

SCOTTISH CABINET

**MINUTES OF MEETING HELD IN ST ANDREW'S HOUSE, EDINBURGH
AT 9.30 AM ON TUESDAY, 30 NOVEMBER 2021**

Present:	Rt Hon Nicola Sturgeon MSP	First Minister
	John Swinney MSP	Deputy First Minister and Cabinet Secretary for Covid Recovery (*) (<i>part of meeting only</i>)
	Keith Brown MSP	Cabinet Secretary for Justice and Veterans
	Kate Forbes MSP	Cabinet Secretary for Finance and the Economy
	Mairi Gougeon MSP	Cabinet Secretary for Rural Affairs and Islands
	Rt Hon Angus Robertson MSP	Cabinet Secretary for the Constitution, External Affairs and Culture
	Shona Robison MSP	Cabinet Secretary for Social Justice, Housing and Local Government
	Shirley-Anne Somerville MSP	Cabinet Secretary for Education and Skills (*)
	Humza Yousaf MSP	Cabinet Secretary for Health and Social Care
In Attendance:	Leslie Evans	Permanent Secretary (*)
	Rt Hon Dorothy Bain QC	Lord Advocate
	George Adam MSP	Minister for Parliamentary Business
	Graeme Dey MSP	Minister for Transport
	Dr Gregor Smith	Chief Medical Officer (*)
	Ken Thomson	DG Constitution and External Affairs (*)
	James Hynd	Director for Cabinet
	Dominic Munro	Director, Exit Strategy (*)
	David Rogers	Director, Constitution and Cabinet (*)
	Shirley Rogers	Director, Organisational Readiness (*)
	Andrew Watson	Director of Budget and Public Spending (*)
	Dr Colin Troup	Legal Secretary to the Lord Advocate (*)
	Amanda Gordon	Deputy Director, Outbreak Management (*)
	Lisa McGuinness	Permanent Secretary's Principal Private Secretary (*)
	Douglas McLaren	Deputy Director, Budget, Pay and Pensions (*)
	Jeanette Campbell	Special Adviser (*)
	Leanne Dobson	Special Adviser (*)
	Kate Higgins	Special Adviser (*)
	David Livey	Special Adviser (*)
	Liz Lloyd	Special Adviser (*)
	Colin McAllister	Special Adviser (*)
	Callum McCaig	Special Adviser (*)
	Stuart Nicolson	Special Adviser (*)
	Chris Mackie	First Minister's Official Spokesperson (*)
	NR	PS/First Minister
	Julie Grant	Assistant Head of News (*)
	NR	FM Covid Briefing Unit (*)
	Sinead Power	First Minister's Policy and Delivery Unit (*)
	NR	Head of Briefing and Evidence, Covid Co-ordination (*)

13. In the absence of further information about the transmissibility, spread and harm caused by Omicron, the paper posited an approach based on the retention of the existing baseline measures, which still appeared to represent a proportionate response. This said, it was already clear that significant new efforts would need to be devoted in the short term to contact tracing, and Cabinet would need to consider, on a weekly basis, whether there was a need for any change of stance in relation to measures to deal with Omicron. In addition, the vaccination and booster programme must continue to progress as rapidly as possible.

14. There were some additional steps that might need to be implemented, depending on the nature of evidence that emerged about Omicron, but financial support from the UK Government would be necessary for some of these (notably business support).

15. The decisions taken at the previous week's meeting of the Cabinet (SCN(21)24th Conclusions refers) about reinforcing the importance of testing in advance of any social contact would be an important part of the initial response to the emergence of a potentially more powerful variant, which the First Minister intended to emphasise in her statement to the Parliament that afternoon. The situation remained fast-moving, and a responsive and flexible approach would be necessary. In public information terms, this would entail continued emphasis on the importance of protective measures and the need for all eligible persons to come forward for vaccination as soon as they could.

16. Although, previously, the Joint Committee on Vaccination and Immunisation (JCVI) had often taken some time to consider its response to emerging variants, in this instance its decision to recommend giving boosters to as wide a group as possible, as well as reducing the minimum gap between the second dose and the booster from six to three months, had been made very swiftly, and it would be important for the Government to respond as rapidly as possible.

17. Discussions were under way with NHS Boards, who were due to provide Ministers with responses to a series of questions about increasing the pace of the vaccination and booster programme over the next day, so that concrete plans could be confirmed. It was intended that the number of doses administered should increase from 500,000 to 700,000 per week with almost immediate effect, and without significant dips over the festive period. By the end of the calendar year, this should allow for all over 40s to have received both initial doses and a booster (or third) dose (as appropriate), subject to individual uptake. By the end of January 2022, the intention was that this target would be achieved for all adults, in line with JCVI recommendations.

18. NHS Boards were currently assessing whether the number of vaccinators who could be drafted in might be able to be increased further, including from among recently retired healthcare staff. Final year healthcare students had responded well to the request for volunteers willing to take two to three months out of their training to help with the vaccination programme. Other workers with some existing training, such as firefighters, were being invited to take part as administrators.