



**STANDING COMMITTEE
OF
TYNWALD COURT
OFFICIAL REPORT**

**RECORTYS OIKOIL
BING VEAYN TINVAAL**

**PROCEEDINGS
DAALTYN**

**SOCIAL AFFAIRS POLICY REVIEW
COMMITTEE**

Third Lockdown

HANSARD

Douglas, Monday, 19th April 2021

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Members Present:

Chairman: Ms J M Edge MHK
Mr P Greenhill MLC
Mr M J Perkins MHK

Clerk:

Mr J D C King

Assistant Clerk:

Ms G Phillips

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Standing Committee of Tynwald on Social Affairs Policy Review

Third Lockdown

*The Committee sat in public at 10.37 a.m.
in the Legislative Council Chamber,
Legislative Buildings, Douglas*

[MS EDGE *in the Chair*]

Procedural

The Chairman (Ms Edge): Welcome to this public meeting of the Social Affairs Policy Review Committee. I am Julie Edge MHK and I chair this Committee. With me today are Mr Peter Greenhill MLC and Mr Martyn Perkins MHK.

Please could we all ensure that our mobile phones are on silent or off, so that we do not have any interruptions; and for the purposes of *Hansard*, I will be ensuring that we do not have two people speaking at once.

Thank you.

EVIDENCE OF

**Hon. Alex Allinson MHK, Minister;
Mr Graham Kinrade, Chief Executive Officer,
Department of Education, Sport and Culture;
Hon. David Ashford MHK, Minister;
Ms Kathryn Magson, Interim Chief Executive Officer,
Department of Health and Social Care;
Mr Will Greenhow, Chief Secretary; and
Dr Henrietta Ewart, Director of Public Health**

Q1. The Chairman: We are meeting face to face in the Legislative Council Chamber again, and it is nice to be back in this building after seven weeks working from home. Although we are pleased to be back, we do recognise there have been tragedies during this latest lockdown.

The Island's first lockdown ran from March to June 2020. From June to Christmas, the Island was effectively COVID-free. Over the new year, we experienced a second wave. This was dealt with by a second lockdown in January 2021 and lasted just over three weeks. We then had our third wave and the third lockdown began in early March and finished yesterday.

Today, we want to focus on the second and third lockdowns and on the events and decisions which led up to it. We would like to thank you for the paper that you submitted to us on 14th April 2021 and we will be publishing this paper. Thank you.

We are very concerned about the fact that on 9th January the Chief Minister confirmed community spread, and it was also confirmed that the new Kent strain, B117, was found in cases on the Island. There were cases announced in schools on 19th February; the virus had entered schools. We asked you in your written response when it was first known the virus entered schools.

In answer to question 2, you said that it was during the evening of 1st March, but you also said in question 1 that on 26th February an out-of-hours worker at St Ninian's tested positive. So which is it: 1st March, 26th February or the 19th February that the virus was in schools?

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The Minister for Education, Sport and Culture (Dr Allinson): Chair, if you do not mind, I would like to answer that.

First of all, thank you for inviting us to give evidence today. In your address, you talked about 'waves', and I think we need to make quite clear that our situation on the Isle of Man has been very different to that in the United Kingdom. They did have waves of infection that went through their community, and they continue to have community spread even today. What we had was a wave back in March last year. We think between 30 and 40 different people introduced the virus back to our community, and so it spread quite rapidly, although at the time, because we did not have on-island testing, the actual true extent of that infection was very difficult to tell.

35 What the Director of Public Health can probably confirm later is that in January, and then later on in March, we had a single point of entry, one person, an index case, reintroduce the virus to our community. So rather than a wave, I think we need to look at what happened in January and then later as outbreaks to do with a single person coming in, which has some advantages in terms of track and trace, but also some disadvantages in terms of the use of genomics, for instance, if it is all coming from exactly the same index case.

40 Coming to your further question about when were we aware that we had infection in schools, as has already been stated, on 26th February there were two confirmed cases that seemed not to be related to the original outbreak traced back to the Steam Packet Company, one of which was in somebody who worked in a school. Contact tracing quickly ascertained that this was a low risk in that they had been working at school out of school hours and that there was no obvious contact that they had had with any pupil or any member of staff, and the last time they had been working was on 24th February.

50 So in terms of when we found the infection in school, it is absolutely correct to say that that did not identify spread into the school community. What became apparent on the evening of 1st March was a pupil at St Ninian's High School was found to be positive. They had been at school on 26th. Again, there was no obvious link to them to the previous cases and so at that point we had a direct link of a pupil currently in a school being tested positive for coronavirus.

55 So we had the very difficult conversation on that Monday in terms of going into a lockdown and closing all schools as soon as possible, and that announcement was made by the Chief Minister the following morning.

Q2. The Chairman: Okay. So just to go back, with regard to that, on the contact tracing for the case in Ballakermeen High School on 19th February, there was concern around the number 31 bus and pupils that had travelled on it. That was actually given out as a specific, 'Please contact us if you were on the number 31 bus.' The Steam Packet case for the Isle of Man, for the UK individual, was announced I think on 11th February, but the actual one for the Island case was on 18th February. So when you are talking about the index case, are you talking about the index case that happened on 18th February, or was announced on 18th February, however, when contact tracing was done for the school case on 19th February, it went back to 12th February, which was clearly before the Steam Packet case was announced?

Dr Allinson: The index case in terms of a positive case on a resident on the Isle of Man was linked, as you say, to the slightly later date. The case on 11th February was a positive case in a UK-based member of the Isle of Man Steam Packet Company that was picked up in the United Kingdom, but obviously produced concern for us.

70 You have asked previously, Ms Edge, in terms of the BBC article that was published on 19th February, and as you say, this was in response to the first Island-based crewmember testing positive on 18th February. What happened following that was that there were 15 further cases

75 across three households isolated, and it was follow-up of the children of the index case in a number of community locations.

All this follow-up happened during half term when the schools were not open and contact tracing looked at the index case, the Isle of Man-based member of the Steam Packet Company, and their children. Those children had been at school the previous week. However, when they traced back to a time when mixing between those three households could have occurred, the only evidence seemed to be that it had been on the Saturday, so after the schools had closed. As a precaution, a message was put out in terms of things that happened in the previous week, particularly, as you say, the number 31 bus, to going into school on the previous Friday, because contact tracing obviously traced back for a couple of days from the identification of a case, but at that point there was no evidence that there had been a risk to that school the previous week and in fact all the contact tracing of the close contacts of that index case child were found to be negative at Ballakermeen.

Q3. The Chairman: Okay. So could I ask Dr Ewart, then, with regard to that, the schools reopened on 1st February, we contact traced until 12th February, bearing in mind the incubation period of the virus and the testing and the track and trace that takes place. So schools were only open 12 ... well, not even 12 days, 10 days prior to then having a half-term break, but was it not clear and did it not ring alarm bells in the Council of Ministers that schools had only gone back on 1st February and that you were tracking students back to 12th February?

Dr Allinson: Again, you talk about alarm bells. The Council of Ministers take the advice of the Directorate of Public Health, take the advice of the contact trace team in terms of risk. There is a difference between alarm bells and risk because all of these risks have to be calculated as closely as possible based on the available evidence at the time, and that risk is based on the number of cases, the way we can trace those cases to previous cases and also what they have been doing themselves.

You talk about the outbreak that happened in January. That was a very different outbreak, because we can trace that back to a particular scenario where those people were not mixing extensively. The concern was after new year that one of the contacts had been in a high-risk situation, which was a private party in a restaurant in Ramsey and so that then escalates the risk, because we know that that person has been in contact with a whole range of other people.

Looking at the risk profile of this, it did evolve during the course of the outbreak, but at the start, certainly whilst there was an extensive risk, it seemed to be confined to the member of the Steam Packet Company and those close households where we know that mixing had happened.

So during that period that risk was calculated, there was extensive contact tracing, and extensive information to the public, about low-risk situations and for people to come forward should they exhibit symptoms. That was managed really quite well, and I would like again publicly to state my admiration for the contact-tracing team for some of the forensic work they have to do to try to deal with this in a sympathetic way. Not to alarm people, not to blame people for contracting the virus, because nobody intends to get this virus, but also to trace some very subtle contacts between various members of the community and also those members of the community who have visited various areas as well.

Q4. The Chairman: Okay. So you knew it was the Kent variant in January. How – (*Interjection by Dr Ewart*) Well, certainly press comments and that, it is – (*Interjection by Dr Ewart*)

Dr Allinson: Yes ...

Dr Ewart: We know we have had cases of the Kent variant arrive on Island (**The Chairman:** In January.) actually going back to November/December time. They were picked up in returning

125 travellers and, in fact, there were links to the patient transfer service – certainly for one case. The
outbreak in January was not Kent variant; it was another variant.

The Chairman: Okay –

130 **Dr Allinson:** And again, I think that is a clear distinction because whilst the Director of Public
Health has been monitoring people coming back from travel across, for instance, for medical
procedures, and we know that the risk from travelling has been quite significant, particularly
towards the end of last year, the genomics of the January outbreak were not Kent. However, even
135 by November/December, we knew that the vast majority of infections in the UK were the Kent
variant. So we had to assume that any infection here, any outbreak here, would be Kent variant.
In some ways we were fortunate that that was not the case in January, and that may have
contributed to the relatively low number of cases that were subsequently followed up. But
certainly going into this year we were aware the Kent variant was almost certainly going to come
back to our Island and that any outbreak should be assumed to be Kent right from day one.

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Q5. The Chairman: Okay. So you knew it was the Kent variant –

Dr Allinson: We assumed it was the Kent variant.

145 **Q6. The Chairman:** You assumed it was the Kent variant. Are you happy to publish the data
around the January cases, then, to say what variant it was?

Dr Ewart: Yes.

150 **Q7. The Chairman:** Yes. And obviously then, just to ask with regard to genomic sequencing,
was full genomic sequencing carried out in the school case that was announced on 19th February?

155 **Dr Ewart:** Yes. All the positive cases, certainly at the beginning of the outbreak, until we got up
to the point that there were just so many, at which point it was curtailed to just the first case in a
household on the assumption that the other household cases would be the same, but certainly
for the first probably two thirds, all the cases were being sent for genomic sequencing. That does
not mean that a genomic sequence was obtainable on all of them, because there are sometimes
issues. If there is only a small amount of virus in the sample, you cannot process it in a way that
enables you to do the genomic sequencing.

160 So we do not have 100% sequences for all the cases sent for that reason and that would always
be the case. You would never get 100% back. But we certainly got the vast majority and they all
show that they link back to the index case.

165 **Dr Allinson:** And I think it is quite interesting when we talk about the ability to do genomic
sequencing, that was certainly in retrospect quite useful at the first outbreak last year, because
we had different points of insertion into the Isle of Man. You could bunch them together with a
certain traveller, who had either come from Italy or who had come from Spain. This time, because
all of them were from a single point, all of them would have the same genetic sequencing. The
ability for the virus to mutate is there, but often you would not get more than perhaps one or two
170 significant mutations in a month.

So when you are dealing with an evolving outbreak all coming from the same original index
case, genomic sequencing, while it can be helpful to tell you that it is exactly the same, it would
not necessarily identify where the channels of transmission were, which is why we always have to
rely upon a decent contact-tracing system and genomic sequencing, while it can be helpful to that,
175 often does not give the answers that you need.

Q8. The Chairman: Okay. So on contact tracing, and obviously you have indicated that it was half term, so there was a positive case in a school, can you confirm that –

180 **Dr Allinson:** Sorry, Chair, can I just correct you? There was a positive case on a child who had attended school the previous week. Is that what you were saying?

Q9. The Chairman: Yes, well, you contact traced back to 12th February, so they were obviously in school that week and obviously the –

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Dr Allinson: They were in the school the week before they were found to be positive, yes.

Q10. The Chairman: Yes, and obviously we know that there is an incubation period for this virus, but it was not actually just the BBC. The school also published that they had a positive case in their school on their Facebook page.

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Dr Allinson: They had a positive case in their school community. There is a difference between a positive case in a school building, which I think you are insinuating, and a positive case in a member of that school community, which was the conversation that was had by the school: that one of their members of their community had found to be positive, which I think is absolutely appropriate. But we need to make a clear distinction between an outbreak in a school, physically sitting with members of that school community there, and an outbreak that can happen at a later date by somebody who is not in school, in exactly the same way as we make the distinction between a workplace.

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So this was an evolving situation, but as I have previously said, when contact tracing traced that individual case back, the most likely point of infection was on the Saturday, which was after half term had finished. The precautionary message about the number 31 bus on the Friday was made as a precaution, but there was no evidence at that point that there had been an outbreak in the school. It was a positive case on a person who attended that school the previous week. I think that distinction is really quite important.

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Q11. The Chairman: It is, and I agree with that. However, how far did contact tracing go on that student with the school and who was involved in deciding what contact tracing was carried out on that student?

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Dr Allinson: Well, contact tracing is done by the contact-tracing team in conjunction with advice from the Public Health Directorate. It is not an exact science, but it follows the guidelines of ECDC and it goes back looking, not only at where the patient was found to be positive, in this case a male adult member of the Steam Packet Company, but also his family, then looking at close contacts that they had had and there had been, as I said, the mixing of three households, and then going back, normally for three to four days, to see exactly when that mixing could have happened and also looking at any possible spread beforehand.

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Now, the incubation period for coronavirus is very variable, particularly so with the Kent variant, because that seems to be perhaps a quicker incubation period. But again, it can be incredibly variable, particularly because of the risk of asymptomatic cases and the way it affects different age groups in a different way to the original strain. But certainly the contact-tracing team worked and liaised quite closely with the school involved and looked at all the risk mitigations that needed to be taken place, and that is why the clear statement was made that the only risk that they could see was perhaps on the Friday with that bus going to school, but they very closely contact traced all the other close contacts of that young person and those were found to be negative at the time.

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230 **Q12. The Chairman:** So you are confident that contact tracing, from the school's point of view, was done appropriately; and can you confirm whether the head teachers were involved in that and that students who were actually sat next to the student that was positive were in fact contact traced?

235 **Dr Allinson:** The contact-trace team obviously needed that information from the head teacher, they would have gained information, which is treated very confidentially, as it should be under the Public Health Act. They then contacted all the relevant people that may have been deemed to be high risk, and they were then asked to self-isolate and to contact trace.

So there is close liaison with the school to gain that necessary information that then can be fed into further contact tracing.

240 **Q13. The Chairman:** Okay. And from a public health point of view, it is quite clear the advice that is given to schools with regard to norovirus, and it is to stay away for 48 hours, but certainly with COVID transmission and the Kent variant, that message does not seem to have been that clear for the schools. They have had to wait for contact tracing.

245 **Dr Allinson:** The information for norovirus is for symptomatic people. We are dealing here with people who are asymptomatic, and the advice in terms of coronavirus is quite different. I mean, when we are talking about the Kent variant as being more transmissible, you are quite right, but the mitigation factors you bring in for it actually have not changed. There was a debate last year in the United Kingdom whether, because it was the Kent variant, to change perhaps from two metres to one metre, or one and a half metres, but the overwhelming scientific advice was that those mitigation measures, in terms of face coverings, in terms of hand-washing, and in terms of social distancing, would be exactly the same with the Kent variant as with the previous variant of coronavirus.

250 So whilst we have the Kent variant, and we know that that has now affected our Island, and we knew last year, the mitigation measures we bring in are exactly the same, and those have been clearly communicated, both to members of staff of the education service, but also to the wider community and pupils.

260 **Q14. The Chairman:** So can I ask Mr Kinrade then, were you involved over that weekend in helping with the contact tracing and the schools?

Dr Allinson: Sorry, can I just determine which weekend are you talking about now?

265 **The Chairman:** The weekend of 19th February, (**Dr Allinson:** 19th February.) and the half-term period, really. What involvement the Department had and also what involvement have your Department Members had in any of the decisions reached with regard to schools and ...

270 **Dr Allinson:** Again, over that weekend ... So if I can just correct you, the positive case was on Thursday 18th February, so there was no communication with the head teacher the previous weekend because we had only got the positive case on 18th February, but what happened during that half term was, yes, the head teacher was contacted, the details were passed on by the Department to the track and trace team so they could contact them directly. We do not take part in what is very much a medical and a public health procedure in terms of contact tracing. We will give the information that is required to fulfil that contact tracing, go forward.

275 Now, your question about departmental Members and how much they would be involved in contact tracing, the involvement of politicians in contact tracing should not be there. Politicians are there to devise policies and strategies to enable what is very much a technical, medical and public health measure to take place, (**The Chairman:** But what –) and certainly the political

280 Members of the Department were not involved with that contact tracing. However, they were kept up to speed in terms of the developments during that week.

Q15. The Chairman: So in hindsight, with regard to obviously your Department and your Members, and their experience of schools, do you not think it should be broader than ... Contact tracing have a process to follow and it is a straightforward process, I believe –

285 **Dr Allinson:** I would not say it is straightforward. It is incredibly complex, actually, and again, this is a medical and public health process, rather than an educational process.

You made the analogy with norovirus. Teachers and members of school staff would not get involved with a diagnosis of norovirus. They would refer those people to somebody with a medical background to give that diagnosis. Similarly, members of the staff of the education service would not be expected to test or do contact tracing. They would pass the information over to professionals who could do that. We trust our teachers to teach; we do not expect them to be doctors or public health officials.

290 **Q16. Mr Greenhill:** Could I just ask if the information from the teachers was given to contract tracing ... contact – (**The Chairman:** Tracing!) tracing – thank you! About other things that those people might have been doing during the day or before school or just after school – that full information was given, was it?

295 **Dr Allinson:** It is, and I think you make the very valid point that the Department itself would not have that information at very much an operational level. So it is information such as who are their close friends, who was sitting with them in the class, whether they took part in what may be seen as high-risk activities, indoor sports, indoor singing, indoor music playing. It is these sort of quite technical details that are used by the contact-tracing team to assess the necessary risk.

300 I do not know, Dr Ewart, if you would like to add to that, because I know that you have been asked previously about the ECDC recommendations for contact tracing and given Members of Tynwald some advice about that.

305 **Dr Ewart:** Yes. There are two purposes to contact tracing, really. Stopping forward transmission – so to that end, the enquiry focuses on who the contacts have been in the 48-hour period up until the onset of symptoms and then if they were not self-isolating, for whatever reason, or they are a case that has been identified that was asymptomatic, you would then extend that to take account of how the case was determined.

310 So basically, to stop the forward transmission, it is a retrospective 48 hours, and that is very much focused on that person as the index case. However, if you get a sporadic case in the community that is not immediately linkable to a transmission chain, you actually extend your retrospective period of interest out to about seven days before that case was identified. The reason for that is to try to identify where they might have caught it from, so that, if you can do that, you have obviously got other potential lines of transmission and you want to shut those down as well.

315 So those are the two elements to the contact tracing.

Q17. The Chairman: Okay. Just to go back to the case that, move forward a little bit in the month now, with regard to the positive case in a school, which you described as an out-of-hours worker.

320 **Dr Allinson:** So again, this was a positive case of an individual.

330 **Q18. The Chairman:** Case of an employee (*Dr Allinson:* Yes.) in the school, and you describe them as an out-of-hours worker. You knew you were dealing with the Kent variant, how did you establish that that individual had not been in contact with any students or any surfaces?

335 *Dr Allinson:* So again, how did I, as Minister for Education, (**The Chairman:** How did –) take on board a medical procedure? I am quite happy to answer that question. The –

Q19. The Chairman: As responsibility for the Department of Education, Sport and Culture, (*Dr Allinson:* No, absolutely.) your responsibility is to protect the individuals in the school.

340 *Dr Allinson:* Absolutely, Chair. I have many responsibilities in my position. Now, as I said, on the evening of Friday 26th, there were two community cases detected, which obviously alerted the track and trace system to the fact that there may be a wider problem in terms of community spread. The case of the person who worked at Ballakermeen Lower School obviously raised concern as well – (**The Chairman:** Bemahague.) Bemahague, yes – raised concern with the track and trace team and they quickly looked at the risk that that person may have presented to the wider school community. That individual had not been at work since the 24th and they contacted the teacher involved to see, again, what their movements had been, whether they had come into contact with any of the school community. The information that was given to me by the track and trace system, after talking to the head teacher, was that this was a very low risk to the school community, that this individual had only been in the school outside the school day, that this individual had not come into contact with any pupils or staff members, and so did not seem to have contracted the infection from the school, and also there was a low risk of them giving the infection to anyone else at the school.

355 However, the fact that they were involved in a school obviously caused concern, which led to further discussions the following day when the Council of Ministers convened for an urgent meeting.

360 **Q20. The Chairman:** Okay. So clearly we then had quite a breakout in our schools. So if we move onto the weekend of 27th February, and the Council of Ministers decide not to put the Island into lockdown, although you asked people to cancel community events with the knowledge it was the extremely transmissible Kent variant. Obviously the Committee would appreciate copies of all the minutes around that.

365 I know it has been reported in a Written Answer that it was all verbal, but, Mr Greenhow, as Chief Secretary, can you confirm what was actually recorded that weekend and whether you would share that with the Committee?

Mr Greenhow: Yes, there are minutes for the meeting that took place, Chair, and I am happy to share them with you.

370 **The Chairman:** Okay.

Q21. Mr Perkins: I think one of the key questions on that was why did they decide to have a voluntary lockdown rather than an actual mandatory lockdown?

375 *The Minister for Health and Social Care (Mr Ashford):* Well, do you ... I can come in on this, (**Mr Perkins:** Yes, sure.) if you want, Mr Perkins.

Mr Perkins: Yes, thank you.

380 *Mr Ashford:* Well, first of all, the situation was fluid that morning. We were aware that there were several big events that were taking place that very evening. The data still ... we were waiting

on contact tracing around the particular cases to come back in. Eventually, of course, we have got to remember, that contact tracing actually came back negative, which is why on the Sunday it was not felt we needed to go any further. But as a precaution for that Saturday night, because of these big events that were taking place, we felt that we best warn people.

385 The direction notices, as you will have seen from answers to questions that have been provided to you, can be done in a quick turnaround, but this would have had to be a super-quick turnaround, because by the time we were getting the information through, you were talking early afternoon. Now, a lot of these events, some of them were starting at five o'clock, so we thought it was important to get the public message out as soon as possible that there were things we were
390 looking at and that people needed to make a choice as to whether or not they went ahead with those events. People made that choice. In a lot of cases, the large events were cancelled and so that is the way we proceeded.

There was no way on earth that we could have had the direction notices in place for the start time of some of those events. So it was important that we got that message out as quickly as
395 possible, which both myself and the Chief Minister did by calling an emergency press conference to get it out so that people could make their choice. On the Sunday the wider contact tracing all came back negative, and so at that point it did not appear there was an issue.

Dr Allinson: Because, if I can add to that, Chair, if you look at the timescale on that Saturday,
400 the Council of Ministers had an urgent meeting starting at 11 o'clock. At that point, we had nine high-risk contacts that were being traced. We had six results back which were negative. The Chief Minister made a speech at three o'clock, so very shortly following on from that meeting, and if I can just quote, he said:

An announcement was made at lunchtime that we currently have two confirmed, positive cases which cannot currently be linked to the current cluster ... We know that acting decisively and swiftly makes a difference. We cannot outpace the virus, but we can do our best to keep it in check ... As many of you will have heard, we are advising all residents to stay at home for the time being, as far as possible. It is very simple advice. ... And there will be numerous gatherings, parties, celebrations and get-togethers planned across the Island, for today and into tomorrow which have been much looked forward to. It is a difficult ask, but we appeal to the organisers of events large and small to please postpone their events, in the interest of the wider community ... Making a decision at short notice is an unwelcome task. Ministers gave their views and all were considered. We are well aware of the pros and cons of any course of action. These have to be weighed, but ultimately a decision must be made.

Then Dr Ewart, during that press briefing, had used the analogy of a moorland fire, I think for the
405 first time, which gave an estimation of the situation we were faced with, with two positive cases but not knowing whether these were the start of a fire or just an isolated case.

So the decision made at the Council of Ministers meeting at 11 o'clock was to make that statement and then the Council of Ministers met again at five o'clock following that to see if there was any further information to actually build on. Unfortunately, there was not at that time, so we
410 went with the precautionary step that we had taken. I think in answer to your direct question, the Attorney General has given a submission about the exact way that legislation could have been brought in that day or the subsequent day.

Mr Perkins: Thank you.
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Q22. The Chairman: To pick up on that, obviously under that answer that the Attorney General has provided, that under provisions of Part 7 of the Public Health Act, he clearly states that a direction may be given orally or written, including electronically, but where given orally it must be confirmed in writing. So it was quite clear that there was the opportunity to do a direction to
420 premises and businesses on that day. Can you say why a direction was not given?

Mr Ashford: If I could come in again, Chair, I actually slightly disagree with you, I am afraid. We are probably not going to agree on this. I do not think there was an opportunity before those

425 events started – maybe that is my personal view – to get a direction notice in place, because
although one can be given orally, as you have said, they do have to be followed up in writing, and
we have to make sure that the legal situation around that direction notice is correct. So they do
require drafting and they do require putting in place, and we are talking literally a matter of hours
from some huge events. One event that in fact I was supposed to be attending that evening that
would have had potentially quite a lot of medically compromised people involved. Anyone else
430 who was invited to that event would know which one I am referring to.

So it was important we got that message out there and that event, the organisers were aware,
potentially did not go ahead. I think that was the right decision to have made. If then the wider
contact tracing had come back and we had started seeing more cases off the back of that, then
on the Sunday we probably would have gone down the route of legal directions.

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Q23. Mr Perkins: If we knew that there was a possibility of another lockdown coming along,
having seen what has happened across and all the rest of it that was going on at the same time,
did we not have that legislation on the shelf ready to pull it down?

440 **Mr Ashford:** Well, it depends what you are trying to do, because each lockdown is nuanced. If
you are going just for a straight, shut everything down, yes you can do that, and you can just pull
it and shut absolutely everything down. What we did, because of the time of day, was say it was
important we got the message out and that people were able to make their own choices. At that
point, we had no evidence of wider spread. The contact tracing we had back was coming in
445 negative around these cases.

What we have got to do is remember the context as well. In fact, my email inbox on the Sunday
actually filled up with people saying, ‘Well, that was ridiculous, wasn’t it? Shutting everything
down for the night’, and in fact, some of our colleagues, as we know, contacted as well to say,
‘You’ve overreacted.’ So we have got off the information at the time. It is that old phrase that
450 hindsight is an absolutely wonderful thing, but we have got to work off the evidence and the
evidence that was coming back at that time was all coming back negative around the close
contacts of those particular two cases. So at that point it was felt we should be precautionary to
stop those events taking place and to give people advice around that, and that we would look
again on the Sunday, when we had the wider contact tracing come in and then make an
455 assessment there.

Q24. Mr Perkins: Sorry, my original question was did we have anything on the shelf, just in
case? I understand your logic behind –

460 **Dr Allinson:** If I can answer that, in question 8 that you gave to us prior to this Committee
meeting, the Attorney General quite clearly answered that question when he was asked, ‘Had the
legislation needed to impose a legally enforceable lockdown been drafted on a contingency basis?’
The answer was yes, it was available there. However, just drafting the legislation, then getting it
publicised and getting the message out takes more than just a signature.

465 As I said, when we met at 11 o’clock, we were all very aware that people that lunchtime would
be getting ready to go to some mass gatherings that would be going there for five o’clock and so
we needed to get that message out as soon as possible, which is why, when the Chief Minister
stood up at three o’clock to give that information, he did it on the right basis of advisory for
actually people to stay at home, for people not to go to those gatherings. I understand that one
470 or two pubs remained open, including one in your constituency. Again, this was advisory because
we were dealing with what seemed to be quite a fluid situation.

We had at that point two positive cases. All the other contact tracing had come back negative.
We did not want to be seen as overreacting and putting the entire nation into lockdown and then
having to have further legislation to bring it out of lockdown. What we wanted to do was alert the
475 population to that risk, which was evolving and being calculated on a real-time basis, and allow

them to deal with that in the right way that suited them. And I must say, the vast majority of people on this Island heeded that advice and actually completely understood the basis for it.

480 **Mr Ashford:** And if you look at the answer that the Attorney General's has given to the Committee, one of the key steps, when the Committee asked what steps were needed to impose a legally enforceable lockdown, one of the key ones is point 3, which states:

Steps taken to give reasonable notice to premises/businesses required to close under a Closure Direction

485 Now, as I say, this was all evolving on that Saturday afternoon. We had events going at five, we had these premises that were already open because they had already opened for the day. Would issuing and saying, 'Your event at five o'clock in two hours' time cannot now go ahead', is that reasonable notice? And if premises for whatever reason were not aware that the steps had come in, maybe they were living in a bunker and did not watch the press conferences, would you get a viable legal prosecution off the back of that or enforcement?

490 **Q25. Mr Greenhill:** Do we know how many of those events actually took place? I know that all the sports events were stopped and everyone ...

495 **Mr Ashford:** My understanding is the vast majority of events were cancelled, certainly the one I was due to attend that evening, they pulled the plug immediately because of the type of event it was, and certainly from my inbox that filled up on the Sunday, people thinking we had overreacted, most events I think did shut down.

Q26. Mr Greenhill: Are we aware of any that did go ahead or more than the one pub that you were just mentioning?

500 **Dr Allinson:** If I could answer that, if you do not mind, Minister, our main concern was a couple of mass events that were happening. A ball, an awards ceremony where, as Minister Ashford has said, we knew that there would be a large number of potentially vulnerable people affected there at the time – none of those went ahead. I know that certainly the Palace Hotel closed, because I was kicked out of my room there, and the vast majority of large events closed down. I understand that one or two pubs and smaller events may have decided that they wanted to carry on. Again, it is regrettable that that led to certain cases amongst those frequenters of those, but certainly from our viewpoint, none of the really risky situations which could have resulted in mass casualties took place that evening.

510 **Mr Greenhill:** Thank you.

Q27. The Chairman: Okay. So would you be prepared to publish the medical and scientific advice that you received over that weekend?

515 **Mr Ashford:** I have not got an issue with it, as Minister for Health, (**The Chairman:** Okay.) with sharing that with the Committee.

Q28. The Chairman: Thank you.

520 Okay. So moving on from that, obviously there was another press briefing on the Sunday where it was declared, I think by yourself Minister, that schools were perfectly safe to open on 1st March. As one other question just going back on that, because the Minister for Education said that there were possibly some cases from the weekend events on that Saturday, is it possible to know how many cases came out of the events that did carry on?

525 Also, the other question is was there any consideration given to the businesses with regard to their insurance and claims for that weekend? If there is a Government direction that you have got to close, it makes their business decisions considerably different.

530 **Dr Allinson:** There was consideration given to that. I think the Minister has quite clearly stated why legislation was not brought in at the time. But subsequent to this, Treasury have looked at an economic package to try to help those businesses who were disadvantaged that night.

Q29. The Chairman: So it has been a cost to the people of the Island, that that decision to not issue a direction either orally, or –?

535 **Mr Ashford:** We also need to be clear on insurance purposes, because it is business interruption insurance. A lot of the business interruption insurances because I know certainly in, for instance, the pub industry, they have not been paid out for any disruption because there are clauses within their business interruption security that do not cover things such as viral pandemics. So we have got to be a bit careful in saying they can, if there is a direction notice, claim
540 on their insurance because an awful lot of businesses, certainly who have contacted me, have found that they cannot.

Q30. The Chairman: But there has certainly been a legal case in the UK where they have been instructed, the insurers, to pay out, hasn't there?
545

Mr Ashford: There has, but that is particularly around certain clauses and certain types of policy. I know again of businesses who have tried to use that legal case as a precedent only to be told, actually, your wording in your policy is very different.

550 **Dr Allinson:** And, Chair, you mentioned the press conference that took place on the Sunday. If I can just quote from the words of the Chief Minister:

Despite rigorous investigations by the contact tracing team, we are still not clear as to how these cases arose.

And that refers to the two cases that were identified on the Friday night. There were no further cases at that time.

But as things stand, we are as confident as we can be that there has been no further transmission from these two cases, and at this moment in time, we have not seen any further cases. The Council of Ministers met earlier today to consider developments.

555 And there was a meeting of the Council of Ministers on the Sunday at 12 o'clock, and it was delayed to 12 o'clock to get some of the extra results back.

We have decided that we do not need to bring in any further formal measures at this stage ... This means that schools, nurseries and University College Isle of Man can open as usual tomorrow morning. We will of course continue to monitor the situation very carefully and things might change, and might change rapidly. The next week or so will be very important in that regard ... Just because we are not doing it today, it does not mean that we will not need to do it one day soon – and maybe at short notice.

560 So that press conference I think on Sunday, which took place by the Chief Minister with Minister Ashford and Dr Ewart, clearly stated that the risk was still there, that the risk was being calculated and that we may need to change the direction in terms of lockdowns and further advice to the population at short notice, which unfortunately took place the following evening.

Q31. The Chairman: So within 11 hours, 11.20 p.m. on 1st March, there was an announcement that there was going to be a lockdown on 3rd March, and also that year 8 pupils at Bemahague

565 had to isolate, but that everybody else was supposed to go to school as normal on Tuesday
2nd March. So the question is who decided to put that announcement at 11.20 p.m. out for just
one year group and not the whole school?

570 **Dr Allinson:** This was an announcement based on risk assessment. The contact-tracing team
had looked at that school, had looked at the possible contacts, and as a precaution decided to ask
the entire year group to self-isolate with their families. We have to remember the amount of
people who were self-isolating only a month ago and the amount of disruption that caused to
them, as we tried to get this outbreak under control.

575 As you say, Chair, the decision to go into lockdown was made in the evening of the Monday.
The communication was made the following morning and the lockdown started actually at one
minute past midnight that evening. Not on Wednesday morning, one minute past midnight on
that evening. The country unfortunately went into another lockdown. So what we were dealing
with on the Monday night was the first positive case within a school pupil who had been in a
school building the previous week. That obviously escalated our concerns. The decision to isolate
that year group the following day, as we closed the schools down, was made on the basis of advice
580 given to us by the contact tracing team and by the Directorate of Public Health in the best interests
of that school community.

Q32. The Chairman: So was that decision reached, was that run by head teachers? Certainly
they can close their schools down pretty quick on a snow day.

585 **Dr Allinson:** Well, the decision to restrict that year group, but to keep the school open
otherwise so it could close down in an orderly manner was actually made by the Council of
Ministers, in terms of the closure of schools, made in a conversation with the Council of Ministers
where I was present and completely agreed with it. The decision to isolate that year group was
made on the advice from the Public Health Directorate and the contact-tracing team as a
590 proportionate way of trying to keep as many children safe as possible without disadvantaging
those who still could go to school if they wanted to. And a clear message was put out on the
Tuesday morning that attendance was not compulsory, but we wanted to make sure that
particularly those vulnerable children were looked after, were taken care of that day, and that we
had an orderly closure of our schools, as we have done in response to previous outbreaks, to make
595 sure that those vulnerable children are not disadvantaged, but also so that both pupils, their
families and teachers have a plan and have time to prepare for what turned out to be prolonged
closure of our education service.

600 **Q33. The Chairman:** So obviously we are on our third lockdown at this stage, and I would have
expected there to be processes and procedures in place for a future lockdown that could have
happened quickly, and the significance of the outbreak in that particular school, when you did not
lock the whole school down, there has been significant cases. Do you think that was the wrong
decision?

605 **Dr Allinson:** No. In answer to your direct question, we have quite clear policies in terms of how
we deal with outbreaks in schools. I would like to thank all the teachers and their representatives
who worked very well together with the advice of the Director of Public Health last year to draw
up outbreak plans which are published on the Isle of Man Government website, so that they are
all there. What we need to do, though, is if we do get an outbreak in schools, identify where it is,
610 try to calculate that risk, and we work very closely in terms of Public Health and those teachers to
determine the best thing for that school.

On this occasion, we had one positive case of a pupil in a very large school. That entire year
group and their families were made to self-isolate on the back of that, and that day all schools
were closed on our Island. I think that is absolutely the right thing to do, it was the right decision,

615 at the right time, taken on the evidence that we had with us at the time, that we had one pupil
affected. And on the basis of that, we closed down an entire year group and closed down all the
schools of this Island.

Now, as Minister Ashford has said, hindsight is a wonderful thing. The fact that later on in that
week it was quite clear that the community spread was wider than we thought, that that moorland
620 fire actually was far more significant, that we could tell was actually ... became apparent. But if I
can –

Q34. The Chairman: Can I just ask, you said all schools were closed. Clearly they were not. The
hub schools remained open.

625 **Dr Allinson:** No, all schools were closed, except to vulnerable children and the children of
essential workers – they reopened. We did not adopt a hub school policy, as had been done
before. All schools were closed and then they remained closed, except to those individual children
as specified, which was a direct answer to one of your questions.

630 As I can, if you do not mind, Madam Chair, in terms of this, the decision to close schools, to
interrupt people's education, and the knock-on effects it has both in terms of mental health,
society and our economy are major. Nobody closes down our education system without a decent
reason to do that and a decent risk assessment. In fact, the Independent SAGE group on one of
their returning to schools policy documents actually said:

Closing schools may be necessary when the pandemic is out of control, but it should always be a last resort and a
temporary measure.

635 – and that was certainly the situation we were faced with on that Monday night, that we had one
case in one pupil in one school, but the threat to our young people in our education service was
significant enough to close down that entire service.

Q35. Mr Greenhill: So hypothetically, if you had exactly the same set of circumstances that
640 came up in the future, would you act in exactly the same way or would you do anything
differently?

Dr Allinson: I think if we had exactly the same circumstances, yes, we would, because as a
society now we are quite clearly moving from an elimination policy to a mitigation policy. We
645 cannot constantly close our Island down as soon as we get one positive case anymore. We have
seen the success it has achieved in suppressing and eliminating the virus, but we have also seen
the significant cost it has played in terms of not only education, our society, our economy, but
more importantly, the long-term mental health of our population, both young and old. So as we
move forward, we are going to have to accept that risk, we are going to have to live in a world
650 with COVID and we are going to have to respond to each occasion where we get an outbreak in
schools, and there will be occasions. Moving forward, if we are realistic about opening our borders
in a staged way, we have to accept that we will have to deal with this risk. The occurrence of a
positive coronavirus case on our Island is not a failure, it is a reality, and we have to deal with that
in a commensurate, measurable way that is proportionate.

655 So if I was faced again with one pupil in one year group in a large school becoming infected,
would I close the entire education system down? No. I would calculate that risk, I would work with
the advice of Public Health and the track and trace team, I would work with those teachers to do
the best thing for that school and for our wider community.

660 **Mr Ashford:** And if I could come in, Chair, if I –

Q36. The Chairman: Can I just follow on to that, because it is quite pertinent, really. You said you would not close all schools down, would you close an individual school down? Clearly there has been a major outbreak at Bemahague and in the largest number of students?

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Dr Allinson: In hindsight, Chair, there was an outbreak, but in answer to one of your questions there were outbreaks at many schools because we were dealing with the moorland fire. We were dealing with widespread community spread.

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The other interesting case in terms of this outbreak, compared with the one last year, is the way last year we had 30 to 40 people all at once introducing the virus so it spread quite rapidly. We were faced this time with one person coming in and spreading the virus, so that underlying spread was much quieter. It was a much more subtle build-up of cases and it only became apparent, actually, after we closed schools down.

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Q37. The Chairman: I am not sure the public would agree that it was subtle, because you actually had a member of staff on the week before, you had an employee, and then you had a student. So you actually had two within that particular setting.

680

Dr Allinson: But again, just to correct you, we had a member of staff who worked at a school who had not come into contact with any pupils or any teachers according to the contact-tracing team the week before. We then had a positive case in a pupil who had been at that school.

685

So again, I will correct you, because you are getting confused between members of a school community who are found to have coronavirus and people in the school who are found, and so the risk assessment has to be very different and taken on an individual basis, which is what we did then, what we do now and what we will continue to do in the future.

Q38. The Chairman: So you are saying your policy will not change. So I class –

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Dr Allinson: Policies will always change, they will always be updated, and in fact what we are doing at the moment is doing quite a long debrief about this episode to learn any lessons for the next time it happens.

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Q39. The Chairman: So I class an employee as part of the school community, you did not class them as that at that point in time –

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Dr Allinson: No, I disagree with that, Chair. I do class them as part of the school community. However, their contact with that school community was not found to present a high risk – it was classed as a low risk.

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Q40. The Chairman: So you know what time an individual arrives in the school? So I know cleaners that arrive in school certainly well before a school is closed. Pupils also stay in schools later in the day. So you are confident –

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Dr Allinson: But, Chair, this is the –

Q41. The Chairman: Sorry, can I just finish? So you are confident that the member of staff and then the pupil case on the Monday cannot be classed as two people in the school community?

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Dr Allinson: I am confident on the ability of the track and trace team, in combination with the Directorate of Public Health, to make that risk assessment. I am absolutely confident of that, and when we lose that confidence, Madam Chair, I think we are going to be in a very difficult place.

We have very highly trained people who follow extremely rigorous protocols for doing a very difficult job in terms of risk assessment, and I respect them for the work that they do.

715 **Mr Ashford:** If I could just come in Chair, I think one of the key words that the Minister for Education, Sport and Culture used before was about 'proportionate'. That is what we have got to look at, with all of our responses to any of this, is what is proportionate. So again, we have to go back to the information that was there at the time. We had someone who was a pupil, who had not been into school at that point, the previous week, with the half term and what we had to look at was what was proportionate.

720 We isolated an entire year group, basically. Now, that has massive implications, because you are not just isolating the pupils – you are isolating their families as well. So you have got their parents, who are doctors, nurses, police officers potentially, all being told to self-isolate. If you isolate an entire school, that, from my point of view, as Minister for Health and Social Care, should only be done as a last resort off the back of clear lines of transmission within that school, because
725 the implications, particularly with a high school, of doing that are absolutely massive, not just on the school itself, but also the wider community.

You asked about outbreak plans and, yes, there are plans in place, but one of the things we have found particularly with the virus is each outbreak is unique. It has its own different sort of connotations to it. So you can have as many wonderful plans and step-by-step guides as you like,
730 but you have got to be able to adapt to the circumstances that are in front of you. So I come back again to the phrase I keep using, and I have used publicly many times. While it is important we do not underreact, it is also important that when situations emerge we do not overreact, because the implications from overreacting are just as high as the implications from underreacting.

I think with the speed actually with which things moved and that year group as a whole was
735 isolated, with the message actually coming out late at night, so we did not even leave it until the next day, we did it very late at night as soon as we had that evidence, I think was actually quite a big step. Again, I can only gauge from the people who contact me, but again there were people at the time who thought we were overreacting telling the entire age group to isolate.

740 **The Chairman:** Certainly the mood of the people has been significantly different this time, and just really to pick up on the impact of mental health and on education, and on the Health Service going forward, we have had a seven-week lockdown because of the decisions of that weekend.

745 **Mr Ashford:** We need to –

Q42. The Chairman: So from a policy point of view, if you are saying with regard you shut down one school and the impact of that, what is the impact of the last seven weeks been on the whole of the Isle of Man because of the decisions taken to allow other school groups within that school, and I believe, was there a deep clean done in between, before the other students went in?
750

Dr Allinson: Well, Chair, you are assuming that if we had locked down 24 hours earlier, we would have prevented an outbreak. I think we have already said that what we were dealing with was possibly widespread community spread here, that it was under the radar and it only became obvious during that week when we had already locked down the Isle of Man and closed all the
755 schools down. When you look at the trajectory of the curves, we locked down at a very early level, before cases had kicked off. We locked down far earlier than most other countries would have brought in these sort of really quite stringent and draconian restrictions that came in. I would ask you to look at the extremely good dashboard that is online. When we brought the lockdown in, we were not even starting to take off with the number of cases – they only developed later.

760 So in terms of one of the questions that the Committee asked, how many cases could have been prevented from locking down 24 hours earlier, actually, I think that is almost impossible to answer, but the rational answer would probably be very few, because with the incubation period those cases were already occurring.

765 Now, if you would like to ask should we have locked down a week earlier or two weeks earlier, or when we had one member of the Steam Packet Company who lived on the Isle of Man who got

the virus, again, we are talking about a proportionate response to an undetermined threat that needs to be calculated by quite close monitoring and contact tracing.

Q43. The Chairman: We had had two practices at it, hadn't we, prior to it?

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Dr Allinson: Well, we have already said that each outbreak has been different and our response has been different, and our response has been learnt as well.

Q44. The Chairman: Okay. So it is quite clear that the response will only be ... there will be no policy change within Education to decide on whether a whole school or one year, and it is going to be different no matter what –

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Dr Allinson: Chair, I did not say there would be no change. What I actually said to you was that we are currently doing a debrief of exactly how we responded in this outbreak, we are also looking at the outbreak plans that we drew up late last year and those will be refined because lessons need to be learnt in terms of the transmission of this virus, but also we need to reiterate the fact that any reaction to a positive case in school needs to be appropriate, needs to look at the broader effects that closure of our education service has, not only on those pupils but on their families and the wider community.

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So we will continue to refine what we do by having close conversations with our head teachers, with our staff and their representatives.

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Mr Ashford: And if I may come in, Chair, also we have got to remember that going forward we have got to start living with COVID. We cannot start shutting everything down every time there are cases. The whole purpose, if you remember, of these lockdowns and everything else was to protect life and the NHS. Those were the two core principles last year. The vaccination programme is rolling out at a pace. This week we will pass 60% of the overall population having received a vaccine and hit another landmark.

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We have to remember COVID is not going anywhere as a virus. Spanish flu, after the outbreak in 1919, was around until to 1954 and I believe it was another virus that wiped it out eventually, that particular strain. So it is going to be around for decades, if not longer, to come, so we do have to move into more of a mitigation phase, a phase of living with COVID and how we do that with protections in place for those who are most vulnerable, and that will impact on all of the plans and the way we deal with things because things do have to ... again, I come back to that word 'proportionality'.

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Dr Allinson: And the reality ... I mean, yes, it has been the third lockdown, each one has been different. Our response has been different. But if you look at where we are now compared with where we were this year, we now have on-Island testing which can turn around a PCR test very quickly – 24 hours, sometimes much quicker using the technology we have done, we have got now on our own Island. We have got a vaccination programme that has already offered protection to all the at-risk groups in phase 1. We are now in a much better place to tackle with this virus.

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So what the first lockdown did was actually buy us time to create resilience in our community, as well as educate the community of how to deal with this virus. And I must admit, in all three lockdowns, the response of the community to the messages put out by Government and the Council of Ministers has been absolutely beyond what any of us have hoped for. People have understood the risk, they have done the right thing, and that is why we have been so successful, three times now, to eradicate the virus from our Island. But we cannot continue to have these lockdowns, given the extra costs they put onto our community.

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Q45. The Chairman: Okay. Obviously, with regard to the school lockdown, you did keep the hub schools open. On what recommendations was that, bearing in mind they were the most vulnerable individuals –

820 **Dr Allinson:** Sorry, which lockdown are you talking about now?

The Chairman: This one – the current one.

825 **Dr Allinson:** Well, as I have already said –

The Chairman: Hub schools remained open until the 5th.

830 **Dr Allinson:** Well, as I have already said to you, Chair, we did not have hub schools. In the first and second lockdowns, we consolidated schools together in hubs to ensure that people could be taught. We closed the rest of the schools down, their doors were locked. On the back of a debrief from the second lockdown, when we talked to teachers one of their big concerns was by consolidating schools into particular centres they were not seeing some of those vulnerable children who would normally come in, because geographically they found it difficult to get to those schools. So for the most recent lockdown, we did not have hubs. What we did was reopen
835 all schools, but purely to those vulnerable pupils and the children of essential workers. That was a change made during this lockdown to try to facilitate more vulnerable children being able to be cared for by the education service, and it was a change actually suggested by those head teachers who had seen the effects of the previous two lockdowns and were concerned by their ability to actually look after the people put into their care.
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Q46. The Chairman: So it was track and trace's advice on 1st March, I am not sure there was much input from head teachers, but on the case of the vulnerable students, you are stating that the head teachers' advice was ... What mitigation, what did Public Health say about, you knew it was the Kent variant, and the likelihood of it and how virulent it is, on 1st March, but you still had those vulnerable children going into any school from the 3rd to the 5th.
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Dr Allinson: No, they went into their own school.

850 **The Chairman:** Their own school.

Dr Allinson: Yes.

The Chairman: Yes, their own school, but all schools were open. At one point you have said all schools were closed, but all schools were open for vulnerable –
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Dr Allinson: Okay, if I can clarify it for you then, Chair –

The Chairman: No, I know exactly what you said.

860 **Dr Allinson:** You know ...

Q47. The Chairman: I know what you said. You said all schools were closed, (**Dr Allinson:** Yes.) but every school was open for children of vulnerable category to attend school at their normal place.
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Dr Allinson: Yes.

870 **Q48. The Chairman:** So what was different that it was felt that all other students had to be out of the schools by 3rd March, but those students could go into all of these buildings, mixing with the employees and that, what risk profile and what advice was provided to say it was safe for the most vulnerable to go in?

Dr Allinson: Well, again, when you are talking about vulnerable pupils, yes –

875 **The Chairman:** Key workers as well, sorry.

880 **Dr Allinson:** Yes. When you are talking about vulnerable pupils, there is a difference with the definition of vulnerable there between a health vulnerability. We are talking about people who may be on various registers, looked-after children, those sorts of things. What we did last year, taking the advice of the Public Health Directorate, was produce really quite detailed risk assessments which are different to each school, because they have to be. Each of our schools is different, the children there are different. So when you say that they could go in and just mix, this was not a normal school day and what we do during an outbreak is we try to get the smallest number of children who definitely have to be at school into those schools in a safe way.

885 We also get the proportionate number of staff into those schools in a safe way, and so each of those schools has a particular risk assessment. Now, those will involve hand-washing, they will involve people being educated in small bubbles, often family groups. They will be based in terms of increased ventilation, people not eating together. In fact, people eating in the same room rather than going to the dining room. So there are a whole range of mitigations that have been brought in to ensure that if we have students and staff coming into schools that is as safe as possible.

890 So we can make schools safe, but we cannot remove the risk entirely, and what became quite apparent during this lockdown was whilst we reopened schools to vulnerable children and the children of key workers, the spread within our community was already such that it spread into those schools, and so schools were unable to protect both staff and pupils, which is why we closed them all in the evening of 4th March, unfortunately.

895 This is the first time we have had to do this, but if you look at the statistics, it became quite clear that this outbreak was very much affecting young people, particularly of school age, and was spreading through them from household to children to school to other households was our fear. So the difficult decision was made to close down the entire education service and the pre-school service because again, if you look at the publicly available statistics, a proportion of children under the age of five were also becoming infected. So we had a real risk of nurseries/childminders also seeding the outbreak, which could have devastating effects, not only for their health and the health of their parents, but also on the essential services those parents provide.

905 **Mr Ashford:** And if I could come in as well, Chair, when we refer to vulnerable children in a school setting, education is exceptionally important, routine is exceptionally important, and I know, like me, you are very passionate about mental health and particularly children's mental health, and so any disruption to their daily routine, to their educational routine, should only ever be done as a real last resort. And actually, I would praise the Department for Education for the fact they did try to keep that support going with the various mitigation measures they put in place because the effect on children of this outbreak has been quite massive.

910 The last two outbreaks, although obviously they have been aware of things going on, it has not directly affected them as much as it has with this one and it should always be a last resort to interrupt those children's education and their normality, basically, of life, and that is what we eventually, Education, had to do. But we have to take a risk-based approach, because again, we can go for this whole thing of shutting everything down just to be ultra-cautious, but we have to remember the knock-on effects and that is what we were just talking about before – knock-on effects – and on those vulnerable children, not being in their educational setting, not having their day-to-day routine and activity, can cause long-term problems in that regard.

920 So it is important that we recognise that wherever possible, on a risk-based approach, to keep
their education going.

Q49. The Chairman: Which I am sure we would all agree with, but with regard to obviously it
925 was the Kent strain, and we now know how virulent it was and how transmissible it was, do you
think that really that decision was taken wisely to continue with that set up?

Dr Allinson: Absolutely, Chair. We have known what the Kent strain can do since December
last year, when it became quite evident it was the dominant strain in the United Kingdom. As I
930 have previously said to you, the mitigation factors you bring in for the Kent strain are exactly the
same as you bring in for any other strain. That is what has been achieved right the way round the
world. You do not suddenly go from two metres down to one metre, the danger is there.
What we –

Q50. The Chairman: But there was a significant difference on the Island: schools were not open
935 in the UK.

Dr Allinson: No, schools were open in the UK during the autumn term, Chair. If you look at the
statistics, they were open completely to pupils. However, if you look at the attendance rates, they
940 were hovering around about 80%-85%, in the whole region, 60% of children were going in because
the rest of them had either contracted coronavirus or were self-isolating. It also affected a number
of teachers as well. They muddled through, but it was at a significant cost, both in terms of people
not being able to get to school and also having to be excluded from school because they were
getting coronavirus.

It was only at the end of term, Christmas time if you remember, that schools closed as they
945 were meant to do. The Prime Minister of the United Kingdom was going to reopen schools and
then backtracked very quickly on the same day that schools were meant to reopen.

So schools were open last year during the spread of the Kent variant and lessons were learnt
in terms of its transmissibility, absolutely, and the way it affected young people and children – not
950 disproportionately, it seemed to begin with, but certainly to the same extent as it affected adults.
Whereas with the previous strain, young children and young people did not seem to catch it in the
same way, which is why we were possibly spared the problems we had this time with the previous
two outbreaks.

Q51. The Chairman: But obviously we knew between January and March that it was the Kent
955 variant and the UK schools were closed at that point.

Okay. Let's move on. Obviously, with regard to the state of readiness for this current lockdown.
So we have asked you about the legislation and why it was not in place.

Dr Allinson: Well, the legislation was in place ... yes.
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Q52. The Chairman: Was in place, but why we could not implement it quickly. So if there was
an unexplained case reported today, how long would it take us up if we needed? How long would
it take if today, I don't know, there were certainly cases in the community, and you decided you
965 did need to go to a lockdown, although you are saying hopefully you never need to? How long
would it take to put those direction notices in place or have you got something ready to go if there
is? Obviously we have got other strains that could possibly be arriving.

Mr Ashford: We could do them the same day.

Dr Allinson: Yes. As the Attorney General has replied to you, the legislation is in place. Again,
970 there are different variants of concern. There are two: one that originated in Brazil, one that

975 originated in South Africa. There is another variant that has hit the news recently that is under investigation from India. All these variants differ slightly, either in terms of transmissibility or the way they affect people in terms of severity of illness and the death rate. However, they are all coronaviruses, they are all spread in the same way, and so those mitigation factors in terms of hygiene, face covering, social distancing and ventilation are exactly the same whatever variant is out there.

980 **Q53. The Chairman:** Okay. With regard to the possible new strains and our vaccination programme, obviously there is not a lot of detail around that as of yet and a lot of research with regard to whether the Pfizer, AstraZeneca, and obviously Moderna will be even less, as to whether it gives you any help if you contract South African, Indian or ... So what –

985 **Mr Ashford:** The evidence – I will bring the Director of Public Health in in a moment, but – **(The Chairman: Yes, please!)** *(Laughter)* in relation to the variants, the evidence that seems to be coming out at the moment, although it is very difficult because you are doing this in a lab environment when they are doing these tests, and what you need to do really is see it in a real world environment as to how it interacts – that can be very different. But in relation to variants what it seems to be showing is they might not be as effective of stopping people getting it, but there does not at the moment seem to be the evidence that people become seriously ill if they have been vaccinated. So it seems to be having an effect. While the efficacy might be lower, it is still protecting people from serious illness and death.

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995 But like I say, you can have 101 different studies of these things in a lab scenario; what you need to see is real world, because if you look at the experience say of Israel, which is massively far ahead in their vaccination programme, that showed very different results in real life to maybe some of the lab trials.

1000 So we have got to be just a bit careful on that, but in terms of the vaccine rollout, as I say, on Island we are in the top 10 countries in the world for our vaccine rollout. We will pass the mark this week of 60% of our overall population – so not adult population, overall population – being vaccinated and potentially hit the 70% mark of the adult population. So we are way ahead of where we would be in many other countries.

1005 **Dr Allinson:** Just before we ask the Director of Public Health, I think it is a very important point, and politicians need to be quite careful to not make statements such as these variants ... the vaccine is useless against them. It is very far from the point. We have vaccines that are up to 95% effective. Now, there is some evidence, particularly with the Brazilian variant, that that might decrease perhaps to 60% or 70% effective. I am sure Dr Ewart can give some more exact details. That is still a very effective vaccination, when the World Health Organization looks at any vaccine at over 60% efficacy as being worthwhile.

1010 So it is absolutely important that statements made by politicians do not undermine the vaccination programme by saying that they are no use against the variant.

Dr Ewart, I do not know whether you would like to ...

1015 **Dr Ewart:** Yes, and there is not really an awful lot to me to add, but I suppose it is perhaps worth just thinking that there are various elements that vaccines may or may not have an impact on, and that certainly the trials that were done to get the marketing authorisations, the approvals for the vaccines, actually looked at the incidence of symptomatic infection. So they did not initially look at whether people were getting infected and staying asymptomatic. They were solely based on people who had had the vaccine and then came forward and said, 'I've got symptoms' or who were in the control group and had not had the vaccine and came forward and said they had symptoms.

1020 So we knew the initial data for the approvals was based on the ability of the vaccines to reduce symptomatic infection and also subsequently the risk of serious illness, hospital admission. What

1025 those studies did not look at was whether it had any impact on transmissibility, which is about
two aspects, really. One is, does it stop you getting infected at all, or does it mean that you are
still infected, but the viral levels stay very low, so you do not actually infect many other people,
because that would be good as well.

1030 So when we talk about vaccine evasion by viruses, they can change their behaviour in any one
of those things. So you might still have a vaccine that is very good at preventing you becoming
seriously ill, but maybe you still get infected, you can still go around transmitting it and you can
still become symptomatic and therefore lose time off work and be unwell, even if you do not
become seriously unwell and need to go into hospital.

1035 So it is quite a subtle kind of thing to understand when we talk about vaccine evasion and what
that might look like in terms of populations.

Dr Allinson: But there is already work, I understand, (**Dr Ewart:** Yes.) being done on a booster
vaccine, probably available later on this year, to try to cover some of these concerning variants to
give a booster protection, particularly for those high-risk populations.

1040 **Q54. The Chairman:** So in between that, obviously, I think it was Dr Susan Hopkins reported
yesterday that there is South African variant in Manchester. It has certainly moved up north, if
you like, and obviously there is not going to be a booster available. What work is going to carry on
to keep track of this? I think there was a paper done in America with regard to people that had
had the Pfizer vaccine and then they had contracted South African variant afterwards.

1045 So I think from a public point of view, they hear of these new strains and that, how are we
going to keep track and just keep public confidence that we are keeping track, and when a booster
will be available? And obviously, if any symptoms change, how are you going to get that out to
the public?

1050 **Mr Ashford:** Just before I bring the Director of Public Health in, again, I have got to be very
careful with the messaging here. The vaccine does not necessarily prevent someone catching
COVID-19.

The Chairman: You have always said that.

1055 **Mr Ashford:** That is not just the Brazilian variant. That is the Kent variant, other variants. We
have got to be careful about that messaging. And again, when you talk about the Pfizer study and
so on, that is a very clinical trial study. We have got to see how that plays out in real life. But what
it does not seem to be showing is those people becoming seriously ill or at risk of death, and we
1060 have got to remember that is what the purpose of the vaccination programme is about. It is not
going to potentially stop someone getting COVID-19, but what matters is what happens when
someone who has been vaccinated does contract COVID. So do they become seriously ill? Are they
at risk of mortality as a result of that? The evidence seems to be, at the moment anyway, that
even where you have got those variants, such as the Brazilian ones, it still has an effect on
1065 preventing serious illness and death. So it will not stop you contracting it and potentially passing
it on to other people, but it is around how it interacts.

1070 So I think that is the key bit of messaging, getting it out there, and I laid out at the press
conference about maybe two weeks ago now – I lose track of time – a long list, particularly around
the CSVT blood clots that keep coming up, what the impact is of someone who gets COVID
compared to someone who has the vaccine. I would refer people back to that, to go and take a
look at the list I gave there. It is absolutely clear that the risks in terms of having vaccination are
absolutely minute compared to the risks that people will experience if they end up with
COVID-19. I think that is the message that all of us as politicians need to get out there. I have had
my vaccine, my vaccine was the Pfizer vaccine. The Chief Minister has had AstraZeneca, so
1075 between the two of us at the podium we have done the full choice of the two. I think it is important

that as politicians we have a duty to get that message out to the population: that it is going to protect them.

1080 **Dr Allinson:** The other comment you made about the detection of the South African variant in Manchester, what has been quite clear, particularly in London, is the majority of the variants coming into the UK are travel-related, which is why the traffic light system is being brought in. The surge testing being done at London at the moment, particularly around Lewisham, is to see if there is any community spread of the variants. Now, at the moment we are not quite sure. Obviously that would be far more concerning than people travelling across with a variant from where they came from, and I do not know, Dr Ewart, if you could comment about that.

Dr Ewart: Yes, I think that is very definitely the case, and obviously it suggests that some sort of breaches in terms of self-isolation have happened.

1090 Certainly the cases that are being seen around South London, that seems, on the epidemiology, to link back to a travel-related event back in February, which I think – I may be getting the dates and a little bit muddled here, but – it was before they actually brought in the quarantine hotels. So it was somebody who was absolutely allowed, they were not breaching in that respect, to go and self-isolate in their family home. For whatever reason, it seems that maybe their self-isolation from other family members was not as good as it could have been, and we know that this is a risk, 1095 it is something we have observed here, which is why we changed the regulations that we had here. But anyway, family members of that case were then infected and seem to have taken it out via schools and via care homes, places that they were associated with through work.

So that seems to be how it has got into the community there, and obviously the kind of thought about that is that now they brought in the traffic light systems and the quarantine hotels, that pattern should not happen again. That was one that unfortunately happened before those changes were brought in.

1100 **Q55. The Chairman:** Have we seen any positive cases from somebody that has come in and been at a quarantine hotel, then arrived on the Island and tested positive? We have had a few positive travel cases.

1110 **Dr Ewart:** Yes. None of those had that background and none of them have been South African variant. We have had a South African variant. That was early in the year, and that was before the quarantine hotels, and in fact that individual came back from Africa, but not from South Africa. So they might not even have been picked up by the quarantine hotel system as it first came in. Obviously it is evolving as new –

1115 **Dr Allinson:** And again, that is one of the things I think we are going to have to wrestle with, because at the moment, if you live on the Isle of Man and you are from South Africa, you get a double whammy, because you will be put in self-isolation as soon as you hit Heathrow, and then you will come here and you will be put in self-isolation again. Is that fair? That is a matter for a debate. Is that the safest option? At the moment, possibly is, and we will have to work round that, because whilst we can rely upon the UK government to provide a certain amount of protection, we also have to look at our own borders independently as well.

1120 **Q56. Mr Perkins:** Of course, that is why we need the rollout of the vaccination programme and I think you should be congratulated on how you have gone about that. The public have a very positive view on what you have done and what you have achieved with that.

1125 I know I asked the Minister, I think it was in Keys or in Tynwald, about protecting police officers and front-line staff. Just for the record, would you like to enlighten me again on the reasons why we did not go down that route?

Mr Ashford: Yes, I think it was the right approach we took. I will get that out straight away. (Mr Perkins: JCVI ...) We went down the JCVI route. We know with this virus that it is underlying health conditions and age that create the greatest mortality around it. So the whole of the vaccination programme, with it being a brand new vaccine, it was always going to be limited, drip-drip supplies over time, and our key thing was to not prevent someone – so this is the key thing with the vaccination programme – it is not to stop someone contracting COVID: it is to actually prevent them becoming seriously ill or dying. So the focus of the vaccination programme has been on those most at risk, not of contracting, but of becoming seriously ill or dying, and that is the age profiles and those with underlying health conditions.

So we have gone down the age profile. We did look again when we got to phase 2 about whether or not we would prioritise key workers, but actually, with the speed the vaccine programme is going and the speed you will have seen from the phase 2 already, it would actually have slowed it down, ironically, going down the route potentially of key workers, because we would have had to get lists of people by profession.

Who classes as a key worker? For instance, workers in Tesco, Shoprite, out in the retail sector, quite rightly, would be key workers and also have exposure to the public. So it could have actually become just a free-for-all. So it would not just be police officers. It would be teachers, everyone. So it was actually quicker and more efficient just to keep with the age profile and running it down, and we are now at the point where everyone over 30 is being called forward for a vaccine, and we are asking for people now under the age of 30 to register online as well.

So I think we did make the right decision of doing that. I think it would have caused serious problems if we had started picking groups out. So for instance, what makes a police officer more vulnerable than a teacher in a school? What makes a teacher more vulnerable than someone working in Tesco's? And all those debates would have played out.

In fact, Mr Perkins, you will remember I think it was off the back of that question, when we went into supplementary questions to me, from all the people who spoke, if I remember, we ended up with about 12 different professions mentioned by the end of it. So everyone would have had an opinion as to who should have been prioritised, and I think our vaccination programme would have ended up in a mess.

So I fully accept, I can understand the Chief Constable's view that he wanted the protection for his officers, but it would not have helped also with resilience of service, because even if someone is vaccinated they can still, as we have said, contract COVID-19 and potentially pass it on to other people. So if you had a police officer or a teacher who contracted COVID, they would have had to isolate exactly the same as someone who is unvaccinated. So it would not have helped with resilience of service because that officer still would have been taken out of their day-to-day work.

Mr Perkins: Thank you.

Q57. The Chairman: Okay, thanks.

Obviously, with some of the questions that we did ask you, that you have provided answers to on Gold, Silver, Bronze command and functions, there appears to be an awful lot of duplication across a number of areas. I am just wondering, from the Chief Secretary's point of view, are you going to do any review of the membership of any of these? In particular, the one that stuck out at me with my interest in education, the National Infrastructure Group did not have representation, any representative, from Education. Now, I would have classed Education facilities as part of that group for continuation for the Island –

Dr Allinson: Well, if I can answer that, at the origin of this pandemic in March last year, I was actually asked by the Chief Minister to join the National Strategy Group initially, to be part of the process, to work with Gold command, as we for the first time generated plans for what we do with education faced with this. I cannot remember the exact number of meetings, but certainly for the first month or two, I was present at all the NSG meetings as well as CoMin and was

1180 intimately involved in planning for our response. Once we had established that, it was obviously
less important for me to be part of that Group, but that offer to bring in and co-opt Ministers or
1185 whoever else is needed is there.

I think that is one of the things, perhaps with my background in Manx Utilities, for instance, we
have gone through a couple of critical incident plans and disaster planning. It follows a fairly
1185 standard routine that you get all the best people round a table, you deal with real-time data, you
have somebody taking notes, but you need to make decisions in real time, constantly review them,
you may have break-out groups, as we do with Gold, Silver and Bronze command, who will then
do a bit of work and feedback, but at the end of the day, whether it is the NSG or the Council of
Ministers, they need to be presented with as much information as possible to make decisions,
1190 often at very short notice.

But I do not know whether you are going to review the constituents of the groups.

Mr Greenhow: Yes, we will, Madam Chair. Like every situation that we play out, we will review
1195 how the groups worked and the issues that we dealt with.

Q58. The Chairman: I think certainly from some obviously employees in different groups, they
did not seem to be aware how some of the decisions were getting to certain places, and looking
at the extensive lists on all the different groups, the one in particular that I am talking about is a
Home Affairs Silver Group and its Safety, Safety and Critical National Infrastructure group. That is
1200 the one that does not have a member of DESC on it, but it will have a marketing executive and
things like that – and the Welcome Centre manager. Now, to me, from a safety and critical national
infrastructure, I would have thought Education would want to be part of that group when you
look at some of the quite junior roles that are in it, but there is nobody from Education.

Dr Allinson: But again, these groups are not absolute. They work together and so they compare
1205 notes, they compare advice. Each of them has a particular role in quite a complicated cog. And
obviously the COG, the Chief Officer Group, is also functioning at various times. We need to be
careful during a time of an outbreak that actually the people who need to put decisions by the
Council of Ministers in operation are not spending their entire time in meeting after meeting after
1210 meeting. Again, it is how we run services, how we run business as usual, in terms of the Health
Department, and deal with pandemics which is a challenge. But I think the structure that is there,
which will continue to be refined, has met that challenge incredibly well.

Q59. The Chairman: I suppose that is the point, isn't it, that I am making? When you look
1215 through the list, there does seem to be an awful lot of officer time at different levels involved in
the process, whereas –

Dr Allinson: Well, that is the membership, but that does not necessarily mean to say that all
1220 those people will have to be there for every single meeting. If the meeting is not directly related
to them, they may be excused. On the other hand, if that meeting suddenly becomes about
schools and safety at schools, we would then bring in the members of the Education Service to
advise on that.

The Chairman: Obviously I think the Emergency Incident Response Framework that we
1225 received from the DHSC was very useful. I assume there is one for every area. It was very good.

Okay. Are you okay? Yes?

Q60. Mr Perkins: If I may just ask one final question, I think the elephant in the room is how
1230 we get out of opening our borders. That is absolutely key on how we go forward. Are you all happy
there has been enough input into this? Obviously I think there are decisions are afoot, I will not

go any further than that, but announcements I think are imminent. Are you happy that enough input has been put in from all people concerned?

1235 **Dr Allinson:** Well, if I can answer that before Minister Ashford does, when we finish this evidence session, as you are aware, there is a presentation for Members about various plans, various ideas of a revised exit framework, which was asked for by Tynwald last month and is being provided. I hope that this week we can have a debate on that, we can have that input, as you say.

1240 With our Island, you have said that the most important thing is to open borders. There are people on our Island, our constituents, who want the borders open tomorrow, without any restrictions, and similarly those who are absolutely terrified and want the borders closed even more. We, as parliamentarians, have to get that balance right, based on the right evidence, based on the right input and really it is up to Tynwald then to approve that and move forward.

I do not know whether you want to add to that ...

1245 **Mr Ashford:** Yes. I think there has been an awful lot of input from all levels, from the political Members level, where we had some very good workshops only the other week with Tynwald Members to be able for them to share their views and represent their constituents on the way forward. At an officer level, I know Public Health has had engagement around it, DHSC, we most certainly have had a huge amount of input into it, as has the Council of Ministers, the wider officer groups across Government.

1250 As the Minister for Education, Sport and Culture has just said, though, we do have to recognise there will be a section of our community out there that will be very nervous no matter what we do, that are exceptionally concerned about how the border situation will evolve. We do need to be careful as well. We need to take things in a staged approach. But I think that the exit framework which Members are about to get a presentation on, hopefully the Chief Minister will be able to bring forward to Tynwald, will have had as much input as any document I have known, certainly in my four and a bit years here in Government. I think we have ended up with a very good document that I think will guide our Island going forward, but we do have to recognise there will be people out there in the community very nervous about any change, and we need to reassure those people. It will be our jobs as politicians to go out there and explain to people how it works and how we will get our Island back to normal.

1260 It is going to be a very difficult process, it is not simple, but I think in terms of input, which is what the question was, this has had more input from all shades, both political and officer and Public Health input, than any document I have known.

1265 **Mr Perkins:** Thank you.

The Clerk: Thank you, Ms Edge.

1270 Can I just give a couple of footnotes on the record? There was mention earlier of the submission of 14th April, which was sent to the Committee through the Cabinet Office from various Departments. While we have been speaking, that has been uploaded to the Committee's website and is available under the public evidence menu there.

1275 That document does include an answer from the Attorney General's Chambers. There was also mention of other advice from the Attorney General during the course of the meeting today and that referred to a question answered by the Attorney General in the Legislative Council on 10th March, which is available, and also a follow-up email from the Attorney General to the Legislative Council is also published as part of the Hansard Appendix.

1280 I am sure the Committee will not mind me, perhaps I do not want to jump in ahead of what the Chairman is going to say, but I am sure she will thank all the witnesses who have spoken, and I would just like for the record also to thank the two witnesses who have not spoken, (*Laughter*) which is Mr Graham Kinrade and Ms Kathryn Magson who are both here, Graham in the flesh and Kathryn on the screen.

Q61. The Chairman: Yes, thank you.

1285 Can I just, obviously on this written response that is being published, and we did ask the straightforward question about when was COVID first in schools, can you confirm, was it 19th February, a school case, 26th February or 1st March?

Dr Allinson: I think I have confirmed that to you, Chair, here and previously in the House.

1290 **Q62. The Chairman:** Okay. And just with regard to the Advisory Group, when do you think that will be – obviously you have put adverts out for the Advisory Group – up and running?

Mr Greenhow: The team are currently looking at shortlisting, and I am sure that we will have some dates on the recruitment process as soon as we have got through that, Madam Chair.

1295

Q63. The Chairman: So do you think, what, June, or possibly May?

Mr Greenhow: I would not want to give you a date. All I will say is I am looking that we do it as quickly as possible, (**The Chairman:** Okay, thank you.) to comply with what Tynwald have requested.

1300

Q64. The Chairman: Okay. And just one last question for the Minister for Health, with regard to obviously the news release this morning, and you were actually live on Manx Radio with regard to Dr Glover and the genomics and the rebuttal. Previously you had said in public that you would publish a line-by-line response, but today you said you are now going to follow your parliamentary thing. So can you just –

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Mr Ashford: Previously, I had not been invited to the Public Accounts Committee at that stage. The Public Accounts Committee has now kindly offered the Department an evidence session, and you know me, Madam Chairman, I am very much a parliamentary traditionalist. I believe you should not be having debates in public about things that you are going to share with a Committee, because I think that shows disrespect to the parliamentary process and the parliamentary committee system. So the Department took the decision that we would still issue a statement, which we did, but in terms of going through things line by line and responding, I will show due respect to Tynwald and do that at the Public Accounts Committee.

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The Chairman: Thank you. Okay, thanks very much, and I do appreciate everybody taking the time to attend today.

Thank you very much. The Committee will now sit in private.

The Committee sat in private at 12.16 p.m.