

SCOTTISH CABINET

MINUTES OF MEETING HELD IN ST ANDREW'S HOUSE, EDINBURGH
AT 9.30 AM ON FRIDAY, 21 MAY 2021**Present:**

Rt Hon Nicola Sturgeon MSP	First Minister
John Swinney MSP	Deputy First Minister and Cabinet Secretary for Covid Recovery
Keith Brown MSP	Cabinet Secretary for Justice
Kate Forbes MSP	Cabinet Secretary for Finance and the Economy
Mairi Gougeon MSP	Cabinet Secretary for Rural Affairs and Islands
Michael Matheson MSP	Cabinet Secretary for Net Zero, Energy and Transport
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
Paul Johnston	Director-General, Communities (*)
Ken Thomson	Director-General, Constitution and External Affairs (*)
Dr Gregor Smith	Chief Medical Officer
Penelope Cooper	Director, Covid Co-ordination (*)
Dominic Munro	Director, Exit Strategy (*)
David Rogers	Director, Constitution and Cabinet
Shirley Rogers	Director, Organisational Readiness (*)
John Somers	First Minister's Principal Private Secretary
James Hynd	Head of Cabinet Secretariat
Jason Leitch CBE	National Clinical Director (*)
Michelle Rennie	Permanent Secretary's Principal Private Secretary (*)
Colin McAllister	Special Adviser
Stuart Nicolson	Special Adviser (*)
Chris Mackie	First Minister's Official Spokesperson (*)
Julie Grant	Assistant Head of News (*)
	FM Covid Briefing Unit (*)
	First Minister's Policy and Delivery Unit (*)
	PS/First Minister (*)
	Cabinet Secretariat
	Cabinet Secretariat (*)
	Cabinet Secretariat (*)

(*) by tele-conference

small rise in absolute cases was likely to have a disproportionate effect on case number statistics compared with larger areas such as Glasgow City. The First Minister would consider the latest data with CMO and Mr Yousaf in advance of the media briefing, with a view to announcing a firm decision for East Renfrewshire alongside Glasgow City and Moray.

22. The First Minister invited the Chief Medical Officer (CMO) to provide Cabinet with an update on the progress of the COVID-19 pandemic and the work under way to counter its effects. As at 9 a.m. on Friday, 21 May, there had been 231,282 confirmed cases of COVID-19 infection in Scotland, an increase of 414 compared with the previous day, which corresponded, in aggregate, to 1.9 per cent of those tested (a marginal rise compared with the previous day). Some 212 the new cases had been in Greater Glasgow and Clyde NHS Board area, with 62 in Lanarkshire, 48 in Lothian and 29 in Forth Valley. Only eight new cases had been recorded in the Grampian NHS Board area.

23. No further deaths within 28 days of a positive test for COVID-19 had been registered since the previous day, and the total number since the start of the pandemic stood at 7,664 (compared with 7,559 on 23 March, when the Cabinet had last met).

24. Glasgow City remained the area which gave most cause for concern, with some evidence of widespread community transmission and of the increasing prevalence there of the new April 02 variant B.1.617.2 (also known as VOC-21APR-02 – the so-called ‘Indian variant’) which appeared to be more transmissible than the previously dominant B.1.1.7 strain (VOC-20DEC-01, the ‘Kent variant’). B.1.1.7 had previously been relatively stable at around 85 per cent of cases genomically sequenced, and the B.1.617.2 variant now appeared to account for around half of new cases in Glasgow. No cases of the April 02 variant had yet been identified in Moray, where case numbers had also fallen back significantly over the previous week.

25. Little was yet known about the severity of disease caused by the April 02 variant, although there were some preliminary indications that it would be unlikely to cause a significant increase in serious illness or mortality, even among older age groups. It would, however, be necessary to wait one to two weeks to obtain greater clarity on this point, given the time lag following infection before severe illness became apparent.

26. Preliminary analysis carried out by Public Health England suggested that the vaccines used in the UK offered less protection against symptomatic infection with B.1.617.2 compared with B.1.1.7 for those who had received only their first dose of vaccine, but that this difference grew much smaller in those who had received both doses. For this reason, it was planned to reduce the interval between first and second doses of licensed vaccines from 12 weeks to around eight weeks, and this change would be implemented UK-wide as soon as was feasible. There were currently plentiful supplies of the Oxford-AstraZeneca vaccine which was most frequently used in the age groups concerned (including those aged 40 to 59 who were the potentially vulnerable group most likely not to have had a second dose).