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OFFICIAL SENSITIVE

Summary Note and Action Points from SGoRR(O) 1300 hours on Sunday 15 March

Chaired by Jim Baird (Head of SGoRR)

- * Opening remarks by Ken Thomson set out that the purpose of this meeting was to give Ministers a clear written brief for SGoR(M) and COBR(M) scheduled for tomorrow, 16 March

- * Catherine Calderwood, CMO gave an overview of the current situation stressing that the timing of proposed measures needs to be right and that the language needs to be very clear in order to counter some of the more sensationalist headlines in the press. It's likely that the shielding of Category 1 vulnerable groups and Category 2 groups including over 70s will be discussed and decided upon at COBR(M). The criticality of the timing is due to the fact that some measures will be in place for a significant length of time and there will be social impacts of isolation particularly for the over 70s group.

- * There was discussion around school closures and the CMO was very clear that the science around this did not justify any closures. Nevertheless around the table there was some discussion around the impact on long term school closures on the ability to deliver key services. Analytical services are looking at the impact of school closures.

- * Some work is to begin, led by the Organisational Readiness team, on the definition of key workers both within and out with the Scottish Government and guidance that should then be drafted for those key workers. ACC Irvine asked that Police Scotland be included in the work of that group.

- * DG Health gave an update on NHS Readiness and Impacts. He noted that NHS and Social Care are mobilising rapidly. A meeting is to be held to discuss PPE and there is an exercise being undertaken to procure additional ventilator capacity as well as existing ventilators not being decommissioned.

- * 3000 additional beds can be made available by stopping elective surgery but this will not meet the expected demand. Elective surgery will be wound down beginning next week. Private hospital capacity has been procured but it should be noted that much of this is already staffed by NHS staff.

- * Community Hub and pathway being launched by NHS 24 to enable the pressure to be taken off General Practice. Daily interface with partners should be done through Resilience Partnerships.

- * DG Health noted that all of the preparations are at significant financial costs but NHS is working with SG to deliver this.

- * Cross Government – Director for Organisational Readiness advised that guidance on mass gatherings had been published at 1200 today. It was noted that the language of the guidance was very clear that this is guidance and that SG have no powers as yet to ban gatherings but that once the Bill is enforced then there will be the ability to make provision for powers. It is not yet known if the guidance from UKG will differ much from that published by Scotland.

- * Chief Economist gave an update on economic impacts noting that £360m had been provided by SG based on the consequentials. Work is being done to categorise business e.g. Category 1 would be those in negative cash flow although the scale of impacts mean that a UK wide approach would be more effective. It was noted that the First Minister and other Ministers have been engaging with business and will continue to do so. Officials advised that a series of sectoral round tables have been commissioned.

- * It was noted that there is ongoing work on the identification of vulnerable individuals including the availability of the PARD system which is due to be activated later this week.

- * On CNI the REST team have been working with partners to the 'Keep Scotland Running strategy'. There followed a discussion on the possibility of adapting guidance for key workers such as in the Nuclear Industry where asymptomatic staff could continue to work with support from local health and were tested daily. CMO said that she is happy to sign off on the safe and pragmatic solution. Guidance on this is being taken forward by the Readiness Team.

- * It was noted that a number of Universities have taken the decision to step back from face to face teaching. This is due to pressure from teaching staff and unions, rather than Universities wishing to contradict medical advice. Similarly on schools the meeting was told that