. 3. Further work is required on age distribution of ICU cases.” 	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888790/S0388_Twentieth_SAGE_meeting_on_COVID-19_.pdf	328-330
66.	31 Mar 20 (meeting minutes published 29 May 2020)	21 st SAGE Meeting	<p><u>“Summary</u></p> <ol style="list-style-type: none"> 1. NHS will set up a group to urgently understand and tackle nosocomial transmission. This group should include a range of science disciplines and engineering. 2. SAGE agreed scientific priorities for future work.” 	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/888791/S0389_Twenty-first_SAGE_meeting_on_COVID-19_.pdf	331-334
67.	4 Apr 20	Designation letter from Secretary of State for Health and Social Care	<p>Secretary of State makes designations in relation to England under the 26 March Regulations, designating specified authorities to:</p> <ul style="list-style-type: none"> • Take such action as is necessary to enforce any requirement or restriction imposed by regulation 4 (business closures) or 5 (further business restrictions) of the Regulations, including giving a prohibition notice under regulation 8(2) of the Regulations in relation to any contravention of regulation 4 or 5 • Issue a fixed penalty notice for a contravention of regulation 4 or 5 • Bring proceedings for committing a relevant offence under the 26 March regulations <p>The specified authorities are:</p> <ol style="list-style-type: none"> (i) a district council; (ii) a county council; (iii) a London borough council; (iv) the Common Council of the City of London; (v) the Council of the Isles of Scilly. <p>A further designation letter was issued on 23 April 2020, making amendments (e.g. designating the ACRO Criminal Records Office as the body to receive payment of fixed penalties).</p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/883112/Designations_under_the_Health_Protection_Regulations_2020.pdf</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/882807/Designation-Order-Coronavirus-Regulations-2020.pdf</p> <p>(a copy of the designation was originally published on this webpage and is included in the bundle. At the time of agreeing AF1 the webpage was inaccessible.)</p>	335 336

68.	6 Apr 20	Coronavirus (Scotland) Act 2020 comes into force		Coronavirus (Scotland) Act 2020	See J_25
69.	7 Apr 20	Health Protection (Coronavirus Restrictions) (Wales) (Amendment) Regulations 2020/399 amend the 26 March Welsh Regulations		Health Protection (Coronavirus Restrictions) (Wales) (Amendment) Regulations 2020/399	See J_26
70.	8 Apr 20	Wales extends lockdown for further week		https://www.bbc.co.uk/news/uk-wales-52215421	337-340
71.	15 Apr 20	Northern Ireland extends lockdown until 9 May		https://www.bbc.co.uk/news/uk-northern-ireland-52298748	341-345
72.	16 Apr 20	Existing restrictions to be extended for at least the next 3 weeks	Statement by Foreign Secretary, Dominic Raab: <i>"In sum, the very clear advice we have received is that any change to our social distancing measures now would risk a significant increase in the spread of the virus. That would threaten a second peak of the virus, and substantially increase the number of deaths. It would undo the progress made to date, and as a result, would require an even longer period of the more restrictive social distancing measures. So early relaxation would do more damage to the economy over a longer period. I want to be clear about this. The advice from SAGE is that relaxing any of the measures currently in place would risk damage to both public health and our economy. Patrick and Chris will be able to go into further detail on all of this shortly. But based on this advice, the government has determined that current measures must remain in place for at least the next 3 weeks"</i>	https://www.gov.uk/government/speeches/foreign-secretarys-statement-on-coronavirus-covid-19-16-april-2020	346-351

73.	21 Apr 20	The Health Protection (Coronavirus) (Restrictions) (Scotland) Amendment (No. 2) Regulations 2020 amend the 26 March Scottish Regulations	<p>These Regulations are made in response to the serious and imminent threat to public health which is posed by the incidence and spread of coronavirus in Scotland.</p> <p>These Regulations amend regulation 4 and schedule 1 of the Health Protection (Coronavirus) (Restrictions) (Scotland) Regulations 2020 ("the Principal Regulations").</p> <p>Regulation 4 of the Principal Regulations makes provision relating to further restrictions and closures during the emergency period. Amendments are made to regulation 4(1) of the Principal Regulations, the effect of those amendments being to extend social distancing requirements to all businesses which remain open during the emergency period.</p> <p>Amendments are made to regulation 4(5) of the Principal Regulations to provide that the providers of holiday accommodation, that are subject to the requirement to cease carrying on their business under regulation 4(4) of the Principal Regulations, can continue to provide information or services online, by telephone or by post.</p> <p>Minor amendments are made as regards regulation 4(9) (including a new related paragraph (9A)) and schedule 1 of the Principal Regulations, to provide clarification that burial grounds and livestock markets and auctions may remain open.</p>	The Health Protection (Coronavirus) (Restrictions) (Scotland) Amendment (No. 2) Regulations 2020	See J_27
74.	22 Apr 20	The Health Protection (Coronavirus, Restrictions) (England) (Amendment) Regulations 2020 amend the 26 March Regulations	These Regulations amend the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020. Regulation 3 is amended to ensure that the saving provisions made in section 16 of the Interpretation Act 1978 (c. 30) apply to the termination of a restriction or requirement by direction. Regulation 6 is amended to clarify that under regulation 6(1), the prohibition applies both to leaving the place where a person is living without reasonable excuse, and also to staying outside that place without reasonable excuse. The Regulations also clarify the application of enforcement provisions in regulation 8, permit payment of fixed penalties following the issue of a fixed penalty notice under regulation 10 to be made to an officer designated by the Secretary of State or by a local authority (including a county council), amend the list of businesses in Part 2 and Part 3 of Schedule 2 and make other minor amendments..	The Health Protection (Coronavirus, Restrictions) (England) (Amendment) Regulations 2020	See J_28

75.	24 Apr 20	The Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020 amend the 28 March Northern Irish Regulations	These Regulations amend the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020. Regulation 4 is amended to remove the requirement to close burial grounds to members of the public. Regulation 4A is inserted to impose a duty on a person who is responsible for a burial ground to take all reasonable measures to ensure that a distance of at least two meters is maintained between every person at the burial ground, except between members of the same household. Regulation 5 is amended to include the need to visit a burial ground to pay respects to a member of the person's household, family member or friend as a reasonable excuse for a person to leave the place where they are living. Regulation 5 is also amended to clarify the circumstances in which a person may leave the place where they are living to take exercise.	The Health Protection (Coronavirus, Restrictions) (Amendment) Regulations (Northern Ireland) 2020	See J_29
75 A.	25 April 20	Health Protection (Coronavirus Restrictions) (Wales) (Amendment) (No 2) Regulations amend the 26 March Welsh Regulations		Health Protection (Coronavirus Restrictions) (Wales) (Amendment) (No 2) Regulations	See J_30.1
76.	28 Apr 20	Secretary of State for Health and Social Care, Matt Hancock, addresses geography of lockdown	<p>During the daily press conference, following a question regarding the lockdown measures (and easing) and whether the approach should be regional or country-wide, Matt Hancock, Secretary of State for Health and Social Care, replied:</p> <p><i>"There was a big benefit, I think, as we brought in the lockdown measures, of the whole country moving together. We did think about moving with London and the Midlands first, because they were more advanced in terms of the number of cases, but we decided that we are really in this together, and the shape of the curve, if not the height of the curve, has been very similar across the whole country. It went up more in London but it's also come down more, but the broad shape has been similar, which is what you'd expect, given that we've all been living through the same lockdown measures. The other thing to say is that it isn't just about the level, it's also about the slope of the curve, and if the R goes above one anywhere, then that would eventually lead to an exponential rise and a second peak and an overwhelming of the NHS in that area unless it's addressed, so although the level of the number of cases is different in different parts, the slope of the curve has actually been remarkably</i></p>	<p>https://www.youtube.com/watch?v=Tccer6BFKDw</p> <p>(as uploaded on 10 Downing Street site – footage of press conference)</p>	

			<i>similar across the country, so that argues for doing things as a whole country together”</i>		
77.	1 May 20	Government updates its guidance document on closing certain businesses	UK Government updates the business guidance document to clarify the requirements of the 26 March Regulations.	https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance	352-359
78.	7 May 20	Scotland extends lockdown for further three weeks		https://www.gov.scot/publications/coronavirus-covid-19-update-first-minister-speech-7-may-2020/	360-366
79.	8 May 20	Wales extends lockdown for a further three weeks		https://gov.wales/wales-extends-coronavirus-lockdown	367-369
80.	1 May 20	Economic Secretary to the Treasury provides written view re insurance sector	<p>Written question/answer on Parliamentary website:</p> <p>Question: <i>“To ask the Chancellor of the Exchequer, if he will publish any correspondence he has had with insurance companies on covering the contingent liability of losses suffered by pubs and restaurants between 16 and 20 March 2020 due to the covid-19 outbreak.</i></p> <p>Answer (from John Glen, Economic Secretary to the Treasury): <i>“The Government is in continual dialogue with the insurance sector given the significant role it has in supporting businesses in the current situation. However, on 17 March, following a roundtable with the insurance industry, the Chancellor made it clear that the Government’s social distancing instructions of 16 March would be treated the same as government-ordered closure for insurance purposes (https://www.gov.uk/government/speeches/chancellor-of-the-exchequer-rishi-sunak-on-covid19-response). As long as all other terms of the policies are met, pubs and restaurants should therefore be able to make a claim for the period between 16 and 20 March.”</i></p>	https://www.parliament.uk/business/publications/written-questions-answers-statements/written-question/Commons/2020-04-22/39016/	370

81.	10 May 20	Prime Minister tells England to “stay alert” (cf “stay at home”) and lockdown continues	<p>In a televised address Prime Minister Boris Johnson outlines slight changes to lockdown restrictions in England and promotes a new ‘stay alert’ message. Further details to be provided to the UK Parliament on 11 May 2020. The ‘stay at home’ message remains in place in Wales, Scotland and Northern Ireland.</p> <p><i>“And so no, this is not the time simply to end the lockdown this week. Instead we are taking the first careful steps to modify our measures. And the first step is a change of emphasis that we hope that people will act on this week. We said that you should work from home if you can, and only go to work if you must. We now need to stress that anyone who can’t work from home, for instance those in construction or manufacturing, should be actively encouraged to go to work. And we want it to be safe for you to get to work. So you should avoid public transport if at all possible – because we must and will maintain social distancing, and capacity will therefore be limited. So work from home if you can, but you should go to work if you can’t work from home. And to ensure you are safe at work we have been working to establish new guidance for employers to make workplaces COVID-secure. And when you do go to work, if possible do so by car or even better by walking or bicycle. But just as with workplaces, public transport operators will also be following COVID-secure standards. And from this Wednesday, we want to encourage people to take more and even unlimited amounts of outdoor exercise. You can sit in the sun in your local park, you can drive to other destinations, you can even play sports but only with members of your own household. You must obey the rules on social distancing and to enforce those rules we will increase the fines for the small minority who break them...”</i></p> <p><i>In step two – at the earliest by June 1 – after half term – we believe we may be in a position to begin the phased reopening of shops and to get primary pupils back into schools, in stages, beginning with reception, Year 1 and Year 6. Our ambition is that secondary pupils facing exams next year will get at least some time with their teachers before the holidays. And we will shortly be setting out detailed guidance on how to make it work in schools and shops and on transport.</i></p> <p><i>And step three - at the earliest by July - and subject to all these conditions and further scientific advice; if and only if the numbers support it, we will hope to re-open at least some of the hospitality industry and other public places,</i></p>	https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-10-may-2020	371-376
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			<i>provided they are safe and enforce social distancing... And to prevent re-infection from abroad, I am serving notice that it will soon be the time – with transmission significantly lower – to impose quarantine on people coming into this country by air”.</i>		
82.	11 May 20	UK Government publishes its COVID-19 Recovery Strategy and guidance to assist employers and employees to work safely	<p>UK Government published its “Covid-19 recovery strategy” ahead of the Prime Minister’s statement to Parliament.</p> <p>Following the Prime Minister’s statement, the Government published guidance to assist employers and employees to work safely during the pandemic.</p> <p><u>Extracts from “Our plan to rebuild: The UK Government’s COVID-19 recovery strategy”:</u></p> <p><i>“Each step may involve adding new adjustments to the existing restrictions or taking some adjustments further (as shown in Figure 6). For example, while reopening outdoor spaces and activities (subject to continued social distancing) comes earlier in the roadmap because the risk of transmission outdoors is significantly lower, it is likely that reopening indoor public spaces and leisure facilities (such as gyms and cinemas), premises whose core purpose is social interaction (such as nightclubs), venues that attract large crowds (like sports stadia), and personal care establishments where close contact is inherent (like beauty salons) may only be fully possible significantly later depending on the reduction in numbers of infections.”</i></p> <p>[...]</p> <p><i>“COVID-19 Secure’ guidelines</i></p> <p><i>Many measures require the development of new safety guidelines that set out how each type of physical space can be adapted to operate safely. The Government has been consulting relevant sectors, industry bodies, local authorities, trades unions, the Health and Safety Executive and Public Health England on their development and will release them this week.”</i></p> <p>[...]</p> <p><i>“Step One...</i></p>	<p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/884760/Our_plan_to_rebuild_The_UK_Government_s_COVID-19_recovery_strategy.pdf</p> <p>https://web.archive.org/web/20200511165641/https://www.gov.uk/government/news/new-guidance-launched-to-help-get-brits-safely-back-to-work</p> <p>https://web.archive.org/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19</p>	<p>377-431</p> <p>432-435</p> <p>436</p>

Work
For the foreseeable future, workers should continue to work from home rather than their normal physical workplace, wherever possible. ... All workers who cannot work from home should travel to work if their workplace is open. Sectors of the economy that are allowed to be open should be open, for example this includes food production, construction, manufacturing, logistics, distribution and scientific research in laboratories. The only exceptions to this are those workplaces such as hospitality and non-essential retail which during this first step the Government is requiring to remain closed. As soon as practicable, workplaces should follow the new "COVID-19 Secure" guidelines, as set out in the previous chapter, which will be published this week. These will ensure the risk of infection is as low as possible, while allowing as many people as possible to resume their livelihoods. It remains the case that **anyone who has symptoms, however mild, or is in a household where someone has symptoms, should not leave their house** to go to work. Those people should self-isolate, as should those in their households." (emphasis in original)

[...]

"Step Two...

Opening non-essential retail when and where it is safe to do so, and subject to those retailers being able to follow the new COVID-19 Secure guidelines. The intention is for this to happen in phases from 1 June; the Government will issue further guidance shortly on the approach that will be taken to phasing, including which businesses will be covered in each phase and the timeframes involved. All other sectors that are currently closed, including hospitality and personal care, are not able to re-open at this point because the risk of transmission in these environments is higher. The opening of such sectors is likely to take place in phases during step three, as set out below.

Permitting cultural and sporting events to take place behind closed-doors for broadcast, while avoiding the risk of large-scale social contact."

[...]

"Step Three

The next step will also take place when the assessment of risk warrants further adjustments to the remaining measures. The Government's current planning assumption is that this step will be no earlier than 4 July, subject to the five tests justifying some or all of the measures below, and further detailed scientific advice, provided closer to the time, on how far we can go.

*The ambition at this step is to **open at least some of the remaining businesses and premises that have been required to close, including personal care** (such as hairdressers and beauty salons) **hospitality** (such as food service providers, pubs and accommodation), **public places** (such as places of worship) and **leisure facilities** (like cinemas). They should also meet the COVID-19 Secure guidelines. Some venues which are, by design, crowded and where it may prove difficult to enact distancing may still not be able to re-open safely at this point, or may be able to open safely only in part. Nevertheless the Government will wish to open as many businesses and public places as the data and information at the time allows.*

In order to facilitate the fastest possible re-opening of these types of higher-risk businesses and public places, the Government will carefully phase and pilot re-openings to test their ability to adopt the new COVID-19 Secure guidelines. The Government will also monitor carefully the effects of re-opening other similar establishments elsewhere in the world, as this happens. The Government will establish a series of taskforces to work closely with stakeholders in these sectors to develop ways in which they can make these businesses and public places COVID-19 Secure." (emphasis in original)

Government announcement on guidance

"The new guidance covers 8 workplace settings which are allowed to be open, from outdoor environments and construction sites to factories and takeaways"

[...]

"5 key points

1. Work from home, if you can...

2. Carry out a COVID-19 risk assessment, in consultation with workers or trade unions...

3. Maintain 2 metres social distancing, wherever possible

Employers should re-design workspaces to maintain 2 metre distances between people by staggering start times, creating one way walk-throughs, opening more entrances and exits, or changing seating layouts in break rooms.

4. Where people cannot be 2 metres apart, manage transmission risk

Employers should look into putting barriers in shared spaces, creating workplace shift patterns or fixed teams minimising the number of people in contact with one another, or ensuring colleagues are facing away from each other.

5. Reinforcing cleaning processes ...”

Government general guidance plus 8 guides regarding different business sectors

5 steps to working safely

Practical actions for businesses to take based on 5 main steps.

Construction and other outdoor work

Guidance for people who work in or run outdoor working environments.

Factories, plants and warehouses

Guidance for people who work in or run factories, plants and warehouses.

Labs and research facilities

Guidance for people who work in or run indoor labs and research facilities and similar environments.

Offices and contact centres

Guidance for people who work in or run offices, contact centres and similar indoor environments.

Other people's homes

Guidance for people working in, visiting or delivering to other people's homes.

Restaurants offering takeaway or delivery

Guidance for people who work in or run restaurants offering takeaway or delivery services.

Shops and branches

Guidance for people who work in or run shops, branches, stores or similar environments.

Vehicles

			Guidance for people who work in or from vehicles, including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar.		
83.	12 May 20	UK Government extends furlough scheme	Coronavirus Job Retention Scheme extended until end of October.	https://www.gov.uk/government/news/c-hancellor-extends-furlough-scheme-until-october	437-440
84.	13 May 20	UK Government updates its guidance document on closures of certain businesses	UK Governments updates the business guidance document to reflect changes made by the 13 May Amending Regulations.	https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance	441-449
85.	13 May 20	The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 2) Regulations 2020 (“ 13 May Amending Regulations ”) come into force, slightly easing certain restrictions	<ul style="list-style-type: none"> • Regulation 5 is amended to clarify the circumstances in which hotels may provide accommodation to ‘key workers’. • Regulation 6 is amended to extend the list of reasonable excuses for which express provision is made, including permitting people to leave their homes to visit public open spaces for open-air recreation with members of their households, and to permit people to exercise or engage in open-air recreation with one member of another household • Regulation 10 is amended to increase the fines which may be imposed by fixed penalty notice. • Garden centres and outdoor sports courts are added to the list of businesses which may remain open by an amendment to Schedule 2. 	The Health Protection (Coronavirus, Restrictions) (England) (Amendment) (No. 2) Regulations 2020	See J_30
86.	15 May 20	The Health Protection (Coronavirus, Restrictions) (Amendment No. 2) Regulations (Northern Ireland) 2020 amend the 28 March Northern Irish Regulations	Regulation 1 is amended to clarify the reference to a person designated and regulation 2 is amended to apply section 28(2) of the Interpretation Act (Northern Ireland) 1954 to the termination of a restriction or requirement by a direction. Regulation 4 is further amended, to include the opening of a place of worship for the purpose of solemnising a marriage ceremony where a party is terminally ill (with a consequential amendment to regulation 6). Regulation 5 is further amended, to include the need to access services provided by a district council or other public body, including household waste or recycling centres. Regulation 7 is amended to clarify the application of enforcement provisions, insofar as children are concerned. Regulation 9 is amended to allow for the procedure to be used in cases where a district council issued a	The Health Protection (Coronavirus, Restrictions) (Amendment No. 2) Regulations (Northern Ireland) 2020	See J_31

			fixed penalty notice. There are further amendments to Parts 2 and 3 of Schedule 2, including the application to garden centres and ornamental plant nurseries.		
87.	19 May 20	The Health Protection (Coronavirus, Restrictions) (Amendment No. 3) Regulations (Northern Ireland) 2020 (" 19 May Northern Irish Amending Regulations ") amend the 28 March Northern Irish Regulations	<p>These Regulations amend the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020.</p> <p>Regulation 4 is further amended, to include the opening of a place of worship for acts of private worship and the broadcast of services to people attending on the premises, with consequential amendments to regulations 5 and 6. Regulation 5 is further amended, to include the need to take part in an outdoor activity or an outdoor gathering. Regulation 6A is inserted to enable a person to participate in an outdoor gathering consisting of up to six people who are not members of the same household.</p> <p>Top</p>	The Health Protection (Coronavirus, Restrictions) (Amendment No. 3) Regulations (Northern Ireland) 2020")	See J_32
88.	21 May 20	Scottish Government announces forthcoming easing of some restrictions	Statement by Scottish First Minister, Nicola Sturgeon. In forthcoming easing: will be able to meet outside with people from one other household; schools to reopen on 11 August in blended model; teachers back to work in June; garden centres and recycling facilities reopen, while some outdoor activities such as golf, fishing, tennis and bowls will be allowed again, as will outdoor work such as agriculture and forestry; people can sit in parks and open areas; different households to stay 2m apart; can travel for recreation; take-away and drive-through food outlets can re-open as long as they apply safe physical distancing, but "non-essential" indoor shops, cafes, restaurants and pubs must remain closed during the first phase; phased resumption of some aspects of the criminal justice system; some NHS services to resume gradually. Four-phase plan for easing restrictions.	https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-speech-21-2020/	450-459

Emergencies preparedness, response

Pneumonia of unknown cause – China

Disease outbreak news

5 January 2020

On 31 December 2019, the WHO China Country Office was informed of cases of pneumonia of unknown etiology (unknown cause) detected in Wuhan City, Hubei Province of China. As of 3 January 2020, a total of 44 patients with pneumonia of unknown etiology have been reported to WHO by the national authorities in China. Of the 44 cases reported, 11 are severely ill, while the remaining 33 patients are in stable condition. According to media reports, the concerned market in Wuhan was closed on 1 January 2020 for environmental sanitation and disinfection.

The causal agent has not yet been identified or confirmed. On 1 January 2020, WHO requested further information from national authorities to assess the risk.

National authorities report that all patients are isolated and receiving treatment in Wuhan medical institutions. The clinical signs and symptoms are mainly fever, with a few patients having difficulty in breathing, and chest radiographs showing invasive lesions of both lungs.

According to the authorities, some patients were operating dealers or vendors in the Huanan Seafood market. Based on the preliminary information from the Chinese investigation team, no evidence of significant human-to-human transmission and no health care worker infections have been reported.

Public Health Response

National authorities have reported the following response measures:

- One hundred and twenty-one close contacts have been identified and are under medical observation;
- The follow-up of close contacts is ongoing;
- Pathogen identification and the tracing of the cause are underway;
- Wuhan Municipal Health Commission carried out active case finding, and retrospective investigations have been completed;
- Environmental sanitation and further hygiene investigations are under way.

WHO is closely monitoring the situation and is in close contact with national authorities in China.

WHO risk assessment

There is limited information to determine the overall risk of this reported cluster of pneumonia of unknown etiology. The reported link to a wholesale fish and live animal market could indicate an exposure link to animals. The symptoms reported among the patients are common to

several respiratory diseases, and pneumonia is common in the winter season; however, the occurrence of 44 cases of pneumonia requiring hospitalization clustered in space and time should be handled prudently.

Wuhan city, with a population of 19 million, is the capital city of Hubei province, with a population of 58 million people. WHO has requested further information on the laboratory tests performed and the differential diagnoses considered.

WHO advice

Based on information provided by national authorities, WHO's recommendations on public health measures and surveillance of influenza and severe acute respiratory infections still apply.

WHO does not recommend any specific measures for travellers. In case of symptoms suggestive of respiratory illness either during or after travel, travellers are encouraged to seek medical attention and share travel history with their healthcare provider.

WHO advises against the application of any travel or trade restrictions on China based on the current information available on this event.

For more information:

[Infection prevention and control of epidemic-and pandemic prone acute respiratory infections in health care, WHO guidelines:](#)

[Wuhan Municipal Health Commission briefing on the pneumonia epidemic situation, 31 December 2019 \(in Mandarin\):](#)

[Wuhan Municipal Health Commission briefing on the pneumonia epidemic situation 3 January 2020 \(in Mandarin\):](#)

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3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

News story

DHSC and PHE statement on coronavirus

Statement from the Department of Health and Social Care and Public Health England on the coronavirus situation in Wuhan, China.

Published 22 January 2020

From:

Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>) and Public Health England (<https://www.gov.uk/government/organisations/public-health-england>)



We have been carefully monitoring the coronavirus situation in Wuhan and are ready to put in place proportionate, precautionary measures.

From today, enhanced monitoring will be in place from all direct flights from Wuhan to the UK. The enhanced monitoring package includes a number of measures to provide advice to travellers (<https://www.gov.uk/government/news/wuhan-novel-coronavirus-and-avian-flu-advice-for-travel-to-china>) if they feel unwell.

For those travelling back directly from Wuhan, this includes a Port Health team who will meet each direct flight aircraft to provide advice and support to those that feel unwell. The team will include a principal port medical inspector, port health doctor, administrative support and team leader.

They will check for symptoms of coronavirus and provide information to all passengers about symptoms and what to do if they become ill. Mandarin and Cantonese language support will be available to Public Health England (PHE) and leaflets will be available to passengers.

There are 3 direct flights a week that arrive at Heathrow from Wuhan. The enhanced monitoring of direct flights will be kept under continuous review and expanded to other Chinese departure points if necessary.

Leaflets and information will be made available across all UK airports, advising travellers from China on what to do if they feel unwell.

The risk to the UK population has been assessed as low, based on the emerging evidence regarding case numbers, potential sources and human to human transmission. This has been raised from very low due to evidence on the likelihood of cases being imported into this country.

There are no confirmed cases of this new infection in the UK.

DHSC has issued clinical guidance for the detection and diagnosis of Wuhan novel coronavirus, and PHE has developed a diagnostic test, making the UK one of the first countries outside China to have a prototype specific laboratory test for this new disease.

The UK is well prepared for new diseases and our approach is kept under constant review. UK public health measures are world-leading and the NHS is well prepared to manage and treat new diseases.

Dr Nick Phin, Deputy Director, National Infection Service, PHE, said:

This is a new and rapidly evolving situation where information on cases and the virus is being gathered and assessed daily. Based on the available evidence, the current risk to the UK is considered low. We are working with the WHO and other international partners, have issued advice to the NHS and are keeping the situation under constant review.

If you are travelling to Wuhan, you should maintain good hand, respiratory and personal hygiene and should avoid visiting animal and bird markets or people who are ill with respiratory symptoms. Individuals should seek medical attention if they develop respiratory symptoms within 14 days of visiting Wuhan, either in China or on their return to the UK. They should phone ahead before attending any health services and mention their recent travel to the city.

Published 22 January 2020

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- Wuhan coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/wuhan-coronavirus-health-secretarys-statement-to-parliament>)
- Coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-health-secretarys-statement-to-parliament>)
- COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/covid-19-health-secretarys-statement-to-parliament>)
- Coronavirus: we must stop it turning into a global pandemic. Article by Dominic Raab (<https://www.gov.uk/government/speeches/coronavirus-we-must-stop-it-turning-into-a-global-pandemic-article-by-dominic-raab>)
- Coronavirus action plan: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-action-plan-health-secretarys-statement-to-parliament>)

Collection

- COVID-19: guidance for health professionals (<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>)

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- Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)
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5. Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)

News story

Novel coronavirus and avian flu: advice for travel to China

PHE is aware of a reported outbreak of a novel coronavirus in Wuhan City, China, and has offered advice to travellers to the area regarding this as well as the ongoing avian flu risk.

Published 10 January 2020

Last updated 7 February 2020 — see all updates

From:

Public Health England (<https://www.gov.uk/government/organisations/public-health-england>) and Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)



Latest update

See latest information and actions for the public on the outbreak of Wuhan novel coronavirus, (<https://www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public>) including the current situation in the UK and actions taken in the UK and abroad.

7 February 2020

As of Friday 7 February 2020, a total of 620 UK tests have concluded, of which 617 were confirmed negative and 3 positive.

Based on the World Health Organization's declaration that this is a public health emergency of international concern, the UK Chief Medical Officers have raised the risk to the public from low to moderate (<https://www.gov.uk/government/news/statement-from-the-four-uk-chief-medical-officers-on-novel-coronavirus>). This permits the government to plan for all eventualities. The risk to individuals remains low.

If you have travelled from Wuhan or Hubei Province, China to the UK in the last 14 days you should immediately, even if you do not have symptoms of the virus:

- stay indoors and avoid contact with other people as you would with the flu
- call NHS 111 to inform them of your recent travel to the area

If you have returned to the UK from China, Thailand, Japan, Republic of Korea, Hong Kong, Taiwan, Singapore, Malaysia or Macau in the last 14 days and develop symptoms of cough or fever or shortness of breath, you should immediately:

- stay indoors and avoid contact with other people as you would with the flu
- call NHS 111 to inform them of your recent travel to the country

In Scotland, phone your GP or NHS 24 on 111 out of hours

If you are in Northern Ireland, call 111.

The Foreign and Commonwealth Office has advised (<https://www.gov.uk/guidance/travel-advice-novel-coronavirus>) UK nationals to leave China where possible. If the situation continues to escalate the pressure on the Chinese health system may intensify, and it may also become harder for people to travel.

28 January 2020

As of Tuesday 28 January 2020, there are currently no confirmed cases in the UK or of UK citizens abroad, and the risk to the public remains low.

The Foreign and Commonwealth Office (FCO) are advising against all but essential travel to the Hubei Province. Anyone travelling to China should remain vigilant and check the latest travel advice on GOV.UK (<https://www.gov.uk/foreign-travel-advice/china>).

We have updated our guidance for individuals who have returned from Wuhan, China as follows:

If you have returned from Wuhan in the last 14 days:

- stay indoors and avoid contact with other people as you would with other flu viruses
- call NHS 111 to inform them of your recent travel to the city

Yvonne Doyle, Medical Director at PHE, said:

Isolating yourself from other people, like you would with other flu viruses, is in step with the best scientific and expert advice on how to stop the coronavirus from spreading.

This means taking simple, common sense steps, such as staying at home and avoiding close contact with other people as much as possible.

If you have visited Wuhan and develop a fever, difficulty breathing or a cough within 14 days, you should seek medical attention either in China or on your return to the UK.

In the UK, please stay indoors and avoid contact with others where possible, call your GP or ring 111 informing them of your symptoms and your recent travel to the city.

22 January 2020

UK public health measures are world leading and our excellent NHS is well prepared to manage and treat new diseases. We have been carefully monitoring the situation in Wuhan for some time and are ready to put in place proportionate, precautionary measures.

From today, 22 January 2020, enhanced monitoring will be in place from all direct flights from Wuhan to the UK. The enhanced monitoring package includes a number of measures that will help to provide advice to travellers if they feel unwell.

For those travelling back directly from Wuhan, this includes a Port Health team who will meet each direct flight aircraft to provide advice and support to those that feel unwell. The team will include the Principal Port Medical Inspector, Port Health Doctor, Administrative Support, and Team Leader.

They will check for symptoms of coronavirus and provide information to all passengers about symptoms and what to do if they become ill. Mandarin and Cantonese language support will be available to Public Health England (PHE) and leaflets will be available to passengers.

There are 3 direct flights a week that arrive at Heathrow from Wuhan. The enhanced monitoring of direct flights will be kept under continuous review and expanded to other Chinese departure points if necessary.

Leaflets and information will be made available across all UK airports, advising travellers from China on what to do if they feel unwell.

The risk to the UK population has been assessed as low, based on the emerging evidence regarding case numbers, potential sources and human to human transmission, the risk to travellers to Wuhan is moderate. This has been raised from very low due to current evidence on the likelihood of cases being imported into this country.

There are currently no confirmed cases of this new infection in the UK.

The Department of Health and Social Care (DHSC) issued clinical guidance for the detection and diagnosis of Wuhan Novel Coronavirus and PHE has developed a diagnostic test, making the UK one of the first countries outside China to have a prototype specific laboratory test for this novel disease.

Dr Nick Phin, Deputy Director, National Infection Service, Public Health England, said:

This is a new and rapidly evolving situation where information on cases and the virus is being gathered and assessed daily. Based on the available evidence, the current risk to the UK is considered low. We are working with the WHO and other international partners, have issued advice to the NHS and are keeping the situation under constant review.

If you are traveling to Wuhan, you should maintain good hand, respiratory and personal hygiene and should avoid visiting animal and bird markets or people who are ill with respiratory symptoms. Individuals should seek medical attention if they develop respiratory symptoms within 14 days of visiting Wuhan, either in China or on their return to the UK. They should phone ahead before attending any health services and mention their recent travel to the city.

Previous updates

20 January 2020

As of Monday 20 January 2020, the Wuhan Municipal Health Commission has reported 217 cases of Wuhan Novel Coronavirus. Four of these cases have been diagnosed outside of China – 2 in Thailand, one in Japan and one in South Korea, following travel to Wuhan, China. There have also now been cases in other cities in China. There have been 3 fatalities.

Based on the latest information and analysis, the World Health Organization (WHO) has said that there is evidence of limited human to human transmission of the virus.

Currently, the risk to the UK population is very low and the risk to travellers to Wuhan is low, but the situation is under constant review. However, in line with our robust preparedness activities for emerging infections, we have issued clinical guidance for the detection and diagnosis of Wuhan Novel Coronavirus. There are no confirmed cases of this new infection in the UK.

Dr Nick Phin, Deputy Director, National Infection Service, Public Health England, said:

Based on the available evidence, the current risk to the UK is very low. We are working with the WHO and other international partners, have issued advice to the NHS and are keeping the situation under constant review.

People travelling to Wuhan should maintain good hand, respiratory and personal hygiene and should avoid visiting animal and bird markets or people who are ill with respiratory symptoms. Individuals should seek medical attention if they develop respiratory symptoms within 14 days of visiting Wuhan, either in China or on their return to the UK, informing their health service prior to their attendance about their recent travel to the city.

13 January 2020

Public Health England (PHE) is monitoring the situation with international partners, including the World Health Organization (WHO). PHE has also issued advice to travellers ahead of Chinese New Year this month.

The risk to the UK population is very low and the risk to travellers to Wuhan is low, but they are advised to take simple precautions such as practicing good hand and personal hygiene and minimise contact with birds and animals in markets in Wuhan as a further precaution.

The Wuhan Municipal Health Commission has reported 41 cases of the disease so far, the majority of which appear to be connected to a seafood and animal market in the city. There have been no deaths reported and there is no significant evidence of transmission from person to person or any signs of illness among medical and nursing staff.

Dr Nick Phin, National Infection Service Deputy Director at PHE, said on the reported Wuhan novel coronavirus:

Based on the available evidence, the risk to travellers to Wuhan from this disease is low and we are not advising them to change their plans.

In order to minimise the risk of transmission, people travelling to the area should maintain good hand and personal hygiene. Travellers should seek medical attention if they develop respiratory symptoms within 14 days of visiting Wuhan, informing their health service prior to their attendance about their recent travel to the city.

The risk to the UK population is very low. The UK has robust arrangements to manage emerging diseases and we can draw on our experience of developing pioneering diagnostic tests in humans for the coronaviruses - SARS and MERS.

Besides the evolving situation in Wuhan, all travellers should also be aware of the risk of avian flu when visiting China during the Chinese New Year, or Spring Festival, beginning on 25 January 2020.

Human cases of avian influenza have recently been reported in China, and historically there have been more cases at this time of year. Cases have originated from several provinces and municipalities across mainland China, and there have been a small number of avian influenza cases among Hong Kong SAR and Taiwan

residents who have travelled to mainland China.

The majority of reported human cases in China have had close contact with wild birds or poultry. Although the risk is very low, Public Health England and the National Travel Health Network and Centre ([NaTHNaC](#)) are reminding UK travellers to protect themselves from avian flu by minimising exposure to wild birds and poultry.

Dr Phin added on avian flu:

Although the risk of avian flu to UK residents travelling to China remains very low, anyone planning to visit China, Hong Kong [SAR](#) or Taiwan should minimise their exposure to any birds such as wild birds or live birds in 'wet markets' as a precaution.

We strongly urge people to avoid touching dead or dying birds and maintain good hand and personal hygiene.

Avian influenza remains a risk in a number of parts of China and if travellers experience coughing or difficulty breathing within 14 days of returning from China, they should call their [GP](#) or NHS 111 and report their recent travel.

Travellers can check [NaTHNaC's TravelHealthPro](#) (<https://travelhealthpro.org.uk/>) website for current travel health recommendations for:

- China (<https://travelhealthpro.org.uk/country/49/china>)
- Hong Kong [SAR](#) (<https://travelhealthpro.org.uk/country/102/china-hong-kong>)
- Macao (<https://travelhealthpro.org.uk/country/50/china-macao>)
- Taiwan (<https://travelhealthpro.org.uk/country/218/taiwan>)
- Tibet (<https://travelhealthpro.org.uk/country/51/china-tibet>)

Published 10 January 2020

Last updated 7 February 2020 + show all updates

1. 7 February 2020
Added latest update.
2. 3 February 2020
Updated news story to reflect correct terminology.
3. 29 January 2020
Added latest update.
4. 22 January 2020
Added latest update,
5. 20 January 2020
Added latest update.
6. 13 January 2020
Updated to include latest information from the World Health Organization.
7. 10 January 2020
First published.

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- Wuhan coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/wuhan-coronavirus-health-secretarys-statement-to-parliament>)

- **Coronavirus and the social impacts on Great Britain: 29 May 2020**
(<https://www.gov.uk/government/statistics/coronavirus-and-the-social-impacts-on-great-britain-29-may-2020>)
- **Overseas travel** (<https://www.gov.uk/government/collections/overseas-travel--2>)
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Press release

Statement from the 4 UK Chief Medical Officers on novel coronavirus

Update on the UK risk level regarding novel coronavirus.

Published 30 January 2020

From:
Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)



We have been working in close collaboration with international colleagues and the World Health Organization to monitor the situation in China and around the world.

In light of the increasing number of cases in China and using existing and widely tested models, the 4 UK Chief Medical Officers consider it prudent for our governments to escalate planning and preparation in case of a more widespread outbreak.

For that reason, we are advising an increase of the UK risk level from low to moderate. This does not mean we think the risk to individuals in the UK has changed at this stage, but that government should plan for all eventualities.

As we have previously said, it is likely there will be individual cases and we are confident in the ability of the NHS in England, Scotland and Wales and HSC in Northern Ireland to manage these in a way that protects the public and provides high quality care.

Chief Medical Officer for England, Professor Chris Whitty

Chief Medical Officer for Wales, Dr Frank Atherton

Chief Medical Officer for Scotland, Dr Catherine Calderwood

Chief Medical Officer for Northern Ireland, Dr Michael McBride

Published 30 January 2020

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- Wuhan coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/wuhan-coronavirus-health-secretarys-statement-to-parliament>)
- Coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-health-secretarys-statement-to-parliament>)
- COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/covid-19-health-secretarys-statement-to-parliament>)
- Coronavirus: we must stop it turning into a global pandemic. Article by Dominic Raab (<https://www.gov.uk/government/speeches/coronavirus-we-must-stop-it-turning-into-a-global-pandemic-article-by-dominic-raab>)
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Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV)

30 January 2020 | Statement | Geneva, Switzerland

The second meeting of the Emergency Committee convened by the WHO Director-General under the International Health Regulations (IHR) (2005) regarding the outbreak of novel coronavirus 2019 in the People's Republic of China, with exportations to other countries, took place on Thursday, 30 January 2020, from 13:30 to 18:35 Geneva time (CEST). The Committee's role is to give advice to the Director-General, who makes the final decision on the determination of a Public Health Emergency of International Concern (PHEIC). The Committee also provides public health advice or suggests formal Temporary Recommendations as appropriate.

Proceedings of the meeting

Members and advisors of the Emergency Committee were convened by teleconference

The Director-General welcomed the Committee and thanked them for their support. He turned the meeting over to the Chair, Professor Didier Houssin.

Professor Houssin also welcomed the Committee and gave the floor to the Secretariat.

A representative of the department of compliance, risk management, and ethics briefed the Committee members on their roles and responsibilities.

Committee members were reminded of their duty of confidentiality and their responsibility to disclose personal, financial, or professional connections that might be seen to constitute a conflict of interest. Each member who was present was surveyed and no conflicts of interest were judged to be relevant to the meeting. There were no changes since the previous meeting.

The Chair then reviewed the agenda for the meeting and introduced the presenters.

Representatives of the Ministry of Health of the People's Republic of China reported on the current situation and the public health measures being taken. There are now 7711 confirmed and 12167 suspected cases throughout the country. Of the confirmed cases, 1370 are severe and 170 people have died. 124 people have recovered and been discharged from hospital.

The WHO Secretariat provided an overview of the situation in other countries. There are now 83 cases in 18 countries. Of these, only 7 had no history of travel in China. There has been human-to-human transmission in 3 countries outside China. One of these cases is severe and there have been no deaths.

At its first meeting, the Committee expressed divergent views on whether this event constitutes a PHEIC or not. At that time, the advice was that the event did not constitute a PHEIC, but the Committee members agreed on the urgency of the situation and suggested that the Committee should continue its meeting on the next day, when it reached the same conclusion.

This second meeting takes place in view of significant increases in numbers of cases and additional countries reporting confirmed cases.

Conclusions and advice

The Committee welcomed the leadership and political commitment of the very highest levels of Chinese government, their commitment to transparency, and the efforts made to investigate and contain the current outbreak. China quickly identified the virus and shared its sequence, so that other countries could diagnose it quickly and protect themselves, which has resulted in the rapid development of diagnostic tools.

The very strong measures the country has taken include daily contact with WHO and comprehensive multi-sectoral approaches to prevent further spread. It has also taken public health measures in other cities and provinces; is conducting studies on the severity and

transmissibility of the virus, and sharing data and biological material. The country has also agreed to work with other countries who need their support. The measures China has taken are good not only for that country but also for the rest of the world.

The Committee acknowledged the leading role of WHO and its partners.

The Committee also acknowledged that there are still many unknowns, cases have now been reported in five WHO regions in one month, and human-to-human transmission has occurred outside Wuhan and outside China.

The Committee believes that it is still possible to interrupt virus spread, provided that countries put in place strong measures to detect disease early, isolate and treat cases, trace contacts, and promote social distancing measures commensurate with the risk. It is important to note that as the situation continues to evolve, so will the strategic goals and measures to prevent and reduce spread of the infection. The Committee agreed that the outbreak now meets the criteria for a Public Health Emergency of International Concern and proposed the following advice to be issued as Temporary Recommendations.

The Committee emphasized that the declaration of a PHEIC should be seen in the spirit of support and appreciation for China, its people, and the actions China has taken on the frontlines of this outbreak, with transparency, and, it is to be hoped, with success. In line with the need for global solidarity, the Committee felt that a global coordinated effort is needed to enhance preparedness in other regions of the world that may need additional support for that.

Advice to WHO

The Committee welcomed a forthcoming WHO multidisciplinary technical mission to China, including national and local experts. The mission should review and support efforts to investigate the animal source of the outbreak, the clinical spectrum of the disease and its severity, the extent of human-to-human transmission in the community and in healthcare facilities, and efforts to control the outbreak. This mission will provide information to the international community to aid in understanding the situation and its impact and enable sharing of experience and successful measures.

The Committee wished to re-emphasize the importance of studying the possible source, to rule out hidden transmission and to inform risk management measures

The Committee also emphasized the need for enhanced surveillance in regions outside Hubei, including pathogen genomic sequencing, to understand whether local cycles of transmission are occurring.

WHO should continue to use its networks of technical experts to assess how best this outbreak can be contained globally.

WHO should provide intensified support for preparation and response, especially in vulnerable countries and regions.

Measures to ensure rapid development and access to potential vaccines, diagnostics, antiviral medicines and other therapeutics for low- and middle-income countries should be developed.

WHO should continue to provide all necessary technical and operational support to respond to this outbreak, including with its extensive networks of partners and collaborating institutions, to implement a comprehensive risk communication strategy, and to allow for the advancement of research and scientific developments in relation to this novel coronavirus.

WHO should continue to explore the advisability of creating an intermediate level of alert between the binary possibilities of PHEIC or no PHEIC, in a way that does not require reopening negotiations on the text of the IHR (2005).

WHO should timely review the situation with transparency and update its evidence-based recommendations.

The Committee does not recommend any travel or trade restriction based on the current information available.

The Director-General declared that the outbreak of 2019-nCoV constitutes a PHEIC and accepted the Committee's advice and issued this advice as Temporary Recommendations under the IHR.

To the People's Republic of China

Continue to:

- Implement a comprehensive risk communication strategy to regularly inform the population on the evolution of the outbreak, the prevention and protection measures for the population, and the response measures taken for its containment.
- Enhance public health measures for containment of the current outbreak.
- Ensure the resilience of the health system and protect the health workforce.
- Enhance surveillance and active case finding across China.
- Collaborate with WHO and partners to conduct investigations to understand the epidemiology and the evolution of this outbreak and measures to contain it.

- Share relevant data on human cases.
- Continue to identify the zoonotic source of the outbreak, and particularly the potential for circulation with WHO as soon as it becomes available.
- Conduct exit screening at international airports and ports, with the aim of early detection of symptomatic travelers for further evaluation and treatment, while minimizing interference with international traffic.

To all countries

It is expected that further international exportation of cases may appear in any country. Thus, all countries should be prepared for containment, including active surveillance, early detection, isolation and case management, contact tracing and prevention of onward spread of 2019-nCoV infection, and to share full data with WHO. [Technical advice is available on the WHO website.](#)

Countries are reminded that they are legally required to share information with WHO under the IHR.

Any detection of 2019-nCoV in an animal (including information about the species, diagnostic tests, and relevant epidemiological information) should be reported to the World Organization for Animal Health (OIE) as an emerging disease.

Countries should place particular emphasis on reducing human infection, prevention of secondary transmission and international spread, and contributing to the international response through multi-sectoral communication and collaboration and active participation in increasing knowledge on the virus and the disease, as well as advancing research.

The Committee does not recommend any travel or trade restriction based on the current information available.

Countries must inform WHO about travel measures taken, as required by the IHR. Countries are cautioned against actions that promote stigma or discrimination, in line with the principles of Article 3 of the IHR.

The Committee asked the Director-General to provide further advice on these matters and, if necessary, to make new case-by-case recommendations, in view of this rapidly evolving situation.

To the global community

As this is a new coronavirus, and it has been previously shown that similar coronaviruses required substantial efforts to enable regular information sharing and research, the global community should continue to demonstrate solidarity and cooperation, in compliance with Article 44 of the IHR (2005), in supporting each other on the identification of the source of this new virus, its full potential for human-to-human transmission, preparedness for potential importation of cases, and research for developing necessary treatment.

Provide support to low- and middle-income countries to enable their response to this event, as well as to facilitate access to diagnostics, potential vaccines and therapeutics.

Under Article 43 of the IHR, States Parties implementing additional health measures that significantly interfere with international traffic (refusal of entry or departure of international travellers, baggage, cargo, containers, conveyances, goods, and the like, or their delay, for more than 24 hours) are obliged to send to WHO the public health rationale and justification within 48 hours of their implementation. WHO will review the justification and may request countries to reconsider their measures. WHO is required to share with other States Parties the information about measures and the justification received.

The Emergency Committee will be reconvened within three months or earlier, at the discretion of the Director-General.

The Director-General thanked the Committee for its work.

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1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

News story

CMO confirms cases of coronavirus in England

Chief Medical Officer, Professor Chris Whitty, statement about cases of novel coronavirus in England.

Published 31 January 2020

From:

Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)



We can confirm that 2 patients in England, who are members of the same family, have tested positive for coronavirus. The patients are receiving specialist NHS care, and we are using tried and tested infection control procedures to prevent further spread of the virus.

The NHS is extremely well-prepared and used to managing infections and we are already working rapidly to identify any contacts the patients had, to prevent further spread.

We have been preparing for UK cases of novel coronavirus and we have robust infection control measures in place to respond immediately. We are continuing to work closely with the World Health Organization and the international community as the outbreak in China develops to ensure we are ready for all eventualities.

Published 31 January 2020

Related content

- Wuhan coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/wuhan-coronavirus-health-secretarys-statement-to-parliament>)
- Coronavirus: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-health-secretarys-statement-to-parliament>)
- COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/covid-19-health-secretarys-statement-to-parliament>)

- Coronavirus: we must stop it turning into a global pandemic. Article by Dominic Raab (<https://www.gov.uk/government/speeches/coronavirus-we-must-stop-it-turning-into-a-global-pandemic-article-by-dominic-raab>)
- Coronavirus and the social impacts on those with a disability in Great Britain (<https://www.gov.uk/government/statistics/coronavirus-and-the-social-impacts-on-those-with-a-disability-in-great-britain>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

News

Coronavirus public information campaign launched across the UK

📅 3 February 2020

- [News \(https://www.england.nhs.uk/london/2020/02/03/coronavirus-public-information-campaign-launched-across-the-uk/?filter-keyword=&filter-category=news\)](https://www.england.nhs.uk/london/2020/02/03/coronavirus-public-information-campaign-launched-across-the-uk/?filter-keyword=&filter-category=news)

The government-funded campaign includes public health advice on how people can protect themselves from infection.

The campaign advises the public to:

- always carry tissues and use them to catch coughs and sneezes, and bin the tissue
- wash hands with soap and water, or use sanitiser gel, to kill germs

The [Coronavirus public information poster](https://assets.publishing.service.gov.uk/media/5e35b25740f0b609169cb52a/coronavirus-public-info-poster-2.pdf)

(<https://assets.publishing.service.gov.uk/media/5e35b25740f0b609169cb52a/coronavirus-public-info-poster-2.pdf>) and [Coronavirus public information video](https://www.youtube.com/watch?v=TsdFFrEOcrQ)

(<https://www.youtube.com/watch?v=TsdFFrEOcrQ>) are available to share across a channels and public spaces.

Health and Social Care Secretary Matt Hancock said:

Our highly trained and experienced clinicians are working round the clock to prevent the spread of coronavirus in the UK. The government has detailed plans for how to deal with an outbreak like this. We can all play our part.

Basic hygiene such as washing our hands regularly and using tissues when we cough and sneeze can play an important role in minimising the spread of viruses like this. Today we have launched a UK-wide public information campaign to help the public protect themselves and each other.

Our world-class NHS is well prepared and we are doing everything we can to protect the public.

People who have travelled back from the Hubei province in China within the last 14 days are being asked to:

- stay indoors and avoid contact with other people as you would with the flu
- call NHS 111 to inform them of your recent travel to the city
- if you are in Northern Ireland, call your GP

Anyone who has travelled from anywhere else in China (not including Macao or Hong Kong) to the UK in the last 14 days and develops symptoms of cough, fever or shortness of breath should immediately self-isolate, even if symptoms are minor, and call NHS 111.

The NHS in London is working with Public Health England and the government to help the public stay protected from the virus. The UK is extremely well prepared for any potential outbreak of an infectious disease – we are one of the first countries in the world to have developed a test for the new virus.

The government is already working rapidly to identify any contacts the patients had to prevent further spread, and is in close contact with the World Health Organization and the international community as the outbreak in China develops to ensure the UK is ready for all eventualities.

Topics

- [News \(https://www.england.nhs.uk/london/2020/02/03/coronavirus-public-information-campaign-launched-across-the-uk/?filter-keyword=&filter-category=news\)](https://www.england.nhs.uk/london/2020/02/03/coronavirus-public-information-campaign-launched-across-the-uk/?filter-keyword=&filter-category=news)

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! Coronavirus (COVID-19): what you need to know



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NEWS

Coronavirus becomes notifiable disease in Scotland

Published: 22 Feb 2020 00:01

Part of: [Health and social care](#), [Coronavirus in Scotland](#)

Public Health regulations updated.

Public health regulations have been amended in Scotland to make coronavirus (Covid-19) a notifiable disease.

The changes to the Public Health (Scotland) Act 2008 mean that medical practitioners are now required to share patient information with health boards if they have reasonable grounds to suspect a person they are attending has coronavirus.

The Chief Medical Officer has written to NHS Boards, medical practitioners and directors of diagnostic laboratories to make them aware of the changes.

There have been no positive test results for coronavirus in Scotland to date.

Health Secretary Jeane Freeman said:

“Although all Scottish tests have so far been negative, we are prepared for the high likelihood that we will also see a positive case in Scotland.

“These changes keep our public health legislation up to date, ensuring the health service in Scotland can quickly respond, if a suspected case of coronavirus is confirmed.

“Our NHS is well-equipped to cope with any suspected cases. We are actively working with health boards to ensure this, and have well-rehearsed procedures in place for infections of this kind.”

Background

The new regulations will come into effect from Saturday 22 February 2020.

The [latest numbers of test results](#) are published at 2pm each day on the Scottish Government website.

Contact

[Media enquiries](#)

Media

Was this helpful?

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Yes No Yes, but



1. Home (<https://www.gov.uk/>)
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3. Public health (<https://www.gov.uk/health-and-social-care/public-health>)
4. Health protection (<https://www.gov.uk/health-and-social-care/health-protection>)
5. Health Protection Report volume 14 (2020) (<https://www.gov.uk/government/publications/health-protection-report-volume-14-2020>)

1. Public Health
England (<https://www.gov.uk/government/organisations/public-health-england>)

Research and analysis

HPR volume 14 issue 4: news (25 and 26 February)

Updated 12 June 2020

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This publication is available at <https://www.gov.uk/government/publications/health-protection-report-volume-14-2020/hpr-volume-14-issue-4-news-25-and-26-february>

Coronavirus (COVID-19) information on GOV.UK: second update

An overview of the UK Government's public health response to the coronavirus epidemic (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>) originating in Wuhan City, China, includes listings of Chief Medical Officer for England and ministerial statements, press releases and newly published guidance. It also contains advice for travellers from affected areas and details of immigration provisions made by the UK Home Office for individuals affected by travel restrictions associated with the epidemic.

The joint Department of Health and Social Care (DHSC) and Public Health England (PHE) Information for the Public (<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>) webpage (updated daily at 2pm) includes information on UK cases and details of the progress of contact tracing in all suspected and confirmed cases in England that has continued throughout February 2020.

As of 24 February 2020, 6,536 people had been tested in the UK; 6,527 were confirmed negative and 9 positive. These figures do not include the 4 confirmed cases, recently arrived in the UK (from the Diamond Princess cruise ship in Japan (<https://www.gov.uk/government/news/cmo-for-england-announces-four-new-cases-of-novel-coronavirus>)).

Countries and specified areas with implications for returning travellers

From 25 February 2020, the number of locations and countries from which visitors to the UK, and returning UK-resident travellers, should self-isolate (<https://www.gov.uk/government/publications/covid-19-affected-countries-and-specified-areas>) was significantly extended.

Visitors and returning travellers to the UK from the following areas or countries ("Category 1 countries or areas") should immediately self-isolate, even if asymptomatic, and call NHS 111 to inform of recent travel to:

- Wuhan or Hubei province (China)
- Iran
- Daegu or Cheongdo (Republic of Korea)
- any Italian town under containment measures

Visitors and returning travellers from the following 13 areas or countries ("Category 2 countries or areas") do not need to undertake any special measures so long as they do not develop symptoms; if they do, they should self-isolate and call NHS 111. These locations include:

- Cambodia
- China
- northern Italy (other than areas specified in Category 1)
- Japan
- Laos
- Macau
- Malaysia
- Myanmar
- Republic of Korea (other than areas specified in Category 1)
- Singapore
- Taiwan
- Thailand
- Vietnam

Sectoral guidance on GOV.UK

Information for UK clinicians and microbiologists (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>) is available. Guidance for primary care settings, healthcare providers and other health professionals (<https://www.gov.uk/government/collections/wuhan-novel-coronavirus>) – including on sampling and for diagnostic laboratories – is available.

Interim guidance for primary care (<https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care>) includes principles of infection control and actions to be taken when an unwell patient presents with a recent history of travel to an affected country; investigation and initial clinical management of possible cases; environmental cleaning following a possible case and patient transfers.

Other guidance includes information:

- for all healthcare providers on infection, prevention and control (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>) – to be used in conjunction with local policies
- for healthcare providers who have staff with relevant travel, healthcare or household contact history (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-for-healthcare-providers-with-staff-who-have-travelled-to-china>)
- on self-isolation for patients undergoing testing (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing>)
- for professionals advising the general public (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-to-assist-professionals-in-advising-the-general-public>)
- for first responders (<https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders>)
- for ambulance trusts (<https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts>)
- for sampling and for diagnostic laboratories (<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-guidance-for-clinical-diagnostic-laboratories>), including a 5-minute video on packaging diagnostic samples containing Hazard Group 3 (HG3) pathogens

Tailored advice for particular non-healthcare settings is available (<https://www.gov.uk/government/collections/covid-19-guidance-for-non-clinical-settings-and-the-public>).

The World Health Organization (WHO) has published a set of questions and answers about effective and ineffective methods of personal protection from infection (<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/myth-busters>).

Shiga toxin-producing Escherichia coli infections in England and Wales in 2018

PHE's annual report for 2018 on Shiga toxin-producing Escherichia coli (STEC) (<https://www.gov.uk/government/publications/escherichia-coli-e-coli-o157-annual-totals>), published on 2 February 2020, presents surveillance data on STEC infections in 2018 in England and Wales.

STEC are a relatively rare cause of gastrointestinal infections, but are a significant public health concern due to the potential to cause severe disease. Severe bloody diarrhoea is experienced by almost two-thirds of cases and about a third of cases are hospitalised for infection. Haemolytic uraemic syndrome (HUS), a severe multisystem clinical condition, can occur in up to 20% of cases, most often in children, and can be fatal. In the UK, HUS is the leading cause of renal failure in children.

Historically, STEC surveillance in the UK has been limited to serogroup O157 due to culture methods, which can only detect O157. There are more than 200 other serogroups that can cause illness (non-O157 STEC). In recent years, an increasing number of frontline laboratories have started using polymerase chain reaction (PCR) assays, which can detect non-O157 STEC as well. However, PCR is not used universally for detection of non-O157 STEC and the true incidence remains unknown.

The annual report presents data on both STEC O157 infections and STEC non-O157 infections in 2018. In total, 1,553 infections in England and Wales were confirmed through the reference laboratory. The incidence of STEC O157 has continued to be reported at lower levels following a 25% decline in incidence since 2014. However, due to the ongoing roll-out of PCR for diagnostics in frontline laboratories, detection of non-O157 infections has continued to increase, with 612 confirmed infections in 2018. This compares to 384 cases in 2017. The most commonly reported non-O157 STEC serogroup was O26, known to be associated with severe disease. Four outbreaks comprising 55 cases were investigated in 2018.

Infection reports in this issue of HPR

Laboratory confirmed cases of measles, rubella and mumps (England): October to December 2019 (<https://www.gov.uk/government/publications/measles-mumps-and-rubella-lab-confirmed-cases-in-england-2019>)

Laboratory confirmed cases of invasive meningococcal infection (England): October to December 2019 (<https://www.gov.uk/government/publications/meningococcal-disease-laboratory-confirmed-cases-in-england-in-2019-to-2020>)

Routine reports of gastrointestinal infections in humans (England and Wales): December 2019 and January 2020 (<https://www.gov.uk/government/publications/gastrointestinal-infections-and-foodborne-outbreaks-in-humans-england-and-wales>)

Reports of respiratory infections made to PHE from PHE and NHS laboratories in England and Wales: weeks 3 to 6, 2020 (<https://www.gov.uk/government/publications/respiratory-infections-laboratory-reports-2020>)

Shingles vaccine coverage report (England): adults eligible from April to September 2019 and vaccinated to end of December 2019 (<https://www.gov.uk/government/publications/herpes-zoster-shingles-immunisation-programme-2019-to-2020-evaluation-reports>)

Pertussis vaccination programme for pregnant women update: vaccine coverage (England), October to December 2019 (<https://www.gov.uk/government/publications/pertussis-immunisation-in-pregnancy-vaccine-coverage-estimates-in-england-october-2013-to-march-2014>)



1. Home (<https://www.gov.uk/web/20200226214135/https://www.gov.uk/>)
2. COVID-19: guidance for employers and businesses
(<https://www.gov.uk/web/20200226214135/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>)
 1. Department for Business, Energy & Industrial Strategy
(<https://www.gov.uk/web/20200226214135/https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy>)
 2. Public Health England (<https://www.gov.uk/web/20200226214135/https://www.gov.uk/government/organisations/public-health-england>)

Guidance

COVID-19: guidance for employers and businesses

Published 25 February 2020

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10. What to do if a member of staff or the public with suspected COVID-19 has recently been in your workplace
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This publication is available at <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19>

1. Background and scope of guidance

This guidance will assist employers and businesses in providing advice to staff on:

- the novel coronavirus, COVID-19
- how to help prevent spread of all respiratory infections including COVID-19
- what to do if someone with suspected or confirmed to have COVID-19 has been in a workplace setting
- what advice to give to individuals who have travelled to specific areas, as outlined by the Chief Medical Officer (full list is available here (<https://web.archive.org/web/20200226214135/https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>))
- advice for the certification of absence from work resulting from Covid-19

2. Information about the virus

A coronavirus is a type of virus. As a group, coronaviruses are common across the world. COVID-19 is a new strain of coronavirus first identified in Wuhan City, China in January 2020.

The incubation period of COVID-19 is between 2 to 14 days. This means that if a person remains well 14 days after contact with someone with confirmed coronavirus, they have not been infected.

3. Signs and symptoms of COVID-19

The following symptoms may develop in the 14 days after exposure to someone who has COVID-19 infection:

- cough
- difficulty in breathing
- fever

Generally, these infections can cause more severe symptoms in people with weakened immune systems, older people, and those with long-term conditions like diabetes, cancer and chronic lung disease.

4. How COVID-19 is spread

From what we know about other coronaviruses, spread of COVID-19 is most likely to happen when there is close contact (within 2 metres or less) with an infected person. It is likely that the risk increases the longer someone has close contact with an infected person.

Respiratory secretions produced when an infected person coughs or sneezes containing the virus are most likely to be the main means of transmission.

There are 2 main routes by which people can spread COVID-19:

- infection can be spread to people who are nearby (within 2 metres) or possibly could be inhaled into the lungs.
- it is also possible that someone may become infected by touching a surface, object or the hand of an infected person that has been contaminated with respiratory secretions and then touching their own mouth, nose, or eyes (such as touching door knob or shaking hands then touching own face)

Our current understanding is that the virus doesn't live on surfaces for longer than 72 hours.

There is currently little evidence that people who are without symptoms are infectious to others.

5. Preventing spread of infection

There is currently no vaccine to prevent COVID-19. The best way to prevent infection is to avoid being exposed to the virus.

Public Health England (PHE) recommends that the following general cold and flu precautions are taken to help prevent people from catching and spreading COVID-19:

- cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.
See Catch it, Bin it, Kill it
(<https://web.archive.org/web/20200226214135/https://campaignresources.phe.gov.uk/resources/campaigns/101/resources/5016>)
- put used tissues in the bin straight away
- wash your hands with soap and water often – use hand sanitiser gel if soap and water are not available.
See hand washing guidance
(https://web.archive.org/web/20200226214135/https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866065/Handwashing_techniques.pdf)
- try to avoid close contact with people who are unwell
- clean and disinfect frequently touched objects and surfaces
- do not touch your eyes, nose or mouth if your hands are not clean

If you are worried about symptoms, please call NHS 111. Do not go directly to your GP or other healthcare environment.

Further information is available on the PHE blog

(<https://web.archive.org/web/20200226214135/https://publichealthmatters.blog.gov.uk/2020/01/23/wuhan-novel-coronavirus-what-you-need-to-know/>) and NHS.UK

(<https://web.archive.org/web/20200226214135/https://www.nhs.uk/conditions/coronavirus-covid-19/>).

Face masks for the general public are not recommended to protect from infection, as there is no evidence of benefit from their use outside healthcare environments.

People who have returned from Hubei Province, including Wuhan, in the last 14 days should self-isolate whether they have symptoms or not. This includes avoiding attending an education setting or work until 14 days after they leave Hubei Province.

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate

Advice is in place for what to do if you have returned in the last 14 days from specified countries or areas (<https://web.archive.org/web/20200226214135/https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>) which is being updated on an ongoing basis.

With regards to travel information to China or other countries for individuals working in the UK, we recommend following the Foreign and Commonwealth Office (FCO) country advice pages.

At present, FCO advises against all travel to Hubei Province due to the ongoing novel COVID-19 outbreak. The FCO also advises against all but essential travel to the rest of mainland China (not including Hong Kong and Macao).

6. How long the virus can survive

How long any respiratory virus survives will depend on a number of factors, for example:

- what surface the virus is on
- whether it is exposed to sunlight
- differences in temperature and humidity
- exposure to cleaning products

Under most circumstances, the amount of infectious virus on any contaminated surfaces is likely to have decreased significantly by 72 hours.

Once similar viruses are transferred to hands, they survive for very short lengths of time. Regular cleaning of frequently touched hard surfaces and hands will, therefore, help to reduce the risk of infection.

See hand washing guidance.

(https://web.archive.org/web/20200226214135/https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/866065/Handwashing_techniques.pdf)

7. Guidance on facemasks

Employees are not recommended to wear facemasks (also known as surgical masks or respirators) to protect against the virus. Facemasks are only recommended to be worn by symptomatic individuals (advised by a healthcare worker) to reduce the risk of transmitting the infection to other people.

PHE recommends that the best way to reduce any risk of infection is good hygiene and avoiding direct or close contact (closer than 2 metres) with any potentially infected person.

Any member of staff who deals with members of the public from behind a full screen will be protected from airborne particles.

8. What to do if an employee or a member of the public becomes unwell and believe they have been exposed to COVID-19

If the person has not been to specified areas in the last 14 days, then normal practice should continue.

If someone becomes unwell in the workplace and has travelled to China or other affected countries, the unwell person should be removed to an area which is at least 2 metres away from other people. If possible find a room or area where they can be isolated behind a closed door, such as a staff office. If it is possible to open a window, do so for ventilation.

The individual who is unwell should call NHS 111 from their mobile, or 999 if an emergency (if they are seriously ill or injured or their life is at risk) and explain which country they have returned from in the last 14 days and outline their current symptoms.

Whilst they wait for advice from NHS 111 or an ambulance to arrive, they should remain at least 2 metres from other people. They should avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in a bag or pocket then throw the tissue in the bin. If they don't have any tissues available, they should cough and sneeze into the crook of their elbow.

If they need to go to the bathroom whilst waiting for medical assistance, they should use a separate bathroom if available.

9. Returning from travel overseas to affected areas

People who have returned from Hubei Province, including Wuhan, in the last 14 days should avoid attending work. They should call NHS 111 for advice and self-isolate

Advice is in place for what to do if you have returned in the last 14 days from specified countries or areas (<https://web.archive.org/web/20200226214135/https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas/covid-19-specified-countries-and-areas-with-implications-for-returning-travellers-or-visitors-arriving-in-the-uk>) which is being updated on an ongoing basis.

All other staff should continue to attend work.

10. What to do if a member of staff or the public with suspected COVID-19 has recently been in your workplace

For contacts of a suspected case in the workplace, no restrictions or special control measures are required while laboratory test results for COVID19 are awaited. In particular, there is no need to close the workplace or send other staff home at this point. Most possible cases turn out to be negative. Therefore, until the outcome of test results is known there is no action that the workplace needs to take.

11. What to do if a member of staff or the public with confirmed COVID-19 has recently been in your workplace

Closure of the workplace is not recommended.

The management team of the office or workplace will be contacted by the PHE local Health Protection Team to discuss the case, identify people who have been in contact with them and advise on any actions or precautions that should be taken.

A risk assessment of each setting will be undertaken by the Health Protection Team with the lead responsible person. Advice on the management of staff and members of the public will be based on this assessment.

The Health Protection Team will also be in contact with the case directly to advise on isolation and identifying other contacts and will be in touch with any contacts of the case to provide them with appropriate advice.

Advice on cleaning of communal areas such as offices or toilets will be given by the Health Protection Team (<https://web.archive.org/web/20200226214135/https://www.gov.uk/guidance/contacts-phe-health-protection-teams>). and is outlined later in this document.

12. When individuals in the workplace have had contact with a confirmed case of COVID-19

If a confirmed case is identified in your workplace, the local Health Protection Team will provide the relevant staff with advice. These staff include:

- any employee in close face-to-face or touching contact
- talking with or being coughed on for any length of time while the employee was symptomatic
- anyone who has cleaned up any bodily fluids
- close friendship groups or workgroups
- any employee living in the same household as a confirmed case

Contacts are not considered cases and if they are well they are very unlikely to have spread the infection to others:

- those who have had close contact will be asked to self-isolate at home for 14 days from the last time they had contact with the confirmed case and follow the home isolation advice sheet (<https://web.archive.org/web/20200226214135/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing/advice-sheet-home-isolation>)
- they will be actively followed up by the Health Protection Team
- if they develop new symptoms or their existing symptoms worsen within their 14-day observation period they should call NHS 111 for reassessment
- if they become unwell with cough, fever or shortness of breath they will be tested for COVID-19
- if they are unwell at any time within their 14-day observation period and they test positive for COVID-19 they will become a confirmed case and will be treated for the infection

Staff who have not had close contact with the original confirmed case do not need to take any precautions and can continue to attend work.

13. Certifying absence from work

By law, medical evidence is not required for the first 7 days of sickness. After 7 days, it is for the employer to determine what evidence they require, if any, from the employee. This does not need to be fit note (Med 3 form) issued by a GP or other doctor.

Your employee will be advised to isolate themselves and not to work in contact with other people by NHS 111 or PHE if they are a carrier of, or have been in contact with, an infectious or contagious disease, such as COVID-19.

We strongly suggest that employers use their discretion around the need for medical evidence for a period of absence where an employee is advised to self-isolate due to suspected COVID-19, in accordance with the public health advice being issued by the government.

14. Advice for staff returning from travel anywhere else in the world within the last 14 days

Currently, there are minimal cases outside the listed areas and therefore the likelihood of an individual coming into contact with a confirmed case is extremely low.

These staff can continue to attend work unless they have been informed that they have had contact with a confirmed case of COVID-19

If individuals are aware that they have had close contact with a confirmed case of COVID-19 they should contact NHS 111 for further advice.

The latest country information is available on the NaTHNaC Travel Pro website (<https://web.archive.org/web/20200226214135/https://travelhealthpro.org.uk/countries>).

15. Handling post, packages or food from affected areas

Employees should continue to follow existing risk assessments and safe systems of work. There is no perceived increase in risk for handling post or freight from specified areas.

16. Cleaning offices and public spaces where there are suspected or confirmed cases of COVID-19

Coronavirus symptoms are similar to a flu-like illness and include cough, fever, or shortness of breath. Once symptomatic, all surfaces that the person has come into contact with must be cleaned including:

- all surfaces and objects which are visibly contaminated with body fluids
- all potentially contaminated high-contact areas such as toilets, door handles, telephones

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected.

If a person becomes ill in a shared space, these should be cleaned using disposable cloths and household detergents, according to current recommended workplace legislation and practice.

17. Rubbish disposal, including tissues

All waste that has been in contact with the individual, including used tissues, and masks if used, should be put in a plastic rubbish bag and tied when full. The plastic bag should then be placed in a second bin bag and tied. It should be put in a safe place and marked for storage until the result is available. If the individual tests negative, this can be put in the normal waste.

Should the individual test positive, you will be instructed what to do with the waste.

28 February 2020**COVID-19 update**

The Public Health Agency (PHA) has completed the contact tracing process associated with the person who tested positive for COVID-19 and those requiring appropriate advice have been provided with it.

In addition, the agency will be moving to providing twice-weekly updates on the number of tests completed on individuals who meet the case definition. As of today, 93 tests have been completed, with 92 confirmed as negative and one as presumed positive.

Dr Jillian Johnston, Consultant in Health Protection at the PHA, said: “All stages of the individual’s journey were identified and those who came into closest contact have been traced and contacted with public health advice and guidance.

“I would emphasise that members of the public who have travelled between Dublin and Belfast using public transport need not be concerned.

“Contact tracing is an effective and efficient method carried out by the PHA to help prevent the further spread of infections such as COVID-19.

“When a patient tests positive for an infectious disease, an interview is carried out with the patient to help identify those who they may have come into closest contact with, then a process begins by public health professionals to trace and communicate with those individuals.

“Once contact has been made, the appropriate advice can be given to these individuals based on whether they are at high risk, low risk or there is no risk.

“Regular contact is kept with those in the higher risk categories and if they experience any symptoms, appropriate medical intervention will take place.

“If there are any links to another country, the PHA works with its counterparts in those jurisdictions to enable appropriate investigations into potential contacts and actions to be undertaken.

“If the person being monitored does develop symptoms, they would be tested and provided the appropriate care.

“We would like to reiterate the effective measures we all can take to help stop the spread of coronavirus. Like seasonal flu, the same public health advice applies for COVID-19 (coronavirus) - if you cough or sneeze, use a tissue to cover your mouth and nose, throw it away carefully after use, and wash your hands.

“Once flu and similar infectious viruses begin to circulate, the main method that can prevent further spread is good personal hygiene. Washing your hands regularly will help prevent flu and other viruses spreading.

“If you do become unwell and suspect you may have been exposed to COVID-19, you should stay at home and phone your GP for advice.

“The Public Health Agency is continuing working with partners across the UK including Public Health England, as well as the Department of Health and health trusts in Northern Ireland, and the health service in the Republic of Ireland, on the ongoing global novel coronavirus response.

“Coronaviruses are a large family of viruses that are common across the world. These viruses can cause mild symptoms ranging from a fever and cough to more serious conditions such as severe pneumonia, shortness of breath and breathing difficulties.”

Information on coronavirus is available at www.pha.site/coronavirus



PRESS RELEASE

Wales confirms first positive case of coronavirus (COVID-19)

The Chief Medical Officer, Dr Frank Atherton, has confirmed that a patient in Wales has tested positive for Coronavirus (COVID-19).

This is the first confirmed case in Wales.

Dr Atherton said:

“ I can confirm that one patient in Wales has tested positive for coronavirus (COVID-19).

“ All appropriate measures to provide care for the individual and to reduce the risk of transmission to others are being taken.

“ I can also confirm that the patient had travelled back to Wales from Northern Italy, where the virus was contracted.

“ I'd like to take this opportunity to assure the public that Wales and the whole of the UK is well prepared for these types of incidents. Working with our partners in Wales and the UK, we have implemented our planned response, with robust infection control measures in place to protect the health of the public. ”

To protect patient confidentiality, no further details regarding the individual will be released.

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NEWS

Coronavirus (COVID-19) confirmed in Scotland

Published: 01 Mar 2020 19:26

Part of: [Health and social care](#), [Coronavirus in Scotland](#)

First positive case in Scotland.

A patient has been diagnosed with coronavirus (COVID-19) in Scotland.

Following a positive test result for the virus, they are being admitted to hospital and are currently receiving treatment in isolation.

The patient is a resident of the Tayside area and has recently travelled from northern Italy. Clinicians have already begun contact tracing, the process of gathering details of the places they have visited and the people they have been in contact with since returning to the UK.

It is important to note that this does not involve people the patient may have passed on the street or in a shop as the risk in these situations is very low. Close contact involves either face to face contact or spending more than 15 minutes within two metres of an infected person.

First Minister Nicola Sturgeon has chaired a meeting of the Scottish Government Resilience Committee (SGoRR) this evening and will be taking part in the UK Government's resilience (COBR) meeting chaired by the Prime Minister tomorrow morning to ensure all necessary steps are being taken to prepare for further expected cases in Scotland. SGoRR will meet again later tomorrow.

There have been a total of 698 negative test results in Scotland since the start of the outbreak in Wuhan, Hubei Province, China.

According to Scottish and UK protocol all patients presenting with a history and symptoms which may be suggestive of coronavirus will be isolated and appropriate infection prevention and control measures put in place.

First Minister Nicola Sturgeon said:

“Our first thoughts must be with the patient diagnosed with coronavirus, I wish them a speedy recovery.

“Scotland is well-prepared for a significant outbreak of coronavirus but there is currently no treatment or vaccine. Early detection measures will continue to be vital in helping to prevent the spread of the virus.

“People have a vital role to play in helping us contain any outbreak by following the latest health and travel advice, and following basic hygiene precautions, such as washing hands frequently, not touching their face and covering their nose and mouth with a tissue when coughing or sneezing.”

Scotland’s Chief Medical Officer Dr Catherine Calderwood said:

“Firstly our thoughts are with the person who has been diagnosed, and with their family. I would like to thank all the health professionals who continue to be involved in their care and treatment.

“Scotland is well equipped to deal with infections of this kind. We have a proven track record of dealing with challenging health issues, and have been preparing for this possibility since the beginning of the outbreak in Wuhan.

“This is peak season for respiratory and flu-like illness. There will be people presenting with symptoms of acute respiratory illness but these cases are highly unlikely to be coronavirus (COVID-19).

“We practice and prepare our response to disease outbreaks and follow tried and tested procedures, following the highest safety standards possible for the protection of NHS staff, patients and the public.”

Background

The positive sample has been sent to Public Health England’s Colindale laboratory in London for a confirmatory test. Scottish Laboratories will send all positive samples to Public Health England’s WHO designated Colindale laboratory for confirmatory testing.

[Advice for travellers who have visited affected area](#) is available at NHS Inform.

More advice on travel can be found on [Fit for Travel](#) and the [Foreign and Commonwealth Office](#).

[NHS Inform Q&A](#)

[Up to date information on the situation in Scotland](#) is being published by Scottish Government.

Under the terms of International Health Regulations, high consequence infectious diseases like coronavirus (COVID-19) are reportable to the World Health Organisation (WHO).

A coronavirus is a type of virus. Typical symptoms include fever, a cough that may progress to a severe pneumonia causing shortness of breath and breathing difficulties.

Generally, coronavirus can cause more severe symptoms in people with weakened immune symptoms, older people, and those with long term conditions like diabetes, cancer and chronic lung disease

Coronavirus (COVID-19) is a new strain of coronavirus first identified in Wuhan City, China. This is a rapidly evolving situation which is being monitored carefully.

Specific guidance on handling the coronavirus has been shared with NHS staff.

For patient confidentiality reasons we cannot give out information that would identify any patients.

Contact

[Media enquiries](#)

Media

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Yes No Yes, but

Title: COVID-19 deaths by region

Summary: Deaths of patients who have died in hospitals in England and had tested positive for COVID-19 at time of death, split by region. All deaths are recorded against the date of death rather than the day the deaths were announced.

Period: All data up to 4pm 09 July 2020

Source: COVID-19 Patient Notification System

Basis: Provider

Published: 10 July 2020

Revised: -

Status: Published

Contact: england.covid19dailydeaths@nhs.net

Regional summary

Note: interpretation of the figures should take into account the fact that totals by date of death, particularly for recent prior days, are likely to be updated in future releases. For example as deaths are confirmed as testing positive for COVID-19, as more post-mortem tests are processed and data from them are validated. Any changes are made clear in the daily files.

NHS England Region	Up to 01-Mar-20	01-Mar-20	02-Mar-20	03-Mar-20	04-Mar-20	05-Mar-20	06-Mar-20	07-Mar-20	08-Mar-20	09-Mar-20	10-Mar-20
England	0	0	1	2	0	2	2	0	4	4	1
East Of England	0	0	1	0	0	0	1	0	0	1	0
London	0	0	0	0	0	0	1	0	0	1	0
Midlands	0	0	0	1	0	0	0	0	2	1	0
North East And Yorkshire	0	0	0	0	0	0	0	0	0	0	0
North West	0	0	0	0	0	1	0	0	1	0	0
South East	0	0	0	1	0	1	0	0	1	1	1
South West	0	0	0	0	0	0	0	0	0	0	0

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- COVID-19 Daily Deaths

COVID-19 Daily Deaths

This section contains information on deaths of patients who have died in hospitals in England and had either tested positive for COVID-19 or where COVID-19 was mentioned on the death certificate. All deaths are recorded against the date of death rather than the date the deaths were announced.

The Daily file contains only deaths from the latest reporting period, 4pm 2 days prior to publication until 4pm the day before publication. The Total file contains all reported deaths.

From Tuesday 28 April, NHS England and NHS Improvement started to report the number of patient deaths where there has been no COVID-19 positive test result, but where COVID-19 is documented as a direct or underlying cause of death on part 1 or part 2 of the death certification process. This change has been introduced for deaths that occurred on 24th April and subsequently and is shown separately in the region data table only. When making comparisons over time these figures should not be included.

Interpretation of the figures should take into account the fact that totals by date of death are likely to be updated in future releases for more recent dates. For example, a positive result for COVID-19 may occur days after confirmation of death. Cases are only included in the data when the positive COVID-19 test result is received, or death certificate confirmed with COVID-19 mentioned. This results in a lag between a given date of death and exhaustive daily death figures for that day.

These figures will be updated at 2pm each day and include confirmed death cases reported at 4pm the previous day. Confirmation of COVID-19 diagnosis, death notification, death certificates and reporting in central figures can take up to several days and the hospitals providing the data are under significant operational pressure. This means that the totals reported at 4pm on each day may not include all deaths that occurred on that day or on recent prior days.

These figures do not include deaths outside hospital, such as those in care homes. This approach makes it possible to compile deaths data on a daily basis using up to date figures.

NOTE: As part of a continual process to improve the quality and accuracy of the dataset recording COVID-19 -related deaths in English hospitals, revisions may be made to historic data included in each day's publication. As a result, the data available is improved. An example of a revision may be where a death is reported to NHS England where no positive COVID-19 test result is recorded by the hospital trust, but where COVID-19 is later recorded on the death certificate. In this type of circumstance, a positive COVID-19 test result may be received subsequently, and the record would therefore be revised.

NOTE: As part of a continual process to improve the quality of the dataset recording Covid-related deaths in English hospitals, some revisions have been made. In particular, in the initial phase of data collection the function was not in place to ensure deaths were only recorded once, this is now in place. As a result, we have removed 12 records which had been reported twice in error and an additional record that was input incorrectly. These changes have been incorporated in the data published on 8th July 2020.

Data Notes

[Data notes for COVID 19 daily deaths publication \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/06/Data-notes-for-COVID-19-daily-deaths-publication.docx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/06/Data-notes-for-COVID-19-daily-deaths-publication.docx)

CPNS user guide

A guide for providers on how to submit data to the COVID-19 Patient Notification System (CPNS) can be found here:

[CPNS User Guide 20200619 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/06/CPNS-User-Guide-20200619.pdf\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/06/CPNS-User-Guide-20200619.pdf)

Other sources of data

Some information on the different methodologies used to report on COVID-19 deaths by the Department of Health and Social Care (DHSC) and the Office for National Statistics (ONS) has been made available by the the ONS and can be accessed via the link below:

<https://www.ons.gov.uk/news/statementsandletters/thedifferentusesoffiguresondeathsfromcovid19publishedbydhscandtheo>
(<https://www.ons.gov.uk/news/statementsandletters/thedifferentusesoffiguresondeathsfromcovid19publishedbydhscandtheo>)

Data

COVID-19 all announced deaths

The total announced file is updated daily and contains information on the deaths of patients who have died in hospitals in England and either tested positive for COVID-19 or where no positive test result was received for COVID-19, but COVID-19 was mentioned on their death certificate. All deaths are recorded against the date of death rather than the day the deaths were announced. This file contains breakdowns by region, age group and NHS trust for those who tested positive for COVID-19. This file also contains a breakdown by region for those where no positive result was received, but COVID-19 was mentioned on their death certificate.

[COVID 19 total announced deaths 11 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-total-announced-deaths-11-July-2020-1.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-total-announced-deaths-11-July-2020-1.xlsx)

The weekly announced file is updated on a weekly basis and contains information on the deaths of patients who have died in hospitals in England and tested positive for COVID-19. This file contains breakdowns by ethnicity, gender and age group, presence of a pre-existing condition and age group, and certain pre-existing conditions.

[COVID 19 total announced deaths 9 July 2020 – weekly tables \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-total-announced-deaths-9-July-2020-weekly-tables.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-total-announced-deaths-9-July-2020-weekly-tables.xlsx)

COVID-19 daily announced deaths

The daily announced files below are available daily from 2 April 2020 and contains information on the deaths announced that day of patients who have died in hospitals in England and either tested positive for COVID-19 or where no positive test result was received for COVID-19, but COVID-19 was mentioned on their death certificate. All deaths are recorded against the date of death rather than the day the deaths were announced. This file contains breakdowns by region, age group and NHS trust for those who tested positive for COVID-19. This file also contains a breakdown by region for those where no positive result was received, but COVID-19 was mentioned on their death certificate.

[COVID 19 daily announced deaths 11 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-11-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-11-July-2020.xlsx)

[COVID 19 daily announced deaths 10 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-10-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-10-July-2020.xlsx)

[COVID 19 daily announced deaths 9 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-9-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-9-July-2020.xlsx)

[COVID 19 daily announced deaths 8 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-8-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-8-July-2020.xlsx)

[COVID 19 daily announced deaths 7 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-7-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-7-July-2020.xlsx)

[COVID 19 daily announced deaths 6 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-6-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-6-July-2020.xlsx)

[COVID 19 daily announced deaths 5 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-5-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-5-July-2020.xlsx)

[COVID 19 daily announced deaths 4 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-4-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-4-July-2020.xlsx)

[COVID 19 daily announced deaths 3 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-3-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-3-July-2020.xlsx)

[COVID 19 daily announced deaths 2 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-2-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-2-July-2020.xlsx)

[COVID 19 daily announced deaths 1 July 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-1-July-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/07/COVID-19-daily-announced-deaths-1-July-2020.xlsx)

[COVID 19 daily announced deaths 30 June 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/06/COVID-19-daily-announced-deaths-30-June-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/06/COVID-19-daily-announced-deaths-30-June-2020.xlsx)

[COVID 19 daily announced deaths 18 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-18-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-18-April-2020.xlsx).

[COVID 19 daily announced deaths 17 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-17-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-17-April-2020.xlsx).

[COVID 19 daily announced deaths 16 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-16-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-16-April-2020.xlsx).

[COVID 19 daily announced deaths 15 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-15-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-15-April-2020.xlsx).

[COVID 19 daily announced deaths 14 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-14-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-14-April-2020.xlsx).

[COVID 19 daily announced deaths 13 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-13-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-13-April-2020.xlsx).

[COVID 19 daily announced deaths 12 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-12-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-12-April-2020.xlsx).

[COVID 19 daily announced deaths 11 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-11-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-11-April-2020.xlsx).

[COVID 19 daily announced deaths 10 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-10-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-10-April-2020.xlsx).

[COVID 19 daily announced deaths 9 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-9-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-9-April-2020.xlsx).

[COVID 19 daily announced deaths 8 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-8-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-8-April-2020.xlsx).

[COVID 19 daily announced deaths 7 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-7-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-7-April-2020.xlsx).

[COVID 19 daily announced deaths 6 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-6-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-6-April-2020.xlsx).

[COVID 19 daily announced deaths 5 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-5-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-5-April-2020.xlsx).

[COVID 19 daily announced deaths 4 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-4-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-4-April-2020.xlsx).

[COVID 19 daily announced deaths 3 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-3-April-2020.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-3-April-2020.xlsx).

[COVID 19 daily announced deaths 2 April 2020 \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-2-April-2020-1.xlsx\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/COVID-19-daily-announced-deaths-2-April-2020-1.xlsx).

Pre-release Access

[Pre release access list COVID deaths final \(https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/Pre-release-access-list-COVID-deaths-final.pdf\)](https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2020/04/Pre-release-access-list-COVID-deaths-final.pdf).

Contact Us

For further information about the published statistics, please contact us at:

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Room 5E15

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Leeds LS2 7UE

Email: england.covid19dailydeaths@nhs.net (mailto:england.covid19dailydeaths@nhs.net)

**Addendum to the twelfth SAGE meeting on Covid-19, 3rd March 2020
Held in 10 Victoria St, London, SW1H 0NN**

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Angela McLean (CSA MoD), Charlotte Watts (CSA DfID), Carole Mundell (CSA FCO), Phil Blythe (CSA DfT), Neil Ferguson (Imperial), John Edmunds (LSHTM), Graham Medley (LSHTM), James Rubin (King's), Sharon Peacock (PHE), Peter Horby (Oxford), Steve Powis (NHS), Gregor Smith (dCMO Scotland), Maria Zambon (PHE), Andrew Rambaut (Edinburgh), Brooke Rogers (King's).*

Observers and Government Officials: *Stuart Wainwright (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be the complete list.

12th SAGE meeting on Wuhan Coronavirus, 3rd March 2020
Held in 10 Victoria Street

Summary:

1. SAGE discussed the impact of potential behavioural and social interventions on the spread of a Covid-19 epidemic in the UK, including the resulting public response. Going forward, agreement on the optimal timing of these interventions will be required.
2. NHS England confirmed it has sufficient information in relation to the reasonable worst case (RWC) scenario for operational planning.

Situation update:

3. PHE have implemented a surveillance and monitoring plan as per previous SAGE discussions.

ACTION: PHE to confirm level of disease surveillance already in place for next SAGE meeting (March 5).

Impact of potential interventions

4. SAGE reviewed non-clinical interventions to reduce and delay Covid-19 transmission, including their potential impact and behavioural science implications.
5. Adequate seroprevalence data and of behavioural data is required to track and assess effectiveness of these interventions in real time during an outbreak.
6. Social distancing for over-65s is likely to have a significant effect on overall deaths and peak demand for critical care beds, but will not significantly reduce overall transmission. This would be most effective for those living independently; it will be a challenge to implement this measure within communal settings such as care homes.
7. There is currently no evidence that cancelling large events would be effective.
8. There is likely to be geographical variation in the timing of localised peaks of the epidemic.
9. SAGE noted the importance of assessing the wider health implications of these interventions, e.g. the effect of self-isolation on mental health.

ACTION: SPI-M to provide timings for when interventions should be implemented for next SAGE meeting (March 5)

ACTION: SAGE participants to put basic confidence statements today around the evidence available for the impact of potential interventions.

Behavioural science considerations

10. Key to minimising barriers and facilitating compliance with the proposed interventions are communication, feasibility and equity.
11. Coherent and unambiguous communication, and suggesting replacement behaviours, will help increase compliance.
12. Encouraging positive behaviours as social norms can be powerful.
13. Many of the proposed measures will be easier to implement for those on higher incomes. Government should address this to avoid tension within communities and detrimental effects on compliance.
14. Unintended consequences should be considered – including potential alternative behaviours (e.g. people congregating elsewhere when events are cancelled).
15. Consideration should be given to how and when measures will be removed, and any impact this may have on the transmission of the disease (e.g. causing a second peak).

ACTION: PHE to begin drafting public guidance on potential interventions, informed by evidence of what constitutes effective guidance (including from behavioural science) – and to advise where there are evidence gaps requiring rapid research.

Science advice for NHS planning

16. NHS England confirmed it now has sufficient information for operational planning.
17. Singapore have developed a serology test with some cross-reactivity with SARS, meaning a second test for presumptive positives will be required.
18. Serology data from Wuhan will be extremely helpful in planning the UK response to Covid-19.

ACTION: SAGE secretariat to circulate clinical parameters broken down by age group before next SAGE meeting (March 5)

ACTION: PHE to ensure CO-CIN data is cross-checked against UK Severe Influenza System data.

ACTION: PHE to develop with **SPI-M** a proposal for required levels of serosurveillance for next SAGE meeting (March 5).

Most likely scenario

19. SAGE advised that infection attack rate and infection fatality rate are likely to be lower than the reasonable worst case, but this will depend on the effectiveness of potential interventions covered above.

Next SAGE meeting

20. It was agreed that SAGE would review excess deaths, age-related risks and vulnerable groups, and reasonable worst case numbers.

ACTION: NHS England to provide reasonable worst case and most likely case figures for deaths not resulting directly from the virus but from changes in care regimes – for next SAGE meeting (March 5).

List of actions

PHE to confirm level of disease surveillance already in place for next SAGE meeting (March 5)

SPI-M to provide timings for when interventions should be implemented for next SAGE meeting (March 5)

SAGE participants to put basic confidence statements today around the evidence available for the impact of potential interventions

PHE to begin drafting public guidance on potential interventions, informed by evidence of what constitutes effective guidance (including from behavioural science) – and to advise where there are evidence gaps requiring rapid research

SAGE secretariat to circulate clinical parameters broken down by age group before next SAGE meeting (March 5)

PHE to ensure CO-CIN data is cross-checked against UK Severe Influenza System data

PHE to develop with **SPI-M** a proposal for required levels of serosurveillance for next SAGE meeting (March 5)

NHS England to provide reasonable worst case and most likely case figures for deaths not resulting directly from the virus but from changes in care regimes – for next SAGE meeting (March 5)

Attendees

SAGE participants: Patrick Vallance, Chris Whitty, Jonathan Van Tam, Angela McLean, Charlotte Watts, Carole Mundell, Phil Blythe, Stuart Wainwright, Neil Ferguson, John Edmunds, Graham Medley, James Rubin, Sharon Peacock, Peter Horby, Steve Powis, Gregor Smith, [REDACTED]

By phone: Maria Zambon, Andrew Rambaut, Brooke Rogers, [REDACTED]



1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Policy paper

Coronavirus (COVID-19) action plan

What the health and social care system across the UK has done to tackle the coronavirus (COVID-19) outbreak, and what it plans to do next.

Published 3 March 2020

From:

Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Documents

Coronavirus action plan: a guide to what you can expect across the UK
(<https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk>)

HTML

Coronavirus action plan: a guide to what you can expect across the UK
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869827/Coronavirus_action_plan_-_a_guide_to_what_you_can_expect_across_the_UK.pdf)

PDF, 263KB, 28 pages

Details

This document sets out what the UK as a whole has done – and plans to do – to tackle the coronavirus (COVID-19) outbreak, based on our experience dealing with other infectious diseases and our influenza pandemic preparedness work.

The exact response to coronavirus (COVID-19) will be tailored to the nature, scale and location of the threat in the UK, as our understanding of this develops.

The document sets out:

- what we know about the virus and the disease it causes
- how we have planned for an infectious disease outbreak such as the coronavirus (COVID-19) outbreak
- the actions taken so far in response to the coronavirus (COVID-19) outbreak
- what we are planning to do next, depending on the course the coronavirus (COVID-19) outbreak takes

- the role the public can play in supporting this response, now and in the future

The current novel coronavirus (COVID-19) outbreak, which began in December 2019, presents a significant challenge for the entire world. The UK government and devolved administrations, including the health and social care system, have planned extensively over the years for an event like this. The UK is therefore well prepared to respond in a way that offers substantial protection to the public.

Published 3 March 2020

Related content

- PM statement on coronavirus: 16 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>)
- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)
- Coronavirus action plan: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-action-plan-health-secretarys-statement-to-parliament>)
- COVID-19: guidance for households with possible coronavirus infection (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>)
- Controlling the spread of COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/controlling-the-spread-of-covid-19-health-secretarys-statement-to-parliament>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



1. Home (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/health-and-social-care>)
3. Public health (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/health-and-social-care/public-health>)
4. Health protection (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/health-and-social-care/health-protection>)
5. Emergency response (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/health-and-social-care/health-protection-emergency-response>)

Collection

Coronavirus (COVID-19): list of guidance

List of all current coronavirus guidance produced by HM Government for health professionals and non-clinical settings.

Published 3 March 2020

From:

Public Health England

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/organisations/public-health-england>)

Contents

- Guidance for health professionals
- Guidance for non-clinical settings

Top 3 tips

If you have been in contact with someone with coronavirus or have returned from an affected area (<http://web.archive.org/web/20200303150857/https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>) identified by the Chief Medical Officer as high risk and you are feeling unwell with a cough, difficulty breathing or fever, stay at home and use the NHS 111 online (<http://web.archive.org/web/20200303150857/https://111.nhs.uk/>) coronavirus service or call NHS 111.

Wash your hands more often than usual, for 20 seconds using soap and hot water, particularly after coughing, sneezing and blowing your nose, or after being in public areas where other people are doing so. Use hand sanitiser if that's all you have access to.

To reduce the spread of germs when you cough or sneeze, cover your mouth and nose with a tissue, or your sleeve (not your hands) if you don't have a tissue, and throw the tissue away immediately. Then wash your hands or use a hand sanitising gel.

View the general guidance in workplace settings.

Guidance for health professionals

1. COVID-19: specified countries and areas
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/covid-19-specified-countries-and-areas>)
 - 27 February 2020
 - Guidance
2. COVID-19: background information
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-background-information>)
 - 2 March 2020
 - Guidance
3. COVID-19: investigation and initial clinical management of possible cases
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases>)
 - 2 March 2020
 - Guidance
4. COVID-19: self-isolation for patients undergoing testing
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-self-isolation-for-patients-undergoing-testing>)
 - 28 February 2020
 - Guidance
5. COVID-19: infection prevention and control
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>)
 - 19 February 2020
 - Guidance
6. COVID-19: guidance for primary care
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/wn-cov-guidance-for-primary-care>)
 - 25 February 2020
 - Guidance
7. COVID-19: guidance to assist professionals in advising the general public
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-to-assist-professionals-in-advising-the-general-public>)
 - 25 February 2020
 - Guidance
8. COVID-19: guidance for healthcare providers who have staff with relevant travel, healthcare or household contact history
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-guidance-for-healthcare-providers-with-staff-who-have-travelled-to-china>)
 - 25 February 2020
 - Guidance
9. COVID-19: guidance for first responders
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/novel-coronavirus-2019-ncov-interim-guidance-for-first-responders>)
 - 27 February 2020
 - Guidance
10. COVID-19: guidance for Ambulance Trusts
(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/covid-19-guidance-for-ambulance-trusts>)

- 25 February 2020
- Guidance

Guidance for non-clinical settings

1. COVID-19: decontamination in non-healthcare settings

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/covid-19-decontamination-in-non-healthcare-settings>)

- 26 February 2020
- Guidance

2. COVID-19: guidance for educational settings

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/guidance-to-educational-settings-about-covid-19>)

- 28 February 2020
- Guidance

3. COVID-19: guidance for employers and businesses

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>)

- 25 February 2020
- Guidance

4. COVID-19: guidance for social or community care and residential settings

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>)

- 25 February 2020
- Guidance

5. COVID-19: guidance for social or community care and residential settings

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/guidance-for-social-or-community-care-and-residential-settings-on-covid-19>)

- 25 February 2020
- Guidance

6. COVID-19: guidance for staff in the transport sector

(<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/publications/covid-19-guidance-for-staff-in-the-transport-sector>)

- 2 March 2020
- Guidance

Published 3 March 2020

Explore the topic

- Emergency response (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/health-and-social-care/health-protection-emergency-response>)
- Infectious diseases (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/web/20200303150857/https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

Coronavirus: action plan

A guide to what you can expect across the UK

Published 3 March 2020



Department
of Health &
Social Care



Department of
Health

An Roinn Sláinte
Mánnystrie O Poustie
www.health-ni.gov.uk



Scottish Government
Riaghaltas na h-Alba
gov.scot



Llywodraeth Cymru
Welsh Government

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1. Introduction

- 1.1 The current novel coronavirus (COVID-19) outbreak, which began in December 2019, presents a significant challenge for the entire world. The UK Government and the Devolved Administrations, including the health and social care systems, have planned extensively over the years for an event like this, and the UK is therefore well prepared to respond in a way that offers substantial protection to the public.
- 1.2 Of course, this is a new virus, and new technology and the increasing connectivity of our world mean that our plans need to be kept up to date, to reflect that illnesses – and news and information about them – travel much more quickly today than even ten years ago.
- 1.3 Recognising the respective roles and responsibilities of the UK Government and Devolved Administrations, this document sets out what the UK as a whole has already done - and plans to do further - to tackle the current coronavirus outbreak, based on our wealth of experience dealing with other infectious diseases and our influenza pandemic preparedness work. The exact response to COVID-19 will be tailored to the nature, scale and location of the threat in the UK, as our understanding of this develops.
- 1.4 This document sets out:
 - what we know about the virus and the disease it causes
 - how we have planned for an infectious disease outbreak, such as the current coronavirus outbreak
 - the actions we have taken so far in response to the current coronavirus outbreak
 - what we are planning to do next, depending upon the course the current coronavirus outbreak takes.
 - the role the public can play in supporting this response, now and in the future.

2. What we know about the virus and the diseases it causes

- 2.1 Coronaviruses are a family of viruses common across the world in animals and humans; certain types cause illnesses in people. For example, some coronaviruses cause the common cold; others cause diseases which are much more severe such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS), both of which often lead to pneumonia.
- 2.2 COVID-19 is the illness seen in people infected with a new strain of coronavirus not previously seen in humans. On 31st December 2019, Chinese authorities notified the World Health Organisation (WHO) of an outbreak of pneumonia in Wuhan City, which was later classified as a new disease: COVID-19.
- 2.3 On 30th January 2020, WHO declared the outbreak of COVID-19 a “Public Health Emergency of International Concern” (PHEIC).
- 2.4 Based on current evidence, the main symptoms of COVID-19 are a cough, a high temperature and, in severe cases, shortness of breath.
- 2.5 As it is a new virus, the lack of immunity in the population (and the absence as yet of an effective vaccine) means that COVID-19 has the potential to spread extensively. The current data seem to show that we are all susceptible to catching this disease, and thus it is also more likely than not that the UK will be significantly affected. Among those who become infected, some will exhibit no symptoms¹. Early data suggest that of those who develop an illness, the great majority² will have a mild-to-moderate, but self-limiting illness – similar to seasonal flu³.
- 2.6 It is, however, also clear that a minority of people who get COVID-19 will develop complications severe enough to require hospital care⁴, most often pneumonia. In a small proportion of these, the illness may be severe enough to lead to death⁵. So far the data we have suggest that the risk of severe disease and death increases amongst elderly people and in people with underlying health risk conditions (in the same way as for seasonal flu)^{6 7}. Illness is less common and usually less severe in younger adults⁸. Children can be infected⁹ and can have a severe illness¹⁰, but based on current data overall illness seems rarer in people under 20 years of age. So far, there has been no obvious sign that pregnant women are more likely to be seriously affected^{11 12}.
- 2.7 Given that the data are still emerging, we are uncertain of the impact of an outbreak on business. In a stretching scenario, it is possible that up to one fifth of

employees may be absent from work during peak weeks. This may vary for individual businesses.

- 2.8 We do not yet have entirely complete data on this disease. But as we learn more about the virus, its effects and its behaviour (for example, the timing and extent of the peak of an outbreak, its precise impact on individuals), we will be able to revise estimates of its potential spread, severity and impact¹³. We will then review, and (where necessary) adapt this plan accordingly.
- 2.9 Work is in hand to contain the spread of the virus. This includes extensive guidance provided to individuals returning from areas where there are cases being reported, and encouraging self-isolation as the primary means to contain the spread of the disease. Given that there is currently neither a vaccine against COVID-19 nor any specific, proven, antiviral medication^{14 15}, most treatment will therefore be towards managing symptoms and providing support to patients with complications. The majority of people with COVID-19 have recovered without the need for any specific treatment, as is the case for the common cold or seasonal flu - and we expect that the vast majority of cases will best be managed at home, again as with seasonal colds and flu.

3. How the UK prepares for infectious disease outbreaks

3.1 The table below shows the impact of some of the major respiratory virus pandemics and epidemics in the last 100 years.

Major respiratory virus outbreaks

Area of emergence	Estimated case fatality ratio*	Estimated attributable excess mortality worldwide	Estimated attributable excess mortality in the UK	Age groups most affected
Spanish Flu 1918 – 1919 Severe influenza pandemic				
Unclear	≥ 2%	20 – 50 million	200,000	Young adults, elderly and young children
Asian Flu 1957 – 1958 Moderate influenza pandemic				
Southern China	0.1 – 0.2%	1 – 4 million	33,000	Children
Hong Kong Flu 1968 – 1969 Moderate influenza pandemic				
Southern China	0.2 – 0.4%	1 – 4 million	80,000	All age groups
Swine Flu 2009 – 2010 Very mild influenza pandemic				

Area of emergence	Estimated case fatality ratio*	Estimated attributable excess mortality worldwide	Estimated attributable excess mortality in the UK	Age groups most affected
Mexico	<0.025%	18,000	457	Children, young adults and pregnant women

Middle East Respiratory Syndrome 2012 Continuing coronavirus pandemic threat

Middle East	>30%	861	0	Elderly (60+)
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Serious Acute Respiratory Syndrome 2002 - 2003 Severe coronavirus pandemic 'near-miss'

China	<10%	774	0	Middle aged adults (45 - 65)
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Seasonal flu epidemic 1989 - 1990 Severe influenza seasonal epidemic

UK	Data not available	Not applicable	26,000 excess deaths in England & Wales	Elderly 75+
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* the proportion of people who became ill with symptoms and subsequently died

3.2 The UK is well prepared for disease outbreaks, having responded to a wide range of infectious disease outbreaks in the recent past, and having undertaken significant preparedness work for an influenza pandemic for well over one decade (eg. our existing plan 'flu plans¹⁶). Our plans have been regularly tested and updated locally and nationally to ensure they are fit for purpose. This experience

provides the basis for an effective response to COVID-19, which can be tailored as more specific information emerges about the virus.

- 3.3 These plans ensure the UK is equipped to deliver a coordinated multi agency response to minimise wider societal impact that could arise from a significant outbreak. An effective response also requires the active participation of a well-informed public and all service providers.
- 3.4 Planning draws on the idea of a “reasonable worst case (RWC)” scenario. This is not a forecast of what is most likely to happen, but will ensure we are ready to respond to a range of scenarios.

Planning Principles

- 3.5 In preparing for, and responding to, a serious disease outbreak, the UK and the Devolved Administrations aim to:
- undertake dynamic risk assessments of potential health and other impacts, using the best available scientific advice and evidence to inform decision making
 - minimise the potential health impact by slowing spread in the UK and overseas, and reducing infection, illness and death
 - minimise the potential impact on society and the UK and global economy, including key public services
 - maintain trust and confidence amongst the organisations and people who provide key public services, and those who use them
 - ensure dignified treatment of all affected, including those who die
 - be active global players - working with the World Health Organization (WHO), the Global Health Security Initiative (GHSI), the European Centre for Disease Prevention and Control (ECDC), and neighbouring countries, in supporting international efforts to detect the emergence of a pandemic and early assessment of the virus by sharing scientific information
 - ensure that the agencies responsible for tackling the outbreak are properly resourced to do so, that they have the people, equipment and medicines they need, and that any necessary changes to legislation are taken forward as quickly as possible

- be guided by the evidence, and regularly review research and development needs, in collaboration with research partners, to enhance our pandemic preparedness and response.

3.6 The UK Government and the Devolved Administrations have been planning an initial response based on information available at the time, in a context of uncertainty, that can be scaled up and down in response to new information to ensure a flexible and proportionate response.

3.7 The fundamental objectives are to deploy phased actions to Contain, Delay, and Mitigate any outbreak, using Research to inform policy development.

3.8 The different phases, types and scale of actions depends upon how the course of the outbreak unfolds over time. We monitor local, national and international data continuously to model what might happen next, over the immediate and longer terms.

3.9 The overall phases of our plan to respond to COVID-19 are:

- **Contain:** detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as is reasonably possible
- **Delay:** slow the spread in this country, if it does take hold, lowering the peak impact and pushing it away from the winter season
- **Research:** better understand the virus and the actions that will lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care
- **Mitigate:** provide the best care possible for people who become ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

4. Our response to the current coronavirus outbreak

Current planning

- 4.1 There is similarity between COVID-19 and influenza (both are respiratory infections), but also some important differences. Consequently, contingency plans developed for pandemic influenza¹⁷, and lessons learned from previous outbreaks, provide a useful starting point for the development of an effective response plan to COVID-19. That plan has been adapted, however, to take account of differences between the two diseases. Annex A sets out the structure for the UK's response to a disease outbreak.
- 4.2 Our response to COVID-19 is guided by the international situation, the advice of organisations such as the WHO, surveillance, data modelling based on the best available evidence and the recommendations of our expert bodies (Annex B). The Scientific Advisory Group for Emergencies (SAGE) provides expert medical scientific advice. The four UK governments' Chief Medical Officers (CMOs) continue to advise the health and social care systems across the UK, and government agencies in all parts of the UK involved in responding to this outbreak.
- 4.3 System wide response plans for pandemic influenza, focused on the continuity of public and critical services and the stability of the economy, have been adapted for COVID-19, based on the best available scientific evidence and advice. For the latest information on the current situation please refer to:
www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public.
- 4.4 The nature and scale of the response depends on the course of the disease, which cannot be predicted accurately at this point. As our understanding of the disease increases and its impact becomes clearer, we will issue further detailed advice about what to expect if/when further measures become necessary.

The phased response - what we have done so far

- 4.5 As there are already cases in the UK, the current emphasis is on the Contain and Research phases, but planning for Delay and Mitigation is already in train.

The Contain phase - actions to date

- 4.6 Across the whole of the UK, public health agencies and authorities, the NHS, and Health and Social Care NI (HSCNI) have established plans and procedures to detect and isolate the first cases of COVID-19 as they emerge in the UK. Each nation's public health agencies have worked with Border Force, port operators and carriers to enhance port health measures. PHE teams are on site at appropriate international ports, and health advice and information has been widely cascaded, as part of our public communications plan, with appropriate arrangements also put in place in the Devolved Administrations (given that some aspects relating to the arrival of aircraft and shipping are devolved).
- 4.7 Border Force and the Foreign and Commonwealth Office (FCO) have assisted the repatriation of British nationals and their dependents from affected areas overseas. Where foreign nationals in the UK have been unable to return to affected areas, the Home Office have provided support enabling them to remain in the UK.
- 4.8 New regulations introduced in England under public health legislation provide new powers for medical professionals, public health professionals and the police to allow them to detain and direct individuals in quarantined areas at risk or suspected of having the virus. In Scotland Health Boards have powers to place restrictions on the activities of individuals who are known to have the disease, or have been exposed to the disease, and to prohibit them from entering or remaining in any place. Boards may also apply for court orders for quarantine and medical examination. In Wales, local authorities have powers to apply for an order to be made by the Justice of the Peace to isolate, detain or require individuals to undergo medical examination. Similar powers are available to the Public Health Agency in Northern Ireland. Welsh Ministers also have powers to make regulations equivalent to those now in place in England if the level of risk increases.
- 4.9 As part of the port health measures, direct flights arriving into the UK from countries within the UK's CMOs' case definition are required to provide a declaration (General Aircraft Declaration) to airport authorities stating that all their passengers are well, 60 minutes prior to landing. Similarly, The Maritime Health Declaration Form is required for all vessels arriving from any foreign port. For Scotland parallel measures are in place.
- 4.10 The health and social care systems and public health authorities in all parts of the UK have cascaded information widely to all health professionals on steps to take if they identify patients who may have COVID-19.
- 4.11 The NHS/HSCNI have well rehearsed plans that have enabled the provision of excellent care for all patients affected by this disease. The initial confirmed

patients are being cared for by specialist units with expertise in handling such cases, using tried and tested infection control procedures to prevent further spread of the virus. When necessary, the provision of care may move from specialist units into general facilities in hospitals

- 4.12 The NHS/HSCNI have expert teams in every ambulance service and a number of specialist hospital units with highly trained staff and equipment ready to receive and care for patients – these provide coverage across the whole of the UK. If the current outbreak takes a greater hold, we will use those lessons about effective treatment methods and apply them throughout our health services, across all hospital sites and into community settings.
- 4.13 Once a case has been detected, our public health agencies use tried and tested procedures for rapid tracing, monitoring and isolation of close contacts, with the aim of preventing further spread.
- 4.14 The UK maintains strategic stockpiles of the most important medicines and protective equipment for healthcare staff who may come into contact with patients with the virus. These stocks are being monitored daily, with additional stock being ordered where necessary.
- 4.15 We have provided UK residents and travellers with the latest information to make sure they know what to do if they experience symptoms and worked with NHS 111, NHS Direct Wales and NHS 24 in Scotland, to ensure people with symptoms are given appropriate advice. Public health advice has been widely publicised and is regularly updated at www.gov.uk/guidance/wuhan-novel-coronavirus-information-for-the-public
- 4.16 FCO Travel Advice gives British nationals advice on what they need to know before deciding whether to travel and what to do if they are affected by an outbreak of COVID-19 while travelling. Our Travel Advice and consular assistance also help to contain the spread of COVID-19 to the UK.
- 4.17 Advice has been provided to first responders, employers, the justice system (including prison and probation services), educational settings, and the adult social care sector. The Department for Education provides advice about educational settings in England, which can be found on PHE's website. A DfE helpline is being set up to manage the flow of increasing queries, from providers and from parents of pupils.
- 4.18 Equivalent guidance for educational settings in Scotland can be found on the Health Protection Scotland website. This guidance provides links to further advice via NHS Inform and contact details for local Health Protection Teams. Scottish local authorities can also provide advice and support to education settings in their

areas, working closely with local Health Protection Teams and local and regional resilience partnerships.

- 4.19 In Wales, guidance for educational settings is provided on the Welsh Government website which also provides links to further public health advice - <https://gov.wales/guidance-educational-settings-about-covid-19>.
- 4.20 Department for International Trade teams around the globe continue to support British companies facing disruption due to the Coronavirus. The Department's officials across the globe are already working with UK businesses on the ground to relay public health advice and FCO travel advice, and provide practical and concrete support to firms, including engaging with local government and suppliers, and working with business associations to disseminate latest information on UK consular and visa services, and accessing existing UK Export Finance facilities.
- 4.21 All NHS and HSCNI emergency and urgent care facilities are working to establish coronavirus assessment services to lessen impacts on Emergency Departments and other clinical settings. This enables them to identify, isolate and contain cases, separate from other patients and the public, and in a way scalable to cope with expanding need. Specifically tailored and effective services responding to this outbreak have protected GPs, ambulance and hospital services for other patients.
- 4.22 The safety and security of British Nationals overseas will always be our top priority. Our initial focus has been helping those Britons who have found themselves at the greatest risk of exposure to the virus. Our crisis response team in the FCO has been working around the clock with our Embassies throughout the world to provide them with the care they need and reduce the risk of importation of Coronavirus into the UK. This includes the use of quarantine and self-isolation measures for those returning from at risk areas.

The Delay phase - actions to date

- 4.23 Many of the actions involved in the Contain phase also act to help Delay the onset of an epidemic if it becomes inevitable. These include case finding and isolation of early cases.
- 4.24 Many of the actions that people can take themselves - especially washing hands more; and the catch it, bin it, kill it strategy for those with coughs and sneezes - also help in delaying the peak of the infection.
- 4.25 Our experts are considering what other actions will be most effective in slowing the spread of the virus in the UK, as more information about it emerges. Some of these will have social costs where the benefit of doing them to Delay the peak will

need to be considered against the social impact. The best possible scientific advice and other experts will inform any decision on what will be most effective.

- 4.26 Delaying the spread of the disease requires all of us to follow the advice set out below. The benefits of doing so are that if the peak of the outbreak can be delayed until the warmer months, we can reduce significantly the risk of overlapping with seasonal flu and other challenges (societal or medical) that the colder months bring. The Delay phase also buys time for the testing of drugs and initial development of vaccines and/or improved therapies or tests to help reduce the impact of the disease. There is therefore a strong dependency between the different elements of our approach.

The Research phase - actions to date

- 4.27 The UK Government is liaising with the National Institute for Health Research (NIHR), UK Research and Innovation (UKRI) including the Medical Research Council (MRC) and other funders such as the Wellcome Trust to support and co-ordinate research during the COVID-19 outbreak.
- 4.28 Our Public Health Agencies are supporting the rapid development of specific tests for this coronavirus, in partnership with WHO and a global network of laboratories. This has been rolled out to NHS/HSCNI laboratories across the UK to enable faster confirmation of positive diagnoses.
- 4.29 The UK Government has already pledged £20 million to the Coalition for Epidemic Preparedness Innovations (CEPI) to develop new vaccines to combat the world's deadliest diseases, including vaccines for COVID-19, as quickly as possible, and is actively considering further investment.
- 4.30 The UK Government has also additionally announced £20 million for COVID-19 research via a joint rapid research call between UKRI and, through DHSC, the National Institute for Health Research (NIHR). This asks for proposals for projects to develop vaccines, therapeutics, and diagnostics; or to address the epidemiology, spread or underpinning knowledge of COVID-19.
- 4.31 Our health and social care departments across the UK are seeking to build on the relationships they have with institutions involved in Health Protection Research. A number of these are involved in research in relation to the COVID-19 epidemic.
- 4.32 This includes one on Emergency Preparedness and Response led by King's College London. It brings together experts on how to conduct important research that includes research on how to respond to infectious disease outbreaks such as COVID-19.

4.33 The UK is a world leader in the field of outbreak modelling and data analytics. The NIHR HPRU in Modelling Methodology led by Imperial College London has developed novel analytical and computational tools which exploit novel data streams on infectious diseases such as COVID-19. This group and other leading academic groups have developed tools to prepare for infectious disease outbreaks, which include real time infectious disease models, allowing policy decisions to be made using the best possible data and are actively modelling questions of relevance to dealing with the COVID–19 outbreak.

The role the public can play in supporting this response

4.34 Everyone can help support the UK's response by:

- following public health authorities' advice, for example on hand washing
- reducing the impact and spread of misinformation by relying on information from trusted sources, such as that on www.nhs.uk/, www.nhsinform.scot, www.publichealth.hscni.net, <https://gov.wales/coronavirus-covid-19> and www.gov.uk/
- checking and following the latest FCO travel advice when travelling and planning to travel
- ensuring you and your family's vaccinations are up to date as this will help reduce the pressure on the NHS/HSCNI through reducing vaccine-preventable diseases
- checking on elderly or vulnerable family, friends and neighbours
- using NHS 111 (or NHS 24 in Scotland or NHS Direct Wales) (including online, where possible), pharmacies and GPs responsibly, and go to the hospital only when you really need to. This is further explained on the NHS website - www.nhs.uk/using-the-nhs/nhs-services/urgent-and-emergency-care/when-to-go-to-ae/ and <http://www.choosewellwales.org.uk/home>
- being understanding of the pressures the health and social care systems may be under, and receptive to changes that may be needed to the provision of care to you and your family.
- accepting that the advice for managing COVID-19 for most people will be self-isolation at home and simple over the counter medicines
- checking for new advice as the situation changes.

The phased response - what we will do next

- 4.35 In the event of the outbreak worsening, or a severe prolonged pandemic, the response will escalate, and the focus will move from Contain to Delay, through to Mitigate. During this phase the pressures on services and wider society may start to become significant and clearly noticeable.
- 4.36 The decision to step up the response from Contain to Delay and then Mitigate will be taken on advice from the UK's Chief Medical Officers, taking in to account the degree of sustained transmission and evident failure of measures in other countries to reduce spread.
- 4.37 To ensure that the health and social care system is prepared to respond to all eventualities, at all phases of a potential future pandemic, the NHS/HSCNI and local authorities have plans in place to ensure people receive the essential care and support services they need - and sometimes this might mean that other services are reduced temporarily. Plans are flexible to respond to different types of pandemics - ranging from a mild pandemic with a low impact on services (for example the 2009 H1N1 pandemic), through to a severe prolonged pandemic as experienced in 1918 ("Spanish Flu").
- 4.38 Similarly, potential pandemics are one of a wide range of risks that the owners and operators of our most essential services and systems plan for. The UK Government and Devolved Administrations are currently working with our critical national infrastructure partners to ensure that these plans are appropriate for COVID-19, and that we minimise any impacts that could disrupt the daily services on which the UK depends.
- 4.39 The Ministry of Defence has put in place plans to ensure the delivery of its key operations in the UK and overseas. There are also well practised arrangements for Defence to provide support to Civil Authorities if requested.
- 4.40 The UK Government will also step up the central co-ordination of its overall response using its proven crisis management mechanisms: COBR would meet as often as needed, bringing in system leaders to co-ordinate vital public services; and there will be more communication with Parliament, the media and the public. Ministers from across government will be designated to lead for their department on handling the outbreak; with senior officials and system leaders working intensively alongside them. The respective crisis management mechanisms across the Devolved Administrations have also been stood up and will operate in very similar terms to that of COBR within their own nations, and all four co-ordination centres are linked up on UK-wide planning and delivery of the response to Covid-19.

- 4.41 There will be regular meetings between the UK Government, and NHS/HSCNI and public health leaders, chaired alternately by the Secretary of State for Health and Social Care and his Permanent Secretary, to discuss the most recent advice from scientific experts and those delivering key services, and to decide next steps.

The Delay phase - next steps

- 4.42 If the disease becomes established in the UK, we will need to consider further measures to reduce the rate and extent of its spread. Based on experience with previous outbreaks, it may be that widespread exposure in the UK is inevitable; but slowing it down would still nonetheless be beneficial. For example, health services are less busy in the summer months when flu and other winter bugs are not driving GP consultations and hospital admissions. In the 2009 'swine flu' pandemic school holidays significantly slowed transmission of the virus.
- 4.43 We will increase publicity about the need for good hygiene measures (hand washing, and catch it, bin it, kill it) and further promote the need for people with symptoms to stay at home for the full duration of their illness.
- 4.44 Other action will be considered to help achieve a Delay in the spread of the disease. We will aim to minimise the social and economic impact, subject to keeping people safe. Such judgements will be informed based on the best available and most up to date scientific evidence, and take into account the trade-offs involved.
- 4.45 Action that would be considered could include population distancing strategies (such as school closures, encouraging greater home working, reducing the number of large scale gatherings) to slow the spread of the disease throughout the population, whilst ensuring the country's ability to continue to run as normally as possible. The UK governments' education departments' planning assumptions include the possibility of having to close educational settings in order to reduce the spread of infection.
- 4.46 We would consider such measures in order to protect vulnerable individuals with underlying illnesses and thus at greater more at risk of becoming seriously affected by the disease. The effectiveness of these actions will need to be balanced against their impact on society.

The Research phase - next steps

- 4.47 It is possible that an outbreak or pandemic of COVID-19 could occur in multiple waves (it is not known yet if the disease will have a seasonal pattern, like flu) and therefore, depending upon what the emerging evidence starts to tell us, it may be

necessary to ensure readiness for a future wave of activity. The intention is to gather evidence about effective interventions in order to inform decision-making going forward. The UK Government will keep emerging research needs under close review and progress research activities set out above.

The Mitigate phase - next steps

4.48 As and when the disease moves into different phases, for example if transmission of the virus becomes established in the UK population, the nature and scale of the response will change. The chief focus will be to provide essential services, helping those most at risk to access the right treatment. This means that:

- there will be further publicity of advice to individuals about protecting themselves and others
- treatment and the requirement for medicines and other clinical countermeasures might start to increase, with the need to draw down on existing stockpiles of the most important medicines, medical devices and clinical consumables
- health and social care services will work together to support early discharge from hospital, and to look after people in their own homes
- emergency services, including the police and fire and rescue services will enact business continuity plans to ensure they are able to maintain a level of service that fulfils their critical functions. For example, with a significant loss of officers and staff, the police would concentrate on responding to serious crimes and maintaining public order
- for businesses facing short term cash flow issues (for example, as the result of subdued demand), an effective mitigation already exists in HMRC's Time To Pay system. This is offered on a case by case basis if a firm or individual contacts HMRC about falling behind on their tax
- as NHS/HSCNI staff also start to become affected, and more seriously ill patients require admission, clinicians may recommend a significantly different approach to admissions. Some non-urgent care may be delayed to prioritise and triage service delivery. Staff rostering changes may be necessary, including calling leavers and retirees back to duty
- there could well be an increase in deaths arising from the outbreak, particularly amongst vulnerable and elderly groups. The UK Government and Devolved Administrations will provide advice for local authorities on dealing with this challenge

- there will be less emphasis on large scale preventative measures such as intensive contact tracing. As the disease becomes established, these measures may lose their effectiveness and resources would be more effectively used elsewhere.
- 4.49 Everyone will face increased pressures at work, as well as potentially their own personal illness or caring responsibilities. Supporting staff welfare will be critical to supporting an extended response.
- 4.50 We will implement a distribution strategy for the UK's stockpiles of key medicines and equipment (e.g. protective clothing). This will cover the NHS/HSCNI, and extend to social care and other sectors as appropriate.
- 4.51 We will consider legislative options, if necessary, to help systems and services work more effectively in tackling the outbreak.
- 4.52 The UK's health and social care systems will start to implement their business continuity plans, which cover:
- continuing to minimise the risk of infection to patients and those receiving care
 - further identification of vulnerable persons to be supported
 - arrangements for the continuation of essential services, to maintain normal business for as many people as possible for as long as possible
 - plans to reduce the impact of absentees during the pandemic
 - systems to lessen the impact of disruption to society and the supply chain.
- 4.53 The UK remains in a high state of readiness to respond robustly to any disease outbreak, and our track record of success means that we can offer a high degree of assurance that we will be able to maximise the effectiveness of our health and care systems, and in doing so also respond effectively to the outbreak.
- 4.54 As and when we discover more about the disease and what, if any, impact its course has on the UK, we will provide further updates on how our plans are being adapted to respond to specific, changing circumstances.
- 4.55 The UK Government is advising businesses to build their own resilience by reviewing their business continuity plans and following the advice for employers available on GOV.UK - www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19

4.56 Businesses should also ensure that they keep up to date with the situation as it changes, at: www.gov.uk/coronavirus.

Annex A - responsibilities for pandemic preparedness and response

National responsibilities

The Department of Health and Social Care (DHSC) is the lead UK Government Department with responsibility for responding to the risk posed by a future pandemic.

The four UK CMOs provide public health advice to the whole system and government throughout the UK. The Scientific Advisory Group for Emergencies (SAGE) is responsible for ensuring that a single source of coordinated scientific advice is provided to decision makers in COBR.

The NHS works in partnership with Local Resilience Forums on pandemic preparedness and response delivery in healthcare systems in England and Wales. Public Health England provides specialist technical expertise to support both planning and delivery arrangements in England, working closely with public health agencies in Wales, Scotland and Northern Ireland. These organisations have developed plans for coordinating the response at a national level and supporting local responders through their regional structures. The tripartite partnership of DHSC, PHE and NHS England provides strategic oversight and direction for the health and adult social care response to an influenza pandemic, with Department for Education (DfE) leading on the children's social care response. In Devolved Administrations, there are similar arrangements for multi-agency working with strategic oversight provided by the appropriate departments. These arrangements are supported by national co-ordination structures.

PHE and their equivalent in the Devolved Administrations lead the provision of expert advice on health protection issues and actively contributes to the planning and delivery of a multi-agency response. PHE provides health protection services, expertise and advice, delivering specialist public health services to UK national and local government (in England), the NHS/HSCNI and the public, working in partnership to protect the public against infectious diseases. There are comparable public health expert advisory support arrangements in each of the other three UK countries.

Local/Regional responsibilities

In England and Wales, local organisations (working jointly through the Local Resilience Forums and Local Health Resilience Partnerships in England, and NHS emergency planning structures in Wales) have the primary responsibility for planning for and responding to any major emergency, including a pandemic. Similar arrangements exist in

Scotland working through Regional Resilience and Local Resilience Partnerships. In Northern Ireland, Emergency Preparedness Groups coordinate emergency planning at the local level.

Multi-agency working

Multi-agency working at both a national and local level ensures joint planning between all organisations. A coordinated approach to ensure best use of resources to achieve the best outcome for the local area.

NHS England and NHS Improvement and partners have published a series of quick guides to assist multi-agency working and support local health and care systems manage increasing demand on their services. The series of guides can be found at www.nhs.uk/quickguides. Integration Authorities in Scotland have access to a range of government advice on priorities for multi-agency working, which supports existing local plans to optimise care pathways.

Social care is provided by a diverse range of local authority, private and third sector bodies. It is important that the role of social care provision in all sectors is central to contingency planning. Social care providers should remain in contact with local commissioners and resilience partners, review their business continuity plans and continue to practice proper infection control and good respiratory hygiene practice.

Other key public services

The Ministry of Justice's HM Courts & Tribunal Service have well established plans to deliver key services to protect the public and maintain confidence in the justice system. Similar plans are in place in the Devolved Administrations.

Annex B - expert advice and guidance

The UK Government and the Devolved Administrations have ensured that all of our actions are based on the best possible evidence, and are guided by the four UK CMOs.

The UK health departments preparations and response are developed with expert advice, ensuring that staff, patients and the wider public can be confident that our plans are developed and implemented using the best available evidence. These groups include:

- the Scientific Advisory Group for Emergencies (SAGE) – Chaired by the Government Chief Scientific Adviser and co-chaired by the CMO for England - provides scientific and technical advice to support government decision makers during emergencies, ensuring that timely and coordinated scientific advice is made available to decision makers to support UK cross-government decisions in the UK Cabinet Office Briefing Room
- the New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG) is an expert committee of DHSC and advises the CMOs and, through the CMOs, ministers, DHSC and other Government departments, and the Devolved Administrations. It provides scientific risk assessment and mitigation advice on the threat posed by new and emerging respiratory virus threats and on options for their management
- the Advisory Committee on Dangerous Pathogens (ACDP) - provides independent scientific advice to the Health and Safety Executive, to Ministers in DHSC and DEFRA, and to their counterparts in Scotland, Wales and Northern Ireland on all aspects of hazards and risks to workers and others from exposure to pathogens
- the Scientific Pandemic Influenza Group on Modelling (SPI-M) - gives expert advice to the Department of Health and Social Care and wider UK government and the Devolved Administrations on scientific matters relating to the UK's response to an influenza pandemic (or other emerging human infectious disease threats). The advice is based on infectious disease modelling and epidemiology
- the Joint Committee on Vaccination and Immunisation (JCVI) advises UK health departments on immunisation
- FCO Travel Advice is informed by PHE and DHSC advice and gives British nationals advice on what they need to know before deciding whether to travel and what to do if they are affected by an outbreak of COVID-19 while travelling.

The actions we are taking to tackle the COVID-19 outbreak are being informed by the advice of these committees.

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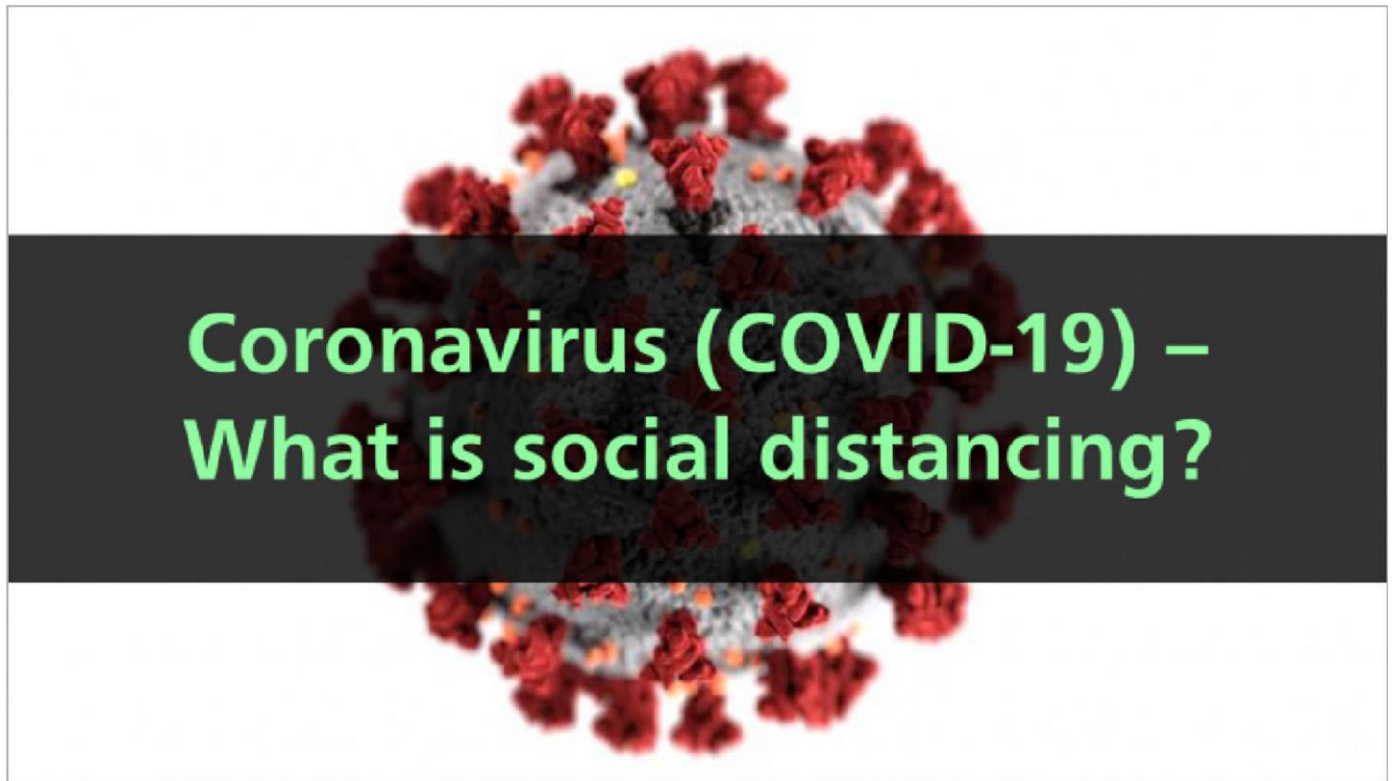
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¹⁶ <https://www.gov.uk/government/publications/Responding-to-a-uk-flu-pandemic>

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Coronavirus (COVID-19): What is social distancing?

[Blog Editor](#), 4 March 2020 - [Coronavirus \(COVID-19\), Health Protection](#)



The COVID-19 outbreak is a rapidly evolving situation and information and guidance is therefore updated frequently. This blog was last updated on 4 March 2020 and the information below has since been superseded.

Please visit nhs.uk/coronavirus for the latest health advice or gov.uk/coronavirus for all other information.

Coronaviruses can be spread when people with the virus have close, sustained contact with people who are not infected. This typically means spending more than 15 minutes within two metres of an infected person, such as talking to someone for instance.

The more you come into contact with the droplets from coughs and sneezes of an infected person, the more likely you are to catch the infection. This is why we ask people who have the infection to self-isolate at home and not to go out and about where they can pass it on.

However, on its own self-isolation may not be enough to slow the spread of a virus.

The [Government's new Coronavirus action plan](#) recognises that as we start to see more cases in the UK, and more widespread community transmission of the virus, further measures to reduce the contact people have with each other may be needed.

These measures, sometimes referred to as “social distancing”, could include things like temporarily reducing socialising in public places such as entertainment or sports events, reducing our use of non-essential public transport or recommending more home working.

With each measure, scientists and experts will assess the need for them as the outbreak progresses, balancing their effectiveness against any impact on society. These decisions will recognise that for most people coronavirus will be a mild illness, but it can cause severe symptoms in older people or people with health conditions, and has the potential to increase the demands on our public services, especially the NHS, particularly if large numbers of people became ill at once.

Social distancing isn't a new idea that's come about because of coronavirus. These measures are well-established and have been discussed and planned for many years, including as part of the Government's preparations for a flu pandemic.

Everyone has a part to play, and we're asking people to think about what they do in a typical week, how they could limit contact with others if asked to and how they could help people in their community, who might need support if certain social-distancing measures were put in place. This might include helping older relatives and neighbours to get some food in, so that they would have supplies for a week or so if required, ensuring someone would be available to go shopping for them or arranging for online delivery if they needed it.

The evidence suggests that coronavirus is affecting older people and people with existing health conditions, such as lung and heart conditions. We would therefore encourage people with symptoms to avoid seeing older relatives or people with health conditions to avoid passing it on to them.

The simple things we are asking the public to do now are:

- Continue to practice good hand hygiene
- Consider how you or your family would manage if you had to self-isolate for a couple of weeks
- Consider the possibility of home working
- Think about what you do in a typical week and what steps you would need to take to limit non-essential contact with others

When will social distancing measures start?

People will naturally want to know if and when social distancing measures will start but it is not possible to confirm this right now.

These measures will only be implemented if a range of experts and scientists including the UK's Chief Medical Officers decide they are necessary and proportionate, informed by the latest scientific evidence.

Any decision will balance both the need to protect people, with the social impact and the importance of maintaining day to day life, such as going to work or school.

It is possible that we could first put social distancing measures in place locally, rather than nationally, if there is widespread transmission in a particular area (such as in a village, town or city). Our decisions will be based on the pattern of transmission and evidence on how well the measures could work.

Why aren't these measures being put in place now?

We are currently in the "contain" phase of the outbreak which means it is still possible and effective to identify individual cases and trace their close contacts. Once we move into the 'delay' phase, where we try to slow the spread of the virus and push widespread transmission to the summer months when there's less pressure on the NHS, we will then consider social distancing strategies based on the latest information and evidence.

How will these measures help to slow the spread of the infection?

By limiting the amount of contact people have with each other, we can slow down the spread of the infection and try to delay widespread transmission to the summer when there is less pressure on the NHS.

Should I go to work as normal?

Right now, you should continue going to work as normal, unless you have been told otherwise by your employer. We are working with businesses to encourage them to look at options for minimising contact, such as home working, and so your employer may ask you to think about what you would need to put in place to be able to work from home.

Will the tube/ rail/ bus network be affected?

We will need to balance all actions to slow the spread of the infection against keeping the country running. We could consider temporarily closing public transport in certain areas if we are seeing a lot of spread of the infection in that locality, but only if absolutely necessary.

We could also encourage people to use public transport only for essential journeys, and suggest people stagger their working hours in order to make "rush hour"

quieter. If people can walk or cycle to work, then we could urge them to think about doing this more frequently.

Can people still travel abroad?

[Travel advice is in place](#) for a range of specific areas and countries that are seeing more widespread transmission.

Unless advised by the FCO there is no reason to cancel any travel, but make sure you keep checking the [FCO website](#) for the latest information.

Will pubs, theatres, gyms, nightclubs close, what about big sport games?

COVID-19 spreads through close sustained contact with someone who has the virus (for instance being within 2 metres of someone for longer than 15 minutes).

If we see sustained transmission of the virus in certain areas, we might advise that people temporarily limit socialising in public places such as entertainment or sports events.

Any public health actions to stop or slow the spread of the infection will be balanced against the need to keep the country running.

Will you close schools?

Current evidence on COVID-19 suggests that children do not experience severe illness. We are still learning about how children get infected and how likely they are to transmit it to older people or people with underlying health conditions.

Closing schools can be disruptive for both children and parents so this is something we would need to consider very carefully, but we are working with the Department for Education to look at alternative ways to deliver education and classes and reduce the impact on examinations if we need to use this measure.

Will you tell businesses to close?

We know that coronavirus spreads through close and sustained contact with someone who is infected with the virus and so office environments, for instance, are a place where the virus could spread.

We are working with businesses to look at how they can put contingency plans in place, for example looking at more home working for employees. Any measures to stop the spread of the virus need to be carefully balanced against the need to keep the country running.

Is the UK doing things differently from other countries?

We are looking carefully at all the scientific evidence on which measures might be most effective at slowing the spread of the virus. This includes looking at measures other countries are taking.

We will put in place measures which we believe will have the biggest impact on slowing the spread of the infection, based on the most up to date science and evidence.

How will you police this?

We will [ask the public to help us take sensible measures](#) to slow the spread of the infection and think about what their role in this can be. The current evidence suggests that older people and those with existing health conditions are more likely to be affected by the virus and so it's important to consider how our behaviour can limit the spread of the infection and protect them, as well as help reduce pressure on the NHS by slowing down spread.

We all have a role to play and most importantly that includes practising good hand and respiratory hygiene such as washing hands regularly and catching coughs and sneezes in a tissue.

What if social distancing measures don't work?

Social distancing is one of a range of measures that are being considered. The evidence suggests that a combination of actions is likely to help slow the spread of the virus and we will look at each of these closely.

Measures such as social distancing are not expected to completely end an outbreak but can slow it down and lessen the impact on people and our health services.

How long will social distancing go on for?

Decisions are made by the UK's Chief Medical Officers, guided by the latest science and evidence and the patterns of transmission (how the virus is spreading). We would always look to balance the need to keep people safe with the need to keep the country running.

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Addendum to thirteenth SAGE meeting on Covid-19, 5th March 2020
Held in 10 Victoria St, London, SW1H 0NN

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Steve Powis (NHS), Angela McLean (CSA MoD), John Aston (CSA HO), Rob Orford (Health CSA Wales), Sharon Peacock (PHE), Graham Medley (LSHTM), Neil Ferguson (Imperial), David Halpern (CO), Andrew Rambaut (Edinburgh), Maria Zambon (PHE), Brooke Rogers (King's).*

Observers and Government officials: *Dominic Cummings (No. 10), Ben Warner (No. 10), Kate Thomas (DHSC), Stuart Wainwright (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be a complete list.

**Thirteenth meeting on Wuhan Coronavirus (Covid-19), 5th March 2020
Held in 10 Victoria Street**

Summary

1. There are currently no scientific grounds to move away from containment efforts in the UK.
2. There is epidemiological and modelling data to support implementation – within 1-2 weeks – of individual home isolation (symptomatic individuals to stay at home for 14 days) and whole family isolation (fellow household members of symptomatic individuals to stay at home for 14 days after last family member becomes unwell) to delay Covid-19 spread, modify the epidemic peak and reduce mortality rates.
3. In addition, there is scientific data to support implementation – roughly 2 weeks later – of social isolation (cocooning) for those over 65 or with underlying medical conditions to delay spread, modify the epidemic peak and reduce mortality rates.
4. SAGE agreed an updated set of reasonable worst case scenario planning assumptions for Covid-19.

Situation update

5. UK surveillance of intensive care units has identified Covid-19 cases. Not all of these have had overseas travel or contacts, suggesting sustained community transmission is underway in the UK.

Behavioural and social interventions

6. SAGE concluded that the UK remains in the containment phase of the epidemic.
7. HMG should plan for the introduction of behavioural and social interventions within 1-2 weeks to contain and delay spread; precise timings depend on progress of the epidemic.
8. SAGE advised that the science supports a combination of case isolation and whole family isolation.
9. The science supports that a third intervention has epidemiological advantages: to socially isolate those in vulnerable groups (the elderly and those with underlying conditions) approximately 2 weeks after these initial interventions.
10. If implemented in combination as modelled, this set of measures is understood to most effectively delay and modify the epidemic peak, and reduce mortality.
11. To be most effective, these measures should be implemented early in the epidemic and publicly adhered to throughout the peak period of infection.
12. The modelling undertaken assumed considerably less than total public compliance for these measures (e.g. 50% compliance for household quarantine).
13. SAGE discussed the relative merits of regional versus national enactment of these measures: this issue will be explored further over the next day or two.
14. SAGE agreed there is no evidence to suggest that banning very large gatherings would reduce transmission. Preventing all social interaction in public spaces, including restaurants and bars, would have an effect, but would be very difficult to implement.
15. SAGE agreed that school closures would have smaller effects on the epidemic curve than other options.
16. SAGE noted the importance of clear and sufficiently detailed public communication in advance of their implementation.
17. The point in time at which measures should be lifted will depend on epidemiological evidence, but is likely to be at least 12 weeks after initial implementation.
18. Cocooning of older and vulnerable patients can start later, and would have to continue longer, than other measures.

ACTION: Imperial group to model and compare triggers and timings for national-level and regional-level behavioural and social interventions, and share findings by end of working week (6 March)

Review of reasonable worst case scenario

19. SAGE reviewed the reasonable worst case scenario for Covid-19 and agreed revised assumptions for cross-government planning.
20. These assumptions will be reviewed once additional case and serology data are available.

ACTION: DHSC and NHS England to agree categories for public-facing version of Covid-19 reasonable worst case table

ACTION: PHE to produce specific criteria for when workers in critical sectors should self-isolate, for discussion at next SAGE meeting (10 March)

List of actions

Imperial group to model and compare triggers and timings for national-level and regional-level behavioural and social interventions, and share findings by end of working week (6 March)

DHSC and NHS England to agree categories for public-facing version of Covid-19 reasonable worst case table

PHE to produce specific criteria for when workers in critical sectors should self-isolate, for discussion at next SAGE meeting (10 March)

Attendees

SAGE participants: Patrick Vallance (chair), Chris Whitty, Jonathan Van Tam, Dominic Cummings, Steve Powis, Angela McLean, John Aston, Rob Orford, Stuart Wainwright, Sharon Peacock, [REDACTED] Graham Medley, Neil Ferguson, Ben Warner, Kate Thomas, David Halpern

Phone: Andrew Rambaut, Maria Zambon, Brooke Rogers

SAGE secretariat: [REDACTED]

SAGE secretariat

1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)

News story

Coronavirus (COVID-19) listed as a notifiable disease

The government has taken urgent steps to list coronavirus as a notifiable disease in law.

Published 5 March 2020

From:

Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)



At 6.15pm on 5 March 2020, a statutory instrument was made into law that adds COVID-19 to the list of notifiable diseases (<https://www.gov.uk/guidance/notifiable-diseases-and-causative-organisms-how-to-report>) and SARS-COV-2 to the list of notifiable causative agents.

This change was made by adding them to the Health Protection (Notification) Regulations 2010.

This change in law requires GPs to report all cases of COVID-19 to Public Health England.

Learn more about the government's coronavirus response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

Published 5 March 2020

Related content

- Coronavirus shows that health and work are inextricably linked (<https://www.gov.uk/government/speeches/coronavirus-shows-that-health-and-work-are-inextricably-linked>)
- Coronavirus action plan: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-action-plan-health-secretarys-statement-to-parliament>)
- High consequence infectious diseases: monthly summaries (<https://www.gov.uk/government/publications/high-consequence-infectious-diseases-monthly-summaries>)
- PM statement on coronavirus: 9 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-9-march-2020>)

- Notifiable diseases: form for registered medical practitioners (<https://www.gov.uk/government/publications/notifiable-diseases-form-for-registered-medical-practitioners>)

Explore the topic

- Health and social care (<https://www.gov.uk/health-and-social-care>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

News story

CMO for England announces first death of patient with COVID-19

Chief Medical Officer (CMO) Professor Chris Whitty statement on first death of patient with coronavirus (COVID-19).

Published 5 March 2020

From:

Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)



I am very sorry to report a patient in England who tested positive for COVID-19 has sadly died. I offer my sincere condolences to their family and friends and ask that their request for privacy is respected.

The patient, who was being treated at the Royal Berkshire Hospital, was an older patient who had underlying health conditions. We believe they contracted the virus in the UK and contact tracing is already underway.

Published 5 March 2020

Related content

- Coronavirus shows that health and work are inextricably linked (<https://www.gov.uk/government/speeches/coronavirus-shows-that-health-and-work-are-inextricably-linked>)
- Coronavirus action plan: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-action-plan-health-secretarys-statement-to-parliament>)
- COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/covid-19-health-secretarys-statement-to-parliament>)
- PM statement on coronavirus: 9 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-9-march-2020>)
- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



1. Home (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/>)
2. Passports, travel and living abroad (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/browse/abroad>)
3. Travel abroad (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/browse/abroad/travel-abroad>)
4. Foreign travel advice (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice>)

Foreign travel advice

Italy

1. Summary
2. Safety and security (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/safety-and-security>)
3. Terrorism (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/terrorism>)
4. Entry requirements (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/entry-requirements>)
5. Local laws and customs (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/local-laws-and-customs>)
6. Health (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/health>)
7. Natural disasters (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/natural-disasters>)
8. Money (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/money>)
9. Travel advice help and support (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/contact-fco-travel-advice-team>)

Summary

Still current at:

10 March 2020

Updated:

9 March 2020

Latest update:

Summary and Health - The FCO now advises against all but essential travel to Italy, due to an ongoing outbreak of coronavirus (COVID-19) and in line with various controls and restrictions imposed by the Italian authorities on 9 March.

Stay up to date

The rules on travel will stay the same until 31 December 2020. This page will be updated with country-specific information for travellers to Italy as things change. Sign up for email alerts (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/email-signup>) and view the

latest updates for UK nationals travelling to (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/visit-europe-brexit>) and living in (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/uk-nationals-living-eu>) Europe.

The Foreign and Commonwealth Office (FCO) advise against all but essential travel to Italy, due to an ongoing outbreak of coronavirus (Covid-19) and in line with various controls and restrictions imposed by the Italian authorities on 9 March.

British nationals remain able to depart Italy without restriction. Airports remain open throughout Italy. However, airline schedules are subject to change and some flights are being cancelled. Travellers are advised to check flight details with airlines.

Additional restrictions include the closure of museums, cultural institutions and the suspension of all public gatherings and sporting events. Religious ceremonies and funerals are suspended. Ski facilities are closed. Childcare facilities, schools and universities are closed until 3 April. Restaurants and bars remain open with restricted hours and reduced seating.

If you're returning to the UK from Italy, consult the latest advice from the Department of Health and Social Care (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public#returning-travellers>) on actions to take.

You can find more information on measures on the Ministry of Health (<https://web.archive.org/web/20200310170955/http://www.salute.gov.it/portale/nuovocoronavirus/dettaglioFaqNuovoCoronavirus.jsp?lingua=italiano&id=228>) website (in Italian).

Call Italy's 112 emergency number if you believe you have symptoms. English speaking operators are available.

Further information on coronavirus, including advice on preparing for foreign travel and helping reduce the spread of the virus, is available on the TravelHealthPro website.

You can find more information about cases in Italy on the TravelHealthPro (<https://web.archive.org/web/20200310170955/https://travelhealthpro.org.uk/>) country page.

See Health (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/health#coronavirus>).

On 5 March 2020, Flybe announced that it had ceased operations and all its flights have been cancelled. For more information, see the Flybe travel alert (<https://web.archive.org/web/20200310170955/https://www.flybe.com/>). If you were due to travel with Flybe, read the UK Civil Aviation Authority's advice to UK consumers (<https://web.archive.org/web/20200310170955/https://www.caa.co.uk/News/Advice-to-UK-consumers-following-Flybe-entering-administration/>) for more information on how your travel plans may be affected and the steps you should take.

Approximately 3 million British nationals visit Italy every year. Most visits are trouble-free.

If you're living in or moving to Italy, visit our Living in Italy (<https://web.archive.org/web/20200310170955/https://www.gov.uk/guidance/living-in-italy>) guide in addition to this travel advice.

If you're visiting a ski resort, take advice on weather and avalanche conditions before you travel and familiarise yourself with local skiing laws and regulations. For more information about the avalanche risk, visit the European Avalanche Warning Service (<https://web.archive.org/web/20200310170955/http://www.avalanches.org/eaws/en/main.php>) website. See Safety and security (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/safety-and-security>)

High waters known as “acqua alta” are a common occurrence in Venice during the winter months and can cause flooding in parts of the city. See [Flooding](#)

(<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/natural-disasters#flooding>)

Forest fires are a risk during the extended summer months. See [Forest fires](#)

(<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/natural-disasters#forest-fires>)

Due to Mount Etna’s recent volcanic eruption, a series of earthquakes and earth tremors are affecting the Catania area and the eastern part of the island of Sicily. Since August 2018 there have also been a number of localised earthquakes in the Molise region of Italy, near the town of Montecilfone. See [Earthquakes](#)

(<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/natural-disasters#earthquakes>)

Demonstrations may occur with little or no warning in cities. You should avoid any protests, political gatherings, or marches.

Terrorist attacks in Italy can’t be ruled out. See [Terrorism](#)

(<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/terrorism>)

If you need to contact the emergency services, call 112 (police), 118 (ambulance) or 115 (fire).

If you’re abroad and you need emergency help from the UK government, contact the nearest British embassy, consulate or high commission

(<https://web.archive.org/web/20200310170955/https://www.gov.uk/government/world/embassies>).

You should take out comprehensive travel and medical insurance

(<https://web.archive.org/web/20200310170955/https://www.gov.uk/guidance/foreign-travel-insurance>) before you travel.

For information on the European Health Insurance Card, see [Health](#)

(<https://web.archive.org/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/health>)

- → Next : [Safety and security](#) (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/safety-and-security>)

Print entire guide (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/foreign-travel-advice/italy/print>)

Related content

- [About Foreign and Commonwealth Office travel advice](#)
(<https://www.gov.uk/web/20200310170955/https://www.gov.uk/guidance/how-the-foreign-commonwealth-office-puts-together-travel-advice>)
- [What to do if you’re affected by a crisis overseas](#)
(<https://www.gov.uk/web/20200310170955/https://www.gov.uk/guidance/how-to-deal-with-a-crisis-overseas>)
- [Foreign travel checklist](#) (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/guidance/foreign-travel-checklist>)
- [UK help and services in Italy](#) (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/world/italy>)

Explore the topic

- [Living in Italy](#) (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/world/living-in-italy>)
- [Travelling to Italy](#) (<https://www.gov.uk/web/20200310170955/https://www.gov.uk/world/travelling-to-italy>)

**Addendum to fourteenth SAGE meeting on Covid-19, 10th March 2020
Held in 10 Victoria St, London, SW1H 0NN**

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Steve Powis (NHS), Charlotte Watts (CSA DfID), Angela McLean (CSA MoD), John Aston (CSA HO), Sharon Peacock (PHE), Graham Medley (LSHTM), Neil Ferguson (Imperial), John Edmunds (LSHTM), Brooke Rogers (King's), Russell Viner (UCL), Jeremy Farrar (Wellcome), Peter Horby (Oxford), David Halpern (CO), Osama Rahman (CSA DfE), Carole Mundell (CSA FCO), Maria Zambon (PHE), James Rubin (King's), Andrew Rambaut (Edinburgh).*

Observers and Government Officials: *Ben Warner (No.10).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be the complete list.

Fourteenth SAGE meeting on Wuhan Coronavirus (Covid-19), 10th March 2020 Held in 10 Victoria Street

Summary

1. SAGE agreed that social distancing measures for the elderly should apply to those aged 70+. Modelling using 65+ and 70+ deliver comparable results, but there is a large drop off in efficacy if the measures are confined to 80+.
2. SAGE advised that these social distancing interventions should consider 2 distinct groups: a) those aged 70+ who are generally well and b) vulnerable groups of all ages (including those aged 70+).
3. Limited evidence suggests that children can be at risk of Covid-19 and will mostly experience mild illness, though they probably transmit the virus.
4. SAGE will revisit its advice on the risks posed by different kinds of social gatherings/meetings and the impacts of restricting them on the epidemic curve at its next meeting (12 March). This will include consideration of the effects of physical distancing among individuals and duration of exposure on infectivity and transmissibility of Covid-19.

Situation update

5. Based on surveillance, including cases in intensive care units (for whom there is no travel history accounting for infection), the UK likely has thousands of cases – as many as 5,000 to 10,000 – which are geographically spread nationally.
6. Transmission is underway in community and nosocomial (i.e. hospital) settings.
7. Available data for the UK are accruing fast. Firmer estimates of infection rates will be available next week.
8. PHE has a serology test up and running for population-level analysis. Analysing greater volumes of samples is now the priority.
9. A test for frontline diagnostics may come from the private sector.
10. It was agreed that PHE and SPI-M should discuss how to make surveillance data more useful for modelling purposes (e.g. providing case location data).
11. It was reported that all pneumonia cases in hospital are now due to be tested.
12. The UK is considered to be 4-5 weeks behind Italy but on a similar curve (6-8 weeks behind if interventions are applied).

ACTION: PHE and NHS to report at the next SAGE meeting (12 March) on:

- Whether currently available capacity for population-based serology for Covid-19 is being fully exploited
- Plans for how PHE can move from 1,000 serology tests to 10,000 tests per week
- Whether all intensive care pneumonia cases are being tested for Covid-19 (as per current policy)
- Plans for consideration of commercial tests for frontline healthcare use.

ACTION: SAGE secretariat to consider how to provide a paper setting out where Italy, France, Germany and Spain are in terms of their epidemics and interventions (including efficacy of and behavioural change related to those interventions). This should be updated for each SAGE meeting.

Understanding Covid-19

13. The main symptoms are fever and/or cough. Public messaging on symptoms will be issued later this week and reviewed at SAGE on 12 March.
14. SAGE endorsed NERVTAG's advice that individual case isolation should last for 7 days from onset of symptoms. Individuals should self-isolate on more than one occasion if they have relevant symptoms (but SAGE recognised that compliance rates may drop the more this happens, hence the need to trigger this at the right time).

15. Children can be infected with Covid-19 and mostly experience mild illness, with less incidence of fever (limited evidence, low confidence). They likely transmit Covid-19, but there are no data on this.
16. For pregnant women infected with Covid-19, there is some evidence of premature delivery. There is no evidence of vertical transmission (mothers passing Covid-19 to unborn children). It does not appear that Covid-19 poses more of a risk to pregnant women than other infections, but the risk of premature delivery means that they should be considered in plans for vulnerable groups are developed.
17. Russell Viner agreed to share evidence on impacts of isolation and hospitalisation of children with DHSC and NHS England to inform policy development and NHS planning.

Behavioural and social interventions

18. Modelling suggests the UK is 10-14 weeks from the epidemic peak if no mitigations are introduced.
19. As per point 14, case isolation entails 7 days of self-isolation from onset of symptoms.
20. Household isolation entails 14 days of isolation for all household members from the point the first member has symptoms. If a household member develops symptoms on, say, day 12, the clock does not restart for other members. If the first symptomatic person is well after 7 days, s/he can leave the household, but not the other members.
21. Social distancing ("cocooning") is for those 70 and over, as well as those of any age in vulnerable groups.
22. The modelling concludes that restricting this group to 70+, rather than 65+, would not cause a significant increase in numbers of deaths.
23. SAGE agreed cocooning could be tiered, covering those at the highest risk, and those at increased risk but not in the highest risk.
24. The social distancing expected of those in the intermediate risk group may be less stringent. SAGE should review the policy proposal developed around this to consider any impacts (the trade off between stringency and compliance was noted).
25. GPs should have discretion to advise certain patients who do not automatically fall into the highest risk category that they should nevertheless follow the advice being issued to this group, based on the risk posed to them by Covid-19.
26. SAGE noted that a tiered approach to social distancing might reduce its overall impact on the epidemic curve and on mortality – this needs to be reviewed once the policy is worked up.
27. It also noted that in theory maximum efficacy from all interventions would be achieved through simultaneous introduction, but that there is some flexibility in timing that would not materially alter the effectiveness. Long periods of social isolation may have significant risks for vulnerable people.
28. SAGE agreed that a balance needs to be struck between interventions that theoretically have significant impacts and interventions which the public can feasibly and safely adopt in sufficient numbers over long periods.
29. Input from behavioural scientists is essential to policy development of cocooning measures, to increase public practicability and likelihood of compliance.
30. SAGE advised that special policy consideration be given to care homes and various types of retirement communities (where residents are more independent).
31. Once policies are formulated, SAGE should review them through the lenses of epidemiological modelling and behavioural science.
32. A summary of triggers and timings for the 3 interventions under consideration is set out in the table below.
33. It is vital to measure the impacts of these interventions (beyond disease surveillance) where possible.
34. SAGE noted that the public will face considerable challenges in seeking to comply with these measures, (e.g. poorer households, those relying on grandparents for childcare).

Measure and/or combination of measures	Suggested Trigger Point	Estimated time of occurrence
(1) Home Isolation of symptomatic cases	ICU cases tracking and other surveillance data, with a presumption that we have reached 100 ICU cases (cumulative)	Within the next 10 days
(2) Whole Household isolation	Based on cumulative ICU cases tracking and other surveillance data Actual trigger point: somewhere between 100 and 300 ICU cases (cumulative)	1-3 weeks after (1)
(3) Social distancing for 70+ and vulnerable groups	Cumulative ICU cases and other surveillance data Somewhere between 100 and 300 ICU cases (cumulative)	1-3 weeks after (1)

ACTION: DHSC and Cabinet Secretariat to develop policy around implementation of the three behavioural and social interventions under consideration (case isolation, household isolation, social distancing for elderly and vulnerable), clarifying eligibility, numbers affected and essential symptoms. This should be shared with SAGE and its advisory groups.

ACTION: SPI-B to consider how to measure resulting behavioural change from the implementation of behavioural and social interventions (e.g. engagement, compliance).

ACTION: SPI-M to consider the likelihood of secondary infection in confined spaces, e.g. households.

Reasonable worst case scenario

35. SAGE agreed that, for planning purposes, it is not useful at this stage to produce a "most likely" scenario until more UK data are available.
36. The reasonable worst case remains the most useful scenario for planning, but a most likely scenario will be more viable as additional data become available within 1-2 weeks.

Next meeting of SAGE

37. SAGE noted that public gatherings pose a relatively low but not zero public risk. People are more likely to be infected by people they know, not strangers. But it acknowledged the importance of advice in this area and agreed to review it and to look at different types of gatherings/meetings.

ACTION: SAGE advisory groups (SPI-M, SPI-B, NERVTAG) to reconsider for the next SAGE meeting (12 March) advice on public gatherings, including risk to individuals and the impact of restricting gatherings on the epidemic curve. This should include the relative risk of different types and sizes of public gatherings (e.g. football matches, religious gatherings, restaurants/bars).

- As part of this, NERVTAG to consider effects of distance and duration of exposure among individuals on infectivity and transmissibility of Covid-19.

List of actions

PHE and NHS to report at the next SAGE meeting (12 March) on:

- Whether currently available capacity for population-based serology for Covid-19 is being fully exploited
- Plans for how PHE can move from 1,000 serology tests to 10,000 tests per week
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Attendees

SAGE participants: Patrick Vallance (chair), Chris Whitty, Jonathan Van Tam, Steve Powis, Charlotte Watts, Angela McLean, John Aston, Sharon Peacock, [REDACTED] Graham Medley, Neil Ferguson, John Edmunds, Brooke Rogers, Ben Warner, [REDACTED] Russell Viner, Jeremy Farrar, Peter Horby, David Halpern, Osama Rahman, [REDACTED]

By phone: Carole Mundell, Maria Zambon, James Rubin, Andrew Rambaut

SAGE secretariat: [REDACTED]

SAGE secretariat

11 March 2020

Speaking at the COVID-19 media briefing, the WHO Director-General said:

"WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.

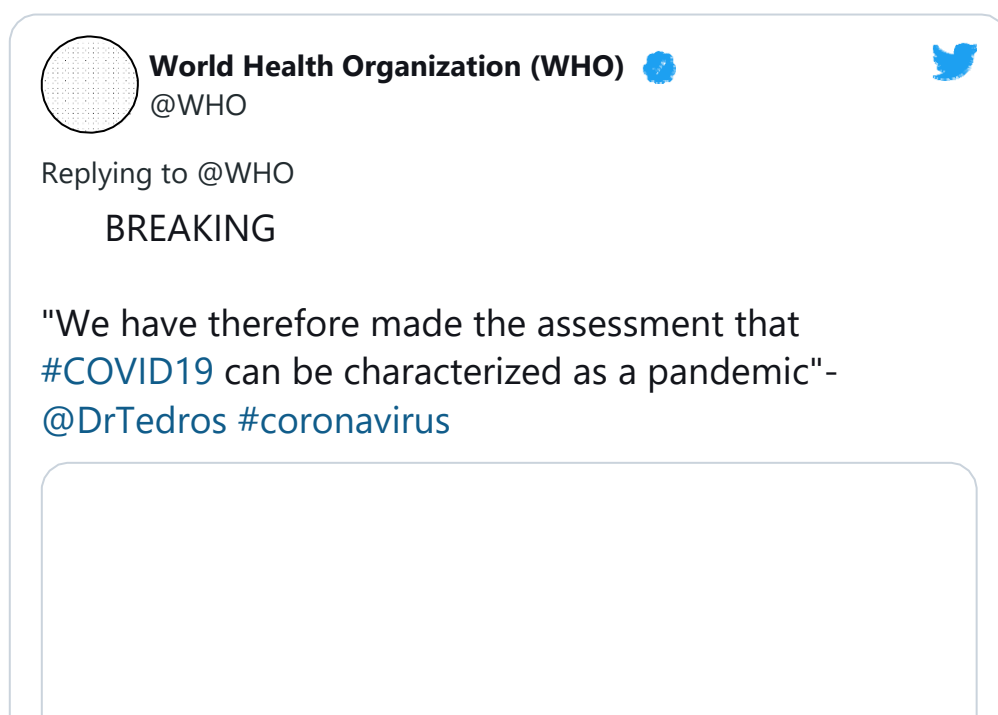
We have therefore made the assessment that COVID-19 can be characterized as a pandemic.

Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death.

Describing the situation as a pandemic does not change WHO's assessment of the threat posed by this virus. It doesn't change what WHO is doing, and it doesn't change what countries should do.

We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus.

And we have never before seen a pandemic that can be controlled, at the same time."





WHO Director-General's opening remarks at the media briefing on COVID-19 - 11 March 2020

11 March 2020

Good afternoon.

In the past two weeks, the number of cases of COVID-19 outside China has increased 13-fold, and the number of affected countries has tripled.

There are now more than 118,000 cases in 114 countries, and 4,291 people have lost their lives.

Thousands more are fighting for their lives in hospitals.

In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher.

WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction.

We have therefore made the assessment that COVID-19 can be characterized as a pandemic.

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We have never before seen a pandemic sparked by a coronavirus. This is the first pandemic caused by a coronavirus.

And we have never before seen a pandemic that can be controlled, at the same time.

WHO has been in full response mode since we were notified of the first cases.

And we have called every day for countries to take urgent and aggressive action.

We have rung the alarm bell loud and clear.

===

As I said on Monday, just looking at the number of cases and the number of countries affected does not tell the full story.

Of the 118,000 cases reported globally in 114 countries, more than 90 percent of cases are in just four countries, and two of those – China and the Republic of Korea - have significantly declining epidemics.

81 countries have not reported any cases, and 57 countries have reported 10 cases or less.

We cannot say this loudly enough, or clearly enough, or often enough: all countries can still change the course of this pandemic.

If countries detect, test, treat, isolate, trace, and mobilize their people in the response, those with a handful of cases can prevent those cases becoming clusters, and those clusters becoming community transmission.

Even those countries with community transmission or large clusters can turn the tide on this virus.

Several countries have demonstrated that this virus can be suppressed and controlled.

The challenge for many countries who are now dealing with large clusters or community transmission is not whether they can do the same – it's whether they will.

Some countries are struggling with a lack of capacity.

Some countries are struggling with a lack of resources.

Some countries are struggling with a lack of resolve.

We are grateful for the measures being taken in Iran, Italy and the Republic of Korea to slow the virus and control their epidemics.

We know that these measures are taking a heavy toll on societies and economies, just as they did in China.

All countries must strike a fine balance between protecting health, minimizing economic and social disruption, and respecting human rights.

WHO's mandate is public health. But we're working with many partners across all sectors to mitigate the social and economic consequences of this pandemic.

This is not just a public health crisis, it is a crisis that will touch every sector – so every sector and every individual must be involved in the fight.

I have said from the beginning that countries must take a whole-of-government, whole-of-society approach, built around a comprehensive strategy to prevent infections, save lives and minimize impact.

Let me summarize it in four key areas.

First, prepare and be ready.

Second, detect, protect and treat.

Third, reduce transmission.

Fourth, innovate and learn.

I remind all countries that we are calling on you to activate and scale up your emergency response mechanisms;

Communicate with your people about the risks and how they can protect themselves – this is everybody's business;

Find, isolate, test and treat every case and trace every contact;

Ready your hospitals;

Protect and train your health workers.

And let's all look out for each other, because we need each other.

===

There's been so much attention on one word.

Let me give you some other words that matter much more, and that are much more actionable.

Prevention.

Preparedness.

Public health.

Political leadership.

And most of all, people.

We're in this together, to do the right things with calm and protect the citizens of the world. It's doable.

I thank you.

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Statement on COVID-19

Coronavirus: Commons statement: - 11 March



11 March 2020

With news of a growing number of Coronavirus cases in the UK, Matt Hancock, Secretary for Health and Social Care, updates the House on Coronavirus.

Latest reports show that 456 people have now been diagnosed with coronavirus (also known as COVID-19) in the UK, with the illness responsible for eight deaths in the UK.

Matt Hancock: Emergency legislation will be "set out before the House next week"

Matt Hancock, Health Secretary, opened his statement by informing the House that the World Health Organisation has declared Coronavirus as a global pandemic.

He went on to say that Parliament will be kept open but may have to "function differently".

He says: "as of today, here at home, 456 people have tested positive and eight people are now sadly confirmed to have died."

Mr Hancock says:

"The advice of the Chief Medical Officer is that close contact is defined as being within 2 metres of someone who has active symptoms for more than 15 minutes."

"The official advice is clear, people should go to NHS 111 online or call NHS 111 if you think you have symptoms of Coronavirus, notably a cough or fever."

He also informed the House that emergency legislation will be put in place. The Bill "will include measures to include measures to help in the national effort to keep vital public services running, to support businesses, and to help everyone to play their part. "

The proposed Bill will be set out before the House next week.

Jonathan Ashworth: When will be the "appropriate moment to move into the so-called delay stage?"

Shadow Secretary of State for Health and Social Care, Jonathan Ashworth, expressed his condolences to those who have lost loved ones due to Coronavirus.

He welcomed the statement from Mr Hancock but asked whether he could offer "extra advice" regarding staff on the Parliamentary Estate who feel ill and appear to have symptoms, and whether they should get tested.

He also asked the Government what the "appropriate moment" would be to move into the delay stage and "start adopting some of the more stringent social distancing strategies."

Mr Ashworth concluded by asking:

"Can he (Mr Hancock) just explain, for the benefit of our constituents, what the thinking is in the UK and why it appears to differ from some of the other nations in Europe?"

Find out more

- [Watch Parliament TV: Statement on Coronavirus](#)
- Transcripts of proceedings in the House of Commons Chamber are available in [Hansard online](#) three hours after they happen.

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Image: PA

More news on: [Parliament, government and politics, Parliament, House of Commons news, Commons news, Covid-19](#)

1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Press release

COVID-19: government announces moving out of contain phase and into delay

The government has announced that we are moving out of the contain phase and into delay, in response to the ongoing coronavirus outbreak.

Published 12 March 2020

From:

Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>)



The government has announced that we are moving out of the contain phase and into delay, in response to the ongoing coronavirus (COVID-19) outbreak.

The UK Chief Medical Officers have now raised the risk to the UK from moderate to high.

As per the current advice, the most important thing individuals can do to protect themselves remains washing their hands more often, for at least 20 seconds, with soap and water. Make sure you cough or sneeze into a tissue, put it in a bin and wash your hands.

We are asking anyone who shows certain symptoms to self-isolate for 7 days, regardless of whether they have travelled to affected areas. This means we want people to stay at home and avoid all but essential contact with others for 7 days from the point of displaying mild symptoms, to slow the spread of infection.

The symptoms are:

- a high temperature (37.8 degrees and above)
- a new, continuous cough

You do not need to call NHS 111 to go into self-isolation. If your symptoms worsen during home isolation or are no better after 7 days contact NHS 111 online at 111.nhs.uk (<https://111.nhs.uk/>). If you have no internet access, you should call NHS 111. For a medical emergency dial 999.

In the coming weeks, we will be introducing further social distancing measures for older and vulnerable people, asking them to self-isolate regardless of symptoms.

If we introduce this next stage too early, the measures will not protect us at the time of greatest risk but could have a huge social impact. We need to time this properly, continue to do the right thing at the right time, so we get the maximum effect for delaying the virus. We will clearly announce when we ask the public to move to this next stage.

Our decisions are based on careful modelling.

We will only introduce measures that are supported by clinical and scientific evidence.

Published 12 March 2020

Related content

- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)
- PM statement on coronavirus: 16 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>)
- Coronavirus action plan: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/coronavirus-action-plan-health-secretarys-statement-to-parliament>)
- It's a national effort to win coronavirus fight, we all have crucial part to play (<https://www.gov.uk/government/speeches/its-a-national-effort-to-win-coronavirus-fight-we-all-have-crucial-part-to-play>)
- COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/covid-19-health-secretarys-statement-to-parliament>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



1. Home (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/health-and-social-care/>)
3. Public health (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/health-and-social-care/public-health/>)
4. Health protection (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/health-and-social-care/health-protection/>)
5. Infectious diseases (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases/>)

Guidance

COVID-19: stay at home guidance

Stay at home guidance for people with confirmed or possible coronavirus (COVID-19) infection.

Published 12 March 2020

From:

Public Health England

(<https://www.gov.uk/web/20200312212732/https://www.gov.uk/government/organisations/public-health-england/>)

Documents

Stay at home: guidance for people with confirmed or possible coronavirus (COVID-19) infection

(<https://www.gov.uk/web/20200312212732/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance/stay-at-home-guidance-for-people-with-confirmed-or-possible-coronavirus-covid-19-infection>)

HTML

Details

This guidance is for people with confirmed or possible coronavirus (COVID-19) infection who are required to stay at home.

The main messages are:

- if you have symptoms of coronavirus infection (COVID-19), however mild, stay at home and do not leave your house for 7 days from when your symptoms started. (See Ending Isolation section below for more information)
- this action will help protect others in your community whilst you are infectious
- plan ahead and ask others for help to ensure that you can successfully stay at home
- ask your employer, friends and family to help you to get the things you need to stay at home
- stay at least 2 metres (about 3 steps) away from other people in your home whenever possible

- sleep alone, if that is possible
- wash your hands regularly for 20 seconds, each time using soap and water
- stay away from vulnerable individuals such as the elderly and those with underlying health conditions as much as possible
- you do not need to call NHS111 to go into self-isolation. If your symptoms worsen during home isolation or are no better after 7 days contact NHS 111 online (<http://web.archive.org/web/20200312212732/https://111.nhs.uk/>). If you have no internet access, you should call NHS 111. For a medical emergency dial 999

Published 12 March 2020

Related content

Collection

- Coronavirus (COVID-19): guidance for health professionals and other organisations (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/web/20200312212732/https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

**Addendum to fifteenth SAGE meeting on Covid-19, 13th March 2020
Held in 1 Victoria St, London, SW1H 0NN**

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Steve Powis (NHS), Charlotte Watts (CSA DfID), Angela McLean (CSA MoD), John Aston (CSA HO), Sharon Peacock (PHE), Graham Medley (LSHTM), Neil Ferguson (Imperial), John Edmunds (LSTHM), Julia Gog (Cambridge), Brooke Rogers (King's), James Rubin (King's), Jeremy Farrar (Wellcome), David Halpern (CO), Osama Rahman (CSA DfE), Ian Diamond (ONS), Tom Rodden (CSA DCMS), Maria Zambon (PHE), Andrew Rambaut (Edinburgh), Jonathan Van Tam (Deputy CMO), Phil Blythe (CSA DfT), Wendy Barclay (Imperial).*

Observers and Government officials: *Ben Warner (No. 10).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be a complete list.

**Fifteenth SAGE meeting on Wuhan Coronavirus (Covid-19), 13th March 2020
Held in 1 Victoria Street**

Summary

1. Owing to a 5-7 day lag in data provision for modelling, SAGE now believes there are more cases in the UK than SAGE previously expected at this point, and we may therefore be further ahead on the epidemic curve, but the UK remains on broadly the same epidemic trajectory and time to peak.
2. The science suggests that household isolation and social distancing of the elderly and vulnerable should be implemented soon, provided they can be done well and equitably. Individuals who may want to distance themselves should be advised how to do so.
3. SAGE is considering further social distancing interventions – that may best be applied intermittently, nationally or regionally, and potentially more than once – to reduce demand below NHS capacity to respond. The modelling sub-group is discussing potential interventions on Monday 16th, for review by SAGE on Tuesday 17th.
4. The behavioural science suggests openly explaining to the public where the greatest risks lie and what individuals can do to reduce their own risk and risk to others, even if this is ahead of measures announced by the Government – but SAGE recognises that taking individual measures may be more feasible for some than others. Greater transparency could enable personal agency, send useful signals about risk and build trust.
5. Measuring the impact of all interventions depends on sufficient, relevant data delivered on time: it is a priority to ensure accurate and complete data are available with minimal delay.

Situation update

6. SAGE is keen to make the modelling and other inputs underpinning its advice available to the public and fellow scientists.
7. There are probably more cases in the UK than SAGE previously expected at this point, and we may be further ahead on the epidemic curve, but the UK remains on broadly the same epidemic trajectory. The change in numbers is due to the 5-7 day lag phase in data availability for modelling.
8. Office for National Statistics (ONS) is gathering data on a) availability and prices of key ("anxiety") goods b) labour market trends c) consumer spending across key sectors d) and business behaviour (e.g. home working).
9. ONS is also developing a new opinion survey, for which questions are being finalised over the weekend.
10. SAGE will review a dashboard containing the findings from these datasets at each meeting.

ACTION: SAGE secretariat to work with **HMG Communications** colleagues to agree what SPI-M and SPI-B information will be made public and a process to share this, ensuring this information is easily accessible and understandable. This needs to be done as soon as possible

ACTION: SPI-B and SPI-M to provide comments on what should be included in the ONS opinion survey via **SAGE secretariat** by 1200 on Sunday 15 March 2020

Understanding Covid-19

11. There is some evidence from Japan (not peer reviewed) that certain individuals spread the virus to multiple others, while other individuals are responsible for minimal spread.
12. It is clear that household quarantining would lead to increased risk of others within the household becoming infected, as described in the modelling.

ACTION: SPI-M to agree a position on the risk of secondary infection in a household for the next SAGE meeting (17 March)

Behavioural and social interventions

13. Household isolation lasts for 14 days, with certain individuals having to isolate for longer if they have symptoms (as per the case isolation policy).
14. There are no strong scientific grounds to hasten or delay implementation of either household isolation or social distancing of the elderly or the vulnerable in order to manage the epidemiological curve compared to previous advice.
15. However, there will be some minor gains from going early and potentially useful reinforcement of the importance of taking personal action if symptomatic. Household isolation is modelled to have the biggest effect of the three interventions currently planned, but with some risks.
16. SAGE therefore thinks there is scientific evidence to support household isolation being implemented as soon as practically possible.
17. SAGE recognised there are operational challenges to immediate effective and equitable implementation and that there are inevitable lags between the implementation of measures and impacts felt.
18. There are social and health disbenefits of cocooning (shielding) of the elderly as well as coronavirus-related benefits. It needs to be done in as equitable a way as possible. Timing should be soon for maximal effect, but recognising these health trade offs.
19. SAGE further agreed that one purpose of behavioural and social interventions is to enable the NHS to meet demand and therefore reduce indirect mortality and morbidity. There is a risk that current proposed measures (individual and household isolation and social distancing) will not reduce demand enough: they may need to be coupled with more intensive actions to enable the NHS to cope, whether regionally or nationally.
20. SAGE requested that SPI-M investigate what kinds of interventions might be sporadically or continuously implemented to enable the NHS to meet demand, and at what points, and to set out its confidence levels in the impacts of these interventions.
21. SAGE noted sufficient and timely flows of relevant data are critical to determining when any interventions should best be implemented.
22. SAGE also noted the importance of comparing UK interventions with those of other countries, such as Germany, and modelling the efficacy of those countries' interventions in the UK; some of these can be added as the epidemic progresses. (SAGE is separately creating a product to compare the epidemic curve in several countries.)
23. It was noted that Singapore had had an effective “contain phase” but that now new cases had appeared.
24. SAGE was unanimous that measures seeking to completely suppress spread of Covid-19 will cause a second peak. SAGE advises that it is a near certainty that countries such as China, where heavy suppression is underway, will experience a second peak once measures are relaxed.

ACTION: DHSC Moral and Ethical Advisory Group (MEAG) to be invited to consider the ethical ramifications of household quarantine, given the increased risk to other residents where one resident is symptomatic

ACTION: NHS to inform **SPI-M** of critical care capacity for all four nations, now and in future: across all four nations and regionally

ACTION: NHS, PHE and **SPI-M** to review the CHESSE dataset and ensure it includes the data modellers need. **NHS** to be requested to urgently direct hospitals to input data onto this system

ACTION: SPI-M to review what further interventions will allow NHS to cope regionally (and nationally), and when these interventions should be taken. This work to include reference to the modelling uncertainty, whether these interventions need to be continuous or sporadic, and what the triggers for beginning/ending these interventions should be

Behavioural science considerations

25. The behavioural science points to openly explaining to the public where the greatest risks lie and what individuals can do to reduce their own risk, even if this is ahead of measures announced by the Government.
26. Supporting social distancing measures that are taking place anyway (e.g. sporting events, working from home) may be useful and reinforce the notion that all measures the UK implements need to be taken seriously. Not doing so potentially undermines the other actions and trust.
27. Greater transparency will help people understand personal risk and enable personal agency, send useful signals about risk in general and build public trust. Citizens should be treated as rational actors, capable of taking decisions for themselves and managing personal risk.
28. There is some evidence that people find quarantining harder to comply with the longer it goes on. The evidence is not strong but the effect is intuitive. There is no comparable evidence for social distancing measures, but experience suggests it is harder to comply with a challenging behaviour over a long period than over a short period.
29. There is no strong evidence for public compliance rates changing during a major emergency. There is, however, a link between public anxiety and protective behavioural change.
30. Difficulty maintaining behaviours should not be treated as a reason for not communicating with the public about the efficacy of the behaviours and should not be taken as a reason to delay implementation where that is indicated epidemiologically.
31. Where the UK does not adopt measures seen in other countries, Government should clearly explain its reasoning.
32. SAGE recognised that taking individual measures will be more feasible for those with greater personal resources – and that some social distancing is happening in the UK without HMG directing citizens to do so.

UK testing

33. Community testing is ending today – which will increase the pace of testing (and delivery of results) for intensive care units, hospital admissions, targeted contact tracing for suspected clusters of cases and healthcare workers. This includes faster confirmation of negative results.
34. A CHES data system is being stood up this weekend, based on a winter flu reporting system.
35. The current limiting factor on serology is availability of samples. This needs to be resolved as soon as possible, and SAGE suggested several measures.

ACTION: PHE to urgently determine how it will ramp up to take 1,000 blood samples a week, taking advice from SAGE participants

ACTION: PHE to contact Italian counterparts to request serology samples. If available, **PHE** to test these samples to ascertain symptomatic vs asymptomatic case ratio. This should be stratified by age

Next meeting of SAGE

36. SAGE to discuss the ramifications of a second epidemic peak.

List of actions

SAGE secretariat to work with **HMG Communications** colleagues to agree what SPI-M and SPI-B information will be made public and a process to share this, ensuring this information is easily accessible and understandable. This needs to be done as soon as possible.

SPI-B and **SPI-M** to provide comments on what should be included in the ONS opinion survey via **SAGE secretariat** by 1200 on Sunday 15 March 2020

SPI-M to agree a position on the risk of secondary infection in a household for the next SAGE meeting (17 March)

DHSC Moral and Ethical Advisory Group (MEAG) to be invited to consider the ethical ramifications of household quarantine, given the increased risk to other residents where one resident is symptomatic

NHS to inform **SPI-M** of critical care capacity for all four nations, now and in future: across all four nations and regionally

NHS, PHE and **SPI-M** to review the CHES dataset and ensure it includes the data modellers need. **NHS** to be requested to urgently direct hospitals to input data onto this system

SPI-M to review what further interventions will allow NHS to cope regionally (and nationally), and when these interventions should be taken. This work to include reference to the modelling uncertainty, whether these interventions need to be continuous or sporadic, and what the triggers for beginning/ending these interventions should be

PHE to urgently determine how it will ramp up to take 1,000 blood samples a week.

PHE to contact Italian counterparts to request serology samples. If available, **PHE** to test these samples to ascertain symptomatic vs asymptomatic case ratio. This should be stratified by age.

Attendees

SAGE participants: Patrick Vallance (chair), Chris Whitty, Steve Powis, Charlotte Watts, Angela McLean, John Aston, Sharon Peacock, [REDACTED] Graham Medley, Neil Ferguson, John Edmunds, Julia Gog, Brooke Rogers, James Rubin, Ben Warner, Jeremy Farrar, David Halpern, Osama Rahman, Ian Diamond, Tom Rodden

By phone: Maria Zambon, Andrew Rambaut, Jonathan Van Tam, Phil Blythe, Wendy Barclay

SAGE secretariat: [REDACTED]

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NEWS

First death of patient from Coronavirus (COVID-19)

Published: 13 Mar 2020 16:01

Part of: [Coronavirus in Scotland](#)

First death in Scotland of Coronavirus patient confirmed.

Chief Medical Officer (CMO) Catherine Calderwood said:

“I am saddened to report that a patient in Scotland who has tested positive for Coronavirus has died in hospital. I offer my deepest sympathy to their friends and family at this difficult time.

“The patient, who was being treated by Lothian Health Board was an older person who had underlying health conditions. No further information will be available to protect patient confidentiality.”

Contact

[Media enquiries](#)

Media

Addendum to sixteenth SAGE meeting on Covid-19, 16th March 2020
Held in 10 Victoria St, London, SW1H 0NN

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Steve Powis (NHS), Charlotte Watts (CSA DfID), Angela McLean (CSA MoD), John Aston (CSA HO), Sharon Peacock (PHE), Graham Medley (LSHTM), Neil Ferguson (Imperial), Brooke Rogers (King's College), James Rubin (King's College), Jeremy Farrar (Wellcome), David Halpern (CO), Ian Diamond (ONS), Tom Rodden (CSA DCMS), Aidan Fowler (NHS), Maria Zambon (PHE), Phil Blythe (CSA DfT), Wendy Barclay (Imperial), Peter Horby (Oxford), John Edmunds (LSTHM), Carole Mundell (CSA FCO).*

Observers and Government Officials: *Ben Warner (No.10), Stuart Wainwright (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be the complete list.

**Sixteenth SAGE meeting on Wuhan Coronavirus (Covid-19), 16th March 2020
Held in 10 Victoria Street**

Summary

1. On the basis of accumulating data, including on NHS critical care capacity, the advice from SAGE has changed regarding the speed of implementation of additional interventions.
2. SAGE advises that there is clear evidence to support additional social distancing measures be introduced as soon as possible.
3. These additional measures will need to be accompanied by a significant increase in testing and the availability of near real-time data flows to understand their impacts.
4. SAGE will further review at its next meeting whether, in the light of new data, school closures may also be required to prevent NHS capacity being exceeded.
5. SAGE did not review the work on intermittent application of measures nationally or geographically in detail but will do so.

Situation update

6. London has the greatest proportion of the UK outbreak. It is possible that London has both community and nosocomial transmission (i.e. in hospitals).
7. It is possible that there are 5,000-10,000 new cases per day in the UK (great uncertainty around this estimate).
8. UK cases may be doubling in number every 5-6 days.
9. The risk of one person within a household passing the infection to others within the household is estimated to increase during household isolation, from 50% to 70%.

Behavioural and social interventions

10. The objective is to avoid critical cases exceeding NHS intensive care and other respiratory support bed capacity. The figures for capacity are now clear but intensive care bed capacity will increase by 20% or more.
11. It is vital to understand numbers of cases regionally relative to NHS capacity, to know where local more stringent interventions might need to be introduced.
12. With sufficient interventions (assuming they are implemented and adopted effectively for a sufficient period of time), modelling indicates it may be possible to keep cases below the NHS's critical and respiratory care capacity.
13. The science suggests additional social distancing measures should be introduced as soon as possible.
14. Compliance with the measures by the public is key.
15. It is expected to take two to three weeks before the impacts of measures are observed (this needs to be monitored carefully and the appropriate metrics need to be in place).
16. SAGE cannot be certain that the measures being considered by HMG will be sufficient to push demand for critical care below NHS capacity but they may get very close under the RWC scenario.
17. While SAGE's view remains that school closures constitutes one of the less effective single measure to reduce the epidemic peak, it may nevertheless become necessary to introduce school closures in order to push demand for critical care below NHS capacity. However school closures could increase the risks of transmission at smaller gatherings and for more vulnerable groups as well as impacting on key workers including NHS staff. As such it was agreed that further analysis and modelling of potential school closures was required (demand/supply, and effects on spread).
18. SAGE agreed that its advice on interventions should be based on what the NHS needs and what modelling of those interventions suggests, not on the (limited) evidence on whether the public will comply with the interventions in sufficient numbers and over time.

ACTION: DHSC to compile numbers – to be updated daily – of cases regionally, set against local NHS ventilator and ICU capacity. **SPI-M** to check approach meets their needs. The data on epidemic growth and ventilator/ICU capacity need to be linked to predict areas of potential pressure (this model should be owned within DHSC or NHS – CMO has asked Clara Swinson)

ACTION: SPI-M to coordinate further rapid modelling of school closures taking account of key factors and at risk groups

ACTION: DfE to work with **DHSC** and **PHE** on specific guidance for schools and universities, including personal hygiene measures and methods to apply social distancing within these settings building on what has been done elsewhere (eg Singapore)

UK testing

19. SAGE highlighted the critical importance of scaling up antibody serology and diagnostic testing to managing the epidemic. A solution is urgently required, with a plan for implementation.
20. Antibody testing is particularly vital to address the central unknown question of the ratio of asymptomatic to symptomatic cases.
21. PHE explained how testing is being scaled up over the coming weeks to 10,000 per day – focused on intensive care units, hospital admissions and key workers.
22. PHE is urgently assessing commercial self-test options, with accuracy a key criterion.

ACTION: PHE to update **SAGE** on the efficacy and feasibility of rolling out a rapid home swab test for antigens, including the mechanism for collection (for next meeting).

ACTION: PHE to develop a proposal for ramping up antibody serology and diagnostic testing capacity, seeking input from **DSTL** and the **National Laboratories Alliance**

Data flows

23. Close to real-time, high-quality data are important to the strategy the UK is pursuing. All options to get this data flow need to be considered. NHS and PHE are arranging a workshop ASAP to discuss and make this happen. Duplication of effort on this needs to be avoided.
24. Duplication of effort also needs to be avoided on other data requirements, e.g. for measuring public behaviour (ONS will coordinate efforts on this).

ACTION: DHSC, NHSE and **PHE** to urgently work with **NHSX** and **GO-Science** on a data strategy, ensuring there is access to real time data to track the UK epidemic and that is delivered in a form of use to operational leads, SAGE and COBR

Publication of SAGE papers and other materials

25. SAGE agreed to publish a chronological set of papers and other documents which have informed the questions it has considered and its advice to date.
26. It is important to demonstrate the uncertainties scientists have faced, how understanding of Covid-19 has developed over time, and the science behind the advice at each stage.

ACTION: SAGE secretariat to explore option of launching release of SAGE materials at Science Media Centre, involving several SAGE participants

Next meeting of SAGE

27. The next meeting will revisit the effects of school closures (including impact on epidemic curve, behavioural effects, workforce consequences).

ACTION: SAGE to discuss at its next meeting how school closures could affect NHS critical care capacity, considering in particular:

- a. additional epidemiological benefits of school and university closures over and above HMG measures to be announced (**SPI-M**)
- b. effects of closing schools before Easter holidays vs not reopening schools after Easter holidays (**SPI-M**)
- c. effects of partial school closures (e.g. allowing attendance for children of key workers only) and internal social distancing measures within schools (as per Singapore) (**SPI-M**)
- d. whether the health benefits of school closures could be outweighed by the effects of children being looked after by grandparents/childminders and/or pupils interacting socially in other locations (**SPI-M** and **SPI-B**)
- e. impacts of school closures on NHS staffing (including respiratory trained) (**NHS**)
- f. Alternatives to closure

List of actions

DHSC to compile numbers – to be updated daily – of cases regionally, set against local NHS ventilator and ICU capacity. **SPI-M** to check approach meets their needs. The data on epidemic growth and ventilator/ICU capacity need to be linked to predict areas of potential pressure (this model should be owned within DHSC or NHS – CMO has asked Clara Swinson)

SPI-M to coordinate further rapid modelling of school closures taking account of key factors and at risk groups.

DfE to work with **DHSC** and **PHE** on specific guidance for schools and universities, including personal hygiene measures and methods to apply social distancing within these settings building on what has been done in other places (e.g. Singapore)

PHE to update **SAGE** on the efficacy and feasibility of rolling out a rapid home swab test for antigens, including the mechanism for collection (for next meeting)

PHE to develop a proposal for ramping up antibody serology and diagnostic testing capacity, seeking input from **DSTL** and the **National Laboratories Alliance**

DHSC, NHSE and **PHE** to urgently work with **NHSX** and **GO-Science** on a data strategy, ensuring there is access to real time data to track the UK epidemic and that is delivered in a form of use to operational leads, SAGE and COBR.

SAGE secretariat to explore option of launching release of SAGE materials at Science Media Centre, involving several SAGE participants

SAGE to discuss at its next meeting how school closures (all setting for under-18s) could affect NHS critical care capacity, considering in particular:

- a. additional epidemiological benefits of school and university closures over and above HMG measures to be announced (**SPI-M**)
- b. effects of closing schools before Easter holidays vs not reopening schools after Easter holidays (**SPI-M**)
- c. effects of partial school closures (e.g. allowing attendance for children of key workers only) and internal social distancing measures within schools (as per Singapore) (**SPI-M**)

- d. whether the health benefits of school closures could be outweighed by the effects of children being looked after by grandparents/childminders and/or pupils interacting socially in other locations (**SPI-M** and **SPI-B**)
- e. impacts of school closures on NHS staffing (**NHS**)
- f. Alternatives to closure.

Attendees

SAGE participants: Patrick Vallance (chair), Chris Whitty, Jonathan Van Tam, Steve Powis, Charlotte Watts, Angela McLean, John Aston, Sharon Peacock, [REDACTED] Graham Medley, Neil Ferguson, Brooke Rogers, James Rubin, Ben Warner, Jeremy Farrar, David Halpern, Ian Diamond, Tom Rodden, Aidan Fowler

By phone: Maria Zambon, Phil Blythe, Wendy Barclay, Peter Horby, John Edmunds, Carole Mundell

SAGE secretariat: [REDACTED]

Stuart Wainwright, [REDACTED]



1. Home (<https://www.gov.uk/web/20200317001636/https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/web/20200317001636/https://www.gov.uk/health-and-social-care/>)
3. Public health (<https://www.gov.uk/web/20200317001636/https://www.gov.uk/health-and-social-care/public-health/>)
4. Health protection (<https://www.gov.uk/web/20200317001636/https://www.gov.uk/health-and-social-care/health-protection/>)
5. Infectious diseases (<https://www.gov.uk/web/20200317001636/https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases/>)

Guidance

COVID-19: guidance on social distancing and for vulnerable people

Guidance on social distancing for everyone in the UK and protecting older people and vulnerable people.

Published 16 March 2020

From:

Public Health England

(<https://www.gov.uk/web/20200317001636/https://www.gov.uk/government/organisations/public-health-england>)

Documents

Guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults

(<https://www.gov.uk/web/20200317001636/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>)

HTML

Details

This guidance is for everyone. It advises on social distancing measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID-19). It is intended for use in situations where people are living in their own homes, with or without additional support from friends, family and carers.

If you live in a residential care setting - guidance is available at residential care setting

(<http://web.archive.org/web/20200317001636/https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>)

Published 16 March 2020

Related content

Collection

- Coronavirus (COVID-19): guidance
(<https://www.gov.uk/web/20200317001636/https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/web/20200317001636/https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)

Topical events

- Coronavirus (COVID-19): UK government response
(<https://www.gov.uk/web/20200317001636/https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



1. Home (<https://www.gov.uk/web/20200316223422/https://www.gov.uk/>)
2. COVID-19: guidance on social distancing and for vulnerable people (<https://www.gov.uk/web/20200316223422/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>)

1. Public Health

England (<https://www.gov.uk/web/20200316223422/https://www.gov.uk/government/organisations/public-health-england>)

Guidance

Guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults

Published 16 March 2020

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Background and Scope of Guidance

How can I get assistance with foods and medicines if I am reducing my social contacts?

What should you do if you have hospital and GP appointments during this period?

What is the advice for visitors including those who are providing care for you?

What is the advice if I live with a vulnerable person?

How do you look after your mental wellbeing?

Summary of advice



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Background and Scope of Guidance

This guidance is for everyone. It advises on social distancing measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID-19). It is intended for use in situations where people are living in their own homes, with or without additional support from friends, family and carers. If you live in a residential care setting - guidance is available at residential care setting (<http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>)

We are advising those who are at increased risk of severe illness from coronavirus (COVID-19) to be particularly stringent in following social distancing measures.

This group includes those who are:

- aged 70 or older (regardless of medical conditions)
- under 70 with an underlying health condition listed below (ie anyone instructed to get a flu jab as an adult each year on medical grounds):
 - chronic (long-term) respiratory diseases, such as asthma (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/asthma/>), chronic obstructive pulmonary disease (COPD) (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/chronic-obstructive-pulmonary-disease-copd/>), emphysema or bronchitis (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/bronchitis/>)
 - chronic heart disease, such as heart failure (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/heart-failure/>)
 - chronic kidney disease (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/kidney-disease/>)
 - chronic liver disease, such as hepatitis (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/hepatitis/>)
 - chronic neurological conditions, such as Parkinson's disease (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/parkinsons-disease/>), motor neurone disease (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/motor-neurone-disease/>), multiple sclerosis (MS) (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/multiple-sclerosis/>), a learning disability or cerebral palsy
 - diabetes (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/diabetes/>)
 - problems with your spleen – for example, sickle cell (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/sickle-cell-disease/>) disease or if you have had your spleen removed
 - a weakened immune system as the result of conditions such as HIV and AIDS (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/hiv-and-aids/>), or medicines such as steroid tablets (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/steroids/>) or chemotherapy (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/chemotherapy/>)
 - being seriously overweight (a BMI of 40 or above)
- those who are pregnant

Note: there are some clinical conditions which put people at even higher risk of severe illness from COVID-19. If you are in this category, next week the NHS in England will directly contact you with advice the more stringent measures you should take in order to keep yourself and others safe. For now, you should rigorously

follow the social distancing advice in full, outlined below.

People falling into this group are those who may be at particular risk due to complex health problems such as:

- People who have received an organ transplant and remain on ongoing immunosuppression medication
- People with cancer who are undergoing active chemotherapy or radiotherapy
- People with cancers of the blood or bone marrow such as leukaemia who are at any stage of treatment
- People with severe chest conditions such as cystic fibrosis or severe asthma (requiring hospital admissions or courses of steroid tablets)
- People with severe diseases of body systems, such as severe kidney disease (dialysis)

What is social distancing?

Social distancing measures are steps you can take to reduce the social interaction between people. This will help reduce the transmission of coronavirus (COVID-19).

They are:

1. Avoid contact with someone who is displaying symptoms of coronavirus (COVID-19). These symptoms include high temperature and/or new and continuous cough;
2. Avoid non-essential use of public transport, varying your travel times to avoid rush hour, when possible;
3. Work from home, where possible. Your employer should support you to do this. Please refer to employer guidance (<http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19>) for more information;
3. Avoid large gatherings, and gatherings in smaller public spaces such as pubs, cinemas, restaurants, theatres, bars, clubs
4. Avoid gatherings with friends and family. Keep in touch using remote technology such as phone, internet, and social media.
5. Use telephone or online services to contact your GP or other essential services.

Everyone should be trying to follow these measures as much as is pragmatic.

For those who are over 70, have an underlying health condition or are pregnant, we strongly advise you to follow the above measures as much as you can, and to significantly limit your face-to-face interaction with friends and family if possible.

This advice is likely to be in place for some weeks.

Handwashing and Respiratory Hygiene

There are general principles you can follow to help prevent the spread of respiratory viruses, including:

- washing your hands more often - with soap and water for at least 20 seconds or use a hand sanitiser when you get home or into work, when you blow your nose, sneeze or cough, eat or handle food
- avoid touching your eyes, nose, and mouth with unwashed hands
- avoid close contact with people who have symptoms
- cover your cough or sneeze with a tissue, then throw the tissue in a bin and wash your hands
- clean and disinfect frequently touched objects and surfaces in the home

What should you do if you develop symptoms of coronavirus (COVID-19)

The same guidance applies to the general population and those at increased risk of severe illness from coronavirus (COVID-19). If you develop symptoms of COVID-19 (high temperature and/or new and continuous cough), self-isolate at home for 7 days. You can find the full guidance at stay at home (<http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>)

How can I get assistance with foods and medicines if I am reducing my social contacts?

Ask family, friends and neighbours to support you and use online services. If this is not possible, then the public sector, business, charities, and the general public are gearing up to help those advised to stay at home. It is important to speak to others and ask them to help you to make arrangements for the delivery of food, medicines and essential services and supplies, and look after your physical and mental health and wellbeing.

If you receive support from health and social care organisations, for example if you have care provided for you through the local authority or health care system, this will continue as normal. Your health or social care provider will be asked to take additional precautions to make sure that you are protected. The advice for formal carers is included in the Home care provision

(<http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>).

What should you do if you have hospital and GP appointments during this period?

We advise everyone to access medical assistance remotely, wherever possible. However, if you have a scheduled hospital or other medical appointment during this period, talk to your GP or clinician to ensure you continue to receive the care you need and consider whether appointments can be postponed.

What is the advice for visitors including those who are providing care for you?

You should contact your regular social visitors such as friends and family to let them know that you are reducing social contacts and that they should not visit you during this time, unless they are providing essential care for you. Essential care includes things like help with washing, dressing, or preparing meals.

If you receive regular health or social care from an organisation, either through your local authority or paid for by yourself, inform your care providers that you are reducing social contacts and agree a plan for continuing your care.

If you receive essential care from friends or family members, speak to your carers about extra precautions they can take to keep you safe. You may find this guidance on Home care provision

(<http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance/covid-19-guidance-on-home-care-provision>) useful.

It is also a good idea to speak to your carers about what happens if one of them becomes unwell. If you need help with care but you're not sure who to contact, or if you do not have family or friends who can help you, you can contact your local council who should be able to help you.

What is the advice if I live with a vulnerable person?

If you live in a house with a vulnerable person refer to our household guidance

(<http://web.archive.org/web/20200316223422/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>)

How do you look after your mental wellbeing?

Understandably, you may find that social distancing can be boring or frustrating. You may find your mood and feelings are affected and you may feel low, worried or have problems sleeping and you might miss being outside with other people.

At times like these, it can be easy to fall into unhealthy patterns of behaviour which in turn can make you feel worse. There are simple things you can do that may help, to stay mentally and physically active during this time such as:

- Look for ideas of exercises you can do at home on the NHS website (<http://web.archive.org/web/20200316223422/https://www.nhs.uk/live-well/exercise/easy-low-impact-exercises/>)
- Spend time doing things you enjoy – this might include reading, cooking, other indoor hobbies or listening to/watching favourite radio or TV programmes
- Try to eat healthy, well-balanced meals, drink enough water, exercise regularly, and try to avoid smoking, alcohol and drugs
- Keep your windows open to let in fresh air, get some natural sunlight if you can, or get outside into the garden. You can also go for a walk outdoors if you stay more than 2 metres from others

Further information on looking after your mental health during this time is available.

What steps can you take to stay connected with family and friends during this time?

Draw on support you might have through your friends, family and other networks during this time. Try to stay in touch with those around you over the phone, by post, or online. Let people know how you would like to stay in touch and build that into your routine. This is also important in looking after your mental wellbeing and you may find it helpful to talk to them about how you are feeling.

Remember it is OK to share your concerns with others you trust and in doing so you may end up providing support to them too. Or you can use a NHS recommended helpline

(<http://web.archive.org/web/20200316223422/https://www.nhs.uk/conditions/stress-anxiety-depression/mental-health-helplines/>).

What is the advice for informal carers?

If you are caring for someone who is vulnerable, there are some simple steps that you can take to protect them and to reduce their risk at the current time. Ensure you follow advice on good hygiene such as:

- Wash your hands on arrival and often, using soap and water for at least 20 seconds or use hand sanitiser.
- Cover your mouth and nose with a tissue or your sleeve (not your hands) when you cough or sneeze.
- Put used tissues in the bin immediately and wash your hands afterwards.
- Do not visit if you are unwell and make alternative arrangements for their care.
- Provide information on who they should call if they feel unwell, how to use NHS111 online coronavirus service and leave the number for NHS 111 prominently displayed.
- Find out about different sources of support that could be used and access further advice on creating a contingency plan is available from Carers UK (<http://web.archive.org/web/20200316223422/https://www.carersuk.org/help-and-advice/health/looking-after-your-health/coronavirus-covid-19>)
- Look after your own well-being and physical health during this time. Further information on this is available [here](#)

Summary of advice

Group/ Action	Wash hands more often	Household isolation for 14 days*	Self - isolation for 7 days**	Social mixing in the community***	Having friends and family to the house	Use remote access to NHS and essential services	Vary daily commute and use less public transport	Home working
0 – 69	Yes	Yes	Yes	Advised against	Advised against	Advised	Advised	Advised
70+	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Any age Member of vulnerable group with an underlying health condition¹	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Pregnant women	Yes	Yes	Yes	Strongly advised against	Strongly advised against	Strongly advised	Strongly advised	Strongly advised
Those with serious underlying health conditions	As above, but further bespoke guidance will be provided by your GP next week							

* if one member of your family or household has a new continuous cough or high temperature

** if you live alone and you have a new continuous cough or high temperature

*** if you live alone and you have a new continuous cough or high temperature

**** for example via telephone or internet

¹ ie anyone instructed to get a flu jab each year

1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others>)

Guidance

COVID-19 guidance for mass gatherings

Guidance and advice for those arranging or planning to attend events in the UK.

Published 16 March 2020

From:

Department for Digital, Culture, Media & Sport (<https://www.gov.uk/government/organisations/department-for-digital-culture-media-sport>), Department of Health and Social Care (<https://www.gov.uk/government/organisations/department-of-health-and-social-care>), and Public Health England (<https://www.gov.uk/government/organisations/public-health-england>)

The government has published its latest guidance on social distancing (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>) in relation to COVID-19.

Social distancing measures are steps you can take to reduce the social interaction between people. This will help reduce the transmission of coronavirus (COVID-19).

Who this guidance is for

This advice is intended for people or organisations attending or arranging mass gatherings.

In line with the social distancing guidance it is advised that large gatherings should not take place. While the risks of transmitting the disease at mass gatherings are relatively low, these steps will also allow emergency services that would have been deployed for these events to be prioritised in alleviating pressure on public services.

- Read the government's social distancing guidance (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>)
- Follow the latest COVID-19 advice from the NHS (<https://www.nhs.uk/conditions/coronavirus-covid-19/>)

Published 16 March 2020

Related content

- Coronavirus Act 2020: status (<https://www.gov.uk/government/publications/coronavirus-act-2020-status>)
- Staying safe outside your home (<https://www.gov.uk/government/publications/staying-safe-outside-your-home>)
- Coronavirus Bill: what it will do (<https://www.gov.uk/government/publications/coronavirus-bill-what-it-will-do>)

Collection

- Coronavirus (COVID-19): guidance (<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>)

Explore the topic

- Public health (<https://www.gov.uk/health-and-social-care/public-health>)

1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)
3. Public health (<https://www.gov.uk/health-and-social-care/public-health>)
4. Health protection (<https://www.gov.uk/health-and-social-care/health-protection>)
5. Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)

Guidance

COVID-19: guidance on social distancing and for vulnerable people

Guidance on social distancing for everyone in the UK, including children, and protecting older people and vulnerable people.

Published 16 March 2020

Last updated 30 March 2020 — see all updates

From:

Public Health England (<https://www.gov.uk/government/organisations/public-health-england>)

This publication was withdrawn on 1 May 2020

The information on this page has been superseded by the following guidance: Staying alert and safe (social distancing) (<https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing>).

Documents

[Withdrawn] Guidance on social distancing for everyone in the UK
(<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>)

HTML

[Withdrawn] Staying at home: an easy-read guide
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876715/Coronavirus_COVID-19_advice_on_staying_at_home_20200328.pdf)

Ref: PHE publications gateway number: GW-1213 PDF, 749KB, 6 pages

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[Withdrawn] Keeping away from other people: an easy-read guide

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/876699/COVID-19_Keeping_away_from_other_people_20200328.pdf)

Ref: PHE publications gateway number: GW-1213_PDF, 982KB, 8 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Arabic)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873984/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_AR.pdf)

PDF, 402KB, 6 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Bengali)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874385/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_Bengali_BN.pdf)

PDF, 464KB, 7 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Traditional Chinese - Cantonese)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873994/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_ZH_hk.pdf)

PDF, 516KB, 5 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Simplified Chinese - Mandarin)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873992/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_ZH_cn.pdf)

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (French)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873985/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_FR.pdf)

PDF, 515KB, 7 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Gujarati)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874386/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_Gujarati_GU.pdf)

PDF, 426KB, 8 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Polish)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data
141)

[/file/873988/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_PL.pdf](#)

PDF, 496KB, 7 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Portuguese)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874387/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_Portuguese_PT.pdf)

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Punjabi)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874388/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_Punjabi_PA.pdf)

PDF, 457KB, 7 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Urdu)
(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/874389/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_Urdu_UR.pdf)

PDF, 448KB, 6 pages

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[Withdrawn] COVID-19: guidance on social distancing for everyone in the UK and protecting older people and vulnerable adults (Welsh)

(https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/873986/Guidance_on_social_distancing_for_everyone_in_the_UK_and_protecting_older_people_and_vulnerable_adults_CY.pdf)

PDF, 519KB, 6 pages

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Details

This guidance is for everyone, including children. It advises on social distancing measures we should all be taking to reduce social interaction between people in order to reduce the transmission of coronavirus (COVID-19). It is intended for use in situations where people are living in their own homes, with or without additional support from friends, family and carers.

Translated versions are included.

If you live in a residential care setting, guidance is available (<https://www.gov.uk/government/publications/covid-19-residential-care-supported-living-and-home-care-guidance>).

See updated full guidance on staying at home and away from others (<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>).

Published 16 March 2020

Last updated 30 March 2020 + show all updates

1. 30 March 2020
Added new easy-read guidance on 'Staying at home' and 'Keeping away from other people'.
2. 23 March 2020
Added new rules on staying at home and away from others.
3. 23 March 2020
Added translated guidance.
4. 20 March 2020
Added translated versions.
5. 16 March 2020
First published.

Related content

- COVID-19: guidance for households with possible coronavirus infection (<https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>)
- Coronavirus (COVID-19) action plan (<https://www.gov.uk/government/publications/coronavirus-action-plan>)

- Coronavirus (COVID-19): adult social care guidance (<https://www.gov.uk/government/collections/coronavirus-covid-19-social-care-guidance>)

Collection

- Coronavirus (COVID-19): guidance (<https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance>)

Explore the topic

- Infectious diseases (<https://www.gov.uk/health-and-social-care/health-protection-infectious-diseases>)

1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Speech

PM statement on coronavirus: 16 March 2020

Prime Minister Boris Johnson made a statement on coronavirus.

Published 16 March 2020

From:

Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>) and The Rt Hon Boris Johnson MP (<https://www.gov.uk/government/people/boris-johnson>)

Delivered on:

16 March 2020 (Transcript of the speech, exactly as it was delivered)



Good afternoon everybody, thank you very much for coming. I wanted to bring everyone up to date with the national fight back against the new coronavirus and the decisions that we've just taken in COBR for the whole of the UK.

As we said last week, our objective is to delay and flatten the peak of the epidemic by bringing forward the right measures at the right time, so that we minimise suffering and save lives. And everything we do is based scrupulously on the best scientific advice.

Last week we asked everyone to stay at home if you had one of two key symptoms: a high temperature or a new and continuous cough.

Today, we need to go further, because according to SAGE [the Scientific Advisory Group for Emergencies] it looks as though we're now approaching the fast growth part of the upward curve.

And without drastic action, cases could double every 5 or 6 days.

So, first, we need to ask you to ensure that if you or anyone in your household has one of those two symptoms, then you should stay at home for fourteen days.

That means that if possible you should not go out even to buy food or essentials, other than for exercise, and in that case at a safe distance from others. If necessary, you should ask for help from others for your daily necessities. And if that is not possible, then you should do what you can to limit your social contact when you leave the house to get supplies.

And even if you don't have symptoms and if no one in your household has symptoms, there is more that we need you to do now.

So, second, now is the time for everyone to stop non-essential contact with others and to stop all unnecessary travel.

We need people to start working from home where they possibly can. And you should avoid pubs, clubs, theatres and other such social venues.

It goes without saying, we should all only use the NHS when we really need to. And please go online rather than ringing NHS 111.

Now, this advice about avoiding all unnecessary social contact, is particularly important for people over 70, for pregnant women and for those with some health conditions.

And if you ask, why are we doing this now, why now, why not earlier, or later? Why bring in this very draconian measure?

The answer is that we are asking people to do something that is difficult and disruptive of their lives.

And the right moment, as we've always said, is to do it when it is most effective, when we think it can make the biggest difference to slowing the spread of the disease, reducing the number of victims, reducing the number of fatalities.

And as we take these steps we should be focusing on the most vulnerable.

So third, in a few days' time – by this coming weekend – it will be necessary to go further and to ensure that those with the most serious health conditions are largely shielded from social contact for around 12 weeks.

And again the reason for doing this in the next few days, rather than earlier or later, is that this is going to be very disruptive for people who have such conditions, and difficult for them, but, I believe, it's now necessary.

And we want to ensure that this period of shielding, this period of maximum protection coincides with the peak of the disease.

And it's now clear that the peak of the epidemic is coming faster in some parts of the country than in others.

And it looks as though London is now a few weeks ahead.

So, to relieve the pressure on the London health system and to slow the spread in London, it's important that Londoners now pay special attention to what we are saying about avoiding non-essential contact, and to take particularly seriously the advice about working from home, and avoiding confined spaces such as pubs and restaurants.

Lastly, it remains true as we have said in the last few weeks that risks of transmission of the disease at mass gatherings such as sporting events are relatively low.

But obviously, logically as we advise against unnecessary social contact of all kinds, it is right that we should extend this advice to mass gatherings as well.

And so we've also got to ensure that we have the critical workers we need, that might otherwise be deployed at those gatherings, to deal with this emergency.

So from tomorrow, we will no longer be supporting mass gatherings with emergency workers in the way that we normally do. So mass gatherings, we are now moving emphatically away from.

And I know that many people – including millions of fit and active people over 70 – may feel, listening to what I have just said, that there is something excessive about these measures.

But I have to say, I believe that they are overwhelmingly worth it to slow the spread of the disease, to reduce the peak, to save life, minimise suffering and to give our NHS the chance to cope.

Over the last few days, I have been comparing notes and talking to leaders around the world and I can tell you that the UK is now leading a growing global campaign amongst all our friends and allies, whether in the G7, the G20, the UN, the IMF – all those bodies in which we play a significant role.

We're leading a campaign to fight back against this disease.

To keep the economy growing, to make sure that humanity has access to the drugs and the treatments that we all need, and the UK is also at the front of the effort to back business, to back our economy, to make sure that we get through it.

I know that today we are asking a lot of everybody. It is far more now than just washing your hands - though clearly washing your hands remains important.

But I can tell you that across this country, people and businesses in my experience are responding with amazing energy and creativity to the challenge that we face, and I want to thank everybody for the part that you are playing and are going to play.

Published 16 March 2020

Related content

- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)
- PM address to the nation on coronavirus: 23 March 2020 (<https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>)
- Controlling the spread of COVID-19: Health Secretary's statement to Parliament (<https://www.gov.uk/government/speeches/controlling-the-spread-of-covid-19-health-secretarys-statement-to-parliament>)
- PM statement on coronavirus: 17 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-17-march-2020>)

- [PM statement on coronavirus: 22 March 2020 \(https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020\)](https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020)

Explore the topic

- [Health and wellbeing during coronavirus \(https://www.gov.uk/coronavirus-taxon/health-and-wellbeing\)](https://www.gov.uk/coronavirus-taxon/health-and-wellbeing)
- [Protecting yourself and others from coronavirus \(https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others\)](https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others)

Topical events

- [Coronavirus \(COVID-19\): UK government response \(https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response\)](https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response)



To:

Chief executives of all NHS trusts and foundation trusts
CCG Accountable Officers
GP practices and Primary Care Networks
Providers of community health services

NHS England and NHS Improvement
80 London Road
Skipton House
London SE1 6LH
england.spoc@nhs.net

Copy to:

Chairs of NHS trusts, foundation trusts and CCG governing bodies
Local authority chief executives and directors of adult social care
Chairs of Local Resilience Forums
Chairs of ICSs and STPs
NHS Regional Directors
NHS 111 providers

17 March 2020

Dear Colleague,

IMPORTANT AND URGENT – NEXT STEPS ON NHS RESPONSE TO COVID-19

Thank you for your extensive work to date to prepare for this rapidly increasing pandemic, following the NHS declaration of a Level 4 National Incident on 30 January.

Last night the Government announced additional measures to seek to reduce the spread across the country. It is essential these measures succeed. However as the outbreak intensifies over the coming days and weeks, the evidence from other countries and the advice from SAGE and the Chief Medical Officer is that at the peak of the outbreak the NHS will still come under intense pressure.

This letter therefore sets out important actions we are now asking every part of the NHS to put in place to redirect staff and resources, building on multiple actions already in train. These will:

- Free-up the maximum possible inpatient and critical care capacity.
- Prepare for, and respond to, the anticipated large numbers of COVID-19 patients who will need respiratory support.
- Support staff, and maximise their availability.

- Play our part in the wider population measures newly announced by Government.
- Stress-test operational readiness.
- Remove routine burdens, so as to facilitate the above.

Please therefore now enact the following measures:

1. Free-up the maximum possible inpatient and critical care capacity

The operational aim is to expand critical care capacity to the maximum; free up 30,000 (or more) of the English NHS's 100,000 general and acute beds from the actions identified in a) and b) below; and supplement them with all available additional capacity as per c) below. To that end, trusts are asked now to:

- a) Assume that you will need to postpone all non-urgent elective operations from 15th April at the latest, for a period of at least three months. However you also have full local discretion to wind down elective activity over the next 30 days as you see best, so as to free up staff for refresher training, beds for COVID patients, and theatres/recovery facilities for adaptation work. Emergency admissions, cancer treatment and other clinically urgent care should continue unaffected. In the interim, providers should continue to use all available capacity for elective operations including the independent sector, before COVID constraints curtail such work. This could free up 12,000-15,000 hospital beds across England.
- b) Urgently discharge all hospital inpatients who are medically fit to leave. Community health providers must take immediate full responsibility for urgent discharge of all eligible patients identified by acute providers on a discharge list. For those needing social care, emergency legislation before Parliament this week will ensure that eligibility assessments do not delay discharge. New government funding for these discharge packages and to support the supply and resilience of out-of-hospital care more broadly is being made available. (See section 6f of this letter). Trusts and CCGs will need to work with local authority partners to ensure that additional capacity is appropriately commissioned. This could potentially free up to 15,000 acute beds currently occupied by patients awaiting discharge or with lengths of stay over 21 days.
- c) Nationally we are now in the process of block-buying capacity in independent hospitals. This should be completed within a fortnight. Their staff and facilities will then be flexibly available to you for urgent surgery, as well as for repurposing their beds, operating theatres and recovery facilities to provide respiratory support for COVID-19 patients. As soon as we have the detailed capacity map of what will be available in each part of the country we will share that with you via Regional Directors. NHS trusts and foundation trusts should

free up their own private pay beds where they exist. In addition, community health providers and social care providers are asked to free up community hospital and intermediate care beds that could be used flexibly within the next fortnight. These measures together could free up to 10,000 beds.

2. Prepare for, and respond to, large numbers of inpatients requiring respiratory support

Emerging international and UK data on COVID-19 patients suggests that a significant proportion who are hospitalised require respiratory support, particularly mechanical ventilation and to a lesser extent non-invasive ventilation.

- a) Work is well in hand nationally to secure a step change in oxygen supply and distribution to hospitals. Locally, hospital estates teams have now reported on their internal oxygen piping, pumping and bedside availability. All trusts able to enhance these capabilities across their estate are asked to do so immediately, and you will be fully reimbursed accordingly. The goal is to have as many beds, critical care bays, theatre and recovery areas able to administer oxygen as possible.
- b) National procurement for assisted respiratory support capacity, particularly mechanical ventilation, is also well under way in conjunction with the Department of Health and Social Care. In addition, the Government is working with the manufacturing sector to bring new manufacturers online. These devices will be made available to the NHS across England, Wales, Scotland and Northern Ireland according to need. Mark Brandreth, chief executive of Agnes Jones and Robert Hunt foundation trust is now supporting this work.
- c) In respect of PPE, the DHSC procurement team reports that nationally there is currently adequate national supply in line with PHE recommended usage, and the pandemic influenza stockpile has now been released to us. However locally distribution issues are being reported. Michael Wilson, chief executive of SASH, is now helping resolve this on behalf of the NHS. In addition if you experience problems there is now a dedicated line for you: 0800 915 9964 / 0191 283 6543 / Email: supplydisruptionsservice@nhsbsa.nhs.uk.
- d) A far wider range of staff than usual will be involved in directly supporting patients with respiratory needs. Refresher training for all clinical and patient-facing staff must therefore be provided within the next fortnight. A cross-specialty clinical group supported by the Royal Colleges is producing guidance to ensure learning from experience here and abroad is rapidly shared across the UK. This will include: a short education package for the entire NHS workforce; a service guide, including for anaesthetics and critical care; COVID-19 clinical management guides in collaboration with NICE.

- e) Segregate all patients with respiratory problems (including presumed COVID-19 patients). Segregation should initially be between those with respiratory illness and other cases. Then once test results are known, positive cases should be cohort-nursed in bays or wards.
- f) Mental Health, Learning Disability and Autism providers must plan for COVID-19 patients at all inpatient settings. You need to identify areas where COVID-19 patients requiring urgent admission could be most effectively isolated and cared for (for example single rooms, ensuite, or mental health wards on acute sites). Case by case reviews will be required where any patient is unable to follow advice on containment and isolation. Staff should undergo refresher training on physical health care, vital signs and the deteriorating patient, so they are clear about triggers for transfer to acute inpatient care if indicated.

3. Support our staff, and maximise staff availability

- a) The NHS will support staff to stay well and at work. Please ensure you have enhanced health and wellbeing support for our frontline staff at what is going to be a very difficult time.
- b) As extra coronavirus testing capability comes on line we are also asking Public Health England as a matter of urgency to establish NHS targeted staff testing for symptomatic staff who would otherwise need to self-isolate for 7 days. For those staff affected by PHE's 14 day household isolation policy, staff should - on an entirely voluntary basis - be offered the alternative option of staying in NHS-reimbursed hotel accommodation while they continue to work. Sarah-Jane Marsh, chief executive of Birmingham Women's and Children's foundation trust is now supporting this work.
- c) For staff members at increased risk according to PHE's guidance (including pregnant women), if necessary, NHS organisations should make adjustments to enable staff to stay well and at work wherever possible. Adjustments may include working remotely or moving to a lower risk area. Further guidance will be made available and the Royal College of Obstetrics and Gynaecology will provide further guidance about pregnant women.
- d) For otherwise healthy staff who are at higher risk of severe illness from COVID-19 required by PHE's guidance to work from home, please consider how they can support the provision of telephone-based or digital / video-based consultations and advice for outpatients, 111, and primary care. For non-clinical staff, please consider how they can continue to contribute remotely. Further guidance will be made available

- e) The GMC, NMC and other professional regulators are also writing to clinicians who have relinquished their licence to practice within the past three years to see whether they would be willing to return to help in some capacity.
- f) Urgent work is also underway led by chief nursing officer Ruth May, NHS chief people officer Prerana Issar and Health Education England, the relevant regulators and universities to deploy medical and nursing students, and clinical academics. They are finalising this scheme in the next week.
- g) All appropriate registered Nurses, Midwives and AHP's currently in non-patient facing roles will be asked to support direct clinical practice in the NHS in the next few weeks, following appropriate local induction and support. Clinically qualified staff at NHSE/I are now being redeployed to frontline clinical practice.
- h) The four UK chief medical officers, the national medical director, the Academy of Medical Royal Colleges and the GMC have written to all UK doctors stressing that it will be appropriate and necessary for clinicians to work beyond their usual disciplinary boundaries and specialisms under these difficult circumstances, and they will support individuals who do so. (see https://www.aomrc.org.uk/wp-content/uploads/2020/03/0320_letter_supporting_doctors_in_COVID-19.pdf) Equivalent considerations apply for nurses, AHPs and other registered health professionals.

4. Support the wider population measures newly announced by Government

Measures announced last night are detailed at:

<https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults>

- a) Ministry of Housing, Communities and Local Government (MHCLG) and local authorities in conjunction with their Local Resilience Forums (LRFs) have lead responsibility for overseeing support for older and vulnerable people who are going to be 'shielded' at home over the coming months. Community health services and voluntary organisations should engage with LRFs on how best to do this.
- b) A number of these individuals would be expected to have routine or urgent GP, diagnostic or outpatient appointments over the coming months. Providers should roll out remote consultations using video, telephone, email and text message services for this group as a priority and extend to cover all important routine activity as soon as possible, amongst others. David Probert, chief

executive of Moorfields foundation trust, is now leading a taskforce to support acute providers rapidly stand up these capabilities, with NHSX leading on primary care. Face-to-face appointments should only take place when absolutely necessary.

- c) For patients in the highest risk groups, the NHS will be identifying and contacting them over the coming week. They are likely to need enhanced support from their general practices, with whom they are by definition already in regular contact. GP services should agree locally which sites should manage essential face-to-face assessments. Further advice on this is being developed jointly with PHE and will be available this week.
- d) As part of the overall 'social distancing' strategy to protect staff and patients, the public should be asked to greatly limit visitors to patients, and to consider other ways of keeping in touch such as phone calls.

5. Stress-test your operational readiness

- a) All providers should check their business continuity plans and review the latest guidance and standard operating procedures (SOP), which can be found at <https://www.england.nhs.uk/coronavirus/>.
- b) Trust Incident Management Teams – which must now be in place in all organisations - should receive and cascade guidance and information, including CAS Alerts. It is critical that we have accurate response to data requests and daily sitrep data to track the spread of the virus and our collective response, so please ensure you have sufficient administrative capacity allocated to support these tasks.
- c) For urgent patient safety communications, primary care providers will be contacted through the Central Alerting System (CAS). Please register to receive CAS alerts directly from the MHRA: <https://www.cas.mhra.gov.uk/Register.aspx>.
- d) This week we are undertaking a system-wide stress-testing exercise which you are asked to participate in. It takes the form of a series of short sessions spread over four days from today. Each day will represent a consecutive week in the response to the outbreak, starting at 'week six' into the modelled epidemic. We would strongly encourage all Hospital Incident Management Teams with wider system engagement (including with primary care and local government representation) to take part.

6. Remove routine burdens

To free you up to devote maximum operational effort to COVID readiness and response, we are now taking the following steps nationally:

- a) Cancelling all routine CQC inspections, effective immediately.
- b) Working with Government to ensure that the emergency legislation being introduced in Parliament this week provides us with wide staffing and regulatory flexibility as it pertains to the health and social care sector.
- c) Reviewing and where appropriate temporarily suspending certain requirements on GP practices and community pharmacists. Income will be protected if other routine contracted work has to be substituted. We will issue guidance on this, which will also cover other parts of the NHS.
- d) Deferring publication of the NHS People Plan and the Clinical Review of Standards recommendations to later this year. Deferring publication of the NHS Long Term Plan Implementation Framework to the Autumn, and recommending you do the same for your local plans.
- e) Moving to block contract payments 'on account' for all NHS trusts and foundation trusts for an initial period of 1 April to 31 July 2020, with suspension of the usual PBR national tariff payment architecture and associated administrative/ transactional processes.
- f) Additional funding to cover your extra costs of responding to the coronavirus emergency. Specific financial guidance on how to estimate, report against, and be reimbursed for these costs is being issued this week. The Chancellor of the Exchequer committed in Parliament last week that *"Whatever extra resources our NHS needs to cope with coronavirus – it will get."* So financial constraints must not and will not stand in the way of taking immediate and necessary action - whether in terms of staffing, facilities adaptation, equipment, patient discharge packages, staff training, elective care, or any other relevant category.

COVID-19 presents the NHS with arguably the greatest challenge it has faced since its creation. Our health service - through our skilled and dedicated staff - is renowned for the professional, flexible and resilient way that it responds to adversity. Please accept our sincere thanks for your leadership, and that of your staff, in what is going to be a highly challenging period.

This is a time when the entire NHS will benefit from pulling together in a nationally coordinated effort. But this is going to be a fast-moving situation requiring agile

responses. If there are things you spot that you think we all should be doing differently, please let us know personally. And within the national framework, do also use your discretion to do the right thing in your particular circumstances. You will have our backing in doing so.

With best wishes,

Handwritten signature of Sir Simon Stevens in black ink.

Sir Simon Stevens
NHS Chief Executive

Handwritten signature of Amanda Pritchard in black ink.

Amanda Pritchard
NHS Chief Operating Officer

ANNEX: CORONAVIRUS COST REIMBURSEMENT

This guidance sets out the amended financial arrangements for the NHS for the period between 1 April and 31 July. These changes will enable the NHS and partner organisations (including Local Authorities and the Independent Sector) to respond to COVID-19. We will continue to revise this guidance to reflect operational changes and feedback from the service as the response develops.

We will shortly be making a payment on account to all acute and ambulance providers to cover the costs of COVID-19-related work done so far this year, with final costs for the current financial year being confirmed as part of the year end processes. This initial payment will be based on information already submitted by providers. Future payments will be based on further cost submissions.

All NHS providers and commissioners must carefully record the costs incurred in responding to the outbreak and will be required to report actual costs incurred on a monthly basis. Accurate record keeping during this time is crucial - record keeping must meet the requirements of external audit, and public and Parliamentary scrutiny.

To support reimbursement and track expenditure we will in due course be asking all relevant organisations to provide best estimates of expected costs from now until the expected end of the peak outbreak. We will provide further guidance with relevant assumptions in order to support you in making these estimates.

REVENUE COSTS

Contractual payments and provider reimbursement

We are suspending the operational planning process for 2020/21.

We will provide all NHS providers a guaranteed minimum level of income reflecting the current cost base on the following basis:

- a) Commissioners should agree block contracts with the NHS providers with whom they have a contract (NHS Trusts, Foundation Trusts, Mental Health, Community and Ambulance trusts) to cover the period 1 April to 31 July. This should provide a guaranteed monthly payment. For CCGs the value of this payment will be calculated nationally for each CCG/provider relationship. This figure will be based on the average monthly expenditure implied by the provider figures in the M9 Agreement of Balances return plus an uplift that allows for the impact of inflation (including pay uplifts and CNST) but excluding the tariff efficiency factor. It will not include activity growth. For mental health trusts the uplift will include an additional sum consistent with

delivering the Mental Health Investment Standard. The monthly payment should include CQUIN and assume 100% delivery.

- b) Trusts should suspend invoicing for non-contracted activity for the period 1 April to 31 July. A sum equivalent to the historical monthly average will be added to the block contract of the provider's coordinating commissioner. Providers should continue to record all activity including NCAs in SUS in the normal way.
- c) A national top-up payment will be provided to providers to reflect the difference between the actual costs and income guaranteed by steps 1 and 2 where the expected cost base (which will be calculated as the average monthly expenditure over the period November to January uplifted for inflation) is higher. The Financial Recovery Fund and associated rules will be suspended during this period. The top-up payment will take into account individual provider CNST contributions compared to that funded in the allowance for cost inflation.

We will provide these numbers to Commissioners and Providers on Monday 23 March.

Providers should claim for additional costs where the block payments do not equal actual costs to reflect genuine and reasonable additional marginal costs due to COVID-19. These reasonable costs should include:

- a) Evidenced increases in staffing costs compared to the baseline period associated with dealing with increased total activity.
- b) Increases in temporary staffing to cover increased levels of sickness absence or to deal with other caring responsibilities (e.g. to look after other family members).
- c) Payments for bank or sub-contractor staff to ensure all sickness absence is covered consistent with Government's announced policy and public health advice which aren't otherwise covered under normal practice; and
- d) Additional costs of dealing with COVID-19 activity. For example: the costs of running NHS111 assessment pods; increases in the volumes required or prices of equipment to deal with the response to the virus which aren't offset by reductions elsewhere; extra costs of decontamination and transport for the ambulance service; higher testing volumes in acute-based laboratories; and community-based swabbing services.

Claims should be made on a monthly basis, alongside regular monthly financial reports. This should provide sufficient funds for providers to deliver a break-even

position through the period and will provide the basis against which we will monitor financial performance.

We will monitor the impact of any changes in income levels from non-NHS services, in particular from local authorities. Providers should escalate to regional teams as appropriate.

The payments made by commissioners under block contract arrangements should not be revised to reflect any short falls in normal contractual performance during this period. The majority of NHS acute providers are already exempt from the majority of contract sanctions; for the duration of the outbreak until further notice any remaining contract sanctions for all NHS provider groups are to be suspended.

It is important that providers and commissioners pay promptly during this time, so that cash flow for NHS and non-NHS suppliers of goods and services does not become a barrier to service provision.

The arrangements described above should mean there is minimal requirement for interim working capital support during this period. Providers that believe they require supplementary working capital support should follow the normal procedure to access such support.

Funding for commissioners

Commissioner allocations for 2020/21 have already been notified as part of operational planning and will not be changed. However, in assessing individual commissioner financial positions and affordability we will take into account:

- a) The impact of the block contracting approach set out above including both the cost of removing the tariff efficiency factor and the benefit of excluding activity growth from the calculation.
- b) Expected reductions in investments for service developments
 - the temporary arrangements for non-contracted activity, transferring funding to make sure that lead commissioners have adequate funds to pay providers; and
 - the costs of additional service commitments as described below for example for out of hours provision, additional NHS111 investment, purchase of step-down beds and provision of rapid discharge/ additional social care capacity.
- c) We will also be reviewing planned transformation initiatives, and where we consider that these will not be able to proceed during the coronavirus emergency we will reflect this in the distribution of transformation funding.

- d) In addition, a number of NHS commissioners are dependent on additional central support to fully cover their expenditure. NHSE/I will calculate a central top up payment on broadly the same basis as FRF to cover the difference between allocations as set out above and expected costs.

Financial Governance

The maintenance of financial control and stewardship of public funds will remain critical during the NHS response to COVID-19. Chief Executives, Accountable Officers and Boards must continue to comply with their legal responsibilities and have regard to their duties as set out in Managing Public Money and other related guidance. Any financial mismanagement during this period will be dealt with in exactly the same way as at any other time.

We recommend that NHS organisations undertake an urgent review of financial governance to ensure decisions to commit resources in response to COVID-19 are robust. Naturally, all organisations should test the resilience of their finance functions and business continuity plans to make sure that the most important elements (running payroll, paying suppliers, core reporting) can continue even with significant staff absences. We are also asking you to consider the resilience of your fraud prevention arrangements.

As normal financial arrangements have been suspended, no new revenue business investments should be entered into unless related to Covid-19 or unless approved by NHSE/I as consistent with a previously agreed plan. Where costs have already been committed or contractual commitments entered into, providers should agree an approach with NHSE/I as above.

Normal consultancy approval and agency reporting requirements must be maintained during this period.

SPECIFIC ADDITIONAL FUNDING CONSIDERATIONS

Purchase of enhanced discharge support services

CCGs will be asked to work with their local authority partners to commission additional out-of-hospital care and support capacity, in particular to facilitate step down of patients from secondary care and so free up acute beds. These are expected to be a blend of care home beds, hospices, and home-care support.

Detailed operational guidance for the procurement and management of these beds will be issued separately including more detailed finance guidance. To make sure that funding decisions do not restrict the pace of discharges, additional resources will be provided to pay for the community bed or a package of care post-discharge for any

patient that needs it. New guidance will also ensure that eligibility assessments do not delay new care packages being put in place. We will continue to review this approach and will ask CCGs and local authorities to move to standard commissioning and funding routes once the impact of Covid-19 sufficiently diminishes – you should plan therefore on the basis of an average length of care package.

Additional funding will be provided based on monthly cost returns from CCGs.

Specialised services

As described above, Specialised Services contracts will follow the same principles as CCG commissioned activity, and block values will be based on the average 2019/20 expenditure up to month 9, with an uplift to recognise the impact of pay uplifts and other cost increases.

Arrangements for pass through Drugs and Devices costs will continue to operate as currently on a cost and volume basis, to ensure that providers do not face any financial consequences of any increases in activity or cost.

Specialised providers will be required to respond to the most serious cases of COVID-19 through the provision of High Consequence Infectious Disease units, Extracorporeal Membrane Oxygenation services and other specialised care functions. Any specific investments and costs incurred by these units are being coordinated through the National Highly Specialised team.

NHS 111

NHS 111 has been commissioned nationally to provide a dedicated Covid-19 response service. This service will continue to be contracted for and funded nationally. In addition, having reviewed the pressures on the wider NHS 111 service additional funding will be released from NHSE/I via lead commissioners, who will then make necessary arrangements for payment to NHS 111 providers.

General Practice

The key principle is that from 1 April we free up practices to prioritise workload according to what is necessary to prepare for and manage the outbreak, and therefore guarantee that income will be protected if other routine contracted work has to be substituted. This does not prevent us from continuing to measure activities (for example those undertaken with QOF) but it ceases to put 2020/21 income at risk for performance.

We will make sure that funding does not influence clinical decision making by ensuring that all GP practices in 2020/21 continue to be paid at rates that assume they would

have continued to perform at the same levels from the beginning of the outbreak as they had done previously, including for the purposes of QoF, DES and LES payments.

CCGs should plan to make payments on this basis. NHSE/I will reimburse any additional costs as part of our wider finance agreement on Covid-19.

Out of Hours Provision

CCGs have been asked to procure additional GP out of hours provision in order to provide home-based care for any patients that have tested positive for coronavirus in the community. CCGs will be reimbursed for the additional costs incurred in delivering this service through the allocations process. CCGs will be required to submit a monthly return of additional cost incurred which will provide the basis of additional payments. To keep the administrative burden to a minimum, where a CCG has contracted for this service on behalf of itself and others, reimbursement will be directed through the lead CCG.

Community Pharmacy

Where required, CCGs will be reimbursed for the following:

- a) An NHS Urgent Medicines Supply Service for patients whose General Practice is closed.
- b) A Medicines Delivery Service to support Covid-19 positive and vulnerable patients self-isolating at home.
- c) Payments to contractors who are required to close due to Covid-19 related reasons.

Optometry and dental

For the time being we expect that funding for dentistry and optometry will continue in line with existing contractual arrangements using assumptions rolled over from 2019/20 where required. We will keep this under review and address any issues as they arise.

Third and Independent Sector Providers

Details of reimbursement for any additional services to be procured from the third sector or from independent sector organisations will be issued in due course.

CAPITAL COSTS

NHSE/I will shortly issue indicative capital allocations for 2020/21. Additional capital expenditure will be required to support our response to the virus in a number of areas, including purchase of pods, capital modifications to existing estate, purchasing of ventilators and other medical equipment, and IT assets to enable smarter working including remote consultations. In a number of cases NHSE/I may bulk-purchase assets to secure the necessary resource as quickly as possible. However, this will not always be practical or desirable, so below are the arrangements for providers and commissioners to access capital in relation to the COVID-19 response. The key criteria against which we will assess claims are:

- a) The proposed expenditure must be clearly linked to delivery of our COVID-19 response;
NHS
- b) In the case of asset purchases, the asset must be capable of being delivered within the expected duration of the outbreak; and
- c) In the case of modifications to estate, the works must be capable of being completed within the expected duration of the outbreak.

Commissioner capital

We anticipate that individual claims for capital expenditure by commissioners will fall within the delegated budgetary limits for NHSE/I of £10m. Any requests for capital expenditure by commissioners including any assets being purchased on behalf of general practice should be relayed to NHSE/I regional teams for assessment with the national team, following which the required capital allocation will be issued.

Provider capital

We anticipate that individual claims for capital expenditure by providers will fall within the delegated budgetary limits for trusts of £15m. Any requests for capital expenditure by providers should be relayed to NHSE/I regional team for rapid assessment with the national team to enable swift decision making and disbursement of cash where appropriate. PDC charges will not be levied on any funding supplied in connection with COVID-19.

Summary

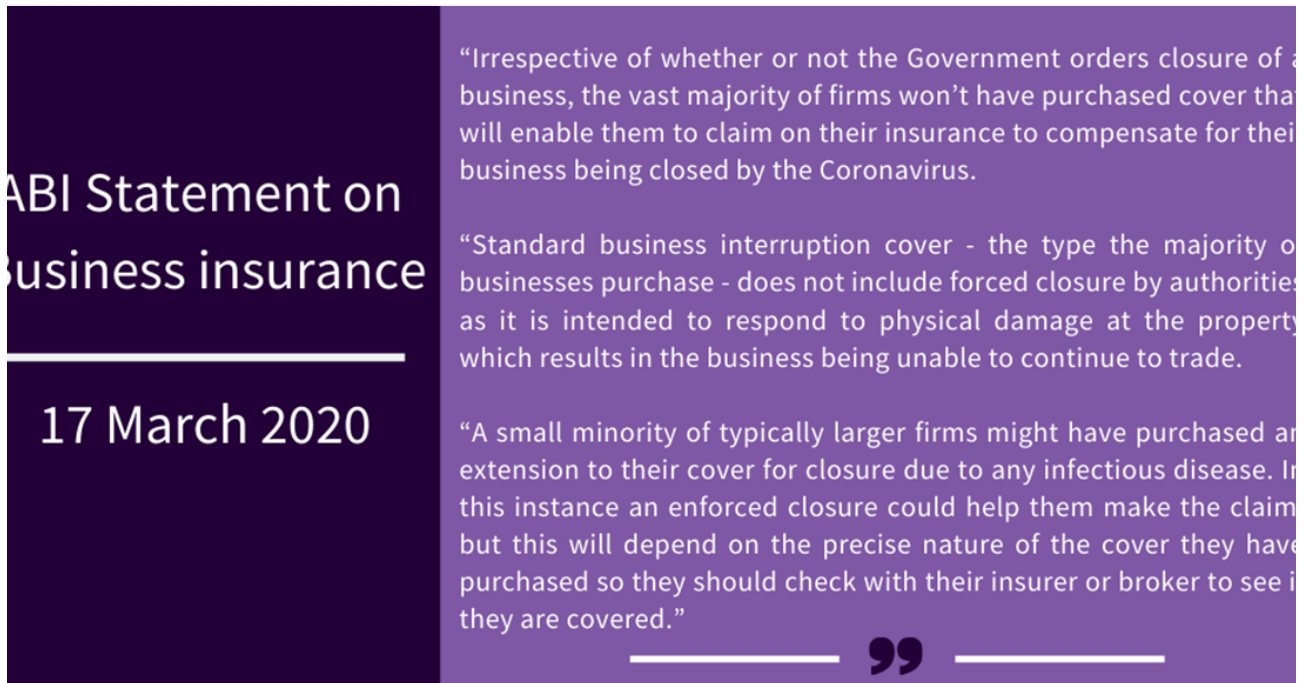
Group	Service line	Funding method
Revenue costs		
All NHS organisations	Contracting basis	All providers to move to block contract,
	Self-isolation of workers	To be directly reimbursed as required
	Increased staff costs in the event of sick or carer's leave	To be directly reimbursed as required
	Other additional operating costs	Reasonable costs to be reimbursed
Acute providers	Pod provision	Initial on-account payment based on submissions received so far Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
	Laboratory costs	To be directly reimbursed as required
CCGs	Purchase of step-down beds	Final 19/20 payment based on cost submissions Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
	Out of Hours (primary care) capacity increase	Additional allocations to be paid to CCGs to pass on to providers
Specialised services	Patient admissions	To be funded through block contractual payments
	Drugs costs	Payments for drugs not included in tariff will continue in the normal way
Ambulance providers	Additional PPE and cleaning	Initial on-account payment based on submissions received so far Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions
Community	Swabbing services	Final 19/20 payment based on updated cost template Ongoing 20/21 costs to be reimbursed monthly based on cost submissions

Group	Service line	Funding method
NHS 111	National CRS function	Costs to be reimbursed nationally
	Additional local 111 funding	Additional allocations to be paid via CCGs where agreed
Capital costs		
Acute providers	Equipment and estate modification as required	PDC allocation from DHSC to provider trust
CCGs (including primary care)	Equipment as required	NHS England allocation to CCGs funded via DHSC mandate adjustment

Statement on business insurance and Coronavirus

17/03/2020

The Association of British Insurers has today issued a statement on the closure of businesses and the impact of Coronavirus (COVID-19).



[\(/globalassets/images/content/news-releases/2020/03/business-insurance1.png?width=1600&height=1100&mode=max\)]((/globalassets/images/content/news-releases/2020/03/business-insurance1.png?width=1600&height=1100&mode=max))

Notes for Editors

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The Association of British Insurers is the voice of the UK's world leading insurance and long-term savings industry.

A productive, inclusive and thriving sector, we are an industry that provides peace of mind to households and businesses across the UK and powers the growth of local and regional economies by enabling trade, risk taking, investment and innovation.

An ISDN line is available for broadcast.

More news and information from the ABI is available on our web site, abi.org.uk (/).

ABI Statement on Business insurance

17 March 2020

“Irrespective of whether or not the Government orders closure of a business, the vast majority of firms won’t have purchased cover that will enable them to claim on their insurance to compensate for their business being closed by the Coronavirus.

“Standard business interruption cover - the type the majority of businesses purchase - does not include forced closure by authorities as it is intended to respond to physical damage at the property which results in the business being unable to continue to trade.

“A small minority of typically larger firms might have purchased an extension to their cover for closure due to any infectious disease. In this instance an enforced closure could help them make the claim, but this will depend on the precise nature of the cover they have purchased so they should check with their insurer or broker to see if they are covered.”

”

1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)
3. Public health (<https://www.gov.uk/health-and-social-care/public-health>)

Speech

Chancellor of the Exchequer, Rishi Sunak on COVID19 response

The Chancellor announces further support in economic response to coronavirus.

Published 17 March 2020

From:

HM Treasury (<https://www.gov.uk/government/organisations/hm-treasury>) and The Rt Hon Rishi Sunak MP (<https://www.gov.uk/government/people/rishi-sunak>)

Delivered on:

17 March 2020 (Transcript of the speech, exactly as it was delivered)



Good afternoon everyone.

The coronavirus pandemic is a public health emergency. But it is also an economic emergency. We have never, in peacetime, faced an economic fight like this one.

I know that people are deeply worried. I know that people's anxiety about the disease itself is matched only by their anxiety about their livelihoods.

Last week, I set out an initial economic response in the Budget.

I promised to do whatever it takes to support our economy through this crisis – and that if the situation changed, I would not hesitate to take further action. That is what I want to begin doing today.

This struggle will not be overcome by a single package of measures, or isolated interventions. It will be won through a collective national effort. Every one of us, doing all we can to protect families, neighbours, friends, jobs.

This national effort will be underpinned by government interventions in the economy on a scale unimaginable only a few weeks ago. This is not a time for ideology and orthodoxy. This is a time to be bold. A time for courage.

I want to reassure every British citizen, this government will give you all the tools you need to get through this.

We will support jobs, we will support incomes, we will support businesses, and we will help you protect your loved ones. We will do whatever it takes.

In the Budget last week, I set out the first stage of our economic response with a £30 billion package of support for people and businesses.

But I also said in the Budget that as the situation evolves, we would take further action.

And as the Prime Minister set out yesterday, we're now approaching the fast growth part of the upwards curve. He has set out the next stage of our public health response.

So I wanted to update everyone on the next stage of our economic response.

First, the government will stand behind businesses small and large.

I can announce today an unprecedented package of government-backed and guaranteed loans to support businesses to get through this.

Today, I am making available an initial £330 billion of guarantees – equivalent to 15% of our GDP.

That means any business who needs access to cash to pay their rent, the salaries, suppliers, or purchase stock, will be able to access a government-backed loan, on attractive terms.

And if demand is greater than the initial £330 billion I'm making available today, I will go further and provide as much capacity as required.

I said whatever it takes –and I meant it.

That support will be delivered through two main schemes:

- to support liquidity amongst larger firms, I have today agreed a new lending facility with the Governor of the Bank of England to provide low cost, easily accessible commercial paper
- to support lending to small and medium sized businesses, I am extending the new Business Interruption Loan Scheme I announced at the Budget last week, so that rather than loans of £1.2 million, it will now provide loans of up to £5 million, with no interest due for the first six months

Both of these schemes will be up and running by the start of next week.

And I am also taking a new legal power in the Covid Bill to offer whatever further financial support I decide is necessary.

Some sectors are facing particularly acute challenges. In the coming days, my colleague the Secretary of State for Transport and I will discuss a potential support package for specifically airlines and airports.

And yesterday, I asked my Cabinet colleagues to urgently convene meetings over the coming days with business leaders and representatives in the most affected sectors, to identify other specific opportunities to support them and their industries, including possible regulatory forbearance.

I repeat: we will do whatever it takes.

Second, as well as access to finance, businesses need support with their cashflow and fixed costs.

Following the changed medical advice yesterday, there are concerns about the impact on pubs, clubs, theatres and other hospitality, leisure and retail venues.

Let me confirm that, for those businesses which do have a policy that covers pandemics, the government's action is sufficient and will allow businesses to make an insurance claim against their policy.

But many of those businesses don't have insurance – so we will go further.

I announced last week that for businesses in the retail, hospitality and leisure sectors, with a rateable value of less than £51,000, they will pay no business rates this year.

Today, I can go further and provide those businesses with an additional cash grant of up to £25,000 per business – to help bridge through this period.

Additionally, I also am today extending the business rates holiday to all businesses in those sectors, irrespective of their rateable value.

That means every single shop, pub, theatre, music venue, restaurant - and any other business in the retail, hospitality or leisure sector – will pay no business rates whatsoever for 12 months, and if they have a rateable value of less than £51,000, they can now get a cash grant as well.

I also announced last week that we would be providing £3,000 cash grants to the 700,000 of our smallest businesses.

In light of the new circumstances, and to support their cash flow, today I can increase those grants to £10,000.

Taken together, on top of the unlimited lending capacity I have already announced, this is a package of tax cuts and grants, in this financial year, worth more than £20 billion.

That comes on top of the existing multi-billion-pound package I set out at Budget, which included reimbursing small and medium sized companies for the cost of statutory sick pay.

Local authorities in England will be fully compensated for the costs of these measures, and the devolved administrations will receive at least £3.5 billion in additional funding as a result to provide support to businesses in Scotland, Wales and Northern Ireland.

I repeat again: we will do whatever it takes.

Third, I will strengthen our support for peoples and individuals.

At Budget last week, I committed £1 billion to support the financial security of vulnerable people, through a half billion boost to the welfare system, and a half billion pound Hardship Fund for Local Authorities.

Following discussions with industry today, I can announce that for those in difficulty due to coronavirus, mortgage lenders will offer at least a three month mortgage holiday – so that people will not have to pay a penny towards their mortgage while they get back on their feet.

And in the coming days, I will go much further to support people's financial security. In particular, I will work with trade unions and business groups to urgently develop new forms of employment support to help protect people's jobs and incomes through this period.

As I said last week, this is first and foremost a public health emergency. And I reiterate today our commitment that whatever resources the NHS needs, it will get.

Let no one doubt our resolve. When I said in the Budget that we will do everything we can to keep this country, and our people, healthy and financially secure – I meant it.

The measures I have announced today are part of a comprehensive, coordinated and coherent response to what is a serious and evolving economic situation.

These are only the first steps – I will set out the next stage of our response in the coming days.

We have never faced an economic fight like this one. But we are well prepared. We will get through this. And we will do whatever it takes.

Thank you.

Published 17 March 2020

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19:06:00

The Chancellor of the Exchequer (Rishi Sunak)

Thank you, Mr Speaker. I am grateful to you for allowing me to make this statement. Let me wholeheartedly apologise that I was not able to set out these measures to the House first. I can provide the reassurance that you requested and I hope that hon. and right hon. Members across the House understand that these are extraordinary circumstances.

I want to take the opportunity today to set out for the House the next stage of our economic plan in response to the coronavirus. The coronavirus pandemic is a public health emergency, but it is also an economic emergency. We have never, in peacetime, faced a fight of an economic nature like this. I know that people are deeply worried. I know that people's anxiety about the disease itself is matched only by their anxiety about their livelihoods.

In the Budget last week, I set out the first stage of our economic response with a £30 billion package to support people and businesses. I promised to do whatever it takes to support our economy through this crisis and that, if the situation changed, I would not hesitate to take further action. As the Prime Minister set out yesterday, we are now approaching the fast-growth part of the upwards curve. He has set out the next stage of our public health response; I want to update the House on the next stage of our economic response.

Let me begin by setting out for the House our overarching economic strategy. People should know that the objective of our economic policy remains clear and our resolve remains firm: we will do whatever it takes to protect households and businesses to get through this, and to make sure that the effects do not become permanent. As we develop our strategy, not just today but over the coming days and weeks, we will be guided by three principles. First, our response must be comprehensive. This national effort will be underpinned by Government interventions in the economy on a scale unimaginable only a few weeks ago. This is not a time for ideology and orthodoxy. This is a time to be bold—a time for courage.

I want to reassure every British citizen that this Government will give you the tools you need to get through this. We will support jobs, we will support incomes, we will support businesses, and we will help protect your loved ones. We will do whatever it takes.

Secondly, our response must be co-ordinated. We in Government are working hand in glove with the wider economic authorities. Domestically, that includes the Bank of England, the regulators, and the health response. And internationally, I continue to engage with my G7 and G20 counterparts to agree and facilitate a global response.

Thirdly, our response must be coherent. It would be easy, at a time like this, to rush into a response and measures that we found out later had been ill-considered. The single most important test we in this House must set ourselves is to make sure that the actions we take will, in the lives of ordinary people and businesses, make a difference. To apply those principles in practice, we will use fiscal action to support public services, households and businesses. The Budget last week set out the first stage, including our commitment to provide the NHS with whatever it needs. In the coming days, I will take further steps, with a particular focus on supporting people and individuals.

In response to the updated medical advice yesterday, I can take three immediate steps today. First, the Government will stand behind businesses small and large. I can announce today an unprecedented package of Government-backed and guaranteed loans to support businesses to get through this. Today, I am making available an initial £330 billion of guarantees, equivalent to 15% of our GDP. That means any business that needs to access cash to pay its rent, salaries or suppliers will be able to access a Government-backed loan on attractive terms. If demand is greater than the initial £330 billion I am making available today, I will go further and provide as much capacity as required. I said whatever it takes, and I mean it.

That support will be delivered through two main schemes. To support liquidity among larger firms, I have today agreed a new lending facility with the Governor of the Bank of England to provide low-cost commercial paper. To support lending to small and medium-sized businesses, I am extending the new business interruption loan scheme I announced at the Budget last week so that rather than loans of up to £1.2 million, it will now provide loans of up to £5 million, with no interest due for the first six months. Both of those schemes will be up and running by the start of next

week. I am also taking a new legal power in the covid Bill to offer whatever further financial support I decide is necessary.

Some sectors are facing particularly acute challenges. In the coming days, my right hon. Friend the Secretary of State for Transport and I will discuss a specific potential support package for airlines and airports. Yesterday, I asked my Cabinet colleagues to urgently convene meetings over the coming days with business leaders and representatives in the most affected sectors to identify other specific opportunities to support them, including possible regulatory forbearance. I repeat: we will do whatever it takes.

Secondly, as well as access to finance, businesses need support with their cash flow and fixed costs. Following the changed medical advice yesterday, there are genuine concerns about the impact on pubs, clubs, theatres and other hospitality, leisure and retail venues. Let me confirm today that for those businesses that do have a policy that covers pandemics, the Government's action is sufficient and will allow them to make an insurance claim against their policy. But many businesses do not have insurance, so we need to go further. I announced last week that businesses in the retail, hospitality and leisure sectors with a rateable value of less than £51,000 will pay no business rates this year. Today, I can go further and provide those businesses with an additional cash grant of up to £25,000 per business to help bridge through this period.

Additionally, I am extending this business rates holiday to all businesses in those sectors, irrespective of their rateable value. That means that every single shop, pub, theatre, music venue and restaurant, and any other business in the retail, hospitality or leisure sector, will pay no business rates whatsoever for 12 months, and if they have a rateable value of less than £51,000, they will now get a cash grant as well. I also announced last week that we would be providing £3,000 grants to 700,000 of our smallest businesses. To support their cash flow in these exceptional circumstances, today I can increase those cash grants to £10,000.

Taken together, on top of the unlimited lending capacity I have already announced, that is a package of tax cuts and grants in this financial year to directly support businesses worth more than £20 billion. That comes on top of the existing multibillion-pound package I set out at Budget, which included reimbursing small and medium-sized companies for the cost of statutory sick pay. Local authorities in England will be fully compensated for the costs of these measures, and the devolved Administrations will receive at least £3.5 billion in additional funding as a result, to provide support to businesses in Scotland, Wales and Northern Ireland. I repeat again: we will do whatever it takes.

Thirdly, I will strengthen our support for peoples and individuals. At Budget last week, I committed £1 billion to support the financial security of vulnerable people through a half-a-billion-pound boost to the welfare system and a half-a-billion-pound hardship fund for local authorities. Following discussions with industry, I can announce today that, for those in difficulty due to coronavirus, mortgage lenders will now offer a three-month mortgage holiday, so that people will not have to pay a penny towards their mortgage while they get back on their feet. In the coming days, I will go much further to support people's financial security. In particular, I will work with trade unions and businesses to urgently develop new forms of employment support to help protect people's jobs and incomes through this period.

Let no one doubt our resolve. When I said in the Budget last week that we will do everything we can to keep this country and our people healthy and financially secure, I meant it. The measures that I have announced today are part of a comprehensive, co-ordinated and coherent response to a serious and evolving economic situation. These are only the first steps, and I will set out the next stage of our response in the coming days. We have never faced an economic fight like this one, but we are well prepared. We will get through this, and we will do whatever it takes. I commend this statement to the House.

19:17:00

John McDonnell (Hayes and Harlington) (Lab)

There was an element of déjà vu about that statement. I thank the Chancellor of the Exchequer for providing us with an earlier copy of it. Of course, we recognise the immense threat that this virus poses to our country and the globe, and we want to work with him to ensure that we do everything we can to protect our economy and our people. But today, in some of our constituencies, people were being laid off—they were losing their jobs and their incomes, and their livelihoods are being threatened. People are worried, and I am disappointed that today's package of measures does not really appreciate the urgency or the gravity of the situation for those individuals and their families.

Let us establish a principle throughout our discussions. To protect our people, the underlying principle must be that, wherever a person is sick, self-isolating or laid off from their employment, we will protect their income and give them security. I want to raise a number of questions about issues that the Chancellor failed to address and that I hope will be addressed urgently.

On those people who are sick, there is an urgent need for statutory sick pay to be available for everybody from day 1, and that means extending it to people on low pay, in part-time work and on zero-hours contracts, who at the moment do not qualify. Will the Chancellor now consider abolishing completely the lower earnings limit with regard to statutory sick pay, as called for by the CBI? May I also ask him to heed the call of the TUC and other groups to lift the overall level of statutory sick pay? The TUC has proposed that it should be raised to the level of the real living wage, and I think we should support that. Other countries are providing 100% protection of wages.

Other questions with regard to individuals remain unanswered. Will those workers who have been asked or required to self-isolate—teachers, health workers, nurses, carers and other essential public servants—be protected on full pay to ensure that essential services continue? Will the Government assure people of a right to work from home?

Other pressures felt by individuals relate to rents, mortgages and evictions. I really regret—I ask the Chancellor to consider this urgently this evening—that there was nothing in the statement to protect renters. It affects all our constituents. Will the Chancellor bring forward urgently now measures to protect renters, prevent evictions and enable rent holidays for those people unable to meet their costs? Will he put powers in the legislation now to follow the example of some other countries that have frozen or suspended utility bill payments and put that on a statutory footing because this is an emergency?

For those who have already lost their jobs, let us be clear: the level of and access to universal credit are unacceptable. The Chancellor has said that those receiving universal credit can receive an advance as a loan. This is pushing people into debt, some of them the poorest in our society. The Child Poverty Action Group has asked whether we can make that loan non-repayable as a grant. Can I urge him to consider that?

The Chancellor has said, and I welcome it, that he is going to bring the trade unions together to look at a more sustainable package. We need to do that within days, not weeks, and we will work with him to ensure that happens. I would cite other examples. In Denmark, the Government cover 75% of wages and companies cover 25%. It is true that workers give up some holidays in exchange, but there is a job guarantee for those workers.

We want financial support, but we want guarantees that these people, when this crisis is over, will have a job to go back to, particularly in those companies where there have been significant lay-offs. Unfortunately, we are now facing significant job losses, and a real sense of uncertainty for workers and businesses alike. I have to say that that uncertainty was made worse last night by statements with regard to the hospitality sector. I do not believe that the Chancellor's statement today gives the clarity that is needed. Will he make it clear to the insurance companies that those in the hospitality sector—the pubs, the clubs, the theatres, the festivals—are closing on the instruction of the Government? In that way, most of them, even if they do not have "pandemic" in their insurance policies, will be covered.

I welcome today's announcement of loan guarantees to businesses, but I notice in the small print—can the Chancellor clarify this?—that this is interest free for a period of six months only. I am not sure whether that gives the sufficient support and guarantee for the long term that many will want. I welcome the grants, but may I say to him that the response so far from a number of businesses has been that the scale of the grants needs reviewing? They are too small, and they do not relate to the costs that people are involved in at the moment.

I welcome what the Government have said about the business rates relief holiday, but last week the statement seemed to exclude nurseries and childcare. Can the Chancellor just clarify that that has been remedied now, because childcare and nurseries will be desperately needed in the coming period? A bit of concern has been expressed about the British Business Bank being asked last week to deliver the business interruption loan scheme. As of very recently there is little public evidence that the scheme has been established or developed.

I will turn quickly to individual sectors. On the aviation sector and other key transport sectors, I accept that there is a need now for support. I say gently, however, that I resent Mr Branson urging his workers to take eight weeks of unpaid leave, when he makes such a fortune, often by tax avoidance as well. If we are to give grants, loans and assistance to some of these sectors, we should consider whether to take an equity stake for the long term. That also relates to the rail sector. If any franchise fails, is there any planning to bring it under public ownership and management?

Another sector that has been mentioned—this is deeply worrying—is the fishing industry. It has been hit hard, particularly because of its inability to export. We have been told about the lack of insurance cover for boat mortgages. Can we look at that rapidly now to develop some form of legislative protection? Agriculture is now moving into the planting season. The sector was already facing a significant shortage of workers, but it now faces even bigger challenges. Will the Chancellor reassure the House that there will be support for agriculture throughout, because food supplies will be essential during this coming period, especially domestic food supplies?

I must also raise the issue of public services, which the Chancellor did not mention in any depth. The Opposition received well the commitment that whatever the NHS needs it will get, but can we be clear about the allocation of funding to enable testing to take place at scale? The £5 billion response fund did not earmark any particular funding for the NHS, let alone for testing. Clearly, the public now want reassurance that testing will be developed, and we need the funding. Also on the NHS, can the Government point to stronger steps that need to be taken to manufacture essential ventilators and provide personal protective equipment for frontline NHS workers? If we are harvesting our resources, Labour Members do not believe that we should be paying for private hospital beds at this time. Indeed, many of us believe that they should be requisitioned for the use of the whole community.

The overall system of caring for our population relies not just on the NHS but on social care. Will the Chancellor be absolutely clear now about the scale of funding that has so far been directed to social care, as there is uncertainty about that at the moment? What does he think is the best estimate for the level of funding that will be needed, given that we have already inherited 120,000 vacancies, and staff numbers may well dwindle because of the impact of the virus? In recent years, we have seen evidence that some care companies face threats to their financial viability. What plans have the Government developed to intervene if necessary in that sector? There is also pressure on family carers, who are relied on to support our social care system. We need proposals to support them financially as well.

One area of change that has been mooted is the possible closure of our schools. It is crucial that childcare support is provided in the event that any closures occur. We will work with the Chancellor on that issue and with local authorities, but it is crucial that children who depend on free school dinners receive support if the schools are closed. We cannot allow them to go hungry. School staff may be off for long periods and we would like an assurance that their incomes will be guaranteed. Pupils and students are being advised to study from home and most will require access to high-speed broadband. What will be done to ensure access to broadband for students? May I suggest to the Chancellor that it could be free? We all rely in our communities on the voluntary sector as well and it is being hit hard because of the temporary downturn in donations and staffing levels. What consideration has been given to grants to ensure that the voluntary sector can continue to carry out its important functions?

We need more clarity on the Barnett consequentials, and very quickly, because there is uncertainty about the scale of support that will be given to the devolved countries and regions.

With regard to international interventions, whatever people thought about Gordon Brown's individual policies, in 2007 and 2008 he showed international leadership to tackle that crisis. I have expressed previously my disappointment that the Government did not act sooner in bringing countries together. I urge the Chancellor to follow up the teleconference with the G7 on Monday with engagement through the G20, the World Bank, the World Health Organisation and the UN, and to bring forward a global plan with his colleagues to ensure that we can give assurance not just to the markets but to those, particularly in the global south, who may well be hit hardest by this virus.

Rishi Sunak

I thank the right hon. Gentleman for the constructive attitude with which he approaches some of these issues. I very much welcome his desire to work with me to try to solve some of the pressing issues that face our nation.

I will try to answer as many of the right hon. Gentleman's specific questions as possible, starting with financial security for our most vulnerable people. I wholeheartedly agree that this is a priority and should be a priority, which is why, in the Budget, we made significant changes to the operation of statutory sick pay, universal credit, and employment and support allowance to ensure that people had quicker and more generous access to a support system for them and their families. We have already invested £1 billion to provide that extra security, but of course we keep all these things under review. As I said, the next step of our plan is to focus on providing support to people, their incomes and their jobs over the coming days.

The right hon. Gentleman asked about insurance for the leisure sector. I can confirm that, after extensive meetings today between my hon. Friend the Economic Secretary to the Treasury and the insurance industry, the insurance

industry will honour insurance contracts that would have been triggered if the advice had been to ban certain things, rather than it being advisory not to do them. That has been agreed and negotiated by my hon. Friend. I thank him for those efforts, and I thank the insurance industry for doing the right thing.

The shadow Chancellor asked, rightly, about renters. Of course, I announced measures today on mortgages. He is absolutely right that the biggest fixed cost that many families face will be their rent payment, and it is right that we have regard to that. I can tell him that my right hon. Friend the Housing Secretary will, in the coming days, make a statement with further measures to protect renters through these difficult times.

The shadow Chancellor asked about other countries and their experience, and about global leadership. He mentioned some specific examples of schemes. I can assure him that I am in touch with my counterparts across the G7 and the G20 to understand how schemes in other countries work. He mentioned, for example, employment support schemes in both Germany and Denmark. I say to him and to the House that, whatever package or scheme we come up with that we believe will provide the appropriate support, it is important that we can operationalise that at speed. The difference between our system and that of many other countries is that they have these systems already in place, so it is far easier for them to step them up quickly. We need to make sure we come up with a solution that can be delivered so that it makes a difference to people quickly, which is why I am happy to work closely with unions and business groups to see what will make the most sense.

On international leadership, I say to the right hon. Gentleman that it was widely noticed by other countries that last week, in this country, we saw both monetary and fiscal policy—the Government and the Bank of England working independently but in a co-ordinated fashion to provide significant support and confidence to the economy. That was acknowledged by people, including the International Monetary Fund, which noticed what happened here and pointed at it as an example for others to follow.

On the scale of our response, I ask the right hon. Gentleman to look at the analysis comparing the scale of the fiscal support that various different countries are providing. Again, I think he will find that the package of measures announced both last week and today shows that we have one of the strongest responses of anybody in the G7 as a percentage of GDP to the significant challenge that we face.

The right hon. Gentleman asked about the delivery of the loan scheme and it is right to focus on how it will be delivered. We have been working at pace over the past week to make sure that the loans can be delivered not by the British Business Bank, but by individual retail banks on high streets up and down the country. Again, because of the work of the Economic Secretary, that will happen by early next week: businesses will be able to walk into their local branches and request a business interruption loan that has been backed by the Government on these attractive terms. Again, we have to work with the systems that we have. We cannot let the perfect be the enemy of the good because we want to be able to deliver these schemes as quickly as possible to businesses up and down the country.

The right hon. Gentleman asked about support for a variety of sectors. I can tell him that I have urgently asked my Cabinet colleagues to convene roundtables and engagement with their particular industries to understand if there are specific measures we should be looking at, on top of the measures for airlines and airports that we can look to address in the coming days. All the sectors he mentioned will be covered by that.

I agree with the right hon. Gentleman: when it comes to providing support to larger companies, if the taxpayer is going to be put at risk in supporting those companies, it is right that the taxpayer is rewarded on the other side. That is a principle with which we also wholeheartedly agree. He can rest assured that, as we negotiate those situations, we will always protect the interests of taxpayers.

The right hon. Gentleman rightly asked about public services. Our No. 1 priority is to ensure that the NHS has everything it needs to get through this period. I made that commitment last week. I re-echo that commitment today.

On the Barnett consequentials, the right hon. Gentleman will have seen this week that we released the full amount of the Barnett consequentials resulting from the Budget package in advance to all devolved authorities. Today, I announced the overall quantum. Again, we will quickly release those, in advance of those payments being released in England, to the devolved authorities, so they can plan appropriately.

The right hon. Gentleman can rest assured that all the specific public service issues he mentioned, whether school meals, schools and social care, are under active and urgent consideration.

I will end on this point. Our public servants, in particular those working hardest in our NHS right now, deserve nothing but our support at this difficult time. I want them to know, and I want the country to know, that we will do whatever it takes to get through this.

Mel Stride (Central Devon) (Con)

These are truly shocking times and a great weight lies upon the shoulders of my right hon. Friend the Chancellor. I hope it is felt right across the House that we wish him every success in his endeavours to steer us through this crisis. He has come forward with a huge response to the current situation, which I know will, in many quarters and businesses up and down the country, provide some reassurance. There are, however, inevitably some areas on which there is still work to come, not least in terms of the employment support package. I note the fact that he will shortly be engaging closely with trade unions and businesses to flesh that out. May I urge him to do so as quickly and promptly as possible? Does he know at this stage when the conclusions of that exercise may be reached, so that we can provide vital reassurance to employers and employees who fear for their jobs up and down our country? This is a time in our history where not just days, but hours matter.

Rishi Sunak

I thank my right hon. Friend for his thoughtful support. I can tell him that we are working on those proposals urgently and plan to have answers for both him and the House in the coming days, ideally next week, with an early thought of what we can do. As I said, designing these schemes will take an appropriate amount of diligence and care. That is what we are focused on urgently as we speak. He is right: this is about hours, not days and weeks.

Alison Thewliss (Glasgow Central) (SNP)

I thank the Chancellor for the action and the extra money that he has announced this evening. I put on record my thanks to health staff, volunteers and everybody working at the forefront of this crisis. I also mark my sadness at the second death that was recorded in Scotland today.

We want to work across the economy and across society, because fundamentally this is about people's lives. The Chancellor is right that nothing should be spared when it comes to that. Can he tell me precisely what the Barnett consequential will be from today's announcement? He says that the Scottish Government knew in advance. I do not make the point to be party political, but my understanding is that the Scottish Government were only notified by letter at 5.30 pm yesterday of the previous set of Barnett consequential from last week's Budget. [Interruption.] I hear hon. Members saying that that has been the same for Wales.

The Scottish Government want to act swiftly. They must not be behind the curve of what England is doing. The Chancellor must pick up the phone to Kate Forbes, the Scottish Cabinet Secretary for Finance, to let her know exactly what is coming, so that she can take action for Scotland's businesses and individuals across the country.

The Chancellor mentioned that the loans will be on attractive terms. Can he tell us more details? Businesses will be nervous about taking on more debt at this time, and interest free for six months is perhaps not good enough for businesses that are struggling and questioning their very future. His flexibility on the next steps is also welcome, but we expect those measures to come before the House if at all possible.

Will the Chancellor take a stake in the airlines to guarantee that money for the future? In any intervention for airlines, will he make sure that staff are protected first, including support staff in airports and in the supply chain, not just airline staff directly? They are all worried about their jobs.

Cash grants for small businesses are welcome, but I gently suggest that the £3,000 announced last week was not enough. Today's announcement of £10,000 shows how short that was. The hospitality sector in particular needs urgent clarity about what is going to happen for events, for pubs and right across the sector. The Government need to be absolutely clear: if people are to stay away from pubs, pubs need to know that and have the Government's backing if they close. That applies across the hospitality sector, including for hotels and lots of small businesses in the supply chain.

The Association of British Insurers has suggested that many businesses will not have a policy that covers pandemic. Will the UK Government stand as an insurer of last resort, as Professor Sir Charles Bean suggested at the Treasury Committee today, saying,

“Big early action is better than half-hearted action that’s late”?

I urge the Chancellor to think on that. Can the insurers cope if they are asked to pay out on all those policies? Will the Government stand behind the insurers if need be?

What protection has been given to pregnant women around maternity entitlement? Lots of women have been asked to take their maternity leave early, which will affect how long they can stay off at the end. They need to know that the Government will back them on that and that they will not lose out on their maternity leave because of the coronavirus.

The Chancellor made no mention of private renters, particularly young people who are more likely to be in insecure employment. He is giving a break to those paying mortgages, lots of which are buy-to-rent mortgages where people rent the accommodation. If the mortgage holders are getting a break, that must be guaranteed for renters as well. It must be passed on, and passed on quickly. If the Chancellor looks at Twitter, he will see that people around the country are losing their tenancies and do not know whether they can get a new one.

There has been talk in the US of \$1,000 being given to Americans, and in Italy €500 being given to the self-employed. Will the Chancellor consider such direct schemes for individuals who may be struggling to cope? Will he also look at the situation for asylum seekers and those with no recourse to public funds who cannot claim benefits and are particularly vulnerable? The services, food banks and voluntary action that they rely on will disappear. They need direct payments as well if they are to live through this crisis.

I note that France is moving to the direct payment of bills. Will the Chancellor look at that measure? That is a different mechanism that stops money being taken out of people’s pockets, rather than putting money into them. Has he spoken to the energy companies about that?

Turning to the vulnerability of people in the economy just now, the Fraser of Allander Institute has said that only one in four under-25s has enough savings to cover one month of income. The under-25s are incredibly vulnerable, so will the Chancellor consider specific measures to tackle issues for those young people? Only 42% of households in the bottom income decile have enough savings to cover one month. People will not get through this crisis with the money they have in the bank, because a lot of them have no money in the bank. He needs to consider how he will ensure that people can put food on the table. That need is particularly pressing for families, because if the schools do close and parents cannot work, there will be no money coming in. He needs to think about how those families will put food on the table for those children during this extended period.

I agree with everyone who has said that statutory sick pay is woefully inadequate to deal with this crisis. The Government have suggested that people should apply for universal credit, but they seem to be forgetting that for many people universal credit is far less generous even than statutory sick pay, so will the Chancellor urgently increase the amount that people can get through the universal credit system? Will he uprate that so that people can get enough money to survive the crisis? Will he consider extending the period for universal credit advances, or ideally get rid of the advances and pay people straight away? Will he ensure that the Department for Work and Pensions looks carefully at the implications of people claiming universal credit for their entitlement to legacy benefits, because people might lose out on their legacy benefits if they jump into universal credit just now? Will the Department protect that for all claimants so that they do not lose out in the long term?

This is a crisis. I welcome all action that the UK Government will take on this, but the questions this evening will be legion, and people will have so many questions in the days ahead. I ask the Government to listen and to react as quickly as possible to all the questions that honourable colleagues will raise this evening, and in the weeks and months ahead.

Rishi Sunak

I thank the hon. Member for her comments. I can reassure her that I am listening. I welcome all the suggestions that she has made, and indeed all those that other hon. Members will make. We are listening intently to hon. Members, and to businesses and others, to ensure that we provide the support required.

Let me answer the hon. Member’s specific questions. The Barnett consequential resulting from today’s package will be about £3.5 billion. I understand that my right hon. Friend the Chief Secretary to the Treasury will be speaking to the

Scottish Finance Secretary tomorrow to explain in more detail how that will work. Earlier this week we released the Barnett consequential to the devolved authorities before the money has been drawn down in England, as would be typical, in order to provide advance on the Barnett consequential to all devolved authorities in recognition of the circumstances that everyone is grappling with, so that they can plan appropriately. I hope that will be welcomed.

Obviously, it would not be appropriate for me to comment on specific interventions in any particular company, whether an airline or anything else, but I agree with the hon. Member that in general we are interested in protecting people's jobs. When I stand here and talk about supporting businesses, I am keen to support businesses because that is the best way to protect jobs, and ultimately that is the best way to protect people.

The hon. Member asked about cash grants. In thinking about the scale of the grants and how significant they might be, let us take the £10,000 grant available for anyone currently in receipt of small business rate relief. The typical rateable value on one of those properties would be approximately £7,000. That is a good proxy for a year's worth of rent. A £10,000 cash grant is therefore reasonably significant in covering what is probably a business's biggest fixed cost. When we look at what the average income of one of those smaller businesses might be, again we see that it will be significant.

The hon. Member talked about pubs and the leisure sector. Not only will there be a business rates holiday for the sector for the next 12 months, but for all businesses in the sector, regardless of their rateable value, there will be a £25,000 cash grant for businesses up to £51,000.

The hon. Member asked about insurance. The statement is welcome on insurance. With regard to retrospectively changing insurance policies, she rightly identified that that would most likely cause solvency issues with insurance companies, so it is perhaps not the most appropriate course of action, which is why we have several other measures for providing support directly to businesses in those circumstances. She will probably be aware that very few businesses actually have the requisite insurance in any case, so although the steps set out today are welcome, it is important that we think more broadly about direct support.

I welcome the hon. Member's question on maternity pay, which I will discuss with my right hon. Friend the Secretary of State for Work and Pensions and reflect on. With regard to renters, as I said in my earlier answer, my right hon. Friend the Secretary of State for Housing, Communities and Local Government will shortly announce further measures to protect renters.

The hon. Lady talked about other countries, and about fiscal responses and individual measures. Every country is doing this slightly differently, but, broadly, are trying to do the same things through different means. I think that the best way to judge us is by the total scale of our fiscal response, and on that metric, as a percentage of GDP benchmarked to nearly all developed countries, we have what is to date one of the most comprehensive and significant packages of scale—which, as I have said, underlies our commitment to doing what it takes to get the country through this.

Mr David Davis (Haltemprice and Howden) (Con)

I strongly welcome the Chancellor's enormous loan and guarantee package, but he himself recognised that he is supporting the liquidity of businesses rather than their long-term viability. We want to see employment protected, so may I ask him to fund business not just in ways that enable the maintenance of employment, but in ways that actively incentivise it? It is not the same thing. Block grants will not do it. May I also ask him, when he does that, to do more than just taking the route of sectoral support packages? If he takes that route, tens of thousands of small businesses will fall through the cracks.

That, unfortunately, means an incredibly tailored system. The Chancellor will have to design rather intricate mechanisms to ensure that we pay people properly, which may involve small claims courts, the insurance business and British chambers of commerce and the like. I ask him to consider doing that, however. What he has done today is important in terms of maintaining liquidity, but his main aim must be to maintain the viability of the British economy.

Rishi Sunak

My right hon. Friend has made a good point. I believe that providing liquidity now ensures sustainability for the future, but he is right to identify the further steps that are needed to provide support on fixed costs such as employment, and preserving and incentivising that employment. This is work that we are undertaking as a matter of urgency.

Rachel Reeves (Leeds West) (Lab)

For those who are currently off work on statutory sick pay or are self-isolating for public health reasons, who are laid off because there is no work or who are self-employed or low-paid, there is nothing at all in the Chancellor's package of measures. The Chancellor says that these matters are under review. As a matter of urgency, will he at least increase statutory sick pay to the level of the national living wage, and come back to the House with a package of support that ensures that workers will not be financially penalised for doing the right thing, and will not be unable to pay their bills and rent and put food on the table?

Rishi Sunak

We have put £1 billion into the welfare system to provide extra financial security for those people, to speed up both access and the generosity of all those benefits.

Harriett Baldwin (West Worcestershire) (Con)

I thank the Chancellor and his team for all that has been announced today. I know that those in the retail hospitality sector in my constituency will be very pleased to hear about it.

There is a sector of the retail market that is doing incredibly well, and that is the supermarkets. Many of my constituents are worried because they rely on home deliveries from supermarkets. Can the Chancellor update us on what talks he and his colleagues are having with the supermarket industry about increasing capacity for home delivery?

Rishi Sunak

That is an excellent point. My right hon. Friend the Secretary of State for Environment, Food and Rural Affairs is engaged in urgent talks with supermarkets to ensure the security of our food supply and to improve accessibility, particularly for those who may now be at home.

Jess Phillips (Birmingham, Yardley) (Lab)

I simply want to ask the Chancellor whether he could live on £94.25 per week. It is a simple question: has he ever lived on that, and could he live on that, because that is what most of my constituents are currently having to live on?

Rishi Sunak

We believe in a strong safety net during a short period so that people can get through this, which is why we have strengthened that safety net with £1 billion of extra investment to increase generosity and accessibility.

Sir Iain Duncan Smith (Chingford and Woodford Green) (Con)

I commend my right hon. Friend the Chancellor for his bold measures today, which will encourage many small businesses to believe that the Government are on their side. There is more to do, I know. Can I also encourage him, though, in his statement to come, on further employment measures to bear it in mind that the most important thing we can do is to do everything we can to keep people in employment? That will help to deliver growth.

One area I want to raise with my right hon. Friend, which has not really been touched on, although I think the shadow Chancellor raised it, is the voluntary sector. The Centre for Social Justice has done some quick work on this and come to the conclusion that the smallest elements of the voluntary sector, which have no reserves, are going to lose about £400 million during this next few months, and they are going to be the ones that are called upon most for support in the community for those who suffer. Can I please ask him to look at this very carefully and see what we can do to give them that cash aid?

Rishi Sunak

My right hon. Friend knows better than most the value of making sure that people have the security of a good job, and I commend him for all his work in that regard. I agree with him wholeheartedly. My right hon. Friend the Communities Secretary is talking already to the voluntary sector and we stand ready to provide the support that may be required.

Edward Miliband (Doncaster North) (Lab)

I recognise, as I am sure the whole House does, the Chancellor's wish to get any employment support scheme right, but he will recognise, as the shadow Chancellor said from the Front Bench, that people are facing redundancy right now. May I suggest two things that he can say tonight to help ward off those redundancies? The first is that he accepts the principle that Government should cover a substantial proportion of people's wages, because it is in their interests and those of the economy and their businesses. The second is that he undertakes to come back not next week but by Friday of this week with a clear plan developed with unions and businesses.

Rishi Sunak

I say to the right hon. Gentleman that it is more important that we get this right than rush to things that will not work, but he can rest assured that we agree wholeheartedly with the ambitions of what he says, but delivering them and getting it right are vital and that is what we are working on doing.

George Freeman (Mid Norfolk) (Con)

I congratulate and thank the Chancellor on behalf of the people in Mid Norfolk for a coherent and comprehensive package, in particular the support on rates and mortgages. In my rural and quite fragile economy, it is the pubs, the high streets, the small businesses, tourism and farming, and food processing that are the backbone of the economy. May I press him on the insurance point? The policies of many of my local employers simply do not cover liability for epidemics. Would it not be sensible to look at reinforcing the insurance industry, which has the wherewithal to deliver the support, so that those that have made money in the good years can help companies that really need it in tough times?

Rishi Sunak

I appreciate the point my hon. Friend is making. The steps today on insurance are welcome, but he is right to identify that retrospectively changing the situation that insurers would have reserved against could have a very significant impact on their solvency, which would send a ripple effect throughout the insurance market. That is not something that any of us would want to see.

Ms Angela Eagle (Wallasey) (Lab)

The Chancellor must surely recognise that those on statutory sick pay are being asked to protect the rest of us, but take only £96 a week in income and live on that, and that those on universal credit, if they can access the system at all, will be asked to live on £74 a week. Millions of people are simply not eligible for either of those deeply flawed structures. He has to do something fast. He has to do it quickly. Instead of talking about the £1 billion he has already put in, will he now realise that he has to move fast to reassure people that if they do the right thing they will not suffer and that they will be able to put food on the table and maintain their housing and their children's meals?

Rishi Sunak

We have provided half a billion pounds specifically to local authorities to provide extra support, particularly to help people with housing costs, notably council tax. That will make an enormous difference to people on the ground.

Mark Eastwood (Dewsbury) (Con)

Many mortgage payers in my constituency will welcome the three-month holiday announced today. However, can the Chancellor confirm whether this will be implemented automatically by the banks and mortgage lenders, or will borrowers need to apply?

Rishi Sunak

Borrowers can speak to their mortgage provider and, owing to the work of my right hon. Friend today, they should receive a three-month mortgage holiday, depending on their circumstance as explained, but it should be reasonably automatic thereafter.

Mr Speaker

Order. I am expecting to run this to around 9 o'clock.

Sir Edward Davey (Kingston and Surbiton) (LD)

Our economy is suffering a heart attack, one deeper and bigger than in 2008, so the Chancellor has a serious responsibility and he deserves constructive engagement from everyone in this House, including my party. His main

task is to ensure that there is confidence among the business community and the British people. I have to tell him that although he has made a good start, this is still very much a work in progress. His package for the business sector was large, but may I urge him to say far more about the loan terms he is putting forward? Many small businesses will be very worried about taking on this debt. May I also urge him to go much faster to give confidence to the ordinary people who are suffering in our constituencies?

Rishi Sunak

I thank the right hon. Gentleman for his constructive attitude, and I look forward to working with him. The loan terms will be interest-free for six months. Because of the liquidity that has been provided by the Bank of England, they will be incredibly cheap, and they will be available on a rolling basis for commercial paper, so they will be loans that are accessible and very valuable to businesses. They will be ready from next week.

John Redwood (Wokingham) (Con)

I am delighted that the Chancellor recognises the need for burden-sharing on employment costs in badly affected sectors such as tourism, travel and hospitality, but will he also make sure that there is a package for the self-employed, because some of those people are losing a large amount of their business, too?

Rishi Sunak

My right hon. Friend has written about the importance of employment support, and I look forward to getting his thoughts on those measures.

Ms Karen Buck (Westminster North) (Lab)

Half of my constituents rent privately—that is the highest proportion in the country. A quarter of all Londoners rent privately, and 13 million people across the country rent privately, with a third having no savings whatsoever. Will the Chancellor assure me that when we have the statement from the Housing Minister, there will, in addition to any legislative change to protect renters, be money on the table to help people on low incomes and in insecure employment to pay their rent, so that this crisis does not mean that they also get into debt and risk losing their homes?

Rishi Sunak

We very much recognise that rent is a significant portion of most household bills, which is why the Housing Secretary will shortly be outlining measures in this regard.

Paul Holmes (Eastleigh) (Con)

The measures announced by the Chancellor should be welcomed, but many of my constituents who are self-employed are worried because their cash flow has stopped now. When can we expect further announcements on how we are going to help these people? Will he consider extending the loans he has made available to businesses to cover this category of people?

Rishi Sunak

I can confirm to my hon. Friend that the loans available already will be available to those who are self-employed and that many of them, those who do have small properties, will benefit from the business rate reliefs and grants too.

Sammy Wilson (East Antrim) (DUP)

My party also wishes to work with the Government on ensuring that we get through this crisis as easily as we can. Redundancies are already starting across a range of industries in Northern Ireland. It is important that if the Chancellor is coming with the next step, it addresses the issue of how we keep people in employment and how firms are supported. I understand that he wants to get this right, but he also has to get it done.

Rishi Sunak

I can tell the right hon. Gentleman that we will get it done, we will do it at pace and we very much agree that it is important to protect people's jobs. That is the security we want to provide.

Rehman Chishti (Gillingham and Rainham) (Con)

I very much welcome the Chancellor's statement and all that the Government are doing to support individuals and businesses in my constituency. I have a specific point for him that has been raised with me by the chairman of Gillingham football club. They are in league 1, but this also covers clubs in league 2. A lot of the matches for those clubs have been postponed. They rely on matchday income to support them. What will be done to work with those smaller football clubs and organisations to ensure that their Her Majesty's Customs and Revenue payments are dealt with adequately and that they are given soft loans over a certain period to ensure that they can get through these challenging, difficult circumstances?

Rishi Sunak

My hon. Friend's football club, like many others, will be eligible for the business rates relief measures and grants that I have announced today. On HMRC, we activated Time to Pay last week, and there are now 2,000 specific, dedicated HMRC officers ready to take the calls of businesses such as Gillingham football club, in order to provide exactly what he suggested: a deferral for their tax payments and an agreed schedule for paying them back.

Mr Kevan Jones (North Durham) (Lab)

Yesterday, the Government announced measures for the hospitality industry. Businesses are laying off people today, throughout the country and certainly in County Durham, where I have spoken to businesses this afternoon. It is clear that the Chancellor does not have a clue how ordinary people live. They do not have access to savings and they do not have access to trust funds or independent wealth; they rely on what comes in each week. I urge him very strongly either to ensure that benefits are paid from day one, or to bring in some system that allows the Government to subsidise wages directly for some small businesses.

Rishi Sunak

It is because we care deeply about the financial security of all people that we want to work hardest to protect their jobs. That is the way to help working people in this country. We have strengthened the welfare system, and the measures that we have taken today will increase the likelihood that we can preserve those jobs. We know that there is more to do.

Henry Smith (Crawley) (Con)

I very much welcome the package of measures that the Chancellor announced this evening, but when does he expect to be able to give some more detail on support for the aviation industry? Virgin Atlantic, easyJet, British Airways and Gatwick airport in my constituency are suffering deeply.

Rishi Sunak

I know that my hon. Friend knows those businesses well. He should rest assured that we are already in contact with them, through both the Treasury and the Department for Transport. As I said, we will work with them as quickly as possible to put in place what measures are necessary.

Brendan O'Hara (Argyll and Bute) (SNP)

This afternoon, Lochfyne Langoustines, which employs 20 people in the village of Tarbert, told me that it did not have a single UK or export sale today. Soon, the company's boats will be tied up, processors will be laid off, and the business could close. The far east markets are beginning to reopen and there is a glimmer of hope, so will the UK Government work with the Scottish Government to help to arrange cargo flights to get into the reopening markets as soon as possible?

Rishi Sunak

I am happy to ask my right hon. Friends the Secretary of State for International Trade and the Secretary of State for Environment, Food and Rural Affairs to have a look at that.

Alun Cairns (Vale of Glamorgan) (Con)

I pay tribute to my right hon. Friend for the scale of the package that he has announced, and I recognise the significance of the Barnett consequentials that will come from it. Does he agree that simplicity and commonality are key features? It was only late yesterday that the Welsh Government matched the business rate package, which left—[Interruption.] It left many businesspeople in my constituency anxious before the support was made available. Does my right hon. Friend recognise that commonality will be an important theme?

Rishi Sunak

My right hon. Friend makes an excellent point: a simple, common message across our Union would make an enormous difference to people everywhere.

Stephen Doughty (Cardiff South and Penarth) (Lab/Co-op)

I am disappointed to hear the tone from the right hon. Member for Vale of Glamorgan (Alun Cairns). I do not doubt what the Chancellor and the Chief Secretary have said about the devolved Administrations and what they are trying to do to give them information, but I must tell the Chancellor that it is not coherent and it is not working. He knows that getting cash to the frontline—to businesses and individuals—is absolutely mission-critical and time-critical at the moment, so will he work with the Administrations so that they can make future announcements together, so that businesses are not confused, people are not scared and we do not have further chaos? That has not happened today. The Welsh Finance Minister has made it clear that she would do that, but the Welsh Government did not have the information. Can we sort that out please, as a matter of urgency?

Rishi Sunak

I thank the hon. Member for his comments. As I said, the Chief Secretary will talk with all his counterparts in the devolved Administrations to ensure as co-ordinated an approach as we can achieve.

Robert Courts (Witney) (Con)

I warmly welcome the package that has been announced today, but my constituency is home to one of the largest concentrations of self-employed people in the country. Will the Chancellor please commit to looking at what further help might be given for them? Will he also please look at A2 properties, which do not currently receive business rates relief, and see whether some of those businesses—such as estate agents on the high streets—can be helped?

Rishi Sunak

I know that my hon. Friend is a champion of the self-employed. Some of the measures announced last week at the Budget will benefit them, as will, indeed, some of the loan and other grant measures announced today, depending on their circumstances, but my hon. Friend is right and we will of course keep an eye on that issue as we develop these packages.

Mr Pat McFadden (Wolverhampton South East) (Lab)

The difference with this crisis is the profound effect it is having on human behaviour. The Chancellor has acknowledged that the big missing piece from the package announced tonight is direct financial support for workers who are laid off as a result of the advice that the Government have given to the country, so will he commit now—in principle if he cannot give the number—to bringing forward a package of support for a significant proportion of the wages of those who have been laid off as a result of this crisis?

Rishi Sunak

I have already committed to that urgent piece of work that we are undertaking. We have already improved the financial security available to people who find themselves either ill or off work, as a result of the £1 billion invested last week in these measures.

Mrs Natalie Elphicke (Dover) (Con)

At a time of national emergency and national need, Dover once again stands ready to do its duty. The Port of Dover, the hauliers and the ferry companies will be moving the goods, medicines and resources that are needed to keep our country safe and fed. Will my right hon. Friend assure the House that the port, transport, ferry companies, Border Force and all the hard-working local workers in my constituency will be given the necessary financial and practical assistance so that they can do their duty for our country?

Rishi Sunak

My hon. Friend is absolutely right to highlight the vital importance of our ports, particularly Dover. They are conduits for trade and everything else that our country needs at this critical time, and, of course, we stand ready to listen and hear what they need.

Chi Onwurah (Newcastle upon Tyne Central) (Lab)

Last night, a constituent in the hospitality trade contacted me to express concern at the Prime Minister's measures and to ask what could be done about them. Today, she emailed me to say that she had been made redundant and to ask how she could pay her rent. The Chancellor does not seem to grasp the scale of the fear, the uncertainty and the desperation in the country now. Will he guarantee to me now that every renter will have the means to pay their rent, and every small business the means to pay their staff?

Rishi Sunak

It is because of what was announced yesterday and the particular impact on the hospitality sector that today we have announced a series of steps of considerable support for that sector. As I have already said, when it comes to renting, the Secretary of State for Housing, Communities and Local Government will shortly be announcing measures to protect renters in these circumstances, and we have strengthened the safety net, the security, for people to fall back on.

Sir John Hayes (South Holland and The Deepings) (Con)

In amplifying the point made by my right hon. Friend the Member for Chingford and Woodford Green (Sir Iain Duncan Smith), will the Chancellor specifically say whether the charitable sector will be eligible for both the rate holiday and the grant funding? It is critical that we help those whose aim, purpose and mission is to help others.

Rishi Sunak

Most charities are already eligible for 80% charitable rate relief, but they will benefit from the new enhanced retail rate relief at 100%.

Catherine McKinnell (Newcastle upon Tyne North) (Lab)

The Chancellor has talked about courage, but I will tell him what takes courage: fighting this pandemic on the frontline without adequate protective clothing. Will he commit right now to doing whatever it takes to ensure that every single frontline healthcare worker has the protective clothing they need if they are working exposed to this virus?

Rishi Sunak

My right hon. Friend the Health Secretary is working around the clock to support our healthcare workers to have everything they need to do the vital job that they are doing for us. They will get whatever support that they require.

Mr Mark Harper (Forest of Dean) (Con)

I welcome the scale of what the Chancellor has announced. It is up to the mark. Some of his specific measures will be welcomed by constituents who have contacted me, but may I press him a little on the employment support package? I recognise the importance of coming up with a package that is deliverable, but I fear that if he is unable to say anything more urgently, he needs to give businesses the confidence to keep those employees employed, because some of them will be facing massive reductions in cash flow immediately. Will he look at what he can say quicker than next week to give them the confidence that they will be supported in due course?

Rishi Sunak

I very much appreciate the strains that business cash flows are under, which is why, today, we have already taken steps with the announcement of new cash grants of £10,000, £25,000 and an extension of the business rate holiday to thousands more businesses.

Yvette Cooper (Normanton, Pontefract and Castleford) (Lab)

The health action that is being put in place is essential to save lives, but does the Chancellor accept that that also means that some of the jobs that are going this week and the redundancies that are being made will not come back in a hurry, because many hospitality, leisure and tourism jobs simply cannot be done at a social distance? Does he accept that there is a gap between the employment support package that he is rightly working on, I hope, as fast as possible and the welfare support that is simply not adequate for the huge numbers of people who are going to be urgently losing their jobs and who will be terrified of losing their homes as well?

Rishi Sunak

We have strengthened the security and the safety net for those in that situation, but the right hon. Lady is right that we are urgently working on measures to do more.

Aaron Bell (Newcastle-under-Lyme) (Con)

I asked for more firepower at half-past 4 this afternoon, and it is fair to say that the Chancellor has delivered. However, a number of businesses whose entire model has been undermined, such as village pubs and restaurants, are facing a very uncertain year. On that note, may I ask him what he proposes that they should do? Does he welcome the announcement by my right hon. Friend the Secretary of State for Housing, Communities and Local Government that such businesses can now operate as takeaways, which will help to solve some of the problems of self-isolation as well?

Rishi Sunak

My hon. Friend makes an excellent point about the Secretary of State for Housing, Communities and Local Government and what he has done. I think that it will make an enormous difference, as will the cash support that we have provided today to pubs and restaurants in his constituency and elsewhere across the country.

Liz Saville Roberts (Dwyfor Meirionnydd) (PC)

This is a welcome step in the right direction—there is much to welcome in the Chancellor's announcement—but the family reliant on a zero-hours-contract hospitality worker's salary or the self-employed tradesman whose cash flow has dried up want to know how this money will reach their bank account. What prevents the Chancellor from introducing a coronavirus universal basic income in his package of new measures which, in itself, would give confidence to thousands of Welsh workers and beyond?

Rishi Sunak

We have already taken steps to strengthen the safety net that the right hon. Lady has mentioned in particular. They will be eligible for those enhanced packages, and beyond that, we are looking to do more, as she knows, in the employment support field.

Tim Loughton (East Worthing and Shoreham) (Con)

These measures are indeed bold, and will provide practical support. I particularly look forward to further information about renters and measures for the childcare and nursery sector, which was generally omitted from the Budget last week and is in a fragile state. The hospitality industry, which the Chancellor rightly singled out—it is our third largest industry—is laying off people, and the number of customers has absolutely collapsed. I am told that they are approaching banks and being told, "We may be able to get something for you in April." Can he instil a sense of urgency in the banks and make sure that the grants from central Government are immediate so that people do not have to wait for them, which could make the difference to their being there in a few weeks' time or not?

Rishi Sunak

I can tell my hon. Friend that the grant schemes are being delivered in the coming weeks. Businesses will receive a letter from local authorities. My right hon. Friend the Secretary of State for Housing, Communities and Local Government is doing that work at pace. With regard to the loan schemes, that will not take until April—they will be ready to access for business from the start of next week.

Beth Winter (Cynon Valley) (Lab)

The Chancellor says that we have to do whatever it takes, and I completely agree with him, but that must apply to everyone in the UK. I cannot believe that every step of the way we, the fifth richest nation in the world, have to battle for the poorest and those who are struggling the most in our communities, including in my constituency—homeless people, those who do not qualify for statutory sick pay, private renters and families on low incomes. When will we stop debating and start the action that is desperately needed?

Rishi Sunak

I refer the hon. Lady to the measures in the Budget last week, particularly on homelessness and rough sleeping. We announced £640 million to build 6,000 more units and to provide support for substance abuse support services, once people are off the streets, to help them tackle their long-term addictions. That money will make an enormous difference and build on the good work of the Secretary of State for Housing, Communities and Local Government.

Greg Clark (Tunbridge Wells) (Con)

It was not possible for ordinary businesses and working people to anticipate the scale of the most severe public health crisis for 100 years, so does the Chancellor accept that for many businesses the nation has to act, not so much as a lender of last resort, but as a collective insurer of last resort, meeting their unmet operating costs if they are to keep people employed and inoculate against economic contagion?

Rishi Sunak

My right hon. Friend is right to highlight the need to provide support for businesses with their fixed costs, rather than their variable ones. That is what we need to help bridge through—the cash grants today related to rateable value, with reference directly to rent payments—but he is right that other fixed costs are people, which is why we are working up measures in that area.

Nick Smith (Blaenau Gwent) (Lab)

The measures in the Red Book are nowhere near enough. For families in need, can statutory sick payments be available from day one, for all workers when they are sick, and can it be set at the level of the national minimum wage?

Rishi Sunak

As a result of the actions of my right hon. Friend the Secretary of State for Work and Pensions, SSP is available for those who are eligible for it from day one. Regulations are being laid to that effect, and employment and support allowance will also be available from day one, rather than day eight.

Damian Green (Ashford) (Con)

The measures announced by my right hon. Friend are extremely welcome, and he should be congratulated on them. For many people, including freelancers and those working in the gig economy, the most vital thing over the next few weeks will be some kind of guarantee of continuing income, so they can know that they can continue to pay their bills. Will those measures and the ones that he says are to come over the next few days guarantee that vital help?

Rishi Sunak

Many of the workers in the gig economy will benefit from statutory sick pay, depending on their exact contractual relationship with their employers, but the measures that we undertook last week in the Budget will provide direct support to those people.

Catherine West (Hornsey and Wood Green) (Lab)

What contingency will be put aside by the Treasury to assist in recruiting more social care workers, who are desperately needed to look after people in their homes as they fall ill?

Rishi Sunak

As I reiterated last week, we will provide whatever is required to public services. My right hon. Friend the Health Secretary is working with the Local Government Secretary to understand exactly what is required in social care.

Huw Merriman (Bexhill and Battle) (Con)

I welcome the package that the Chancellor has laid out and all the work that he has been doing. He said that he will look at other things over the coming days. May I please ask him to consider pre-schools and nurseries? They pay business rates, so will not receive the £10,000, but they are not within the category of hospitality, retail and leisure. Mine have been in to see me today and they are very worried. It would be awful for the very people that rely on them—the parents. Will my right hon. Friend consider that ask?

Rishi Sunak

I thank my hon. Friend for his comments and am happy to look at what he is saying.

Meg Hillier (Hackney South and Shoreditch) (Lab/Co-op)

Many of my constituents are freelancers. One wrote to me unable to pay his rent or bills in the next couple of weeks. That is how urgent the situation is. Can the Chancellor give any comfort tonight for people who are very worried? They

have been laid off today, have no ability to pay the bills and their freelance work has dried up. We are told that we have to wait for an answer from the Housing, Communities and Local Government Secretary. The Government have known that this was coming. Where is the planning? What answer does the Chancellor have now?

Rishi Sunak

For those people, the measures that we took last week will already start to help from day one. The Work and Pensions Secretary has already put in place support to make sure that access to the security that they need is both faster and more generous than it was.

Caroline Nokes (Romsey and Southampton North) (Con)

The events industry is not only highly seasonal but full of people working on a self-employed basis. Given that this season has pretty much been wiped out, what reassurance can my right hon. Friend give the industry that he is looking to its needs?

Rishi Sunak

I am happy to look specifically at the issue that my right hon. Friend has raised, but the measures that we took last week will provide immediate support to many of her constituents in that situation.

Alan Brown (Kilmarnock and Loudoun) (SNP)

I was contacted today by a constituent who is self-isolating and has underlying health conditions. She was trying to get a food delivery, which she vitally needs. Tesco could only do it within 10 days, while other suppliers would take three weeks. There is clearly a massive issue, probably a combination of stock levels and delivery logistics. Will the Chancellor do whatever it takes to work with the supermarkets and logistics companies? There are opportunities to get other people into short-term employment if this is done right and quickly, so that people get the supplies that they need.

Rishi Sunak

The hon. Gentleman is right that the security of our food supply and deliveries is critical. My right hon. Friend the Environment Secretary is already having those conversations and has already taken steps on delivery curfews to ensure that deliveries can continue and to maintain the security of those supply chains.

Steve Brine (Winchester) (Con)

Today is a very good part 1; the Chancellor would be the first to admit that it is part 1—he obviously has a lot of other ongoing workstreams. I do not know what he has done with the mortgage lenders, but so many of my constituents and people across the country will be incredibly pleased about the three-month holiday.

The second biggest outgoing for thousands of my constituents is probably their train season tickets. Right now, they are paying for a service that they are not getting—some would argue that they have been barely getting it for a long time. They are currently paying for a service they are not getting at all and are not able to use at all. Will my right hon. Friend use whatever influence he did with the mortgage lenders to lean on the train companies to show some humanity to their customers right now? Frankly, those companies are not in their customers' best books already.

Rishi Sunak

My hon. Friend is always a champion of his commuting constituents. I am happy to have that conversation with the Transport Secretary to see what we can do to encourage companies—whether mortgage companies or others—to help people through this difficult time.

Stephen Timms (East Ham) (Lab)

For somebody who is self-employed, self-isolation will often mean giving up their income. The advice is to claim benefit, but all someone gets with universal credit in the first five weeks, as has been pointed out, is a loan. People are not going to give up their incomes for that. Will the Chancellor replace those advances with non-repayable grants for those who lose their income because of this crisis?

Rishi Sunak

Depending on the particular circumstances of the person who is self-employed, they may well qualify for ESA, which is also available from day one now, rather than day eight.

David Mundell (Dumfriesshire, Clydesdale and Tweeddale) (Con)

I was very pleased this evening when Nicola Sturgeon confirmed to me promptly that every penny of the likely £1.9 billion that the Scottish Government will receive as a result of today's announcement will go directly to businesses and individuals. It is very important that we have that common approach across the United Kingdom from Governments, but it is also important that we have a common approach from banks. The Chancellor has referenced the banks in relation to his loan and grant schemes, but many businesses have existing loan arrangements with the banks. What confirmation does he have from the banks that they will not seek to change those arrangements or to take advantage of the situation where people may be able to get Government money to repay those loans?

Rishi Sunak

I can tell my right hon. Friend that we have had extensive discussions with the banks just this week, and they have outlined their forbearance measures. I very much expect them to honour those commitments. He is absolutely right with his point that we will get through this as one United Kingdom.

Zarah Sultana (Coventry South) (Lab)

Today the Government have announced a mortgage holiday for homeowners, and that is welcome, but they have made the political choice not to give a rent suspension to millions of tenants. The average rent is £220 a week. Statutory sick pay is £94.25 a week. Before people are forced on to the streets because this virus will stop them from working, I, like many other Members in this House, call on the Government to follow the example of other countries and suspend rents and ban evictions today.

Rishi Sunak

The hon. Lady talks about other countries. If she looks at the overall scale of the fiscal interventions that we have outlined last week and this week, she will see they are more significant than almost every other country.

Sarah Atherton (Wrexham) (Con)

The Welsh Labour Government stand to gain £1.6 billion as a consequence of coronavirus. Will my right hon. Friend comment on how the UK Government can encourage the Welsh Labour Government to spend that money timely and appropriately, because business and people need help now?

Rishi Sunak

As I said before, we will get through this as one United Kingdom. We have provided Barnett consequentials early and in advance to devolved authorities, and I very much hope that we can take a joint approach to supporting businesses, public services and individuals through this difficult time.

Clive Efford (Eltham) (Lab)

The notes that have been handed out from the Vote Office tonight say "Statement to the Press", not to the House of Commons. I do not think there is any difference between what the Chancellor has said to the House and what was said to the press earlier on, and that should not happen again.

Are businesses that are strapped for cash flow likely to take out a loan rather than lay staff off? Is it not assistance with paying wages that they do not have to pay back later that those businesses need? They do not need more debt from the Government; they need help with paying wages.

Rishi Sunak

As we have already outlined, in addition to the extensive loan guarantee scheme, we have also announced significant cash grants to business to provide immediate cash flow relief to them. With regard to employment support, as I have said, that is our next urgent priority.

Andrew Griffith (Arundel and South Downs) (Con)

Difficult times require bold measures, and I commend my right hon. Friend for twice in the space of a week coming to this House and demonstrating that he will do whatever it takes. I support the comments on employment support, but may I ask him also to extend hospitality and leisure benefits to the equally hard-pressed exhibition sector?

Rishi Sunak

I thank my hon. Friend for his support. With regard to the exhibition sector, those that have physical properties and business rates will be eligible for the scheme that we announced today and the cash grant. I am happy to have further conversations with him as well.

Sam Tarry (Ilford South) (Lab)

The RSA recently pointed out that 32% of workers in this country live on less than £500 a month in terms of savings, and 41% have less than £1,000 in the bank. That means there could be as many as 20 million people living from one pay cheque to the next. From what I have heard tonight, renters, freelancers, gig economy workers and zero-hours contract workers will not be feeling reassured. Will the Chancellor be able to look them in the eye and tell them honestly that he has truly done enough, or are they going to be collateral damage on the scrapheap, like so many with the Government's already failing strategy over herd immunity?

Rishi Sunak

We already took extensive measures last week to strengthen our safety net for vulnerable people. I firmly believe that the best way to help all people through this is to protect their jobs, and that is why the actions we have taken today to support business cash flows provide the best means of doing exactly that.

Steve Double (St Austell and Newquay) (Con)

I warmly welcome the bold and decisive steps that the Chancellor has taken today, which will be welcomed by many businesses in mid-Cornwall, particularly those in the hospitality sector.

I want to raise something that many Members have already raised—the self-employed and small businesses that do not own premises and therefore will not benefit from the measures on business rates and grants. Many people such as taxi drivers, window cleaners, electricians and plumbers have overheads that are not rent, because they are keeping vehicles on the roads. Will he urgently look at what he can do to get cash to those people, so that they can keep their businesses going?

Rishi Sunak

I am happy to look at all the measures that my hon. Friend suggested. The steps we took last week will provide immediate support for those people, and the further measures that are coming will provide a degree of relief for those who have property and small businesses. Of course, they will be able to access the loans that we have talked about, but he is right to highlight the importance of those who are self-employed. They deserve our support, and indeed, last week and this week they are getting it.

Chris Elmore (Ogmore) (Lab)

Following the previous question, I want to press the Chancellor on sole traders. There are measures on taxation that he could introduce quickly to support sole traders. Many in my constituency are very worried that they will not benefit from any of the Chancellor's proposals laid out last week or today. Will the Chancellor look at that specific area with Treasury officials, the devolved Governments and anybody else who could support sole traders?

Rishi Sunak

I am happy to hear those suggestions from the hon. Gentleman. He will have noted the comments made by the Chief Secretary earlier in relation to IR35, and HMRC has activated its time to pay service, but if he sends me the details, I will happily look at that.

Richard Drax (South Dorset) (Con)

I commend my hon. Friend for this raft of packages, although Members on both sides of the House clearly feel that there is still a lot more to do. I shudder at the administrative task ahead of him to ensure that all this money gets to the right people at the right time. Should we not bring back the small bank branches that have closed over the years, particularly in rural communities that simply do not have access to them?

Rishi Sunak

My hon. Friend is right to highlight the importance of rural communities. My right hon. Friend the Economic Secretary to the Treasury has done a sterling job of preserving access to cash for those communities, and we have said that we will legislate to do more, but in the short term, we will keep that under review.

Stuart C. McDonald (Cumbernauld, Kilsyth and Kirkintilloch East) (SNP)

May I ask the Chancellor again whether he will work with the Home Office to revisit its rules on no recourse to public funds? If it does not revisit those rules, thousands of the most vulnerable people in this country will not have access even to the most basic support to see them through this crisis.

Rishi Sunak

My right hon. Friend the Chief Secretary is talking to all Departments about the resources that they require to get through these challenging few months.

Kevin Hollinrake (Thirsk and Malton) (Con)

I warmly welcome this package of support for small businesses, which has been warmly welcomed by a number of businesspeople who have already contacted me. The business interruption loan scheme is a key part of this, but some lenders cannot access that scheme because they are not registered with the British Business Bank, and it would take months for them to do so. Will the Chancellor act now to ensure that all lenders can access that scheme?

Rishi Sunak

I thank my hon. Friend for his comments. He is right: we want this scheme to be available through as many branches and outlets as possible. We are urgently working with the Prudential Regulation Authority to see whether we can onboard new providers at pace. He will understand that there are regulatory requirements, but we are seeing what we can do to speed that up.

Lilian Greenwood (Nottingham South) (Lab)

I welcome the increase in the small business grant to £10,000, and I understand that those grants will be distributed by local authorities. What assessment has the Chancellor made of the capacity of local councils to deliver that help, and when will businesses actually receive the money?

Rishi Sunak

As a former local government Minister, I have amazing faith in the capacity of our local authorities to deliver for us in this regard. They are being provided with extra resources to help deal with the administration of this money, and my right hon. Friend the Communities Secretary is already working at pace to ensure that the rebilling and processing of these grants happens in a matter of days and weeks.

Stephen Hammond (Wimbledon) (Con)

I warmly commend my right hon. Friend for this package. The support for the retail, hospitality and leisure sectors is welcome, but he could make it even more effective if he extended the same package to those who are in the supply chain of those industries and the businesses that disproportionately supply customers for those industries, such as English language schools.

Rishi Sunak

My hon. Friend makes an interesting point, and that is why all Secretaries of State have been tasked by me to engage with their affected industries to see whether there are further specific measures of support that are worth our exploring.

Naz Shah (Bradford West) (Lab)

I welcome the Chancellor's measures for small businesses, and especially in my constituency lots of people have been in touch with us about them, but they will only be effective if they are timely, so when will the cash grants be available to small businesses in real terms? Will he also consider the idea that, when landlords get mortgage breaks, they pass them on to their renters, and how will we ensure that actually happens?

Rishi Sunak

On the processing of the cash grants, as I have said, my right hon. Friend the Communities Secretary is working on this at pace. It will require local authorities to write to the recipients of small business rate relief to collect their bank details, which they do not hold centrally, so that they can then provide the cash payment, but I can assure the hon. Member that that work is happening at pace.

Mark Pawsey (Rugby) (Con)

Businesses in the hospitality sector will appreciate the relief the Chancellor has given on business rates and the cash grants, but can I raise the question of suppliers to the sector, many of which have seen their sales fall off a cliff? In particular, there are those with short-dated products, such as Wood Farm micro-brewery in my constituency, which produces an excellent product but has £20,000 of short-dated stock with four weeks' life left on it, and stands to bear a pretty substantial loss as a consequence. Is there something that can be done to support businesses such as these?

Rishi Sunak

I thank my hon. Friend for raising that particular case, and I am happy to have a look at it.

Mrs Emma Lewell-Buck (South Shields) (Lab)

The Prime Minister's public health advice to avoid pubs, restaurants and theatres was not coupled with immediate economic protections, causing panic and upset for the small businesses, the self-employed and those on zero-hours contracts who form the backbone of coastal constituencies such as mine. The measures announced today do not address their concerns. They struggle with high rents and high bills, and my friends have lost their jobs today. Today, the grafters should have been a priority. When will they be?

Rishi Sunak

The package of measures today does specifically provide cash support to those in that sector to help with things like rent, but I make no apology for our being led by the public health response. This is first and foremost a public health emergency, and we will be led by responding to that. Of course, the economy is foremost in our minds, and I will always respond quickly and rapidly to any changes in the public health advice.

Mr John Baron (Basildon and Billericay) (Con)

I commend the Chancellor for this package of measures as far as they go, and we understand that it is a moving narrative, but I particularly urge him to focus on the importance of cash flow when it comes to smaller businesses and the self-employed. However, can I raise with him a group of people who so far have not been mentioned, which is the elderly and the vulnerable who live alone? There is a real risk in a situation such as this that they get inadvertently overlooked, and we need to reach out to them. Would the Chancellor consider providing appropriate support for local authorities to do just that—to identify them, locate them and make contact, because no one should be left behind?

Rishi Sunak

I can tell my hon. Friend that he is absolutely right, and the Communities and Local Government Secretary has already been engaging on this particular issue, working together with the Health Secretary with regard to social care, to make sure that, in our local communities, we can identify and protect the elderly and most vulnerable, and make sure that they get the support that they need.

Wendy Chamberlain (North East Fife) (LD)

A constituent of mine in the Howe of Fife, who is self-employed, has contacted me today because she is worried about her future employment and how she will pay her mortgage and support her family. Although I welcome the Chancellor's moves in relation to mortgages, the fact is that mortgage products often have payment holidays as part of them. Given that these are the first steps, may I ask the Chancellor, first, is this going to be for people who are directly impacted by coronavirus, or is it potentially for people who are self-isolating as they are at risk of getting an infection; and secondly, is he considering other measures to support my constituent, such as statutory sick pay for the self-employed or, indeed, council tax relief?

Rishi Sunak

I say to the hon. Lady that I think the measures today on mortgage forbearance are significant and welcome, and banks will show flexibility in providing that. In regard to council tax support, we did provide £500 million of hardship funding to local authorities specifically to use and deploy through their local council tax or support systems that already exist to provide extra support to people with their council tax bills.

Martin Vickers (Cleethorpes) (Con)

I welcome the Chancellor's package, but he will recognise that many of our constituents remain anxious and we look forward to further measures. He rightly mentioned the aviation sector, which could lose many thousands of jobs. At a more local level, bus and coach operators will suffer as a result of people staying home. They provide a vital service to get NHS workers, for example, to and from work. Could he have a word with his colleague in the Department for Transport and ensure that bus operators are looked after?

Rishi Sunak

My hon. Friend makes a good point and I will certainly take that up with the Transport Secretary.

Mike Amesbury (Weaver Vale) (Lab)

If Denmark can step in and offer 70% subsidies as a transitional arrangement, why can't the Chancellor? Step up. Step up!

Rishi Sunak

I have already mentioned looking at the Denmark scheme and indeed the German scheme. The point is what we are able to deliver at pace. Other countries have had schemes in place beforehand, which makes it easier for them to do things, and we need to work with what we have got. But the principle of providing support is one that I fully acknowledge, which is why we are working on that at pace. Again, when considering individual measures, it is worth looking at fiscal interventions between this week and last week in the round, which, in the context of any global response, are extremely significant.

Bob Seely (Isle of Wight) (Con)

I welcome the Chancellor's statement and have two questions. First, charities and social enterprises, such as Age UK on the Isle of Wight and the West Wight Sports and Community Centre, face significant income cuts and I fear that rate relief will not be enough. Can more be done to support social enterprises? Secondly, my chamber of commerce is concerned about the ability of small businesses, especially tourism businesses, to access the grants and it fears that

"businesses will be closing, and on mass, before money becomes available".

So can we act as swiftly, quickly and generously as possible?

Rishi Sunak

As I said, the Secretary of State for Housing, Communities and Local Government will have already been in touch with my hon. Friend's local council through MHCLG. They will be the ones processing these grants. There is no reason why that cannot happen as swiftly as a council is able to act.

Alex Davies-Jones (Pontypridd) (Lab)

In the past few weeks, businesses in my constituency, and across Rhondda Cynon Taf, have been devastated by unprecedented flooding and are still trying to recover. Many are faced with the bureaucracy of insurers and are trying to rebuild their livelihoods. They are now faced with the prospect of closing for good because of the loss of business due to coronavirus. What conversations is the Chancellor having with the Welsh Government to secure financial relief for all these businesses in the UK?

Rishi Sunak

The hon. Lady asked about flooding. In last week's Budget we outlined a variety of packages to help the communities affected by that. First and foremost, there was £120 million to rebuild flood defences that have just been destroyed, as well as £200 million of new resilience funding for communities that are repeatedly flooded and £5.2 billion, which represents a doubling of the amount that we spend every year to build new flood defences. That will protect 300,000

people and it comes on top of the work by the Secretary of State for Housing, Communities and Local Government in activating the Bellwin scheme and providing immediate relief for communities that have been impacted by local flooding.

Jason McCartney (Colne Valley) (Con)

I welcome the Chancellor's pledge to do whatever it takes to support businesses, families and individuals, but when will we get the details of support for renters, for the self-employed and for freelancers, and when will businesses that are losing customers day by day get those cash grants in their bank accounts, so that they can pay their staff, keep them employed and pay their rents?

Rishi Sunak

Measures to help those who are self-employed and in the gig economy are already taking effect as a result of the measures taken last week. The Secretary of State for Housing, Communities and Local Government is working at pace to deliver these cash grants to businesses in the coming days and weeks.

David Linden (Glasgow East) (SNP)

Sole traders in my constituency work as driving instructors and personal trainers. They are watching their bookings evaporate before their eyes. What support is the Chancellor providing for sole traders?

Rishi Sunak

Again, the measures that we took last week to strengthen our security net will benefit those who are self-employed and sole traders. Those with properties that qualify for business rate relief will benefit from that and cash grants will also flow to those people.

Felicity Buchan (Kensington) (Con)

This morning in the Treasury Committee, we asked the Chancellor to throw the kitchen sink at the economy and I thank him because he has certainly done that. However, small businesses in my constituency of Kensington have an issue, because most of the business rate relief is funnelled only if the rateable value is under £51,000. But they are suffering in the same way as other businesses. Will the Chancellor look into that?

Rishi Sunak

I am pleased to tell my hon. Friend that, as a result of the measures I have taken today, any business in the retail, hospitality and leisure sector, regardless of its rateable value, will now qualify for 100% business rates relief for these next 12 months.

Alex Norris (Nottingham North) (Lab/Co-op)

Like colleagues, I spent today talking to businesses in my community. They wanted to know that, when they follow health advice to the letter, and if they keep all their staff on payroll, as they desperately want to, their business will be safe. As a result of the package the Chancellor announced tonight, can I give them that categorical assurance first thing in the morning?

Rishi Sunak

I very much hope that the businesses that are looking at the range of measures outlined today will see that there is significant financial support for them, whether that is business rate holidays, direct cash grants or access to incredibly low-cost and accessible financing. The combination of all those measures, on top of the compensation we will pay to small and medium-sized businesses for statutory sick pay, is a significant direct fiscal support for businesses up and down our country to protect people's jobs.

Derek Thomas (St Ives) (Con)

Life and the economy on the Isles of Scilly are particularly fragile. To give a quick example, a passenger boat operator who needs to provide a service for the whole of the islands but relies on tourism tells me that he has five weeks left in business. What can the Chancellor do to help businesses and the community on the Isles of Scilly?

Rishi Sunak

My hon. Friend is right to highlight the particular issues that his remote communities face. I believe the measures announced today, whether on business rates or direct cash grants, will make an enormous difference to local businesses in his constituency.

Gavin Robinson (Belfast East) (DUP)

I am grateful to the Chancellor for the effort he is putting into these measures. One question that has been raised is about the facility that is being made available for business interruption payments. Can the Chancellor outline what criteria will apply to that facility? Will there be complete access, should it be required, or will businesses have to fulfil criteria that will be assessed? If so, what will be the basis of that assessment—books this week, last week or before any interruption?

Rishi Sunak

The hon. Gentleman makes an excellent point. Our ambition is for the criteria to be as flexible and generous as possible. The basic point will be to ensure that a business was sensible and well-traded before coming into the crisis that it now faces. As long as that is the case, the loans should be able to be provided through the banks on the ground, with our guarantee standing behind that.

Sir Desmond Swayne (New Forest West) (Con)

Should payment quarterly and in advance be tolerated for commercial lets?

Rishi Sunak

As always, my right hon. Friend makes a pithy point. He is right to highlight the importance of prompt payment, especially during this time. That is why the Government are taking every step we can to be prompt in our payments and urging all other businesses that can do so to do exactly the same.

Dame Diana Johnson (Kingston upon Hull North) (Lab)

Given the exceptional circumstances, why exactly can statutory sick pay not be paid at the real living wage rate?

Rishi Sunak

We have an extensive security and support network, which extends beyond statutory sick pay to an NHS that is free at the point of use. Our welfare and security support system works well, and we buttressed it with an extra £1 billion investment last week.

Sir Geoffrey Clifton-Brown (The Cotswolds) (Con)

Although I congratulate my right hon. Friend on the package he has worked very hard on, sadly, I received a phone call today from one of my employers, whose contract had been cancelled forthwith. He has had to lay off 1,000 people. There will be a lot of very anxious people tonight. Although they are probably entitled to employment and support allowance and universal credit, they will suffer a considerable drop in their wages. I urge the Chancellor to come up with an employment support package as soon as possible.

Rishi Sunak

I thank my hon. Friend for his support. I have sympathy with his constituents in that situation. That is why we strengthened our security and safety net last week, but the best thing we can do is help employers get through this and ensure that those jobs are ready for people to go back to as soon as practically possible.

Wes Streeting (Ilford North) (Lab)

The reality is that universal credit and statutory sick pay were not generous enough in the best of times, and they certainly are not enough to live on in these worst of times. When the Chancellor comes forward again, will he announce immediate plans to provide income protection for people who suffer loss of earnings, and will he give a tax holiday to freelancers and contractors facing tax bills in July for work that will never materialise in these circumstances?

Rishi Sunak

We have taken steps to strengthen the safety net. On deferring tax payments, that is something that is able to happen through Time To Pay. I urge people to contact Time To Pay. The details are available online. HMRC has 2,000 people standing by to talk to individuals. If tax deferrals are needed, it stands ready to negotiate and agree those.

Virginia Crosbie (Ynys Môn) (Con)

On behalf of my constituents, I welcome the significant package of financial measures the Government have made available today. Businesses in Ynys Môn, such as Seawake, Gwynedd Shipping and the restaurant Catch 22, have contacted me today, desperate for the Government to take action. Will the Chancellor join me in urging the Welsh Government to make this additional funding available as quickly as possible to small businesses across Wales so they can survive?

Rishi Sunak

My hon. Friend is right to highlight the importance of speed in Wales and everywhere else. That is why we have taken steps to make Barnett consequential available in advance as quickly as we can, so that all devolved authorities can plan and execute their plans expeditiously.

Mr Toby Perkins (Chesterfield) (Lab)

Businesses face collapsing revenues and the biggest part of the Chancellor's response is to invite them to take on substantially more debt. That will not save people's jobs. For the Chancellor to compare that £330 billion, which is a guarantee he is making that he may never have to spend, with the package President Macron put together in France is absolutely absurd.

Rishi Sunak

Far from being absurd, President Macron yesterday announced exactly €300 billion in loan guarantee schemes.

Robert Lorgan (High Peak) (Con)

I represent the Peak District, where hotels, restaurants, pubs and the tourism industry in general are absolutely central to the local economy. I therefore welcome the economic measures announced, but people and businesses are struggling right now. So may I urge the Chancellor to make certain that loans and grants are paid and put into people's bank accounts as soon as possible?

Rishi Sunak

My hon. Friend is exactly right. That is why the steps we are taking are designed to work at pace. Loan schemes will be available from early next week and the Communities Secretary is ensuring that the grant payments are processed as quickly as possible through local authorities in the coming days and weeks.

Abena Oppong-Asare (Erith and Thamesmead) (Lab)

I have been contacted by my constituent Andy, from Erith and Thamesmead. Businesses like Andy's collapsed this week. The scrapping of business rates does not help small businesses like Andy's. Loans of £300 billion do not help small businesses like Andy's. Will the Chancellor clearly set out how he will help small businesses? Will he personally promise me that he will help my constituent Andy and do whatever it takes to make sure he is properly supported?

Rishi Sunak

We have outlined a package of measures to support small businesses specifically. Indeed, 700,000 of our smallest businesses will now be receiving a £10,000 grant. I suggest that the hon. Lady's constituent Andy contacts his local authority for further support, either on business rates or local council tax support, where we are injecting an extra half a billion pounds into the system.

Mr Philip Hollobone (Kettering) (Con)

I declare my interest as a member of Kettering Borough Council. I commend the Chancellor for coming up with a £350 billion business support package in record time. That will be welcomed by many small businesses in Kettering. Billing authorities such as Kettering Borough Council are already at their busiest time of year, sending out council tax bills. Can the Chancellor explain what role they will play in getting business support to local businesses and what extra support they will get to enable that to happen?

Rishi Sunak

My hon. Friend makes an excellent point. He is right to highlight the capacity of local authorities to execute this plan. The Communities Secretary is working closely with them and they will be provided with extra resource funding to deal with the extra administration they will now have to undertake on our behalf. But I know and have confidence that they will do that job extremely well.

Stephen Farry (North Down) (Alliance)

Members on both sides of the House are demonstrating that there are gaps in terms of not only the provision that has been announced but the urgency required to address the issue. May I therefore return to the issue of a universal basic income, or a series of flat payments to people? Would that not be a much more efficient and effective way of helping people in the immediate term, with the proviso that money can be clawed back through the tax system in due course?

Rishi Sunak

I believe our approach represents a sensible, coherent, co-ordinated and comprehensive way to tackle the problem. We have a range of targeted measures, each of which will make a significant difference to those on the ground, but as I said, we stand ready to do more and are indeed actively doing extra things.

Greg Smith (Buckingham) (Con)

I warmly welcome the enormous package of measures outlined by the Chancellor. This morning, I spoke to Energy Generator Hire in Kimble Wick in my constituency, which has lost most of its order book and is uncertain about the future. Can he confirm whether event hire companies are included in the envelope of leisure and hospitality?

Rishi Sunak

Those that have business properties will be eligible both for the relief and the grant, which will cover a significant number of events companies that have premises. Obviously, if they do not have premises, they will not qualify for business rates relief, but should be eligible for some of the other measures that I have outlined today.

Helen Hayes (Dulwich and West Norwood) (Lab)

The failure of the Chancellor to mention private renters in his statement was a grave error, because many of those private renters are the same precarious workers in hospitality, the arts and culture and other industries who are being laid off today. Will he guarantee that no one will lose their home as a consequence of coronavirus?

Rishi Sunak

The Housing Secretary will urgently and soon bring forward measures to protect renters. The hon. Lady is right to highlight the importance of that, and that is why we will be acting in short order.

Peter Aldous (Waveney) (Con)

I commend the Chancellor for coming forward with such a comprehensive range of support. If he is to use the benefits system to support those ineligible for sick pay, I urge him to take on board the concerns raised by the right hon. Member for East Ham (Stephen Timms) about the fundamental flaw with universal credit. I also highlight the vital work that food banks, citizens advice and local churches will be doing in the coming weeks. He should ensure that they get the right support for that.

Rishi Sunak

I wholeheartedly agree with my hon. Friend about the importance of our voluntary sector, particularly at this time, and the vital role that it will play. It is right that it gets our support. The Communities Secretary is actively engaging with it and I stand ready to do more as needed.

Charlotte Nichols (Warrington North) (Lab)

What measures will the Government take to ensure that landlords who benefit from mortgage holidays do not profit from the crisis by having their pockets lined by tenants still expected to pay their rent?

Rishi Sunak

As I said, the Housing Secretary will shortly outline our measures to protect renters. We understand well the point that the hon. Lady makes.

Richard Graham (Gloucester) (Con)

This is a huge step to support jobs. Speed is of the essence, so will the Chancellor confirm when the business interruption loans will be available and how quickly applications will be processed? Will he also confirm that the Communities Secretary's package will cover renters, the self-employed, nurseries, community groups, kindergartens and charities so that all the people in those sectors will be reassured as well?

Rishi Sunak

My hon. Friend is right that speed is of the essence. The loan programme will be available from early next week. My right hon. Friend the Chief Secretary to the Treasury is doing an excellent job working with the banks to make sure that those applications will be processed at speed, so businesses that need that support will get it quickly.

Bill Esterson (Sefton Central) (Lab)

The amount of money announced for the loan guarantee scheme is a massive sum, but will businesses want to be saddled with debt when they have no income and no means of paying it back? Previous loan schemes were poorly taken up because the banks ignored the guarantee part of the scheme, so how will the Chancellor make sure that the loan guarantee scheme is delivered by the banks at the scale and speed needed?

Rishi Sunak

I thank the hon. Member for the thoughtful question. He is right to ask about that particular point. He will be pleased to know that, compared with previous loan guarantee schemes, the generosity of the Government guarantees is significantly increased to provide a strong incentive for the banks to provide that lending. We have spoken to all the banks individually specifically on this measure and have their assurance that they will work at pace to deliver it. As a result of our entreaties, they have also unilaterally unlocked £21 billion of their own extra lending capacity to provide to the sector, so I am confident that they will deliver as required.

Danny Kruger (Devizes) (Con)

Many businesses depend on not the public or other businesses, but the state itself, through contracts with different parts of the public sector. Many such contracts are on a payment-by-results basis, so they are paid according to outcomes that might no longer be possible, given the situation. Will the Chancellor work with other parts of Government to ensure that the state's contracts, particularly with social enterprises, charities and social businesses, can be flexed to ensure that those important businesses stay afloat?

Rishi Sunak

My hon. Friend makes an excellent point, which I will be sure to raise with the Chancellor of the Duchy of Lancaster.

Kerry McCarthy (Bristol East) (Lab)

Can the Chancellor clarify whether community interest companies will be treated in the same way as other small companies when it comes to being able to apply for the £10,000 grants?

Rishi Sunak

If the hon. Lady will forgive me, I do not have a precise answer for her at this moment, but I will look into the matter as soon as I am done and write to her.

Mike Wood (Dudley South) (Con)

A firm in the hospitality sector has written to me to say that tomorrow it must lay off 200 workers and halve the pay of 100 more, because bookings are close to zero and it cannot cover the wage bill. How much longer should it hold off?

Rishi Sunak

Hopefully it will benefit today from the significant measures that have been put in place to provide forward business rate relief and immediate cash support through grants. That should provide the business with some reassurance that help is on its way to enable it to protect jobs, with more to come.

Seema Malhotra (Feltham and Heston) (Lab/Co-op)

Yesterday a constituent of mine was laid off from his employment, along with 50 colleagues. He described how he watched the company's owners trying to hold back tears as they let go people who have worked for them for decades. Why will the Chancellor not cut off this problem at the root by providing to British businesses the same reassurance that President Macron has provided to French businesses: that no business will go bankrupt?

Rishi Sunak

As I have already said, the French Government announced €300 billion of loan guarantees yesterday. We have gone a step further with £330 of loan guarantees, equivalent to 15% of our GDP, to provide the same level of support. Beyond that, the fiscal measures that we have taken between last week and today are comparable in scale to those undertaken by any major economy.

Owen Thompson (Midlothian) (SNP)

The introduction and increase of grants is a welcome step in the right direction, but a number of food and drink producers in my constituency have seen the outlet for their produce dry up, so what additional support can be offered to help keep such companies afloat?

Rishi Sunak

The measures announced today, whether the loan or other guarantee schemes, will be of significant support to those businesses, and the measures we announced last week will also help the employees. As I have said previously, we are looking at more measures in all areas, and I will update the House as things develop.

Gerald Jones (Merthyr Tydfil and Rhymney) (Lab)

All our constituents will require realistic statutory sick pay if they are required to self-isolate. Will the Chancellor do whatever it takes to ensure that happens, and will he include the self-employed and those on zero-hours contracts in his measures?

Rishi Sunak

As previously discussed, depending on people's particular employment circumstances, they might well be eligible for statutory sick pay even though they are self-employed or in the gig economy. We have already taken measures to ensure that they are eligible for those benefits and for employment and support allowance from day one, rather than day four and day eight respectively, and we have further strengthened the safety net with an investment of £1 billion.

Mike Kane (Wythenshawe and Sale East) (Lab)

Hundreds upon hundreds of aviation workers in my constituency were sent home today. Coronavirus has devastated the airline industry. Because they had less than three years' experience, 21 days' pay is all they get, with no prospect of a job going forward. Can the Chancellor give us more information on the aviation package that he has announced tonight?

Rishi Sunak

We are in active dialogue with the key companies in the sector, both airlines and airports, to discuss what specific support might be required. In the circumstances, it would not be appropriate for me to comment on the measures that individual companies might want to engage with us on, but the hon. Gentleman can rest assured that we are working hard for the industry.

Claudia Webbe (Leicester East) (Lab)

Given the acceleration of the virus and the collapse of the aviation industry, which means that there is no prospect of any deportation charter flights leaving the UK, and given that there is no testing, it seems inhumane and unjustified to continue to raid the homes of my constituents, especially those who have underlying health conditions or are self-isolating, and put them into detention centres indefinitely, at great expense and in poorly sanitised conditions. That puts the lives of my constituents in danger and violates their human rights. Detentions and deportations by charter

flight are barbaric and costly. The outbreak of covid-19 further underlines their cruelty and expense. Will the Chancellor urge the Home Secretary to end them immediately?

Rishi Sunak

My right hon. Friend the Home Secretary is doing an excellent job, making sure that our borders are secure and that we enforce our laws as required, but in a way that is humane and compatible with all human rights. I am sure that she will do exactly that as we go through the challenging next few months.

Matt Western (Warwick and Leamington) (Lab)

The Chancellor will be aware that in certain business sectors, the loss of just one or two people in specialised roles from an organisation can bring down a business. France and Italy are reviving the approach adopted in a global financial crash of supporting workers with a proportion of their wages. Will the Chancellor do the same here?

Rishi Sunak

As I have said, we are considering employment support packages and what can be designed and implemented at pace. As for other countries, let me again put it on record that the fiscal interventions we have undertaken are comparable in size with those of any other major developed economy.

Kate Green (Stretford and Urmston) (Lab)

There is huge fear, and also confusion, among my constituents this evening about a range of issues: whether measures will apply to start-ups, what will happen to VAT on advance sales, the position of businesses in the hospital supply chain, and what will happen if a freelancer cannot work because he or she must look after a family member who has been sent home. May I suggest to the Chancellor that local authorities will not have the capacity to deal with all those queries while they are doing many other things, including delivering vital services? It would be very helpful if a dedicated MP hotline could be set up to deal with such questions, so that we could go to one Government location to help our constituents.

Rishi Sunak

I shall be happy to look at that suggestion. The hon. Lady also asked a specific question about VAT on postponed accounting. I am actively considering that, in terms of when we are scheduled to introduce it and whether it could be improved.

Darren Henry (Broxtowe) (Con)

Small businesses in my constituency will welcome their eligibility for grants of £10,000, up from £3,000 last week. How will they receive information on how to gain access to those funds, if, indeed, they qualify?

Rishi Sunak

If those businesses are already receiving small business rate relief, that will be known to the local authorities, which will shortly be writing to them to request their financial details so that they can process the grant payments. If businesses have not heard in short order, they can get in touch with their local authorities.

Janet Daby (Lewisham East) (Lab)

Food banks are used by 1.6 million people, 250,000 more than the number indicated by the previous year's data, and the demand will increase. Food banks rely on the surplus from supermarkets, and on people's food donations. What is the Chancellor's contingency plan to address this very serious issue?

Rishi Sunak

My right hon. Friend the Environment Secretary is engaging actively with supermarkets to make sure that all aspects of our food supply are secure, including deliveries and ensuring that everyone receives the food that they need during this time.

Kevin Brennan (Cardiff West) (Lab)

The Chancellor needs to be more than a desiccated calculating machine. When he answers questions, we need to hear talk about people, not just packages. Will he look at early-day motion 302, which I tabled and which advocates a universal basic income—particularly for freelancers and the self-employed—as a temporary measure during this crisis, and will he pledge to return to the House, rather than just making an announcement through the press, to tell us what he is going to do about these employment measures?

Rishi Sunak

The hon. Gentleman talks about packages to support business. They are not divorced from people's circumstances; they are directly helping people's circumstances. The way to help people is to secure their employment, now and in the future, and that is what these packages are designed to do, which is why they will make a real difference to people on the ground.

Gavin Newlands (Paisley and Renfrewshire North) (SNP)

The Chancellor is already late with support for aviation. Airlines, airports, and support services such as baggage handlers have already announced, or are strongly considering announcing, significant job cuts. Can the Chancellor reassure them that they do not need to do that, and that he will follow other Governments such as that of New Zealand, which announced £35 billion worth of direct wage subsidies to keep not just those jobs but all jobs safe?

Rishi Sunak

We have announced our own range of fiscal measures to help businesses to protect jobs, with particular reference to the airline industry. As I have said, my right hon. Friend the Transport Secretary and I are actively engaging with the companies and the airports in that sector to establish what support is required.

Jeff Smith (Manchester, Withington) (Lab)

A lot of my constituents work in the events and leisure industry; many are self-employed freelancers. I spoke to one today, who told me that she earns a large proportion of her annual income during the summer event and festival season. She is going to lose that this year. Given that it could be another year before she is able to get back on her feet, can I urge the Chancellor to come back with a package of support for people like her—ideally grant support, a long-term package for individuals in that sector?

Rishi Sunak

Those in the leisure and hospitality and the retail sectors are of course particularly impacted by what we are experiencing, which is why the package of measures announced today builds on what was announced last week and goes to the heart of that industry to provide direct cash support and business rate relief. The measures we announced last week also provide support to those who are self-employed.

Apsana Begum (Poplar and Limehouse) (Lab)

I, like many others in this House, have been contacted by constituents who are extremely anxious and worried about the uncertainty and disruption in the months ahead. This includes constituents who are self-isolating, especially those who are expected to self-isolate for extended periods, who may face loneliness and other mental health challenges. Is the Chancellor planning to allocate any funding to address this?

Rishi Sunak

I very much appreciate people's anxiety at this difficult time. With regard to those who are self-isolating, we have already made changes to our welfare system to ensure that those people qualify for the support that they deserve. With regard to public services support, as I have said, the Communities Secretary and the Health Secretary are actively engaging with those sectors to understand whether there is extra support that is required.

Alex Sobel (Leeds North West) (Lab/Co-op)

The reality is that for businesses and workers this crisis is going to last for many months. Has the Chancellor considered a much more interventionist microeconomic policy? For instance, has he thought about repurposing the businesses shutting now—hotels, restaurants, music venues, theatres—as infection rates rapidly rise?

Rishi Sunak

That would be a question for my right hon. Friend the Health Secretary, who is actively engaged in making sure that we can increase the capacity of our health service to cope with the next few months and is considering a range of measures, but we will do whatever it takes to make sure that we have the capacity we need to help those who fall sick at this time.

Chris Stephens (Glasgow South West) (SNP)

The Government effectively discouraged UK citizens from entering sectors of the economy that traditionally offer low-paid and precarious employment. Is it the Chancellor's intention, when he talks to trade unions and business over the next few days, to enter into those discussions with the principle that the wages of those whose jobs are under threat, whose shifts have been cancelled and whose hours have been cut will be protected?

Rishi Sunak

The Government telling people not to visit those places, or to hold back from them, was based on the advice of scientists and medical experts to ensure that our health as a country is protected. The measures we announced today directly go to help those in those industries to protect those jobs. As I said, we will work urgently with the unions and businesses to see what further measures can be put in place.

Andy Slaughter (Hammersmith) (Lab)

Many decisions the Government have taken on isolation, at-risk groups and testing limit the ability of NHS staff to go to work. It is easy to say, "Whatever it takes," but how can we be sure that our hospitals in particular have the resources to save every life that can be saved?

Rishi Sunak

Of course, we take the advice of the chief medical officer in this regard and we will continue to do so. We have been absolutely clear that the NHS will get whatever support financially it needs from the Government to help get us through what will be a very challenging time. We are considering all measures to increase the capacity of the NHS to respond to this, and indeed provide the support to those on the frontline who are going to deal with a very difficult few months.

Sarah Olney (Richmond Park) (LD)

I obviously welcome the Chancellor's commitment to making sure that jobs are saved and that people can stay in work, but I wonder whether he agrees that by structuring his package around loans rather than grants, he actually loses some control over what the money is spent on. Therefore, he cannot be certain that the money is going to be spent most effectively in pursuit of this objective.

Rishi Sunak

It is not just loans; it is loans and grants and tax relief on business rates, as well as deferral of tax payments through time to pay and reimbursement for statutory sick pay. Across the piece, it is a series of different interventions, all of which will be effective at doing one fundamental thing: improving the cash flow in the short term of businesses to help them bridge through what will be a temporary dislocation, so that they can emerge on the other side and we do not lose for the long term that productive capacity and lose those jobs.

Daniel Zeichner (Cambridge) (Lab)

Making announcements is one thing, but, to use the Chancellor's words, operationalising at speed is quite another, so can he be more precise about the resources available for the civil service and local councils? A simple example—a Canadian nurse phoned my office today so frustrated that she cannot help the NHS because we cannot sort out the equivalent qualifications. It will be the same for many others, particularly Bangladeshi nurses working in the care sector.

Rishi Sunak

I am happy to take on board the suggestion from the hon. Gentleman. I will raise it with the Health Secretary, who I know is actively looking at ways to bring extra people into the NHS to help respond to this crisis. There is a range of options and flexibilities we should consider. I will make sure that I raise that one with him as well.



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Update: ABI Comment on business insurance & COVID-19

17/03/2020

Following the Prime Minister and Chancellor's comments on insurance during the Government press conference earlier this evening, the ABI has issued this further comment;

"The Chancellor's statement today is consistent with our statement this morning where we said in the event businesses have the right cover, this type of notification could help make a claim.

But, as the Chancellor acknowledged, the vast majority won't have purchased extended cover and this remains unchanged."

-ENDS-

Notes for Editors

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10/07/2020

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09/07/2020

The ABI today confirms that both its Board Chair Jon Dye, Chief Executive, Allianz Insurance, and Deputy Chair Julian Adams, Director, Public Policy and

**Addendum to seventeenth SAGE meeting on Covid-19, 18th March 2020
Held in 10 Victoria St, London, SW1H 0NN**

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Steve Powis (NHS), Charlotte Watts (CSA DfID), Angela McLean (CSA MoD), Graham Medley (LSHTM), Jeremy Farrar (Wellcome), David Halpern (CO), Ian Diamond (ONS), Aidan Fowler (NHS), Demis Hassabis (Data scientist), Maria Zambon (DD PHE), Phil Blythe (CSA DfT), John Edmunds (LSTHM), Carole Mundell (CSA FCO), Tom Rodden (CSA DCMS), Osama Rahman (CSA DfE), Wendy Barclay (Imperial), Neil Ferguson (Imperial), Brooke Rogers (King's College), James Rubin (King's College), Andrew Curran (CSA HSE).*

Observers and Government officials: *Ben Warner (No. 10), Stuart Wainwright (GoS), Rupert Shute (dCSA HO), Marc Warner (NHSX).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be a complete list.

Seventeenth SAGE meeting on Covid-19, 18th March 2020

Held in 10 Victoria Street

Summary

1. Based on limited available evidence, SAGE considers that the UK is 2 to 4 weeks behind Italy in terms of the epidemic curve. The consensus is that growth of the UK epidemic is tracking at the same rate as in other countries.
2. SAGE advises that available evidence now supports implementing school closures on a national level as soon as practicable to prevent NHS intensive care capacity being exceeded.
3. SAGE advises that the measures already announced should have a significant effect, provided compliance rates are good and in line with the assumptions. Additional measures will be needed if compliance rates are low.
4. Reliable data on the health impacts of existing interventions will only be available in 2-3 weeks. This would not be in time to inform judgements on additional interventions to limit NHS pressures, which are likely to be significant within 2-3 weeks. It may be possible to collect intermediate data, and this should be a priority.
5. Social distancing based on a) places of leisure (restaurants, bars, entertainment and public spaces) and b) indoor workplaces depend on compliance with the guidance issued earlier in the week. We do not yet have reliable compliance data and therefore collecting reliable compliance data should be a priority.
6. If the interventions are required, it would be better to act early.
7. Transport measures such as restricting public transport, taxis and private hire facilities would have minimal impact on reducing transmission in London.
8. Future SAGE meetings will consider broader aspects of Covid-19 including clinical science, genetics, virology, and treatments and vaccines.

Situation update

9. There are 1,950 cases in the UK (17/03 at 14:00), with 87 intensive care cases, of which 62 are in London. Testing capacity has reached 6,084 daily, with a goal to reach 25,000 tests as soon as possible.
10. The UK is following broadly the same exponential growth rate of cases as Italy, and there is consistency with patterns in other countries.
11. There is uncertainty on our exact position, but the consensus view is that we are 2-4 weeks behind the epidemic curve in Italy.
12. Assuming a doubling time of around 5-7 days continues to be reasonable, but this is before any of the measures brought in have had an effect; these measures are likely to slow the doubling time even if there is still an exponential curve.
13. Modelling suggests that, without mitigation, London could reach Covid-19-related intensive care capacity by early April.

Testing, data and information sharing

14. SAGE discussed the importance of good quality and timely data. CHES data has improved but has not stabilised, so trend analysis is more challenging. The overall quality of data is improving, with short time lags to ensure data quality and consistency.
15. An NHSX hub should be in place from early next week ensuring a standardised, single source of data. Legacy data collection should continue for a short period to provide resilience.
16. Postcode-level data from NHS 111 and geospatial data may be utilised to provide a fuller picture, possibly by next week.
17. NHS updated on a joint NHS-PHE plan for testing, including 25,000 PCR tests a day, an increase in viral antigen detection tests and increased serosurveillance, including a more widely available serological test.

18. SAGE discussed how to ensure that key workers, particularly NHS staff, get full access to comprehensive testing and agreed the importance of ramping up testing as soon as possible.
19. SAGE discussed plans to release the academic models underpinning SAGE and SPI-M discussions and judgements. Modellers agreed that code would become public but emphasised that the effort to do this immediately would distract from other analyses. It was agreed that code should become public as soon as practical, and SPI-M would return to SAGE with a proposal on how this would be achieved.

ACTION: SPI-M to advise on how to make public the source code for academic models, working with relevant partners

School closures

20. SAGE reviewed available evidence and modelling on the potential impact of school closures. The evidence indicates that school closures, combined with other measures, could help to bring the R_0 number below 1, although there is uncertainty.
21. SAGE discussed the impact of school closures in terms of alternative childcare arrangements, particularly grandparents and older groups at risk from Covid-19. The evidence suggests that displacement of childcare from schools to grandparents would reduce the effect of closures, but this unwanted effect is likely to be limited.
22. It was reported that single parents often have younger parents, and so the grandparents are often in their 50s.
23. SAGE considered the impact of keeping schools open for particular groups, including for children of NHS workers and vulnerable groups. SAGE considered that a small (10-20%) reduction in compliance rates would have some impact in the overall effect of school closures, but this would not be significant enough to offset the measure. The effect of school closures would be significantly reduced if there was widespread mixing of children outside of schools.
24. SAGE considered the modelling now supports school closures on a national level and that the effect would be greatest if instituted early.
25. SAGE discussed behavioural science considerations on school closures. With limited evidence, SAGE considered the importance of clear public messaging and of drawing on the views of teachers on keeping schools open for key workers or vulnerable groups. There is a risk that even if schools remain open for the above groups, children may not attend.

Regional measures – London

26. The social distancing measures have only recently been implemented. Their effect depends on compliance levels, for which there are currently insufficient data. A verbal report of a single survey was given, which suggested that significant behaviour change was expected, but currently we do not have reliable data.
27. SAGE considered available evidence for London on current demand for transport and retail services, and on individual behaviours following the implemented interventions.
28. SAGE discussed additional interventions that could be made to reduce transmission, noting that London may be 1-2 weeks ahead of the rest of the country.
29. Measures with the strongest support, in terms of effect, were closure of a) schools, b) places of leisure (restaurants, bars, entertainment and indoor public spaces) and c) indoor workplaces. Modelling is unlikely to be able to analyse the impact of these interventions with great precision.
Transport measures such as restricting public transport, taxis and private hire facilities would have minimal impact on reducing transmission. SAGE noted that there may be other hotspots where spread is more advanced, such as the Derby/Nottingham/Leicester area. It is possible that some of this is due to nosocomial transmission, but this is not yet known.

List of actions

SPI-M to advise on how to making public the source code for academic models, working with relevant partners.

Attendees

SAGE participants: Patrick Vallance (chair), Chris Whitty, Jonathan Van Tam, Steve Powis, Charlotte Watts, Angela McLean, [REDACTED] Graham Medley, Jeremy Farrar, David Halpern, Ian Diamond, Aidan Fowler, Rupert Chute, Demis Hassabis, Marc Warner

By phone: Maria Zambon, Phil Blythe, John Edmunds, Carole Mundell, Tom Rodden, Carole Mundell, Osama Rahman, Wendy Barclay, Neil Ferguson, Brooke Rogers, James Rubin, Ben Warner, Andrew Curran, [REDACTED]

SAGE secretariat: [REDACTED] Stuart Wainwright, [REDACTED]



Treasury Committee

Oral evidence: [Spring Budget 2020](#), HC 214

Wednesday 18 March 2020

Ordered by the House of Commons to be published on 18 March 2020.

[Watch the meeting](#)

Members present: Mel Stride (Chair); Rushanara Ali; Harriett Baldwin; Anthony Browne; Felicity Buchan; Ms Angela Eagle; Liz Kendall; Alison McGovern; Alison Thewliss.

Questions 1 - 76

Witnesses

[I](#): Rt Hon Rishi Sunak, Chancellor of the Exchequer and Dan York-Smith, Director Strategy, Planning and Budget, HM Treasury.

Examination of witnesses

Witnesses: Rt Hon Rishi Sunak and Dan York-Smith.

Q1 Chair: Welcome to the Committee, Chancellor and Mr York-Smith. As you know, this session was to be focused on the Budget. However, I do not suppose it will surprise you that the vast focus is going to be on the Government, the Treasury and the Bank of England response to the virus crisis. We are very aware of the pressures on your time, Chancellor, and the fact that you were in the House on your feet last night for a couple of hours, with a lot of things going on, so we will be succinct and to the point, and would expect to have you out of here within one and a half hours in total. We will do our best to do that.

Could I start with a very general question? It was not that long ago that the Government were saying, in dealing with the infection, that it was all about suppressing the curve, that we would hit herd immunity at some point and that therefore this thing would probably pass through—my supposition, rather than their statement—by the autumn. We have now moved to a different approach, which is about really pushing down and levelling down on the virus.

As a consequence, it seems to me that the mood music is that this could last rather longer in terms of the measures that we are having to take to keep people safe. Do you have a sense of how long it is going to go on and do you have a sense of whether we are still, hopefully, in the position where, when we come out of it, there is a V-shaped bounce rather than some permanent scarring to the economy that will take longer to recover from?

Rishi Sunak: Thank you, Chair. Can I at the outset thank the Committee for their understanding around timing? I have an update on that. It will be public reasonably soon that there is a meeting I need to be at in an hour and a half, which means I need to leave a bit in advance of that to prepare, so I thank everyone for their understanding in light of the circumstances.

With regard to your question on timing, the Prime Minister was asked the specific question at PMQs and said he would not speculate on the precise timing, so I echo that. You are right in a sense, in that what we are doing now has some impact on the duration of the spread. The scientists are providing updates on a daily basis but we still believe that the virus will be something that passes through. We still believe that we should be able to recover strongly at the other side, and that is why our interventions are targeted at trying to preserve as much of the productive capacity of the economy as we can on the supply side. Obviously, the demand side impact is more difficult to mitigate in the short term, but that is why our approach has been very much to help bridge the period of intervention, so that on the other side, as people are healthy, we can, hopefully, as quickly as possible return to normal.

Q2 Chair: Thank you. I have a very specific question. You are obviously trying to support our public services and the health service, which is going to be under great strain, and individuals and families, many of whom are going to lose their jobs, and businesses that provide that employment. Is there any mileage in looking at some kind of reverse national insurance approach for jobs—in other words, rather than charging 13.8% to employers, pushing money back the other way, which would I know be colossally expensive but equally highly targeted on preserving employment?

Rishi Sunak: We are looking at all potential measures to meet the objectives that we set, which are to provide cash-flow support to businesses and fundamentally to try to preserve employment and productive capacity in the economy. There are a range of different ways to do that and, ultimately, to provide financial security to people as well.

As I said yesterday in the statement, we need to make sure that whatever delivery mechanism we choose will be both able to be used very quickly, because time is of the essence, and as targeted as possible, acknowledging that it is not going to be perfectly targeted in these circumstances. We accept and acknowledge that, but it would still be better for it to be targeted where possible. The benefit of the tax levers that you mentioned is obviously scale, and you can move at scale, for better or worse, and at speed, but it is slightly more difficult to be targeted. We are looking at every conceivable tool at our disposal, as we speak.

Q3 Chair: Is that targeted in the sense that if you used reverse NICs, as I have just suggested, you would want to go for particular sectors and particular businesses?

to help them with their planning. I imagine that is something that has been welcomed. It is not something that we would typically have done, but given the situation we thought it was the right thing to do.

We are of course happy to work in partnership with everybody, but, cognisant of urging from colleagues, we are trying to move at pace as well. In some instances, when there are devolved competences, we can provide funding for devolved areas so that they can design packages and support themselves.

Q52 Alison Thewliss: The difficulty is that my constituents are now confused. They heard you announce something yesterday. They are now waiting for the Scottish Government to catch up, but because the Scottish Government did not know in advance what you were going to announce yesterday they are now catching up. They would like to be able to do this at the same time so that people can get the same type of advice at the same time. Why can't that be done?

Rishi Sunak: Where it can be done, it will be done, but we are working at pace. We all see what is happening in front of our eyes. As I said before, we are working round the clock to design packages and to engage with everyone who is relevant to figure out what support might work and how best we can deliver it. These things are all happening in realtime, and then as soon as we have done them, and coming to announce them, there is no delay. It is just a question of speed of action.

Obviously, devolved authorities have the autonomy to do what they want with the funding they are given in most cases. What we are doing is providing that funding in advance, which is welcome. Devolved authorities are participating in Cobra calls and everything else with regard to the public health intervention, and I think that co-ordination has been very good.

Q53 Alison Thewliss: Yes. Co-ordination at that level has been really good. What is difficult at the moment is that there is not the same feed-over into the financials. It would be useful if we could have, for example, phone calls on a regular basis, not necessarily every day but regular phone calls to update on the measures you are taking, so that the Scottish Government, the Welsh Assembly and Stormont can do what they need to do to put things in place, rather than being left behind. Everybody needs to move together. I appreciate that you are moving at pace, but everybody has to be able to move at that pace, because our businesses and our individuals matter too.

Rishi Sunak: I am happy to see if there is more we can do. The Chief Secretary was speaking to the Scottish Finance Minister today and all the other devolved authorities. I will make sure that there is regular dialogue as the situation evolves.

Q54 Alison Thewliss: Replicating the measures in Scotland that you announced is more expensive than the Barnett consequential might necessarily allow for, because our business base is different. There are more rural and small businesses. Are you willing to work with the Scottish Government to understand what those needs might be, because they might be different from what you are working with here?

Rishi Sunak: I am always happy to hear that. That dialogue happens all the time anyway, and I imagine that the Chief Secretary discussed it with the Finance Minister. I think there was some conversation about it. There wasn't the analysis to show exactly what the situation was. I am happy to have that conversation.

I am cognisant that Barnett is our general off-the-shelf thing, for better or worse. Again, we are all moving at pace. There will be things where maybe Barnett is more generous than it otherwise would be. We are trying not to reinvent the wheel as we all move at pace. It is the established precedent for what we are doing. We are working with that, but we are also trying to be proactive and constructive by releasing funding in advance of when it would otherwise be due so that the Scottish Government, the Welsh Government and others can make plans and execute them at pace themselves.

Q55 Alison Thewliss: Have the Scottish Government, the Welsh Assembly and Stormont been told how much they will get from your announcement yesterday?

Rishi Sunak: Yes. As I said, we are working at pace. I said £3.5 billion for all of them. I think the Chief Secretary will have had that information for his calls.

Q56 Alison Thewliss: Lastly, on a slightly different matter, I asked you yesterday about statutory maternity pay. Have you any further details on that?

Rishi Sunak: No, I do not, but the team are looking into it as we speak. I spoke to them this morning and they are doing that. As soon as I have more information, I will be able to write to you.

Q57 Harriett Baldwin: Thank you for working so quickly and, as I said yesterday, we thank the team as well for the very rapid response that you are delivering for the British economy at the moment. In terms of the feedback from my constituency today in the leisure, hospitality and retail sector, there is a range of different things I am going to raise.

On the top-level macro number—the £330 billion—I know it is only a week since we had the Budget and I want to try to link together the £330 billion with what the Bank of England announced on the day, which was the £190 billion that they thought would be freed up by the countercyclical buffer change and the £100 billion in the term lending facility. Are those two numbers additional to the £330 billion or part of the £330 billion?

Rishi Sunak: It is a fair question. There are lots of big numbers flying around. There are a few to keep in your head, which are probably the most relevant. The number to take away from the Budget is probably, on the fiscal side, £30 billion of loosening and targeted interventions. That is a combination of—

Q58 Harriett Baldwin: Business rates.

Rishi Sunak: Exactly.

Dan York-Smith: It is £12 billion in the COVID response package and then £18 billion as part of the wider agenda.

Rishi Sunak: As part of the wider fiscal loosening. It is £12 billion plus £18 billion; that is £30 billion of fiscal intervention at Budget that will go into the system. On the same day the Bank of England, as you said, did a few things. Their countercyclical buffer will release, as you said, £175 billion of additional lending into the banking system. They also created a new term lending facility. You have the amounts for that.

What we announced yesterday was different. That was the Government loan guarantees. Of the two things they do, one is purely a relationship between them and the banks, where they just say, "You can release your capital reserves," so that frees up theoretical lending capacity for the banks. The second thing they do hits our balance sheet. They deploy the funding, but that funding will hit our balance sheet and hit our net debt aggregates. That is something to bear in mind.

The interventions I announced yesterday are all Government-backed loan schemes, direct Government guarantees of loans. They are incremental to those and will be different. They might ultimately use some of that lending capacity on the small business loans side. One of the guarantee schemes we have set up is a small business loan scheme. The quantum I talked about is a volume that I am prepared to guarantee on our balance sheet and take risk for. The banks might be providing 20% of those loans because I am taking 80% of the risk. That 20% might come from some of the capacity freed up by these monetary measures. The Governors and I called the banks in last week, the day after the Budget, to have a conversation with them. As a result of those conversations, they committed to unlocking about £21 billion in new SME lending as well, as a result of the interventions both on my side and the monetary policy side.

Dan York-Smith: There is one bit that the Chancellor did not add. Yesterday, the equivalent to the £30 billion from last week was £20 billion. It is the combination of the business rates, exemption for retail, leisure and hospitality, whatever the size, and the increase in the grant for businesses in receipt of small business rate relief and the addition of the grant for the mid-sized retail properties. That was a further £20 billion of fiscal action.

Rishi Sunak: Yes, £50 billion so far of total fiscal action. That is a very important point.

Q59 Harriett Baldwin: I now want to draw it from the macro down to how it seems to be landing on the ground. I was quite surprised to hear that one of my leading

hotels/restaurants today was very pleased about the package. Switching to home delivery, in terms of the regulations that were relaxed—

Rishi Sunak: Yes, we changed that yesterday as well.

Q60 **Harriett Baldwin:** That is another thing that is open to restaurants to do. They were going to keep their staff on because they had confidence from the measures that were announced, so that was very good to hear. But they had had their bank manager come in yesterday to say, “£200,000 increase in your overdraft and we’re going to charge you only 5%.” I said, “I think the Chancellor would be surprised to hear that a bank is charging you 5% because my understanding of what he intends is for that to be free.”

Rishi Sunak: Yes. That might be an existing product that the bank has with them.

Q61 **Harriett Baldwin:** But if they are looking at it as a chance to go in and—

Rishi Sunak: From next week, that company should be able to walk into a bank and ask for the new business interruption loan that we are guaranteeing, where the interest will be free for six months because we are paying it. It should be more attractive than a 5% rate on the loan. There will be up to £5 million available specifically for a working capital facility. That should be available, as I said, from early next week. Hopefully, that will be a good source of credit for that particular business.

Q62 **Harriett Baldwin:** It is very helpful to be able to say, “The Chancellor says this should be at a lower rate,” so if you could repeat that clearly now it would be great.

Rishi Sunak: Before I start setting prices in the economy, the new scheme that we are setting up, because it is subsidised and because you should use the new Bank of England funding as well, should be at an attractive rate. In any case, it should be interest free for six months.

Q63 **Harriett Baldwin:** I would not want the banks to be seen as profiteering from this situation. Similarly, on the grants themselves, which you just alluded to, Chancellor, you said that once we give someone a grant we cannot be sure that they will do the right thing, as this employer had done, and keep the staff on. They may just bank it and close up anyway. I wondered if it would be possible for you to make a stronger set of statements on what you are expecting to have as a result in the employment sphere with those grants.

Rishi Sunak: That is a fair point. Each business will be different, which is why it is difficult to be completely prescriptive. It may be that the grant money is used to offset the fixed costs of rent, which will help some to keep people on. It might be that indirectly that is what is helping, but hopefully the steer from me is clear. We are trying to provide cash-flow support, liquidity support and Time to Pay support to businesses in order to help them preserve employment through what will be a difficult period. That is very much the objective of the interventions we are undertaking.

Q64 **Harriett Baldwin:** That is very helpful. Could you also commit to asking the Economic Secretary to sit down again with the insurance industry? The feedback from the frontline is that businesses that have policies that pay out—for example, if there is a pandemic—are being told, “Oh, but it has to be a pandemic listed on the 2008 list.”

Rishi Sunak: Let me address that because it is an important point. What we did yesterday was to agree with the insurance companies as regards anyone who had a policy that would have paid out had we said, “The restaurant is shut,” rather than, “It is best if people do not go to restaurants.” That is the instance, rightly, about which there was the most uncertainty, and that is what we cleared up. We ensured that the insurance company would do the right thing, and they have said that they would. I appreciate that.

What we cannot do is retrospectively change insurance policies. If an insurance policy was not designed to cover something and the premiums were paid on that basis, if you were to make a retrospective change it would most likely cause solvency issues for the insurance sector as a whole, and for particular individual companies. That is the risk of changing insurance policies retrospectively. If they have collected premiums on the basis of a particular set of cover, as you would expect, and then you suddenly say, “You should have been collecting bigger premiums for a different set of cover,” that will have significant issues.

Q65 Harriett Baldwin: It seemed to me a bit unfair if you bought coverage against a pandemic, and it was not on the 2008 list because it wasn't anything that was known. You are saying there would be actual solvency issues for the whole industry if they were required to pay out.

Rishi Sunak: Retrospectively changing policies would have a significant impact. We have to be cognisant of that because the knock-on impact it might then have on everyone else's insurance policies, whether for travel or anything else, would be significant. That is why, as much as we can, we are providing business support directly to businesses anyway, to help with some of those costs.

Q66 Harriett Baldwin: I want to pick up on the supermarkets point raised yesterday. If there is a business that seems to be experiencing a massive surge in demand to counteract some of the decline in demand in other sectors, it is the supermarket and grocery industry. They are clearly really stretched. Is there anything else we could be doing on the deregulation or supply side that would make it easier for labour to shift from one sector to another sector for this short-term national crisis?

Rishi Sunak: That is an excellent point. When I charged all Secretaries of State with having their industry engagement, I specifically tasked them with looking at where there ought to be regulatory forbearance. You saw an example of that yesterday with takeaways; you have seen it already with flights and people not losing slots as a result of not flying empty planes. Another example is curfews for delivery. These are all examples of things where we can show regulatory flexibility, and should, to help to achieve the outcomes we want. As those things come back through the committee that I chair we will look at more measures. We have taken steps already in those three particular areas to do that. If there is more to do, we will absolutely do it.

Chair, I am conscious of the time.

Chair: Yes, we will go to Rushanara Ali now and then Liz Kendall.

Q67 Rushanara Ali: Chancellor, this situation is likely to last not a couple of weeks but a lot longer. Huge numbers of our constituents live in overcrowded conditions with high-risk factors. There are a number of issues that were not addressed in your statement yesterday that are actually about the people, the taxpayers. It seems lopsided in not doing enough to support our constituents. Can I ask whether you can give local authorities a guarantee of the funding they need so that they are not stuck trying to make things work in what is increasingly a crisis, particularly in London, given that we are at the head of the curve?

You talked about mortgage holidays yesterday. We have social housing tenants and private tenants who will not be able to afford to pay their rent. Can you say something about what will happen to support them and also temporarily replace incomes when people are not going to have a source of income? There are fixed costs that need to be covered in the event that this goes on for some period.

Lastly, I would ask that you prioritise the need for getting support to families who are living below the poverty line. Half the children in my constituency live below poverty. We need food for those families. If they are self-isolating for weeks, it could have a devastating consequence. Could you take those issues away please? You do not have to respond to all of them, but could you take them away and act on them as a matter of urgency? People are likely to die because of poverty, as well as the risk factors we have talked about.

Rishi Sunak: Thank you. I will give you some quick responses because we are thinking about many of those issues. In terms of families and support for the most vulnerable, one thing we are keen to do is to get extra support to those people. Half a billion pounds is going to local authorities, particularly to help on local welfare assistance and local council tax support schemes. Again, we are going with something that is off the shelf and ready to go. We are cognisant that capacity for everyone is going to diminish over time. There are schemes that exist. About 5 million of our most vulnerable people are on those schemes, so it is a good way to target extra support for them.

We covered fixed costs a bit with businesses, and ditto on income support. On renters, as I said yesterday, and the Prime Minister reiterated, the Housing Secretary is bringing forward measures to address the issues that you rightly raise; and indeed around mortgages as well, as they relate to buy-to-let landlords. I can tell you that we were actively talking to the Local Government Secretary just this morning about what extra support local authorities might

need, particularly with regard to social care, which they have responsibility for. We obviously want to free up capacity in the NHS. That might have an impact on social care, which will have a cost implication for local authorities.

Q68 Rushanara Ali: On hardship funds, there is only half a billion across the country. We need a much higher number to deal with the need for hardship funds now. I was with my local authority this morning. It is a question of days, not weeks. We need urgent action. Could you say something about how much extra you are going to put into hardship funds for local authorities?

Rishi Sunak: As I said, half a billion pounds is being delivered quickly to them, to deploy themselves through their existing schemes. It represents a 15% overall top-up to the budget they have for those particular schemes.

Perhaps I could take the last question now, as I need to prepare for a meeting that is in 25 minutes.

Q69 Liz Kendall: My main question, Chancellor, is that, while you say you will consider all potential measures to give financial security to people, the truth is that other countries are already doing it and doing more. Norway is giving the self-employed 80% of their average income over the last three years. Sweden is giving people who have been laid off 90%. You have not even said that you will consider raising universal credit, and, however much we try to preserve employment, more people are going to be unemployed. Are you considering helping people with their outgoings, like paying their council tax or their utility bills? Isn't the truth that we have not done enough, and we are way behind what other countries are doing? My question to you is, why?

Rishi Sunak: You mention two things specifically about bills and council tax. The money we have deployed is specifically to councils for local council tax support schemes.

Q70 Liz Kendall: You just said that was a hardship fund.

Rishi Sunak: Deployed through local council tax support. That is the existing off-the-shelf mechanism that we have to get money to vulnerable people. The reason council tax is important is that for most families it is one of their single largest bills. It is one of the single largest fixed costs that most families have. It is an average of about £1,800.

Q71 Liz Kendall: But, Chancellor, isn't that £500 million less than the amount that was cut from council tax benefit when it was devolved to local councils? You are not even giving them what you cut when it was devolved.

Rishi Sunak: Relative to what it is today, it is a significant increase. You talked about bills. We have talked about a mortgage holiday, which we have talked to the banks about. Other conversations are going on in other parts of the sector.

With regard to other countries, as I said yesterday in the House, you have to look at things in the round. You have to look at the totality of the fiscal interventions.

Q72 Liz Kendall: I would just say to you, Chancellor, Macron did all of this at the same time. This Government are way behind.

Rishi Sunak: Factually, the numbers would not support that. What he announced was a loan guarantee scheme of €300 billion. We announced a loan guarantee scheme of £330 billion, which is a lot more than that.

Q73 Liz Kendall: And measures on gas and utility bills.

Rishi Sunak: He is also only giving €1,000 grants to small businesses, not 10,000 and not 25,000. It is worth looking at it—

Q74 Liz Kendall: That is individuals.

Rishi Sunak: It is for micro businesses. It is worth looking at it in the totality of the fiscal intervention and adding the £30 billion and the £20 billion together, which is £50 billion. Then we need to look at that as a percentage of GDP, for example. You can benchmark it to most large economies and you would see that the totality of what we are doing, relative to almost any other large economy thus far, is very significant. I think that is the right way to look at it. People are all targeting their support in slightly different ways, but if you want to say, "Are



How to access government financial support if you or your business has been affected by COVID-19

On 17 March, the Chancellor announced an unprecedented package of government-backed and guaranteed loans to support businesses, making available an initial £330 billion of guarantees – equivalent to 15% of GDP.

This was on top of a series of measures announced at Budget 2020, the government announced £30 billion of additional support for public services, individuals and businesses experiencing financial difficulties because of COVID-19, including a new £5 billion COVID-19 Response Fund, to provide any extra resources needed by the NHS and other public services to tackle the virus.

The government will take new legal powers in the COVID-19 Bill, enabling it to offer whatever further financial support it thinks necessary to support businesses.

This document sets out further information on how you or your business can access if you are experiencing financial difficulties because of COVID-19.

If you want the latest information on the government's COVID-19 Action Plan you can go here: [gov.uk/government/publications/coronavirus-action-plan](https://www.gov.uk/government/publications/coronavirus-action-plan)

If you want more information about the situation in the UK, along with guidance for what to do if you think you're at risk:

- Visit [nhs.uk/conditions/coronavirus-covid-19/](https://www.nhs.uk/conditions/coronavirus-covid-19/) for information about the virus and how to protect yourself
- Use the NHS 111 online coronavirus service to check if you need medical help
- Visit [gov.uk/guidance/coronavirus-covid-19-information-for-the-public](https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public) for more information

INFORMATION FOR INDIVIDUALS

If you think you are entitled to Statutory Sick Pay (SSP), please read the following information: *You can get £94.25 per week Statutory Sick Pay (SSP) if you're too ill to work. It's paid by your employer for up to 28 weeks.*

If you are self-isolating because of COVID-19: From 13 March, you can now claim SSP. This includes individuals who are caring for people self-isolating in the same household and therefore have been advised to do a household quarantine. To check your sick pay entitlement, you should talk to your employer, and visit <https://www.gov.uk/statutory-sick-pay> for more information.

- When does SSP apply? The government is legislating for SSP to be paid from day 1, rather than day 4, of your absence from work if you are absent from work due to sickness or need to self-isolate caused by COVID-19. Once the legislation has been passed, this will apply retrospectively from 13 March. You should talk to your employer if you are eligible for SSP and need to claim.
- Do I need a sick note? From Friday 20 March onwards, those who have COVID-19 or are advised to self-isolate will be able to obtain an "isolation note" by visiting NHS 111 online and completing an online form, rather than visiting a doctor. For COVID-19 cases this replaces the usual need to provide a "fit note" after seven days of sickness absence. Isolation notes will also be accepted by Jobcentre Plus as evidence of your inability to attend.
- What if I am self-employed or not eligible for SSP? If you are not eligible for SSP – for example if you are self-employed or earning below the Lower Earnings Limit of £118 per week – and you have COVID-19 or are advised to self-isolate, you can now more easily make a claim for Universal Credit (UC) or new style Employment and Support Allowance. For more information on how to claim, please visit <https://www.gov.uk/universal-credit> and <https://www.gov.uk/guidance/new-style-employment-and-support-allowance>.
- What if I am self-employed and receiving Universal Credit? If you are self-employed and receiving Universal Credit and you have COVID-19 or are advised to self-isolate, the requirements of the Minimum Income Floor will be temporarily relaxed. This change took effect on 13 March and will last for the duration of the outbreak, to ensure that self-employed UC claimants will receive support.

If you need to claim Universal Credit but have COVID-19 or are self-isolating, you will now be able to claim and to access advance payments upfront without needing to attend a Jobcentre Plus. Please visit <https://www.gov.uk/universal-credit> for more information.

If you need to claim Universal Credit but have COVID-19 or are self-isolating, you will now be able to claim and to access advance payments upfront without needing to attend a Jobcentre Plus. Please visit <https://www.gov.uk/universal-credit> for more information.

If you are eligible for new style Employment and Support Allowance, it will now be payable from day 1 of sickness, rather than day 8, if you have COVID-19 or are advised to self-isolate.

If you think you may need financial support from your Local Authority in England, you may be entitled to support from the £500 million Hardship Fund:

- Most of this funding will be used to provide more Council Tax relief, either through existing Local Council Tax Support schemes, or through similar measures.
- The Ministry for Housing, Communities and Local Government (MHCLG) will set out more detail on this funding, including allocations, shortly.
- If you have any questions, please contact your Local Authority.

If you are experiencing financial difficulties meeting your mortgage repayments because of COVID-19, you may be entitled to a mortgage or rental holiday for 3 months. This includes if you are a landlord whose tenants are experiencing financial difficulties because of COVID-19. If you are a tenant experiencing financial difficulties because of COVID-19, the government will ensure you do not face the threat of eviction for at least 3 months:

- The government has agreed with mortgage lenders that they will offer repayment holidays of 3 months to households in financial difficulty due to COVID-19.
- This will also apply to landlords whose tenants are experiencing financial difficulties because of COVID-19.
- The offer of a payment holiday can be made available to customers who are up to date with payments and not already in arrears.
- Customers who are concerned about their current financial situation should contact their lender at the earliest possible opportunity to discuss if this is a suitable option for them.
- Emergency legislation will be taken forward so that landlords will not be able to start proceedings to evict tenants for at least a 3 month period. This applies to private and social renters.
- At the end of this period, landlords and tenants will be expected to work together to establish an affordable repayment plan, taking into account tenants' individual circumstances.

If you are experiencing difficulties paying back personal loans or credit card bills as a result of COVID-19, you should read the following information:

- The Financial Conduct Authority (FCA) called on lenders to use flexibility built into their rules to support consumers, taking into account customers' individual circumstances. Many major lenders have already made statements to this effect.
- If you are experiencing difficulties paying back loans or credit card bills because of COVID-19, you should talk to your lender.
- If you agree a payment holiday with your lender, they should record these in such a way that will not impact on your credit score.

INFORMATION FOR BUSINESSES

If you are a small- or medium-sized business, you may be entitled to reclaim the costs of Statutory Sick Pay (SSP) for sickness absence due to COVID-19:

- This refund will cover up to two weeks' SSP per eligible employee who are either ill or been told to self-isolate because of COVID-19. This is in line with the recommended isolation period. Guidance on self-isolation can be found here: www.nhs.uk/conditions/coronavirus-covid-19.
- Employers with fewer than 250 employees will be eligible. The size of an employer will be determined by the number of people they employed as of 28 February 2020.
- Employers will be able to reclaim expenditure for any employee who has claimed SSP (according to the new eligibility criteria) as a result of COVID-19.
- Employers should maintain records of staff absences, but employees will not need to provide a GP fit note.
- The eligible period for the scheme began on 13 March.
- The government will work with employers over the coming months to set up the repayment mechanism for employers as soon as possible. Existing systems are not designed to facilitate employer refunds for SSP.

Some businesses, including nurseries, in England will be eligible for a Business Rates holiday for 1 year from 1 April 2020:

- If you are currently receiving the retail discount for your Business Rates bill, you will receive a revised bill with 100% relief shortly.
- If your business occupies a property in the retail sector with a rateable value of £51,000 or more, or if your business occupies a property in the leisure or hospitality sectors you may also be eligible for the 100% discount on your business rates bill.
- You will shortly hear from your Local Authority. If you have any questions, you should contact your Local Authority.
- If you are a nursery, you will be entitled to the 100% relief for the next year. You should contact your Local Authority for more information.
- Guidance for Local Authorities will be published by MHCLG by 20 March.

If your business is eligible for small business rate relief or rural rate relief in England, you are entitled to a one-off cash grant of £10,000:

- If your business is in the retail, hospitality or leisure sector in England, then you may also be entitled to a cash grant. If you have a property with a rateable value of £15,000 or less then you will be entitled to a grant of £10,000, whether or not you are entitled to small

business rate relief or rural rate relief. If you have a property with a rateable value of between £15,000 and £51,000 then you will be entitled to a cash grant of £25,000.

- The Department for Business, Energy and Industrial Strategy (BEIS) will provide guidance for Local Authorities on how to administer these grants shortly.
- If you are an eligible business, your Local Authority will then be in touch in the coming weeks to provide details of how to claim this money.

If your small or medium-sized business in England is facing cash flow issues as a result of COVID-19, please read the following information:

- A new temporary Coronavirus Business Interruption Loan Scheme, delivered by the British Business Bank, will launch at the start of next week to support businesses to access bank lending and overdrafts.
- The government will provide lenders with a partial guarantee of 80% on each loan to give lenders further confidence in continuing to provide finance to SMEs.
- The government will not charge businesses or banks for this guarantee, and the Scheme will support loans of up to £5 million in value. The first 6 months of these loans will be interest-free, as the Government will cover these payments.
- Businesses will be able to get finance under the scheme from a large number of providers, including the main high street banks, as of next week.
- Businesses will remain responsible for repaying any facility they take out.
- For further information, please visit: <https://www.british-business-bank.co.uk/ourpartners/coronavirus-business-interruption-loan-scheme-cbils/>.

If you are a large business facing cash flow issues as a result of COVID-19, you may want to read the following information:

- Companies commonly sell short term debt ('commercial paper') to the market. This is a quick and cost effective way to raise working capital.
- The new COVID-19 Corporate Financing Facility means that the Bank of England will buy short term debt from companies.
- This will support companies which are fundamentally strong, but have been affected by a short-term funding squeeze, enabling them to continue financing their short-term liabilities. It will also support corporate finance markets overall and ease the supply of credit to all firms.
- Further details can be found here in the exchange of letters between the Governor of the Bank of England and the Chancellor, found here: <https://www.gov.uk/government/publications/launch-of-covid-19-corporate-financing-facility-ccff>.

If you are self-employed or own a business and you are concerned about not being able to pay your tax bills because of COVID-19, you may be eligible for support through Her Majesty's Revenue and Customs' (HMRC) Time to Pay service:

- If you think you or your business is eligible for support through Time to Pay, you can call the following helpline number to get practical help and advice: 0800 0159 559.
- These arrangements are agreed on a case-by-case basis and are tailored to individual circumstances and liabilities.
- For more information, please check the HMRC site here: <https://www.gov.uk/government/news/tax-helpline-to-support-businesses-affected-by-coronavirus-covid-19>.

If you own a pub that serves food or a restaurant in England, you will be able to operate a hot food takeaway to serve people staying at home, without going through the usual planning process:

- The Ministry for Housing, Communities and Local Government (MHCLG) will shortly legislate to bring forward a temporary Permitted Development Right to allow for change of use from A3 (Restaurant) and A4 (Pub) to A5 (Hot Food Takeaway).
- The intention is that once the legislation has come into force a pub or restaurant will be able to notify their Local Authority that they are now operating as a takeaway without any prior approval.

If you contract your services to large- or medium-sized organisations outside of the public sector you should read the following information:

- The government announced on 17 March that the reform to the off-payroll working rules (commonly known as IR35) - that would have applied for people contracting their services to large or medium-sized organisations outside the public sector - will be delayed for one year from 6 April 2020 until 6 April 2021.
- Business and individuals do not need to take any action.

If the only barrier to your business making an insurance claim was a lack of clarity on whether the government advising people to stay away from businesses, rather than ordering businesses to shut down, was sufficient to make a claim on business interruption insurance:

- The government's medical advice of 16 March is sufficient to enable those businesses which have an insurance policy that covers both pandemics and government ordered closure to make a claim - provided all other terms and conditions in their policy are met. Businesses should check the terms and conditions of their specific policy and contact their providers if in doubt.
- However, most businesses have not purchased insurance that covers pandemic related losses. As such, any affected businesses should note the government's full package of

support, including the Coronavirus Business Interruption Loan Scheme and business rates holiday.

1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)

Speech

PM statement on coronavirus: 18 March 2020

Prime Minister Boris Johnson made a statement on coronavirus.

Published 18 March 2020

From:

Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>) and The Rt Hon Boris Johnson MP (<https://www.gov.uk/government/people/boris-johnson>)

Delivered on:

18 March 2020 (Transcript of the speech, exactly as it was delivered)



Good afternoon. And thanks for coming or for indeed tuning in to these daily updates. I want to introduce, I'm sure you know Jenny Harries, Deputy Chief Medical Officer for England, and you know Sir Patrick Vallance, Chief Scientific Advisor.

I want to tell you where we got to in our national fightback against the coronavirus. Today the Scientific Advisory Group for Emergencies met to discuss the latest evidence on the spread of the virus and the effects of the measures we have already taken to slow its spread. And Patrick is going to update us in a second about that.

I want to repeat that everyone – everyone – must follow the advice to protect themselves and their families, but also – more importantly – to protect the wider public. So stay at home for seven days if you think you have the symptoms. Remember the two key symptoms are high temperature, a continuous new cough.

Whole household to stay at home for 14 days if one member in that household thinks he/she has the symptoms. Avoid all unnecessary gatherings – pubs, clubs, bars, restaurants, theatres and so on and work from home if you can. Wash your hands.

And we have already announced in the last few days we will massively scale up our testing capacity in the weeks ahead so we hit 25,000 tests a day.

A huge public information campaign is being rolled out so people get all the information they need to protect themselves and others.

We are asking retired healthcare professionals to come back and help us cope, help the NHS to cope, with this unprecedented challenge.

And we will continue as we have from the beginning to do the right thing at the right time and to follow the best scientific advice.

And we come today to the key issue of schools where we have been consistently advised that there is an important trade off. And so far the judgment of our advisers has been that closing schools is actually of limited value in slowing the spread of the epidemic.

And that is partly because counterintuitively schools are actually very safe environments. And in this disease and epidemic children and young people are much less vulnerable.

And hitherto the advice has been that we should keep schools open if possible in order to reduce the pressure on the NHS and on all other public services. But I think you'll agree I have always been very clear that this is a balanced judgment and one that we have kept under constant review.

So looking at the curve of the disease and looking at where we are now – we think now that we must apply downward pressure, further downward pressure on that upward curve by closing the schools.

So I can announce today and Gavin Williamson making statement now in House of Commons that after schools shut their gates from Friday afternoon, they will remain closed for most pupils – for the vast majority of pupils- until further notice. I will explain what I mean by the vast majority of pupils.

The objective is to slow the spread of the virus and we judge it is the right moment to do that.

But of course, as I've always said, we also need to keep the NHS going and to treat the number of rising cases. So we need health workers who are also parents to continue to go to work.

And we need other critical workers with children to keep doing their jobs too – from police officers who are keeping us safe to the supermarket delivery drivers, social care workers who look after the elderly and who are so vital. We will be setting out more details shortly about who we mean in these groups.

So we therefore need schools to make provision for the children of these key workers who would otherwise be forced to stay home. And they will also need to look after the most vulnerable children.

This will mean there will of course be far fewer children in schools and that will help us to slow the spread of the disease. And these measures are crucial to make sure the critical parts of the economy keep functioning and public services keep functioning.

So we are simultaneously asking nurseries and private schools to do the same, and we are providing financial support where it is needed. We are making provisions to supply meals and vouchers for children eligible for free school meals. And where some schools are already doing this, I want to make it clear we will reimburse the cost. And of course this does mean that exams will not take place as planned in May and June. Though we will make sure that pupils get the qualifications they need and deserve for their academic career.

Now I know that these steps will not be easy for parents or teachers. And for many parents, this will be frustrating, and it will make it harder for them to go out to work.

And of course that is one of the reasons we haven't wanted to go ahead and that's why we are working now on further measures to ensure that we support not just businesses but also individuals and their families to keep our economy going as Rishi Sunak the Chancellor outlined yesterday.

I also need to remind parents that, as we have already advised, children should not be left with older grandparents, or older relatives, who may be particularly vulnerable or fall into some of the vulnerable groups and I know that will be difficult too. And I want to thank families for their sacrifice at this difficult time. I want to thank whole country for the efforts people are making to comply with these measures.

I particularly want to thank the teachers, head teachers and all the support staff who keep schools going who will make these exceptional arrangements work, for the benefit of us all.

By looking after the children of key workers they will be a critical part of our fightback against Coronavirus. As I have said, we will take the right steps at the right time, guided by the science.

We believe the steps we have already taken, together with those I am announcing today, are already slowing the spread of the disease.

But we will not hesitate to go further, and faster, in the days and weeks ahead.

And we will do whatever it takes to so that we beat it together.

Published 18 March 2020

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- PM statement on coronavirus: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>)
- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)
- PM statement on coronavirus: 16 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>)

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- Health and social care (<https://www.gov.uk/health-and-social-care>)
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Part of

Education and childcare during coronavirus

(<https://www.gov.uk/coronavirus-taxon/education-and-childcare>)

Press release

Schools, colleges and early years settings to close

Schools will close from Monday, except for children of key workers and vulnerable children

Published 18 March 2020

From:

Department for Education (<https://www.gov.uk/government/organisations/department-for-education>) and The Rt Hon Gavin Williamson CBE MP (<https://www.gov.uk/government/people/gavin-williamson>)



After schools shut their gates on Friday afternoon, they will remain closed until further notice except for children of key workers and vulnerable children, as part of the country's ongoing response to coronavirus.

Examples of these workers include NHS staff, police and supermarket delivery drivers who need to be able to go to work to support the country's fight to tackle coronavirus. A full list of workers can be seen here (<https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision>)

Vulnerable children include those who have a social worker and those with Education, Health and Care Plans – a legal document that describes a child's special educational needs and the support they require. Children who do not fall into these groups should remain at home with appropriate care.

Where schools are unable to look after these children, local authorities will work with the Department for Education's regional teams to ensure an alternative option is available in the same area.

Registered early years providers, including childminders, private schools and sixth forms should also follow this guidance. We will provide financial support for these settings as required.

Where possible, we would encourage settings to also look after key workers' children and vulnerable children throughout the Easter holidays.

The scientific advice shows that these settings are safe for this small number of children to continue attending – but asking others to stay away will help us to slow the spread.

To lift the pressure on schools themselves and to allow them to focus on supporting those children who need it most, Ofsted will cease all inspections of schools and colleges with immediate effect.

We will not go ahead with primary school assessments or secondary exams this summer, and we will not be publishing performance tables.

We will work with the sector and Ofqual to ensure children get the qualifications they need.

We recognise that many special schools and residential settings will need to continue to look after their pupils.

Education Secretary Gavin Williamson said:

Fighting Coronavirus and protecting the vulnerable and our NHS are the Government's top priorities right now. That's why we are asking schools, nurseries and colleges to close – except for vulnerable children and the children of key workers.

We are facing increasingly extraordinary circumstances, but by asking schools to support our key workers and vulnerable children I am confident we will help beat this virus.

I am deeply grateful for the civic spirit and dedication of everyone working in education, and I will continue to provide my full support throughout this crisis.

To support children eligible for free school meals, schools will be able to provide meals or vouchers for supermarkets or local shops.

The government has also confirmed that the total value of vouchers offered to each eligible child per week will exceed the rate it pays to schools for free school meals, recognising that families will not be buying food in bulk and may therefore incur higher costs. The final amounts will be confirmed shortly via guidance (<https://www.gov.uk/government/publications/covid-19-free-school-meals-guidance>) for schools.

Effective immediately, schools will be able to order vouchers directly from supermarkets or shops in their communities to be emailed or printed and posted to families, and they will have their costs covered by the Department for Education.

We know that many universities and other higher education institutions are already taking necessary steps to keep their staff and students safe. We are confident vice-chancellors are making the right decisions and the Department for Education continues to support them in doing so.

To support nurseries at this time, the Chancellor has also decided that they will also now be eligible for a business rates holiday for one year. That means non-local authority providers of childcare will pay no business rates in 2020-21, from 1 April.

Local authorities will be fully compensated for the cost of this measure. We are applying the Barnett formula to this additional support in England.

Guidance for local authorities on the application of the holiday will be published by MHCLG shortly.

Further guidance for parents and carers on the closure of schools can be found here (<https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers>).

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- PM statement on coronavirus: 18 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-18-march-2020>)
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- Education and childcare during coronavirus (<https://www.gov.uk/coronavirus-taxon/education-and-childcare>)
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Business: Coronavirus:Written question - 30146

Q Asked by **Tommy Sheppard** (Edinburgh East) [R] [N]

Asked on: 16 March 2020

Treasury

Commons **30146**

Business: Coronavirus

To ask the Chancellor of the Exchequer, what steps he plans to take to ensure that insurance companies accept covid-19 as a legitimate claim for businesses when as a result of the recent emergence of that virus it is not named on their policy.

A Answered by: **John Glen**

Answered on: 19 March 2020

The Chancellor has made clear that, for those businesses which have an appropriate policy that covers pandemics and unspecified notifiable diseases, as well as government-ordered closure, the government's medical advice of 16 March is sufficient to allow businesses to make a claim against their insurance, provided the other terms and conditions in their policy are met.

In addition, the FCA's rules require insurers to handle claims fairly and promptly; provide reasonable guidance to help a policyholder make a claim, and appropriate information on its progress; not reject a claim unreasonably; and settle claims promptly once settlement terms are agreed.

However, most businesses have not purchased insurance that covers pandemic related losses. As such, any affected businesses should note the government's full package of support.

The government is in continual dialogue with the insurance sector about its contribution to handling this unprecedented situation.

Coronavirus: Employment Support

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19 March 2020

Volume 673

🕒 10.30 am

Greg Clark (Tunbridge Wells) (Con)

(Urgent Question): To ask the Chancellor of the Exchequer if he will make a statement about support for the wages of employees.

Share

The Economic Secretary to the Treasury (John Glen)

This is an uncertain time for our country, but the Government are clear that they will do whatever it takes to protect our people and businesses from the coronavirus pandemic. On Tuesday, the Chancellor of the Exchequer set out further steps in the Government's economic response, building on the initial response he outlined in the Budget last week, which included standing behind businesses, small and large, with an unprecedented package of Government backed and guaranteed loans to support businesses through this crisis. I have been working very closely with him and the banks, and they are very clear about their responsibility to make these measures work. The Government have made available an initial £330 billion of guarantees, equivalent to 15% of our GDP. That means that any business that needs cash to pay salaries will be able to access a Government-backed loan on attractive terms. The Government will do whatever it takes to support our economy through this crisis and stand ready to provide further support where necessary. As the Chancellor announced, we will go much further to support people's financial security working with trade unions and business groups. Following his appearance at the Treasury Select Committee yesterday afternoon, the Chancellor spoke to the trade unions, and he will today be meeting the TUC, the CBI, the British Chambers of Commerce, and the Federation of Small Businesses. This will be with a view to urgently developing new forms of employment support to help protect people's jobs and incomes through this period. I am sure that you will appreciate, Mr Speaker, that these are unprecedented times. The Chancellor has said that he will look at further steps to help protect jobs and incomes, and he will announce further details in due course.

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Greg Clark

For much of yesterday, like many Members of the House, including the hon. Member for Birmingham, Erdington (Jack Dromey), with whom I have been working, I was speaking to businesses in our constituencies who are facing a crisis. With revenue collapsing and no knowledge of when normal trading can resume, they see no choice but to lay off workers now. The loan scheme that the Chancellor announced on Tuesday is not enough to prevent that. These businesses have no idea when they will be able to pay back the debts they would incur and it provides no reason to keep staff employed. In fact, the reverse is true because, the smaller the wage bill, the less would have to be borrowed. On Tuesday, the Chancellor promised that there would be employment support, but as each day goes by, businesses are making decisions that will be irreversible and if the Government do not act immediately, large numbers of people will be unemployed and registering them will put huge pressure on the welfare system. Vital skills will be lost and good businesses, which will themselves be the customers and suppliers of other businesses, will cease trading.

The hon. Lady makes a reasonable point about the concerns that are being raised. That is why the Cabinet Office will give further advice today on key workers and the support that will be given. I recognise that yesterday's announcement on schools will be a significant disruption to the lives of many of our citizens. It is very important that we put in place urgently clarity about who is involved—who is designated in those categories—and the support that will be available. I will ensure that her point, which I am sure reflects the views of many, gets to the Cabinet Office after this session.

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Dr Julian Lewis (New Forest East) (Con)

Given that the suggestions of my right hon. Friend the Member for Chingford and Woodford Green (Sir Iain Duncan Smith) could be implemented so speedily, will the Minister undertake to try immediately after this session to get an answer on whether they should be implemented?

Share

John Glen

I thank my right hon. Friend for that question. Of course I will.

Share

Tommy Sheppard (Edinburgh East) (SNP)

The very essence of the hospitality industry is to provide social contact. Does the Minister understand the real anger of many in that industry that the Government have given advice to their customers but not to them? If the Government believe premises should close, they should say so, and they should accept the consequences of paying people whose idleness is enforced because of a contribution to a public health emergency. What is so hard to understand is that the system for doing that is staring the Government in the face. It already exists. It is called Her Majesty's Revenue and Customs. That is a system for taking money out of wage packets every month and giving it to the Government; now, it should be put into reverse to put money into the pockets of those employees.

Share

John Glen

The hon. Gentleman is right to express the deep frustration of people in that sector, and I am sure his words resonate across the House. We have put in resources for 2,000 people from HMRC to take calls for bespoke solutions to deal with some of those issues. He is right that there is also an issue in terms of access to insurance. I was on a conference call with the insurance industry to clarify that where insurance has been taken out, that will be effective. However, he is perfectly right that more work needs to be done, and I have been very clear that more will be forthcoming imminently.

Share

Joy Morrissey (Beaconsfield) (Con)

I thank the Minister for the measures that he has already taken to help the self-employed, but my constituency has the highest number of self-employed in the country, so will he elaborate on what tax incentives, or tax advice or support, can be given to the self-employed at this time, particularly during April over the end of the financial year?

Share

John Glen

As I said to the hon. Member for Edinburgh East (Tommy Sheppard), people have access to an HMRC support line, which is properly manned and up and running. That should give them bespoke support for their circumstances. I have referred to the package of other measures that the Chancellor announced a few days ago.

Share

Carolyn Harris (Swansea East) (Lab)

Charities such as Faith in Families in my constituency are really nervous that they will not be able to pay their wages. Without staff, they cannot deliver the projects for which they are applying for funding, which would provide food and childcare facilities in very deprived areas. That is necessary now; it will become essential in the future. What can the Government do to help those charities?

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Coronavirus Bill (HC Bill 122)

EXPLANATORY NOTES

Explanatory notes to the Bill, prepared by the Department for Health and Social Care, are published separately as 122-EN.

EUROPEAN CONVENTION ON HUMAN RIGHTS

Secretary Matt Hancock has made the following statement under section 19(1)(a) of the Human Rights Act 1998:

In my view the provisions of the

Coronavirus Bill

are compatible with the
Convention rights.

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Speech

PM statement on coronavirus: 20 March 2020

Prime Minister Boris Johnson made a statement on coronavirus.

Published 20 March 2020

From:

Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>) and The Rt Hon Boris Johnson MP (<https://www.gov.uk/government/people/boris-johnson>)

Delivered on:

20 March 2020 (Transcript of the speech, exactly as it was delivered)



Good afternoon and thank you for coming again,

Today I am joined by the Chancellor of the Exchequer Rishi Sunak and Jennie Harries deputy chief medical officer.

Yesterday I set out the ambition of this government to turn the tide against coronavirus within 3 months. And I want to repeat that determination today.

We are going to do it with testing. We are going to do it with new medicines, and with new digital technology that will help us to see the disease as it is transmitted, and thereby, by eliminating it, to stamp it out.

And above all, now we are going to defeat this disease with a huge national effort to slow the spread by reducing unnecessary social contact.

And I want to thank everyone for following the guidance we issued on Monday:

to stay at home for 7 days if you think you have the symptoms,

for 14 days if anyone in your household has either of the symptoms – a new continuous cough or a high temperature.

To avoid pubs, bars, clubs and restaurants.

To work from home if at all possible.

Keep washing your hands.

I know it has been tough.

I know it has been inconvenient.

But these actions that we're all taking together are already helping to take the strain off our NHS.

Bit by bit, day by day, by your actions, your restraint and your sacrifice, we are putting this country in a better and stronger position, where we will be able to save literally thousands of lives, of people of all ages, people who don't deserve to die now.

People whose lives can, must, and will be saved.

And as we take these actions together and as we make these sacrifices, we can see the impact on the real economy.

Already, fantastic British companies, already under huge strain, big and small.

Workers who are finding that their jobs are under threat or are going, through no fault of their own. And to all of them, we in government say: We will stand by you.

And I say that to companies, remember our joint objective: to beat this virus. And we will do everything in our power to help.

And in just a minute, Rishi is going to explain how we are going to help workers of all kinds to get through this crisis,

Supporting you directly in a way that Government has never been done before, in addition to the package we have already set out for business.

And of course these measures are intended to be temporary and of course I am confident that, in time, the UK economy is going to bounce back.

Of course it is.

But I must be absolutely clear with you: the speed of that eventual recovery depends entirely on our ability, our collective ability, to get on top of the virus now.

And that means we have to take the next steps, on scientific advice and following our plan, we are strengthening the measures announced on Monday which you will remember.

And of course people have already made a huge effort to comply with those measures for avoiding unnecessary social contact.

But we need now to push down further on that curve of transmission between us.

And so following agreement between all the formations of the United Kingdom, all the devolved administrations,

We are collectively telling, telling cafes, pubs, bars, restaurants to close tonight as soon as they reasonably can, and not to open tomorrow.

Though to be clear, they can continue to provide take-out services.

We're also telling nightclubs, theatres, cinemas, gyms and leisure centres to close on the same timescale.

Now, these are places where people come together, and indeed the whole purpose of these businesses is to bring people together. But the sad thing is that today for now, at least physically, we need to keep people apart.

And I want to stress that we will review the situation each month, to see if we can relax any of these measures.

And listening to what I have just said, some people may of course be tempted to go out tonight. But please don't.

You may think you are invincible, but there is no guarantee you will get mild symptoms, and you can still be a carrier of the disease and pass it on to others

So that's why, as far as possible, we want you to stay at home, that's how we can protect our NHS and save lives.

To repeat, I know how difficult this is, how it seems to go against the freedom-loving instincts of the British people. And I also know much, right now, workers and business deserve the financial reassurance we are giving them.

But we will get through this.

We will get through it together, and we will beat this virus.

And to ram that point home: the more effectively we follow the advice that we are given, the faster this country will stage both a medical and an economic recovery in full.

Published 20 March 2020

Related content

- PM statement on coronavirus: 19 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-19-march-2020>)
- PM statement on coronavirus: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>)
- PM statement on coronavirus: 17 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-17-march-2020>)
- PM Mother's Day words: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-mothers-day-words-22-march-2020>)

- [PM statement on coronavirus: 12 March 2020 \(https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020\)](https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020)

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- [Public health \(https://www.gov.uk/health-and-social-care/public-health\)](https://www.gov.uk/health-and-social-care/public-health)

1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourselfes-and-others>)

Press release

Government announces further measures on social distancing

Entertainment and hospitality premises to close temporarily and people urged to only travel if absolutely essential.

Published 20 March 2020

Last updated 21 March 2020 — see all updates

From:

Ministry of Housing, Communities & Local Government

(<https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>) and The Rt Hon Robert Jenrick MP (<https://www.gov.uk/government/people/robert-jenrick>)



- Measures to close entertainment, hospitality and indoor leisure premises across the country to take place from the end of trading hours today (Friday 20 March) to limit spread of coronavirus
- New measures will further limit people's sustained social contact as we tackle the spread of coronavirus, guided by scientific evidence
- Public urged to stay at home and limit all but essential travel - people who can work from home should do so

To delay the spread of coronavirus, the government has instructed some businesses and venues including all pubs, bars and restaurants to close from tonight.

This follows expert advice that more needs to be done in order to tackle the spread of infection - following the call to action to isolate or socially distance.

The closures will help limit the spread of coronavirus by helping to stop non-essential contact and unnecessary travel, in line with the public guidance announced earlier this week.

The measures will be reviewed on a monthly basis, and are being implemented across the whole of the UK in agreement with the devolved administrations. If needed, the government will enforce these measures by law.

This will not affect supermarkets or retailers that supply fuel, medicines and other vital goods, which will continue to be open as normal for the public.

The following businesses and venues have been asked to close:

- Food and drink venues for consumption on-site, such as restaurants and cafes.
- Drinking establishments, including pubs, bars, nightclubs.
- Entertainment venues, including cinemas, theatres, concert halls, and bingo halls.
- Museums and galleries.
- Spas and massage parlours.
- Casinos and betting shops.
- All indoor leisure and sports facilities, including gyms.

This measure will not impact the relaxation of planning rules announced earlier this week which will allow pubs and restaurants to operate as hot food takeaways during the coronavirus outbreak, which will help to support people who are staying at home through this period.

The government has also urged the public to take further steps to protect themselves and the wider population from the coronavirus, including:

- Everyone to stay at home unless they need to get essential supplies such as food and medicines.
- All those able to work from home to do so, unless their work is essential.
- Only traveling if absolutely necessary - while public transport won't stop, this should only be used for essential travel - for example by key workers to travel to and from work.

The closures announced today will not impact the running of public transport, and government continues to work closely with transport operators to ensure that people who need to get to work can continue to do so.

Yesterday, the government and rail industry agreed a plan that will see a gradual reduction in train services across the country to reflect lower passenger demand as people change their travel patterns to help reduce the spread of coronavirus, while keeping vital rail services running.

The decision to introduce further measures has been taken based on the latest advice from the world-leading health and scientific experts advising the government.

When infection rates come down, the government will remove measures as soon as it is safe to do so, guided by scientific advice.

The government is working urgently to further improve testing and monitoring, which will also help in relaxing the measures as soon as possible.

Communities Secretary Rt Hon Robert Jenrick MP said:

We will do whatever it takes to protect people across this country as we tackle the coronavirus outbreak.

While people have responded well to calls for social distancing and self-isolation, we must go further if we are to be able to stop the spread of the virus and protect the most vulnerable people in our society, and our NHS.

That is why we are now telling entertainment and hospitality premises to close temporarily, and people to only travel if absolutely essential, to help protect each other from the further spread of the virus.

We stand behind businesses and their employees and are offering an unprecedented range of support as we tackle this huge challenge together.

Published 20 March 2020

Last updated 21 March 2020 + show all updates

1. 21 March 2020
Updated guidance.
2. 20 March 2020
First published.

Related content

- PM statement on coronavirus: 16 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>)
- PM address to the nation on coronavirus: 23 March 2020 (<https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>)
- PM statement on coronavirus: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>)
- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)
- PM Mother's Day words: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-mothers-day-words-22-march-2020>)

Explore the topic

- Public health (<https://www.gov.uk/health-and-social-care/public-health>)
- Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)
3. Public health (<https://www.gov.uk/health-and-social-care/public-health>)

Speech

The Chancellor Rishi Sunak provides an updated statement on coronavirus.

The Chancellor unveiled today (20 March) a further series of measures to support people, jobs and businesses.

Published 20 March 2020

From:

HM Treasury (<https://www.gov.uk/government/organisations/hm-treasury>) and The Rt Hon Rishi Sunak MP (<https://www.gov.uk/government/people/rishi-sunak>)

Delivered on:

20 March 2020 (Original script, may differ from delivered version)



Good afternoon.

The economic intervention that I'm announcing today is unprecedented in the history of the British state.

Combined with our previous announcements on public services and business support, our planned economic response will be one of the most comprehensive in the world.

Let me speak directly to people's concerns.

I know that people are worried about losing their jobs.

About not being able to pay the rent or the mortgage.

About not having enough set by for food and bills.

I know that some people in the last few days have already lost their jobs.

To all those at home right now, anxious about the days ahead, I say this: you will not face this alone.

But getting through this will require a collective national effort, with a role for everyone to play – people, businesses and government.

It's on all of us.

To meet our commitment to that effort, I am today announcing a combination of measures unprecedented for a government of this nation.

Our Plan for People's Jobs and Incomes, will: * Protect people's jobs; * Offer more generous support to those who are without employment; * Strengthen the safety net for those who work for themselves; * And help people who stay in their homes.

The first part of our plan is to protect people's jobs.

This week, the Government has taken unprecedented steps to fight the coronavirus.

We have closed schools. We have told people to stay at home to prevent the spread of infection. We are now closing restaurants and bars.

Those steps are necessary to save lives.

But we don't do this lightly – we know those measures will have a significant economic impact.

I have a responsibility to make sure we protect, as far as possible, people's jobs and incomes.

Today I can announce that, for the first time in our history, the government is going to step in and help to pay people's wages.

We're setting up a new Coronavirus Job Retention Scheme.

Any employer in the country – small or large, charitable or non-profit - will be eligible for the scheme.

Employers will be able to contact HMRC for a grant to cover most of the wages of people who are not working but are furloughed and kept on payroll, rather than being laid off.

Government grants will cover 80% of the salary of retained workers up to a total of £2,500 a month – that's above the median income.

And, of course, employers can top up salaries further if they choose to.

That means workers in any part of the UK can retain their job, even if their employer cannot afford to pay them, and be paid at least 80% of their salary.

The Coronavirus Job Retention Scheme will cover the cost of wages backdated to March 1st and will be open initially for at least three months - and I will extend the scheme for longer if necessary.

I am placing no limit on the amount of funding available for the scheme. We will pay grants to support as many jobs as necessary.

And can I put on record my thanks to the Trades Union Congress, the CBI and other business groups, for our constructive conversations.

We said we would stand together with the British people – and we meant it.

We have never had a scheme in our country like this before – and we're having to build our systems from scratch.

I can assure you that HMRC are working night and day to get the scheme up and running and we expect the first grants to be paid within weeks – and we're aiming to get it done before the end of April.

But I know that many businesses are hurting now.

I have already taken extraordinary measures to make cash available to businesses, through loans, grants and guarantees.

I can announce today that the Coronavirus Business Interruption Loan Scheme will not be interest free, as previously planned, for 6 months – it will now be interest free for twelve months.

Thanks to the enormous efforts of our critical financial services sector, those loans will now be available starting on Monday.

And I will announce further measures next week, on top of those the Governor and I have already taken to ensure that larger and medium sized companies can also access the credit they need.

I'm also announcing today further cash flow support through the tax system.

To help businesses pay people and keep them in work, I am deferring the next quarter of VAT payments.

That means no business will pay any from now until the end of June; and you will have until the end of the financial year to repay those bills.

That is a direct injection of £30bn of cash to employers, equivalent to 1.5% of GDP.

Let me speak directly to businesses.

I know its tough out there.

We in government are doing everything we can to support you.

We're paying people's wages up to 80% so someone can be furloughed rather than laid off to protect their jobs.

We're deferring £30bn of taxes until the end of the financial year.

We're lending unlimited sums of money interest free for 12 months.

We're abolishing business rates altogether this year if you are in hospitality, retail and leisure.

We're providing cash grants of £25,000 for small business properties.

The Government is doing its best to stand behind you – and I am asking you to do your best, to stand behind our workers.

We're launching in the coming days a major national advertising campaign to communicate the available support for businesses and people.

Please look very carefully at that support before making decisions to lay people off.

It's on all of us.

We are starting a great national effort to protect jobs. But the truth is we are already seeing job losses. And there may be more to come.

I cannot promise you that no one will face hardship in the weeks ahead.

So we will also act to protect you if the worst happens.

To strengthen the safety net, I'm increasing today the Universal Credit standard allowance, for the next 12 months, by £1,000 a year.

For the next twelve months, I'm increasing the Working Tax Credit basic element by the same amount as well.

Together these measures will benefit over 4 million of our most vulnerable households.

And I'm strengthening the safety net for self-employed people too, by suspending the minimum income floor for everyone affected by the economic impacts of coronavirus.

That means every self-employed person can now access, in full, Universal Credit at a rate equivalent to Statutory Sick Pay for employees.

Taken together, I'm announcing nearly £7bn of extra support through the welfare system to strengthen the safety net and protect people's incomes.

And to support the self-employed through the tax system, I'm announcing today that the next self-assessment payments will be deferred until January 2021.

As well as keeping people in work and supporting those who lose their jobs or work for themselves, our Plan for Jobs and Incomes will help keep a roof over your head.

We've acted already to make sure homeowners can get a three-month mortgage holiday if they need it.

I'm announcing today nearly £1bn of support for renters, by increasing the generosity of housing benefit and Universal Credit, so that the Local Housing Allowance will cover at least 30% of market rents in your area.

The actions I have taken today represent an unprecedented economic intervention to support the jobs and incomes of the British people.

A new, comprehensive job retention scheme.

And a significantly strengthened safety net.

Unprecedented measures, for unprecedented times.

Let me close with one final observation.

Now, more than any time in our recent history, we will be judged by our capacity for compassion.

Our ability to come through this, won't just be down to what government or business can do, but by the individual acts of kindness we show one another.

The small business who does everything they can not to lay off their staff.

The student who does a shop for their elderly neighbour.

The retired nurse who volunteers to cover some shifts in their local hospital.

When this is over, and it will be over, we want to look back at this moment and remember the many small acts of kindness done by us and to us.

We want to look back this time and remember how we thought first of others and acted with decency.

We want to look back on this time and remember how, in the face of a generation-defining moment, we undertook a collective national effort - and we stood together.

It's on all of us.

Thank you.

Published 20 March 2020

Related content

- Chancellor's statement on coronavirus (COVID-19): 26 March 2020 (<https://www.gov.uk/government/speeches/chancellor-outlines-new-coronavirus-support-measures-for-the-self-employed>)
- Chancellor of the Exchequer, Rishi Sunak on COVID19 response (<https://www.gov.uk/government/speeches/chancellor-of-the-exchequer-rishi-sunak-on-covid19-response>)
- Support for those affected by Covid-19 (<https://www.gov.uk/government/publications/support-for-those-affected-by-covid-19>)
- Apply for the COVID-19 Corporate Financing Facility (<https://www.gov.uk/guidance/apply-for-the-covid-19-corporate-financing-facility>)
- Coronavirus (COVID-19): Information for individuals and businesses in Wales (<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-individuals-and-businesses-in-wales>)

Explore the topic

- Public health (<https://www.gov.uk/health-and-social-care/public-health>)

The Coronavirus Act 2020 Functions of Her Majesty's Revenue and Customs (Coronavirus Job Retention Scheme) Direction

The Treasury, in exercise of the powers conferred by sections 71 and 76 of the Coronavirus Act 2020, give the following direction:

1. This direction applies to Her Majesty's Revenue and Customs.
2. This direction requires Her Majesty's Revenue and Customs to be responsible for the payment and management of amounts to be paid under the scheme set out in the Schedule to this direction (the Coronavirus Job Retention Scheme).
3. This direction has effect for the duration of the scheme.

Signed by the Chancellor of the Exchequer



Her Majesty's Treasury

15 April 2020

SCHEDULE

CORONAVIRUS JOB RETENTION SCHEME

Introduction

1. This Schedule sets out a scheme to be known as the Coronavirus Job Retention Scheme (“CJRS”).

Purpose of scheme

- 2.1 The purpose of CJRS is to provide for payments to be made to employers on a claim made in respect of them incurring costs of employment in respect of furloughed employees arising from the health, social and economic emergency in the United Kingdom resulting from coronavirus and coronavirus disease.
- 2.2 Integral to the purpose of CJRS is that the amounts paid to an employer pursuant to a claim under CJRS are only made by way of reimbursement of the expenditure described in paragraph 8.1 incurred or to be incurred by the employer in respect of the employee to which the claim relates.
- 2.3 The claim must be made in such form and manner and contain such information as HMRC may require at any time (whether before or after payment of the claim) to establish entitlement to payment under CJRS.
- 2.4 Before making payment of a CJRS claim, HMRC must, by publicly available guidance, other publication generally available to the public, or such other means considered appropriate by HMRC, inform a person making a CJRS claim that, by making the claim, the person making the claim accepts that-
 - (a) a payment made pursuant to such claim is made only for the purpose of CJRS (and in particular as provided by paragraph 2.2), and
 - (b) the payment must be returned to HMRC immediately upon the person making the CJRS claim becoming unwilling or unable use the payment for the purpose of CJRS.
- 2.5 No CJRS claim may be made in respect of an employee if it is abusive or is otherwise contrary to the exceptional purpose of CJRS.

Qualifying employers

- 3.1 An employer may make a claim for a payment under CJRS if the following condition is met.
- 3.2 The employer must have a pay as you earn (“PAYE”) scheme registered on HMRC’s real time information system for PAYE on 19 March 2020 (“a qualifying PAYE scheme”).

Employers with more than one PAYE scheme

4. If an employer has more than one qualifying PAYE scheme-
- (a) the employer must make a separate claim in relation to each scheme, and
 - (b) the amount of any payment under CJRS will be calculated separately in relation to each scheme.

Qualifying costs

5. The costs of employment in respect of which an employer may make a claim for payment under CJRS are costs which-
- (a) relate to an employee-
 - (i) to whom the employer made a payment of earnings in the tax year 2019-20 which is shown in a return under Schedule A1 to the PAYE Regulations that is made on or before a day that is a relevant CJRS day,
 - (ii) in relation to whom the employer has not reported a date of cessation of employment on or before that date, and
 - (iii) who is a furloughed employee (see paragraph 6), and
 - (b) meet the relevant conditions in paragraphs 7.1 to 7.15 in relation to the furloughed employee.

Furloughed employees

- 6.1 An employee is a furloughed employee if-
- (a) the employee has been instructed by the employer to cease all work in relation to their employment,
 - (b) the period for which the employee has ceased (or will have ceased) all work for the employer is 21 calendar days or more, and
 - (c) the instruction is given by reason of circumstances arising as a result of coronavirus or coronavirus disease.
- 6.2 An employee has not ceased all work for an employer if the employee works for a person connected with the employer (see paragraph 13.4) or otherwise works indirectly for the employer.
- 6.3 Where Statutory Sick Pay is payable or liable to be payable in respect of an employee (whether or not a claim to Statutory Sick Pay is made) at the time when the instruction in paragraph 6.1(a) is given ("original SSP"), the period described in paragraph 6.1(b) in respect of the employee does not begin until the original SSP has ended (but any subsequent entitlement to Statutory Sick Pay by virtue of the employee becoming unfit for work again after the original SSP has ended must be disregarded).

- 6.4 If an employee was enjoying an unpaid sabbatical or other period of unpaid leave on 28 February 2020 (“relevant day”), the period described in paragraph 6.1(b) does not begin in respect of the employee until expiry of the period of leave agreed or contemplated at its commencement or, where the duration of the leave was uncertain on the relevant day because its duration is determinable by reference to a particular circumstance, completion of a particular purpose or occurrence of a specified event, the ending of the circumstance, completion of the purpose or occurrence of the event.
- 6.5 No claim to CJRS may be made in respect of an unpaid sabbatical or other period of unpaid leave of an employee beginning before or after 19 March 2020 (whether agreed or otherwise arranged conditionally or unconditionally on, before or after that day).
- 6.6 Work undertaken by a director of a company to fulfil a duty or other obligation arising by or under an Act of Parliament relating to the filing of company accounts or provision of other information relating to the administration of the director’s company must be disregarded for the purposes of paragraph 6.1(a).
- 6.7 An employee has been instructed by the employer to cease all work in relation to their employment only if the employer and employee have agreed in writing (which may be in an electronic form such as an email) that the employee will cease all work in relation to their employment.
- 6.8 Training activities directly relevant to an employee’s employment agreed between the employer and the employee before being undertaken must be disregarded for the purposes of paragraph 6.1(a).

Qualifying costs – further conditions

- 7.1 Costs of employment meet the conditions in this paragraph if-
- (a) they relate to the payment of earnings to an employee during a period in which the employee is furloughed, and
 - (b) the employee is being paid-
 - (i) £2500 or more per month (or, if the employee is paid daily or on some other periodic basis, the appropriate pro-rata), or
 - (ii) where the employee is being paid less than the amounts set out in paragraph 7.1(b)(i), the employee is being paid an amount equal to at least 80% of the employee’s reference salary.
- 7.2 Except in relation to a fixed rate employee, the reference salary of an employee or a person treated as an employee for the purposes of CJRS by virtue of paragraph 13.3(a) (member of a limited liability partnership) is the greater of-
- (a) the average monthly (or daily or other appropriate pro-rata) amount paid to the employee for the period comprising the tax year 2019-20 (or, if less, the period of employment) before the period of furlough began, and
 - (b) the actual amount paid to the employee in the corresponding calendar period in the previous year.

- 7.3 In calculating the employee's reference salary for the purposes of paragraphs 7.2 and 7.7, no account is to be taken of anything which is not regular salary or wages.
- 7.4 In paragraph 7.3 "regular" in relation to salary or wages means so much of the amount of the salary or wages as-
- (a) cannot vary according to any of the relevant matters described in paragraph 7.5 except where the variation in the amount arises as described in paragraph 7.4(d),
 - (b) is not conditional on any matter,
 - (c) is not a benefit of any other kind, and
 - (d) arises from a legally enforceable agreement, understanding, scheme, transaction or series of transactions.
- 7.5 The relevant matters are-
- (a) the performance of or any part of any business of the employer or any business of a person connected with the employer,
 - (b) the contribution made by the employee to the performance of, or any part of any business,
 - (c) the performance by the employee of any duties of the employment, and
 - (d) any similar considerations or otherwise payable at the discretion of the employer or any other person (such as a gratuity).
- 7.6 A person is a fixed rate employee if-
- (a) the person is an employee or treated as an employee for the purposes of CJRS by virtue of paragraph 13.3(a) (member of a limited liability partnership),
 - (b) the person is entitled under their contract to be paid an annual salary,
 - (c) the person is entitled under their contract to be paid that salary in respect of a number of hours in a year whether those hours are specified in or ascertained in accordance with their contract ("the basic hours"),
 - (d) the person is not entitled under their contract to a payment in respect of the basic hours other than an annual salary,
 - (e) the person is entitled under their contract to be paid, where practicable and regardless of the number of hours actually worked in a particular week or month in equal weekly, multiple of weeks or monthly instalments ("the salary period"), and
 - (f) the basic hours worked in a salary period do not normally vary according to business, economic or agricultural seasonal considerations.
- 7.7 The reference salary of a fixed rate employee is the amount payable to the employee in the latest salary period ending on or before 19 March 2020 (but disregarding anything which is not regular salary or wages as described in paragraph 7.3).
- 7.8 In paragraph 7.6 "contract" means a legally enforceable agreement as described in paragraph 7.4(d).

- 7.9 In calculating an employee's reference salary in accordance with paragraphs 7.2 or 7.7 in the case of a person ("P") treated as an employee for the purposes of CJRS by virtue of paragraph 13.3(a) (member of a limited liability partnership) then, in addition to the matters described in paragraphs 7.3 to 7.5, no account is to be taken of an amount payable to P unless, by virtue of arrangements described in section 863B(5) of the Income Tax (Trading and Other Income) Act 2005, that amount-
- (a) is fixed,
 - (b) is variable, but is varied without reference to the overall amount of the profits or losses of the limited liability partnership, or
 - (c) is not, in practice, affected by the overall amount of those profits or losses.
- 7.10 In respect of a fixed rate employee, where a period by reference to which the reference salary is determinable ("reference salary period") includes a period of unpaid sabbatical or unpaid leave ("unpaid period"), the reference salary must be determined on the basis of what would have been paid to the employee during the unpaid period if the sabbatical or leave had been granted on the same terms as the employee's paid leave during the reference salary period taking account of the matters described in paragraphs 7.13 to 7.15 as are appropriate.
- 7.11 Where paragraph 7.12 applies, the sum of the original payment described in paragraph 7.12(a) and the further amount described in paragraph 7.12(c) must be treated as having been paid at the time of the payment of the original payment for the purposes of paragraph 7.1(b)(ii).
- 7.12 This paragraph applies where-
- (a) in the period beginning on 1 March 2020 and ending on the third day after the making this direction an amount by way of wages or salary is paid in respect of a period of employment ("the original payment") to an employee,
 - (b) the original payment is less than the amount required by paragraph 7.1(b)(ii) for the purpose of claiming CJRS,
 - (c) before making a CJRS claim in respect of the original payment the employer pays the employee a further amount ("the further amount") in respect of the period of employment to which the original payment relates, and
 - (d) the sum of the original payment and the further amount meets the requirements of paragraph 7.1(b)(ii).
- 7.13 The provision made by paragraph 7.10 applies in relation to a fixed rate employee who is a relevant employee as if the references to unpaid sabbatical and unpaid leave also include references to social benefit leave.
- 7.14 A person is a relevant employee if-
- (a) the person is employed by an employer,
 - (b) the person has been granted a period of social benefit leave beginning before the period mentioned in paragraph 12 (duration of CJRS),

- (c) at the time when it began, it was expected or considered likely that the period of social benefit leave would end at a time falling during the period mentioned in paragraph 12,
 - (d) the period of social benefit leave ended during the period mentioned in paragraph 12, and
 - (e) the period of furlough in respect of the person began after the end of the period of social benefit leave.
- 7.15 For the purposes of paragraphs 7.13 and 7.14, social benefit leave means a period of time in respect of which any of the benefits specified in paragraph 8.7 is payable in respect of the person described in paragraph 7.14(a).
- 7.16 Where paragraph 7.17 applies, a person making their first CJRS claim in respect of a fixed rate employee may make that claim as if paragraph 7.7 referred to 28 February 2020 in place of 19 March 2020.
- 7.17 This paragraph applies where, in anticipation of making the first CJRS claim in respect of the employee mentioned in paragraph 7.16 and before the publication of this direction, the person determined the employee's reference salary as if paragraph 7.7 referred to 28 February 2020.

Expenditure to be reimbursed

- 8.1 Subject as follows, on a claim by an employer for a payment under CJRS, the payment may reimburse-
- (a) the gross amount of earnings paid or reasonably expected to be paid by the employer to an employee;
 - (b) any employer national insurance contributions liable to be paid by the employer arising from the payment of the gross amount;
 - (c) the amount allowable as a CJRS claimable pension contribution.
- 8.2 The amount to be paid to reimburse the gross amount of earnings must (subject to paragraph 8.6) not exceed the lower of-
- (a) £2,500 per month, and
 - (b) the amount equal to 80% of the employee's reference salary (see paragraphs 7.1 to 7.15).
- 8.3 The amount to be paid to reimburse any employer national insurance contributions must not exceed the amount of employer's contributions that would have been assessed on the amount of gross earnings being reimbursed under CJRS.
- 8.4 The total amount to be paid to reimburse any employer national insurance contributions must not exceed the total amount of employer's contributions actually paid by the employer for the period of the claim.

- 8.5 For the purposes of CJRS, “employer national insurance contributions” are the secondary Class 1 contributions an employer is liable to pay as a secondary contributor in respect of an employee by virtue of sections 6 and 7 of the Social Security Contributions and Benefits Act 1992 (“SSCBA”) or sections 6 and 7 of the Social Security Contributions and Benefits (Northern Ireland) Act 1992 (“SSCB(NI)A”).
- 8.6 No claim under CJRS may include amounts of specified benefits payable or liable to be payable in respect of an employee (whether or not a claim to the relevant specified benefit is actually made) during the employee’s period of furlough and the gross amount of earnings falling for reimbursement as described in paragraph 8.2 must be correspondingly reduced.
- 8.7 The specified benefits for the purposes of paragraph 8.6 are-
- (a) Statutory Sick Pay pursuant to section 151 of SSCBA or section 147 of SSCB(NI)A;
 - (b) Statutory Maternity Pay pursuant to section 164 of SSCBA or section 160 of SSCB(NI)A;
 - (c) Statutory Adoption Pay pursuant to section 171ZL of SSCBA or section 167ZL of SSCB(NI)A;
 - (d) Statutory Paternity Pay pursuant to sections 171ZA and 171ZB of SSCBA or sections 167ZA and 167ZB of SSCB(NI)A;
 - (e) Statutory Shared Parental Pay pursuant to sections 171ZU and 171ZV of SSCBA or sections 167ZU and 167 ZW of SSCB(NI)A;
 - (f) Statutory Parental Bereavement Pay pursuant to section 171ZZ6 of SSCBA or any provision made for Northern Ireland which corresponds to that section.
- 8.8 A payment by an employer of a pension contribution in respect of an employee to a registered pension scheme is a CJRS claimable pension contribution if it is paid in respect of an amount of gross earnings as described in paragraph 8.1(a).
- 8.9 The amount allowable as a CJRS claimable pension contribution under paragraph 8.1(c) is the lower of-
- (a) the contribution payable by the employer in respect of the employee to the registered pension scheme for the relevant CJRS period, and
 - (b) 3% of the part of the gross earnings paid to an employee in a pay reference period as applicable to the employee of 12 months that are-
 - (i) more than the lower limit for qualifying earnings in that pay reference period (as set out in section 13(1)(a) of the Pensions Act 2008), and
 - (ii) not more than the amount claimable by the employer under CJRS in respect of an amount of gross earnings as described in paragraph 8.1(a) in the same pay reference period.
- 8.10 In the case of a pay reference period of less or more than 12 months, paragraph 8.9(b) applies as if the amounts described in that paragraph were proportionately less or more as appropriate.

- 8.11 For the purposes of determining whether sub-paragraph (a) or sub-paragraph (b) is applicable in paragraph 8.9-
- (a) the same duration of relevant CJRS period and pay reference period shall be used to compare the lower of the amounts under sub-paragraphs 8.9(a) and 8.9(b),
 - (b) whichever sub-paragraph produces the lower of these two amounts shall be the relevant sub-paragraph for the purposes of determining the amount allowable to be paid as a CJRS claimable pension contribution under paragraph 8.1(c), and
 - (c) the duration of the period used to compare sub-paragraphs 8.9(a) and 8.9(b) is not required to be identical to the period for determining the actual amount allowable that is to be paid under paragraph 8.1(c).
- 8.12 For the purposes of paragraphs 8.8 to 8.11-
- (a) “registered pension scheme” means a pension scheme for the purposes of Part 4 of the Finance Act 2004;
 - (b) “pay reference period” has the meaning given in section 15 of the Pensions Act 2008 and regulations made thereunder;
 - (c) “relevant CJRS period” means the period, part-period or periods over which the employer is required or accustomed to pay pension contributions in respect of the employee that fall within the period of the claim for a payment under CJRS.

Succession to a business – new employer has no qualifying PAYE scheme

- 9.1 A new employer may make a claim for a payment under CJRS in respect of a relevant employee as if the new employer had-
- (a) a qualifying PAYE scheme, and
 - (b) made a payment of earnings in the tax year 2019-20 which is shown in a return under Schedule A1 to the PAYE Regulations made on or before 19 March 2020.
- 9.2 An employer is a new employer for the purposes of CJRS if the employer’s PAYE scheme-
- (a) is not a qualifying PAYE scheme solely because the employer’s PAYE scheme was registered on HMRC’s real time information for PAYE after 19 March 2020, and
 - (b) has effect in relation to the relevant employee.
- 9.3 An employee is a relevant employee if-
- (a) on 19 March 2020, the employee was employed by an employer (former employer) who is not the new employer,
 - (b) after 19 March 2020, there is a change in the employee’s employer from the former employer to the new employer while the employee remains in employment in the same business,
 - (c) immediately before the change, the former employer’s PAYE scheme having effect in relation to the employee was a qualifying PAYE scheme, and

(d) any of the circumstances in paragraph 9.10 apply.

10. The circumstances referred to by paragraph 9.3(d) are-

- (a) regulation 102 of the PAYE Regulations has effect so that the change of employer from the former employer to the new employer is not to be treated as a cessation of employment for the purposes of regulation 36 of those Regulations (cessation of employment: Form P45);
- (b) the transfer of the business or undertaking (or part thereof) resulting in the change in the employee's employer from the former employer to the new employer does not operate so as to terminate the contract of employment of the employee by virtue of the Transfer of Undertakings (Protection of Employment) Regulations 2006;
- (c) the transfer of the trade, business or undertaking resulting in the change in the employee's employer from the former employer to the new employer does not operate so as to break the continuity of the period of employment of the employee by virtue of section 218 of the Employment Rights Act 1996.

Succession to a business – new employer already has a qualifying PAYE scheme

10.1 Paragraph 10.2 applies in a case where-

- (a) an employer is unable to make a claim to CJRS pursuant to paragraphs 9.1 to 9.3 solely because the employer has a qualifying PAYE scheme, and
- (b) that qualifying PAYE scheme has effect in relation to a relevant employee.

10.2 Where this paragraph applies, entitlement to a claim to CJRS must be determined as if the employer had made a payment of earnings to the relevant employee in the tax year 2019-20 which is shown in a return under Schedule A1 to the PAYE Regulations that is made on or before 19 March 2020 (as required by paragraph 5.(a)(i)).

PAYE scheme reorganisations

11.1 A PAYE scheme registered on HMRC's real time information system for PAYE after 19 March 2020 ("new scheme") is a qualifying PAYE scheme if-

- (a) the purpose of the new scheme is to replace at least two (but not necessarily all) of the employer's qualifying PAYE schemes ("the transferred schemes") in consequence of a reorganisation of the employer's business, and
- (b) the new scheme only has effect in relation to employees who are former members of one of the transferred schemes before the new scheme has effect in relation to any other employee.

11.2 An employee is a former member of one of the transferred schemes if-

- (a) the new scheme has effect in relation to the employee, and
- (b) one of the transferred schemes has effect in relation to the employee immediately before the new scheme has effect in relation to the employee.

- 11.3 Where a new scheme is a qualifying PAYE scheme by virtue of paragraph 11.1, a payment of earnings to a former member of one of the transferred schemes in the tax year 2019-20 which is shown in a return under Schedule A1 to the PAYE Regulations made on or before 19 March 2020 in respect of one of the transferred schemes must be treated for the purposes of paragraph 5.(a)(i) as if the new scheme had effect in relation to the payment of earnings and had been shown in a return under Schedule A1 to the PAYE Regulations made on or before 19 March 2020 in respect of the new scheme.

Duration of CJRS

12. CJRS has effect only in relation to amounts of earnings paid or payable by employers to furloughed employees in respect of the period beginning on 1 March 2020 and ending on 31 May 2020 and employer national insurance contributions and directed pension payments paid or payable in relation to such earnings.

Definitions etc.

- 13.1 For the purposes of CJRS-
- (a) a day is a relevant CJRS day if that day is-
 - (i) 28 February 2020, or
 - (ii) 19 March 2020.
 - (b) “charity” has the same meaning as it does in section 18 of the Small Charitable Donations Act 2012 (“SCDA”);
 - (c) “company” has the same meaning as it does for the purposes of the Corporation Tax Acts set out in section 1121 of the Corporation Tax Act 2010 (“CTA”);
 - (d) “earnings” has the same meaning as it does in the employment income Parts of the Income Tax (Earnings and Pensions) Act 2003 (“ITEPA”) by virtue of section 62 of that Act;
 - (e) “employment” and corresponding references to “employed”, “employer” and “employee” have the same meanings as they do in section 4 of ITEPA as extended by-
 - (i) section 5 of that Act,
 - (ii) regulation 10 of the PAYE Regulations (application to agencies and agency workers), and
 - (iii) paragraphs 13.2 and 13.3 of this Direction;
 - (f) “HMRC” means Her Majesty’s Revenue and Customs
 - (g) “PAYE Regulations” means the Income Tax (Pay As You Earn) Regulations 2003.
- 13.2 Where, by virtue of section 61R of ITEPA (workers services provided to the public sector through intermediaries), the Income Tax Acts apply as if a worker were employed by an

employer, the worker is treated for the purposes of the CJRS as an employee (and, in particular, amounts treated as earnings are treated as earnings for those purposes).

- 13.3 Where, by virtue of section 863A of the Income Tax (Trading and Other Income) Act 2005 (limited liability partnerships: salaried members), a person (“P”) is treated for the purposes of the Income Tax Acts as being employed by a limited liability partnership (“E”) under a contract of service instead of being a member of the partnership-
- (a) P is treated as an employee for the purposes of the CJRS, and
 - (b) E is treated as P’s employer for the purposes of the CRS.
- 13.4 For the purposes of determining whether a person, company or charity is connected with an employer for the purposes of CJRS-
- (a) whether a person is connected with an employer must be determined in accordance with section 993 of the Income Tax Act 2007;
 - (b) without prejudice to paragraphs 13.4(a) and 13.4(c), whether a company is connected with an employer (where the employer is a company) must be determined in accordance with section 1122 of CTA;
 - (c) without prejudice to paragraphs 13.4(a) and 13.4(b), whether a charity is connected with an employer (where the employer is a charity) must be determined in accordance with section 5 of SCDA construed as if-
 - (i) references to a tax year in that section were omitted, and
 - (ii) subsection (7) of that section were omitted.

Other directions under section 76 of the Coronavirus Act 2020

- 14.1 HMRC must take account of any amendment made to CJRS by any other direction under section 76 of the Coronavirus Act 2020.
- 14.2 Entitlement to a payment under CJRS is without prejudice to any entitlement to a payment under any similar scheme arising from a direction under section 76 of the Coronavirus Act 2020.

HMRC’s accounts

15. CJRS payments made by HMRC must be shown in HMRC’s consolidated accounts produced for the purposes of Section 6(4) of the Government Resources and Accounts Act 2000 and Section 2 of the Exchequer and Audit Departments Act 1921 for the year ending on 31 March 2021.

1. Home (<https://www.gov.uk/>)
2. Coronavirus (COVID-19) (<https://www.gov.uk/coronavirus-taxon>)
3. Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Speech

PM statement on coronavirus: 22 March 2020

Prime Minister Boris Johnson made a statement on coronavirus.

Published 22 March 2020

From:

Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>) and The Rt Hon Boris Johnson MP (<https://www.gov.uk/government/people/boris-johnson>)

Delivered on:

22 March 2020 (Transcript of the speech, exactly as it was delivered)



Good afternoon everyone

Thank you for coming, and thank you to Robert Jenrick, the Communities Secretary, and Dr Jenny Harries, the Deputy Chief Medical Officer.

I want again to thank everyone in the country today for the huge effort that we are collectively making.

I want to thank the amazing workers in the NHS, everybody working in social care, in every sector, in food distribution, transport, you name it – absolutely everyone who is keeping this country going today.

And I want to thank everyone who is being forced to do something differently today.

Everyone who didn't visit their mum for Mother's Day but Facetimed them, Skyped them, rang them instead.

Thank you for your restraint and for what you did.

Everyone who was forced to close a pub or a restaurant or a gym or any other business that could have done fantastic businesses on a great day like this.

Thank you for your sacrifice, I know how tough it must be.

And I can tell you again that this government will be standing behind you – behind British business, behind British workers, employees, self-employed – throughout this crisis.

And the reason we are taking these unprecedented steps to prop up businesses, support businesses and support our economy and these preventative measures is because we have to slow the spread of the disease and to save thousands of lives.

Today we have come to the stage of our plan that I advertised at the outset, when we first set out the plan of the UK government.

When we have to take special steps to protect the particularly vulnerable.

I said the moment would come where we needed to shield those with serious conditions. There are probably about 1.5 million in all.

And in a minute Robert Jenrick will set out the plan in detail.

But this shielding will do more than any other single measure that we are setting out to save life. That is what we want to do.

Also to reduce infection and to slow the spread of the disease.

We have to do more to make sure that the existing measures that we are taking are having the effect that we want.

So it is crucial that people understand tomorrow that the schools are closed.

And tomorrow you should not send your child to school unless you have been identified as a key worker.

And more generally in the view of the way people have responded over the last few days to the measures we have set out I want to say a bit more about how we interact outdoors.

Of course I want people to be able to go to the parks and open spaces and to enjoy themselves – it is crucial for health and mental and physical wellbeing.

But please follow the advice and don't think that fresh air in itself automatically provides some immunity.

You have to stay two metres apart; you have to follow the social distancing advice.

And even if you think you are personally invulnerable, there are plenty of people you can infect and whose lives will then be put at risk.

And I say this now – on Sunday evening – take this advice seriously, follow it, because it is absolutely crucial.

And as I have said throughout this process we will keep the implementation of these measures under constant review and, yes of course, we will bring forward further measures if we think that is necessary.

Always remember that in following this advice- and I know how difficult that is – that each and every one of us.

You are doing your bit in following this advice to slow the spread of this disease.

The more we collectively slow the spread, the more time we give the NHS to prepare, the more lives we will save, the faster we will get through this.

And always remember – we will get through this, and we will beat it together.

Next Robert Jenrick to outline the shielding measures.

Published 22 March 2020

Related content

- Prime Minister's statement on coronavirus (COVID-19): 25 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-25-march-2020>)
- PM Mother's Day words: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-mothers-day-words-22-march-2020>)
- PM address to the nation on coronavirus: 23 March 2020 (<https://www.gov.uk/government/speeches/pm-address-to-the-nation-on-coronavirus-23-march-2020>)
- PM statement on coronavirus: 20 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-20-march-2020>)
- PM statement on coronavirus: 19 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-19-march-2020>)

Explore the topic

- Public health (<https://www.gov.uk/health-and-social-care/public-health>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

Coronavirus: Stay at home to stay safe, 1.5 million advised

22 March 2020



Coronavirus pandemic



Letters are being sent telling 1.5 million people in England most at risk of coronavirus to stay at home.

They **will receive letters or text messages** strongly advising them not to go out for 12 weeks to protect themselves, the government said.

It comes as the PM asked the UK not to visit loved ones on Mother's Day, and follow social distancing guidelines.

Mayor of London Sadiq Khan asked people to heed the advice, saying "do it for loved ones who will die if you don't".

The number of people who have died in the UK with coronavirus rose to 281 on Sunday, as cases reached 5,683.

Boris Johnson has called on the public to join a "collective national effort" and follow **social distancing guidance**, warning the NHS could be "overwhelmed".

At-risk people include those who have received organ transplants, those living with severe respiratory conditions such as cystic fibrosis or those who have specific cancers, such as blood or bone marrow.

- **Italy's worst-hit region announces stricter measures**

- **India observes 14-hour coronavirus curfew**
- **What we don't know about coronavirus deaths**

In a message to the country on Saturday evening, Mr Johnson said: "The numbers are very stark, and they are accelerating.

"The Italians have a superb health care system. And yet their doctors and nurses have been completely overwhelmed by the demand.

"The Italian death toll is already in the thousands and climbing. Unless we act together, unless we make the heroic and collective national effort to slow the spread - then it is all too likely that our own NHS will be similarly overwhelmed."

REUTERS

GETTY IMAGES

He said the UK is only "two or three" weeks behind Italy, adding that he recognised the government was imposing measures "never seen before either in peace or war" - but said they were essential.

There have been more than 300,000 cases of the virus worldwide with more than 13,000 deaths.

Italy has seen its death toll for the past month reach 4,825, the highest in the world.

'Cannot sugar-coat threat'

As families prepared to celebrate Mother's Day on Sunday, Mr Johnson said the best single present for mothers was to stay away.

It comes after **the government this week told all restaurants, cafes and pubs** - as well as some other public spaces like gyms and cinemas - to close.

REUTERS

EPA

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"This time, the best thing is to ring her, video call her, Skype her, but to avoid any unnecessary physical contact or proximity," the PM said.

"And why? Because if your mother is elderly or vulnerable, then I am afraid all the statistics show that she is much more likely to die from coronavirus, or Covid-19. We cannot disguise or sugar-coat the threat."

- **How can you celebrate Mother's Day safely?**
- **Australian PM warns of lockdowns to tackle coronavirus**
- **'I lost my job because of coronavirus'**

On Friday, Mr Johnson was asked at his daily press conference whether he would be visiting his own mother, who is 77. He said he would "certainly be sending her my very best wishes and hope to get to see her".

A Downing Street source later said his contact with his mother on Sunday would be over Skype.

Elsewhere, Mayor of London Sadiq Khan echoed the PM's call for social distancing.

Appealing to the public, he said: "Don't leave home unless you have to, don't use public transport unless essential... do it for loved ones who will die if you don't."

- A SIMPLE GUIDE: [What are the symptoms?](#)
- AVOIDING CONTACT: [Should I self-isolate?](#)
- STRESS: [How to protect your mental health](#)
- LOOK-UP TOOL: [Check cases in your area](#)
- MAPS AND CHARTS: [Visual guide to the outbreak](#)

Mr Khan told BBC1's The Andrew Marr Show that additional restrictions in London may have to be "considered" if people in the capital "continue to act in a way that's leading to this disease spreading".

Under emergency legislation going through Parliament next week, **[airports could be shut and people held on public health grounds, while immigration officials could place people in isolation.](#)**

Housing and Communities Secretary Robert Jenrick said it was too early to know how long the current measures would need to stay in place.

He told Andrew Marr: "Nobody is pretending that this will be over in 12 weeks. What the prime minister said is that if everyone follows the advice, we can turn the tide on this virus within that period."

"We all have to play our part" in staying at home to protect the NHS and save lives, he said.

The government was "working around the clock" to deliver vital equipment to frontline staff, he said, pledging that every hospital will have had their next pack of personal protective equipment (PPE) by Sunday afternoon.

He said PPE had also been delivered to pharmacists, GPs and will be delivered to all social care providers "this coming week".

He also revealed the government had received some prototype ventilators, after it called on manufacturers to switch their operations to making ventilators to boost NHS stocks.

On testing, in the last week he said there had been days when 8,000 tests were reached, but conceded "there is a long way to go" to meet the government's target of **25,000 a day**.

Over the last few days we have seen decisions made that would have been scarcely seemed possible just a fortnight ago.

There's another one today - 1.5 million people in England alone will be told not to leave their homes to protect themselves from the virus.

The concern in government is set out by the prime minister. His warning that the UK could be just a fortnight behind Italy - and that the NHS could be overwhelmed - is one of the starkest we've heard yet.

It's designed to be so; to persuade us all to follow advice, to stay home and help save lives.

Chancellor Rishi Sunak will keep "reviewing" the package of financial support he announced last week, Mr Jenrick said, following calls for increased help for the self-employed.

Meanwhile, the government has said members of the Armed Forces will help ensure essential items like groceries can be delivered to people who are at-risk.

Mr Jenrick said he hopes from the end of the week the government will be able to get food parcels to the most vulnerable, who have no support network.

"We are going to be creating a big national effort to help those individuals," Mr Jenrick added.

The number of people with coronavirus include 10 in Scotland, 12 in Wales and two in Northern Ireland.

REUTERS

In other key UK developments:

- Mountain summits and beaches in Wales **have seen large numbers of visitors**, with Snowdonia National Park saying the area "experienced its busiest ever visitor day in living memory" on Saturday
- Thousands of retired medics have answered the government's call to return to work to help with the outbreak - including 4,000 nurses and 500 doctors. Health Secretary Matt Hancock **paid tribute to the "brilliant support"**, but said "many more" medical workers were needed
- **The health service announced** it had struck a deal with private hospitals to get hold of thousands of extra beds, ventilators and medical staff, which will see the private sector reallocate almost of all of its national hospital capacity to the NHS
- ITV has said production on soaps Emmerdale and Coronation Street will stop from Monday due to virus concerns. The broadcaster said it had been doing its best to carry on filming to ensure episodes of both soaps can air until early summer, but "the time has come to stop filming"
- The Duke and Duchess of Cambridge have shared **a message of support to families this Mother's Day**, alongside photographs of them with two of their three children, Prince George and Princess Charlotte. Posting on their Kensingtonroyal Instagram account, they said: "To mothers new and old and families spending today together and apart - we are thinking of you all at this difficult time"
- Churches across the country are delivering Sunday services to worshippers over the internet. The Church of England and the Church of Scotland have now banned mass worship, **with the Roman Catholic church issuing similar advice**
- The National Trust has closed its parks and gardens amid fears crowds might flock to them on Sunday for Mother's Day.

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Related Topics

1. Home (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/>)
2. siness and industry (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/business-and-industry>)

News story

Government sets out plans to enforce closure of businesses and other venues

Local government will be responsible for enforcing regulations requiring those businesses asked to close on 20 March 2020, in new guidance issued today, 22 March 2020.

Published 22 March 2020

From:

Ministry of Housing, Communities & Local Government

(<https://www.gov.uk/web/20200322225248/https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>), Department for Business, Energy & Industrial Strategy

(<https://www.gov.uk/web/20200322225248/https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy>), The Rt Hon Robert Jenrick MP

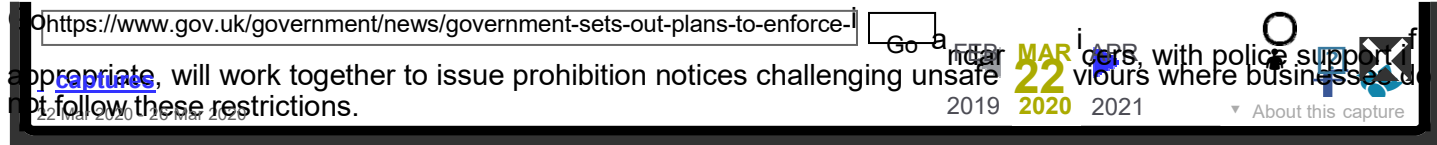
(<https://www.gov.uk/web/20200322225248/https://www.gov.uk/government/people/robert-jenrick>), and The Rt Hon Alok Sharma MP (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/government/people/alok-sharma>)



- Businesses who do not follow COVID-19 restrictions will be issued with prohibition notices
- Businesses who fail to comply will receive fines and could also face the loss of their alcohol license
- There will be no upper limit to the fines of businesses who continue to ignore restrictions

Local government will be responsible for enforcing regulations requiring those businesses asked to close on 20 March 2020(<https://web.archive.org/web/20200322225248/https://www.gov.uk/government/publications/guidance-for-businesses-on-further-social-distancing/guidance-for-businesses-and-other-venues-on-social-distancing-measures>), in new guidance issued today, 22 March 2020.

Businesses including pubs, cinemas, theatres and casinos were told to close from 21 March, as part of government drive to reduce the spread of the virus, protect the NHS and save lives.



Environmental Health and Trading Standards officers will monitor compliance, and businesses who fail to comply can also receive fines. Continued non-compliance could then lead to the loss of alcohol licenses.

Under the Business Closure regulations introduced on March 21, officers will have powers to prosecute for breach of regulations.

Local Government Secretary Rt Hon Robert Jenrick

We recognise the pressure the emergency COVID-19 restrictions place on small businesses, which is why the government has announced an unprecedented package of support to help businesses and workers.

But we must follow the medical advice. That means staying at home, protecting the NHS and saving lives.

So far we have seen this crisis bring out the best in us, but some people are risking the safety of others by failing to act on medical advice. People must do this immediately to save people's lives.

Business Secretary Rt Hon Alok Sharma MP said:

I want to urge all businesses to look carefully at the package of measures we have announced to help them through this difficult time and allow them to comply with new regulations.

Further information:

- You can find the full guidance on enforcing certain businesses to close here (<https://web.archive.org/web/20200322225248/https://www.gov.uk/government/publications/business-and-other-venues-subject-to-further-social-distancing-measures>).
- The Government will ensure that local authorities are funded for the new requirements as quickly as possible, in line with the New Burdens doctrine.
- As of 2pm on 21 March 2020, these closures are enforceable by law in England and Wales due to the threat to public health. A business operating in contravention of the Health Protection (Coronavirus, Business Closures) Regulations 2020 will be committing an offence. As agreed with the devolved administrations these measures will be extended to Scotland and Northern Ireland by Ministerial Direction once the Coronavirus Bill is in force.

Published 22 March 2020

Explore the topic

- Government (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/government/all>)
- Business and industry (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/business-and-industry>)
- Health and social care (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/health-and-social-care>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/web/20200322225248/https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)

**Addendum to eighteenth SAGE meeting on Covid-19, 23rd March 2020
Held in 10 Victoria St, London, SW1H 0NN**

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Charlotte Watts (CSA DfID), Ian Diamond (ONS), Sharon Peacock (PHE), John Aston (CSA HO), Jonathan Van Tam (Deputy CMO), Steve Powis (NHS), Maria Zambon (PHE), Angela McLean (CSA MoD), Phil Blythe (CSA DfT), John Edmunds (LSTHM), Carole Mundell (CSA FCO), Tom Rodden (CSA DCMS), Graham Medley (LSHTM), Jeremy Farrar (Wellcome), David Halpern (CO), Susan Michie (UCL), Wendy Barclay (Imperial), Neil Ferguson (Imperial), Brooke Rogers (King's College), James Rubin (King's College), Andrew Curran (CSA HSE), Aidan Fowler (NHS).*

Observers and Government Officials: *Morwenna Carrington (DHSC), Stuart Wainwright (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be the complete list.

Eighteenth SAGE meeting on Covid-19, 23rd March 2020
Held in 10 Victoria Street

Summary

1. UK case accumulation to date suggests a higher reproduction number than previously anticipated. High rates of compliance for social distancing will be needed to bring the reproduction number below one and to bring cases within NHS capacity.
2. Public polling over the weekend on behaviour indicated significant changes but room for improvement in compliance rates.
3. Estimated Covid-19 fatalities are anticipated to overlap with those who are likely to be within the final year of their lives. It is important to get an accurate excess deaths estimate, including potential deaths due to the measures taken.
4. Given the clear links between poverty and long-term ill health, health impacts associated with the economic consequences of interventions also need to be investigated.
5. Antibody screening for healthcare workers should aim to identify those with immunity who can care for the most vulnerable patients.

Situation update

6. The NHS is surging bed capacity over the next fortnight, with a focus on London.
7. The data suggest that London is 1-2 weeks ahead of the rest of the UK on the epidemic curve. Case numbers in London could exceed NHS capacity within the next 10 days on the current trajectory.
8. The accumulation of cases over the previous two weeks suggests the reproduction number is slightly higher than previously reported. The science suggests this is now around 2.6-2.8. The doubling time for ICU patients is estimated to be 3-4 days.
9. Increased community testing and surveillance will be invaluable to measure the effects of the interventions taken.
10. Genome sequencing is providing insight into the seeding of cases across the UK. Results suggests that there have been introductions from different parts of the world as well as community transmission and some nosocomial clusters (i.e. in hospital settings).
11. PHE are seeking to understand environmental dispersal of the virus in hospitals. They are working with SPI-M and NERVTAG, and will bring a paper back to SAGE.

ACTION: PHE, SPI-M and MoD Chief Scientific Adviser to review how the true infection rate in the community can be ascertained as a basis to measure the effects of interventions (Report back to SAGE w/c 30 March)

ACTION: NERVTAG and DSTL to investigate spread of Covid-19 in hospitals and environmental dispersal of the virus (Report back to SAGE w/c 30 March)

Clinical update

12. Emerging data on the virus is supportive of prior clinical knowledge. Reports of possible cardiac complications need further investigation.
13. Hospitalisation data for around 500 UK patients is being collected through the CO-CIN system, providing a detailed report of cases. The proportion of severely ill patients who have single organ compared to multi-organ failure is important for planning.
14. The RECOVERY trial started recruiting patients on 19th February, with wide participation from NHS trusts. Four other trials were discussed. Coordination of trial activity was discussed and a clinical trials forum is being explored.

15. Evaluation of credible licensed drugs that may be suitable for future trials is underway and there is support from the private sector.
16. Very limited observations, based on a few dozens of cases, suggest that vertical transmission cannot be ruled out. There have been no traces of the virus found in breast milk, amniotic fluid or in the placenta.
17. Genome sequencing work has started and is yielding important results already.

ACTION: dCMO and DHSC with NERVTAG chair to consider how to set up a UK forum to coordinate clinical trials. This should include protocols for adding extra testing arms if needed

ACTION: dCMO to consider what UK manufacturing capabilities are required to support the clinical trial supply chain

Reasonable worst case scenario

18. There is significant uncertainty concerning the impact of interventions brought in thus far on numbers of cases.
19. SAGE will update the reasonable worst case at its next meeting, taking interventions into account.

Behavioural and social interventions

20. SAGE noted that social distancing behaviours have been adopted by many but there is uncertainty whether they are being observed at the level required to bring the epidemic within NHS capacity.
21. Key areas for further improvement include reducing contact with friends and family outside the household, and contact in shops and other areas.
22. Surveys to assess behaviours must gather data on the nature, location and frequency of contacts that people are engaging in, rather than qualitative indications of compliance.
23. A nationally representative ONS survey over the weekend indicates significant behaviour changes in the UK. There is a positive correlation between behaviour change and age – higher compliance rates are reported among older groups.
24. Compliance levels vary throughout the country; higher levels of compliance are being observed in London.
25. Consumer spending has increased since measures were introduced, including major increases in food and drug spending.
26. Footfall in London transport hubs reduced by 80-90% over the weekend, but in retail and food outlets has decreased by a smaller margin. Footfall in London parks has trebled on average since social distancing measures were introduced.

ACTION: CCS and ONS to agree who is best placed to lead on evaluation of adherence to interventions, including avoiding duplication on public polling surveys and collecting quantitative data

ACTION: SAGE secretariat to share SAGE paper from behavioural scientists on options for increasing adherence to social distancing measures with **CCS** and **HMG Communications** leads

UK Borders

27. SAGE, on the advice of SPI-M, reconfirmed its previous advice that the effect of closing borders would have a negligible effect on spread.

28. Numbers of cases arriving from other countries are estimated to be insignificant in comparison with domestic cases, comprising approximately 0.5%. Compliance with protective measures by those entering the UK is unknown and should be explored.
29. SAGE noted that it is unlikely that current migration rates pose significant additional risk to border force workers.

Testing and treatments

30. NHS testing capacity in the UK is currently at around 5,000 a day, to be increased to 15,000 a day by mid-April. A platform in partnership with the private sector has been established to aim to increase capacity to 110,000 a day by mid-April.
31. It is essential to have a clear rationale for prioritising testing for patients and health workers, and to coordinate testing supplies across the UK to ensure the most urgent needs are being met.
32. Healthcare workers must be screened repeatedly and should take priority.
33. There is a worldwide shortage of key reagents, platforms and equipment. The priority for screening should be adhered to all by UK healthcare providers and there needs to be coordination to ensure that reagent supply gets to the PHE screening effort.
34. Data from serology will be discussed at the next SAGE. It is critical that this is used to understand the proportion of asymptomatic cases.
35. For serology, any positive results from a rapid screening approach should be followed up with a PHE test in healthcare workers, to ensure confidence in immunity.
36. Access to serological material from recovered patients is essential.
37. A network of recovered people is required to enable future medical testing, assays and blood donations.

ACTION: PHE to work with **NHS** to set out a national priority order for testing, including UK-wide procurement and distribution of reagents to support testing capacity (for next SAGE meeting)

ACTION: PHE and **Jeremy Farrar** to present a proposal for UK-wide serological screening priorities and distribution of essential equipment (for next SAGE meeting). **PHE** to provide a serology update at next SAGE meeting

Excess deaths planning

38. The science suggests that a proportion of the estimated fatalities from Covid-19 would be among those expected to die within a year.
39. NHSX and ONS data need to be combined by modelling groups to give a picture of deaths caused directly and indirectly by Covid-19.
40. Actuarial analysis is required to estimate numbers of deaths caused indirectly by Covid-19, including those caused by the social interventions. For planning, data on patient backgrounds and risk factors, including GP data, are needed. In due course, analysis of the effects of the interventions on other causes of death should be undertaken.

ACTION: SPI-M to provide **ONS** (Ian Diamond) with a summary on what mortality data is needed from **NHSX** to inform modelling (23 March). **HO Chief Scientific Adviser** to lead actuarial work on establishing excess death, taking into account those expected to die over the same period

List of actions

PHE, SPI-M and MoD Chief Scientific Adviser to review how the true infection rate in the community can be ascertained as a basis to measure the effects of interventions (Report back to SAGE w/c 30 March)

NERVTAG and DSTL to investigate spread of Covid-19 in hospitals and environmental dispersal of the virus (Report back to SAGE w/c 30 March)

dCMO and DHSC with NERVTAG chair to consider how to set up a UK forum to coordinate clinical trials. This should include protocols for adding extra testing arms if needed

dCMO to consider what UK manufacturing capabilities can support the clinical trial supply chain

CCS and ONS to agree who is best placed to lead on evaluation of adherence to interventions, including avoiding duplication on public polling surveys and collecting quantitative data

SAGE secretariat to share SAGE paper on options for increasing adherence to social distancing measures with **CCS** and **HMG Communications** leads

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Attendees

SAGE participants: Patrick Vallance (chair), Chris Whitty, Charlotte Watts, [REDACTED] Ian Diamond, Sharon Peacock, Morwenna Carrington, John Aston, [REDACTED]

By phone: Jonathan Van Tam, Steve Powis, Maria Zambon, Angela McLean, Phil Blythe, John Edmunds, Carole Mundell, Tom Rodden, Graham Medley, Jeremy Farrar, David Halpern, Susan Michie, Carole Mundell, Wendy Barclay, Neil Ferguson, Brooke Rogers, James Rubin, Andrew Curran, [REDACTED] Aidan Fowler, Stuart Wainwright

SAGE secretariat: [REDACTED]

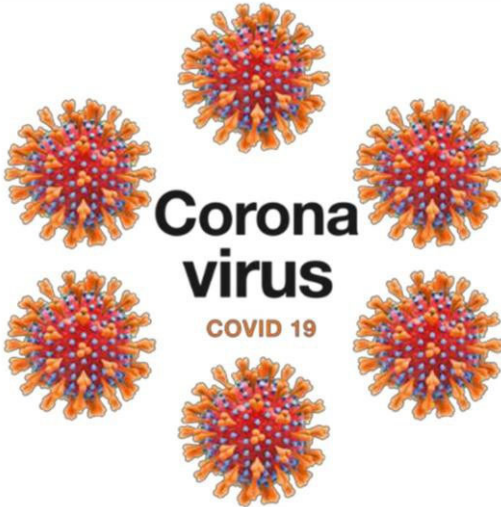


Public Health
England

Protecting and improving the nation's health

Coronavirus (COVID-19)

Keeping away from other people: new rules to follow from 23 March 2020

 <p>Coronavirus COVID 19</p>	<p>COVID-19 is a new illness. Lots of people call it coronavirus.</p> <p>It can affect your lungs and your breathing.</p>
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From 23 March 2020 there are 3 important new rules everyone must follow to stop coronavirus spreading.

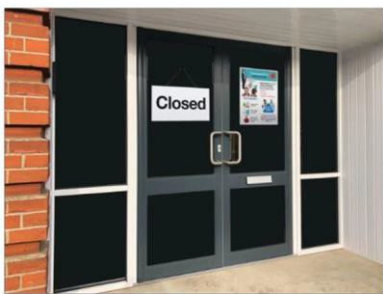


These rules will be in place for at least three weeks.



1. The first rule is that you must stay at home.

You should only leave your home **if you really need to** for one of the reasons listed further down in this guidance.



2. The second rule is that most shops, and other places in the community that we can manage without, should stay closed.



This includes:

- pubs and cinemas



- most shops and markets unless they sell food



Library

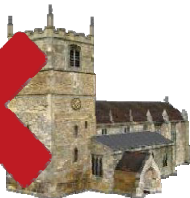
- libraries, community centres, and youth centres



- leisure centres such as bowling alleys, gyms and soft play centres



- playgrounds, sports courts and outdoor gyms



- places of worship



Hotel

- hotels, hostels, bed and breakfasts, campsites, caravan parks, and boarding houses except if people live there all of the time



3. The third rule is that people must not meet in groups of more than 2 in public places unless:

- they live together
- their job means that they have to



Events have been stopped. This includes occasions like weddings and baptisms.



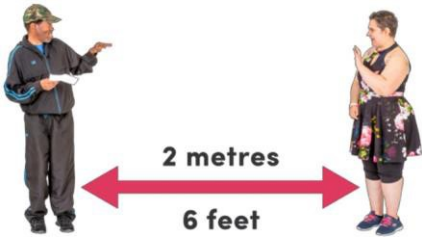
Funerals can still happen.

Only a small number of people who were very close to the person who has died can go. Everyone must stay at least 3 steps away from each other.

You should only leave your home **if you really need to** for one of these reasons:



- Shopping for things you must have, like food or medicine
- For health appointments that cannot be done over the phone
- To go to work, but only if there is no way you can do your work from home
- To care for a vulnerable person
- To do exercise **once** a day, like going for a walk alone or with someone you live with



If you leave your home, you must stay at least 3 steps (2 metres) away from other people.



If you work in some jobs, like health care, police or schools, your children can still go to school. You can see a full list of these jobs [here](#).



If your child is aged under 18 and their other parent lives in a different house, they can go there to visit them.



If you, or someone you live with, has signs of coronavirus you should follow the **stay at home** guidance.

The signs of coronavirus are:

- high temperature and/or
- a new cough where they keep on coughing. This means coughing a lot for more than an hour or three or more episodes of coughing in a day



Some people are **most likely to be very poorly** if they get coronavirus.

These are mainly people having treatment for some serious health conditions, like people being treated for some forms of cancer.

There is **other guidance** about what those health conditions are and extra things people need to do to try to stop themselves from getting coronavirus.

The pictures in this summary are from Photosymbols: <https://www.photosymbols.com/>

1. (<https://www.gov.uk/>)
2. vernment (<https://www.gov.uk/government/all>)

Speech

PM address to the nation on coronavirus: 23 March 2020

Prime Minister Boris Johnson addressed the nation on coronavirus.

Published 23 March 2020

From:

Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>) and The Rt Hon Boris Johnson MP (<https://www.gov.uk/government/people/boris-johnson>)

Delivered on:

23 March 2020 (Transcript of the speech, exactly as it was delivered)



Good Evening,

The coronavirus is the biggest threat this country has faced for decades – and this country is not alone.

All over the world we are seeing the devastating impact of this invisible killer.

And so tonight I want to update you on the latest steps we are taking to fight the disease and what you can do to help.

And I want to begin by reminding you why the UK has been taking the approach that we have.

Without a huge national effort to halt the growth of this virus, there will come a moment when no health service in the world could possibly cope; because there won't be enough ventilators, enough intensive care beds, enough doctors and nurses.

And as we have seen elsewhere, in other countries that also have fantastic health care systems, that is the moment of real danger.

To put it simply, if too many people become seriously unwell at one time, the NHS will be unable to handle it - meaning more people are likely to die, not just from Coronavirus but from other illnesses as well.

So it's vital to slow the spread of the disease.

Because that is the way we reduce the number of people needing hospital treatment at any one time, so we can protect the NHS's ability to cope - and save more lives.

And that's why we have been asking people to stay at home during this pandemic.

And though huge numbers are complying - and I thank you all - the time has now come for us all to do more.

From this evening I must give the British people a very simple instruction - you must stay at home.

Because the critical thing we must do is stop the disease spreading between households.

That is why people will only be allowed to leave their home for the following very limited purposes:

- shopping for basic necessities, as infrequently as possible
- one form of exercise a day - for example a run, walk, or cycle - alone or with members of your household;
- any medical need, to provide care or to help a vulnerable person; and
- travelling to and from work, but only where this is absolutely necessary and cannot be done from home.

That's all - these are the only reasons you should leave your home.

You should not be meeting friends. If your friends ask you to meet, you should say No.

You should not be meeting family members who do not live in your home.

You should not be going shopping except for essentials like food and medicine - and you should do this as little as you can. And use food delivery services where you can.

If you don't follow the rules the police will have the powers to enforce them, including through fines and dispersing gatherings.

To ensure compliance with the Government's instruction to stay at home, we will immediately:

- close all shops selling non-essential goods, including clothing and electronic stores and other premises including libraries, playgrounds and outdoor gyms, and places of worship;
- we will stop all gatherings of more than two people in public – excluding people you live with;
- and we'll stop all social events, including weddings, baptisms and other ceremonies, but excluding funerals.

Parks will remain open for exercise but gatherings will be dispersed.

No Prime Minister wants to enact measures like this.

I know the damage that this disruption is doing and will do to people's lives, to their businesses and to their jobs.

And that's why we have produced a huge and unprecedented programme of support both for workers and for business.

And I can assure you that we will keep these restrictions under constant review. We will look again in three weeks, and relax them if the evidence shows we are able to.

But at present there are just no easy options. The way ahead is hard, and it is still true that many lives will sadly be lost.

And yet it is also true that there is a clear way through.

Day by day we are strengthening our amazing NHS with 7500 former clinicians now coming back to the service.

With the time you buy - by simply staying at home - we are increasing our stocks of equipment.

We are accelerating our search for treatments.

We are pioneering work on a vaccine.

And we are buying millions of testing kits that will enable us to turn the tide on this invisible killer.

I want to thank everyone who is working flat out to beat the virus.

Everyone from the supermarket staff to the transport workers to the carers to the nurses and doctors on the frontline.

But in this fight we can be in no doubt that each and every one of us is directly enlisted.

Each and every one of us is now obliged to join together.

To halt the spread of this disease.

To protect our NHS and to save many many thousands of lives.

And I know that as they have in the past so many times.

The people of this country will rise to that challenge.

And we will come through it stronger than ever.

We will beat the coronavirus and we will beat it together.

And therefore I urge you at this moment of national emergency to stay at home, protect our NHS and save lives.

Thank you.

Published 23 March 2020

Related content

- PM statement on coronavirus: 22 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-22-march-2020>)

- PM statement on coronavirus: 16 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-16-march-2020>)
- Prime Minister's statement on coronavirus (COVID-19): 25 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-25-march-2020>)
- PM statement on coronavirus: 12 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-12-march-2020>)
- PM statement on coronavirus: 20 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-20-march-2020>)

Explore the topic

- Government (<https://www.gov.uk/government/all>)
- Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others>)
- Health and wellbeing during coronavirus (<https://www.gov.uk/coronavirus-taxon/health-and-wellbeing>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



1. Home (<https://www.gov.uk/web/20200324222512/https://www.gov.uk/>)
2. Further businesses and premises to close
(<https://www.gov.uk/web/20200324222512/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close>)
 1. Cabinet Office (<https://www.gov.uk/web/20200324222512/https://www.gov.uk/government/organisations/cabinet-office>)
 2. Ministry of Housing, Communities & Local Government
(<https://www.gov.uk/web/20200324222512/https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>)

Guidance

Further businesses and premises to close: guidance

Published 23 March 2020

Contents

1. Businesses and premises that must remain closed
2. Length of closure
3. Compliance
4. Financial support
5. Business support
6. Business rates
7. Further information



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This publication is available at <https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>

As a country, we all need to do what we can to reduce the spread of coronavirus

8 captures

24 Mar 2020, 28 May 2020

2019 2020 2021

FEB AY

24

*About this capture

(<https://web.archive.org/web/20200324222512/https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>), staying at home and away from others (<https://web.archive.org/web/20200324222512/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>), and asked that schools (<https://web.archive.org/web/20200324222512/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>) only remain open for those children who absolutely need to attend.

On 23 March the government, stepped up measures to prevent the spread of coronavirus and save lives. All non-essential premises must now close.

Takeaway and delivery services may remain open and operational in line with guidance on Friday 20 March. Online retail is still open and encouraged and postal and delivery service will run as normal.

Retail and public premises which we expect to remain open must:

- ensure a distance of 2 meters between customers and shop assistants; and
- let people enter the shop only in small groups, to ensure that spaces are not crowded
- queue control is required outside of shops and other essential premises that remain open

Parks will remain open but only for individuals and households to exercise once a day.

Communal spaces within parks such as playgrounds and football pitches will be closed.

Non-essential businesses and premises must now shut.

1. Businesses and premises that must remain closed

The following businesses and premises must remain closed:

Food and drink	Exceptions
Restaurants	Food delivery and takeaway can remain operational.
Cafes, including workplace canteens	Food delivery and takeaway can remain operational. Cafes or canteens at hospitals, care homes or schools; prison and military canteens; services providing food or drink to the homeless.
Public houses	-
Bars and nightclubs, including bars in hotels or members' clubs	-
Retail	Exceptions
Hair, beauty and nail salons, including piercing and tattoo parlours	-
Massage parlours	-

https://www.gov.uk/government/publications/further-businesses-and-premise		Go	FEB	MAR	MAY
8 captures		Supermarkets and other food shops, health shops, pharmacies including non-dispensing pharmacies, petrol stations, bicycle shops, home and garden centres, laundrettes and			
exceptions	dry cleaners, garages, car rentals, pet shops, corner shops, newsagents, post offices, and banks.				
Outdoor and indoor markets	Market stalls which offer essential retail, such as grocery and food.				
Auction houses	-				
Car showrooms	-				
Hotels	Exceptions				
Hotels, hostels, B&Bs, campsites and boarding houses for commercial use	Where people live in these as interim abodes whilst their primary residence is unavailable they may continue to do so. Key workers can continue to stay in hotels or similar where required.				
Caravan parks/sites for commercial uses	Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.				
Non-residential institutions	Exceptions				
Libraries	-				
Community centres, youth centres and similar	Facilities may remain open for the purpose of hosting essential voluntary or public services, such as food banks or homeless services. We will do everything to support vulnerable people who are without a network of friends and families.				
Places of worship for services	Funerals following the social distancing guidance; places of worship should remain open for solitary prayer. Live streaming of a service without audience would be permissible.				
Cinemas, theatres and concert halls	Live streaming of a performance by a small group could be permissible with social distancing observed.				
Assembly and leisure	Exceptions				
Museums and galleries	-				
Bingo halls, casinos and betting shops	-				
Spas	-				
Skating rinks	-				
Fitness studios, gyms, swimming pools or other indoor leisure centres	-				
Arcades, bowling alleys, soft play centres and similar	-				
Outdoor recreation	Exceptions				
Enclosed spaces in parks, including playgrounds, sports courts and pitches, and outdoor gyms or similar	-				

These premises and other venues must close as they involve prolonged close social contact, which increases the chances of infection spreading.

Takeaway and delivery facilities should remain open and operational.

This means people can continue to enter premises to access takeaway services, including delivery drivers.

Planning regulation will be changed to enable restaurants, cafes and pubs which do not currently offer delivery and hot food takeaway to do so. This will be clearly communicated by the government when in effect.

https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close
3 captures
24 Mar 2020 - 26 May 2020

GOV.UK
24
2019 2020 2021

Waiting for takeaway
*About this capture

These venues offering takeaway or delivery services must not include alcoholic beverages in this list if their licence does not already permit.

2. Length of closure

We are asking the businesses and premises and other venues outlined above **not to open for trade from close of trade 23 March 2020**.

The government will look again at these measures in 3 weeks, and relax them if the evidence shows this is possible.

3. Compliance

Everyone is instructed to comply with the rules issued by the government in relation to coronavirus, in order to protect both themselves and others.

As of 2pm on 21 March 2020, **closures on the original list from 20 March are now enforceable by law** in England and Wales due to the threat to public health. The government will extend the law and enforcement powers to include the new list of premises for closure. Further measures on enforcement could be taken following the passage of the Coronavirus Bill through parliament.

A business operating in contravention of the Health Protection (Coronavirus, Business Closures) Regulations 2020 will be committing an offence. As agreed with the devolved administrations, these measures will be extended to Scotland and Northern Ireland by Ministerial Direction once the Coronavirus Bill is in force.

Environmental Health and Trading Standards officers will monitor compliance with these regulations, with police support provided if appropriate. Businesses and premises that breach them will be subject to **prohibition notices**, and potentially **unlimited fines**.

4. Financial support

Her Majesty's Treasury also announced on 20 March 2020

(<https://web.archive.org/web/20200324222512/https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>) a comprehensive series of measures supporting wages, cash-flow for businesses, and the welfare system.

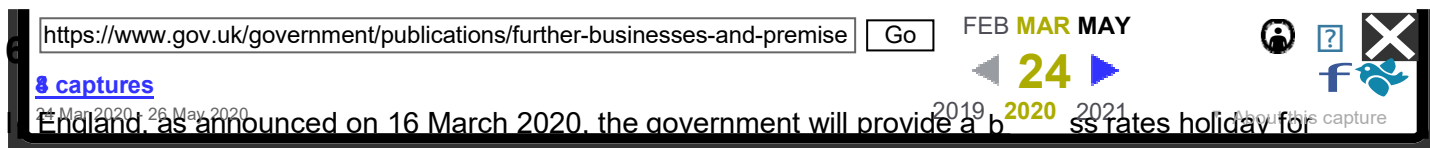
5. Business support

Under the Retail, Hospitality and Leisure Grant (RHLG) announced on 16 March 2020, businesses and premises in England in the retail, hospitality and leisure sectors will be eligible for cash grants of up to £25,000 per property.

Eligible businesses in these sectors with a property that has a rateable value of up to £15,000 will receive a grant of £10,000. Eligible businesses and premises in these sectors with a property that has a rateable value of between £15,001 and £51,000 will receive a grant of £25,000. Businesses with a rateable value of over £51,000 are not included in this scheme.

For more information please visit the support for businesses page

(<https://web.archive.org/web/20200324222512/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses#support-for-businesses-that-pay-business-rates>).



https://www.gov.uk/government/publications/further-businesses-and-premise Go FEB MAR MAY
captures
at Mar 2020: 26 May 2020
2019 2020 2021
England, as announced on 16 March 2020, the government will provide a business rates holiday for

businesses and premises in the retail, hospitality and/or leisure sector. This includes the businesses and premises in scope for closure listed above. This will apply automatically to your next business rates bill in April 2020.

For more information please visit the support for businesses page

(<https://web.archive.org/web/20200324222512/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses#support-for-businesses-that-pay-business-rates>).

7. Further information

This guidance will be updated regularly as the situation develops. For information about support for business, please go to the government's Business Support page

(<https://web.archive.org/web/20200324222512/https://www.businesssupport.gov.uk/>) or visit GOV.UK

(<https://web.archive.org/web/20200324222512/https://www.gov.uk/>).

Devolved Administrations may issue further guidance on these matters within their nations.



1. Home (<https://www.gov.uk/web/20200325193019/https://www.gov.uk/>)
2. Business and industry (<https://www.gov.uk/web/20200325193019/https://www.gov.uk/business-and-industry>)

Guidance

COVID-19 advice for accommodation providers

Guidance and advice for those providing hotel and other accommodation in the UK.

Published 24 March 2020

From:

Department for Digital, Culture, Media & Sport

(<https://www.gov.uk/web/20200325193019/https://www.gov.uk/government/organisations/department-for-digital-culture-media-sport>) and Department of Health and Social Care

(<https://www.gov.uk/web/20200325193019/https://www.gov.uk/government/organisations/department-of-health-and-social-care>)

Businesses providing holiday accommodation (including hotels, hostels, B&Bs, campsites, caravan parks, boarding houses and short term lets) should now take steps to close for commercial use as quickly as is safely possible.

Full consideration should be given to the possible exclusions for residents that should be allowed to remain. Any decision to close should be implemented in full compliance with the social distancing guidelines (<https://web.archive.org/web/20200325193019/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>).

What the exclusions mean

Hotels and other accommodation providers should be able to remain open if:

- They are part of the response to support key workers or vulnerable groups.
- There is a specific need for some or all of the site to remain open (for example they are housing people who have been flooded out of their homes, being used by public services to provide emergency accommodation or are not able to return to their primary residence).
- If businesses are providing rooms to support homeless people, through arrangements with local authorities and other public bodies, they should remain open.
- If a holiday park or caravan park is your primary residence you can remain on site.

Guidance for families in temporary accommodation or B&Bs

If the temporary accommodation is currently the family's primary residence, they can remain.

People staying in accommodation that have symptoms of Covid-19

If anyone is displaying signs of the Covid-19 virus (cough, fever), they should not be using public transport. If they are not symptomatic but they need to return to where they live, then using public transport is ok. When using public transport people should try to adhere to the simple social distancing principles (<https://web.archive.org/web/20200325193019/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>) of being two metres apart.

Guidance for hotels serving food

Hotels and accommodation providers that are remaining open to house key workers, vulnerable groups and other exempted groups will still be able to serve food, subject to the social distancing guidelines (<https://web.archive.org/web/20200325193019/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>) (for example by providing a takeaway service, 'grab and go' service or room service).

Workplace canteens can also stay open where required but must adhere to social distancing guidelines (<https://web.archive.org/web/20200325193019/https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people>).

Read further guidance for non-essential travel

(<https://web.archive.org/web/20200325193019/https://www.gov.uk/government/news/covid-19-essential-travel-guidance>) during the coronavirus pandemic

Published 24 March 2020

Explore the topic

- Tourism (<https://www.gov.uk/web/20200325193019/https://www.gov.uk/society-and-culture/tourism>)
- Business and industry (<https://www.gov.uk/web/20200325193019/https://www.gov.uk/business-and-industry>)

**Addendum to nineteenth SAGE meeting on Covid-19, 26th March 2020
Held via Zoom**

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Sharon Peacock (PHE), Steve Powis (NHS), Calum Semple (Liverpool), Angela McLean (CSA MoD), Charlotte Watts (CSA DfID), Andrew Curran (CSA HSE), John Aston (CSA HO), Alan Penn (CSA MHCLG/UCL), Osama Rahman (CSA DfE), Peter Horby (Oxford), Graham Medley (LSHTM), Neil Ferguson (Imperial), John Edmunds (LSTHM), James Rubin (King's College), Brooke Rogers (King's College), Lucy Yardley (Bristol/Southampton), Ian Diamond (ONS), Andrew Rambaut (Edinburgh), Wendy Barclay (Imperial).*

Observers and Government officials: *Indra Joshi (NHSX), Stuart Wainwright (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be a complete list.

Nineteenth SAGE meeting on COVID-19, 26th March 2020

Held via Zoom

Summary

1. Data and modelling for NHS demand must be aligned completely with SPI-M modelling – and there must be a single version of the numbers in use across HMG.
2. Nosocomial transmission, risk markers for severe disease and severity scoring for COVID-19 cases need urgent attention.
3. It is vital not to make hasty decisions regarding treatments based on insufficient data.
4. SAGE will begin shifting attention to future phases of the epidemic to anticipate challenges and opportunities to minimise impacts and harms, release current measures safely and advise on long-term issues.

ACTION: SAGE secretariat to ensure key people are connected to align and ensure consistency of data between **SPI-M** and **NHS**

Priorities for SAGE ahead

5. Assuming interventions get R below 1 and demand on NHS critical care stabilises, SAGE needs to focus on behavioural and social interventions – monitoring, maintenance and release – and on the testing regime necessary for adjusting interventions.
6. SAGE will consider public messaging around interventions and explore potential behaviours linked to the easing and re-imposition of interventions and to mass testing.
7. More urgently, SAGE needs to understand nosocomial transmission and how to limit it.
8. SAGE needs to know more about immunology and its implications.
9. SAGE will focus on clinical trials (including when we might have meaningful results), treatments and vaccine options.
10. SAGE will consider how to minimise potential harms from the interventions, including those arising from postponement of normal services, mental ill health and reduced ability to exercise. It needs to consider in particular health impacts on poorer people.
11. SAGE's sub-groups will explore these issues in line with their remits. GCSA and CMO will discuss with Cabinet Office other priority questions for HMG.

ACTION: NHS (Steve Powis) to work with **PHE** to identify key questions for SAGE on nosocomial infection and to provide a plan for reducing nosocomial transmission

ACTION: SAGE secretariat to plan forward-looking piece of work on how and when to release measures and on future needs, including **SPI-B** to assess behavioural issues, **SPI-M** to define work on triggers for releasing measures, **NERVTAG** to identify at what point meaningful results from clinical trials might be available. **GCSA** and **CMO** to discuss other priority questions with Cabinet Office

Situation update

12. The data suggest a 3.3 day doubling time in hospitals.
13. New data collected from this week on human contact patterns will be used to estimate R for community spread. SPI-M is reviewing R later today.
14. Spare bed capacity is at roughly 20%, including in London. Surge capacity planning for London is underway.
15. Significantly fewer children are attending school than anticipated.
16. ONS data points to very high proportions of people in the UK changing their behaviour. Social interaction is greatly reduced, as is footfall on public transport, at parks and beaches. Mobile phone data for the over-65s suggest they are staying in one location. WiFi data suggests strong reductions in fast food outlet and supermarket use.
17. ONS is planning future surveys, including a dedicated survey for those experiencing social shielding.

18. CO-CIN data points to more men being admitted to hospitals than women, and more men than women dying. Cases cannot be triaged simply according to standard severity scores when they present at hospitals. Understanding is building of the most serious co-morbidities affecting mortality. New approaches to scoring severity and risk for COVID-19 are required.
19. ONS, DHSC and the HO Chief Scientific Adviser will produce a report on excess deaths by 8 March.
20. HSE found no material difference between the N95 and FFP2 respirator masks. Both provide protection as long as the wearer is face-fit tested. Choice of masks needs to be risk-assessment driven. Further advice for NHS and PHE on overall PPE will be completed within 24 hours.
21. SAGE participants will receive advice about personal and digital security.

ACTION: SPI-M to reach consensus on R and doubling time by COP 26 March, reporting back to SAGE and DHSC

ACTION: ONS to circulate behavioural compliance data to SAGE participants immediately

ACTION: ONS to work with **John Edmunds** to ensure the most appropriate questions for modellers are incorporated into ONS surveys; **Brooke Rogers** to ensure mobile phone app data is fed to modellers and to link with **NHSX**

ACTION: SAGE participants to feed inputs on CO-CIN product direct to **Calum Semple**

ACTION: SAGE secretariat to circulate **HSE** report comparing N95 and FFP2 masks to SAGE participants, as well as the fuller PPE assessment. NHS and PHE to use this advice to inform their communications

Understanding COVID-19

22. The median time between onset of symptoms and hospitalisation is 4 days.
23. There is no evidence currently to suggest that virology phenotypes are changing.
24. In animal experiments to date, the virus is not being found in the central nervous system or urological tract. Anecdotal reports of cardiac involvement were noted.
25. There is some evidence of vertical transmission from mothers to new-born babies. To date, all babies born with COVID-19 have recovered. All were born by caesarean section.
26. There is no hard data on loss of taste or smell being a COVID-19 symptom – though it is a symptom of other respiratory viruses.
27. It is important to better understand risk markers/scoring systems for severe disease.
28. SAGE advises that there are currently conflicting data concerning potential treatments, such as chloroquine. No drug is completely safe, and it is vital not to make hasty decisions regarding treatments based on poor data. All cases should be used in some form of clinical trial.
29. As many people as possible need to participate in clinical trials. It is encouraging that 3 large international sister studies are being set up.

Reasonable worst case (RWC) scenario

30. SPI-M are reviewing 2 scenarios today using a consensus model from the Imperial group: the reasonable worst case and a more optimistic scenario. It is important that the outputs are presented in a format useful to HMG planners.
31. SAGE advises that, of these 2 scenarios, the reasonable worst case is the less likely.
32. Assuming good compliance, the epidemic peak in the UK can be expected in April – around 2 weeks after all interventions came into effect.
33. SAGE agreed that, for planning purposes, the scenarios should run to September only.
34. SAGE will separately review the various issues associated with a second epidemic peak.

ACTION: SPI-M to outline a set of scenarios for the RWC in a form that planners can use

Behavioural and social interventions

35. It may be helpful to prepare the public for the experience of hospital admission, including the risk of nosocomial transmission, through HMG messaging which focuses on the efforts to protect people in hospitals.

Testing and data

36. PHE described efforts to increase clinical testing, key worker testing and antibody testing. SAGE re-emphasised the importance of urgently ramping up testing with appropriate quality.

37. Testing priorities are set by CMO – and these need to be used by all testing providers.

38. The NHSX data hub will cover the whole of the UK, but is currently focused primarily on England.

39. Options to improve and coordinate data collection from ICUs are being explored, e.g. using medical students to input data. SAGE reiterated the crucial importance of data collection.

ACTION: CMO to communicate that prioritisation of testing – i.e. who gets tested first – sits with him. **Kathy Hall** to update SAGE at future meeting on testing timelines for NHS staff, including on the scale of testing required

Next meeting of SAGE

40. The next meeting is planned for Tuesday, 31 March. The agenda will include nosocomial transmission and an update on vaccines and treatments.

List of actions

SAGE secretariat to ensure key people are connected to align and ensure consistency of data between **SPI-M** and **NHS**

NHS (Steve Powis) to work with **PHE** to identify key questions for SAGE on nosocomial infection and to provide a plan for reducing nosocomial transmission

SAGE secretariat to plan forward-looking piece of work on how and when to release measures and on future needs, including **SPI-B** to assess behavioural issues, **SPI-M** to define work on triggers for releasing measures, **NERVTAG** to identify at what point meaningful results from clinical trials might be available. **GCSA** and **CMO** to discuss other priority questions with Cabinet Office

ACTION: SPI-M to reach consensus on R and doubling time by COP 26 March, reporting back to SAGE and DHSC

ONS to circulate behavioural compliance data to SAGE participants immediately

ONS to work with **John Edmunds** to ensure the most appropriate questions for modellers are incorporated into ONS surveys; **Brooke Rogers** to ensure mobile phone app data is fed to modellers and to link with **NHSX**

SAGE participants to feed inputs on CO-CIN product direct to **Calum Semple**

SAGE secretariat to circulate **HSE** report comparing N95 and FFP2 masks to SAGE participants, as well as the fuller PPE assessment. **NHS** and **PHE** to use this advice to inform their communications

SPI-M to outline a set of scenarios for the RWC in a form that planners can use

CMO to communicate that prioritisation of testing – i.e. who gets tested first – sits with him.

Kathy Hall to update SAGE at future meeting on testing timelines for NHS staff, including on the scale of testing required

Attendees

SAGE participants: Patrick Vallance, Chris Whitty, Jonathan Van Tam, Sharon Peacock, Steve Powis, Calum Semple, Angela McLean, Charlotte Watts, Andrew Curran, John Aston, Alan Penn, Osama Rahman, Peter Horby, Graham Medley, Neil Ferguson, John Edmunds, James Rubin, Brooke Rogers, Lucy Yardley, Ian Diamond, Andrew Rambaut, Wendy Barclay, Indra Joshi

SAGE secretariat: [REDACTED] Stuart Wainwright

1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)
3. Public health (<https://www.gov.uk/health-and-social-care/public-health>)

Speech

Chancellor's statement on coronavirus (COVID-19): 26 March 2020

The Chancellor Rishi Sunak today announced the next economic steps to help the self employed.

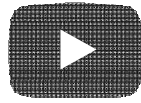
Published 26 March 2020

From:
HM Treasury (<https://www.gov.uk/government/organisations/hm-treasury>) and The Rt Hon Rishi Sunak MP (<https://www.gov.uk/government/people/rishi-sunak>)

Delivered on:
26 March 2020 (Transcript of the speech, exactly as it was delivered)



Chancellor Rishi Sunak hosts a press conference



Good afternoon.

Today I can announce the next step in the economic fight against the Coronavirus pandemic, with new support for the self-employed.

Our step-by-step action plan is aiming to slow the spread of Coronavirus so fewer people need hospital treatment at any one time, protecting the NHS's ability to cope.

At every point, we have followed expert advice to be controlled in our actions – taking the right measures at the right times.

We are taking unprecedented action to increase NHS capacity by increasing the numbers of beds, key staff and life-saving equipment on the front-line to give people the care they need.

That is why it is absolutely critical that people follow our instructions to stay at home, so we can protect our NHS and save lives.

Our action plan to beat the pandemic is the right thing to do – but we know people are worrying about their jobs and their incomes.

Working closely with businesses and trade unions, we have put together a coherent, coordinated and comprehensive economic plan – a plan which is already starting to make a difference:

- big employers like Brewdog, Timpsons and Pret have already said that our Coronavirus Jobs Retention Scheme means they can furlough thousands of staff, rather than laying them off. And we are publishing this evening detailed guidance on how the scheme will operate so that other businesses can take advantage, too
- small businesses are already benefiting from Coronavirus Business Interruption Loans of up to £5 million, which are interest free for 12 months – with 30,000 enquiries in just four days
- local authorities are already informing more than 700,000 retail, hospitality and leisure businesses that they will pay no business rates this year
- and the new hardship grants scheme, providing cash grants of up to £25,000 for the smallest businesses, is now up and running

So if any business is struggling, and worrying they may need to lose staff, I would urge you to log on to businesssupport.gov.uk, and look very carefully at what support is available before deciding to lay people off.

I'm proud of what we've done so far, but I know that many self-employed people are deeply anxious about the support available for them.

Musicians and sound engineers; plumbers and electricians; taxi drivers and driving instructors; hairdressers and childminders and many others, through no fault of their own, risk losing their livelihoods.

To you, I say this: You have not been forgotten. We will not let you behind. We are all in this together.

So, to support those who work for themselves, today I am announcing a new Self-Employed Income Support Scheme.

The government will pay self-employed people, who have been adversely affected by the Coronavirus, a taxable grant worth 80% of their average monthly profits over the last three years, up to £2,500 a month.

This scheme will be open for at least three months – and I will extend it for longer if necessary.

You'll be able to claim these grants and continue to do business.

And we're covering the same amount of income for a self-employed person as we are for furloughed employees, who also receive a grant worth 80%.

That's unlike almost any other country and makes our scheme one of the most generous in the world.

Providing such unprecedented support for self-employed people has been difficult to do in practice.

And the self-employed are a diverse population, with some people earning significant profits.

So I've taken steps to make this scheme deliverable, and fair:

- to make sure that the scheme provides targeted support for those most in need, it will be open to anyone with income up to £50,000.
- to make sure only the genuinely self-employed benefit, it will be available to people who make the majority of their income from self-employment
- and to minimise fraud, only those who are already in self-employment, who have a tax return for 2019, will be able to apply

95% of people who are majority self-employed will benefit from this scheme.

HMRC are working on this urgently and expect people to be able to access the scheme no later than the beginning of June.

If you're eligible, HMRC will contact you directly, ask you to fill out a simple online form, then pay the grant straight into your bank account.

And to make sure no one who needs it misses out on support, we have decided to allow anyone who missed the filing deadline in January, four weeks from today to submit their tax return.

But I know many self-employed people are struggling right now, so we've made sure that support is available.

Self-employed people can access the business interruption loans.

Self-assessment income tax payments, that were due in July, can be deferred to the end of January next year.

And we've also changed the welfare system so that self-employed people can now access Universal Credit in full.

A self-employed person with a non-working partner and two children, living in the social rented sector, can receive welfare support of up to £1,800 per month.

The scheme I have announced today is fair.

It is targeted at those who need it the most.

Crucially, it is deliverable.

And it provides an unprecedented level of support for self-employed people.

As we've developed the scheme, I'm grateful for the conversations I've had with the Federation of Small Businesses, the association of Independent Professionals and the Self-Employed, and a range of trade unions, including the Trades Union Congress.

But I must be honest and point out that in devising this scheme – in response to many calls for support – it is now much harder to justify the inconsistent contributions between people of different employment statuses.

If we all want to benefit equally from state support, we must all pay in equally in future.

These last ten days have shaken our country and economy as never before.

In the last two weeks we have put aside ideology and orthodoxy to mobilise the full power and resources of the British state.

We have done so in pursuit of a single goal: to protect people's health and economic security, by supporting public services like our NHS, backing business, and protecting people's jobs and incomes.

What we have done will, I believe, stand as one of the most significant economic interventions at any point in the history of the British state, and by any government, anywhere in the world. We have:

- pledged that whatever resources the NHS needs, it will get
- promised to pay 80% of the wages of furloughed workers for three months up to £2,500
- deferred more than £30 billion of tax payments until the end of the year
- agreed nearly 17,000 Time to Pay arrangements for businesses and individuals
- made available £330 billion of loans and guarantees
- introduced cash grants of up to £25,000 for small business properties
- covered the cost of statutory sick pay for small businesses for up to two weeks
- lifted the incomes of over four million households with a nearly £7 billion boost to the welfare system
- agreed three-month mortgage holidays with lenders and nearly £1 billion more support for renters through the Local Housing Allowance
- and today we've announced one of the most generous self-employed support schemes in the world

Despite these extraordinary steps, there will be challenging times ahead. We will not be able to protect every single job or save every single business.

But I am confident that the measures we have put in place will support millions of people, businesses and self-employed people to get through this, get through it together, and emerge on the other side both stronger and more united.

Thank you.

Published 26 March 2020

Related content

- The Chancellor Rishi Sunak provides an updated statement on coronavirus.
(<https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>)
- Chancellor of the Exchequer, Rishi Sunak on COVID19 response
(<https://www.gov.uk/government/speeches/chancellor-of-the-exchequer-rishi-sunak-on-covid19-response>)
- Chancellor's statement on coronavirus (COVID-19): 8 April 2020
(<https://www.gov.uk/government/speeches/chancellor-of-the-exchequer-rishi-sunak-on-economic-support-for-the-charity-sector>)
- Apply for the COVID-19 Corporate Financing Facility (<https://www.gov.uk/guidance/apply-for-the-covid-19-corporate-financing-facility>)
- PM statement on coronavirus: 20 March 2020 (<https://www.gov.uk/government/speeches/pm-statement-on-coronavirus-20-march-2020>)

Collection

- Slides, datasets and transcripts to accompany coronavirus press conferences
(<https://www.gov.uk/government/collections/slides-and-datasets-to-accompany-coronavirus-press-conferences>)

Explore the topic

- Public health (<https://www.gov.uk/health-and-social-care/public-health>)



1. Home (<https://www.gov.uk/web/20200326222439/https://www.gov.uk/>)
2. Closing certain businesses and venues
(<https://www.gov.uk/web/20200326222439/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close>)
1. Cabinet Office (<https://www.gov.uk/web/20200326222439/https://www.gov.uk/government/organisations/cabinet-office>)
2. Ministry of Housing,
Communities &
Local Government
(<https://www.gov.uk/web/20200326222439/https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>)

Guidance

Closing certain businesses and venues

Updated 26 March 2020

Contents

1. Businesses and venues that must remain closed
2. Work carried out in people's homes
3. Takeaway and delivery facilities should remain open and operational.
4. Length of closure
5. Compliance
6. Financial support
7. Business support
8. Business rates
9. Further information



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As a country, we all need to do what we can to reduce the spread of coronavirus.

That is why the government has given clear guidance on self-isolation

(<https://web.archive.org/web/20200326222439/https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>),

staying at home and away from others

(<https://web.archive.org/web/20200326222439/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>), and asked that schools

(<https://web.archive.org/web/20200326222439/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>) only remain open for those children who absolutely need to attend.

On 23 March the government stepped up measures to prevent the spread of coronavirus and save lives. All businesses and venues outlined in the table below must now close.

Takeaway and delivery services may remain open and operational in line with guidance below. Online retail is still open and encouraged and postal and delivery service will run as normal.

Employers who have people in their offices or onsite should ensure that employees are able to follow Public Health England guidelines

(<https://web.archive.org/web/20200326222439/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>) including, where possible, maintaining a 2 metre distance from others, and washing their hands with soap and water often, for at least 20 seconds (or using hand sanitiser gel if soap and water is not available).

Parks will remain open but only for individuals and households to exercise once a day. Communal spaces within parks such as playgrounds and football pitches will be closed.

1. Businesses and venues that must remain closed

To reduce social contact, the government has ordered the following businesses and venues to close:

Food and drink	Exceptions
Restaurants and public houses, wine bars or other drinking establishments, or other food and drink establishments including within hotels and members' clubs	Food delivery and takeaway can remain operational and can be a new activity supported by the new permitted development right. This covers the provision of hot or cold food that has been prepared for consumers for collection or delivery to be consumed, reheated or cooked by consumers off the premises.
Cafés and canteens	Food delivery and takeaway can remain operational (and as above). Cafés and canteens at hospitals, police and fire service places of work, care homes or schools; prison and military canteens; services providing food or drink to the homeless. Where there are no practical alternatives, other workplace canteens can remain open to provide food for their staff and/or provide a space for breaks. However, where possible, staff should be encouraged to bring their own food, and distributors should move to takeaway. Measures should be taken to minimise the number of people in the canteen / break space at any one given time, for example by using a rota.
Retail	Exceptions

Retail	Exceptions
Hairdressers, barbers, beauty and nail salons, including piercing and tattoo parlours	
All retail with notable exceptions	<ul style="list-style-type: none"> • Supermarkets and other food shops • Medical services (such as dental surgeries, opticians and audiology clinics, physiotherapy clinics, chiropractic and podiatry clinics, and other professional vocational medical services) • Pharmacies and chemists, including non-dispensing pharmacies • Petrol stations • Bicycle shops • Hardware shops and equipment, plant and tool hire • Veterinary surgeries and pet shops • Agricultural supplies shops • Corner shops and newsagents • Off-licences and licenced shops selling alcohol, including those within breweries • Laundrettes and dry cleaners • Post Offices • Vehicle rental services • Car garages and MOT services • Car parks • High street banks, building societies, short-term loan providers, credit unions and cash points • Storage and distribution facilities, including delivery drop off points where they are on the premises of any of the above businesses • Public toilets • Shopping centres may stay open but only units of the types listed above may trade
Outdoor and indoor markets	Market stalls which offer essential retail, such as grocery and food.
Auction houses	
Hotels	Exceptions

Hotels	Exceptions
Hotels, hostels, B&Bs, holiday rentals, campsites and boarding houses for commercial use	<p>Where people live in these as interim abodes whilst their primary residence is unavailable, or they live in them in permanently they may continue to do so.</p> <p>Key workers and non-UK residents who are unable to travel to their country of residence during this period can continue to stay in hotels or similar where required.</p> <p>People who are unable to move into a new home due to the current restrictions can also stay at hotels.</p> <p>Where hotels, hostels, and B&Bs are providing rooms to support homeless and other vulnerable people such as those who cannot safely stay in their home, through arrangements with local authorities and other public bodies, they may remain open.</p> <p>Those attending a funeral will be able to use hotels when returning home would be impractical.</p> <p>Hotels are allowed to host blood donation sessions.</p>
Caravan parks/sites for commercial uses	Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.
Non-residential institutions	Exceptions
Libraries	Digital library services and those where orders are taken electronically, by telephone or by post (for example no-contact Home Library Services) may continue.
Community centres, youth centres and similar	<p>For the purpose of hosting essential voluntary or public services, such as food banks, homeless services, and blood donation sessions.</p> <p>Public venues that host blood donation sessions can continue to open temporarily for these services only. A distance of two metres should be maintained as per Public Health England guidelines.</p>
Places of worship	<p>Funerals in places of worship and crematoria, where the congregation are members of the deceased's household or close family. In a case where no members of the deceased's household or family members are attending, friends can attend. A distance of two metres should be maintained between every household group, as per Public Health England guidelines.</p> <p>A minister of religion or worship leader may leave their home to travel to their place of worship. A place of worship may broadcast an act of worship, whether over the internet or otherwise.</p> <p>For the purpose of hosting essential voluntary or public service, such as food banks, homeless services, and blood donation sessions.</p>
Assembly and leisure	Exceptions
Museums and galleries	
Nightclubs	
Cinemas, theatres and concert halls	Small group performances for the purposes of live streaming could be permissible where Public Health England guidelines are observed and no audience attend the venue.

Assembly and leisure	Exceptions
Bingo halls, casinos and betting shops	
Spas and massage parlours	
Skating rinks	
Fitness studios, gyms, swimming pools or other indoor leisure centres	Any suitable assembly or leisure premises may open for blood donation sessions.
Arcades, bowling alleys, soft play centres and similar	
Funfairs	
Outdoor recreation	Exceptions
Playgrounds, sports courts and pitches, and outdoor gyms or similar	

These businesses and venues must close as they involve prolonged close social contact, which increases the chances of infection spreading.

Providers of funeral services such as funeral directors and funeral homes conducting funerals may remain open, subject to Public Health England guidelines as mentioned in the table above.

2. Work carried out in people's homes

Work carried out in people's homes, for example by tradespeople carrying out repairs and maintenance, can continue, provided that the tradesperson is well and has no symptoms.

Again, it will be important to ensure that Public Health England guidelines, including maintaining a two-metre distance from any household occupants, are followed to ensure everyone's safety.

No work should be carried out in any household which is isolating or where an individual is being shielded, unless it is to remedy a direct risk to the safety of the household, such as emergency plumbing or repairs, and where the tradesperson is willing to do so. In such cases, Public Health England can provide advice to tradespeople and households.

No work should be carried out by a tradesperson who has coronavirus symptoms, however mild.

3. Takeaway and delivery facilities should remain open and operational.

This means people can continue to enter premises to access takeaway services, including delivery drivers.

Businesses are encouraged to take orders online or by telephone, and businesses should not provide seating areas, indoors and outdoors, for customers to consume food and drink on. Ordering in advance is strongly encouraged to avoid waiting in, as per Public Health England guidelines.

Planning regulation has been changed to enable restaurants, cafés and pubs which do not currently offer delivery and hot food takeaway to do so. The legislation can be accessed online (<https://web.archive.org/web/20200326222439/http://www.legislation.gov.uk/uksi/2020/330/contents/made>).

People must not consume food or drinks on site at restaurants, cafés or pubs whilst waiting for takeaway food.

Those venues offering takeaway or delivery services must not include alcoholic beverages in this list if their licence does not already permit.

4. Length of closure

We are asking the businesses and venues outlined above **not to open for trade from close of trade 23 March 2020**.

The first point of review for these measures will be in three weeks. This review will consider their necessity and effectiveness in light of changing circumstances.

5. Compliance

Everyone is instructed to comply with the rules issued by the government in relation to coronavirus, in order to protect both themselves and others.

As of 2pm on 26 March 2020 new Regulations extending the restrictions are now enforceable by law in England due to the threat to public health. These supersede Regulations that came into force at 2pm on 21 March 2020.

As agreed with the Devolved Administrations these measures have been extended to the Devolved Nations by Ministerial Direction. They are enforceable in Wales from 4pm on 26 March 2020 and Scotland from 7pm on 26 March 2020.

A business or venue operating in contravention of the Health Protection (Coronavirus, Restrictions) Regulations 2020 will be committing an offence.

In England, Environmental Health and Trading Standards officers will monitor compliance with these regulations, with police support provided if appropriate. Businesses and venues that breach them will be subject to prohibition notices, and fixed penalties. With the support of the police, **prohibition notices** can be used to force a business or venue to close.

If prohibition notices are not followed, or fixed penalty notice not paid, you may also be taken to court with magistrates able to impose potentially **unlimited fines**.

6. Financial support

Her Majesty's Treasury also announced on 20 March 2020

(<https://web.archive.org/web/20200326222439/https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>) a comprehensive series of measures supporting wages, cash-flow for businesses, and the welfare system.

7. Business support

In England, under the Retail, Hospitality and Leisure Grant (RHLG) announced on 16 March 2020, businesses and venues in the retail, hospitality and leisure sectors will be eligible for cash grants of up to £25,000 per property.

Eligible businesses and venues in these sectors with a property that has a rateable value of up to £15,000 will receive a grant of £10,000. Eligible businesses and venues in these sectors with a property that has a rateable value of between £15,001 and £51,000 will receive a grant of £25,000. Businesses and venues with a rateable value of over £51,000 are not included in this scheme.

For more information please visit the support for businesses page

(<https://web.archive.org/web/20200326222439/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses#support-for-businesses-that-pay-business-rates>).

8. Business rates

In England, as announced on 16 March 2020, the government will provide a business rates holiday for businesses and venues in the retail, hospitality and/or leisure sector. This includes the businesses and venues in scope for closure listed above. This will apply automatically to your next business rates bill in April 2020.

9. Further information

This guidance will be updated regularly as the situation develops. For information about support for business, please go to the government's Business Support page

(<https://web.archive.org/web/20200326222439/https://www.businesssupport.gov.uk/>) or visit GOV.UK

(<https://web.archive.org/web/20200326222439/https://www.gov.uk/>).

Devolved Administrations may issue further guidance on these matters within their nations.



1. Home (<https://www.gov.uk/web/20200329004829/https://www.gov.uk/>)
2. Closing certain businesses and venues
(<https://www.gov.uk/web/20200329004829/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close>)
1. Cabinet Office (<https://www.gov.uk/web/20200329004829/https://www.gov.uk/government/organisations/cabinet-office>)
2. Ministry of Housing, Communities & Local Government (<https://www.gov.uk/web/20200329004829/https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>)

Guidance

Closing certain businesses and venues

Updated 27 March 2020

Contents

1. Businesses and venues that must remain closed
2. Work carried out in people's homes
3. Takeaway and delivery facilities should remain open and operational.
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As a country, we all need to do what we can to reduce the spread of coronavirus.

That is why the government has given clear guidance on self-isolation

(<https://web.archive.org/web/20200329004829/https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>), staying at home and away from others

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>), and asked that schools

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>) only remain open for those children who absolutely need to attend.

On 23 March the government stepped up measures to prevent the spread of coronavirus and save lives. All businesses and venues outlined in the table below must now close.

Takeaway and delivery services may remain open and operational in line with guidance below. Online retail is still open and encouraged and postal and delivery service will run as normal.

Employers who have people in their offices or onsite should ensure that employees are able to follow Public Health England guidelines

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>) including, where possible, maintaining a 2 metre distance from others, and washing their hands with soap and water often, for at least 20 seconds (or using hand sanitiser gel if soap and water is not available).

Parks will remain open but only for individuals and households to exercise once a day. Communal spaces within parks such as playgrounds and football pitches will be closed.

1. Businesses and venues that must remain closed

To reduce social contact, the government has ordered the following businesses and venues to close:

Food and drink	Exceptions
Restaurants and public houses, wine bars or other food and drink establishments including within hotels and members' clubs	Food delivery and takeaway can remain operational and can be a new activity supported by the new permitted development right. This covers the provision of hot or cold food that has been prepared for consumers for collection or delivery to be consumed, reheated or cooked by consumers off the premises.
Cafés and canteens	Food delivery and takeaway can remain operational (and as above). Cafés and canteens at hospitals, police and fire service places of work, care homes or schools; prison and military canteens; services providing food or drink to the homeless. Where there are no practical alternatives, other workplace canteens can remain open to provide food for their staff and/or provide a space for breaks. However, where possible, staff should be encouraged to bring their own food, and distributors should move to takeaway. Measures should be taken to minimise the number of people in the canteen / break space at any one given time, for example by using a rota.
Retail	Exceptions
Hairdressers, barbers, beauty and nail salons, including piercing and tattoo parlours	

Retail	Exceptions
All retail with notable exceptions	<ul style="list-style-type: none"> • Supermarkets and other food shops • Medical services (such as dental surgeries, opticians and audiology clinics, physiotherapy clinics, chirpody and podiatry clinics, and other professional vocational medical services) • Pharmacies and chemists, including non-dispensing pharmacies • Petrol stations • Bicycle shops • Hardware shops and equipment, plant and tool hire • Veterinary surgeries and pet shops • Agricultural supplies shops • Corner shops and newsagents • Off-licences and licenced shops selling alcohol, including those within breweries • Laundrettes and dry cleaners • Post offices • Vehicle rental services • Car garages and MOT services • Car parks • High street banks, building societies, short-term loan providers, credit unions and cash points • Storage and distribution facilities, including delivery drop off points where they are on the premises of any of the above businesses • Public toilets • Shopping centres may stay open but only units of the types listed above may trade
Outdoor and indoor markets	Market stalls which offer essential retail, such as grocery and food.
Auction houses	
Accommodation	Exceptions

Accommodation	Exceptions
Hotels, hostels, B&Bs, holiday rentals, campsites and boarding houses for commercial use	<p>Where people live in these as interim abodes whilst their primary residence is unavailable, or they live in them in permanently they may continue to do so.</p> <p>Critical workers (https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision) and non-UK residents who are unable to travel to their country of residence during this period can continue to stay in hotels or similar where required.</p> <p>People who are unable to move into a new home due to the current restrictions can also stay at hotels.</p> <p>Where hotels, hostels, and B&Bs are providing rooms to support homeless and other vulnerable people such as those who cannot safely stay in their home, through arrangements with local authorities and other public bodies, they may remain open.</p> <p>Those attending a funeral will be able to use hotels when returning home would be impractical.</p> <p>Hotels are allowed to host blood donation sessions.</p>
Caravan parks/sites for commercial uses	Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.
Non-residential institutions	Exceptions
Libraries	Digital library services and those where orders are taken electronically, by telephone or by post (for example no-contact Home Library Services) may continue.
Community centres, youth centres and similar	<p>For the purpose of hosting essential voluntary or public services, such as food banks, homeless services, and blood donation sessions.</p> <p>Public venues that host blood donation sessions can continue to open temporarily for these services only. A distance of two metres should be maintained as per Public Health England guidelines.</p>
Places of worship	<p>Funerals in places of worship and crematoria, where the congregation are members of the deceased's household or close family. In a case where no members of the deceased's household or family members are attending, friends can attend. A distance of two metres should be maintained between every household group, as per Public Health England guidelines.</p> <p>A minister of religion or worship leader may leave their home to travel to their place of worship. A place of worship may broadcast an act of worship, whether over the internet or otherwise.</p> <p>For the purpose of hosting essential voluntary or public service, such as food banks, homeless services, and blood donation sessions.</p>
Assembly and leisure	Exceptions
Museums and galleries	
Nightclubs	

Assembly and leisure	Exceptions
Cinemas, theatres and concert halls	Small group performances for the purposes of live streaming could be permissible where Public Health England guidelines are observed and no audience attend the venue.
Bingo halls, casinos and betting shops	
Spas and massage parlours	
Skating rinks	
Fitness studios, gyms, swimming pools or other indoor leisure centres	Any suitable assembly or leisure premises may open for blood donation sessions.
Arcades, bowling alleys, soft play centres and similar	
Funfairs	
Outdoor recreation	Exceptions
Playgrounds, sports courts and pitches, and outdoor gyms or similar	

These businesses and venues must close as they involve prolonged close social contact, which increases the chance of infection spreading.

Providers of funeral services such as funeral directors and funeral homes may remain open, subject to Public Health England guidelines as mentioned in the table above.

2. Work carried out in people's homes

Work carried out in people's homes, for example by tradespeople carrying out repairs and maintenance, can continue, provided that the tradesperson is well and has no symptoms.

Again, it will be important to ensure that Public Health England guidelines, including maintaining a two-metre distance from any household occupants, are followed to ensure everyone's safety.

No work should be carried out in any household which is isolating or where an individual is being shielded, unless it is to remedy a direct risk to the safety of the household, such as emergency plumbing or repairs, and where the tradesperson is willing to do so. In such cases, Public Health England can provide advice to tradespeople and households.

No work should be carried out by a tradesperson who has coronavirus symptoms, however mild.

For more information, see guidance published 23 March 2020

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>).

3. Takeaway and delivery facilities should remain open and operational.

This means people can continue to enter premises to access takeaway services, including delivery drivers.

Businesses are encouraged to take orders online or by telephone, and businesses should not provide seating areas, indoors and outdoors, for customers to consume food and drink on. Ordering in advance is strongly encouraged to avoid waiting in, as per Public Health England guidelines.

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(<https://web.archive.org/web/20200329004829/http://www.legislation.gov.uk/uksi/2020/330/contents/made>).

People must not consume food or drinks on site at restaurants, cafés or pubs whilst waiting for takeaway food.

Those venues offering takeaway or delivery services must not include alcoholic beverages in this list if their licence does not already permit.

4. Length of closure

We are asking the businesses and venues outlined above **not to open for trade from close of trade 23 March 2020**.

The first point of review for these measures will be in three weeks. This review will consider their necessity and effectiveness in light of changing circumstances.

5. Compliance

Everyone is instructed to comply with the rules issued by the government in relation to coronavirus, in order to protect both themselves and others.

As of 1pm on 26 March 2020 new Regulations

(<https://web.archive.org/web/20200329004829/http://www.legislation.gov.uk/uksi/2020/350/contents/made>) extending the restrictions are now enforceable by law in England due to the threat to public health. These supersede Regulations that came into force at 2pm on 21 March 2020. They are enforceable in Wales

(<https://web.archive.org/web/20200329004829/http://www.legislation.gov.uk/wsi/2020/353/contents/made>) from 4pm on 26 March 2020 and Scotland

(<https://web.archive.org/web/20200329004829/http://www.legislation.gov.uk/ssi/2020/103/contents/made>) from 7.15pm on 26 March 2020.

Where an owner, proprietor or manager carrying out a business (or a person responsible for other premises) contravenes the Regulations, that person commits an offence.

In England, Environmental Health and Trading Standards officers will monitor compliance with these regulations, with police support provided if appropriate. Businesses and venues that breach them will be subject to prohibition notices, and fixed penalties. With the support of the police, prohibition notices can be used to require compliance with the Regulations including requiring that an activity ceases.

If prohibition notices are not followed, or fixed penalty notice not paid, you may also be taken to court with magistrates able to impose potentially unlimited fines.

6. Financial support

Her Majesty's Treasury also announced on 20 March 2020

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>) a comprehensive series of measures supporting wages, cash-flow for businesses, and the welfare system.

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In England, under the Retail, Hospitality and Leisure Grant (RHLG) announced on 16 March 2020, businesses and venues in the retail, hospitality and leisure sectors will be eligible for cash grants of up to £25,000 per property.

Eligible businesses and venues in these sectors with a property that has a rateable value of up to £15,000 will receive a grant of £10,000. Eligible businesses and venues in these sectors with a property that has a rateable value of between £15,001 and £51,000 will receive a grant of £25,000. Businesses and venues with a rateable

value of over £51,000 are not included in this scheme.

For more information please visit the government's business support page

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses#support-for-businesses-that-pay-business-rates>).

8. Business rates

In England, as announced on 16 March 2020, the government will provide a business rates holiday for businesses and venues in the retail, hospitality and/or leisure sector. This includes the businesses and venues in scope for closure listed above. This will apply automatically to your next business rates bill in April 2020.

9. Further information

This guidance will be updated regularly as the situation develops. For information about support for business, please go to the government's Business Support page

(<https://web.archive.org/web/20200329004829/https://www.businesssupport.gov.uk/>) or visit GOV.UK

(<https://web.archive.org/web/20200329004829/https://www.gov.uk/>).

Devolved Administrations may issue further guidance on these matters within their nations.

Addendum to twentieth SAGE meeting on Covid-19, 29th March 2020
Held via Zoom

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees

Scientific experts: *Patrick Vallance (GCSA), Angela McLean (CSA MoD), Jonathan Van Tam (Deputy CMO), Jenny Harries (Deputy CMO), Steve Powis (NHS), Charlotte Watts (CSA DfID), John Aston (CSA HO), Peter Horby (Oxford), Graham Medley (LSHTM), Neil Ferguson (Imperial), James Rubin (King's College), Gregor Smith (dCMO Scotland), Calum Semple (Liverpool), Rob Orford (Health CSA Wales), Andrew Morris (Scottish Covid-19 Advisory Group), Ian Young (CMO Northern Ireland).*

Observers and Government Officials: *Simon Whitfield (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be the complete list.

Twentieth SAGE meeting on COVID-19, 29th March 2020 Held via Zoom

Summary

1. SAGE endorsed the reasonable worst case and optimistic scenarios, incorporating changes discussed in the meeting.
2. Further work is required to understand how best to release measures and the scale of any resultant epidemic peaks.
3. Further work is required on age distribution of ICU cases.

Situation update

4. The average length of stay in ICU was taken as 9.5 days on NHS advice.
5. Vast majority of admissions to ICU and high dependency units are aged between mid-40s and 70. There are fewer admissions among the over 70s.
6. ICU care may not reflect the full burden of disease, as now many patients are being cared for in other settings.
7. NHS reported that critical care bed occupancy is not yet reaching saturation levels, London included.
8. There is evidence that severity varies by sex (men are affected more severely), but there is no evidence that transmission varies by sex.
9. NHS models use numbers approved by SAGE, but they are run more frequently and need to provide regional and other detail – leading to quantitative, but not qualitative differences in projected scenarios.

Reasonable worst case (RWC) and optimistic scenario

10. SAGE noted that the underlying epidemiology is unchanged, but cases within the NHS have grown rapidly, affecting bed requirements.
11. Some numbers contained in the scenarios derive from data; others are assumptions – for example, around compliance.
12. Age profile of ICU patients is not critical to modelling the trajectory of the epidemic – but modelling will need to evolve to reflect emerging practice in referrals to ICU.
13. The modelling draws on both admission and death data.
14. SAGE endorsed the document under review, subject to the following changes:
 - there needs to be a clearer narrative, clarifying areas subject to uncertainty and sensitivities
 - it makes clear that these are scenarios, not absolute predictions, and that timings are only indicative
 - it makes clear that R assumptions are different for each scenario, and highly dependent on levels of contact among the population (i.e. on compliance)
 - it clarifies that assumptions about compliance are based on survey and other data, but these do not measure contacts, which must be inferred: the reality could be better or worse
 - it explains that the scenarios are modelled for 6 months, both predicting a second epidemic peak when measures are released
 - the wording around workplace contacts needs to be clearer
 - it makes clear the modelling does not consider sex, and this does not affect outputs
 - it makes clear the modelling makes no judgments about who is admitted to ICUs.
15. Further work is required to understand how best to release measures and the scale of the second epidemic peak. This is a priority for SAGE in the coming week.
16. Further work is required on age distribution of ICU cases.

ACTION: SPI-M/SAGE secretariat to revise reasonable worst case and optimistic case scenarios to:

- Make clear that these are scenarios, not predictions

- Explain how assumptions on compliance have been made
- Make clear these have been modelled over 6 months, assuming continued social distancing measures, but there will be a second peak when measures are released and that further work is needed to model release of measures
- Include R values in the different scenarios
- Not include age profiling within this iteration

For future discussion at SAGE

17. It would be useful to understand regional variation in compliance with measures, and whether compliance correlates with social deprivation levels.

Attendees

SAGE participants: Patrick Vallance, Angela Mclean, Jonathan Van Tam, Jenny Harries, Steve Powis, Charlotte Watts, John Aston, Peter Horby, Graham Medley, Neil Ferguson, James Rubin, ██████████ Gregor Smith, Calum Semple, Rob Orford, Andrew Morris, Ian Young

*SAGE secretariat: ██████████ Simon Whitfield, ██████
████████*

Addendum to twenty-first SAGE meeting on Covid-19, 31st March 2020 Held via Zoom

This addendum clarifies the roles of the SAGE attendees listed in the minute. There are three categories of attendee. Scientific experts provide evidence and advice as part of the SAGE process. HMG attendees listen to this discussion, to help inform policy work, and are able to provide the scientific experts with context on the work of government where appropriate. The secretariat attends in an organisational capacity. The list of attendees is split into these groups below.

Attendees:

Scientific experts: *Patrick Vallance (GCSA), Chris Whitty (CMO), Jonathan Van Tam (Deputy CMO), Jenny Harries (Deputy CMO), Steve Powis (NHS), Maria Zambon (PHE), Angela McLean (CSA MoD), Charlotte Watts (CSA DfID), Carole Mundell (CSA FCO), John Aston (CSA HO), Gregor Smith (dCMO Scotland), Rob Orford (Health CSA Wales), Ian Diamond (ONS), Andrew Morris (Scottish Covid-19 Advisory Group), Peter Horby (Oxford), Graham Medley (LSHTM), Neil Ferguson (Imperial), James Rubin (King's College), Calum Semple (Liverpool), Jeremy Farrar (Wellcome), Brooke Rogers (King's College), John Edmunds (LSTHM), Wendy Barclay (Imperial), Andrew Rambaut (Edinburgh).*

Observers and Government Officials: *Indra Joshi (NHSX), Vanessa MacDougall (HMT), Ben Warner (No. 10), Stuart Wainwright (GoS), Simon Whitfield (GoS).*

Secretariat: [redacted]

Names of junior officials and the secretariat are redacted.

Participants who were Observers and Government Officials were not consistently recorded therefore this may not be a complete list.

Twenty-first SAGE meeting on COVID-19, 31st March 2020 Held via Zoom

Summary

1. NHS will set up a group to urgently understand and tackle nosocomial transmission. This group should include a range of science disciplines and engineering.
2. SAGE agreed scientific priorities for future work.

Situation update

3. SAGE noted that the trends in ICU admissions and deaths appeared consistent with a straight line increase rather than an exponential increase.
4. NHS reported that critical care bed occupancy has not yet reached saturation levels, with around 1,000 beds in London, but that surge capacity was being used, with large teaching hospitals under most pressure.
5. It was noted that data on deaths in the community are now available, as well as hospital deaths. These will be reported weekly. This would include deaths where a doctor identified Covid-19 as a cause, although testing would not necessarily have been carried out. This added 40 extra deaths to the week ending 20th March. Getting an agreed single source of information of deaths, with dates and test status is important.
6. R is estimated to be around 0.6, with an upper bound of 0.9.
7. NHS reported that the doubling time in HDU/ICU is 5 days (± 0.12) nationally and 6.2 days (± 0.14) in London.
8. The true community infection rate is not yet available.
9. More detailed clinical coding will provide better understanding of the disease.

ACTION: NHS, PHE and ONS to work together to agree a single source of information on deaths and test status

ACTION: PHE to take responsibility for ascertaining the true community infection rate with testing and report back to SAGE (w/c 6 April)

ACTION: SPI-M to clarify for NHSX what key questions it needs to answer based on NHS data within 24 hours

ACTION: SAGE secretariat to confirm data coding requirements (with input from Andrew Morris) and send to NHS within 24 hours

Understanding Covid-19 and nosocomial transmission

10. NHS provided some research options on nosocomial transmission and potential interventions, noting that ongoing work on PPE guidance is also linked to this.
11. CO-CIN data appear to indicate an increasing proportion of nosocomial cases among overall cases. The data indicate a trend but not the scale of the issue (it was noted that clear definition of nosocomial transmission will be important, rather than cases simply being identified in hospital).
12. SAGE agreed that viral genome sequencing of cases from healthcare settings is important to understand the transmission, and that these cases should be a priority for sequencing by the Covid-19 Genomics UK Consortium. This work is underway and a report will be produced for next SAGE.
13. SAGE noted ongoing research to understand the impact of ACE inhibitors on the disease. MHRA has produced a report. Current advice from MHRA is that there is no need to discontinue treatment.

ACTION: NERVTAG to review duration of infectiousness (and whether the recommendation for 7 days isolation remains appropriate); whether anosmia or ageusia are reliable diagnostic

features to trigger self-isolation; and markers of disease severity (and which studies are underway or needed to understand this better)

ACTION: PHE to ensure samples from hospitals are being sent to **Covid-19 Genomics UK consortium** for priority sequencing

ACTION: NHS to urgently create and chair a nosocomial infection sub-group, with **dCMO** support, involving modelling, genomics, clinical expertise and engineering: the sub-group needs to consider the role of healthcare workers in nosocomial spread, the risk to care homes and solutions for reducing nosocomial spread

SAGE Forward look

14. SAGE discussed priorities for research and discussion in the coming weeks and agreed some additional topics.

15. SAGE agreed that the Royal Society's international work should be supported, and that coordination between this and other international work led by FCO/DfID is important.

16. HMT provided an update on economic work being considered elsewhere.

ACTION: SAGE secretariat to update paper on future questions for SAGE to include:

- Long-term impacts of interventions on health, including socioeconomic effects on health
- Applying the findings of clinical trials
- Community testing strategies and options
- Psychological impacts in the short, medium and long terms
- International issues, including comorbidities such as malaria and malnutrition

Testing and treatments

17. The importance of testing was re-emphasised. It was agreed that SAGE will not consider operational questions, but rather clarify the scale and requirements from the testing programme – the scale of testing required to manage the next phase

ACTION: DHSC and PHE to define future UK testing requirements at an upcoming meeting, including required scale and approaches (i.e. serology and community testing, tracing and isolation) and public understanding/interpretation of testing

List of Actions

NHS, PHE and ONS to work together to agree a single source of information on deaths and test status

PHE to take responsibility for ascertaining the true community infection rate and report back to SAGE (w/c 6 April)

SPI-M to clarify for **NHSX** what key questions it needs to answer based on NHS data within 24 hours

SAGE secretariat to confirm data coding requirements (with input from **Andrew Morris**) and send to **NHS** within 24 hours

NERVTAG to review duration of infectiousness (and whether the recommendation for 7 days isolation remains appropriate); whether anosmia or ageusia are reliable diagnostic features to trigger self-isolation; and markers of disease severity

PHE to ensure samples from hospitals are being sent to **Covid-19 Genomics UK consortium** for priority sequencing

NHS to urgently create and chair a nosocomial infection sub-group, with **dCMO** support, involving modelling, genomics, clinical expertise and engineering: the sub-group needs to consider the role of healthcare workers in nosocomial spread, the risk to care homes and solutions for reducing nosocomial spread

SAGE secretariat to update paper on future questions for SAGE to include:

- Long-term impacts of interventions on health, including socioeconomic effects on health
- Applying the findings of clinical trials
- Community testing strategies and options
- Psychological impacts in the short, medium and long terms
- International issues, including comorbidities such as malaria and malnutrition

DHSC and PHE to define future UK testing requirements at an upcoming meeting, including scale and required approaches (i.e. serology and community testing, tracing and isolation) and public understanding/interpretation of testing

Attendees

SAGE participants: Patrick Vallance, Chris Whitty, Jonathan Van Tam, Jenny Harries, Steve Powis, [REDACTED], Indra Joshi, Maria Zambon, Angela Mclean, Charlotte Watts, Carole Mundell, John Aston, Gregor Smith, Rob Orford, Ian Diamond, Vanessa MacDougall, Ben Warner, Andrew Morris, Peter Horby, Graham Medley, Neil Ferguson, James Rubin, Calum Semple, Jeremy Farrar, Brooke Rogers, John Edmunds, Wendy Barclay, Andrew Rambaut

*SAGE secretariat: [REDACTED]
Stuart Wainwright, Simon Whitfield*

Designations under the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020

The Secretary of State makes the following designations, in relation to England, with immediate effect, in exercise of the powers conferred by regulations 8(12)(a)(iv), 10(11)(iii) and 11 of the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (“the Restrictions Regulations”):

Enforcement: general

1. For the purposes of regulation 8 of the Restrictions Regulations, each specified authority (see paragraph 4 below) is hereby designated by the Secretary of State as a relevant person who may take such action as is necessary to enforce any requirement or restriction imposed by regulation 4 (business closures) or 5 (further business restrictions) of the Regulations, including giving a prohibition notice under regulation 8(2) of the Regulations in relation to any contravention of regulation 4 or 5.

Enforcement: fixed penalty notices

2. For the purposes of regulation 10 of the Restrictions Regulations, each specified authority is hereby designated by the Secretary of State as an authorised person who may issue a fixed penalty notice to anyone, over the age of 18, who the authorised person reasonably believes has committed an offence of contravening a requirement or restriction in regulation 4 or 5 of the Regulations.

Prosecutions

3. For the purposes of regulation 11 of the Restrictions Regulations, each specified authority is designated as a person who may bring proceedings for:
 - i. any offence of contravening a requirement or restriction in regulation 4 or 5 of the Regulations;
 - ii. any offence of failing to comply with a prohibition notice given under regulation 8 of the Regulations;
 - iii. any offence by an officer of a body corporate under regulation 9(5) of the Regulations.

Specified authorities

4. For the purposes of these designations, “a specified authority” means:
 - i. a district council;
 - ii. a county council;
 - iii. a London borough council;
 - iv. the Common Council of the City of London;
 - v. the Council of the Isles of Scilly.

MATT HANCOCK



Secretary of State for Health and Social Care

At 5.00pm on 4 April 2020

Designation under the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020

The Secretary of State makes the following designation, in relation to England, with immediate effect, in exercise of the powers conferred by regulation 10(3)(b) and 10(1)(iii) of the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020a ("the Restrictions Regulations"):

Enforcement: fixed penalty notices

1. For the purposes of regulation 10 of the Restrictions Regulations, the Chief Executive Officer of the ACRO Criminal Records Office (hosted by the Chief Constable of Hampshire Constabulary) is hereby designated by the Secretary of State as "the designated officer" (who may be specified in a fixed penalty notice as the authority to whom payment of the fixed penalty may be made, and who may sign a certificate stating that payment of the fixed penalty was, or was not, received by the date specified in the certificate).

2. For the purposes of regulation 10 of the Restrictions Regulations, each specified authority is hereby designated by the Secretary of State as an authorised person who may issue a fixed penalty notice to anyone, aged 18 or over, who the authorised person reasonably believes has committed an offence of contravening a requirement or restriction in regulation 4 or 5 of the Restrictions Regulations.

3. For the purposes of paragraph 2, "a specified authority" means:

- (a) a district council;
- (b) a county council;
- (c) a London borough council;
- (d) the Common Council of the City of London;
- (e) the Council of the Isles of Scilly.

4. Paragraph 2 of the Designations under the Health Protection (Coronavirus, Restrictions) (England) Regulations 2020 (made at 5pm on 4th April 2020) is revoked.

MATT HANCOCK

Secretary of State for Health and Social Care

, 11:00 AM At 11:00 AM on 4 April 2020

a As amended by the Health Protection (Coronavirus, Restrictions) (England) (Amendment) Regulations 2020.

Coronavirus: Lockdown in Wales to be extended next week

8 April 2020



Coronavirus pandemic



Local Government Minister Julie James confirms the lockdown rules will not be lifted next week

The lockdown in Wales will be extended into the next week, the first minister has confirmed.

Mark Drakeford said Wales must "not throw away gains" made against coronavirus "by abandoning our efforts just as they begin to bear fruit".

He expects other parts of the UK to do the same.

But Chancellor Rishi Sunak declined to say whether the UK government will follow the Welsh Government in extending the coronavirus lockdown.

The stay-at-home regulations, which have been implemented separately in each of the UK's four nations, were due to end next week.

Under them, people can only leave home for:

- shopping for groceries or essentials
- any medical need
- travelling to and from work, if it is absolutely necessary and you cannot work from home
- one form of exercise per day

In Wales, people can face fines of between **£60 and £120 for breaching the rules.**

337

Mr Drakeford made the comments at a **virtual Welsh Assembly meeting**, held by video-conference. It is not clear when the lockdown will be extended to.

- **Updates on coronavirus pandemic in Wales**
- **Don't expect too much from lockdown review**
- **PM 'responding to treatment' in intensive care**
- **Care homes 'face mass deaths' without PPE**



Addressing AMs, he said: "We will not throw away the gains we have made, and the lives we can save, by abandoning our efforts just as they begin to bear fruit."

Mr Drakeford said he had discussed the matter with ministers in Northern Ireland and Scotland, and the UK government. "There is more work to do in reviewing the regulations," the first minister said. "The precise nature of what will follow the current regime will be agreed over the coming days."

Speaking an hour earlier, at the Welsh Government's daily coronavirus press conference, Local Government Minister Julie James urged people to follow the social distancing guidelines and stay at home over the Easter Bank Holiday weekend.

Ms James said: "Working together we can slow the spread of this virus. Stay at home and save lives."

The actions which people take this weekend, and the coming weeks ahead, "will shape Wales for years to come", she added.

- LIVE: **City where virus emerged ends lockdown**
- A SIMPLE GUIDE: **How do I protect myself?**
- AVOIDING CONTACT: **The rules on self-isolation and exercise**
- LOOK-UP TOOL: **Check cases in your area**
- MAPS AND CHARTS: **Visual guide to the outbreak**

Mr Drakeford said he believes the stay-at-home rules will also be continuing elsewhere in the UK into the next week.

He was asked by Plaid Cymru leader Adam Price if he thinks the UK government should announce the lockdown extension in England before the Easter weekend.

"I believe they will be continuing elsewhere in the United Kingdom," he said of the lockdown measures.

"And if we can get that single message in a concerted united way out across the United Kingdom that of course would give it additional force and strength."

Asked about the Welsh Government's announcement at the UK government's daily coronavirus press conference, Mr Sunak said he did not want to "speculate" and he would rather focus on the message of "staying at home to save lives".

He said there was an emergency COBRA meeting tomorrow involving the devolved administrations and they would "talk about the approach to the review" of the lockdown period.

Mr Sunak said the UK government is committed to a review of restrictions put in place to slow the spread of coronavirus "based on the evidence and the data" provided.

The chancellor added that data from the Scientific Advisory Group for Emergencies would "only be available next week".

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8 April 2020

Wales

Coronavirus: NI lockdown extended for three more weeks

By Jayne McCormack
BBC News NI Political Reporter

15 April 2020



MICHAEL COOPER/ PA

Northern Ireland's coronavirus lockdown is to be extended until 9 May, Arlene Foster has said.

The first minister said the executive had taken its decision after a lengthy meeting on Wednesday.

Deputy First Minister Michelle O'Neill said now was the time to "dig in, to stay strong and save lives".

The announcement came as six more people diagnosed with Covid-19 in Northern Ireland died in hospital in the past 24 hours.

It brings the number of hospital deaths in NI to 140.

Since Tuesday, there have been 121 new confirmed cases - the total number of confirmed cases in Northern Ireland is 2,088, with 13,672 individuals tested.

The first minister said as Northern Ireland remained in the first wave of the virus, it was important to do "everything we can to reduce the peak".

'Biggest danger is complacency'

It is understood the executive's decision on whether to continue the lockdown beyond the next three weeks will be reviewed by 9 May, based on the data.

According to **the government's coronavirus legislation**, the need for restrictions must be reviewed at least once every 21 days, with the first review to be carried out by 16 April.



Ms O'Neill said she understood the measures were "severe" but that the public was only being asked to comply with them to save lives.

"Our biggest danger in this period is complacency. The measures are showing positive results but if we relax our behaviour, we will be in danger," said the deputy first minister.

She added that as soon as the first wave of the virus is deemed to have passed, the executive would review its decision around restrictions.

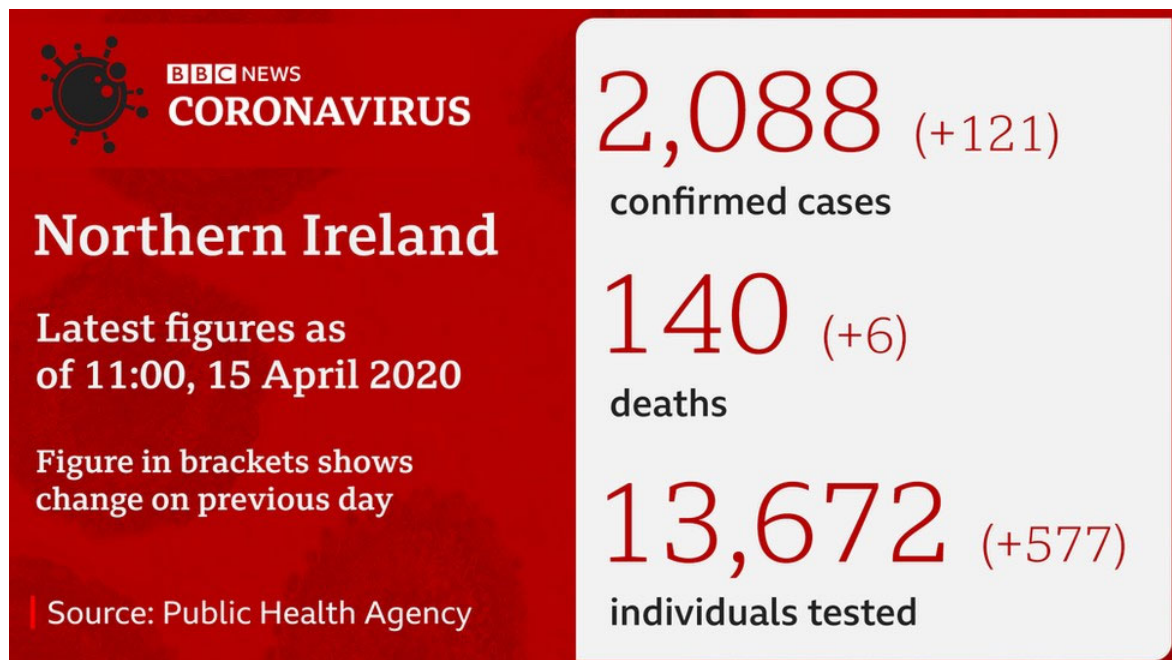
Ms O'Neill said Northern Ireland was "still in the surge period".

Scotland and **Wales** have both said their lockdowns are set to be extended, while First Secretary of State **Dominic Raab said the UK government did not expect to make any changes** this week.

The **Republic of Ireland has already extended its lockdown** until 5 May.

New figures released on Wednesday evening showed another 38 people have died there, bringing the total to 444.

Another 1,068 cases have been confirmed.



From Friday, **figures for the number of deaths in non-hospital settings** are to be released.

The Northern Ireland Statistics and Research Agency (Nisra) said that, where possible, its weekly report would also state if the deaths took place in care homes.

- **LIVE: Coronavirus in NI updates**
- **How coronavirus has spread across Northern Ireland**

Earlier, Health Minister Robin Swann said the Covid-19 modelling group's work indicated the impact of the virus may now be "less severe in the first wave than we had feared",

He told the Northern Ireland Assembly that while the majority of people in Northern Ireland were continuing to follow social distancing measures, modelling was by no means a certainty of what would happen next with the virus and he warned against complacency.

Modelling had suggested **there could be 3,000 deaths in the first wave** in Northern Ireland.

- A SIMPLE GUIDE: **How do I protect myself?**

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- VIDEO: [The 20-second hand wash](#)
- STRESS: [How to look after your mental health](#)

In other developments:

- The Northern Ireland [economy is enduring its "fastest and deepest"](#) decline ever, Ulster Bank's chief economist has said
- More than 18,000 people in Northern Ireland have expressed an interest in the Department of Health's NHS workforce appeal
- Increased testing is needed to provide clarity and better understanding of how coronavirus is affecting life in Northern Ireland, the coroner has said
- A phased lifting of lockdown restrictions on the island of Ireland is possible in the "near future" - but only when better Covid-19 detection measures are introduced, according to a medical expert

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1. Home (<https://www.gov.uk/>)
2. Health and social care (<https://www.gov.uk/health-and-social-care>)

Speech

Foreign Secretary's statement on coronavirus (COVID-19): 16 April 2020

Foreign Secretary Dominic Raab gave the 16 April 2020 daily press briefing on the government's response to the COVID-19 pandemic.

Published 16 April 2020

From:

Foreign & Commonwealth Office (<https://www.gov.uk/government/organisations/foreign-commonwealth-office>), Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>), and The Rt Hon Dominic Raab MP (<https://www.gov.uk/government/people/dominic-raab>)

Delivered on:

16 April 2020 (Transcript of the speech, exactly as it was delivered)



Coronavirus press conference (16 April 2020)



Good afternoon, welcome to the daily coronavirus press conference from Downing Street.

I'm joined by Sir Patrick Valance, the government's Chief Scientific Advisor, and Professor Chris Whitty, the government's Chief Medical Officer. Sir Patrick will provide an update on the latest data on coronavirus.

But, first, let me update you on the steps we are taking to defeat the coronavirus, and the decisions we have taken today.

Step-by-step, our action plan aims to slow the spread of the virus. So that fewer people need hospital treatment at any one time, and that is the way we can protect the NHS from being overwhelmed.

At every step along this way, we have followed, very carefully and deliberately, the scientific and medical advice that we have received. So that we take the right steps at the right moment in time.

At the same time, we are dramatically expanding NHS capacity, in terms of the numbers of beds, key staff and life-saving equipment on the front-line, so people get the care they need, at the point in time that they need it most.

And that's also why we have directed people to stay at home (<https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others>). To deny coronavirus the opportunity to spread, to protect the NHS and save lives.

Now, today's data shows that:

- 327, 608 people in the UK have now been tested for the coronavirus
- 103,093 people have tested positive
- and sadly, of those with the virus, 13,729 have now died

These are heart-breaking losses for every family affected. And it reminds us exactly why we need to follow the social distancing guidance.

Earlier today, I chaired meetings of the Cabinet and COBR to consider the advice from SAGE on the impact of the existing social distancing measures.

There are indications that the measures we have put in place have been successful in slowing down the spread of the virus. But, SAGE also say that it is a mixed and inconsistent picture and, in some settings, infections are still likely to be increasing.

SAGE assess that the rate of infection, or the R value, is almost certainly below 1 in the community. That means that on average each infected person is, in turn, infecting less than one other person.

But, overall, we still don't have the infection rate down as far as we need to. As in other countries, we have issues with the virus spreading in some hospitals and care homes.

In sum, the very clear advice we have received is that any change to our social distancing measures now would risk a significant increase in the spread of the virus.

That would threaten a second peak of the virus, and substantially increase the number of deaths. It would undo the progress made to date, and as a result, would require an even longer period of the more restrictive social distancing measures.

So early relaxation would do more damage to the economy over a longer period.

I want to be clear about this. The advice from SAGE is that relaxing any of the measures currently in place would risk damage to both public health and our economy. Patrick and Chris will be able to go into further detail on all of this shortly.

But based on this advice, the government has determined that current measures must remain in place for at least the next 3 weeks.

Now, in terms of the decisions that lie ahead, we want to be as up front with the British people as we possibly can. So, let me set out 5 specific things which the government will need to be satisfied of before we will consider it safe to adjust any of the current measures.

First, we must protect the NHS's ability to cope. We must be confident that we are able to provide sufficient critical care and specialist treatment right across the UK. The NHS staff have been incredible. We must continue to support them as much as we can.

Second, we need to see a sustained and consistent fall in the daily death rates from coronavirus so we are confident that we have moved beyond the peak.

Third, we need to have reliable data from SAGE showing that the rate of infection is decreasing to manageable levels across the board.

Fourth, we need to be confident that the range of operational challenges, including testing capacity and PPE, are in hand, with supply able to meet future demand.

Fifth, and this is really crucial, we need to be confident that any adjustments to the current measures will not risk a second peak of infections that overwhelm the NHS. The worst thing we could do now is ease up too soon and allow a second peak of the virus to hit the NHS and hit the British people. It would be the worst outcome, not just for public health, but for the economy and for our country as a whole.

So, the current restrictions will remain in place. The government will continue to monitor the data on the impact of the virus.

We will soon be able to test 100,000 people every day. That will give us greater understanding of the scope of infection across the country. It will also help us plan how to change the measures when we are ready to.

When we are confident on these 5 points.

Guided by science and data, we will look to adjust the measures to make them as effective as possible in protecting public health, while allowing some economic and social activity to resume. We will only do it, when the evidence demonstrates that is safe to do it.

It could involve relaxing measures in some areas, while strengthening measures in other areas. But in formulating the right balance we will be at all times guided by the scientific advice and the evidence.

I should add at this point that we recognise all the economic and social impact the current measures are having. That is why we put in place an unprecedented package of support for jobs and businesses, as well as for hospices and charities who are doing so much to support the most vulnerable in our society.

And, I know that many people would like to hear more detail, some people are calling for exact dates, on what will happen next, and when.

We are as being as open as we responsibly can at this stage. And it would not be responsible to pre-judge the evidence that SAGE will have and review in just a few weeks' time.

I know some people will look at other countries, and ask why the UK isn't doing what they're doing.

I can reassure people that we carefully follow what is happening in other countries. We will always look to learn any lessons in how they are approaching their response. And I'm talking to foreign ministers on a daily basis, I know Chris and Patrick are doing the same with their opposite numbers around the world.

Ultimately, we have to do what is right for the British people, based on the advice of our experts, grounded in the conditions here in the UK, and we will make those decisions at the right time for this country.

That's what we have done so far. That's what we will continue to do.

I appreciate the impact of these measures is considerable on people and businesses across the country. The costs being shouldered. The sacrifices people are making. Being isolated from friends and family. Whole households, cooped up inside, all week long.

Parents having difficult conversations with their young children, who just don't understand why they can't visit grandparents or go outside and meet up with friends as they normally do. Families struggling managing home-schooling, and balancing that with working from home.

I know there are people very concerned about their household finances. Uncertain about their jobs. Worried for their small businesses that remain closed.

We get it. We know it's rough going at this time.

Every time I come to this lectern, and I read out the grim toll of people who have so sadly passed away. I walk away from here, and I think about what their sons and their daughters must be going through right now. Their brothers and sisters. Their grandchildren. All the loved ones left with their unbearable, long-term, grief.

It makes me and it makes this government focus even harder on what we must do. And, I know that, together, united, we must keep up this national effort for a while longer.

We've just come too far, we've lost too many loved ones, we've already sacrificed far too much to ease up now, especially when we're beginning to see the evidence that our efforts are starting to pay off.

And your efforts are paying off. There is light at the end of the tunnel.

But, we're now at both a delicate and dangerous stage of this pandemic. If we rush to relax the measures in place, we would risk wasting all the sacrifices and all the progress we have made. And that would risk a quick return to another lockdown. With all the threat to life a second peak of the virus would bring, and all the

economic damage a second lockdown would carry. So we need to be patient a while longer.

So please please stay home, save lives and protect the NHS. So we can safely return to life as close to normal as possible, as soon as possible.

It's been an incredible national team effort. Now is not the moment to give the coronavirus a second chance. Let's stick together, let's see this through. And let's defeat the coronavirus for good.

Find out more about coronavirus (COVID-19): what you need to do (<https://www.gov.uk/coronavirus>).

Media enquiries

For journalists

Email newsdesk@fco.gov.uk

Further information

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- Foreign Secretary's statement on coronavirus (COVID-19): 22 April 2020 (<https://www.gov.uk/government/speeches/foreign-secretarys-statement-on-coronavirus-covid-19-22-april-2020>)
- Chancellor's statement on coronavirus (COVID-19): 20 April 2020 (<https://www.gov.uk/government/speeches/chancellor-delivers-daily-coronavirus-update-20-april-2020>)
- Coronavirus (COVID-19): letter to the construction sector (<https://www.gov.uk/government/publications/coronavirus-covid-19-letter-to-the-construction-sector>)
- Foreign Secretary's statement on coronavirus (COVID-19): 6 April 2020 (<https://www.gov.uk/government/speeches/foreign-secretarys-statement-on-coronavirus-covid-19-6-april-2020>)

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1. Home (<https://www.gov.uk/web/20200507191523/https://www.gov.uk/>)
2. Closing certain businesses and venues in England
(<https://www.gov.uk/web/20200507191523/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close>)
1. Cabinet Office (<https://www.gov.uk/web/20200507191523/https://www.gov.uk/government/organisations/cabinet-office>)
2. Ministry of Housing, Communities & Local Government (<https://www.gov.uk/web/20200507191523/https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>)

Guidance

Closing certain businesses and venues in England

Updated 1 May 2020

Contents

1. Businesses and venues that must remain closed to members of the public
2. Work carried out in people's homes
3. Takeaway food and food delivery facilities may remain open and operational.
4. Length of closure
5. Compliance
6. Financial support
7. Business support
8. Business rates
9. Further information
10. Scope of Guidance



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As a country, we all need to do what we can to reduce the spread of coronavirus.

The government has given clear guidance on self-isolation

(<https://web.archive.org/web/20200507191523/https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>), staying at home and away from others (<https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others>), and asked that schools (<https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>) only remain open for those children who absolutely need to attend.

All businesses and venues outlined in the table below must not open to the public. Failure to follow the law relating to these closures can lead to the individuals responsible for the business being issued a prohibition notice, a fixed penalty notice or prosecution.

Takeaway and delivery services may remain open and operational in line with guidance below. Online retail may continue.

Employers who have people in their offices or onsite should ensure that employees are able to follow Public Health England guidelines (<https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-coronavirus-covid-19>).

1. Businesses and venues that must remain closed to members of the public

To reduce social contact, the government has required by law the businesses and venues in the left-hand column to close to members of the public. Legal exceptions, and guidance on their scope, are set out in the right-hand column.

Food and drink	Exceptions
Restaurants and public houses, wine bars or other food and drink establishments including within hotels and members' clubs, such as dining rooms	<p>Food delivery and takeaway can remain operational. This can be a new activity supported by the new permitted development rights in England. This covers the provision of hot or cold food that has been prepared for consumers for collection or delivery to be consumed, reheated or cooked by consumers off the premises.</p> <p>Room service in hotels and accommodation.</p>
Cafés and canteens	<p>Food delivery and takeaway can remain operational (and as above).</p> <p>Cafés and canteens at hospitals, police and fire services' places of work, care homes or schools; prison and military canteens; services providing food or drink to the homeless may remain open.</p> <p>Where there are no practical alternatives, other workplace canteens can remain open to provide food for their staff. For example, this could include canteens at police or fire services' places of work.</p> <p>However, where possible, the government advises that staff should be encouraged to bring their own food, and distributors can move to takeaway. Employers are encouraged to take measures to minimise the number of people in the canteen, for example by using a rota.</p>
Retail	Exceptions
Hairdressers, barbers, beauty and nail salons, including piercing and tattoo parlours	

Retail	Exceptions
<p>All retail, other than those exempt, must close their premises to members of the public. However, staff may be present to make deliveries or provide services in response to orders such as those through telephone, online, or mail</p>	<ul style="list-style-type: none"> • Food retailers, including supermarkets • Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services (including physiotherapy and podiatry services), and services relating to mental health • Pharmacies and chemists, including non-dispensing pharmacies • Petrol stations • Bicycle shops • Homeware, building supplies and hardware stores • Veterinary surgeries and pet shops • Agricultural supplies shops • Convenience stores, corner shops and newsagents • Off-licences and licenced shops selling alcohol, including those within breweries • Laundrettes and dry cleaners • Post offices • Taxi or vehicle hire businesses • Car repair and MOT services • Car parks • Banks, building societies, short-term loan providers, credit unions, savings clubs, cash points, currency exchange offices, businesses for the transmission of money, and businesses which cash cheques • Storage and distribution facilities, including delivery drop off or collection points where they are on the premises of any of the above businesses • Public toilets • Shopping centres may stay open but only units of the types listed above may trade
Car showrooms	
Outdoor markets	Livestock markets and stalls selling food
Auction houses	Livestock auctions
Accommodation	Exceptions

Accommodation	Exceptions
<p>Holiday accommodation including hotels, hostels, B&Bs, holiday rentals, campsites and boarding houses</p>	<p>Where people live in these as interim abodes whilst their primary residence is unavailable, or they live in them permanently they may continue to do so.</p> <p>Critical workers (https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision) and non-UK residents who are unable to travel to their country of residence during this period can continue to stay in hotels or similar where required.</p> <p>Hotels and other accommodation listed can be provided to any person who is unable to return to their main residence, and to non-UK residents unable to travel.</p> <p>People who are unable to move into a new home due to the current restrictions can also stay at hotels.</p> <p>Where hotels, hostels, and B&Bs are providing rooms to support homeless and other vulnerable people such as those who cannot safely stay in their home, through arrangements with local authorities and other public bodies, they may remain open.</p> <p>Those attending a funeral will be able to use hotels when returning home would be impractical.</p> <p>Hotels and other accommodation listed are allowed to host blood donation sessions.</p>
<p>Caravan parks/sites for commercial uses</p>	<p>Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.</p> <p>Caravan parks also have the same exemptions as hotels and other forms of accommodation listed above.</p>
Non-residential institutions	Exceptions
<p>Libraries</p>	<p>Digital library services and those where orders are taken electronically, by telephone or by post (for example no-contact Home Library Services) may continue.</p>
<p>Community centres</p>	<p>Community centres can open for the purpose of hosting essential voluntary activities and urgent public services, such as food banks, homeless services, and blood donation sessions.</p> <p>A community centre can open temporarily to host a blood donation session for these services only. Public Health England guidelines should be followed, maintaining a distance of two metres.</p>

Non-residential institutions	Exceptions
Places of worship	<p>Funerals may be held, but it is advised that they be conducted in line with guidance from Public Health England (https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic).</p> <p>Burial grounds and cemeteries can remain open. Grounds surrounding crematoria may also remain open, including gardens of remembrance.</p> <p>Providers of funeral services, such as funeral directors and funeral homes, may remain open.</p> <p>A minister of religion or worship leader may leave their home to travel to their place of worship. A place of worship may broadcast an act of worship, whether over the internet or otherwise.</p> <p>A place of worship can remain open for the purpose of hosting essential voluntary activities and urgent public services, such as food banks, homeless services, and blood donation sessions.</p>
Assembly and leisure	Exceptions
Museums and galleries	
Nightclubs	
Cinemas, theatres and concert halls	
Bingo halls, casinos and betting shops	
Spas and massage parlours	
Skating rinks	
Indoor fitness studios, gyms, swimming pools or other indoor leisure centres	Any suitable assembly or leisure premises may open for blood donation sessions.
Indoor arcades, bowling alleys, soft play centres and similar facilities	
Funfairs	
Outdoor recreation	Exceptions
Playgrounds, sports courts, outdoor gyms and outdoor swimming pools	Parks can remain open. See further government guidance on access to green spaces (https://web.archive.org/web/20200507191523/https://www.gov.uk/government/news/coronavirus-guidance-on-access-to-green-spaces).

2. Work carried out in people's homes

There is separate guidance (<https://web.archive.org/web/20200507191523/https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance#tradespeople-and-working-in-peoples-homes>) on work carried out in other people's homes, for example by tradespeople carrying out repairs and maintenance, cleaners, or those providing paid-for childcare in a child's home.

3. Takeaway food and food delivery facilities may remain open and operational.

This means people can continue to enter premises to access takeaway services, including delivery drivers.

Businesses are encouraged to take orders online or by telephone, and businesses must not provide seating areas, indoors and outdoors, for customers to consume food and drink on. Ordering in advance is strongly encouraged to avoid waiting in, as per Public Health England guidelines.

Planning regulation has been changed to enable restaurants, cafés and pubs which do not currently offer delivery and hot food takeaway to do so. The legislation can be accessed online (<https://web.archive.org/web/20200507191523/http://www.legislation.gov.uk/uksi/2020/330/contents/made>).

People must not consume food or drinks on site at restaurants, cafés or pubs whilst waiting for takeaway food.

Those venues offering takeaway or delivery services must not include alcoholic beverages in this list if their licence does not already permit.

4. Length of closure

We asked the businesses and venues outlined above **not to open for trade from close of trade 23 March 2020**.

The first point of review for these measures was on 16 April 2020. This concluded that the current measures will be continued for a further three weeks. They will then be reviewed again. This review will consider their necessity and effectiveness in light of changing circumstances.

5. Compliance

As of 1pm on 26 March 2020 new Regulations extending the restrictions are now enforceable by law in England (<https://web.archive.org/web/20200507191523/http://www.legislation.gov.uk/ukxi/2020/350/contents/made>) due to the threat to public health. These supersede Regulations that came into force at 2pm on 21 March 2020.

Everyone is instructed to comply with the rules issued by the government in relation to coronavirus, in order to protect both themselves and others.

An owner, proprietor or manager carrying out a business (or a person responsible for other premises) who contravenes the regulations, without reasonable excuse, commits an offence.

In England, Environmental Health and Trading Standards officers will monitor compliance with these regulations, with police support provided if appropriate. Businesses and venues that breach them will be subject to prohibition notices, and a person, who is 18 or over, carrying on a business in contravention of the regulations may be issued with a fixed penalty. With the support of the police, prohibition notices can be used to require compliance with the regulations including requiring that an activity ceases. It is also an offence, without reasonable excuse, to fail to comply with a prohibition notice.

If prohibition notices are not complied with, or fixed penalty notice not paid, you may also be taken to court with magistrates able to impose potentially unlimited fines.

6. Financial support

Her Majesty's Treasury also announced on 20 March 2020

(<https://web.archive.org/web/20200507191523/https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>) a comprehensive series of measures supporting wages, cash-flow for businesses, and the welfare system.

7. Business support

In England, under the Retail, Hospitality and Leisure Grant (RHLG) announced on 16 March 2020, businesses and venues in the retail, hospitality and leisure sectors will be eligible for cash grants of up to £25,000 per property.

Eligible businesses and venues in these sectors with a property that has a rateable value of up to £15,000 will receive a grant of £10,000. Eligible businesses and venues in these sectors with a property that has a rateable value of between £15,001 and £51,000 will receive a grant of £25,000. Businesses and venues with a rateable value of over £51,000 are not included in this scheme.

For more information please visit the government's business support page

(<https://web.archive.org/web/20200507191523/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses#support-for-businesses-that-pay-business-rates>).

8. Business rates

In England, as announced on 16 March 2020, the government will provide a business rates holiday for businesses and venues in the retail, hospitality and/or leisure sector. This includes the businesses and venues in scope for closure listed above. This will apply automatically to your next business rates bill in April 2020.

9. Further information

This guidance will be updated regularly as the situation develops and to reflect frequently asked questions. For information about support for business, please go to the government's Business Support page (<https://web.archive.org/web/20200507191523/https://www.businesssupport.gov.uk/>) or visit GOV.UK (<https://web.archive.org/web/20200507191523/https://www.gov.uk/>).

10. Scope of Guidance

The Devolved Administrations have issued their own law and guidance on these matters which can be found below:

- Wales (<https://web.archive.org/web/20200507191523/https://gov.wales/sites/default/files/publications/2020-03/coronavirus-closure-of-businesses-and-premises.pdf>)
- Scotland (<https://web.archive.org/web/20200507191523/https://www.gov.scot/publications/coronavirus-covid-19-business-and-social-distancing-guidance/pages/businesses-and-premises-which-must-close/>)
- Northern Ireland (<https://web.archive.org/web/20200507191523/https://www.nidirect.gov.uk/articles/coronavirus-covid-19-restrictions-businesses-and-services>)

Guidance was enforceable in Wales

(<https://web.archive.org/web/20200507191523/http://www.legislation.gov.uk/wsi/2020/353/contents/made>) from 4pm on 26 March 2020, Scotland (<https://web.archive.org/web/20200507191523/http://www.legislation.gov.uk/ssi/2020/103/contents/made>) from 7.15pm on 26 March 2020, and Northern Ireland (<https://web.archive.org/web/20200507191523/https://www.health-ni.gov.uk/sites/default/files/publications/health/Coronavirus-Restrictiions-Regs-2020.pdf>) from 11pm on 28 March 2020.



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PUBLICATION - SPEECH/STATEMENT

Coronavirus (COVID-19) update: First Minister's speech, 7 May 2020

Published: **7 May 2020**

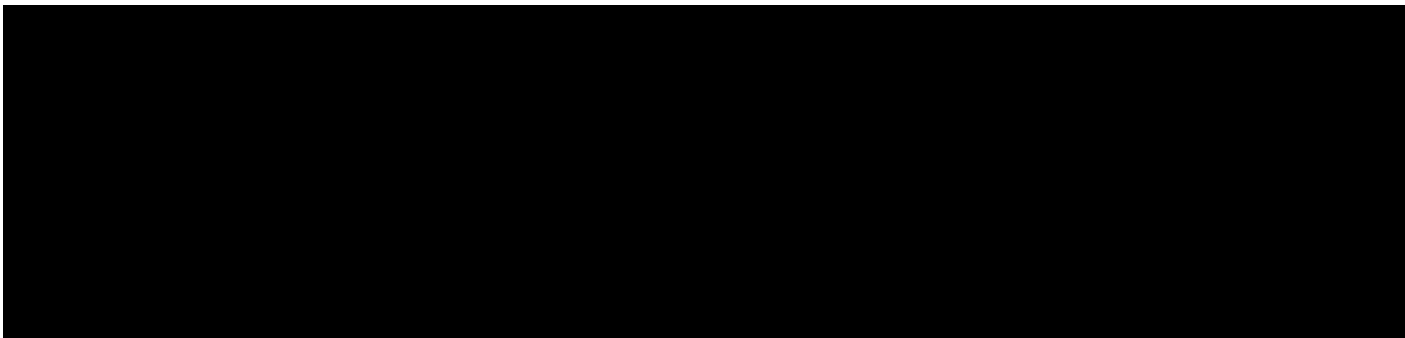
From: [First Minister](#) Part of: [Coronavirus in Scotland](#), [Public safety and emergencies](#)

Delivered by: **First Minister Nicola Sturgeon**

Location: **St Andrew's House, Edinburgh**

Statement given by First Minister Nicola Sturgeon at a media briefing in St Andrew's House, Edinburgh on Thursday 7 May 2020.

This document is part of a collection





Good afternoon. Thank you very for joining us again today.

I want to start with the usual statistical update on COVID-19 in Scotland.

As at 9 o'clock this morning, there have been 12,924 positive cases confirmed – which is an increase of 215 since yesterday.

A total of 1,587 patients are currently in hospital with either confirmed or suspected COVID-19 - that is a decrease of 45 since yesterday.

A total of 86 people last night were in intensive care with confirmed or suspected COVID-19. And that is a decrease of three since yesterday.

I am also able to confirm today that since 5 March, 2,954 patients who had tested positive and been admitted to hospital for the virus have been able to leave hospital, and I wish all of them well.

Unfortunately though I also have to report that in the last 24 hours, 59 deaths have been registered of patients who had been confirmed through a test as having the virus – and that takes the total number of deaths in Scotland, under that measurement, to 1,762.

As always, let me stress that these numbers are not statistics – or just statistics. They represent real people whose loss is being felt and mourned by many. And I want again to send my deepest condolences to everyone who has lost a loved one to this virus – we are all thinking of you.

I also want to thank again our health and care workers for the extraordinary work that you are doing in these most difficult of circumstances.

And I want to thank all of you watching at home, for the sacrifices you are continuing to make as you follow our very clear advice to stay at home, save lives and help us to continue to protect the NHS.

Now I have one main point that I want to update you on this afternoon.

As I have indicated previously this week, the Scottish Government is legally required to review the regulations giving effect to the lockdown every three weeks, and the latest review falls due today.

Our assessment of the evidence leads me to the conclusion that the lockdown must be extended at this stage. More detail of our analysis will be published alongside today's daily statistics at 2pm. But let me say this now.

We are - together – making really significant progress in our efforts to get this virus under control. I have reported today a further reduction in the number of patients in intensive care. And yesterday, National Records of Scotland reported the first weekly decline in the number of registered deaths related to the virus since this outbreak began.

All of that gives us real hope and real encouragement.

But we also know that progress remains fragile. Our estimates suggest that there are still significant numbers of people in Scotland infected with this virus.

And we are not yet confident that the all-important R number is comfortably below 1 – and I've explained and set out before why it is so important to get it and keep it comfortably below 1. Indeed, we think it could still be hovering around 1 just now - which means that any significant easing up of restrictions at this stage would be very very risky indeed.

Also, we think the R number may still be a bit higher here than it is in other parts of the UK - perhaps reflecting the fact that our first cases came later than England's and so we may be at a different – and slightly later - stage of the infection curve.

Now, all of that tells me that extreme caution is required, at this critical juncture, to avoid a rapid

resurgence of the virus.

Before we can judge that it is safe to begin any significant, albeit gradual, easing of the restrictions, we want to see data in the days ahead that confirms a very clear downward trend.

In particular, I want to see what our estimates of new cases and the R number look like a week from now.

And I will be looking very carefully, as I'm sure all of us will be, to see if next week's NRS figures show a continued fall in the number of deaths.

And it is to allow for such further careful assessment that we have concluded that the lockdown – and the associated regulations – must remain in place for now.

The legal deadline for the next review of these regulations will be three weeks from now – which is the 28 May.

But I want to be very clear again today that we can make changes to the regulations before then if the evidence suggests it is safe to do so.

And let me say again, I am as anxious as anyone to restore some degree of normality to our lives as soon as possible and to reduce the harms that we know lockdown itself is doing.

It is also open to us to amend the supporting guidance if we think that is possible – and indeed there is one very limited, specific change to the guidance that we are considering already, and I want to come back to that shortly.

But, first of all, I want to address reports that you might have seen in today's media that the Prime Minister might be planning on Sunday to announce changes to the lockdown in England. I should stress that these are only media reports – I do not know yet how accurate they are.

And before I go any further here, I want to take the opportunity to remind you that none of the decisions I am taking just now – absolutely none of them – are driven by politics. They are driven only by doing what is right to tackle this virus and to save lives. And I believe that is true for all leaders

across the UK.

However, I have to be clear with you that the potential changes that are reported in the media today have not yet been discussed with the Scottish Government or, as far as I know, with the other devolved governments.

I hope we will have discussions in the next few days. We had expected a COBRA meeting today or tomorrow but it seems now that it might not take place until Sunday – which of course is the day the Prime Minister is due to make his statement.

However, in the last half hour I understand that the Prime Minister has requested a call with the devolved governments later today, and I very much welcome that.

And if and when those discussions do take place I will make very clear – as I have all along - that it is my preference, if possible, for all four UK nations to make changes, together, at the same pace. Because that certainly helps us give clear, consistent messages to you, the public.

However, for that approach to work, we must agree to make changes only when all four governments are satisfied that they don't risk a resurgence of the virus.

And – again, let me be clear - if the Prime Minister decides that he wants to move at a faster pace for England than I consider is right for Scotland - that is of course his right. I will respect that and I will not criticise him for doing that.

But I hope you understand, and indeed I hope you agree, that I must make judgments, informed by the evidence, that are right and safe for Scotland.

I will not be pressured into lifting restrictions prematurely, before I am as certain as I can be that we will not be risking a resurgence of infection rates.

Now, of the changes that are foisted in the media today, there is only one I may - and I would stress at this stage, may - be prepared to agree to in the immediate future - and that is a change to the guidance limiting outdoor exercise to once a day only.

That is currently, as you know, one of the limited number of reasons that you are permitted to leave

home.

As I alluded to earlier in the week, we are already considering whether it would be possible now, without increasing the R number, to permit you to exercise outdoors more often than once a day - but on the strict conditions that you still stay within your own household group, stay two meters away from others, and stay reasonably close to your own home.

It would – and let me stress this point – it would not change the overall message to stay at home except for the limited reasons of exercise, food and medicine.

We will report back on our consideration and indeed any four nation discussion of that over the next few days. In the meantime however, let me be clear that the once a day rule does remain in place.

The other possible changes that are reported in the media today - such as encouraging more people back to work now or opening beer gardens or encouraging more use of public transport - would not, in my judgement, be safe for us to make yet.

And I particularly strongly believe that for us to drop the clear, well understood 'Stay at Home' message right now could be a potentially catastrophic mistake.

Now, there's discussion in many countries about the timing of lockdowns.

All along we have taken the decisions we considered right and at the time we thought right. And that's what we will continue to do. And of course, none of us have the benefit of hindsight when we make those decisions.

But right now we do have the benefit of foresight. And what I do not want a few weeks from now is for us to see a resurgence of this virus and for you to be asking me this - why on earth did you start to ease lockdown a week, or a couple of weeks, too early?

It's not an exaggeration to say that the decisions we take now are a matter of life and death. And that is why they weigh so very, very heavily. And it's why they must be taken with great care. And it is why, as I take them, I will continue to err on the side of caution.

Now I will keep you updated of any and all discussions with the UK governments - other UK governments - over the weekend.

For now though, the advice remains the same as it has been.

It is easier for us to start emerging from lockdown, the lower the R number is, and the fewer infectious cases that there are.

And so for all of us, the way in which we emerge from lockdown that bit more quickly, is to stick with the current restrictions now.

So please, stay at home except for essential purposes such as exercise, or buying food or medicines.

Stay more than two meters from other people when you are out, and do not meet up with people from other households.

Wear a face covering if you are in a shop or on public transport. And isolate completely if you or someone else in your household has symptoms.

I know that these restrictions are very tough – and I also know and worry that any talk of easing the lockdown might make it more tempting to go out that bit more often.

But please, resist that temptation. Stick with the current rules. We must – absolutely must - protect the progress that we have all made together so far. Because it is by doing that that we will continue to slow down the spread of the virus, continue to protect the NHS, and continue to save lives.

Thank you very much indeed for listening. I'm going to hand briefly to the Cabinet Secretary for Health before her, I, and of course the Chief Medical Officer take questions from journalists.

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PRESS RELEASE

Wales extends coronavirus lockdown

The coronavirus lockdown in Wales will be extended for a further 3 weeks, with minor adjustments proposed but maximum caution maintained to ensure the virus does not spread, First Minister Mark Drakeford has confirmed.



To tackle the spread of coronavirus, the Welsh Government introduced regulations in March, which impose strict restrictions on gatherings, the movement of people and the operation of businesses, including closures, in Wales.

They also impose requirements on businesses that are open to take all reasonable measures to ensure physical distancing between people.

The Welsh Ministers must review the need for the requirements and restrictions in the regulations every 21 days.

The latest evidence from the UK Scientific Advisory Group for Emergencies (SAGE) and the advice of the Chief Medical Officer for Wales says while the first peak of infection has been passed and rates continue to fall, it is still **too early for a significant lifting of requirements or restrictions.**

As part of the second review, the Welsh Government has decided the lockdown in Wales will continue until the next review period in three weeks' time.

People are being asked to **continue working from home** if they are able to do so.

The First Minister has today announced Wales intends to make a series of small adjustments to the regulations, including:

- **Allowing people to exercise more than once a day**, but people should **stay local**. This means any exercise should start and end at home and not involve going a significant distance from home.
- **Enabling local authorities to begin the process of planning how to safely reopen libraries and municipal recycling centres.**
- **Allowing garden centres to open provided they comply with the physical distancing duty.**

It is intended these adjustments will come into force on Monday, so Wales moves in step with the rest of the UK.

First Minister, Mark Drakeford said:

“ As a nation we have pulled together to tackle this virus, which has moved quickly around the world with tragic results. I want to acknowledge the loss some families have experienced. The actions we have taken to protect everyone, but particularly those at risk from serious illness, have been unparalleled.

“ I want to thank everyone in Wales for this collective effort. Together we are helping to reduce the speed and spread of the virus. The result is a decreasing number of new cases and a reproduction rate that is going down.

“ The Welsh Government is guided by the latest scientific evidence, advice from our Chief Medical Officer and the latest public health advice. The virus remains a very serious threat to us all and we cannot be complacent in any way. For that reason, the stay-at-home regulations will remain in place in Wales.

“ Our preference remains a 4-nation response to coming out of lock-down, and we remain in consultation with all parts of the UK. Our duty is to the people of Wales,

and our decisions will be based on the evidence and specific circumstances of Wales.”

The Welsh Government is today publishing [details of the scientific advice](https://gov.wales/technical-advisory-cell-modelling-update-7-may-2020) (<https://gov.wales/technical-advisory-cell-modelling-update-7-may-2020>), which has been provided to ministers by the Technical Advisory Cell (TAC).

RELATED

[Coronavirus \(COVID-19\)](https://gov.wales/coronavirus) (<https://gov.wales/coronavirus>)

[Wales' response to coronavirus](https://gov.wales/wales-response-coronavirus) (<https://gov.wales/wales-response-coronavirus>)

- [Technical Advisory Cell modelling update: 7 May 2020](https://gov.wales/technical-advisory-cell-modelling-update-7-may-2020) (<https://gov.wales/technical-advisory-cell-modelling-update-7-may-2020>)
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Public Houses and Restaurants: Coronavirus:Written question - 39016

Q Asked by **Daisy Cooper** (St Albans)

Asked on: 22 April 2020

Treasury

Commons **39016**

Public Houses and Restaurants: Coronavirus

To ask the Chancellor of the Exchequer, if he will publish any correspondence he has had with insurance companies on covering the contingent liability of losses suffered by pubs and restaurants between 16 and 20 March 2020 due to the covid-19 outbreak.

A Answered by: **John Glen**

Answered on: 01 May 2020

The Government is in continual dialogue with the insurance sector given the significant role it has in supporting businesses in the current situation.

However, on 17 March, following a roundtable with the insurance industry, the Chancellor made it clear that the Government's social distancing instructions of 16 March would be treated the same as government-ordered closure for insurance purposes (<https://www.gov.uk/government/speeches/chancellor-of-the-exchequer-rishi-sunak-on-covid19-response>). As long as all other terms of the policies are met, pubs and restaurants should therefore be able to make a claim for the period between 16 and 20 March.

It is important to note that most businesses have not purchased insurance that covers losses from pandemics and unspecified notifiable diseases, such as COVID-19. Some policies cover losses arising from any disease classed as notifiable by the government, however, most policies only cover a specific list of notifiable diseases. The terms of a policy cannot be changed retrospectively.

The Government recognises that businesses who do not have appropriate insurance cover will require support from elsewhere. As such, businesses should explore the full package of support set out by the Chancellor, which includes measures such as business rates holidays, the Coronavirus Business Interruption Loan Scheme, and wage support.

Grouped Questions: 39018

1. Home (<https://www.gov.uk/>)
2. Government (<https://www.gov.uk/government/all>)

Speech

PM address to the nation on coronavirus: 10 May 2020

Prime Minister Boris Johnson addressed the nation on coronavirus.

Published 10 May 2020

From:

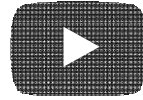
Prime Minister's Office, 10 Downing Street (<https://www.gov.uk/government/organisations/prime-ministers-office-10-downing-street>) and The Rt Hon Boris Johnson MP (<https://www.gov.uk/government/people/boris-johnson>)

Delivered on:

10 May 2020 (Transcript of the speech, exactly as it was delivered)



PM address to the nation on 10 May 2020



It is now almost two months since the people of this country began to put up with restrictions on their freedom – your freedom – of a kind that we have never seen before in peace or war.

And you have shown the good sense to support those rules overwhelmingly.

You have put up with all the hardships of that programme of social distancing.

Because you understand that as things stand, and as the experience of every other country has shown, it's the only way to defeat the coronavirus - the most vicious threat this country has faced in my lifetime.

And though the death toll has been tragic, and the suffering immense.

And though we grieve for all those we have lost.

It is a fact that by adopting those measures we prevented this country from being engulfed by what could have been a catastrophe in which the reasonable worst case scenario was half a million fatalities.

And it is thanks to your effort and sacrifice in stopping the spread of this disease that the death rate is coming down and hospital admissions are coming down.

And thanks to you we have protected our NHS and saved many thousands of lives.

And so I know - you know - that it would be madness now to throw away that achievement by allowing a second spike.

We must stay alert.

We must continue to control the virus and save lives.

And yet we must also recognise that this campaign against the virus has come at colossal cost to our way of life.

We can see it all around us in the shuttered shops and abandoned businesses and darkened pubs and restaurants.

And there are millions of people who are both fearful of this terrible disease, and at the same time also fearful of what this long period of enforced inactivity will do to their livelihoods and their mental and physical wellbeing.

To their futures and the futures of their children.

So I want to provide tonight - for you - the shape of a plan to address both fears.

Both to beat the virus and provide the first sketch of a road map for reopening society.

A sense of the way ahead, and when and how and on what basis we will take the decisions to proceed.

I will be setting out more details in Parliament tomorrow and taking questions from the public in the evening.

I have consulted across the political spectrum, across all four nations of the UK.

And though different parts of the country are experiencing the pandemic at different rates.

And though it is right to be flexible in our response.

I believe that as Prime Minister of the United Kingdom – Scotland, England, Wales, Northern Ireland, there is a strong resolve to defeat this together.

And today a general consensus on what we could do.

And I stress could.

Because although we have a plan, it is a conditional plan.

And since our priority is to protect the public and save lives, we cannot move forward unless we satisfy the five tests.

We must protect our NHS.

We must see sustained falls in the death rate.

We must see sustained and considerable falls in the rate of infection.

We must sort out our challenges in getting enough PPE to the people who need it, and yes, it is a global problem but we must fix it.

And last, we must make sure that any measures we take do not force the reproduction rate of the disease - the R - back up over one, so that we have the kind of exponential growth we were facing a few weeks ago.

And to chart our progress and to avoid going back to square one, we are establishing a new Covid Alert System run by a new Joint Biosecurity Centre.

And that Covid Alert Level will be determined primarily by R and the number of coronavirus cases.

And in turn that Covid Alert Level will tell us how tough we have to be in our social distancing measures – the lower the level the fewer the measures.

The higher the level, the tougher and stricter we will have to be.

There will be five alert levels.

Level One means the disease is no longer present in the UK and Level Five is the most critical – the kind of situation we could have had if the NHS had been overwhelmed.

Over the period of the lockdown we have been in Level Four, and it is thanks to your sacrifice we are now in a position to begin to move in steps to Level Three.

And as we go everyone will have a role to play in keeping the R down.

By staying alert and following the rules.

And to keep pushing the number of infections down there are two more things we must do.

We must reverse rapidly the awful epidemics in care homes and in the NHS, and though the numbers are coming down sharply now, there is plainly much more to be done.

And if we are to control this virus, then we must have a world-beating system for testing potential victims, and for tracing their contacts.

So that – all told - we are testing literally hundreds of thousands of people every day.

We have made fast progress on testing – but there is so much more to do now, and we can.

When this began, we hadn't seen this disease before, and we didn't fully understand its effects.

With every day we are getting more and more data.

We are shining the light of science on this invisible killer, and we will pick it up where it strikes.

Because our new system will be able in time to detect local flare-ups – in your area – as well as giving us a national picture.

And yet when I look at where we are tonight, we have the R below one, between 0.5 and 0.9 – but potentially only just below one.

And though we have made progress in satisfying at least some of the conditions I have given.

We have by no means fulfilled all of them.

And so no, this is not the time simply to end the lockdown this week.

Instead we are taking the first careful steps to modify our measures.

And the first step is a change of emphasis that we hope that people will act on this week.

We said that you should work from home if you can, and only go to work if you must.

We now need to stress that anyone who can't work from home, for instance those in construction or manufacturing, should be actively encouraged to go to work.

And we want it to be safe for you to get to work. So you should avoid public transport if at all possible – because we must and will maintain social distancing, and capacity will therefore be limited.

So work from home if you can, but you should go to work if you can't work from home.

And to ensure you are safe at work we have been working to establish new guidance for employers to make workplaces COVID-secure.

And when you do go to work, if possible do so by car or even better by walking or bicycle. But just as with workplaces, public transport operators will also be following COVID-secure standards.

And from this Wednesday, we want to encourage people to take more and even unlimited amounts of outdoor exercise.

You can sit in the sun in your local park, you can drive to other destinations, you can even play sports but only with members of your own household.

You must obey the rules on social distancing and to enforce those rules we will increase the fines for the small minority who break them.

And so every day, with ever increasing data, we will be monitoring the R and the number of new infections, and the progress we are making, and if we as a nation begin to fulfil the conditions I have set out, then in the next few weeks and months we may be able to go further.

In step two – at the earliest by June 1 – after half term – we believe we may be in a position to begin the phased reopening of shops and to get primary pupils back into schools, in stages, beginning with reception, Year 1 and Year 6.

Our ambition is that secondary pupils facing exams next year will get at least some time with their teachers before the holidays. And we will shortly be setting out detailed guidance on how to make it work in schools and shops and on transport.

And step three - at the earliest by July - and subject to all these conditions and further scientific advice; if and only if the numbers support it, we will hope to re-open at least some of the hospitality industry and other public places, provided they are safe and enforce social distancing.

Throughout this period of the next two months we will be driven not by mere hope or economic necessity. We are going to be driven by the science, the data and public health.

And I must stress again that all of this is conditional, it all depends on a series of big ifs. It depends on all of us – the entire country – to follow the advice, to observe social distancing, and to keep that R down.

And to prevent re-infection from abroad, I am serving notice that it will soon be the time – with transmission significantly lower – to impose quarantine on people coming into this country by air.

And it is because of your efforts to get the R down and the number of infections down here, that this measure will now be effective.

And of course we will be monitoring our progress locally, regionally, and nationally and if there are outbreaks, if there are problems, we will not hesitate to put on the brakes.

We have been through the initial peak – but it is coming down the mountain that is often more dangerous.

We have a route, and we have a plan, and everyone in government has the all-consuming pressure and challenge to save lives, restore livelihoods and gradually restore the freedoms that we need.

But in the end this is a plan that everyone must make work.

And when I look at what you have done already.

The patience and common sense you have shown.

The fortitude of the elderly whose isolation we all want to end as fast as we can.

The incredible bravery and hard work of our NHS staff, our care workers.

The devotion and self-sacrifice of all those in every walk of life who are helping us to beat this disease.

Police, bus drivers, train drivers, pharmacists, supermarket workers, road hauliers, bin collectors, cleaners, security guards, postal workers, our teachers and a thousand more.

The scientists who are working round the clock to find a vaccine.

When I think of the millions of everyday acts of kindness and thoughtfulness that are being performed across this country.

And that have helped to get us through this first phase.

I know that we can use this plan to get us through the next.

And if we can't do it by those dates, and if the alert level won't allow it, we will simply wait and go on until we have got it right.

We will come back from this devilish illness.

We will come back to health, and robust health.

And though the UK will be changed by this experience, I believe we can be stronger and better than ever before. More resilient, more innovative, more economically dynamic, but also more generous and more sharing.

But for now we must stay alert, control the virus and save lives.

Thank you very much.

Published 10 May 2020

Explore the topic

- Government (<https://www.gov.uk/government/all>)
- Protecting yourself and others from coronavirus (<https://www.gov.uk/coronavirus-taxon/protecting-yourself-and-others>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



HM Government

OUR PLAN TO REBUILD: The UK Government's COVID-19 recovery strategy

May 2020

CP 239



HM Government

OUR PLAN TO REBUILD:

The UK Government's COVID-19 recovery strategy

Presented to Parliament
by the Prime Minister
by Command of Her Majesty

May 2020

CP 239



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Foreword from the Prime Minister

We will remember 2020 as the year we were hit, along with all other nations, by a previously unknown and remorseless foe.

Like the rest of the world, we have paid a heavy price. As of 6 May, 30,615 people have lost their lives having tested positive for COVID-19. Every one of those deaths is a tragedy for friends and family: children have lost mothers and fathers; parents have lost sons and daughters, before their time. We should pay tribute to the victims of this virus: those who have died, and their loved ones who remain.

That price could have been higher if not for the extraordinary efforts of our NHS and social care workers and had we not acted quickly to increase the capacity of the NHS. People up and down the UK have made an extraordinary sacrifice, putting their lives on hold and distancing themselves from their loved ones. It would have been higher had we not shielded the most vulnerable - providing help and support to those that need it.

On 3 March we published [our plan](#)¹, and since then millions of hardworking medical, health and care workers, military personnel, shopkeepers, civil servants, delivery and bus drivers, teachers and countless others have diligently and solemnly enacted it.

I said we'd take the right decisions at the right time, based on the science. And I said that the overwhelming priority of that plan was to keep our country safe.

Through the unprecedented action the people of the United Kingdom have taken, we have begun to beat back the virus. Whereas the virus threatened to overwhelm the NHS, our collective sacrifice has meant that at no point since the end of March have we had fewer than one third of our critical care beds free.

We can feel proud of everyone who worked so hard to create Cardiff's Dragon's Heart Hospital, Glasgow's Louisa Jordan Hospital, and the Nightingale Hospitals in London, Belfast, Birmingham, Exeter, Harrogate, Sunderland, Bristol and Manchester. In addition to these new Nightingales, the UK has just over 7,000 critical care beds as of 4 May; an increase from 4,000 at the end of January.

Meanwhile the Government increased daily tests by over 1,000% during April - from 11,041 on 31 March to 122,347 on 30 April. Teachers have worked with Google to create the Oak National Academy - a virtual school - in just two weeks, delivering 2.2 million lessons in its first week of operation. We have supported businesses and workers with a furlough scheme - designed and built from scratch - that has safeguarded 6.3 million jobs. Right across the country we have seen huge ingenuity, drive and selflessness.

¹ <https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk>

Now, with every week that passes, we learn more about the virus and understand more about how to defeat it. But the more we learn, the more we realise how little the world yet understands about the true nature of the threat - except that it is a shared one that we must all work together to defeat.

Our success containing the virus so far has been hard fought and hard won. So it is for that reason that we must proceed with the utmost care in the next phase, and avoid undoing what we have achieved.

This document sets out a plan to rebuild the UK for a world with COVID-19. It is not a quick return to 'normality.' Nor does it lay out an easy answer. And, inevitably, parts of this plan will adapt as we learn more about the virus. But it is a plan that should give the people of the United Kingdom hope. Hope that we can rebuild; hope that we can save lives; hope that we can safeguard livelihoods.

It will require much from us all: that we remain alert; that we care for those at most risk; that we pull together as a United Kingdom. We will continue to work with the devolved administrations in Scotland, Wales and Northern Ireland to ensure these outcomes for everybody, wherever they live in the UK.

It is clear that the only feasible long-term solution lies with a vaccine or drug-based treatment. That is why we have helped accelerate this from the start and are proud to be home to two of the world's most promising vaccine development programmes at Oxford University and Imperial College, supported by a globally renowned pharmaceutical sector.

The recent collaboration between Oxford University and AstraZeneca is a vital step that could help rapidly advance the manufacture of a COVID-19 vaccine. It will also ensure that should the vaccine being developed by Oxford's Jenner Institute work, it will be available as early as possible, helping to protect thousands of lives from this disease.

We also recognise that a global problem needs a global solution. This is why the United Kingdom has been at the forefront of the international response to the virus, co-hosting the Coronavirus Global Response Summit on 4 May, pledging £388m in aid funding for research into vaccines, tests and treatment including £250m to the Coalition for Epidemic Preparedness Innovations, the largest contribution of any country.

But while we hope for a breakthrough, hope is not a plan. A mass vaccine or treatment may be more than a year away. Indeed, in a worst-case scenario, we may never find a vaccine. So our plan must countenance a situation where we are in this, together, for the long haul, even while doing all we can to avoid that outcome.

I know the current arrangements do not provide an enduring solution – the price is too heavy, to our national way of life, to our society, to our economy, indeed to our long-term public health. And while it has been vital to arrest the spread of the virus, we know it has taken a heavy toll on society - in particular to the most vulnerable and disadvantaged - and has brought loneliness and fear to many.

We've asked you to protect those you love by separating yourself from them; but we know this has been tough, and that we must avoid this separation from turning into loneliness.

So this plan seeks to return life to as close to normal as possible, for as many people as possible, as fast and fairly as possible, in a way that is safe and continues to protect our NHS.

The overriding priority remains to save lives.

And to do that, we must acknowledge that life will be different, at least for the foreseeable future. I will continue to put your safety first, while trying to bring back the things that are most important in your lives, and seeking to protect your livelihoods.

That means continuing to bolster the NHS and social care system so it can not only cope with the pressures from COVID-19 but also deliver the Government's manifesto commitment to continue improving the quality of non-COVID-19 health and social care.

It means a huge national effort to develop, manufacture and prepare to distribute a vaccine, working with our friends and allies around the world to do so.

It means optimising the social distancing measures we've asked the nation to follow, so that as the threat changes, the measures change as well - doing as much as possible to suppress the epidemic spread, while minimising the economic and social effects.

That will require a widespread system of testing, of tracing and monitoring the spread of the disease, of shielding the most vulnerable, of protecting those in care homes, of securing our borders against its reintroduction, and of re-designing workplaces and public spaces to make them "COVID-19 Secure."

Our NHS is already, rightly, the envy of the world. But we now need to build up the other world-leading systems that will protect us in the months ahead.

I must ask the country to be patient with a continued disruption to our normal way of life, but to be relentless in pursuing our mission to build the systems we need. The worst possible outcome would be a return to the virus being out of control – with the cost to human life, and – through the inevitable re-imposition of severe restrictions – the cost to the economy.

We must stay alert, control the virus, and in doing so, save lives.

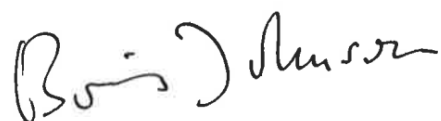
If we get this right we will minimise deaths – not just from COVID-19, but also from meeting all our non-COVID-19 health needs, because our (bigger) NHS will not be overwhelmed.

We will maximise our economic and societal bounce-back: allowing more people to get on with more of their normal lives and get our economy working again.

Then, as vaccines and treatment become available, we will move to another new phase, where we will learn to live with COVID-19 for the longer term without it dominating our lives.

This is one of the biggest international challenges faced in a generation. But our great country has faced and overcome huge trials before. Our response to these unprecedented and unpredictable challenges must be similarly ambitious, selfless and creative.

Thank you for your efforts so far, and for the part everyone in the UK will play over the months ahead.



1. The current situation

Phase one

COVID-19 is a new and invisible threat. It has spread to almost every country in the world.

The spread of the virus has been rapid. In the UK at its maximum, the number of patients in intensive care was estimated to be doubling every 3-4 days.

This type of exponential growth would have overwhelmed the NHS were it not contained (as shown in Figure 1).

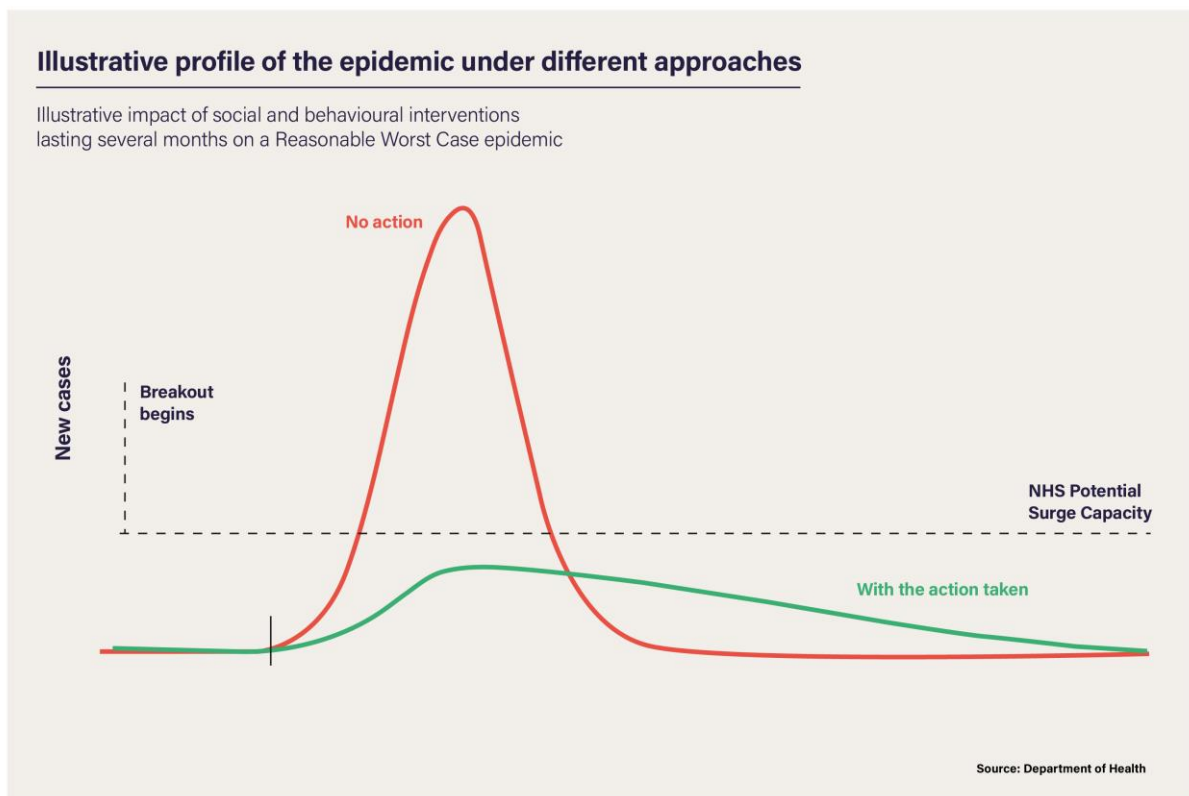


Figure 1: **Illustrative profile of the epidemic under different approaches** Illustrative impact of social and behavioural interventions lasting several months on a Reasonable Worst Case epidemic.

From the start, the Government was guided by science, publishing on 3 March its plan² to contain, delay, and mitigate any outbreak, and use research to inform policy development.

Responding to the advice of Government scientists, on 7 March those with symptoms were asked to self-isolate for 7 days. On 16 March, the Government introduced shielding for the most vulnerable and called on the British public to cease non-essential contact and travel. On 18 March, the Government announced the closure of schools. On 20 March entertainment, hospitality and indoor leisure venues were closed. And on 23 March the Government took decisive steps to introduce the Stay at Home guidance. Working with the devolved administrations, the Government had to take drastic action to protect the NHS and save lives. Delivering this plan was the first phase of the Government's response, and due to the extraordinary sacrifice of the British people and the efforts of the NHS, this first phase has suppressed the spread of the virus.

In an epidemic, one of the most important numbers is R - the reproduction number. If this is below one, then on average each infected person will infect fewer than one other person; the number of new infections will fall over time. The lower the number, the faster the number of new infections will fall. When R is above one, the number of new infections is accelerating; the higher the number the faster the virus spreads through the population.

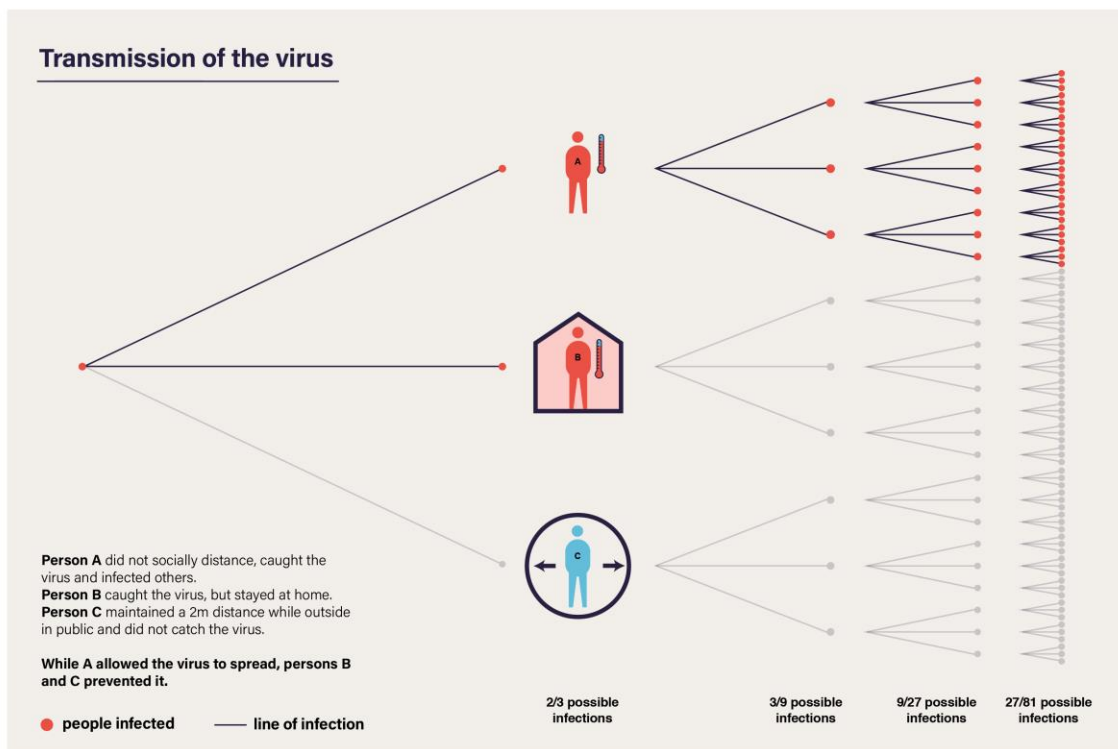


Figure 2: **Transmission of the virus** Schematic diagram of the transmission of the virus with an R value of 3, and the impact of social distancing.

² <https://www.gov.uk/government/publications/coronavirus-action-plan/coronavirus-action-plan-a-guide-to-what-you-can-expect-across-the-uk>

In the UK, the Scientific Advisory Group for Emergencies (SAGE) assessed that R at the beginning of the epidemic was between 2.7 and 3.0; each person with the disease gave it to nearly three other people, on average. But the Government and devolved administration response means SAGE's latest assessment is that, across the UK, R has reduced to between 0.5 and 0.9, meaning that the number of infected people is falling. The impact of social distancing measures on R is demonstrated in Figure 2.

The Government now sees that:

- There are no regions of the country where the epidemic appears to be increasing.
- As of 9 May, it is estimated that 136,000 people in England are currently infected with COVID-19.³
- The number of patients in hospital in the UK with COVID-19 is under 13,500 as of 4 May; 35% below the peak on 12 April.⁴
- 27% of NHS critical care beds in the UK were occupied by a COVID-19 patient on 4 May - compared to 51% on 10 April.⁵

At the same time, the Government has invested heavily in its ability to tackle the disease. NHS capacity has increased significantly, with 3,000 new critical care beds across the UK since January⁶, and daily tests have increased by over 1,000% during April - from 11,041 on 31 March to 122,347 on 30 April.⁷

³ <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/coronaviruscovid19infectionsurvey/england10may2020>

⁴ Source: NHSE (COVID daily sitrep), Scottish Gov, Welsh Gov, NI. Note: For NHS acute trusts with Type 1 A&E only

⁵ Source: NHSE (COVID daily sitrep, A&E daily sitrep), Welsh Gov, Scottish Gov, NI Gov. Different health systems collect this data differently; in Wales critical care beds are taken to be invasive ventilation including surge capacity and both confirmed and suspected COVID-19 cases, in Scotland critical care beds include ICU beds and additional surge capacity. In Northern Ireland, critical care beds includes all adult ICU beds (this is a change to previous reporting). Note: For NHS acute trusts with Type 1 A&E only.

⁶ NHSE (COVID daily sitrep), Scottish Gov, Welsh Gov, NI. Note: For NHS acute trusts with Type 1 A&E only

⁷ <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>. This data includes tests under Pillars 1 and 2 for March. Our cumulative total of 1,023,824 tests by 30 April compares with 2.5m tests in Germany, 724,000 in France and 640,000 in South Korea (PHE collation of data from national published sources)

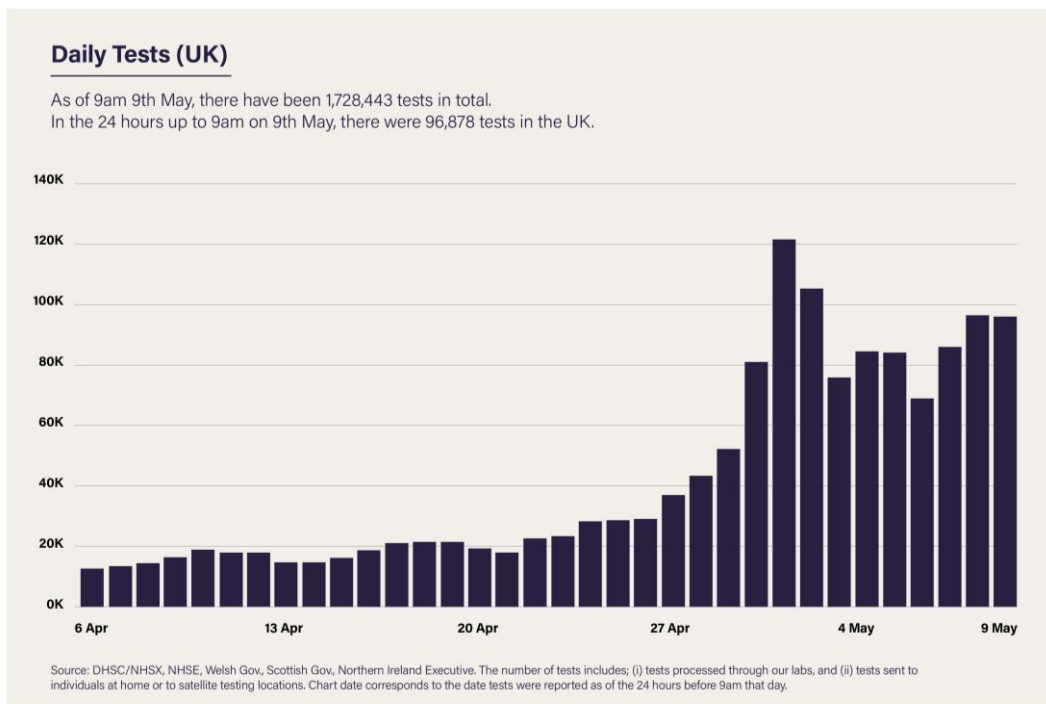


Figure 3: Daily tests (UK) The number of tests carried out in the UK as of 9am on 9 May

Tragically, however, the number of deaths so far this year is 37,151 higher than the average for 2015 to 2019.⁸ The Government is particularly troubled by the impact of COVID-19 in care homes, where the number of COVID-19 deaths registered as taking place up to 24 April is 6,934,⁹ and by the higher proportion of those who have died of COVID-19 who have been from minority ethnic backgrounds. It is critical that the Government understands why this is occurring. It is why on 4 May Public Health England launched a review into the factors affecting health outcomes from COVID-19, to include ethnicity, gender and obesity. This will be published by the end of May.¹⁰

Alongside the social distancing measures the Government has announced in this first phase, it has also taken unprecedented action to support people and businesses through this crisis and minimise deep and long-lasting impacts on the economy. 800,000 employers had applied to the Coronavirus Job Retention Scheme to help pay the wages of 6.3m jobs, as of midnight on 3 May.¹¹

The Office for Budget Responsibility (OBR) and the Bank of England have both been clear that if the Government had not taken the actions they had, the situation would be much worse. But despite this, the impact on people's jobs and livelihoods has been severe: economic activity has been brought to a stop across large swathes of the UK economy. The Government is supporting millions of families and businesses, but cannot protect every job and every business.

⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>;

<https://www.nrscotland.gov.uk/covid19stats>;

<https://www.nisra.gov.uk/publications/weekly-deaths>

⁹ <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/weeklyprovisionalfiguresondeathsregisteredinenglandandwales>

¹⁰ <https://www.gov.uk/government/news/review-into-factors-impacting-health-outcomes-from-covid-19>

¹¹ HMRC, <https://twitter.com/HMRCgovuk/status/1257324798847451136/photo/1>

Unemployment is rising from a 40-year low at the start of the year; around 1.8 million households made claims for Universal Credit between 16 March and 28 April.¹² The OBR has published a 'reference' scenario which suggests that, if the current measures stay in place until June and are then eased over the next three months, unemployment would rise by more than 2 million in the second quarter of 2020.¹³ The OBR's scenario suggests that GDP could fall by 35% in the second quarter of this year – and the annual contraction could be the largest in over 300 years.¹⁴

Workers in those sectors most affected, including hospitality and retail, are more likely to be low paid, younger and female. Younger households are also likely to be disproportionately hit in the longer term, as evidence suggests that, following recessions, lost future earnings potential is greater for young people.¹⁵

The longer the virus affects the economy, the greater the risks of long-term scarring and permanently lower economic activity, with business failures, persistently higher unemployment and lower earnings. This would damage the sustainability of the public finances and the ability to fund public services including the NHS. It would also likely lead to worse long-run physical and mental health outcomes, with a significant increase in the prevalence of chronic illness.

¹² DWP, <https://www.gov.uk/government/publications/universal-credit-declarations-claims-and-advances-management-information>

¹³ OBR, https://obr.uk/docs/dlm_uploads/Coronavirus_reference_scenario_commentary.pdf

¹⁴ OBR, https://obr.uk/docs/dlm_uploads/Coronavirus_reference_scenario_commentary.pdf

¹⁵ IFS, <https://www.ifs.org.uk/publications/14791>

Moving to the next phase

On 16 April the Government presented five tests for easing measures¹⁶. These are:

- 1 Protect the NHS's ability to cope. We must be confident that we are **able to provide sufficient critical care and specialist treatment** right across the UK.
- 2 See a **sustained and consistent fall in the daily death rates** from COVID-19 so we are confident that we have moved beyond the peak.
- 3 Reliable data from SAGE showing that **the rate of infection is decreasing to manageable levels** across the board.
- 4 Be confident that **the range of operational challenges, including testing capacity and PPE, are in hand**, with supply able to meet future demand.
- 5 Be confident that **any adjustments to the current measures will not risk a second peak of infections** that overwhelms the NHS.

The Government's priority is to protect the public and save lives; it will ensure any adjustments made are compatible with these five tests. As set out above, the R is now below 1 – between 0.5 and 0.9 – but potentially only just below 1. The Government has made good progress in satisfying some of these conditions. The ventilated bed capacity of the NHS has increased while the demand placed on it by COVID-19 patients has now reduced (as shown in Figure 4). Deaths in the community are falling. However, real challenges remain on the operational support required for managing the virus. The Government cannot yet be confident that major adjustments now will not risk a second peak of infections that might overwhelm the NHS. Therefore, the Government is only in a position to lift cautiously elements of the existing measures.

¹⁶ FCO, <https://www.gov.uk/government/speeches/foreign-secretarys-statement-on-coronavirus-covid-19-16-april-2020>

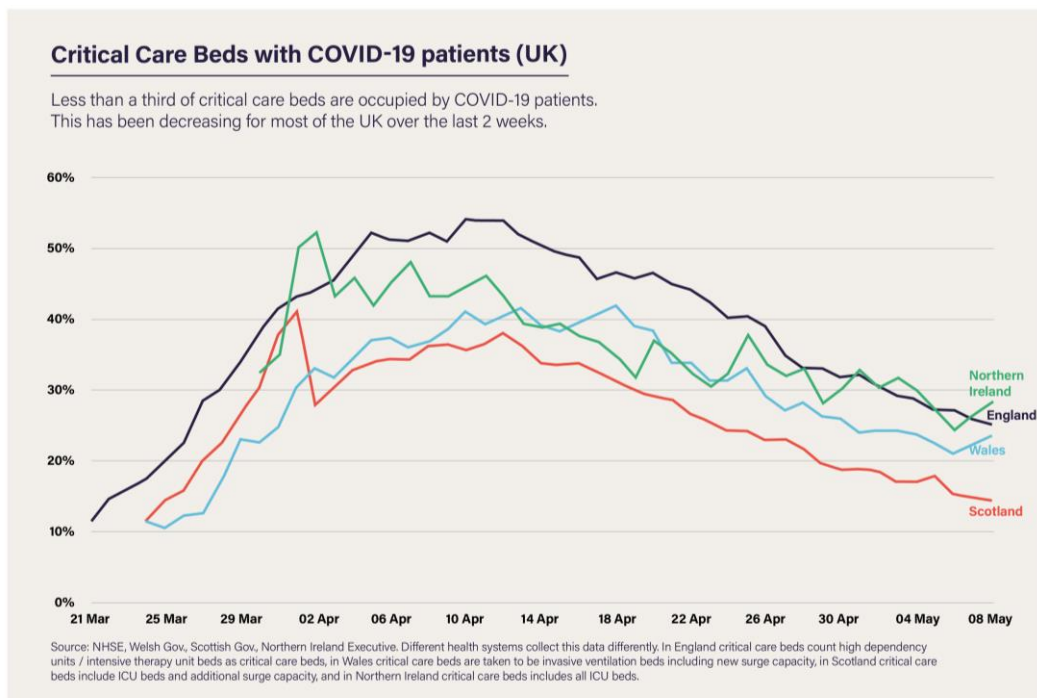


Figure 4: Critical care beds with COVID-19 patients (UK) The percentage of critical care beds with COVID-19 patients up to 8 May.

Different parts of the UK have different R figures. The devolved administrations are making their own assessments about the lifting of measures in Scotland, Wales and Northern Ireland. All governments continue to work together to ensure a coordinated approach across the United Kingdom.

The challenges ahead

As the Government moves into the next phase of its response to the virus, it is important to be clear about the challenges that the UK, in common with other countries around the world, is now facing.

1. **This is not a short-term crisis.** It is likely that COVID-19 will circulate in the human population long-term, possibly causing periodic epidemics. In the near future, large epidemic waves cannot be excluded without continuing some measures.
2. **In the near term, we cannot afford to make drastic changes.** To successfully keep R below 1, we have little room for manoeuvre. SAGE modelling suggests that either fully opening schools or relaxing all social distancing measures now, will lead to a resurgence of the virus and a second wave that could be larger than the first. In a population where most people are lacking immunity, the epidemic would double in size every few days if no control measures were in place.
3. **There is no easy or quick solution.** Only the development of a vaccine or effective drugs can reliably control this epidemic and reduce mortality without some form of social distancing or contact tracing in place. In the medium-term, allowing the virus to spread in an uncontrolled manner until natural population-level immunity is achieved would put the NHS

under enormous pressure. At no point has this been part of the Government's strategy. If vaccines can be developed they have the potential to stop the disease spreading; treatments would be less likely to stop the spread but could make the virus less dangerous.

4. **The country must get the number of new cases down.** Holding R below 1 will reduce the number of new cases down to a level that allows for the effective tracing of new cases; this in turn, will enable the total number of daily transmissions to be held at a low level.
5. **The world's scientific understanding of the virus is still developing rapidly.** We are still learning about who is at greatest personal risk and how the virus is spread. It is not possible to know with precision the relative efficacy of specific shielding and suppression measures; nor how many people in the population are or have been infected asymptotically.
6. **The virus' spread is difficult to detect.** Some people carry the disease asymptotically, which may mean that they can spread the virus without knowing that they are infectious. Those who do develop symptoms often do not show signs of being infected for around five days; a significant proportion of infections take place in this time, particularly in the two days before symptoms start. Even those who are not at risk of significant harm themselves may pose a real risk of inadvertently infecting others. This is why a significant part of the next phase of the Government's response will be to improve its monitoring of and response to new infections.
7. **The Government must prepare for the challenges that the winter flu season will bring.** This will have wide-ranging effects, from impeding any efforts to trace the virus (because so many people without COVID-19 are likely to have symptoms that resemble COVID-19), to increasing the demand for hospital beds.
8. **The plan depends on continued widespread compliance.** So far people have adhered to the measures well, as depicted in Figure 5 below. However, to avoid R tipping above 1 and the epidemic increasing in an uncontrolled manner, very high continued levels of compliance are essential. The risk is an unbalanced one; if the UK tips back into an exponential increase in the spread of the infection, it could quickly get out of control.

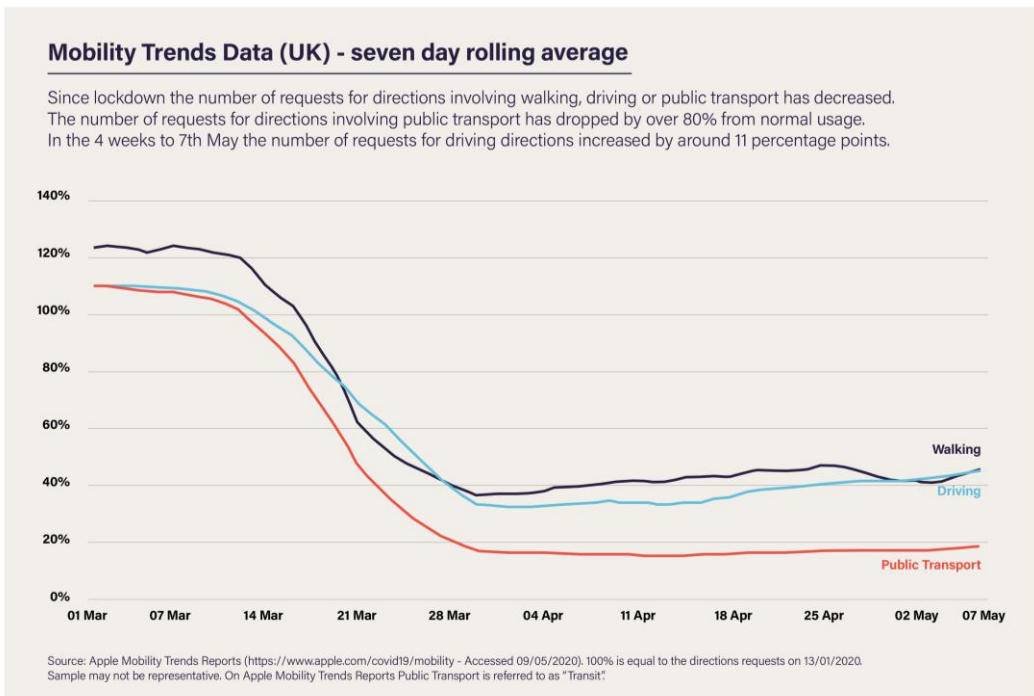


Figure 5: **Mobility trends data for the UK** based on a seven-day rolling average up to 7 May

Reflecting these challenges, the rest of this document sets out a cautious roadmap to ease existing measures in a safe and measured way, subject to successfully controlling the virus and being able to monitor and react to its spread. The roadmap will be kept constantly under review as the epidemic, and the world's understanding of it, develops.

2. Our aims: saving lives; saving livelihoods

The Government's aim has been to save lives. This continues to be the overriding priority at the heart of this plan.

The Government must also seek to minimise the other harms it knows the current restrictive measures are causing - to people's wellbeing, livelihoods, and wider health. But there is a risk that if the Government rushes to reverse these measures, it would trigger a second outbreak that could overwhelm the NHS. So the UK must adapt to a new reality - one where society can return to normal as far as possible; where children can go to school, families can see one another and livelihoods can be protected, while also continuing to protect against the spread of the disease.

Therefore the Government's aim at the centre of this plan is to:

return life to as close to normal as possible, for as many people as possible, as fast and fairly as possible...

... in a way that avoids a new epidemic, minimises lives lost and maximises health, economic and social outcomes.

To do this, the Government will need to steadily redesign the current social distancing measures with new, smarter measures that reflect the level of risk at that point in time, and carefully wind down economic support schemes while people are eased back into work. The Government will do this by considering three main factors.

Health effect

The first consideration is the nation's health.

The Government must consider overall health outcomes, not just those directly caused by COVID-19. As advised by the Chief Medical Officer and NHS England, the Government will take into account:

- **Direct COVID-19 mortality**, those who die from the virus, despite receiving the best medical care.
- **Indirect harms** arising from NHS emergency services being overwhelmed and therefore providing significantly less effective care both for those with COVID-19 and for those with other medical emergencies.

- **Increases in mortality or other ill health as a result of measures we have had to take** including postponement of important but non-urgent medical care and public health programmes while the NHS is diverting resources to manage the epidemic, or from unintended consequences such as people deciding not to seek treatment when they need it, and from increased isolation and effects on mental health;¹⁷ and
- The long-term **health effects of any increase in deprivation** arising from economic impacts, as deprivation is strongly linked to ill health.¹⁸

As with many other respiratory infections, it is impossible to guarantee that nobody will be infected with this virus in the future, or that none of those infections will lead to tragic deaths. However, it is important to be clear that there is no part of this plan that assumes an 'acceptable' level of infection or mortality.

The biggest threat to life remains the risk of a second peak that overwhelms the healthcare system this winter, when it will be under more pressure and the NHS still needs to deliver non-urgent care. A second peak would also trigger a return of the wider health, economic and social harms associated with the first outbreak. This plan aims to minimise this risk.

Economic effect

The second consideration is protecting and restoring people's livelihoods and improving people's living standards.

Ultimately, a strong economy is the best way to **protect people's jobs** and ensure that the Government can fund **the country's vital public services** including the healthcare response. This means the Government will take into account:

- the short-term economic impact, including the number of people who can **return to work where it is safe to do so**, working with businesses and unions to help people go back to workplaces safely;
- the country's **long-term economic future**, which could be harmed by people being out of jobs and by insolvencies, and investing in supporting an economic bounce back;
- the sustainability of **public finances** so the Government can pay for public services and the healthcare response;
- **financial stability** so that the banks and others can continue to provide finance to the economy;
- **the distributional effects**, and so considering carefully the Government's measures on different income and age groups, business sectors and parts of the country.

¹⁷ For example, in England there has been a 53% drop in urgent cancer referrals for the week of 27 April and 20% drop in cancer treatments for the week of 20 April (latest available). (Source: NHS England)

¹⁸ The IFS recently estimated that the fall in employment over the 12 months after the 2008 crisis caused an increase in the prevalence of chronic illnesses in those of working age of around 900,000. The IFS use evidence from Janke et al (2020) which showed that a 1 per cent increase in employment leads to a 2 per cent fall in the prevalence of chronic health conditions among the working age population

The Government also needs to protect the UK's international economic competitiveness. This means, where possible, seeking new economic opportunities, for example for the UK's world-leading pharmaceutical and medical-device manufacturing sectors.

Social effect

The third consideration is the wider effect of the social distancing measures on how the public live their daily lives. The Government recognises that social distancing measures can exacerbate societal challenges, from the negative impacts on people's mental health and feelings of isolation, to the risks of domestic abuse and online fraud. The Government must act to minimise the adverse social costs - both their severity and duration - for the greatest number of people possible. This means the Government will take into account:

- the **number of days of education** children lose;
- the **fairness** of any actions the Government takes, especially the impact on those most affected by social distancing measures; and
- the importance of maintaining the strength of the **public services and civic organisations** on which the UK relies, especially those that protect or support society's most vulnerable.

Feasibility

Underpinning these three factors is a crucial practical constraint: considering the risk and feasibility of any action the Government undertakes. This includes considering the technological risk of any courses the Government pursues, the timelines to implement novel technologies, and the Government's ability to work with global partners. Much of what is desirable is not yet possible. So the Government's plan considers carefully when and where to take risk. A 'zero risk' approach will not work in these unprecedented times. The Government will have to invest in experimental technologies, some of which are likely not to work as intended, or even prove worthless. But waiting for complete certainty is not an option.

Overarching principles

Underpinning the factors above are some guiding principles:

- (1) **Informed by the science.** The Government will continue to be guided by the best scientific and medical advice to ensure that it does the right thing at the right time.
- (2) **Fairness.** The Government will, at all times, endeavour to be fair to all people and groups.
- (3) **Proportionality.** The Government will ensure that all measures taken to control the virus are proportional to the risk posed, in terms of the social and economic implications.
- (4) **Privacy.** The Government will always seek to protect personal privacy and be transparent with people when enacting measures that, barring this once-in-a-century event, would never normally be considered.

- (5) **Transparency.** The Government will continue to be open with the public and parliamentarians, including by making available the relevant scientific and technical advice. The Government will be honest about where it is uncertain and acting at risk, and it will be transparent about the judgements it is making and the basis for them.

In meeting these principles, the UK Government will work in close cooperation with the devolved administrations in Scotland, Wales and Northern Ireland to make this a UK-wide response: coherent, coordinated and comprehensive. Part of that UK wide approach will be acknowledging that the virus may be spreading at different speeds in different parts of the UK. Measures may need to change in different ways and at different times. For advice, please see guidance set by the Northern Ireland Executive, the Scottish Government and the Welsh Government.

Balancing the different considerations will involve some difficult choices. For example, the Government will face a choice between the extent and speed of the freedoms enjoyed by some lower-risk people and the risk to others: if all people at lower personal risk were allowed to resume their lives exactly as before the outbreak, this would increase the level of risk to those that are more vulnerable.

3. Our approach: a phased recovery

As the UK exits phase one of the Government's response, where the Government has sought to contain, delay, research and mitigate, it will move through two further phases.

Phase two: Smarter controls

Until the UK can reach phase three, the Government will gradually replace the existing social restrictions with smarter measures that balance its aims as effectively as possible.

The Government will enact measures that have the largest effect on controlling the epidemic but the lowest health, economic and social costs.

These will be developed and announced in periodic 'steps' over the coming weeks and months, seeking to maximise the pace at which restrictions are lifted, but with strict conditions to move from each step to the next. The Government will maintain options to react to a rise in transmissions, including by reimposing restrictions if required.

Over time, the Government will improve the effectiveness of these measures and introduce more reactive or localised measures through widespread, accurate monitoring of the disease. That will enable the lifting of more measures for more people, at a faster pace. Meanwhile, the Government will continue to increase NHS and social care capacity to ensure care for all COVID-19 patients while restoring 'normal' healthcare provision.

Phase three: Reliable treatment

Eradication of the virus from the UK (and globally) is very unlikely. But rolling out effective treatments and/or a vaccine will allow us to move to a phase where the effect of the virus can be reduced to manageable levels.

To bring about this phase as quickly as possible, the Government is investing in research, developing international partnerships and putting in place the infrastructure to manufacture and distribute treatments and/or a vaccine at scale.

Phase two: smarter controls

Throughout this phase, people will need to minimise the spread of the disease through continuing good hygiene practices: hand washing, social distancing and regular disinfecting of surfaces touched by others. These will be in place for some time.

The number of social contacts people make each day must continue to be limited, the exposure of vulnerable groups must continue to be reduced from normal levels, and symptomatic and diagnosed individuals will still need to isolate.

Over time, social contact will be made less infectious by:

- **making such contact safer** (including by redesigning public and work spaces, and those with symptoms self-isolating) to reduce the chance of infection per contact;
- **reducing infected people's social contact** by using testing, tracing and monitoring of the infection to better focus restrictions according to risk; and
- **stopping hotspots developing** by detecting infection outbreaks at a more localised level and rapidly intervening with targeted measures.

In the near term, the degree of social contact within the population continues to serve as a proxy for the transmission of the virus; the fewer contacts, the lower the risk.

Developing smarter social distancing measures will mean the Government needs to balance increasing contacts as it relaxes the most disruptive measures with introducing new measures to manage risk, for example by tightening other measures. The more contacts in one area - for example, if too many people return to physical workplaces - the fewer are possible elsewhere - for example, not as many children can return to school. The lower the level of infection at each point in time, the more social contact will be possible.

Regular steps of adjustments to current measures

Over the coming months, the Government will therefore introduce a range of adjustments to current social distancing controls, timing these carefully according to both the current spread of the virus and the Government's ability to ensure safety. These will happen in "steps," as set out in the next chapter, with strict conditions to safely move from each step to the next.

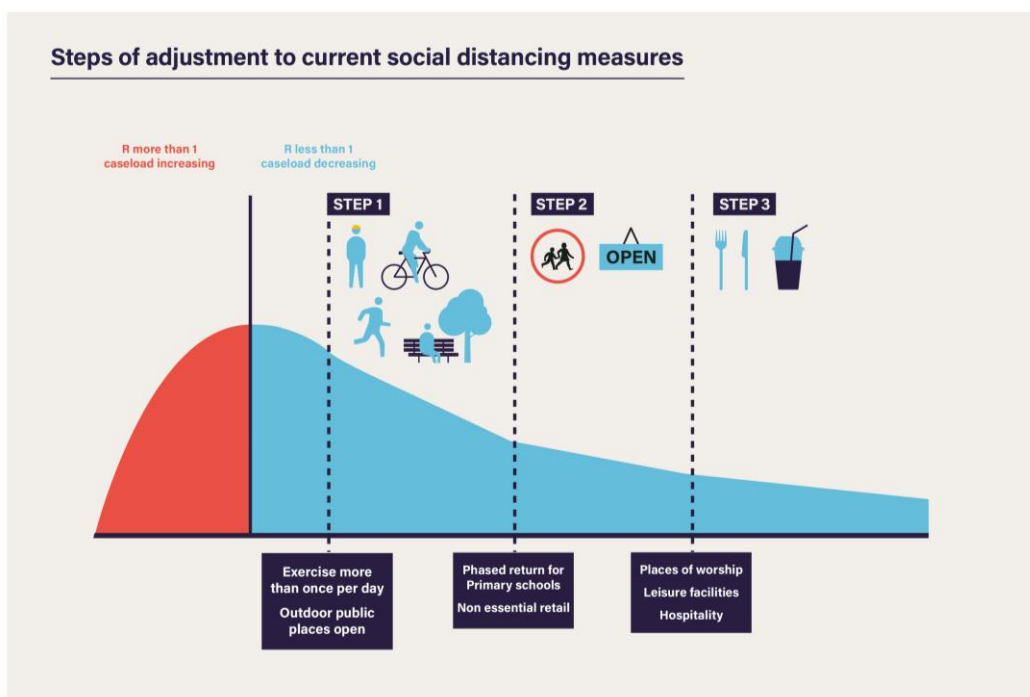


Figure 6: **Steps of adjustment to current social distancing measures** As the caseload falls, different steps can be taken to adjust social distancing measures.

Each step may involve adding new adjustments to the existing restrictions or taking some adjustments further (as shown in Figure 6). For example, while reopening outdoor spaces and activities (subject to continued social distancing) comes earlier in the roadmap because the risk of transmission outdoors is significantly lower, it is likely that reopening indoor public spaces and leisure facilities (such as gyms and cinemas), premises whose core purpose is social interaction (such as nightclubs), venues that attract large crowds (like sports stadia), and personal care establishments where close contact is inherent (like beauty salons) may only be fully possible significantly later depending on the reduction in numbers of infections.

The next chapter sets out an indicative roadmap, but the precise timetable for these adjustments will depend on the infection risk at each point, and the effectiveness of the Government's mitigation measures like contact tracing.

Over the coming weeks and months, the Government will monitor closely the effect of each adjustment, using the effect on the epidemic to gauge the appropriate next step.

Initially, the gap between steps will need to be several weeks, to allow sufficient time for monitoring. However, as the national monitoring systems become more precise and larger-scale, enabling a quicker assessment of the changes, this response time may reduce.

Restrictions may be adjusted by the devolved administrations at a different pace in Scotland, Wales and Northern Ireland because the level of infection - and therefore the risk - will differ. Similarly in England, the Government may adjust restrictions in some regions before others: a greater risk in Cornwall should not lead to disproportionate restrictions in Newcastle if the risk is lower.

"COVID-19 Secure" guidelines

Many measures require the development of new safety guidelines that set out how each type of physical space can be adapted to operate safely. The Government has been consulting relevant sectors, industry bodies, local authorities, trades unions, the Health and Safety Executive and Public Health England on their development and will release them this week.

They will also include measures that were unlikely to be effective when the virus was so widespread that full stay-at-home measures were required, but that may now have some effect as the public increase the number of social contacts - including, for example, advising the use of face coverings in enclosed public areas such as on public transport and introducing stricter restrictions on international travellers.

Many businesses across the UK have already been highly innovative in developing new, durable ways of doing business, such as moving online or adapting to a delivery model. Many of these changes, like increased home working, have significant benefits, for example, reducing the carbon footprint associated with commuting. The Government will need to continue to ask all employers and operators of communal spaces to be innovative in developing novel approaches; UK Research and Innovation (UKRI) will welcome grant applications for proposals to develop new technologies and approaches that help the UK mitigate the impact of this virus.

Protecting the most clinically vulnerable people

Some people have received a letter from the NHS, their clinician or their GP telling them that as a result of having certain medical conditions, they are considered to be **clinically extremely vulnerable**.¹⁹ Throughout this period, the Government will need to continue an extensive programme of shielding for this group while the virus continues to circulate.²⁰ The Government will also have to adjust its protections for other vulnerable locations like prisons and care homes,²¹ based on an understanding of the risk.

Those in the clinically extremely vulnerable cohort will continue to be advised to shield themselves for some time yet, and the Government recognises the difficulties this brings for those affected. Over the coming weeks, the Government will continue to introduce more support and assistance for these individuals so that they have the help they need as they stay shielded. And the Government will bring in further measures to support those providing the shield - for example, continuing to prioritise care workers for testing and protective equipment.

¹⁹ Advice for those who are extremely clinically vulnerable and who must shield themselves can be found here: <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

²⁰ <https://www.gov.uk/government/publications/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19/guidance-on-shielding-and-protecting-extremely-vulnerable-persons-from-covid-19>

²¹ <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan>

A more differentiated approach to risk

As the UK moves into phase two, the Government will continue to recognise that not everybody's or every group's risk is the same; the level of threat posed by the virus varies across the population, in ways the Government currently only partly understands.

As the Government learns more about the disease and the risk factors involved, it expects to steadily make the risk-assessment more nuanced, giving confidence to some previously advised to shield that they may be able to take more risk; and identifying those who may wish to be more cautious. The Government will need to consider both risk to self, and risk of transmitting to others.

It is vital that those who are showing symptoms, however mild, must continue to self-isolate at home, as now, and that the household quarantine rules continue to apply. However, as the Government increases the availability and speed of swab testing it will be able to confirm more quickly whether suspected cases showing symptoms have COVID-19 or not. This will reduce the period of self-isolation for those who do not have COVID-19 and their household members.

The Government also anticipates targeting future restrictions more precisely than at present, where possible, for example relaxing measures in parts of the country that are lower risk, but continuing them in higher risk locations when the data suggests this is warranted. For example, it is likely that over the coming months there may be local outbreaks that will require reactive measures to be implemented reactively to maintain control of transmission.

Reactive measures

If the data suggests the virus is spreading again, the Government will have to tighten restrictions, possibly at short notice. The aim is to avoid this by moving gradually and by monitoring carefully the effect of each step the Government takes.

The scientific advice is clear that there is scope to go backwards; as restrictions are relaxed, if people do not stay alert and diligently apply those still in place, transmissions could increase, R would quickly tip above one, and restrictions would need to be re-imposed.

Phase three: reliable treatment

Humanity has proved highly effective at finding medical countermeasures to infectious diseases, and is likely to do so for COVID-19; but this may take time. As quickly as possible, the Government must move to a more sustainable solution, where the continued restrictions described above can be lifted altogether. To enable this, the Government must develop, trial, manufacture and distribute reliable treatments or vaccines as swiftly as possible.

The virus is unlikely to die out spontaneously; nor is it likely to be eradicated. Only one human infectious disease - smallpox - has ever been eradicated. The Government must therefore develop either a treatment that enables us to manage it like other serious diseases or have people acquire immunity by vaccination.

It is possible a safe and effective vaccine will not be developed for a long time (or even ever), so while maximising the chances this will happen quickly where the Government can, it must not rely on this course of action happening. There are currently over 70 credible vaccine development programmes worldwide and the first UK human trial has begun at the University of Oxford.

Even if it is not possible to develop an effective vaccine, it may be possible to develop drug treatments to reduce the impact of contracting COVID-19, as has been done for many other infectious diseases, ranging from other pneumonias and herpes infections, to HIV and malaria.

For example, drugs might treat the virus itself and prevent disease progression, be used to limit the risk of being infected, or be used in severe cases to prevent progression to severe disease, shorten time in intensive care and reduce the chance of dying.

Researchers may find some effective treatments imminently – for example from repurposing existing drugs – or might not do so for a long time. Not all treatments that have an effect will be game-changing; the best scientific advice is that it is likely any drugs that substantially reduce mortality or are protective enough to change the course of the epidemic will have to be designed and developed specifically for COVID-19, and that this will take time, with success not guaranteed.

However, notwithstanding that many of these will fail, the economic and societal benefits of success mean the Government will do all it can to develop and roll-out both treatments and vaccines at the fastest possible rate; the second phase is a means of managing things until the UK reaches this point.

4. Our roadmap to lift restrictions step-by-step

The Government has a carefully planned timetable for lifting restrictions, with dates that should help people to plan. This timetable depends on successfully controlling the spread of the virus; if the evidence shows sufficient progress is not being made in controlling the virus then the lifting of restrictions may have to be delayed.

We cannot predict with absolute certainty what the impact of lifting restrictions will be. If, after lifting restrictions, the Government sees a sudden and concerning rise in the infection rate then it may have to re-impose some restrictions. It will seek to do so in as limited and targeted a way as possible, including reacting by re-imposing restrictions in specific geographic areas or in limited sectors where it is proportionate to do so.

Step One

The changes to policy in this step will apply from Wednesday 13 May in England. As the rate of infection may be different in different parts of the UK, this guidance should be considered alongside local public health and safety requirements for Scotland, Wales and Northern Ireland.

Work

For the foreseeable future, workers should continue to work from home rather than their normal physical workplace, wherever possible. This will help minimise the number of social contacts across the country and therefore keep transmissions as low as possible. All those who work are contributing taxes that help pay for the healthcare provision on which the UK relies. People who are able to work at home make it possible for people who have to attend workplaces in person to do so while minimising the risk of overcrowding on transport and in public places.

All workers who cannot work from home should travel to work if their workplace is open. Sectors of the economy that are allowed to be open should be open, for example this includes food production, construction, manufacturing, logistics, distribution and scientific research in laboratories. The only exceptions to this are those workplaces such as hospitality and non-essential retail which during this first step the Government is requiring to remain closed.²²

As soon as practicable, workplaces should follow the new “COVID-19 Secure” guidelines, as set out in the previous chapter, which will be published this week. These will ensure the risk of infection is as low as possible, while allowing as many people as possible to resume their livelihoods.

²² <https://www.gov.uk/government/publications/further-businesses-and-premises-to-close/further-businesses-and-premises-to-close-guidance>

It remains the case that **anyone who has symptoms, however mild, or is in a household where someone has symptoms, should not leave their house** to go to work. Those people should self-isolate, as should those in their households.

Schools

The rate of infection remains too high to allow the reopening of schools for all pupils yet. However, it is important that vulnerable children (including children in need, those with an Education, Health and Care plan and those assessed as otherwise vulnerable by educational providers or local authorities)²³ and the children of critical workers are able to attend school, as is currently permitted. Approximately 2% of children are attending school in person²⁴, although all schools are working hard to deliver lessons remotely.

But there is a large societal benefit from vulnerable children, or the children of critical workers, attending school: local authorities and schools should therefore **urge more children who would benefit from attending in person to do so**.

The Government is also amending its guidance to clarify that paid childcare, for example nannies and childminders, can take place subject to being able to meet the public health principles at Annex A, because these are roles where working from home is not possible. This should enable more working parents to return to work.

Travel

While most journeys to work involve people travelling either by bike, by car or on foot, public transport takes a significant number of people to work across the country, but particularly in urban centres and at peak times. As more people return to work, the number of journeys on public transport will also increase. This is why the Government is working with public transport providers to bring services back towards pre-COVID-19 levels as quickly as possible. This roadmap takes the impact on public transport into account in the proposed phased easing of measures.

When travelling **everybody (including critical workers) should continue to avoid public transport wherever possible**. If they can, people should instead choose to cycle, walk or drive, to minimise the number of people with whom they come into close contact. It is important many more people can easily travel around by walking and cycling, so the Government will increase funding and provide new statutory guidance to encourage local authorities to widen pavements, create pop-up cycle lanes, and close some roads in cities to traffic (apart from buses) as some councils are already proposing.

Social distancing guidance on public transport must be followed rigorously. As with workplaces, transport operators should follow appropriate guidance to make their services COVID-19 Secure; this will be published this week.

²³ <https://www.gov.uk/government/publications/closure-of-educational-settings-information-for-parents-and-carers/closure-of-educational-settings-information-for-parents-and-carers>

²⁴ [Coronavirus \(COVID-19\): attendance in education and early years settings](#)

Face-coverings

As more people return to work, there will be more movement outside people's immediate household. This increased mobility means the Government is now advising that people should aim to wear a face-covering in enclosed spaces where social distancing is not always possible and they come into contact with others that they do not normally meet, for example on public transport or in some shops. Homemade cloth face-coverings **can help reduce the risk of transmission in some circumstances**. Face-coverings are not intended to help the wearer, but to protect against inadvertent transmission of the disease to others if you have it asymptotically.

A face covering is not the same as a facemask such as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers. These supplies must continue to be reserved for those who need it. Face-coverings should not be used by children under the age of two, or those who may find it difficult to manage them correctly, for example primary age children unassisted, or those with respiratory conditions. It is important to use face-coverings properly and wash your hands before putting them on and taking them off.²⁵

Public spaces

SAGE advise that the risk of infection outside is significantly lower than inside, so the Government is updating the rules so that, as well as exercise, **people can now also spend time outdoors** subject to: not meeting up with any more than one person from outside your household; continued compliance with social distancing guidelines to remain two metres (6ft) away from people outside your household; good hand hygiene, particularly with respect to shared surfaces; and those responsible for public places being able to put appropriate measures in place to follow the new COVID-19 Secure guidance.

People may **exercise outside as many times each day as they wish**. For example, this would include angling and tennis. You will still not be able to use areas like playgrounds, outdoor gyms or ticketed outdoor leisure venues, where there is a higher risk of close contact and touching surfaces. You can only exercise with up to one person from outside your household – this means you should not play team sports, except with members of your own household.

People may drive to outdoor open spaces irrespective of distance, so long as they respect social distancing guidance while they are there, because this does not involve contact with people outside your household.

When travelling to outdoor spaces, it is important that people respect the rules in Scotland, Wales and Northern Ireland and **do not travel to different parts of the UK** where it would be inconsistent with guidance or regulations issued by the relevant devolved administration.

These measures may come with some risk; it is important that everyone continues to act responsibly, as the large majority have done to date. The infection rate will increase if people begin to break these rules and, for example, mix in groups in parks, which will trigger the need for further restrictions.

²⁵ ANNEX A: Staying Safe Outside Your Home

Protecting the clinically vulnerable

It remains the case that some people are more clinically vulnerable to COVID-19 than others. These include those aged over 70, those with specific chronic pre-existing conditions and pregnant women.²⁶ **These clinically vulnerable people should continue to take particular care to minimise contact with others outside their households, but do not need to be shielded.**

Those in the clinically extremely vulnerable group **are strongly advised to stay at home at all times and avoid any face-to-face contact**; this is called 'shielding'. It means not leaving the house or attending gatherings at all, with very limited exceptions. **Annex B** sets out more detail on the guidance applicable to different vulnerable groups at this time.

The Government knows people are taking shielding advice seriously and is acutely aware of the huge commitment and resolve it requires to keep away from family and friends. Unfortunately, the current level of transmission of the virus is such that the Government needs to continue to ask that the guidance is followed. In recognition of the challenge faced by those shielding, the Government is:

- **Providing essential food to those unable to leave their home.** Over one million food boxes have now been delivered in England by wholesalers to those shielding who asked for help with food, with hundreds of thousands more to follow in the coming weeks.²⁷ The Government has also arranged priority access to supermarket deliveries for those who have said they need it.
- **Facilitating volunteer support.** Up to 200,000 calls a day have been made to the shielded in England to confirm their support needs,²⁸ and councils are helping to support them in other ways - including, in some cases, organising regular calls from volunteers to those isolated. Those who are shielding can also directly request the support of NHS Volunteer Responders.

The Government is also aware that when – in time – other members of society return to aspects of their normal daily lives, the challenge for those being asked to shield may deepen. The Government will continue to review the support needs of those shielding and the Government will continue to provide support to individuals for as long as they need its direct help.

Along with the support the Government is providing to those shielding, it will provide vital support for other vulnerable people, such as those at risk of loneliness. The Government is continuing to work to further support these groups, including by providing vital financial support to frontline charities working in these areas. The [GOV.UK](https://www.gov.uk) website provides information about the huge range of support that is available including from local authorities and the voluntary and community sector. The Government will continue to update [GOV.UK](https://www.gov.uk) as new services and support become available.

As the UK recovers, the Government will ensure people with disabilities can have independent lives and are not marginalised. This will include making sure that they can access public services and will consider their needs as the Government creates safe work environments and reopen the transport system. The Government will ensure their overall health outcomes do not suffer disproportionately.

²⁶ The list of those who are clinically vulnerable can be found here: <https://www.gov.uk/government/publications/full-guidance-on-staying-at-home-and-away-from-others/full-guidance-on-staying-at-home-and-away-from-others#eel-decline>

²⁷ The Ministry of Housing, Communities and Local Government

²⁸ The Ministry of Housing, Communities and Local Government

Enforcement

The Government is examining more stringent enforcement measures for non-compliance, as it has seen in many other countries. The Government will impose higher fines to reflect the increased risk to others of breaking the rules as people are returning to work and school. The Government will seek to make clearer to the public what is and is not allowed.

Parliament

It is vital that Parliament can continue to scrutinise the Government, consider the Government's ambitious legislative agenda and legislate to support the COVID-19 response. Parliament must set a national example of how business can continue in this new normal; and it must move, in step with public health guidance, to get back to business as part of this next step, including a move towards further physical proceedings in the House of Commons.

International travel

As the level of infection in the UK reduces, and the Government prepares for social contact to increase, it will be important to manage the risk of transmissions being reintroduced from abroad.

Therefore, in order to keep overall levels of infection down and in line with many other countries, the Government will introduce a series of measures and restrictions at the UK border. This will contribute to keeping the overall number of transmissions in the UK as low as possible. First, alongside increased information about the UK's social distancing regime at the border, the Government will require all international arrivals to supply their contact and accommodation information. They will also be strongly advised to download and use the NHS contact tracing app.

Second, the Government will require all international arrivals not on a short list of exemptions to self-isolate in their accommodation for fourteen days on arrival into the UK. Where international travellers are unable to demonstrate where they would self-isolate, they will be required to do so in accommodation arranged by the Government. The Government is working closely with the devolved administrations to coordinate implementation across the UK.

Small exemptions to these measures will be in place to provide for continued security of supply into the UK and so as not to impede work supporting national security or critical infrastructure and to meet the UK's international obligations. All journeys within the Common Travel Area will also be exempt from these measures.

These international travel measures will not come into force on 13 May but will be introduced as soon as possible. Further details, and guidance, will be set out shortly, and the measures and list of exemptions will be kept under regular review.

Step Two

The content and timing of the second stage of adjustments will depend on the most up-to-date assessment of the risk posed by the virus. The five tests set out in the first chapter must justify changes, and they must be warranted by the current alert level.

They will be enabled by the programmes set out in the next chapter and, in particular, by continuing to bolster test and trace capabilities, protect care homes and support the clinically extremely vulnerable. It is possible that the dates set out below will be delayed if these conditions are not met. Changes will be announced at least 48 hours before coming into effect.

To aid planning, the Government's current aim is that the second step will be made no earlier than Monday 1 June, subject to these conditions being satisfied. Until that time the restrictions currently in place around the activities below will continue.

The Government will work with the devolved administrations to ensure that the changes for step two and beyond are coordinated across the UK. However, there may be circumstances where different measures will be lifted at different times depending on the variance in rate of transmission across the UK.

The current planning assumption for England is that the second step may include as many of the following measures as possible, consistent with the five tests. Organisations should prepare accordingly.

- **A phased return for early years settings and schools.** Schools should prepare to begin to open for more children from 1 June. The Government expects children to be able to return to early years settings, and for Reception, Year 1 and Year 6 to be back in school in smaller sizes, from this point. This aims to ensure that the youngest children, and those preparing for the transition to secondary school, have maximum time with their teachers. Secondary schools and further education colleges should also prepare to begin some face to face contact with Year 10 and 12 pupils who have key exams next year, in support of their continued remote, home learning. The Government's ambition is for all primary school children to return to school before the summer for a month if feasible, though this will be kept under review. The Department of Education will engage closely with schools and early years providers to develop further detail and guidance on how schools should facilitate this.
- **Opening non-essential retail** when and where it is safe to do so, and subject to those retailers being able to follow the new COVID-19 Secure guidelines. The intention is for this to happen in phases from 1 June; the Government will issue further guidance shortly on the approach that will be taken to phasing, including which businesses will be covered in each phase and the timeframes involved. All other sectors that are currently closed, including hospitality and personal care, are not able to re-open at this point because the risk of transmission in these environments is higher. The opening of such sectors is likely to take place in phases during step three, as set out below.
- **Permitting cultural and sporting events to take place behind closed-doors** for broadcast, while avoiding the risk of large-scale social contact.
- **Re-opening more local public transport in urban areas, subject to strict measures** to limit as far as possible the risk of infection in these normally crowded spaces.

Social and family contact

Since 23 March the Government has asked people to only leave the house for very limited purposes and this has been extraordinarily disruptive to people's lives.

In particular this has affected the isolated and vulnerable, and those who live alone. As restrictions continue, the Government is considering a range of options to reduce the most harmful social effects to make the measures more sustainable.

For example, the Government has asked SAGE to examine whether, when and how it can safely change the regulations to **allow people to expand their household group to include one other household** in the same exclusive group.²⁹

The intention of this change would be to allow those who are isolated some more social contact, and to reduce the most harmful effects of the current social restrictions, while continuing to limit the risk of chains of transmission. It would also support some families to return to work by, for example, allowing two households to share childcare.³⁰

This could be based on the New Zealand model of household "bubbles" where a single "bubble" is the people you live with.³¹ As in New Zealand, the rationale behind keeping household groups small is to limit the number of social contacts people have and, in particular, to limit the risk of inter-household transmissions.³²

In addition, the Government is also examining how to enable people to gather in slightly larger groups to better facilitate small weddings.

Over the coming weeks, the Government will engage on the nature and timing of the measures in this step, in order to consider the widest possible array of views on how best to balance the health, economic and social effects.

Step Three

The next step will also take place when the assessment of risk warrants further adjustments to the remaining measures. The Government's current planning assumption is that this step will be no earlier than 4 July, subject to the five tests justifying some or all of the measures below, and further detailed scientific advice, provided closer to the time, on how far we can go.

The ambition at this step is to **open at least some of the remaining businesses and premises that have been required to close, including personal care** (such as hairdressers and beauty salons) **hospitality** (such as food service providers, pubs and accommodation), **public places** (such as places of worship) and **leisure facilities** (like cinemas). They should also meet the COVID-19 Secure guidelines. Some venues which are, by design, crowded and where it may prove difficult to enact distancing may still not be able to re-open safely at this point, or may be

²⁹ It is not OK to be in multiple household groups: if Household A merges with B, Household B cannot also elect to be in a group with Household C. This would create a chain that would allow the virus to spread widely

³⁰ The potential effects of this change on the rate of transmission are to be examined.

³¹ <https://covid19.govt.nz/alert-system/alert-level-3/>

³² This concept is explained in this 'building your bubble' explainer from the New Zealand Government: <https://www.health.govt.nz/our-work/diseases-and-conditions/covid-19-novel-coronavirus/covid-19-novel-coronavirus-health-advice-general-public/managing-your-bubble-during-covid-19>

able to open safely only in part. Nevertheless the Government will wish to open as many businesses and public places as the data and information at the time allows.

In order to facilitate the fastest possible re-opening of these types of higher-risk businesses and public places, the Government will carefully phase and pilot re-openings to test their ability to adopt the new COVID-19 Secure guidelines. The Government will also monitor carefully the effects of re-opening other similar establishments elsewhere in the world, as this happens. The Government will establish a series of taskforces to work closely with stakeholders in these sectors to develop ways in which they can make these businesses and public places COVID-19 Secure.

5. Fourteen supporting programmes

To deliver our phased plan, the Government will deliver fourteen programmes of work, all of which are ambitious in their scope, scale and timeframes.

1. NHS and care capacity and operating model

First, to maximise its confidence in managing new cases, the Government needs to continue to secure NHS and care capacity, and put it on a sustainable footing.

This includes ensuring staff are protected by the appropriate personal protective equipment (PPE), in all NHS and care settings.

This has required a new Industrial Strategy for PPE. Since the start of the outbreak, the Government, working with the NHS, industry and the Armed Forces, has delivered over 1.16bn pieces of PPE to the front line. On 6 May, over 17 million PPE items were delivered to 258 trusts and organisations. Through its UK-wide approach, the Government is working closely with the devolved administrations to support and co-ordinate the distribution of PPE across the UK: millions of PPE items have been delivered to Northern Ireland, Scotland and Wales. But there remains much more to do and under the leadership of Lord Deighton, the Government will:

- **Expand supply from overseas.** The Government has already set up a cross-government PPE sourcing unit, now staffed by over 400 people, to secure new supply lines from across the world and has published rigorous standards against which purchases will be made. The Government is working urgently to identify new sources of critical PPE from overseas markets, diversifying the UK's sources of supply and strengthening the UK's supply chains for the long term. DIT and FCO teams in posts around the world are seeking new supplies, lobbying governments to lift export restrictions and helping get crucial deliveries back to the UK.
- **Improve domestic manufacturing capability.** Lord Deighton is leading the Government effort to unleash the potential of British industry to manufacture PPE for the health and social care sectors. This will build on the manufacturing opportunities the Government has already identified and contribute to the national effort to meet the unprecedented demand. The Government is also working to support the scale-up of engineering efforts for small companies capable of contributing to supplies. The Government is currently in contact with over 200 potential UK manufacturers and has already taken delivery of products from new, certified UK manufacturers.
- **Expand and improve the logistics network for delivering to the front line.** The Government has brought together the NHS, industry and the Armed Forces to create a huge PPE distribution network, providing drops of critical equipment to 58,000 healthcare settings including GPs, pharmacies and social care providers. The Government is also releasing

stock to wholesalers for primary and social care and has delivered over 50 million items of PPE to local resilience forums to help them respond to urgent local demand. The Government is continually looking at how it improves distribution and is currently testing a new portal to more effectively deliver to smaller providers.

Second, the Government will seek innovative operating models for the UK's health and care settings, to strengthen them for the long term and make them safer for patients and staff in a world where COVID-19 continues to be a risk. For example, this might include using more tele-medicine and remote monitoring to give patients hospital-level care from the comfort and safety of their own homes. Capacity in community care and step-down services will also be bolstered, to help ensure patients can be discharged from acute hospitals at the right time for them. To this end, the Government will establish a dedicated team to see how the NHS and health infrastructure can be supported for the COVID-19 recovery process and thereafter.

Third, recognising that underlying health conditions and obesity are risk factors not just for COVID-19 but also for other severe illnesses, the Government will invest in preventative and personalised solutions to ill-health, empowering individuals to live healthier and more active lives. This will involve expanding the infrastructure for active travel (cycling and walking) and expanding health screening services, especially through the NHS Health Check programme, which is currently under review.

Fourth, the Government remains committed to delivering its manifesto, including to building 40 new hospitals, reforming social care, recruiting and retaining 50,000 more nurses and creating 50 million new GP surgery appointments.

Finally, the Government will continue to bolster the UK's social care sector, to ensure that those who need it can access the care they need outside of the NHS. The Government has committed to invest £1bn in social care every year of this Parliament to support the growing demand on the sector. By having an effective social care system the NHS can continue to discharge people efficiently from hospitals once they no longer need specialist medical support, helping us to keep NHS capacity available for those who need it most. The Government is also committed to longer term reform of the social care sector so no one is forced to have to sell their home to pay for care. Everyone accessing care must have safety and security.

Together these reforms will ensure that as well as preparing for the UK's recovery from COVID-19, the Government learns the lessons from this outbreak and ensures that the NHS is resilient to any future outbreaks.

2. Protecting care homes

The Government's number one priority for adult social care is infection control during the COVID-19 pandemic. Care homes for the elderly are particularly vulnerable because their residents are typically at greatest risk due to age and comorbidities and because the nature of care homes means they are often closed spaces where the virus can spread quickly. In April, the Government published a comprehensive action plan to support the 25,000 providers of adult social care in England

throughout the COVID-19 outbreak, including ramping up testing, overhauling the way PPE is being delivered to care homes and helping to minimise the spread of the virus to keep people safe.³³

This has been supported by £3.2bn of additional funding for local authorities, which can be used to meet some of the rising costs providers are facing and additional pressures on social care; as well as a further £1.3bn for the NHS and local authorities to work together to fund the additional needs of people leaving hospital during the pandemic.

While still too high, the daily number of deaths of people in care homes in England has been falling for the past fortnight. The majority of care homes still have been protected from having any cases and the Government will continue to strengthen the protections against infection of care home residents. Acting on the most recent scientific advice, the Government is taking further steps to support and work with the care home sector, building on work so far. This includes:

- **Testing:** the Government is providing widespread, swift testing of all symptomatic care home residents, and all patients discharged from hospital before going into care homes. It is offering a COVID-19 test to every staff member and resident in every care home in England, whether symptomatic or not; by 6 June, every care home for the over 65s will have been offered testing for residents and staff.
- **Infection prevention and control:** the Government is stepping in to support supply and distribution of PPE to the care sector, delivering essential supplies to care homes, hospices, residential rehabs and community care organisations. It is supporting care homes with extensive guidance, both online and by phone, on how to prevent and control COVID-19 outbreaks. This includes detailed instructions on how to deep clean effectively after outbreaks and how to enhance regular cleaning practices. The NHS has committed to providing a named contact to help 'train the trainers' for every care home that wants it by 15 May. The Government expects all care homes to restrict all routine and non-essential healthcare visits and reduce staff movement between homes, in order to limit the risk of further infection.
- **Workforce:** the Government is expanding the social care workforce, through a recruitment campaign, centrally paying for rapid induction training, making Disclosure and Barring Services checks free for those working in social care and developing an online training and job matching platform.
- **Clinical support:** the Government is accelerating the introduction of a new service of enhanced health support in care homes from GPs and community health services, including making sure every care home has a named clinician to support the clinical needs of their residents by 15 May. The NHS is supporting care homes to take up video consultation approaches, including options for a virtual ward.
- **Guidance:** the Government is providing a variety of guidance, including on [GOV.UK](https://www.gov.uk) and is signposting, through the Social Care Institute for Excellence, resources for care homes, including tailored advice for managing the COVID-19 pandemic in different social care settings and with groups with specific needs, for example adults with learning disabilities and autism.
- **Local Authority role:** every local authority will ensure that each care home in their area has access to the extra support on offer that they need to minimise the risk of infection and spread of infection within their care home, for example that care homes can access the face

³³ <https://www.gov.uk/government/publications/coronavirus-covid-19-adult-social-care-action-plan/covid-19-our-action-plan-for-adult-social-care>

to face training on infection control offered by the NHS, that they have a named clinical lead, know how to access testing for their staff and residents and are aware of best practice guidance for caring for their residents during the pandemic. Any issues in accessing this support will be escalated to regional and national levels for resolution as necessary.

3. Smarter shielding of the most vulnerable

The Government is taking a cautious approach, but some inherent risk to the most vulnerable remains. Around 2.5 million people across the UK have been identified as being clinically extremely vulnerable and advised to shield.³⁴

These are people who are most at risk of severe illness if they contract COVID-19. This means that they have been advised to stay at home at all times and avoid any face-to-face contact, until the end of June. The Government and local authorities have offered additional support to people who are shielding, including delivery of food and basic supplies, care, and support to access medicines, if they are unable to get help with this from family and friends. Over one million food boxes have been delivered in England since the programme started.³⁵ NHS Volunteer Responders and local volunteers are also helping to support this group.

The guidance on shielding and vulnerability will be kept under review as the UK moves through the phases of the Government's strategy. It is likely that the Government will continue to advise people who are clinically extremely vulnerable to shield beyond June. Whilst shielding is important to protect individuals from the risk of COVID-19 infection, the Government recognises that it is challenging for people's wider wellbeing. The Government will review carefully the effect on shielded individuals, the services they have had, and what next steps are appropriate.

For those who need to shield for a longer period, the Government will review the scale and scope of their needs and how the support programme can best meet these. The Government will also consider guidance for others who may be more vulnerable to COVID-19 and how it can support people to understand their risk.

4. More effective, risk-based targeting of protection measures

One way to limit the effect of the shielding measures and better target the social restrictions is to understand the risk levels in different parts of the population - both risk to self and risk to others.

It is clear the virus disproportionately affects older people, men, people who are overweight and people with some underlying health conditions. This is a complex issue, which is why, as set out in Chapter 1, Public Health England is leading an urgent review into factors affecting health outcomes.

In March, based on data and evidence available about the virus at that time, SAGE advised that older people, and those with certain underlying medical conditions, should take additional precautions to reduce the risk of contracting the virus. Those defined as clinically extremely vulnerable have been advised to shield, staying at home at all times and avoiding all non-essential face to face contact. Those who are clinically vulnerable, including all those aged 70 and over and

³⁴ Source: The Ministry of Housing, Communities and Local Government, Welsh Gov, Scottish Gov, NI Gov

³⁵ The Ministry of Housing, Communities and Local Government

pregnant women, have been advised to take particular care to minimise contact with those outside their household.

As our understanding of the virus increases, the Government is monitoring the emerging evidence and will continue to listen to advice from its medical advisers on the level of clinical risk to different groups of people associated with the virus. As the Government learns more, we expect to be able to offer more precise advice about who is at greatest risk. The current advice from the NHS on who is most at risk of harm from COVID-19 can be found [here](#).³⁶

5. Accurate disease monitoring and reactive measures

The success of any strategy based on releasing the current social restrictions while maintaining the epidemic at a manageable level will depend on the Government's ability to monitor the pandemic accurately, as well as quickly detect and tackle a high proportion of outbreaks. This will be especially challenging during the winter months given that COVID-19 shares many symptoms with common colds and the flu.

As the Government lifts restrictions over the coming months, the public must be confident action will be taken quickly to deal with any new local spikes in infections, and that nationally we have a clear picture of how the level of infections is changing. To achieve this, the Government is establishing a new biosecurity monitoring system, led by a new Joint Biosecurity Centre now being established.

Joint Biosecurity Centre (JBC)

The Government's new approach to biosecurity will bring together the UK's world-leading epidemiological expertise and fuse it with the best analytical capability from across Government in an integrated approach.

The Centre will have an **independent analytical function** that will provide real time analysis and assessment of infection outbreaks at a community level, to enable rapid intervention before outbreaks grow. It will work closely with local partners and businesses to:

- collect a wide range of data to build a picture of COVID-19 infection rates across the country – from testing, environmental and workplace data to local infrastructure testing (e.g. swab tests);
- analyse that data to form a clear picture of changes in infection rates across the country, providing intelligence on both the overall national picture and, critically, potential community level spikes in infection rates; and
- advise the Chief Medical Officers of a change in the COVID-19 Alert level who will then advise Ministers.

The Centre will also have a **response function** that will advise on the overall prevalence of COVID-19 to help inform decisions to ease restrictions in a safe way. It will identify specific actions to address local spikes in infections, in partnership with local agencies – for example, advising

³⁶ <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk-from-coronavirus/whos-at-higher-risk-from-coronavirus/>

Ministers, businesses and local partners to close schools or workplaces where infection rates have spiked, to reduce risk of further infection locally.

Local actions triggered by JBC analysis and assessment will be guided by a clear set of protocols based on the best scientific understanding of COVID-19, and what effective local actions look like.

The JBC will be responsible for setting the new COVID-19 Alert level to communicate the current level of risk clearly to the public. **The alert levels are:**

- Level 1** COVID-19 is not known to be present in the UK
- Level 2** COVID-19 is present in the UK, but the number of cases and transmission is low
- Level 3** A COVID-19 epidemic is in general circulation
- Level 4** A COVID-19 epidemic is in general circulation; transmission is high or rising exponentially
- Level 5** As level 4 and there is a material risk of healthcare services being overwhelmed

The Government will engage with the devolved administrations to explore how the centre can operate most effectively across the UK, as it is established. Over time the Government will consider whether the JBC should form part of an extended infrastructure to address biosecurity threats to the UK, and whether the COVID-19 alert level system should be expanded to other potential infectious diseases.

6. Testing and tracing

Mass testing and contact tracing are not, in themselves, solutions, but may allow us to relax some social restrictions faster by targeting more precisely the suppression of transmission. The UK now has capacity to carry out over 100,000 tests per day, and the Government has committed to increase capacity to 200,000 tests per day by the end of May.

The Government has appointed Baroness Harding to lead the COVID-19 Test and Trace Taskforce. This programme will ensure that, when someone develops COVID-19-like symptoms, they can rapidly have a test to find out if they have the virus – and people who they've had recent close contact with can be alerted and provided with advice. This will:

- identify who is infected more precisely, to reduce the number of people who are self-isolating with symptoms but who are not actually infected, and to ensure those who are infected continue to take stringent self-isolation measures; and
- ensure those who have been in recent close contact with an infected person receive rapid advice and, if necessary, self-isolate, quickly breaking the transmission chain.

This cycle of testing and tracing will need to operate quickly for maximum effect, because relative to other diseases (for example SARS) a proportion of COVID-19 sufferers almost certainly become infectious to others before symptoms are displayed; and almost all sufferers are maximally infectious to others as soon as their symptoms begin even if these are initially mild.

For such a system to work, several systems need to be built and successfully integrated. These include:

- widespread swab testing with rapid turn-around time, digitally-enabled to order the test and securely receive the result certification;
- local authority public health services to bring a valuable local dimension to testing, contact tracing and support to people who need to self-isolate;
- automated, app-based contact-tracing through the new NHS COVID-19 app to (anonymously) alert users when they have been in close contact with someone identified as having been infected; and
- online and phone-based contact tracing, staffed by health professionals and call handlers and working closely with local government, both to get additional information from people reporting symptoms about their recent contacts and places they have visited, and to give appropriate advice to those contacts, working alongside the app and the testing system.

Anyone with symptoms should isolate immediately, alongside their households, and apply for a test. If a negative test is returned, then isolation is no longer required. Once identified, those contacts considered to be at risk will be asked to isolate, either at the point of a positive test or after 48 hours - whichever is sooner.

Outbreaks amongst the socially excluded - whether through poverty or homelessness - are likely to be especially difficult to detect and harmful, since people in these groups may lack the means to isolate themselves when ill.

The Government will increasingly augment swab-based antigen testing, which determines whether a person currently has the virus, with antibody testing, which shows whether a person has previously had it, once it is sufficiently reliable to do so.

Whilst the measures above will involve an unprecedented degree of data-collection, as many Asian countries implemented after the SARS and MERS outbreaks, the Government will enact robust safety measures.

Part of the tracing effort will include a voluntary NHS contact tracing application (the NHS COVID-19 app, Figure 7) for smartphones; this will help increase the speed and effectiveness of the tracing effort.

Information collected through the Test and Trace programme, together with wider data from sources such as 111 online, will form part of a core national COVID-19 dataset. The creators of a number of independent apps and websites which have already launched to collect similar data have agreed to work openly with the NHS and have aligned their products and data as part of this central, national effort.

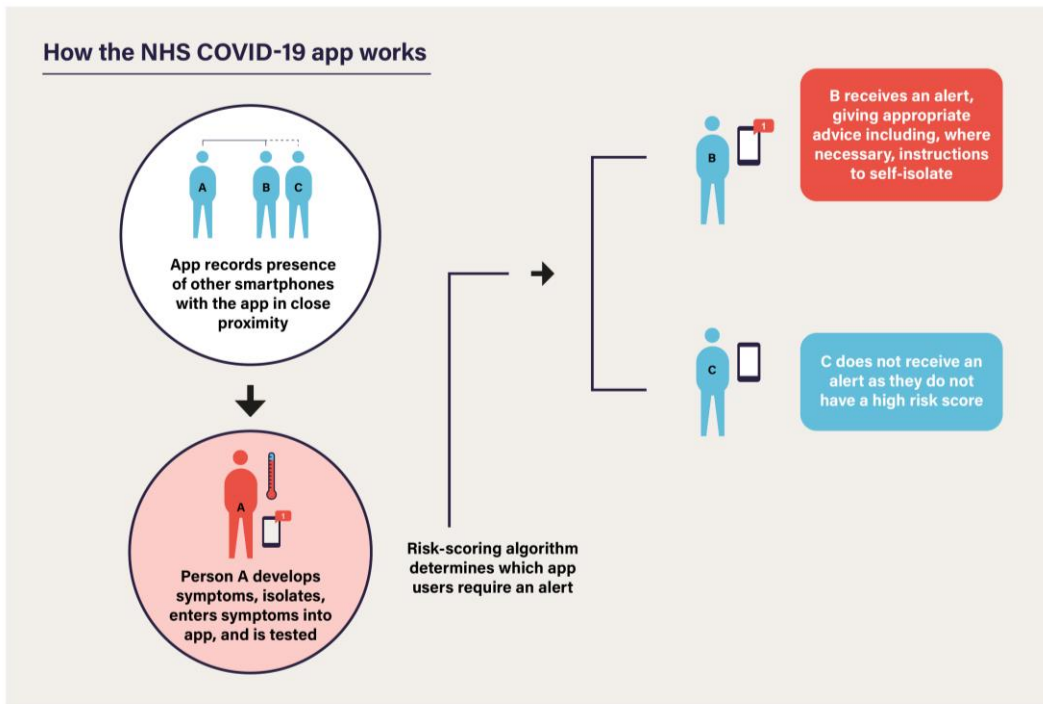


Figure 7: **The NHS COVID-19 app** Model for the NHS COVID-19 app at national launch.

7. Increased scientific understanding

Better scientific understanding of COVID-19 will help us act more precisely and confidently to limit its spread, improve treatments and help us develop vaccines. It will also help us better gauge risk of infection so the Government can adjust social restrictions such that it is neither being overly cautious nor reckless.

The Government is investing across the board in both basic genetic research and clinical studies:

- A joint NIHR-UKRI rapid response call, now closed, awarded £24.6m across 27 projects including for testing a vaccine, developing therapies and improving understanding of how to treat COVID-19. Building on the initial rapid funding round for COVID-19 research, the NIHR and UKRI are holding a rolling call for proposals for research into COVID-19. The call is for UK-led academic, small and medium enterprise (SME) and wider industry research that will address a wide range of COVID-19 knowledge gaps/needs, and which will lead to a benefit in UK, potentially international, public health within 12 months.
- The Government has recruited over 9,000 patients to the world's largest randomised COVID-19 therapeutics control trial (the RECOVERY Trial) to test whether therapeutics for other diseases can be repurposed; this is supported by a rapid response grant from the above call. More detail on this is set out below.
- The UK has launched a £20m COVID-19 Genomics consortium to map the spread of COVID-19 using genomic sequencing.
- Funded by the Department of Health and Social Care and UKRI, the collaborative programme ACCORD (Accelerating COVID-19 Research & Development platform) will

accelerate the development of new drugs for patients hospitalised with COVID-19, reducing the time taken to set up clinical studies for new therapies from months to weeks. The first of the new and existing medicines to be tested through the ACCORD platform is Bemcentinib.

- UKRI has also opened a call for short-term (12-18 month) projects addressing and mitigating the health, social, economic, cultural and environmental impacts of the COVID-19. This was launched on 31 March; eligible organisation from across the UK may apply, and there is no closing date.

8. "COVID-19 Secure" guidelines

Since mid-April an extensive programme of engagement has been underway between Government, the Health and Safety Executive, the public health authorities, business representative groups, unions, employers and local authorities, to agree the best way to make workplaces less infectious.

The guidelines will be based on sound evidence - from what has worked elsewhere in the world, and the best available scientific theory. The most important guidelines people can follow to stay safer outside their homes are attached at Annex A. For example:

- Individuals should **keep their distance from people outside their household**, wherever possible. Transmission is affected by both duration and proximity of contact; individuals should not be too close to other people for more than a short amount of time. Public Health England recommends trying to keep two metres away from people as a precaution.
- It remains essential to **keep hands and face as clean as possible**. People should wash their hands often, using soap and water, and dry them thoroughly. Touching of the face should be avoided. Hand sanitiser should be carried when travelling and applied where available outside the home, especially when entering a building and following contact with surfaces. **Clothes should also be washed regularly**, as there is some evidence that the virus can stay on fabrics.
- It is possible to reduce the risks of transmission in the workplace by **limiting the number of people that any given individual comes into contact with regularly**. Employers can support this where practical by changing shift patterns and rotas to keep smaller, contained teams. Evidence also suggests the virus is **less likely to be transmitted in well-ventilated areas**.

In addition to COVID-19 Secure guidelines for workplaces, the Government will consult on and release similar guidelines for schools, prisons, and other public spaces.

9. Better distancing measures

As set out in the previous chapter, during the second phase, the Government will steadily replace the current social restrictions with better targeted ones that best balance the three aims set out at the beginning of this document. The Government will engage widely ahead of each new stage of adjustments being designed and released.

10. Economic and social support to maintain livelihoods and restore the economy

The Government has announced one of the most generous and comprehensive support packages in the world, providing security and support for those who get sick or can't work and a bridge for businesses to protect people's jobs.

Support has been announced to help millions of workers and businesses, for the most vulnerable in society and those on the lowest income, for homeowners and renters, and for public services and vital sectors. The Government's package has also been complemented by the actions of the independent Bank of England.

The Government has introduced the Coronavirus Job Retention Scheme to prevent employers having to lay off staff and the Self-Employment Income Support Scheme to support eligible sole traders and partnerships, and has increased the standard allowance of Universal Credit and basic element of Working Tax Credits by £20 a week for one year (this will mean claimants are £1,040 per year better off). In the first two weeks since the Job Retention scheme was launched, over 800,000 employers have applied for help to pay the wages of over 6 million furloughed jobs.

The Government has increased the support it is offering through the benefit system for housing costs and for the self-employed, it has introduced a moratorium on private rental sector evictions, has established a new hardship fund and provided support for rough sleepers. Lenders are offering mortgage holidays for borrowers struggling with their finances and unable to make their repayments as a result of COVID-19.

This is in addition to support for businesses, including:

- VAT deferrals until the end of June that provide a direct cash injection of over £30bn, Self-Assessment tax deferrals from July to next January, providing a cashflow benefit of £13bn and more than 64,000 tailored Time to Pay arrangements agreed with businesses and individuals;
- A business rates holiday worth £11bn to businesses;
- Direct cash grants worth £10,000 or £25,000 for small businesses including in the retail, hospitality or leisure sectors, worth over £12bn in total;
- £1.25bn support for innovative firms;
- A rebate scheme to reimburse SMEs for part of their SSP costs worth up to £2bn for up to two million businesses; and
- A package of government-backed and guaranteed loans, which make available approximately £330bn of guarantees.

The Government is also supporting the NHS and other public services in the fight against the virus. So far more than £16bn from the COVID-19 Response Fund has gone towards the effort.

The Government recognises that many charities are working on the frontline to support people including hospices, citizens advice and support for victims of domestic violence and has provided a £750m package to enable those working on the frontline to continue supporting UK communities.

However, these measures are extraordinarily costly and cannot be sustained for a prolonged period of time. Precise costs will depend on a range of factors including the impact of the crisis on the wider economy and the level of take up for each scheme. The Office for Budget Responsibility has estimated that the direct cost to the Government of the response to COVID-19 could rise

above £100bn in 2020-21. In addition to this, support of approximately £330bn (equivalent to 15% of GDP) in the form of guarantees and loans has been made available to business.

So as the UK adjusts the current restrictions, the Government will also need to wind down the economic support measures while people are eased back to work

The Government will also need to ensure the UK's supply chains are resilient, ensuring the UK has sufficient access to the essential medicines, PPE, testing equipment, vaccines and treatments it needs, even during times of global shortage.

The world will not return to 'normal' after COVID-19; much of the global economy is likely to change significantly. The UK will need to be agile in adapting to and shaping this new world if the Government is to improve living standards across the nation as it recovers from COVID-19.

11. Treatments and vaccines

A vaccine or treatment can be used in several ways to help manage down the epidemic. Broadly in public health terms these can be divided into an epidemic modifying vaccine strategy, a disease modifying vaccine strategy and treatments to reduce the risk or severity of illness for those who catch the virus or for certain patient groups.

An epidemic modifying vaccine strategy aims to induce immunity to the infection at the population level and therefore stop the epidemic. To be epidemic modifying the vaccine has to be very safe (because it is used in the entire population) and highly effective.

A disease modifying vaccine strategy aims to protect all or selected vulnerable parts of the population from the worst effects of the disease, even if the vaccine is not capable of complete protection against infection. It might for example ensure that those vaccinated are much less likely to die from the disease. The epidemic may continue but with significantly reduced mortality and long-term health effects.

To move to phase three as quickly as possible, the Government must compress the time taken to develop, test, manufacture and distribute a reliable vaccine or treatments as far as possible. That means four immediate actions.

First, the government has launched the Vaccines and Treatments Taskforce, which will accelerate the development of a vaccine and treatments and ensure that, if one ever becomes available, it can be produced in mass quantities and safely administered to the public.

Second, on therapeutic treatments, the UK currently has three key national phase III drugs trials underway – RECOVERY, PRINCIPLE and REMAP-CAP - testing over 10 different drugs, as well as national programmes to evaluate more experimental drugs that show promise. RECOVERY, one of the key national phase III trials is currently the world's largest randomised control trial on COVID-19 therapeutics, recruiting 5,000 patients in under four weeks and now over 9,500.

Third, the Government is investing in the UK's sovereign manufacturing capability to ensure that at the point a vaccine or drug-based treatment is developed it can be manufactured at scale as quickly as possible. Therefore, the Government is working with the BioIndustry Association Taskforce to review UK manufacturing capabilities, which exist in academic and industrial spaces, alongside the UK's national centres. This will include assessing where the UK can repurpose existing sites for different vaccine types in the short-term, and where capacity can be sustainably

built to provide a longer-term solution. The Government will also review how it can support the acceleration, and expand the capacity, of the Vaccines Manufacturing and Innovation Centre, so it becomes operational earlier than planned and can manufacture population level doses.

Fourth, if a successful vaccine has been developed, it will be critical the Government can deliver it as quickly and as safely as possible, to those who need it most. Whilst there are numerous potential COVID-19 vaccine candidates and timings remain uncertain, the Government is working on the general principle that people should be vaccinated as soon as a safe vaccine becomes available. This will be a major logistical undertaking, and the Government will seek Joint Committee on Vaccination and Immunisation (JCVI) advice on deployment.

12. International action and awareness

COVID-19 does not recognise international borders and the UK will only truly be free of it when it has been eliminated from all four corners of the globe. Our health and economic systems will not fully recover while others are still suffering from its effects. As an outward-looking nation it is in our best interests, and our nature, to be at the forefront of a coordinated global response.

Consequently, we have spearheaded global action to counter the pandemic, including through the G7 and G20. On 4 May the UK co-led the Coronavirus Global Response International Pledging event, bringing together 42 nations to mobilise £6.5bn. The UK also co-led, with India, the development of the G20's Action Plan that, among other things, calls for the rapid implementation of the \$200bn (USD) package of global support from the World Bank Group and Regional Development Banks. This has also seen a landmark suspension of debt service repayments to official creditors, worth \$12bn (USD), for the world's least developed countries until 2021.

UK contributions also have played a critical role in ensuring that the global response is funded and fit for purpose. The Government has pledged over £388m towards the global \$8bn (USD) funding call for vaccines, therapeutics and diagnostics. This includes the largest contribution of any country to the Coalition Epidemic Preparedness Innovations appeal, which is leading efforts to develop a COVID-19 vaccine. The UK will also provide £330m a year for the next five years to the Global Vaccine Alliance (Gavi), making the UK the world's largest donor and readying Gavi to distribute a COVID-19 vaccine in developing countries. Looking ahead, the UK is also hosting the Global Vaccine Summit on 4 June, which will replenish Gavi's funds for the next 5 years.

Until a vaccine is ready, the Government will use the UK's position as a world leader in international development to help safeguard the wellbeing of the world's most vulnerable populations. The Government has made an additional contribution of up to £150m of UK aid funding to the International Monetary Fund's Catastrophe Containment and Relief Trust to help developing countries meet their debt repayments, and has doubled its £2.2bn loan to the Poverty Reduction and Growth Trust, both of which will free up space for low income countries to respond to the immediate crisis. The Government has provided £276m to address the impact of the pandemic and save lives among the world's most vulnerable communities, including £220m provided to international organisations (including the UN and ICRC) and UK charities to save lives amongst those beyond the reach of traditional health services. The UK is also deploying technical assistance and expertise as part of the response to assist the UN and developing countries.

The UK is focussing on the primary and secondary impacts of COVID-19 on health and nutrition, society and economy. We know that COVID-19 will exacerbate gender inequality as we saw with the Ebola outbreak in West Africa. The UK is pushing for greater explicit consideration of and support to women and girls across the COVID-19 response. We are providing £10 million to UNFPA to provide lifesaving Sexual and Reproductive Health care and gender-based violence prevention and response services as part of our wider support to the UN Humanitarian Response Plan.

The crisis has highlighted that free trade is vital to the UK's national wellbeing. The Government is working to ensure that all countries have access to critical goods, including medical supplies and food, despite the restrictions on movement required to counter the pandemic. As the UK starts to recover, the Government will lead work to develop more resilient supply chains so that we can continue to benefit from free and open global trading systems, while reducing risks in critical sectors. The Government will also continue to lead work on the international economic recovery, striving to deliver a UK and world economy which is stronger, cleaner, more sustainable and more resilient after this crisis.

13. Public communication, understanding and enforcement

The social restrictions with which the Government has had to ask everyone to comply represent an extraordinary intrusion into the public's normal way of living.

As the Government begins to adjust the restrictions, it faces a difficult choice: the more precisely the Government targets the measures, the faster it will be possible to move. However, the more complex the request becomes, the harder it is for people to comply with the measures.

"Stay at home" has been a simple, clear message. But as more social contact resumes, the Government will need to ask people to operate in new ways. This will require a high level of understanding, if adherence is to remain at the high levels the Government needs to avoid a second peak in infections.

The Government will therefore invest in enhancing population-wide public health education to ensure everyone has the information and education needed to take responsible risk judgements, and operate in a way that is safe for themselves and for others. Crucially, even those who are at low personal risk will need to continue following the rules and guidance so that they do not pass on the infection to others.

Whilst much of the Government's strategy centres on reducing the costs of complying with the measures wherever possible, as the UK moves into the next phase, where the Government will need to trust people to comply with more subtle social restrictions, the Government will also need to ensure robust enforcement measures to deter and reduce the threat from the small minority who elect not to act responsibly.

14. Sustainable government structures

COVID-19 has been perhaps the biggest test of governments worldwide since the 1940s. As the Government navigates towards recovery, it must ensure it learns the right lessons from this crisis and acts now to ensure that governmental structures are fit to cope with a future epidemic,

including the prospect of an outbreak of a second epidemic - for example, a pandemic flu - while the Government is still responding to COVID-19.

This will require a rapid re-engineering of government's structures and institutions to deal with this historic emergency and also build new long-term foundations for the UK, and to help the rest of the world.

The crisis has shown many parts of Government at its best; for example the NHS has demonstrated great creativity and energy in rapidly transforming its data, analytics and procurement processes. There is now an opportunity to spread these innovations across government.

Before the virus struck, the Government's Budget set out plans to invest in infrastructure, including significant investments in science, technology and skills. Previous generations built infrastructure on which the public now depend. Now it is the Government's responsibility to build the public health and governmental infrastructure - across the entirety of the United Kingdom - that will protect the country for decades to come.

COVID-19 will not be the last major disease that endangers us. The Government must prepare and build now for diseases that could threaten us in the future.

6. How you can help

To date, the people of the United Kingdom have adapted with creativity and compassion to the demands COVID-19 has placed on us all. The UK now needs to prepare for an extended period of living with and managing the threat from the virus; this will continue to require everyone's support and adherence.

A collective effort

The threat is a collective one; the responsibility to keep everyone safe is one everyone shares.

If the Government is to begin to adjust the social restrictions, it will require everyone to act thoughtfully and responsibly to keep R down, and the Government has little room for error.

If, as restrictions are lifted, everyone chooses to act cautiously and in line with the revised guidance, R will remain low, the rate of transmission will decline further, and the Government can lift more restrictions.

This effort must, however, be a shared and collective one; only a small number of new outbreaks would cause R to tip back above one and require the re-imposition of some restrictions.

In judging when to adjust each restriction, the Government will be guided by the best possible evidence and will be, as in this document, transparent about the basis for the decision.

Lending a hand

The response of individuals, communities, charities and businesses across the United Kingdom - to step in and lend a hand to support the national effort - has been tremendous. There are still opportunities to support the COVID-19 effort even more directly.

To find opportunities to volunteer with charities or the NHS, please see:

<https://www.gov.uk/volunteering/coronavirus-volunteering>

To offer business support, such as equipment, services or expertise, please see:

<https://www.gov.uk/coronavirus-support-from-business>

To apply for grant funding for short-term projects addressing the impact of COVID-19, please see:

<https://www.ukri.org/funding/funding-opportunities/ukri-open-call-for-research-and-innovation-ideas-to-address-covid-19/>

If you are clinician considering a return to the NHS in England, Scotland and Wales or the HSC in Northern Ireland, please see:

<https://www.england.nhs.uk/coronavirus/returning-clinicians/> (In England)

<https://www.gov.scot/publications/coronavirus-covid-19-guide-for-health-professions-considering-a-return-to-the-nhs-scotland/> (In Scotland)

<https://gov.wales/health-professionals-coronavirus> (In Wales)

<https://www.health-ni.gov.uk/Covid-19-returning-professionals> (In Northern Ireland)

Annex A: Staying safe outside your home

This guidance sets out the principles you should follow to ensure that time spent with others outside your homes is as safe as possible (unless you are clinically vulnerable or extremely vulnerable in which case you should follow separate advice on [GOV.UK](https://www.gov.uk)). It is your responsibility to adopt these principles wherever possible. The Government is also using these principles as the basis of discussions with businesses, unions, local government and many other stakeholders to agree how they should apply in different settings to make them safer. All of us, as customers, visitors, employees or employers, need to make changes to lower the risk of transmission of the virus. The Government has consulted with its scientific advisers to establish the principles that will determine these changes.

Keep your distance from people outside your household, recognising this will not always be possible. The risk of infection increases the closer you are to another person with the virus **and** the amount of time you spend in close contact: you are very unlikely to be infected if you walk past another person in the street. Public Health England recommends trying to keep 2m away from people as a precaution. However, this is not a rule and the science is complex. The key thing is to not be too close to people for more than a short amount of time, as much as you can.

Keep your hands and face as clean as possible. Wash your hands often using soap and water, and dry them thoroughly. Use sanitiser where available outside your home, especially as you enter a building and after you have had contact with surfaces. Avoid touching your face.

Work from home if you can. Many people can do most or all of their work from home, with the proper equipment and adjustments. Your employer should support you to find reasonable adjustments to do this. However, not all jobs can be done from home. If your workplace is open and you cannot work from home, you can travel to work.

Avoid being face to face with people if they are outside your household. You are at higher risk of being directly exposed to respiratory droplets released by someone talking or coughing when you are within 2m of someone and have face-to-face contact with them. You can lower the risk of infection if you stay side-to-side rather than facing people.

Reduce the number of people you spend time with in a work setting where you can. You can lower the risks of transmission in the workplace by reducing the number of people you come into contact with regularly, which your employer can support where practical by changing shift patterns and rotas to match you with the same team each time and splitting people into smaller, contained teams.

Avoid crowds. You can lower the risks of transmission by reducing the number of people you come into close contact with, so avoid peak travel times on public transport where possible, for example. Businesses should take reasonable steps to avoid people being gathered together, for example by allowing the use of more entrances and exits and staggering entry and exit where possible.

If you have to travel (to work or school, for example) think about how and when you travel.

To reduce demand on the public transport network, you should walk or cycle wherever possible. If you have to use public transport, you should try and avoid peak times. Employers should consider staggering working hours and expanding bicycle storage facilities, changing facilities and car parking to help.

Wash your clothes regularly. There is some evidence that the virus can stay on fabrics for a few days, although usually it is shorter, so if you are working with people outside your household wash your clothes regularly. Changing clothes in workplaces should only normally be considered where there is a high risk of infection or there are highly vulnerable people, such as in a care home. If you need to change your clothes avoid crowding into a changing room.

Keep indoor places well ventilated. Evidence suggests that the virus is less likely to be passed on in well-ventilated buildings and outdoors. In good weather, try to leave windows and doors open in places where people from different households come into contact – or move activity outdoors if you can. Use external extractor fans to keep spaces well ventilated and make sure that ventilation systems are set to maximise the fresh air flow rate. Heating and cooling systems can be used at their normal temperature settings.

If you can, wear a face covering in an enclosed space where social distancing isn't possible and where you will come into contact with people you do not normally meet. This is most relevant for short periods indoors in crowded areas, for example on public transport or in some shops. The evidence suggests that wearing a face covering does not protect you, but it may protect others if you are infected but have not developed symptoms. If you have symptoms of COVID-19 (cough and/or high temperature) you and your household should isolate at home: wearing a face covering does not change this. A face covering is not the same as the surgical masks or respirators used as part of personal protective equipment by healthcare and other workers; these supplies should continue to be reserved for those who need them to protect against risks in their workplace, such as health and care workers and those in industrial settings like those exposed to dust hazards. Face coverings should not be used by children under the age of 2 or those who may find it difficult to manage them correctly, for example primary school age children unassisted, or those with respiratory conditions. It is important to use face coverings properly and wash your hands before putting them on and taking them off.

You can make face coverings at home; the key thing is it should cover your mouth and nose. You can find guidance on how to do this on [GOV.UK](https://www.gov.uk).

You should follow the advice given to you by your employer when at work. Employers have a duty to assess and manage risks to your safety in the workplace. The Government has issued guidance to help them do this. This includes how to make adjustments to your workplace to help you maintain social distance. It also includes guidance on hygiene as evidence suggests that the virus can exist for up to 72 hours on surfaces. Frequent cleaning is therefore particularly important for communal surfaces like door handles or lift buttons and communal areas like bathrooms, kitchens and tea points. You can see the guidance on [GOV.UK](https://www.gov.uk) and can ask your employer if you have questions.

Annex B: Summary table: COVID-19 vulnerable groups

Group	Explanation	Current & Continuing Guidance	Government Support
<p>Clinically Extremely Vulnerable People (All in this cohort will have received communication from the NHS)</p>	<p>People defined on medical grounds as clinically extremely vulnerable, meaning they are at the greatest risk of severe illness. This group includes solid organ transplant recipients; people receiving chemotherapy; renal dialysis patients; and others.</p>	<p>Follow shielding guidance by staying at home at all times and avoiding all non essential face-to-face contact. This guidance is in place until end June.</p>	<p>Support available from the National Shielding Programme, which includes food supplies (through food boxes and priority supermarket deliveries), pharmacy deliveries and care. Support is available via the NHS Volunteer Responders app.</p>
<p>Clinically Vulnerable People</p>	<p>People considered to be at higher risk of severe illness from COVID-19.</p> <p>Clinically vulnerable people include the following: people aged 70 or older, people with liver disease; people with diabetes; pregnant women; and others.</p>	<p>Stay at <u>home</u> as much as possible. If you do go out, take particular care to minimise contact with others outside your household.</p>	<p>Range of support available while measures in place, including by local authorities and through voluntary and community groups. Support is available via the NHS Volunteer Responders app.</p>
<p>Vulnerable People (Non-clinical)</p>	<p>There are a range of people who can be classified as "vulnerable" due to non-clinical factors, such as children at risk of violence or with special educational needs; victims of domestic abuse; rough sleepers; and others.</p>	<p>People in this group will need to follow general guidance except where they are also clinically vulnerable or clinically extremely vulnerable where they should follow guidance as set out above.</p>	<p>For those who need it, a range of support and guidance across public services and the benefits system, including by central and local Government and the voluntary and community sector.</p>



1. Home (<https://www.gov.uk/web/20200511165641/https://www.gov.uk/>)
2. Business and industry (<https://www.gov.uk/web/20200511165641/https://www.gov.uk/business-and-industry>)

News story

New guidance launched to help get Brits safely back to work

Government publishes guidance for employers to help them get their businesses back up and running and workplaces operating safely.

Published 11 May 2020

From:

Department for Business, Energy & Industrial Strategy

(<https://www.gov.uk/web/20200511165641/https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy>), Health and Safety Executive

(<https://www.gov.uk/web/20200511165641/https://www.gov.uk/government/organisations/health-and-safety-executive>), and The Rt Hon Alok Sharma MP

(<https://www.gov.uk/web/20200511165641/https://www.gov.uk/government/people/alok-sharma>)



- Practical guidelines published today to make workplaces as safe as possible and give people confidence to go back to work during coronavirus pandemic
- documents developed in consultation with approximately 250 businesses, unions, industry leaders as well as devolved administrations
- up to an extra £14 million made available for the Health and Safety Executive (HSE) for extra call centre employees, inspectors and equipment
- guidance provides employers with a downloadable notice businesses should display to show people they have followed the guidance

New 'COVID-19 secure' guidelines are available to UK employers to help them get their businesses back up and running and workplaces operating as safely as possible.

This follows the Prime Minister setting out steps to beat the virus and restart the economy, so we can protect jobs, restore people's livelihoods and fund the country's vital public services.

The government has consulted approximately 250 stakeholders in preparing the guidance. It has been developed with input from firms, unions, industry bodies and the devolved administrations in Northern Ireland, Scotland and Wales and in consultation with Public Health England (PHE) and the Health and Safety Executive (HSE), to develop best practice on the safest ways of working across the economy, providing people with the confidence they need to return to work.

The new guidance covers 8 workplace settings which are allowed to be open, from outdoor environments and construction sites to factories and takeaways. This sets out practical steps for businesses focused on 5 key points, which should be implemented as soon as it is practical:

1. Work from home, if you can

All reasonable steps should be taken by employers to help people work from home. But for those who cannot work from home and whose workplace has not been told to close, our message is clear: you should go to work. Staff should speak to their employer about when their workplace will open.

2. Carry out a COVID-19 risk assessment, in consultation with workers or trade unions

This guidance operates within current health and safety employment and equalities legislation and employers will need to carry out COVID-19 risk assessments in consultation with their workers or trade unions, to establish what guidelines to put in place. If possible, employers should publish the results of their risk assessments on their website and we expect all businesses with over 50 employees to do so.

3. Maintain 2 metres social distancing, wherever possible

Employers should re-design workspaces to maintain 2 metre distances between people by staggering start times, creating one way walk-throughs, opening more entrances and exits, or changing seating layouts in break rooms.

4. Where people cannot be 2 metres apart, manage transmission risk

Employers should look into putting barriers in shared spaces, creating workplace shift patterns or fixed teams minimising the number of people in contact with one another, or ensuring colleagues are facing away from each other.

5. Reinforcing cleaning processes

Workplaces should be cleaned more frequently, paying close attention to high-contact objects like door handles and keyboards. Employers should provide handwashing facilities or hand sanitisers at entry and exit points.

A downloadable notice is included in the documents, which employers should display in their workplaces to show their employees, customers and other visitors to their workplace, that they have followed this guidance.

Business Secretary Alok Sharma said:

This guidance provides a framework to get the UK back to work in a way that is safe for everyone.

These are practical steps to enable employers to identify risks that COVID-19 creates and to take pragmatic measures to mitigate them.

And as we are able to reopen new sectors of the economy, we will continue our collaborative approach working with a wide range of stakeholders, to provide guidance for additional workplaces.

Sarah Albon Chief Executive, Health and Safety Executive

The BEIS guidance issued today sets out practical steps employers can take to enable staff to continue and return to work. We have worked with BEIS to ensure businesses have access to the information they need to put in place measures to help them work safely. This will assist employers in carrying out risk assessments and putting practical measures in place.

At the heart of the return to work is controlling the risk posed by the virus. Ensuring safe working practices are in place will help deliver a safe return to work and support businesses across the country.

Craig Beaumont, Head of External Affairs UK at the Federation of Small Businesses commented:

FSB has engaged through this process with the Department for Business, Energy & Industrial Strategy and we appreciate that our points have been taken on board for the UK small business community.

Today's guidance is practical, workable and proportionate for small businesses.

It will be a long journey but this guidance will provide the basis for small employers to have the positive conversations needed with their staff. This is the first step to getting the economy back on its feet.

Carolyn Fairburn, Director-General of the CBI commented:

Safety is at the heart of business thinking. Unless people feel safe, employees won't return, customers will stay away and the restart will falter, harming livelihoods and public services.

This guidance will help. It gives firms a clearer picture of how to reopen safely and gradually.

The guidance builds on the good proactive plans many firms have developed during lockdown. Excellent employee engagement, fast workplace innovation and transparency have helped many companies support livelihoods. It's right to build on this.

The UK faces months of change and challenge. These guidelines will need to continue to evolve based on insight from the ground.

And employers, employee representatives and relevant enforcement agencies must work together, supporting these plans to build public trust and get our economy back on its feet.

Jonathan Geldart, Director General of the Institute of Directors commented:

This guidance is an important first step. It won't provide every answer, no guidance can, but directors can use it to inform their risk assessments for operating in this pandemic.

Ultimately, the decision lies with a company's directors, and they need to feel comfortable they can operate safely. Decisions on re-opening will not be taken lightly. Business leaders want to stand on their own two feet, but most can't operate at anything like normal capacity at the moment, and making adjustments to protect staff and customers will be a big challenge for many workplaces.

We hope and expect the guidance to evolve over time, but this is a place for employers to start on the long path to getting the economy going again.

The guidance applies to businesses currently open. This also includes guidance for shops which we believe may be in a position to begin a phased reopening at the earliest from the 1 June. Guidance for other sectors that are not currently open will be developed and published ahead of those establishments opening to give those businesses time to plan. The government will also shortly set up taskforces to work with these sectors to develop safe ways for them to open at the earliest point at which it is safe to do so, as well as pilot re-openings to test businesses' ability to adopt the guidelines.

As part of today's announcement, the government has made available up to an extra £14 million for the HSE, equivalent to an increase of 10% of their budget, for extra call centre employees, inspectors and equipment if needed.

Notes to editors

There are 8 workplace guidance documents now available under Working safely during coronavirus (COVID-19) guidance (<https://web.archive.org/web/20200511165641/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>).

Published 11 May 2020

Explore the topic

- Work (<https://www.gov.uk/web/20200511165641/https://www.gov.uk/work>)
- Business and industry (<https://www.gov.uk/web/20200511165641/https://www.gov.uk/business-and-industry>)

Topical events

- Coronavirus (COVID-19): UK government response (<https://www.gov.uk/web/20200511165641/https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response>)



1. Home (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/>)

Working safely during coronavirus (COVID-19)

From:

Department for Business, Energy & Industrial Strategy (<https://web.archive.org/web/20200511194502/https://www.gov.uk/government/organisations/department-for-business-energy-and-industrial-strategy>)

Published:

11 May 2020

Updated:

11 May 2020, see all updates (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/updates>)

Give feedback about this page (<https://web.archive.org/web/20200511194502/https://www.gov.uk/contact/govuk>)

Guidance to help employers, employees and the self-employed understand how to work safely during the coronavirus pandemic.

The government, in consultation with industry, has produced guidance to help ensure workplaces are as safe as possible.

These 8 guides cover a range of different types of work. Many businesses operate more than one type of workplace, such as an office, factory and fleet of vehicles. You may need to use more than one of these guides as you think through what you need to do to keep people safe.

1. **Construction and other outdoor work** Guidance for people who work in or run outdoor working environments. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/construction-and-other-outdoor-work>)
2. **Factories, plants and warehouses** Guidance for people who work in or run factories, plants and warehouses. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/factories-plants-and-warehouses>)
3. **Homes** Guidance for people working in, visiting or delivering to other people's homes as well as their employers. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/homes>)
4. **Labs and research facilities** Guidance for people who work in or run indoor labs and research facilities and similar environments. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/labs-and-research-facilities>)
5. **Offices and contact centres** Guidance for people who work in or run offices, contact centres and similar indoor environments. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/offices-and-contact-centres>)
6. **Restaurants offering takeaway or delivery** Guidance for people who work in or run restaurants offering takeaway or delivery services. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/restaurants-offering-takeaway-or-delivery>)
7. **Shops and branches** Guidance for people who work in or run shops, branches, stores or similar environments. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/shops-and-branches>)
8. **Vehicles** Guidance for people who work in or from vehicles, including couriers, mobile workers, lorry drivers, on-site transit and work vehicles, field forces and similar. (<https://www.gov.uk/web/20200511194502/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19/vehicles>)

Part of

Support for businesses and self-employed people during coronavirus (<https://www.gov.uk/coronavirus-taxon/businesses-and-self-employed-people>)

News story

Chancellor extends furlough scheme until October

The government's Coronavirus Job Retention Scheme will remain open until the end of October, the Chancellor announced today (Tuesday 12 May 2020).

Published 12 May 2020

From:

HM Treasury (<https://www.gov.uk/government/organisations/hm-treasury>)

 HM Government



- Coronavirus Job Retention Scheme will continue until end of October
- furloughed workers across UK will continue to receive 80% of their current salary, up to £2,500
- new flexibility will be introduced from August to get employees back to work and boost economy

In a boost to millions of jobs and businesses, Rishi Sunak said the furlough scheme would be extended by a further four months with workers continuing to receive 80% of their current salary.

As we reopen the economy, we need to support people to get back to work. From the start of August, furloughed workers will be able to return to work part-time with employers being asked to pay a percentage towards the salaries of their furloughed staff.

The employer payments will substitute the contribution the government is currently making, ensuring that staff continue to receive 80% of their salary, up to £2,500 a month.

Chancellor Rishi Sunak said:

Our Coronavirus Job Retention Scheme has protected millions of jobs and businesses across the UK during the outbreak – and I've been clear that I want to avoid a cliff edge and get people back to work in a measured way.

This extension and the changes we are making to the scheme will give flexibility to businesses while protecting the livelihoods of the British people and our future economic prospects.

New statistics published today revealed the job retention scheme has protected 7.5 million workers and almost 1 million businesses.

The scheme will continue in its current form until the end of July and the changes to allow more flexibility will come in from the start of August. More specific details and information around its implementation will be made available by the end of this month.

The government will explore ways through which furloughed workers who wish to do additional training or learn new skills are supported during this period. It will also continue to work closely with the Devolved Administrations to ensure the scheme supports people across the Union.

The Chancellor's decision to extend the scheme, which will continue to apply across all regions and sectors in the UK economy, comes after the government outlined its plan for the next phase of its response to the coronavirus outbreak.

The scheme is just one part of the government's world-leading economic response to coronavirus, including an unprecedented package for the self-employed, loans and guarantees that have so far provided billions of pounds in support, tax deferrals and grants for small businesses.

Today the government is also publishing new statistics that show businesses have benefitted from over £14 billion in loans and guarantees to support their cashflow during the crisis. This includes 268,000 Bounce Back Loans worth £8.3 billion, 36,000 loans worth over £6 billion through the Coronavirus Business Interruption Loan Scheme, and £359 million through the Coronavirus Large Business Interruption Loan Scheme.

Mike Cherry, National Chairman of the Federation of Small Businesses, said:

The Job Retention Scheme is a lifeline which has been hugely beneficial in helping small employers keep their staff in work, and its extension is welcome. Small employers have told us that part-time furloughing will help them recover from this crisis and it is welcome that new flexibility is announced today.

BCC Director General Adam Marshall said:

The extension of the Job Retention Scheme will come as a huge help and a huge relief for businesses across the UK.

The Chancellor is once again listening to what we've been saying, and the changes planned will help businesses bring their people back to work through the introduction of a part-time furlough scheme. We will engage with the Treasury and HMRC on the detail to ensure that this gives companies the flexibility they need to reopen safely.

Over the coming months, the government should continue to listen to business and evolve the scheme in line with what's happening on the ground. Further support may yet be needed for companies who are unable to operate for an extended period, or those who face reduced capacity or demand due to ongoing restrictions.

Dame Carolyn Fairbairn, CBI Director-General, said:

The Chancellor is confronting a challenging balancing act deftly. As economic activity slowly speeds up, it's essential that support schemes adapt in parallel.

Extending the furlough to avoid a June cliff-edge continues the significant efforts made already and will protect millions of jobs.

Introducing much needed flexibility is extremely welcome. It will prepare the ground for firms that are reawakening, while helping those who remain in hibernation. That's essential as the UK economy revives step-by-step, while supporting livelihoods.

Firms will, of course, want more detail on how they will contribute to the scheme in the future and will work with government to get this right.

Above all, the path of the virus is unpredictable, and much change still lies ahead. The government must continue to keep a watchful eye on those industries and employees that remain at risk. All schemes will need to be kept under review to help minimise impacts on people's livelihoods and keep businesses thriving.

The greater the number of good businesses saved now, the easier it will be for the economy to recover.

Further information

	Cumulative number of approved facilities	Cumulative value of approved facilities	Cumulative number of applications
Bounce Back Loan Scheme	268,173	£8.378 billion	363,646
Coronavirus Business Interruption Loans Scheme	35,919	£6.094 billion	71,316
Coronavirus Large Business Interruption Loans Scheme	59	£359 million	358

- the applications figure includes approved applications, those applications that are still to be processed, applications that have been declined and those applications that may turn out not to be eligible or cases where customers will decide not to proceed
- figures show cumulative applications and approvals up to close of business on 10 May 2020
- these figures include data from BBB accredited lenders shared directly with HMT by close of business on 11 May 2020

Number of Jobs Furloughed	7.5 million
Number of Employers Furloughing	935,000
Total £ claimed	£10.1 billion

- these figures are up until 9am today

Published 12 May 2020

Related content

Collection

- Coronavirus Job Retention Scheme (<https://www.gov.uk/government/collections/coronavirus-job-retention-scheme>)

Explore the topic

- Business and industry (<https://www.gov.uk/business-and-industry>)
- Work, financial support and money during coronavirus (<https://www.gov.uk/coronavirus-taxon/work-financial-support-and-money>)

- [Managing your business during coronavirus \(https://www.gov.uk/coronavirus-taxon/managing-your-business-during-coronavirus\)](https://www.gov.uk/coronavirus-taxon/managing-your-business-during-coronavirus)
- [Your responsibilities as an employer during coronavirus \(https://www.gov.uk/coronavirus-taxon/your-responsibilities-as-an-employer\)](https://www.gov.uk/coronavirus-taxon/your-responsibilities-as-an-employer)

Topical events

- [Coronavirus \(COVID-19\): UK government response \(https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response\)](https://www.gov.uk/government/topical-events/coronavirus-covid-19-uk-government-response)



1. Home (<https://www.gov.uk/web/20200513071456/https://www.gov.uk/>)
2. Closing certain businesses and venues in England
(<https://www.gov.uk/web/20200513071456/https://www.gov.uk/government/publications/further-businesses-and-premises-to-close>)
 1. Cabinet Office (<https://www.gov.uk/web/20200513071456/https://www.gov.uk/government/organisations/cabinet-office>)
 2. Ministry of Housing, Communities & Local Government (<https://www.gov.uk/web/20200513071456/https://www.gov.uk/government/organisations/ministry-of-housing-communities-and-local-government>)

Guidance

Closing certain businesses and venues in England

Updated 13 May 2020

Contents

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As a country, we all need to do what we can to reduce the spread of coronavirus (COVID-19).

The government has set out its plan

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy>) to return life to as near normal as we can, as quickly and fairly as possible in order to safeguard livelihoods, but in a way that is safe and continues to protect our NHS. The strategy sets out a roadmap to easing existing measures in phases and as part of that, we are all advised to follow guidelines to stay alert and safe (<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>).

The government has also given clear guidance on self-isolation

(<https://web.archive.org/web/20200513071456/https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-advice/>), and asked that schools

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision>) only remain open for those children who absolutely need to attend.

All businesses and venues outlined in the table below must not open to the public: failure to follow the law relating to these closures can lead to the individual responsible for the business being issued a prohibition notice, a fixed penalty notice or prosecution.

Takeaway and delivery services may remain open and operational in line with guidance below. Online retail and click and collect services may continue.

Employers who have people in their offices or onsite are advised to ensure that employees are able to follow the government's guidelines on working safely

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/guidance/working-safely-during-coronavirus-covid-19>).

1. Businesses and venues that must remain closed to members of the public

To reduce social contact, the government has required by law the businesses and venues in the left-hand column to close to members of the public. Legal exceptions, and guidance on their scope, are set out in the right-hand column.

When using or operating any exemptions to closures listed below, you should follow relevant social distancing guidance.

Food and drink	Exceptions
Restaurants and public houses, wine bars or other food and drink establishments including within hotels and members' clubs, such as dining rooms	<p>Food delivery and takeaway can remain operational. This can be a new activity supported by the new permitted development rights in England. This covers the provision of hot or cold food that has been prepared for consumers for collection or delivery to be consumed, reheated or cooked by consumers off the premises.</p> <p>Room service in hotels and accommodation.</p>

Food and drink	Exceptions
Cafés and canteens	<p>Food delivery and takeaway can remain operational (and as above).</p> <p>Cafés and canteens at hospitals, police and fire services' places of work, care homes or schools; prison and military canteens; services providing food or drink to the homeless may remain open.</p> <p>Where there are no practical alternatives, other workplace canteens can remain open to provide food for their staff. For example, this could include canteens at police or fire services' places of work.</p> <p>However, where possible, the government advises that staff should be encouraged to bring their own food, and distributors can move to takeaway. Employers are encouraged to take measures to minimise the number of people in the canteen, for example by using a rota.</p>
Retail	Exceptions
Hairdressers, barbers, beauty and nail salons, including piercing and tattoo parlours	
<p>All retail, other than those exempt, must close their premises to members of the public. However, staff may be present to make deliveries or provide services in response to orders such as those through telephone, online, or mail.</p> <p>Click and collect services can also operate, though customers must not enter premises listed in the left-hand column.</p>	<ul style="list-style-type: none"> • Food retailers, including supermarkets • Dental services, opticians, audiology services, chiropody, chiropractors, osteopaths and other medical or health services (including physiotherapy and podiatry services), and services relating to mental health • Pharmacies and chemists, including non-dispensing pharmacies • Petrol stations • Bicycle shops • Homeware, building supplies and hardware stores, including where those stores supply equipment for hire • Garden centres and plant nurseries • Veterinary surgeries and pet shops • Agricultural supplies shops • Convenience stores, corner shops and newsagents • Off-licences and licensed shops selling alcohol, including those within breweries • Laundrettes and dry cleaners • Post offices

Retail	Exceptions
	<ul style="list-style-type: none"> • Taxi or vehicle hire businesses • Car repair and MOT services • Car parks • Banks, building societies, short-term loan providers, credit unions, savings clubs, cash points, currency exchange offices, businesses for the transmission of money, and businesses which cash cheques. • Storage and distribution facilities, including delivery drop off or collection points where they are on the premises of any of the above businesses • Public toilets • Shopping centres may stay open but only units of the types listed above may trade
Car showrooms	
Outdoor markets	Livestock markets and stalls selling food
Auction houses	Livestock auctions
Accommodation	Exceptions
<p>Holiday accommodation including hotels, hostels, B&Bs, holiday rentals, campsites and boarding houses</p>	<p>Where people live in these as interim abodes whilst their primary residence is unavailable, or they live in them permanently, they may continue to do so.</p> <p>Non-UK residents who are unable to travel to their country of residence during this period can continue to stay in hotels or similar where required.</p> <p>Hotels and other accommodation listed can be provided to any person who is unable to return to their main residence, and to non-UK residents unable to travel.</p> <p>Hotels and other accommodation listed can provide services to any critical worker that is part of the effort to deal with coronavirus, if the stay is necessary for their work. The list of critical workers (https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/coronavirus-covid-19-maintaining-educational-provision/guidance-for-schools-colleges-and-local-authorities-on-maintaining-educational-provision) was published by the Cabinet Office and Department for Education on 19 March 2020.</p> <p>People who are unable to move into a new home due to the current restrictions can also stay at hotels.</p> <p>Where hotels, hostels, and B&Bs are providing rooms to support homeless and other vulnerable people such as those who cannot safely stay in their home, through arrangements with local authorities and other public bodies, they may remain open.</p> <p>Those attending a funeral will be able to use hotels when returning home would be impractical.</p> <p>Hotels and other accommodation listed are allowed to host blood donation sessions.</p>

Accommodation		Exceptions
Caravan parks/sites for commercial uses	<p>Where people live permanently in caravan parks or are staying in caravan parks as interim abodes where their primary residence is not available, they may continue to do so.</p> <p>Caravan parks also have the same exemptions as hotels and other forms of accommodation listed above.</p>	
Non-residential institutions		Exceptions
Libraries	Digital library services and those where orders are taken electronically, by telephone or by post (for example no-contact Home Library Services) may continue.	
Community centres	<p>Community centres can open for the purpose of hosting essential voluntary activities and urgent public services, such as food banks, homeless services.</p> <p>A community centre can open temporarily to host a blood donation session for these services only. The government strongly advises that Public Health England guidelines (https://web.archive.org/web/20200513071456/https://www.gov.uk/government/collections/coronavirus-covid-19-list-of-guidance) are followed.</p>	
Places of worship	<p>Funerals may be held but attendees must follow the restrictions as per Regulation 6(1)(g) (https://web.archive.org/web/20200513071456/http://www.legislation.gov.uk/ukxi/2020/350/regulation/6/made), and it is advised that funerals be conducted in line with guidance from Public Health England (https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic/covid-19-guidance-for-managing-a-funeral-during-the-coronavirus-pandemic).</p> <p>Burial grounds and cemeteries can remain open. Grounds surrounding crematoria may also remain open, including gardens of remembrance.</p> <p>Providers of funeral services, such as funeral directors and funeral homes, may remain open.</p> <p>A minister of religion or worship leader may leave their home to travel to their place of worship. A place of worship may broadcast an act of worship, whether over the internet or otherwise.</p> <p>A place of worship can remain open for the purpose of hosting essential voluntary activities and urgent public services, such as food banks, homeless services, and blood donation sessions.</p>	
Assembly and leisure		Exceptions
Museums and galleries		
Nightclubs		
Cinemas, theatres and concert halls		
Bingo halls, casinos and betting shops		
Spas and massage parlours		
Skating rinks		
Indoor fitness studios, gyms, swimming pools or other indoor leisure centres	Any suitable assembly or leisure premises may open for blood donation sessions.	
Indoor arcades, bowling alleys, soft play centres and similar facilities		
Funfairs		
Outdoor recreation		Exceptions

Outdoor recreation	Exceptions
Playgrounds, outdoor gyms and outdoor swimming pools	<p>Outdoor sports courts, including public and private outdoor enclosed areas such as tennis courts, golf courses, basketball courts, bowling greens and football pitches, can open. The government strongly advises that social distancing guidance is followed when using these facilities. Bars and clubhouses at outdoor sports facilities must remain closed other than for takeaway to be consumed off site.</p> <p>Parks, open countryside, beaches and waterways can remain open. See further government guidance on access to green spaces (https://web.archive.org/web/20200513071456/https://www.gov.uk/government/news/coronavirus-guidance-on-access-to-green-spaces) and outdoor recreation.</p>

Local authorities are also urged to open waste and recycling centres. The Coronavirus Restriction Regulations (<https://web.archive.org/web/20200513071456/http://www.legislation.gov.uk/uksi/2020/500/made>) have been updated to make clear that people can leave their home to visit such centres.

2. Home moving and work carried out in people's homes

There is updated separate guidance on home moving

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/guidance/government-advice-on-home-moving-during-the-coronavirus-covid-19-outbreak>) and associated activities during the coronavirus outbreak.

There is also separate guidance on work carried out in other people's homes

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/guidance/social-distancing-in-the-workplace-during-coronavirus-covid-19-sector-guidance#working-in-peoples-homes-as-a-tradesperson-cleaner-or-nanny>), for example, by tradespeople carrying out repairs and maintenance, cleaners, or those providing paid-for childcare in a child's home.

3. Takeaway food and food delivery facilities may remain open and operational

This means people can continue to enter premises to access takeaway services, including delivery drivers.

Businesses are encouraged to take orders online or by telephone, and businesses must not provide seating areas, indoors and outdoors, for customers to consume food and drink on. Ordering in advance is strongly encouraged to avoid waiting in, as per Public Health England guidelines.

Planning regulations have been changed to enable restaurants, cafés and pubs which do not currently offer delivery and hot or cold food takeaway to do so. The legislation can be accessed online

(<https://web.archive.org/web/20200513071456/http://www.legislation.gov.uk/uksi/2020/330/contents/made>).

People must not consume food or drinks on site at restaurants, cafés or pubs whilst waiting for takeaway food. Those venues offering takeaway or delivery services must not include alcoholic beverages in this list if their licence does not already permit.

4. Length of closure

We asked the businesses and venues outlined above **not to open for trade from close of trade 23 March 2020**.

Following the second point of review of these measures on 7 May 2020, the government has set out its plan (<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/our-plan-to-rebuild-the-uk-governments-covid-19-recovery-strategy>) to rebuild, including easing existing restrictions in phases. As part of this,

the government has provided clear guidance on staying alert and safe

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/staying-alert-and-safe-social-distancing/staying-alert-and-safe-social-distancing>).

5. Compliance

As of 26 March 2020

(<https://web.archive.org/web/20200513071456/http://www.legislation.gov.uk/uksi/2020/350/introduction/made>) these restrictions became enforceable by law in England. These Regulations were then amended on 22 April 2020 (<https://web.archive.org/web/20200513071456/http://www.legislation.gov.uk/uksi/2020/447/made>) and 13 May 2020 (<https://web.archive.org/web/20200513071456/http://www.legislation.gov.uk/uksi/2020/500/made>) due to the threat to public health.

Everyone is required to comply with these Regulations issued by the government in relation to coronavirus, in order to protect both themselves and others.

An owner, proprietor or manager carrying out a business (or a person responsible for other premises) who contravenes the Regulations, without reasonable excuse, commits an offence.

In England, Environmental Health and Trading Standards officers will monitor compliance with these regulations, with police support provided if appropriate. Businesses and venues that breach them will be subject to prohibition notices, and a person, who is 18 or over, carrying on a business in contravention of the Regulations may be issued with a fixed penalty. The government is introducing higher fines for those who do not comply, to reflect the increased risk to others of breaking the rules.

With the support of the police, prohibition notices can be used to require compliance with the Regulations including requiring that an activity ceases. It is also an offence, without reasonable excuse, to fail to comply with a prohibition notice.

If prohibition notices are not complied with, or fixed penalty notice not paid, you may also be taken to court with magistrates able to impose potentially unlimited fines.

6. Financial support

Her Majesty's Treasury also announced on 20 March 2020

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/speeches/the-chancellor-rishi-sunak-provides-an-updated-statement-on-coronavirus>) a comprehensive series of measures supporting wages, cash-flow for businesses, and the welfare system.

7. Business support

In England, under the Retail, Hospitality and Leisure Grant (RHLG) announced on Monday March 16, businesses and venues in England in the retail, hospitality and leisure sectors will be eligible for cash grants of up to £25,000 per property.

Eligible businesses and venues in these sectors with a property that has a rateable value of up to £15,000 will receive a grant of £10,000. Eligible businesses and venues in these sectors with a property that has a rateable value of between £15,001 and £51,000 will receive a grant of £25,000. Businesses and venues with a rateable value of over £51,000 are not included in this scheme.

For more information please visit the government's business support page

(<https://web.archive.org/web/20200513071456/https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/covid-19-support-for-businesses#support-for-businesses-that-pay-business-rates>).

8. Business rates

In England, as announced on Monday 16 March, the government will provide a business rates holiday for businesses and venues in the retail, hospitality and/or leisure sector. This includes the businesses and venues in scope for closure listed above. The relief will apply to business rates bills for the 2020 to 2021 tax year.

9. Further information

This guidance will be updated regularly as the situation develops and to reflect frequently asked questions. For information about support for business, please go to the government's Business Support page (<https://web.archive.org/web/20200513071456/https://www.businesssupport.gov.uk/>) or visit GOV.UK (<https://web.archive.org/web/20200513071456/https://www.gov.uk/>).

10. Scope of guidance

The Devolved Administrations have issued their own guidance on these matters which can be found below:

- Wales (<https://web.archive.org/web/20200513071456/https://gov.wales/sites/default/files/publications/2020-03/coronavirus-closure-of-businesses-and-premises.pdf>)
- Scotland (<https://web.archive.org/web/20200513071456/https://www.gov.scot/publications/coronavirus-covid-19-business-and-social-distancing-guidance/pages/businesses-and-premises-which-must-close/>)
- Northern Ireland (<https://web.archive.org/web/20200513071456/https://www.nidirect.gov.uk/articles/coronavirus-covid-19-restrictions-businesses-and-services>)

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PUBLICATION - SPEECH/STATEMENT

Coronavirus (COVID-19) update: First Minister's speech 21 May 2020

Published: 21 May 2020

From: [First Minister](#)Part of: [Coronavirus in Scotland](#), [Health and social care](#), [Public safety and emergencies](#)

Delivered by: First Minister Nicola Sturgeon

Location: Scottish Parliament, Edinburgh

Statement given by the First Minister Nicola Sturgeon to the Scottish Parliament, Edinburgh on Thursday 21 May.

This document is part of a collection



Presiding Officer,

The Scottish Government has just published a route map to take Scotland through and out of the Covid crisis.

It provides information about how and when we might ease the lockdown restrictions, while continuing to suppress the virus. And it provides us with some indication of what our journey to a new normal might look like.

The route map is, for ease of access, high level. But it will be supplemented in the days ahead with detailed advice and information for the public, as well as guidance covering key sectors of our economy, travel and transport.

In publishing this route map, we confront a fundamental issue. The lockdown restrictions have been absolutely necessary to mitigate the massive harm caused by the Covid-19 virus. However the lockdown is creating harms of its own - loneliness and social isolation, deepening inequalities and serious damage to our economy.

None of us want it to last any longer than it has to.

So today we are setting out the phases in which we will aim to ease lockdown and reduce the

impact on all of us - individuals, families, communities and businesses.

The steps we will take are by necessity gradual and incremental - and they must also be matched with rigorous, ongoing monitoring of the virus.

There is no completely risk free way of lifting lockdown. But we must mitigate the risks as much as we can. And we must not at any stage act rashly or recklessly.

For all our progress, this virus has not gone away. It continues to pose a significant threat to health. And if we move too quickly or without proper care, it could run out of control again very quickly.

And the danger of a second wave later in the year is very real indeed.

We mustn't forget any of that.

At every stage, though, the biggest single factor in controlling the virus, will be how well we all continue to observe public health advice.

Continued high compliance with the restrictions that are in place at any time, together with hand washing, cough hygiene and physical distancing will continue to be essential, as will wearing a face covering where appropriate.

And we must understand and accept what a Test, Trace, Isolate system will require of all of us.

Each of us will have an ongoing responsibility to protect ourselves and to protect each other.

I want to do three things in today's statement.

First, give an update on where we are now in our efforts to control the virus.

Second, set out the initial ways in which lockdown restrictions are likely to be eased, from the end of next week.

And, finally, discuss possible future steps - and the approach we will take in deciding which ones to take, and when.

But let me stress now that the nature of what we are dealing with means these proposals cannot be set in stone.

We will conduct formal reviews at least every three weeks to assess if and to what extent we can move from one phase to the next, but we will be constantly alive to when we can go faster, or indeed whether we have gone too far.

It may be that we can't do everything in a particular phase at the same time. A single phase may span more than one review period. Some measures may be lifted earlier than planned and some later.

And, of course, our plans will change if the data, evidence or indeed our understanding of the virus changes. We also welcome views on these plans, including, of course, from other parties. In addition I would encourage members of the public to read the route map at www.gov.scot and let

us know your views. This crisis affects all of us, and how we emerge from it safely matters deeply to all of us.

In setting out where we are now, I will give an update on the daily statistics, before putting the data we now have into a broader context.

In doing that, I want to thank - as I always do - our health and care workers for the extraordinary work they are doing in incredibly testing circumstances.

As at 9 o'clock this morning, there have been 14,856 positive cases confirmed - that is an increase of 105 from yesterday.

A total of 1,318 patients are in hospital with Covid-19 - 909 of them who have been confirmed as having the virus, and 409 who are suspected of having Covid. That represents a total decrease of 125 from yesterday, including a decrease of 34 in the number of confirmed cases.

A total of 51 people last night were in intensive care with confirmed or suspected Covid 19. That is a decrease of 2 from yesterday.

And unfortunately I also have to report that in the past 24 hours, 37 deaths have been registered of patients who had been confirmed through a test as having the virus - and that takes the total number of deaths in Scotland, under that measurement, to 2,221.

These numbers - together with yesterday's figures from National Records of Scotland - spell out very starkly the human cost of this virus.

These are not simply statistics - they all represent individuals whose loss is a source of grief to many. And I want to send my deepest condolences to everyone who has lost a loved one to this virus.

However the numbers also make clear, as I indicated yesterday, that our efforts to curb covid-19 have had an impact. Our mid-range estimate for the number of infectious people in Scotland is now 25,000 - however we expect that number to decrease further.

We are now seeing significant and sustained reductions in the number of confirmed Covid patients in hospital. The number of Covid patients in intensive care is now less than a quarter of what it was at its peak.

And yesterday's National Records of Scotland data showed that Covid deaths have now fallen for three consecutive weeks - last week's total was just over half the figure that was reported for the last full week of April.

We are also publishing today a paper which sets out the methods we use for calculating the R number - the rate at which the virus is reproducing. We will now publish our up to date estimate of the R number each Thursday.

Our latest estimate is that the R number remains between 0.7 and 1. In March, it was probably above 4.

And it's worth saying that although these figures do indicate real progress we cannot and must

not be complacent. Progress remains fragile and it would be too easy for the virus to run out of control again.

The total number of Covid deaths - 351 last week alone - is still far too high. And although we estimate that the R number is below 1, the range has not changed this week, and there is still uncertainty about just how far below 1 it is. It may also still be slightly above other parts of the UK.

However we now have some confidence that the R number has been below 1 for more than 3 weeks, and that there has been a reduction in new cases and in the impact of the virus. In my judgement, therefore, the time is right to move towards a careful relaxation of lockdown restrictions - but, as I will say in a moment, we must do so on a timescale that aligns with our development of test, trace and isolate.

Today's route map explains the framework we are using for that relaxation - and sets out future steps people can expect to see, and in what order.

It is based firmly on the criteria set by the World Health Organisation, and it takes account of the experiences of other countries.

A key aspect of our strategy - as recommended by the WHO - is the "test, trace, isolate, support" approach, which will operate in Scotland as "Test and Protect".

We will test anyone who has symptoms consistent with COVID-19 and ask them to isolate.

We will use contact tracing to identify the close contacts of positive cases.

We will ask those close contacts to self-isolate, so that if they do develop the disease, there is less risk that they will pass it on to others.

And we will make sure that support is available to those who need it.

We will also carry out ongoing surveillance and furnish the public with up to date information about transmission rates and significant clusters.

That system of test and protect run by NHS Scotland is already being used on a case by case basis. From the end of this month it will be available, on an expanded basis, in every health board across the country.

That timescale gives us added confidence that we can take the first, careful steps on our journey out of lockdown from next week.

Test and Protect will be a crucial tool in controlling this virus. However, it will be most effective if we continue to suppress the virus, so that the number of infections reduces further.

And that is why our emergence from lockdown must be gradual and phased.

Today's route map outlines four phases in emerging from the Covid crisis beyond the current lockdown phase, and it covers nine key aspects of our lives - seeing friends and family; travel and getting around; education and childcare; work, business and the economy; shopping and leisure;

sport and culture; public gatherings and special occasions; communities and public services; and health and social care.

We are legally required to review the lockdown restrictions every three weeks. The next review date is next Thursday, 28th May.

Providing that we continue to make progress in tackling Covid over the next week and, in particular, see no regression in our progress so far, I can confirm that the government intends to move from lockdown to phase 1 - and thereby lift some restrictions - from 28th May.

As we enter later phases - and when the evidence allows - more restrictions will be removed. Details of the relevant criteria to be met and restrictions to be eased in each phase are set out in the document.

I'm sure that everyone watching will want to know what changes will be made as we move to phase 1.

But first, a word of caution - not every phase 1 measure will necessarily be introduced immediately on 28th May. Some may be introduced a few days after that and, depending on the evidence, it is possible that some may have to be postponed - though I very much hope that won't be the case.

But next week, when we have completed our formal review, we will make clear exactly what changes we are making and when, and ensure that detailed information is available for the public.

However let me set out some of the likely changes in phase 1.

More outdoor activity will be permitted.

You will be able to sit or sunbathe in parks and open areas, and you will be able to meet people from one other household, although initially in small numbers, while you are outside. This is a change which we hope will benefit everyone, but particularly those without gardens, and people who live on their own.

It is important to stress that different households should remain two metres apart from each other - that is critical in ensuring that this change doesn't provide the virus with easy routes of transmission.

And because of the much higher risk of indoor transmission, visiting inside each others' houses will not be permitted in phase 1.

Some non-contact outdoor leisure activities will be allowed to restart - such as golf, tennis, bowls and fishing - subject of course to appropriate hygiene and physical distancing.

In addition, people will be able to travel - preferably by walking or cycling - to a location near their local community for recreation. Although, we are asking people where possible to stay within or close to their own local area.

Waste and recycling services will resume, as will many outdoor businesses, such as agriculture and forestry.

The construction industry will be able to carefully implement steps 1 and 2 of its 6 step restart plan which it has developed with us. However, let me be clear that there must be genuine partnership with trade unions - this can only be done if it is done safely.

Other industries that are expected to resume in phase 2, will be permitted in the first phase to prepare workplaces for the safe return of workers and customers.

We will no longer discourage take-away and drive-through food outlets from reopening, as long as they apply safe physical distancing. Outdoor retail outlets such as garden centres will be allowed to reopen.

However, non-essential indoor shops, and indoor cafes, restaurants and pubs must remain closed in this first phase.

Some key community support services will resume – for example face to face Children's Hearings will restart, using physical distancing, and people at risk will have more contact with social work and support services.

We are also planning a phased resumption of aspects of the criminal justice system.

And we will carefully and gradually resume NHS services which were paused as a result of this crisis. I also want to remind people that as of now, you should contact your GP, NHS 24 or 999 if you need to. That message is really important.

These phase 1 measures - most of which have an outdoor focus - are not in place yet, let me stress that and they are dependent on all of us continuing to suppress the virus. They will also be monitored carefully as they do take effect.

However we view them as a proportionate and suitably cautious set of first steps. And I hope they will bring some improvement to people's wellbeing and quality of life, start to get our economy moving again, and start to steer us safely towards a new normality.

It's important to stress, though, that while the permitted reasons to be out of your house will increase, the default message during phase one will remain Stay at Home as much as possible.

As we move into subsequent phases, more restrictions will be removed. Details of these later phases - and the criteria we will need to meet - are set out in the document. We will make decisions on when and to what extent we can move to these phases carefully and on the basis of evidence. And we will carry out formal reviews at least every 3 weeks, though I hope we can move more quickly than that if the evidence allows.

Presiding Officer, I want to take a moment now to talk directly to people who are currently shielding - those we have asked to isolate completely for 12 weeks, because we know they are at the greatest risk from this virus.

We know that the isolation imposed by shielding over a long period of time is in itself very difficult and indeed harmful. And so, although we are not changing our advice on shielding yet, I can confirm that we will issue new guidance before the initial period of shielding ends on 18 June.

This will aim to increase your quality of life and your ability to make informed choices, while continuing to protect you as much as possible from the risks the virus poses. I really understand how hard this is for this for you who are shielding, and I want you to know that you are central to our thinking as we move forward, through and out of this crisis.

Presiding Officer, more generally, the route map sets out what phases 2, 3 and 4 will mean for different areas of activity.

It tries to give as definite sense as possible of when, and on what basis, we might be able to see friends and family, on something like a normal basis.

We also set out what the different phases will mean for transport - and I can confirm that we will publish a much more detailed transport transition plan on Tuesday next week.

We also outline the further stages in which businesses might reopen. Let me stress that we want to move through these stages as quickly as the evidence allows. Getting the economy moving again really matters to all of us, and therefore we have sought to focus first on industries where people simply cannot work from home. However, safety and the confidence of employers, employees and customers is essential. And that is why detailed guidance for key sectors of the economy will follow in the days ahead.

Let me stress that we will continue to require for the foreseeable future home working where that is possible - and we will also encourage flexible working, including consideration of four day weeks for example.

We indicate the phases in which service industries might reopen - that is businesses such as restaurants, bars and hairdressers, the latter being a priority, I know, for almost every woman in the country and some men. For restaurants and bars, I think I'll not go any further there Presiding Officer, for restaurants and bars, opening of outdoor spaces will come earlier than opening of indoor spaces.

The route map also indicates when places of worship might reopen.

And it makes it clear that while our current guidance on funerals - one of the most distressing and heartbreaking rules of the current lockdown - remains unfortunately unchanged for now, we do hope to relax it as we move from phase 1 to phase 2.

Finally Presiding Officer, I know that a key priority for parents, children and young people is education and early years services.

I can confirm that we are planning to allow Universities and colleges to have a phased return next term, with a combination of remote learning, and some limited on-campus learning.

On schools and early learning and childcare, we have published today the report of the Education Recovery Group, which is chaired by the Deputy First Minister and includes representatives of councils, parent and teacher organisations and trade unions.

Through this approach, we have reached an agreed position that will help us build confidence amongst pupils, parents and teachers about a safe return to formal schooling.

The report can be read in full on the Scottish Government website. I stress that all of its conclusions are subject to health advice, and to appropriate measures on physical distancing, testing and provision of protective equipment, where required, being in place.

But let me summarise now the key points.

Teachers and other school staff will return during June to prepare classrooms for the new term and a different model of learning.

During June and over the summer, an increased number of children will have access to critical childcare - such as has been provided for the children of key workers during lockdown.

And we will provide, where possible, transition support for children going into primary 1 or children moving from primary 7 to secondary school.

From 11 August, all schools will re-open. However, to allow appropriate physical distancing, children will return to a blended model of part time in-school and part time at-home learning.

Childminders can re-open during phase 1 and over the summer all early years childcare providers will re-open, subject to necessary health measures. Capacity will be prioritized for children of key workers, early learning and childcare entitlement and children in need. And the Care Inspectorate will provide further guidance in due course.

Now these arrangements will not represent a complete return to normality by August. But we judge them to be the most sensible and safe approach we can plan for at this stage.

To reflect the fact that children will still be doing part of their learning at home, we are also going to invest a further £30 million to provide laptops for disadvantaged children and young people to enable them to study online.

Presiding Officer, I want at this stage to take a moment to say a huge thank you to parents, carers and teachers who are doing so much to ensure that children continue to learn during this lockdown period.

And I want to send a special message to children and young people themselves - on the off chance that any of you are watching a parliamentary statement - I know how difficult it has been for you not to be at school and with your friends, but you have been magnificent during this lockdown period - and from the bottom of my heart thank you to every single one of you.

Presiding Officer, to conclude as I have briefly summarized and I know all members will take time to study this document in full, this route map tries to sketch out as much detail as we can provide at this stage, how and in what stages, we might move back to some normality as we continue to live with this virus, as we are going to have to do for quite some time to come.

It does not yet set definite dates for all phases, because it cannot do so, we know that this virus is and will remain unpredictable.

And of course to a great extent, the timing of these changes, the timing of moving from one phase to another will depend on all of us - it will depend on our continued ability to suppress the virus even as we move out of lockdown.

Our emergence from lockdown will be faster or slower, depending on the continued success that we have in suppressing the virus.

It's also worth saying I think that in the weeks ahead, our messages will inevitably have to become more nuanced and more complex, as we try to strike a very difficult balance protecting public health and also allowing more personal choice.

Straightforward, strict rules will gradually be replaced by the need for all of us to exercise judgment and responsibility.

However some key advice - for example on isolating if you have symptoms of Covid, strict physical distancing, washing your hands and face coverings - will remain the same throughout.

We must continue, all of us, to recognise that every decision we take as individuals, has an impact on others and on our collective wellbeing.

That sense of collective responsibility has been so appreciated by me and I know by all of us throughout this lockdown period - indeed, it is only because people across the country have so overwhelmingly observed the lockdown restrictions, that we are now in a position of being able to plan ahead.

It will be absolutely vital for all of us to continue to abide by whatever rules are in place at any particular stage.

And for the moment - until 28 May - I must therefore stress that our key public health guidance, as of now, remains unchanged.

Please stay at home except for essential purposes - which right now include exercise, going to essential work that cannot be done at home, or shopping for essential items like food and medicine.

You can now exercise more than once a day - but when you do leave the house, please stay more than 2 metres from other people. And for now don't meet up with households other than your own.

Please wear a face covering if you are in a shop or on public transport. And remember to wash your hands thoroughly and regularly.

Finally, if you or someone else in your household has symptoms of Covid-19, please stay at home completely. Those symptoms as a reminder are a high temperature, a persistent cough, or a change or loss of smell or taste.

I'm very aware that talk of emerging from lockdown, as well as the nice weather we've enjoyed in recent days makes these restrictions even harder.

But I want to stress by abiding by them is what makes it possible for us to think about relaxing them.

By doing the right thing, and continuing to do the right thing, all of us have helped to slow the spread of this virus we've helped to protect our NHS from being overwhelmed and despite the

grim numbers of people dying, we have helped to save lives.

And as a result of all of that personal sacrifice, on the part of everybody sacrifice for the common good we are now able - gradually, cautiously, and in phases - to plan our move back to some normality.

So I want to end Presiding Officer, by thanking everyone for making this prospect possible.

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