



**STANDING COMMITTEE  
OF  
TYNWALD COURT  
OFFICIAL REPORT**

**RECORTYS OIKOIL  
BING VEAYN TINVAAL**

**PROCEEDINGS  
DAALTYN**

**PUBLIC ACCOUNTS COMMITTEE  
EMERGENCY SCRUTINY**

**HANSARD**

**Douglas, Friday, 1st May 2020**

**PP2020/0097**

**PAC-ES, No. 1/2020**

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**Members Present:**

*Chairman:* Hon. J P Watterson SHK

Mr C R Robertshaw

Mr R E Callister

Mrs J P Poole-Wilson

*Clerk:*

Mrs J Corkish

*Assistant Clerks:*

Miss F Gale

Mr S Wright

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# Standing Committee of Tynwald on Public Accounts

## Emergency Scrutiny: Returning Residents

*The Committee met virtually at 11 a.m.  
Proceedings were conducted and broadcast live  
from the Legislative Council Chamber.*

[MR SPEAKER *in the Chair*]

### Procedural

**The Chairman (Mr Speaker):** Good morning everybody and welcome to this public meeting of the Public Accounts Committee. As you know, this is the first in a series of meetings in which aspects of the response to the State of Emergency, first declared on 16th March 2020, will be examined.

5 I am Juan Watterson, Chairman of the Committee and with me are Mr Chris Robertshaw MHK, Mr Rob Callister MHK and Mrs Jane Poole-Wilson MLC. The topic today is Returning Residents.

10 We acknowledge that this has been a challenging issue and I think that Tynwald, and certainly the Members here today, are fully supportive of having strict controls in place. But there are some questions about how this control was being achieved. So we want to take this opportunity to look at where we are, why certain decisions have been made and ultimately how this decision will be handled moving forward.

### EVIDENCE OF

**Hon. Howard Quayle MHK, Chief Minister;**

**Mr Will Greenhow, Chief Secretary;**

**Mr Nick Black, Chief Executive, Department for Infrastructure;**

**Mrs Kathryn Magson, Interim Chief Executive, Department of Health and Social Care;**

**Mrs Kirsty Hemsley, Interim Director of Change and Reform, Cabinet Office; and**

**Ms Sam McCauley, Head of External Relations Team, Cabinet Office**

15 **Q1. The Chairman:** Welcome to you all and we would ask that before I invite the Chief Minister to make an opening statement, if you could all just introduce yourselves.  
Chief Secretary.

**Mr Greenhow:** Will Greenhow, Chief Secretary.

20 **The Chairman:** Mr Black.

**Mr Black:** Good morning, Nick Black, Chief Executive Officer, Department of Infrastructure.

**The Chairman:** Mrs Magson.

25 **Mrs Magson:** Kathryn Magson, Interim Chief Executive, Department of Health and Social Care.

**The Chairman:** Mrs Hemsley.

30 **Mrs Hemsley:** Good morning. Kirsty Hemsley, Interim Director of Change Reform in the Cabinet Office.

**The Chairman:** And Ms McCauley.

35 **Ms McCauley:** Sam McCauley, Head of External Relations in the Cabinet Office, but currently seconded to be Project Manager of the Repatriation in the Department of Infrastructure.

**The Chairman:** Now, over to a man who needs no introduction, the Chief Minister, for your opening statement, please.

40 **The Chief Minister (Mr Quayle):** Thank you, Mr Speaker; and Members of the Committee.

Thank you for the invitation today. As we are in the trenches fighting this emergency around the clock, good independent parliamentary scrutiny is valued as ever. I have been invited to give an opening statement of around three to four minutes so I will not rehash previous remarks about the scale of the threat to our Island; the difficult decisions that have been taken; the  
45 unparalleled work carried out day and night across our public service to keep people safe; or the fantastic response from our Manx community.

Closing our borders was without doubt the most difficult decision that I have been involved in during my career. Council was acutely aware that people would be impacted adversely, but balanced this against our priority to protect life on the Isle of Man and protect our Health and  
50 Care Services. I sincerely hope that none of you Hon. Members ever has to take such a decision. There is not a detailed manual on the shelf for a rapidly evolving pandemic like this. However, the Council of Ministers has kept the entire emergency response under continuous review, based on the latest clinical and professional advice and the data and evidence on the Island's ability to respond.

55 So how did we get here? Can I reflect on the speed with which this situation has developed over the last eight weeks? The UK had its first tragic death from COVID on 4th March. The WHO declared a pandemic on 11th March and on 16th March we moved to require that people arriving to the Island would need to self-isolate. The next day, the UK Foreign and Commonwealth Office advised against all but essential foreign travel.

60 On 19th March the Isle of Man got its first case of COVID-19. On 20th March I advised against all non-essential travel off Island. On Sunday, 22nd March we announced the border would be closing to non-residents the following morning, with the only exceptions being people vital to keep the Island running or to protect life. We reminded residents that they could still return home and should do.

65 In Tynwald on 24th March, answering a question from Mr Speaker, I told people if they wanted to come back they needed to get back as soon as possible and that there would be announcements in the near future on this topic. On 27th March we extended our border closures to all arrivals, bar exceptions.

70 We listened to the advice of our medical professionals and Members who advocated closing our border. They told us that this would give our Health and Social Care System the best chance to fight this war. When we closed our borders there was uncertainty about how the Island's cases were going to develop on a trajectory. We did not have the evidence about the level of compliance with social distancing measures; to what extent we were going to flatten the curve;

75 or how the disease was going to spread in our community and what impact this would have on our hospital and our ICU capacity.

Let me be clear, Hon. Members, due to its current high viral load the UK is the biggest threat to the Island's COVID response right now. For this reason I believe those that pressed for the border to be closed will be proved right. Closing our borders has been strongly supported by large numbers in our Island community.

80 Has this been shouted as loudly as the cases of some of our residents in the UK? Possibly not. Initially we were aware of 20 residents who had been affected by the border closure. This number increased at pace when people got in touch. Tynwald Members pushed Council to establish 'a robust quarantine facility' on the Island, to use the words of Mr Shimmins in Tynwald on 27th March.

85 On 3rd April I advised that clinicians had told us allowing hundreds of people to return to the Island unrestricted would be unmitigated risk and negligent behaviour. At that date we were aware of around 160 residents beyond our borders, but the number continued to increase. Clinicians advised that they would be prepared to support a process to bring people back but it had to be done under the most stringent conditions. We listened, and put in place rigorous protocols to return residents in a managed, safe, staggered manner.

90 Minister Ashford announced on 6th April plans for the safe return of residents and provided contact details for residents to get in touch. Minister Ashford also wrote to Tynwald Members on 11th April providing further details on repatriations and why we would not be able to prioritise certain residents over others. The Repatriation Scheme is not perfect. We were clear from the start that it would not be for many, many reasons. Officers delivered at short notice arrangements for receiving and reviewing applications for exemptions against the legislation, authorising travel, logistics for hotel, transport, health checks, quarantine and financial assistance.

100 So where are we now? We are in a different place to when we first closed the borders and we have evidence to review. We know where we are on our curve and we have increased our Hospital's capacity to respond. We have experience from three repatriation sailings so far. Last Friday we let certain people back to work who could do so safely. As a result of these changes our clinicians, in their planned review of repatriation, have indicated that they would be willing to support a move to self-isolation for repatriated residents under certain criteria. Council of Ministers has considered this and is willing to support such a move. Any such changes to our COVID response are only possible if our number of positive cases remains small and manageable. If this situation changes, our response has to change swiftly to keep our people safe.

I hope we will be able to announce further details of these changes next week.

110 Thank you, Mr Speaker, and Committee members.

**The Chairman:** Thank you, Chief Minister. I hand over to Mrs Poole-Wilson.

115 **Q2. Mrs Poole-Wilson:** Thank you, Chair; and thank you, Chief Minister, for your opening statement. I was very interested by your last remarks, that I am sure we will come back to.

My question is to the Deputy Chief Executive of the Department of Health and Social Care. Please could you advise whether the returning residents' plan that was devised was devised entirely by the medics? Or were the political parameters?

120 **The Chairman:** Mrs Magson.

**Mrs Magson:** I am the Interim Chief Executive, not the Deputy Chief Executive.

125 Yes, I can confirm we were asked for the DHSC team to consider whether we could agree a model for repatriation, and that was on 1st April. I think it is fair to say at that point we were all very early in our management of COVID. It was very early determining where we were in the

management of the current pandemic, not least the curve and the spread of the disease. But we did recognise that this was an important matter. We have a responsibility not just for Health and Social Care, we have a responsibility to look broader. We did understand that there was an ask, there was a need, and that request came to us to consider on 4th April. We did do that on 130 4th April and that was supported by the Clinical and Public Health Advisory Group on 3rd April.

**Q3. Mrs Poole-Wilson:** Thank you; and my apologies for incorrectly addressing you. (*Mrs Magson:* No problem.)

Can you please advise then whether at that stage medical advice was different regarding 135 different categories of incoming people? So, for example, was the medical advice different for those returning from holiday as opposed to key workers returning?

**Mrs Magson:** Actually from the time of when we did the initial exemptions within DHSC obviously that order was in place at that point in time. And I can actually tell you that we have 140 done a number of exemptions from that point in the middle of March, 198 in total. We are quite stringently managing that process.

In relation to your direct question, in that case we insist that people self-isolate and there has been only a very, very small handful of individuals – in fact seven out of 198 – who have not self-isolated within DHSC, but they are generally individuals that are very vulnerable and already 145 shielding at that point themselves; and they are generally for journeys going on and off the Island for patient transfer reasons to a UK hospital.

So this is a very different matter, a very different question. We were asked directly for individuals who are *coming* from the UK who have *not* been in hospital or having any treatment, because they would be handled through the PTS process, where we were *really* clear that there 150 is a significant risk around the UK viral load; and that was the main reasoning behind our decision, and the strict and stringent controls and conditions that the Chief Minister referred to earlier.

**Q4. Mrs Poole-Wilson:** Thank you.

155 Just developing that. The medical modelling that has been made public I think refers to the fact that even if two returning residents were not showing symptoms and breached their isolation, the way that the virus multiplies would lead to a double-bounce effect. Is that also the medical position for returning key workers who we have asked to self-isolate at home?

**Mrs Magson:** The  $R_0$  that you are referring to, which is the reproduction rate, has been 160 something that has driven obviously all the different modelling options that we have had, and that we have talked about at length in the public domain around the different scenarios that we could potentially have. Clearly our  $R_0$  at the moment is low. We were planning for a significant difference obviously because we did not know and certainly at this point when we discussed a 165 repatriation question we had no idea at that point we were going to be in this position – as I mentioned earlier, it was very early on.

So in relation to the individuals who are self-isolating, employees or keyworkers, it is a *very* different question. We do a risk assessment when we determine if any individuals do not self-isolate. I can give you the exact details: there was a *very* small handful of individuals who were 170 not being required to self-isolate, and they were due to the fact that the urgency of what they were doing was more important than the risk of the potential implications of them carrying the same UK viral load.

So the implications are just the same, but we take a risk assessment, we look at the scenario and less than seven in fact have actually not self-isolated out of the 198 that we have had. That 175 has been on a risk assessment, as I have explained, in relation to the needs of the work that they do.

**Q5. Mrs Poole-Wilson:** Thank you.

180 I think what I understand there is that the medical risk, whether a key worker or a returning resident, is the same if people do not adhere to whatever strict controls they are required to adhere to? And I understand the point you are making that barely a handful of key workers have been exempted from the required requirement to self-isolate where the need for them to work is greater than the risk they pose.

185 But if we are looking at different categories of returnees, key workers or returning residents from holiday the risk they pose, if they are required to observe some form of self-isolation, the medical risk is the same?

**Mrs Magson:** It could be. It depends on the circumstances of that key worker – where they have been working, what circumstances they have had in the UK themselves – and all of that is taken into account as part of the risk assessment that we undertake for anybody. The majority of people that are coming back under an exemption and who are not following the same strict conditions are following strict and stringent conditions themselves. The majority are the PTS transfers where those individuals are clearly in the vulnerable or the very vulnerable category, and are already self-shielding in their own right.

195 For anybody who is coming back, who was originally in the UK and then was coming back through PTS, clearly they have been under strict treatment in a UK hospital. So the circumstance of each individual is very carefully taken into account as part of our exemption process. I personally sign them all off and those are all the types of questions that we review before we undertake any exemption and that then goes through to the Cabinet Office for approval.

200 **Q6. Mrs Poole-Wilson:** Thank you.

Just one further point on that. In Tynwald this week, on Tuesday, the Chief Minister announced that there would be further changes coming forth in terms of key workers returning to the Island, key workers who were regarded as key workers in the UK as well as in the Isle of Man, and they would be subject to strict self-isolation rules. However, key workers who work further afield would have to come back and self-isolate in the quarantine facility at the Comis.

I just wondered again if the Chief Minister has referenced the fact that the –

**The Chief Minister:** Can I just come in there, Mr Speaker?

210 I think the Hon. Member has slightly got that wrong. I said key workers could come back to the Island if they were UK; but if they were not a key worker, people could come back but they would have to self-isolate at the Comis. There was a distinction between those two points, and I would just point that out.

Thank you.

215 **The Chairman:** Mrs Poole-Wilson.

**Q7. Mrs Poole-Wilson:** Thank you; and apologies if I have incorrectly stated that, but I think the question again from a medical advice perspective is that the Chief Minister referred in his statement to the UK being the biggest threat to the Island due to its viral load.

220 So I suppose, again from a medical perspective the risk posed by anyone coming from the UK, including a key worker, how do you distinguish between the medical analysis and whether they can be self-isolating at home or should be in the quarantine facility at the Comis?

**Mrs Magson:** The difference, as I have explained, has been very much around whether that key worker is key to the critical strategic principles of us managing the pandemic.

225 As I have explained we have only had a very small handful that have come through who have not self-isolated. We were asked to look at repatriation, which is an entitlement matter, we are talking about key workers themselves in that process. We insist that the majority do self-isolate.

230 There is a really strong risk assessment and there have been a handful of individuals where we  
felt there has been a greater need in line with the strategic principles around preservation of life  
or critical infrastructure. So a couple of examples of individuals were delivery drivers that have  
been putting in the relevant critical infrastructure for the DHSC; and that is the distinction that  
we make. In the majority of cases those individuals have actually gone back to the UK on the  
returning ferry.

235 So just to give you some idea of the extent that we are talking about: of the 198 exemptions  
that I have agreed to, 21 have had no self-isolation, 11 of those were delivery drivers, three  
were repairmen, and the residual were employees – though those seven individual employees  
were to support a *critical* preservation of life and a number of those went into a care home. One  
was a cancer consultant, one was the lady who was actually doing the health checks and  
240 appropriately donned her PPE to support the repatriation, and one was an Emergency  
Department locum.

So just to give you the feel of the size and scale of what we are talking about, I do not believe  
that we are differentiating around self-isolation. We have been really clear that they have had to  
meet the strategic principles and that is how we have adhered to it.

245

**Q8. Mrs Poole-Wilson:** Thank you.

I think the key issue I am really asking about is the difference between people who come  
back and are required to self-isolate at home as opposed to in the quarantine facility.

Just the change that was announced on Tuesday, and I am quoting from *Hansard*, was that:

The Council of Ministers agreed that ... we should allow Isle of Man residents who work in roles that are critical for  
the UK but not necessarily the Island to return to the Island and continue to leave and return to fulfil their role ...  
[*but they*] would be the subject of a legal direction to self-isolate for 14 days each time they return to the Island.

250 And again I just wondered: is the medical advice different in respect of the threat that they  
pose as opposed to other categories of returning individuals?

**Mrs Magson:** So again I think as the Chief Minister refers to, we have been asked to look at  
whether, as part of our fortnightly review around that, particularly as we know now where we  
255 are and we can predict at this moment the stage, and we have more positive optimism around  
where we are in the management of this pandemic. The Chief Minister referred to the decision  
and discussions at COMIN and I think that all forms part of our process and our decision.

We have made a recommendation around a move to self-isolation and that is really a  
reflection of where we are in this current management of the pandemic, here and now. A lot of  
260 things happen on a daily basis. This is moving very, very fast but at the same time we are talking  
about a recommendation in relation to your first question around the difference.

In the context of looking at really individuals that are key workers around preservation of life  
and critical infrastructure, that is where we supported self-isolation. In the case of this group  
here that we discussed and the quarantine, the repatriation journeys from 1st April, there was a  
265 real distinction for us because those individuals may have been coming from around the world,  
many of them were not in the UK at the time when we originally discussed it – 110 individuals  
are outside the UK themselves.

We know from looking at the first and the second sets of repatriation journeys that came  
back, many of those had been on cruise ships, many of them had been in European countries  
270 and Far Eastern countries. And actually that is a *real* big difference around the significant risk of  
the viral load, not only in the UK but also from other countries where they have come from and  
where they may have been exposed to the virus.

Ultimately that, along with meeting the critical infrastructure and the preservation of life  
criteria, those are the key characteristic differences, and why we supported this very, very early  
275 on in the pandemic and very early on where we were not able to take a view how this curve was  
going to play out, that we would support the repatriation under strict conditions and very

stringent conditions. That was quarantine and where we could be assured that there was significant social distancing on the ferry or the journey and the travel, and that they would also be subject to a health check. That was at one point in time and that was the reason for our decisions and our recommendation and ultimately then a political decision at COMIN.

**Mrs Poole-Wilson:** Thank you very much.

**The Chief Minister:** Mr Speaker, may I come in on a clarification point, please?

**Q9. The Chairman:** Please, Chief Minister.

**The Chief Minister:** I think on the comments from Mrs Poole-Wilson, I would just like to point out that we in the Council of Ministers recognised the contribution as a Crown Dependency of UK critical workers, because we were expecting some of those UK key workers to come and maybe help the Isle of Man on certain key projects, such as the commissioning of our oxygen system up at Noble's Hospital.

We also had a number of backbenchers who were pushing for residents that work in the UK who were around the world and who were classified by the UK as key workers, to be able to come back to the Island. We thought that, as we were expecting UK key workers to come over to the Isle of Man to help us, then it would only be fair that we allowed our residents who were working as UK key workers to be offered that same position. That is why we made the position; and obviously I think Mrs Magson has clearly clarified that they were screened, categorised and had to follow all the isolation, and the queries that the Department of Health and Social Care had put in place.

Thank you, Mr Speaker.

**Mrs Poole-Wilson:** Thank you very much.

**Q10. The Chairman:** Thank you very much.

If I could turn to the Chief Secretary now, could I ask what options for returning residents were presented, and to whom, and when, please?

**Mr Greenhow:** Thank you, Mr Speaker.

The National Strategy Group were briefed and then a decision paper presented to the Council of Ministers on the options – as Kathryn has said – for returning people to the Isle of Man.

Discussions took place at Silver Groups and Gold Group, and Chief Officer Group before anything was presented to NFG or Council of Ministers. We looked at the repatriation question and bringing back residents to the Isle of Man.

**Q11. The Chairman:** So this was an officer-led process without any political parameters set until it reached NSG?

**Mr Greenhow:** Correct. We were asked to go away and look at the options that could be presented to NSG and Council of Ministers.

**Q12. The Chairman:** Okay, and in terms of the Options Paper, what were the options that were presented?

**Mr Greenhow:** One of the options of course was to do nothing, to leave the borders as they were. One was to look at the repatriation and how we could do that for residents. That was really the question that we addressed, that we could either leave it alone or we could look at how we brought these Manx residents back to the Island.

**Q13. The Chairman:** Thank you.

330 Moving on then, and I think this question is possibly directed at the Chief Minister. The Health and Social Care Minister suggested that 'previous experience with previous returnees indicated some might not comply with the requirement to self-isolate'. Can I ask what the evidence base was for this perceived lack of trust?

335 **The Chief Minister:** Mr Speaker, I cannot really comment too much more on that because it could ... I do not know if the legal case has happened yet, but we did have a case where someone did not comply with the rules.

I cannot comment to the Committee at this moment in time because I am not sure where that case is, Mr Speaker.

340

**Q14. The Chairman:** But we are talking about *a* case?

**The Chief Minister:** There was a happening where someone came back and did not follow the rules. I cannot comment because it is obviously with the courts, so *sub judice* on that one. But once that is through it will obviously be public –

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**Q15. The Chairman:** I am certainly not trying to trap you into talking about any particular case, but I suppose what I am trying to get the sense of is that actually this was due to only one instance of somebody not playing by the rules, that has led to this whole quarantine situation being put into place?

350

**The Chief Minister:** No, no.

We asked our medics to come up with a *safe* way for people to be repatriated to the Isle of Man that was safe for the 99.6%, 99.7% of the Isle of Man residents. The medics came up with a plan which we supported.

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**Q16. The Chairman:** It sounds from the previous answer from the Chief Secretary, that self-isolation at home with tagging, for example, or with ongoing monitoring was not an option that was considered until after the existing arrangements had been put into place.

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Is that correct?

**The Chief Minister:** We discussed a lot of options, Mr Speaker.

Obviously the situation is moving very fast, but we did look at all sorts. Could we allow people to go straight home in small numbers, was looked at. There were suggestions that people could be tagged – I think someone made that suggestion but they were all agreed that that was not practical at the time given the pressures our Police Force was under.

365

So we had general discussions on an awful lot of issues and we agreed that, based on the advice from the medics who we had asked to come up with a plan, as had a number of Tynwald Members, that we come up with strict quarantine regulations in a hotel on the Island. They came up with a plan of what they deemed was safe for the residents of the Isle of Man and we supported, as a Council of Ministers, that decision.

370

**Q17. The Chairman:** I suppose I am trying to assess what options were considered beforehand and what as the ideas were presented afterwards, so in terms of these were all considered prior to the decision to go forward with the present arrangements?

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**The Chief Minister:** We obviously had, in great detail, talks about the way back. But obviously when you have tasked your medics to come with a safe way to repatriate people of the Isle of Man to protect the vast majority of our population, then obviously it was important that we

380 took on advice from our medics and they had come up with a system that was safe for the residents of the Isle of Man, and we naturally supported the supported option.

**Q18. The Chairman:** Thank you.

385 Can I turn now to Ms McCauley and just ask: in terms of the spaces on each sailing, are 100% of those species balloted for, or were there other categories of returners that were permitted and then the remaining spaces balloted for?

**Ms McCauley:** I think actually the ballot process would probably be Kirsty to come in on if that is okay, Mr Speaker?

390

**The Chairman:** Certainly, thank you. Kirsty – sorry, Mrs Hemsley.

**Mrs Hemsley:** Thank you, Mr Speaker.

395 Yes, the ballot process was a way to manage the demand for the seats on the initial sailings. So I suppose the answer to your question is, in the first instance of the sailings they were 100% balloted for.

**Q19. The Chairman:** So the first two sailings were 100% balloted for, for the spaces. Yes?

400 **Mrs Hemsley:** Yes, Mr Speaker.

We were aware that we had significant numbers of people in the UK who met the criteria of being able to travel. So we were looking to find as fair as possible a way of allocating those to sailings rather than simply going first-come, first-served.

405 **Q20. The Chairman:** Thank you. And are you able to confirm that the process, where applicants to return will not be processed until returners are in the UK, may be able to change now that the capacity on the boat is no longer a particularly acute issue?

**Mrs Hemsley:** Yes, that is correct, Mr Speaker.

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**Q21. The Chairman:** Perhaps if I could just return to Mrs Magson for a moment about the assessment and the balancing of risk that has been done? For example, how have the clinicians balanced the risk posed by, for example, 30 returning residents a week? How does that compare, in objective terms, to 5,000 workers going back to work compared to those who are in the community who have been diagnosed with COVID-19 and who are being instructed to self-isolate? And also compared to the 433 people who have been able to come to the Isle of Man with exemptions and who have self-isolated?

Is there an objective test, I suppose, or numerical balancing that goes on here, Mrs Magson?

420 **Mrs Magson:** In relation to the quarantine question, or repatriation, in comparison – is that your question, or is it more directly broadly?

425 **Q22. The Chairman:** Primarily around quarantine. I mean, the other groups have been trusted to self-isolate based on some form of risk-based ... I think we are just seeking to understand better as to how the risk base for the other groups are around self-isolation, and yet for the 30 residents a week returning that had to be quarantine.

430 **Mrs Magson:** Okay. The exemption process obviously for individuals that are coming back to the Island – or key workers, or those with PTS, or any other individuals that we are talking about, whether it is those also that were COVID-positive – we have had the same conditions in for a while now around self-isolation. Obviously we are providing, if they are linked to another

contact, welfare calls. We have been giving people support with the voluntary sector and support services to ensure that they can self-isolate. So those have been the conditions in place for some time and actually the exemption process mirrored that.

435 Clearly, as I have explained, the majority of our exemptions have been around PTS and those are the very vulnerable individuals anyway, who have been self-isolating.

In respect of the individuals who are returning from the UK, I would again stress that the point when we made this decision was 1st April, and where we were in the management of this pandemic and where we were with the understanding of our position, certainly over the next  
440 few weeks, of where we might meet the peak. That is one clear difference in the risk assessment.

The second one is also, as I have explained earlier, that actually these people were travelling and had been travelling from all over the world. Ten of those individuals were only in the UK, of the original 120 when we discussed it on 1st April, and 110 of those were therefore outside the  
445 UK. Along with a significant increased UK viral load, that was the main reason for our decision and that was at one point in time on 1st April. As the Chief Minister has said, we put forward that recommendation as the best way that we could consider supporting what was a very, very high-risk cohort of individuals returning to the Island and could ultimately overrun the Health and Social Care system.

450

**Q23. The Chairman:** Thank you.

So what we are saying is that we are still putting people into quarantine now based on a risk assessment of a month ago?

455 **Mrs Magson:** What we have agreed, we made the recommendation on 1st April and it went through the processes that have been outlined by the Chief Secretary, with final papers to CoMin almost 10 days later. It was at NSG on 10th April. But we have agreed to review that process. We were asked to review it and we were asked to do that in the middle of last week. We did that on Monday of this week and that paper has now been to CoMin for discussion and  
460 decision. The Chief Minister referred to that earlier.

**Q24. The Chairman:** Okay. So the balance in terms of risk then about allowing 5,000 people back to work with around about 40 or 50 cases in the community: how is that risk assessment balanced against the risk of the 30 people returning and going into self-isolation?

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**Mrs Magson:** I believe that is an entirely different matter. We made the changes and the measures on 23rd April. We actually went and asked CoMin for a further week because the original deadline in relation to the original measures was 16th April. We believe we needed to do that because we would then have a better idea where we were in the management of the curve; and at that point we would be in a position where we could support the introduction and  
470 relaxation of some *initial*, small incremental measures.

So they are very different processes. The 1st April one was a different decision. The discussions and the decisions that led up to the 23rd were some weeks later. And obviously, therefore, as explained earlier, a lot happens in a few days.

475 As time goes on we get more confident of where we are and at the point of the 23rd we were cautiously optimistic that we had managed to suppress the curve. That is why we were able to support the recommendation for a small relaxation in the measures.

**The Chairman:** Thank you very much.

480 I am going to now hand over to my colleague, Mr Callister, to talk about the treatment of residents and the practical arrangements. Mr Callister.

**Q25. Mr Callister:** Yes, thank you, Mr Chairman.

485 I think we can all remember seeing the pictures of the first 25 local residents returning home on 15th April and that coach driving them from Douglas up to the Comis Hotel under a police escort. Therefore, can I ask the Chief Minister or the Chief Secretary was that really necessary; and was it a good, vital use of resources at the time?

**The Chief Minister:** Thank you, I will come in on that one, Mr Speaker, if I may.

490 I think this was raised in a briefing that the Chief Constable did, that if he was doing it again it would be different. Obviously, there is no book that tells you how to do this, Mr Callister. Lessons will be learned. It has not happened after the first time; it has not happened the second time.

495 Obviously when people are coming off the boat, who could be infected and carrying COVID-19 – and I am not saying that they are – it is really important that they are taken straight to the hotel where they are staying. That is the situation and therefore an escort to help them get there safely is fine.

I think the blue flashing lights, everyone would admit, happened the first time but has not happened since then.

500

**Q26. Mr Callister:** Thank you, Chief Minister.

I wonder if we can just look at the Comis Hotel itself. Can I actually ask how much the Government is actually paying for the repatriation facility per week?

505 Can you also give us an understanding of the costs that were related to the transport, the coach from Douglas Harbour to the hotel, and the Police cost for the escort? Also security and ongoing security; along with any idea of the costs for actually preparing the Comis Hotel to take in Manx residents under the Repatriation Scheme?

**The Chief Minister:** Can I refer that to either Mr Black or Ms McCauley, who have been dealing with this issue?

**The Chairman:** Mr Black?

**Mr Black:** Thank you, Mr Speaker.

515 Mr Callister, if I give you the answer to your question: clearly there is a rate agreed with the hotel but you will understand there is a degree of commercial sensitivity. If you wish, in the normal way of things, I am happy to provide that for you as private correspondence.

520 But I think if it would be helpful to you, I can tell you that the typical, approximate cost to Government is about £10,000 per week. Now, that is not the full cost, as you know, because it varies. If we have a situation where very few people are in receipt of benefits or are students and in some way therefore do not pay towards their travel, then clearly the cost to Government falls. If there are lots of people who are entitled to the assistance that the Council of Ministers was very clear should be provided for those who are of lesser means and would struggle, then the cost to Government increases.

525 You will know that the arrangement is such that the individuals are charged £875 for their travel, their subsistence, their transport from the UK. And again that varies very slightly in individual cases – some people had existing Steam Packet bookings, which the Steam Packet Company has been decent enough to honour and to take off their bill. And some people have decided to ask us to cover and include in the arrangement the cost of their accommodation in Manchester the night before they are collected. We have allowed them to add that to the total bill if they wish to pay by instalments.

530 So individual figures coming to you from constituents and members of the public will vary, but typically it is around £875 cost to the individual per person. The maximum set by the Council of Ministers was £1,000 per person and the cost to Government averages out at around about £10,000 per week.

535 **Q27. Mr Callister:** Mr Black, can I just expand on that?

What happens if an individual coming back to the Island does not have the £100 deposit that is being asked at the ferry port in the UK?

540 **Mr Black:** Mr Callister, the deposit is important to us as it commits you to the repayment scheme. But if necessary we can allow people to add that into the repayment scheme and to reduce the total initial down. You will know that for a contract to be valid there has to be a consideration, which is why we often refer to peppercorn rents and the like. But we can bring that down to close to zero to allow people to come back.

545 I do not believe I know of any case where anyone has been disadvantaged because they have been unable to make an initial contribution. Colleagues dealing with the phone calls are pragmatic and sensitive and are trying their best to help people get back. The aim as you know was the policy direction we are working to, the Chief Minister has explained, which was to help people who are stuck in the UK get back whilst at the same time protecting our Health Services and our people from excessive pressure or an additional viral risk.

550

**Q28. Mr Callister:** Okay, thank you so much, Mr Black.

555 I have one more question if possible, Mr Chairman, and I am not too sure who would like to answer this one. This relates to unaccompanied, vulnerable children returning back to the Island and who are under the age of 18. I would like to know if there is any policy of how they would actually deal with these individuals, because I am aware of a case of somebody coming back to the Isle of Man who is under the age of 18.

What will actually happen to them in those circumstances?

**The Chairman:** Any takers?

560

**Mr Black:** Mr Callister, I am quite happy to continue to answer the questions, if Mr Speaker is happy with that? (**The Chairman:** Please.)

565 Mr Speaker, Mr Callister, my understanding at the moment is that there has not yet been anybody fitting that description who has travelled. We are aware that there is one young person in school, I believe in somewhere like Tenerife or one of the Spanish islands, but at some part remote from the ports of entry. You are quite right, that is going to have to be handled carefully. It is not a bridge we have had to cross as yet.

570 At the moment what we do as a Department is send an officer to Manchester to assist people being repatriated, and to work with the professional supplied by the Department of Health and Social Care to do the health checks there. So what we will be doing is making sure that we take good advice on safeguarding issues from the Department of Health and Social Care, who are the clear experts in that field. If necessary, if the individual can be flown to, for example, Manchester it is entirely possible that we ask our colleague who is in Manchester anyway to make a trip and meet up and greet up. But we will obviously have to make sure that our individual is properly approved for safeguarding purposes and has a valid DBS certificate, etc.

575 We may need to send two people. So as the Chief Minister has outlined, this is a policy where we are trying to assist people without putting our community at greater risk. And clearly we also need to keep an eye on the costs we are incurring. But I think we can resolve that one when it comes to it.

580 If you know of an individual case and you think I might be on about a slightly different one, then do please send me any details after the session closes and I will do my very best to assist you.

**Q29. The Chairman:** Thanks, Mr Black.

585 There is just one more for you, if that is okay?

You will be aware of an instance where some people's bags were searched and some property was taken. Could I just ask if that was policy, and who actually undertook that search, and what the outcome of that has been?

590 **Mr Black:** Yes, Mr Speaker, I am happy to answer that.

I think the instance that you refer to was a case where the security company, which is contracted to the Department, searched bags that it had been agreed could be sent to the hotel. The arrangement for the residents was that they could ask others to drop bags for them – or boxes, or parcels – at the reception desk and they would then be taken to the rooms. Clearly, we  
595 did not want a situation where friends, family and delivery drivers were dropping parcels throughout the day at individual rooms because that compromises the integrity of the quarantine process.

What we found out, after receiving concerned messages from people using the hotel for repatriation, was that the hotel had initially followed its normal processes about trying to ensure that people did not order in food or did not bring alcohol in, because of course there are  
600 individual commercial contracts which have normal arrangements for guests staying.

We did find out that a security company had been trying to assist the hotel with this, by searching bags. We made it clear that was not our policy and not our intention. We have received an apology for the fact that they unwittingly took instructions from the hotel. I think it  
605 was all intended to be simply a normal business hotel. But I can tell you that we were able to swiftly correct that matter.

The hotel, in my view, has been really good in trying to adapt and take on this somewhat unusual situation. They have now, for example, put in a policy that you *can* bring alcohol in, but they have asked you not to bring in bottles of spirits.

610 They are allowing people to bring in snacks and food but I think they are being as flexible as they can be whilst they are still of course providing a full service. The figures we provided to Mr Callister include not only your accommodation but three meals a day, and access to things like free Wi-Fi as well as some of the exercise things.

So it was simply, Mr Speaker, an error and it has been corrected and I think we will be on top  
615 of that properly in future.

**The Chairman:** Thank you.

I would like now to pass over to Mr Robertshaw where we can explore a little bit more about how the situation evolves going forward.

620 Mr Robertshaw.

**Q30. Mr Robertshaw:** Thank you, Chair. Good morning.

My question really I think is addressed to the Chief Secretary; but before I ask my questions could I just compliment the Chief Secretary and the Civil Service on its response in an  
625 extraordinary period. My sincere congratulations.

That does not mean that I do not have real concerns about certain elements of the repatriation policy and in particular its delivery. Can the Chief Secretary assure us that there is going to be a thorough ongoing review of how this is actually panning out? I understand that there were start-up issues and snags and perhaps clumsiness, but I would continually argue that  
630 there needs to be compassion in this process.

Can the Chief Secretary convince me that there is going to be a process applied in this that allows compassion to apply to these people going through these difficult experiences? And to get feedback internally rather than necessarily having complaints drifting in from various places?

Thank you.

635

**The Chairman:** The Chief Secretary.

**Mr Greenhow:** Thank you, Mr Robertshaw; thank you, Chair.

Yes, we try and deal with every case as they come to the team and we try and deal with everything as compassionately as possible.

640 As the Chief Minister has outlined, and also Mrs Magson, things are changing by the hour almost and by the day, and we are reacting to everything that is put in front of us as best we can.

So, yes, I think I can reassure Mr Robertshaw that the team are dealing as compassionately as possible with the cases that we are being confronted with.

645

**Q31. Mr Robertshaw:** Thank you very much.

I should explain that my membership on the PAC is as Chair of the Economic Policy Review Committee, and it is with that hat on that I ask my second question.

650 Clearly, COVID is going to be a threat for some considerable period of time ahead. At the start of the pandemic our policies, including repatriation, have necessarily been simplistic, black and white if you like. And as time passes I think it is going to get more and more complicated where you are going to have to have an interaction between economic, social, clinical and scientific pressures.

655 How will this imperative impact upon the repatriation policy? I mean, the point here is that the definition of key workers at the moment is quite specific in real terms to Government. But there are lots of other key workers who are going to be key to the re-emergence of our economy again. How does the Chief Secretary and anybody else who wants to answer this question feel this is all going to pan out, because business will need a sense of surety about the weeks and months ahead?

660

**Mr Greenhow:** That is something that we are very conscious of, Mr Robertshaw; and it is something that the Council and NSG are very conscious of. As officers we are looking at the challenges, balancing the social needs and the health needs and preservation of life against the economic model, that are critical in how we go forward.

665

**The Chief Minister:** Can I come in on that Mr Speaker, please?

**Q32. The Chairman:** Yes, Chief Minister.

670 **The Chief Minister:** First and foremost, and I concur with obviously what the Chief Secretary has said, but if I can say that the safety of the people of the Isle of Man is the Council of Ministers' number one concern. Now, obviously my good friend and neighbour, the Hon. Member Mr Robertshaw, is absolutely correct that we have to look at our economy, because if we do not have an economy then we will not have the money coming in to fund the Health and Social Care Service, and a number of other services that provide help to the people of the Isle of Man.

675 So obviously when the Council of Ministers is making its decisions it does take on board a plethora of data coming in from whether it be DfE, Treasury, Department of Health and Social Care, DoI – the relevant data – and when we make decisions it factors in all of that. But at the end of the day the number one concern is the health and safety of people living on the Isle of Man.

680

**Q33. Mr Robertshaw:** Well, indeed, Chief Minister, and thank you for that contribution.

685 But when do you feel that business is going to start getting a feel of where things are going, in order that the planning can start to be set in place? It absolutely will be health and wellbeing, but health and wellbeing in families and in individuals is all tied up with the economy and it is not so black and white now as we move out of the higher risk areas to the lower risk.

Chief Minister, do you accept that this problem is going to be with us for a long time and the economy must succeed alongside it? Do you accept that point?

690

**The Chief Minister:** Oh, 100%, Mr Robertshaw. No one would disagree with that statement.

I keep on saying to people, 'This is a marathon, not a sprint'. We will have a new normal going forward and I personally think the social distancing, etc., will be with us for a long time going forward until a very successful vaccine has been provided. And that is probably well into next year.

695

But we are looking all the time, Mr Robertshaw, at the way forward. We have been working on a strategy to go forward and we will be publishing that soon. It is my intention that we share that with all Tynwald Members hopefully by the end of today, and I have committed to debating that topic on the various stages in Tynwald on Tuesday to show Government's thinking.

700

But obviously we are working all the time. When we went through the first stage of bringing the construction sector and gardening, etc., back to work we had been working for a week or two beforehand, if not two weeks, through the Department for Enterprise looking at how we could safely bring those sectors back – what would be best practice, and obviously looking at the data from the medics and what they could support.

705

So it is a number of issues. We do not just discuss the Health side of things, we are always looking at the economy and how we can help people get back to work and get the multiplier effect in the economy. We will be discussing these documents – I am losing track of the days, Mr Robertshaw, because they fall into one another. Tomorrow is Saturday, when we will be having our next Council of Ministers' meeting and we will be reviewing the document; then, subject to CoMin approval, it will go to Tynwald Members.

710

We will obviously publish it on our website and have the debate on Tuesday. My apologies for that slight confusion.

**Mr Robertshaw:** Thank you, Chief Minister. We all look forward to the debate.

715

Thank you, Chief Secretary.  
Chair, back to you.

**Q34. The Chairman:** Thank you very much.

I suppose this one is for the Department of Health and Social Care, really ...

720

Well, no, first to the Chief Minister: can you just clarify what you said at the start of the session about moving to self-isolation and moving away from quarantine? And just confirm what the policy will be going forward?

725

**The Chief Minister:** I cannot confirm what the policy will be going forward, Mr Speaker, because obviously we have got to put certain measures in place. We are still checking data. But obviously from day one I have said that all of our policies that we put in place are being continuously reviewed to see if we can smooth them out and improve them – the experience that people go through. We can only do this, Mr Speaker, when we have good medical data showing where we are with the curve, the number of cases and what has happened with, for example, stage one of the construction industry going back – has that impacted on our number of cases? We are reviewing that on 7th May and then we will be making announcements based on that data.

730

I have always said that we are looking to improve the experience of people who are being repatriated, but not to the detriment of the health and safety of the people of the Isle of Man. And I would like to put down on record that we will make these changes to improve the experience of people being repatriated, based on good medical data and not the lobbying by certain individuals.

735

740 **Q35. The Chairman:** So are we saying then that provided the case numbers remain low, the people coming off next Wednesday's boats will be able to go home and be in for self-isolation rather than quarantine?

745 **The Chief Minister:** No, we are not. We are saying that we hope to make changes, but it will not be next week. I think I have said it is 8th May – so maybe that is next week? Sorry, it is the week after, it is 13th May we will be making the decision, and it will be looking at certain criteria where we feel people may be able to do that. But there will be certain criteria involved and it will be dependent on how the data comes in between 8th May and 13th May.

750 **Q36. The Chairman:** I do not know whether this was one for Mrs Magson or the Chief Minister, but you will be aware that I have something of an obsession about the key data that is being looked at.

Can I ask what caseload level would be acceptable for a lifting of regulations? Clearly we do not expect it to be zero for the next two weeks, but what sort of level either in terms of new cases or active cases will be the key determining feature of lifting the restrictions a little further?

755 **The Chief Minister:** I will come in firstly on that, Mr Speaker; and then if Mrs Magson would like to comment further.

760 Obviously it will be down to a number of key areas that we always look at, Mr Speaker, for example: calls to the 111 hotline to see what is out there in the community; the number of people that we are testing; obviously the number of people who have tested positive; and the capacity at Noble's Hospital in intensive care or in the general COVID wards to enable us to deal with these issues.

I will now hand over to Mrs Magson, who may want to expand on that further.

765 **Q37. The Chairman:** Thank you.

770 **Mrs Magson:** Yes, the Chief Minister is absolutely correct. We report, in our situation report, on a number of things on a daily basis to NSG and CoMin; and Tynwald Members will also be aware that I provide those briefings accordingly on a weekly basis too. So our ability to manage capacity has been the key factor and will continue to be a key factor, and that is not only Noble's capacity but also our community capacity.

775 Secondly, our workforce: the number of key workers in particular we have got that are off work, either because they are unwell or because they are self-isolating as a result of COVID themselves; and the level of testing as you refer to, our position, our  $R_0$  rate on the graph that you see on a daily basis.

780 Those three things are *key* measures for us, but below that there is an enormous amount of other things that go within it. So 111 is an obvious one, and I do also report on the level of 111 calls on a daily basis, and consequently the number of people that we refer to testing on a daily basis. We also look at the vulnerable spread and outbreaks in care homes and residential homes, and any surveillance that we are doing in relation to our testing itself and our testing strategy. PPE consumables is another measure that we use.

So there is a great breadth and depth of lower level indicators that feed that high-level position for DHSC on which I report on a daily basis. *(Interjection by the Chairman)*

785 So in relation to the position, as we sit here at the moment and the way we would consider and make recommendations to the Council of Ministers, particularly around self-isolation and future repatriations, will remain for us the UK viral load. It is still a significant risk and we are clear that border control remains a key measure.

So, as I have said, we remain cautiously optimistic at the moment. We are a number of weeks on from the original discussion and decisions and we do have a limited community transmission. But we have had a recent spike and we are following cluster investigations. The depth and

790 breadth of the outcome of those cluster investigations will all be part of our considered  
response ultimately to advise CoMin and they then take a broad response on the back of making  
policy decisions.

**Q38. The Chairman:** So would you be in a position to publish the key measures that would  
795 trigger an end to quarantine, for example?

**Mrs Magson:** My understanding is that will be all part of the work that the Chief Minister has  
referred to in the early part of next week, and will be discussions with Tynwald on Tuesday.

800 **Q39. The Chairman:** Because obviously in terms of returning residents and key workers, the  
viral load in the UK will be the same applied to both of them. I am just making sure that there is  
equality in the system between quarantine for one and self-isolation of the other. And that  
remains the medical recommendation. Correct?

805 **Mrs Magson:** Yes, but absolutely the UK viral load is an incredible part and it still remains a  
significant risk, as I have referred to. But I think, as I spoke about at the beginning, I made it clear  
that there is a big difference between those – an individual who may be coming to do some key  
worker work for us in DHSC, who has been self-isolating in the UK and has been part of a  
particular critical preservation of life position for us within DHSC, *vis-à-vis* somebody who has  
810 been travelling and has been possibly susceptible to increased viral load.

So there is a big difference. Obviously as we go through, the position around the UK will  
make a difference. We continue to monitor that, not only in the UK but across the world. It is  
part of our thinking, it is part of our evidence base and how we approach many of the decisions  
we make in DHSC.

815 **The Chairman:** Thank you.

Now I did promise our witnesses that I would let them go at 12 o'clock. So I thank you all very  
much for your engagement and for your candour and answering the questions that have been  
put to you this morning. Can I thank you all very much for your time.

820 The Committee will now sit in private. Thank you.

**The Chief Minister:** Mr Speaker, could I just make a couple of observations, please, for  
clarification on a couple of points before we go?

825 **Q40. The Chairman:** If you are happy to stay on, but there may be a question on the back of  
it though!

**The Chief Minister:** Yes.

830 The first one is that I just wanted to point out clarification. I think you have mentioned  
publicly that I have not been receiving any questions in Tynwald, or very limited. Every week I  
give a statement and I get 20 to 30 questions from all Hon. Members to grill me on what is  
happening with the coronavirus situation. A vast number of those questions do refer to the  
repatriation side of things.

835 I am more than delighted to attend these meetings every week if that is your request, but  
could we have information requests a little bit earlier? I have got key officers who are in  
meetings for most of the day and we only received the request for evidence yesterday afternoon  
and it did not give us time. I mean, I hope we have done our very best to satisfy the questions  
from the Hon. Members of the Committee but a little bit more time would be greatly  
appreciated so that we can get the evidence that you require.

840 Thank you very much, Mr Speaker.

**The Chairman:** Certainly, Chief Minister.

845 Obviously what we have been trying to do is make sure that we are only really asking questions on things that the people who have come to give evidence are living and breathing on a day-to-day basis. Had we come and asked you about things that were somewhat different from that then obviously we would have given more notice.

I think it is fair to say that this is the first session of many, and as we all get into a bit more of a routine hopefully that will not be such an issue going forward. We are certainly not here to try and trip anybody up, but to make sure that the answers that the Committee and the Tynwald Members and the public want are able to be asked, and indeed very well answered by the  
850 officers and yourself who have come and given evidence today.

Thank you very much. And with that we will now sit in private.

*The Committee sat in private at 12.04 p.m.*