

HIGH EXPECTATIONS



REPORT OF THE

JERSEY
INDEPENDENT

COVID-19 REVIEW

JULY 2022

We thank all those who spoke to us or wrote to us and therefore contributed to our understanding and enabled this Report.

The Independent Covid-19 Review panel

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1. INTRODUCTION

Jersey is a very special place with a proud history and a vibrant role in the world.

Though a strong island community, it is not self-sufficient and cannot source all its goods, services, and skills from within.

It therefore remains at risk from international crises and threats to trade routes.

The pandemic travelled as people travelled. It was always going to reach Jersey.

We have been tasked to review the Government's response to the pandemic.

We find that overall, the Government did a good job.

In the toughest of circumstances, from a less than ideal starting position, Ministers, Scrutiny Panel members, other Assembly members, Government staff and the voluntary sector came together and delivered the basics well.

Many private and public sector essential staff kept wheels turning and infrastructure going.

Declaring any measures of success in managing a pandemic is fraught with complications. Comparisons with other jurisdictions are also complex.

As of end May 2022, some 129 individuals have died, where Covid was recorded on the death certificate. Every death is a sad loss.

The restrictions on individual liberty, relied upon in all jurisdictions as a way of slowing contagion, have short-term and potentially longer-term effects on wellbeing and confidence, as well as economic and educational progress.

But the current facts about who died in Jersey are such that we can conclude that it could have been so much worse, and the Government's interventions helped.

The economy of Jersey shrank by approximately 9% in 2020. To mitigate the loss to livelihoods, business infrastructure, and the consequent pressures on individuals the Government delivered a range of economic support measures.

Our report details these achievements. Credit where credit is due.

But we listened to a lot of individuals and representative organisations in the Island.

And they had reservations.

As the pandemic threatened and finally arrived, nearly all of Jersey looked to the Government for reassurance, help, and hope.

This is remarkable. Part of being a small jurisdiction is a closeness between governors and the governed. Ministers are contactable. They don't seek to hide, though they can be overwhelmed by expectation.

We have found that people in Jersey are not generally cynical about politics. They have high expectations of Government.

And we are convinced that those in Government have high expectations of themselves.

The commissioning of this review is evidence for that view. Our review adds to the other work by the Jersey Audit Office and the Assembly's Scrutiny Panels.

Staff, Ministers, the voluntary sector, and business people all have ideas for learning lessons and being better prepared for further challenges.

We capture those ideas that we believe are most important and cogent.

We also offer some of our own, which we hope the new Administration, led by a new Chief Minister, and new Chief Executive who arrived in early 2022, will consider adopting.



The 12 Parishes within Jersey

2. EXECUTIVE SUMMARY

The Covid-19 infection claimed 129 lives in Jersey between early 2020 and 26th May 2022. A much larger number were ill but recovered- some 50,611 positive tests were recorded and almost everybody had their lives restricted, livelihoods threatened or damaged and were burdened by all manner of other stresses.

Every government in the world had to scramble to respond to Covid, in fear of the pandemic being at the disastrous end of early projections and to deliver their duty to protect their populations. All such action had to be proportionate, evidenced, and well communicated. A balance had to be struck between action to limit contagion, human liberties, and support to businesses to preserve jobs for a post pandemic recovery.

In a period of great uncertainty, elected politicians faced challenges of assimilating and where necessary challenging expert advice, major decisions of principle, decisions on timing and great challenges on communicating their thinking and taking their public with them. Public confidence was important because without it compliance and good social behaviour became less likely. Elected politicians rarely face such complex and worrying situations.

The development of vaccines and therapeutic drugs has subsequently taken a lot of risk and fear out of the pandemic, but infection continues and deaths still result.

The States Assembly responsibly decided to commission an external review of this demanding period for the Government.

The Independent Panel began work in Jersey in early March and in the following four months, met 42 individuals and groups, received 94 submissions through our website; reviewed 13 self-assessments from government officers and discussed events with 33 politicians and others holding public office and dozens of Government staff.

We invited submissions from 28 other interests in Jersey; reviewed a large range of documents; reports from scrutineers; YouTube footage of press conferences; contemporary press reports and other background information.

We are satisfied we are in a position to come to a sufficiently rounded, well-informed view of what the Government did and did not do in the two years since the Covid-19 pandemic started, and what local people made of this response by the Government.

Jersey entered the crisis period with a particular set of governance and management arrangements. We describe these in some detail.

We also look at the health of the population in mid 2019.

Our work was much assisted by the detailed self-assessments compiled by Government staff. These are reproduced in full in a [compendium report](https://covidreview.je/self-assessment-compendium) (covidreview.je/self-assessment-compendium).

We have concluded that overall, the Government did a good job.

There were many strong achievements. Our report lists 28 such achievements and a further 8 reported and supported via public submissions.

But people in Jersey have high expectations of their Government and not everything went as well as it might.

We list 21 areas where we have heard of well-founded disappointment in Jersey, or where our judgement is that more foresight, better leadership, or a greater capacity to work collaboratively would have encouraged a more satisfied population.

Our work runs alongside and is congruent with many of the findings of others, including the States' own Scrutiny Liaison Committee and the Comptroller and Auditor General.

We make 16 recommendations grouped into 9 themes. The Panel considers Jersey will be stronger and more resilient if it accepts them as follows:

Prepare for threats

- i. The Jersey Government has an underdeveloped risk identification and mitigation system at departmental operational level and at strategic government level. Though risk identification cannot in itself reduce risk, it raises awareness and usually prompts thoughtfulness about resilience, that is the ability to adapt quickly including to sudden and unexpected change. A good risk and mitigation system galvanises politicians and officers and is applicable in both strategy and operational delivery. The Chief Executive should initiate an improvement programme for Risk Management across the Government.
- ii. Jersey should swap ideas with other comparable jurisdictions with which it likely faces threats in common.
- iii. Good emergency planning, including crisis communications, requires regular rehearsal, including Ministers. This takes time, effort, and planning but is a wise investment. Many jurisdictions find it worth doing annually, including Ministers and Chief Executives with their senior officers.

Understand the Jersey population in depth

- iv. In an emergency there is a high expectation that the Government will both protect its most vulnerable and be sensitive to the needs of different communities. This starts with a closer knowledge than Jersey has now, including a closer knowledge of those living on the margins of the community, of those with mental health issues, and of those overseas workers who have been in Jersey for less than 5 years. In a crisis these groups are likely to suffer more than most. All three have able and articulate champions willing to encourage a greater awareness of the groups' needs. An open mind to their advocacy should narrow the gap between these groups and the wider community. The Government should commission research on its population between censuses.

Ensure the best advice is available

- v. Jersey seems to be well equipped for Government to draw advice from other sectors of the economy, but their influence with Government is uneven. In a small jurisdiction such as Jersey, strongly motivated individuals among the middle and senior officials, among politicians and in the professions are likely to lead the quick adaptation to nasty surprises. Good horizontal relationships between all the non-government parts of Jersey life and the Government are realistic and will be beneficial when there is a need to pull together. This requires named officers to know whom they are responsible for liaising with outside of Government.
- vi. Many future threats might have a scientific nature. We recommend the Government considers appointing a Chief Scientist who can co-ordinate advice necessary to mitigate threats or exploit opportunities. This individual could also devise stronger Scientific and Technical Advice 'Cells' or STACs, bespoke to each new crisis and ensuring a good balance of professional disciplines. Any such individual should carry a duty to report both to Government and States Assembly members to strengthen confidence.

Keep the Government in good repair

The States entered the pandemic with out-of-date legislation and a poor public health function. The Government will always want to make choices about spending priorities, but we think there is a need to ensure no legislation or essential services become unfit for purpose. Therefore:

- vii. Part of the States apparatus ought to ensure legislation is not badly out of date.
- viii. The Chief Executive should provide yearly advice to Ministers about minimum levels of provision for essential services.

Make decisions better

- ix. We have been sensitised to the need for politicians to check out mutual beliefs and convictions before making individual decisions. During the pandemic, individual Ministers made decisions but largely did so after consulting their colleagues, and sometimes other stakeholders. This realistic requirement is not always understood by others. What matters is a clear system, explicable to others where duplication is avoided, and roles and accountability are clear. Defining Ministerial, senior staff and interagency roles is complex but necessary. Jersey will want to set down its own system but there are recognised emergency planning procedures in other jurisdictions which can provide a draft template.
- x. We understand a new Civil Contingencies Law is anticipated for Jersey. We recommend this is prioritised to be completed within two years. Alongside the new law, Jersey needs a raft of clear procedures to avoid the need to utilise ad hoc arrangements which fortunately got Jersey through the pandemic. Although they got the job done, they were not always properly understood by the public, allies, and some States members.

Form alliances of assistance

Jersey has many talented and resourceful residents and recruits great staff, but it can be overwhelmed and needs to think about ‘mutual aid’ arrangements to provide resilience in prolonged emergencies. The UK Government and its armed forces will always be distant but interested, but the Government needs to be aware of other options including co-opting senior non-public sector figures from Jersey and calling on academic advice and supplementary skills as needed. Jersey is highly dependent on UK supply lines and options to import from France, in an emergency, might be explored.

- xi. Offers of help need to be responded to firmly but fairly to avoid the Government appearing to be in a ‘bunker mentality’.

Sort out the sharing of data

- xii. Data sharing is complicated. The right to privacy and the duty to maintain this right are very important but, in any emergency, there may be compelling reasons to share data, to preserve life or reduce significant risks. During a pandemic is the worst time to argue about these issues and Government officers ought to set down in advance exceptional circumstances and suggest any amendments to legislation that seem necessary.

Communicate better

Outside of emergencies Government may rue the noisy world that interferes with its attempts to both consult with and communicate to its public.

But in an emergency, there are very high expectations that the Government will communicate early, continuously, effectively and with humility. It is hard for any Government to admit mistakes, show uncertainty or open up about awkward choices, but confidence in Government in a digital age seems to require this.

In many ways Jersey Government Communications ramped up tremendously, with a broad range of techniques, new facilities and products and enormous hard work.

But across the people we have heard from, including many in Government, there is a widespread acceptance that the high expectations of Jersey people and businesses for timely communications were not met, especially in the first few months.

- xiii. Any future crisis will bring further high expectations and the Government should develop a fully rounded Crisis Communications Plan covering training for spokespeople, extra resources, mutually agreed expectations with media outlets, including broadcast facilities at weekends, and perhaps a shadow website/web- channel that can be switched on when necessary.

Keep up the good work

Covid-19 has not gone away. Approximately 15% of total deaths where Covid-19 is given as the reason when the death is registered by the Superintendent Registrar have been recorded between our first visit to Jersey at the beginning of March and the end of May 2022. The continuing low death rate is significantly influenced by participation in the full vaccination programme.

Full participation in the vaccination programme is the best defence against serious illness for nearly all.

- xiv. The Health Service must maintain effort on the vaccination programme by setting targets for coverage of all booster and other vaccinations.
- xv. The Government must remain vigilant for the emergence of new variants.

The Government has shown its maturity by commissioning this external review. Together with reports from the Jersey Audit Office, Scrutiny panels and staff self-assessments there is a treasure trove of ideas to improve the resilience of Government and its confidence if and when the next crisis arrives. Therefore:

- xvi. The Chief Executive should develop a Crisis Resilience Improvement Plan to ensure these recommendations are integrated and executed.

We hope these recommendations alongside others from within Government and from external scrutiny groups will assist the new Administration as it shapes its agenda and policies for Jersey's next chapter.

Sir Derek Myers

Chair, the Jersey Independent Covid-19 Review panel



L to R: Prof. Maggie Rae, Sir Derek Myers, Sir Richard Gozney. See appendix p.63 for bios

3. BACKGROUND TO THE REVIEW AND OUR METHODOLOGY

In December 2021 the States Assembly decided to undertake an impartial independent analysis of the actions undertaken in response to the Covid-19 pandemic during the first two years. As such this is a review not an inquiry or an inspection. The intention is to provide recommendations and guidelines for the management of any future pandemic or comparable disruptive event. (See Appendix page 58 for Terms of Reference)

Sir Derek Myers was appointed Chair of the Panel by the Chief Executive, Suzanne Wylie. Sir Richard Gozney and Professor Maggie Rae were appointed to be Panel members and Ian Hickman was appointed Panel Executive. The Panel commenced their work in March 2022 and met with more than seventy people representing organisations across Jersey (See Appendix page 60) during March and April. A short narrative was published on the Panel [website](https://www.covidreview.je/April-summary) (covidreview.je/April-summary) in April outlining the key messages we had heard from those meetings.

In addition, we wrote to twenty-eight organisations (See Appendix page 62) inviting them to submit their views to the panel. Articles and adverts were placed in the local media and leaflets distributed to cafes and other outlets to encourage people to submit their views. A dedicated online survey portal and PO Box, were set up to receive written views to the panel. We received ninety-four written submissions.

An initial set of key documents and web-based information was reviewed to gain a more rounded understanding of how the Government had approached the first two years of the pandemic. We also met with key Government officials and representatives of the twelve Parishes and States of Jersey Police.

The face-to-face meetings and written information combined, allowed the Panel to better understand the lived experience of Islanders through the pandemic.

Alongside this work we asked the Chief Executive of the Government to commission and administer self-assessments in a form they felt would be most useful. It was determined that thirteen self-assessments would be produced for the following areas of activity:

- > Office of the Chief Executive (OCE)
- > Chief Operating Office (COO)
- > Health and Community Services (HCS)
- > Strategic Policy, Planning and Performance (SPPP)
- > Public Health (as a part of SPPP)
- > Economy

- > Treasury and Exchequer
- > Children, Young People, Education and Skills (CYPES)
- > Customer and Local Services (CLS)
- > Infrastructure, Housing and Environment (IHE)
- > Justice and Home Affairs (JHA)
- > States of Jersey Police
- > Community Task Force

These self-assessments were then 'challenged' by the Panel in a series of two-hour online hearings with a wide range of relevant senior officers informed by the earlier meetings held with organisations and written submissions.

The thirteen self-assessments are published as a compendium alongside this report covidreview.je/self-assessment-compendium. The sessions aimed to test whether the lessons learned for the future were appropriate in the light of other material and views we had heard and whether these were ambitious enough.

In May we returned to the Island and spoke to a range of island politicians in ministerial positions of Government as well as scrutiny and backbench members of the States Assembly. In these discussions we listened to their experiences and also asked questions about what we had heard in our evidence gathering stages and from the discussions with officers concerning the thirteen self-assessments.

All these stages combined have helped us to formulate our findings in this report and determine the key recommendations we make which we hope will be useful to the new Administration as they shape their agenda and policies for 2023 and beyond.

4. OVERVIEW OF JERSEY AND ITS POPULATION

Jersey is the largest of the Channel Islands with an area forty-five square miles, and is situated fourteen miles off the north-west coast of France and eighty-five miles from the south coast of England. Jersey is a Crown Dependency, and the Island is divided into twelve Parishes.

The economy of Jersey saw a great deal of change during the latter part of the twentieth century as trade markets became more international and global travel increased. Traditional industries such as agriculture and tourism were superseded by financial services as the dominant industry in Jersey. The financial services sector (which includes banking, trust and company administration, fund management and administration, accountancy, and legal services) has grown such that it now accounts for around two-fifths of the total economic activity in Jersey and employs about one in five of the workforce.

Outside of St Helier, where the finance sector and approximately a third of the population reside, is a mix of coastal and rural communities. Jersey has regular air and sea transport links to the United Kingdom and European destinations with over a million air passenger movements in years not affected by Covid-19 restrictions.



Over 98% of goods arrive in Jersey by sea from the United Kingdom making this a vital link to the wellbeing of Island life. In 2020 Jersey's Gross Domestic Product reduced by 9.2% due to the impact of the pandemic. The performance of the finance sector has been central to the overall performance of the Island's economy (see *fig. 1*) and in 2020 this saw a real term decrease in Gross Value Added (GVA) of 11%. However, the smaller hotels, restaurants, and bars sector (3% total GVA) saw a 45% decrease due to a range of factors including many finance and related service sector staff working away from the Island or from home.

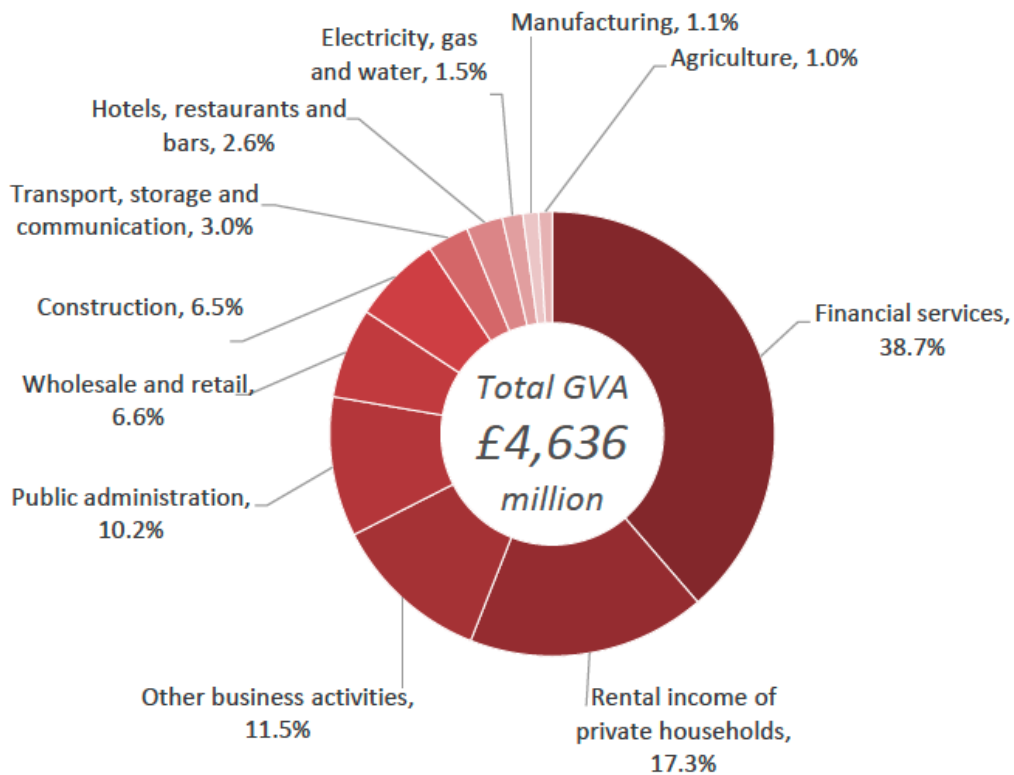


Fig. 1 GVA (basic) by economic sector 2020

On the distribution of population, St Helier parish accounted for over a third of the total population (35%) followed by St Saviour (13%) and St Brelade (11%). The greatest percentage changes in population between 2011 and 2021 were seen for Grouville (11%), St Clement (8%) and St Helier (7%).

The resident population increased by 5,400 between 2011 and 2021 corresponding to a 5.5% increase. Natural growth (excess births over deaths) was 2,100 with net migration into the island being 3,300. Net migration in the last ten years was virtually half the level it was between 2001 and 2011.

50% of the resident population were born in Jersey with 29% being born in the British Isles, 8% in Portugal / Madeira and 3% in Poland. A further 3% came from 'other European countries', the most common being Romania (1,338). Also 5% said they came from 'elsewhere in the world' with 934 from South Africa being the largest number. The number of people born in Jersey has been increasing over the last forty years. Although at a lower level, the number of residents born in Portugal / Madeira has also been increasing over the same period. In the last twenty years there has been an increase in the number of residents who were born in other European countries. In the last ten years this was mainly an increase in people born in Romania.

There were 48,610 private dwellings and 162 communal establishments in Jersey. This represents a 9% increase in the number of private dwellings over the last ten years. On census day 4,027 private dwellings were vacant. This is 8.3% and compares to 6.9% in 2011. This means that in 2021 excluding communal dwellings there were an average of 2.27 persons per dwelling.



5. THE HEALTH OF THE POPULATION AT THE START OF THE PANDEMIC

We have looked at the available information on the health of the population in the period up to the start of the pandemic given that it is known that some sectors of the population are more likely to become ill, be hospitalised, or die with Covid-19 than others. We note the following:

- > The number of residents aged up to 64 remained largely unchanged over the ten-year period since 2011. However, the number of people aged 65 and over increased by 29% to 18,736. The dependency ratio for Jersey (the ratio of those outside working age to those of working age) was 52%. This has increased from 46% in 2011.
- > The percentage of adult residents who rate their health as 'Good' or 'Very Good' was 74% in 2020.
- > The percentage of adult residents who suffer from long term illness or disability and its impact, in 2020 was 29% which is up from 20% in 2015.
- > The percentage of adults categorised as overweight or obese in 2019 was 50% (17% obese and 33% overweight).
- > 13% of adults said that they smoked daily in 2020 and 5% said they smoked occasionally.
- > In 2018 23% of all adults indicated that they had harmful drinking habits. (25% male and 21% female).
- > The percentage of adults who rate their own physical activity level as either 'very active' or 'fairly active'. In 2020 78% said they were very or fairly active (21% very).
- > The Better Life Index (BLI) developed by the Organisation for Economic Co-operation and Development (OECD) considers a 'basket' of eleven measures or dimensions. In 2019 Jersey's overall BLI was 6.6 out of 10, which ranked Jersey nineteenth out of forty-one nations. This score placed Jersey slightly above the OECD index average but just below the UK and France. By contrast Jersey scores relatively well on the health status dimension.
- > Immunisation rates. In 2019 Pneumococcal (PPV) coverage for over 75s was 59%, over 65s was 49% and shingles vaccine take up by 70 year olds, was 55%. This rate is relatively lower than the UK.

We consider that the three most important characteristics relating to the pandemic are:

- > Older age
- > Long term illness or disability
- > Obesity or overweight

We can see from the data above, that the number of older people in Jersey is increasing, with the number of people aged 65 and over going up by 29% to 18,736 in

2021. This is similar to other countries including parts of the UK. Since over 50 year olds were more susceptible to the Covid-19 virus this is likely to have had an impact on the number of deaths and morbidity.

Also relevant is the level of adult Jersey residents who suffer from long term illness or disability and its impact including possible risks from Covid-19. In 2020 this was 29% which is up from 20% in 2015.

While the main risk factors for Covid-19 have been identified as older age and underlying health conditions, another risk factor is obesity and being overweight. It is important to note that in 2019 the percentage of Jersey Adults categorised as overweight or obese was 50% (17% obese and 33% overweight).

Overall, we consider that Jersey's population was similar to that of parts of the UK, with growing numbers in the higher risk categories.



6. HOW JERSEY GOVERNMENT WORKS AND THE STRUCTURES FOR DECISION MAKING

Jersey is a British Crown dependency. The Island is autonomous in its domestic and fiscal affairs, with its own legal and administrative systems and is not part of the United Kingdom. The Crown appoints the Lieutenant Governor (the Queen's personal representative in the island) as well as the Bailiff who serves as Chief Justice, President of the States Assembly and Civic Head. The other Crown Officers are the Deputy Bailiff, the Attorney General, and the Solicitor General.

The States Assembly is Jersey's elected legislature. The 49 elected States members appoint the Council of Ministers (including the Chief Minister) from within the Assembly. The Council is the Island's government and holds executive powers. It is the leading decision-making body in the Island and agrees a Common Strategic Policy, annual Government Plans, and co-ordinates Government policy. There is currently no constitutional basis for formal sub-committees of the Council with delegated authority.

There were forty-nine elected members (eight Senators, twelve Connétables and twenty-nine Deputies) during the period in which this review covers. The Bailiff chairs the Assembly but does not have a vote. After the elections in June 2022 there were still forty-nine elected members but only two categories (twelve Connétables and thirty-seven Deputies).

A system of local Government also exists through the twelve Parishes, each of which are headed by an elected Connétable (who are members of the States Assembly by virtue of their office). Local democracy takes place through the Parish Assembly, of which every Parish ratepayer is a voting member.

Following the introduction in 2018 of the 'One Government' approach / programme and the approval of the Government Plan 2022-25 there are the following government departments:

- > Office of the Chief Executive
- > Customer and Local Services
- > Children, Young People, Education and Skills
- > Health and Community Services
- > Infrastructure, Housing, and Environment
- > Justice and Home Affairs
- > Strategic Policy, Planning, and Performance
- > Treasury and Exchequer
- > Department for the Economy
- > Chief Operating Office
- > Ministry for External Relations

At the commencement of the Covid-19 pandemic, the Government of Jersey recognised that the emergencies legislation did not provide the best route forward for managing the pandemic. Indeed, plans for replacement legislation were already under consideration. The Lieutenant Governor did not exercise his power to declare a State of Emergency. However, the need for legislation to deal with the specific circumstances of the Covid-19 pandemic was recognised. The Covid-19 Enabling Provisions (Jersey) Law 2020 was adopted by the States Assembly on 27 March 2020, and it came into force on 8 April 2020. This empowered the States Assembly by regulation to make provisions necessary or expedient as a direct or indirect result of the Covid-19 outbreak in Jersey or its aftermath, including to:

- > Amend laws.
- > Confer powers or impose duties by order.
- > Create criminal offences with a maximum penalty of imprisonment of up to four years.

At the political level, two groups operated: the Council of Ministers (COM), established under the 2005 States of Jersey Law. Amongst its functions are co-ordinating the policies and administration that are the responsibility of individual Ministers and discussing and agreeing policy that affects two or more Ministers: and the Emergencies Council, with the wide-ranging responsibility for co-ordinating the planning, organisation, and implementation of measures relating to emergencies. Alongside these was established a Competent Authorities Ministers Group (CAM) on a non-statutory basis. This comprised the Chief Minister and individual Ministers designated as competent authorities in the five areas specified in the Emergency Powers and Planning (Jersey) Law 1990. The Minister for Treasury and Resources and the Minister for Children and Education had standing invitations to attend. In the absence of any formal powers, the CAM provided an opportunity for the Ministers concerned to consult colleagues prior to making decisions in the areas of their individual competence.

The Jersey Resilience Forum (JRF) has a wide role given it relates to the whole of Jersey as a nation. It met in February 2020 and considered the lessons learnt from the Flu Pandemic emergency planning exercise undertaken in the autumn of 2019, as well as the emerging risk from Covid-19. We understand that it did not meet again until June 2021 but that it now has been restructured into an Executive Group and a Delivery Group and has met quarterly since then. We consider that more use of the wider membership that the JRF offers should have been used alongside the Government internal mechanisms. The JRF should make regular reviews and undertake updating of the Community-wide Risk register. The latest version available of that document dated August 2021 indicates that many risks have not been updated since 2013 and some date back to 2005. The flu pandemic risk is undated, but we assume that was updated last in 2021. It should also be instrumental in the

undertaking of regular large-scale emergency planning exercises including those involving politicians.

The One Government Covid 19 Response Team (1GCT) was formed on 12 March 2020 in response to the emerging concerns about Covid-19 and the formulation of a cross-Government approach to the pandemic. It formed the operational response team, working in conjunction with the Executive Leadership Team (ELT), Strategic Coordination Group (SCG), and Tactical Coordination Group (TCG). Members were appointed by Director Generals and supplemented by temporary appointments. The Government undertook an interim review in June 2020 and a wider review in October 2020 identifying lessons learnt.

A Community Task Force was also established quickly to work with civil society organisations as well as the Parishes and link with initiatives such as ConnectMe. It supported over 700 Islanders with practical support as providing the wide range of voluntary sector organisations with information and guidance.



7. THE COVID PANDEMIC IN JERSEY AND MEASURES TAKEN BY GOVERNMENT

(This factual section is extracted from the Public Health self-assessment)

The following information is what the Public Health Directorate of Jersey has told us about the four waves of Covid-19 to date as experienced in the Island. We consider that this is a very thorough analysis and therefore have drawn heavily from it in our work. The self-assessment can be seen in full in the [compendium](#) accompanying this report (covidreview.je/self-assessment-compendium).

Initial wave - March to September 2020

The first wave of the pandemic in Jersey saw 373 cases identified through Polymerase Chain Reaction (PCR) tests from March to August 2020. However, it is acknowledged by Government that this represents an underestimate of the true number of cases in the Island due to the limited availability of tests at the beginning of the pandemic. Most cases were in working age adults, with 119 adults aged over 60 testing positive during this time and eleven under 18s. Of the total number of cases over this period, 130 were individuals with underlying medical conditions.

The first positive swab was conducted on the 6 March, with daily cases increasing to the highest point in the wave, of 31 cases on 3 April, before beginning to decline through April. Hospital occupancy peaked in April with 23 cases in hospital before reducing and reaching zero in June. Over the period, there were 32 deaths where Covid-19 was recorded on the death certificate; 16 were laboratory confirmed whilst the remainder were determined as probable Covid-19 by the certifying medical practitioner based on symptoms. Of these deaths, 13 occurred in a care home and 13 in Jersey General Hospital.

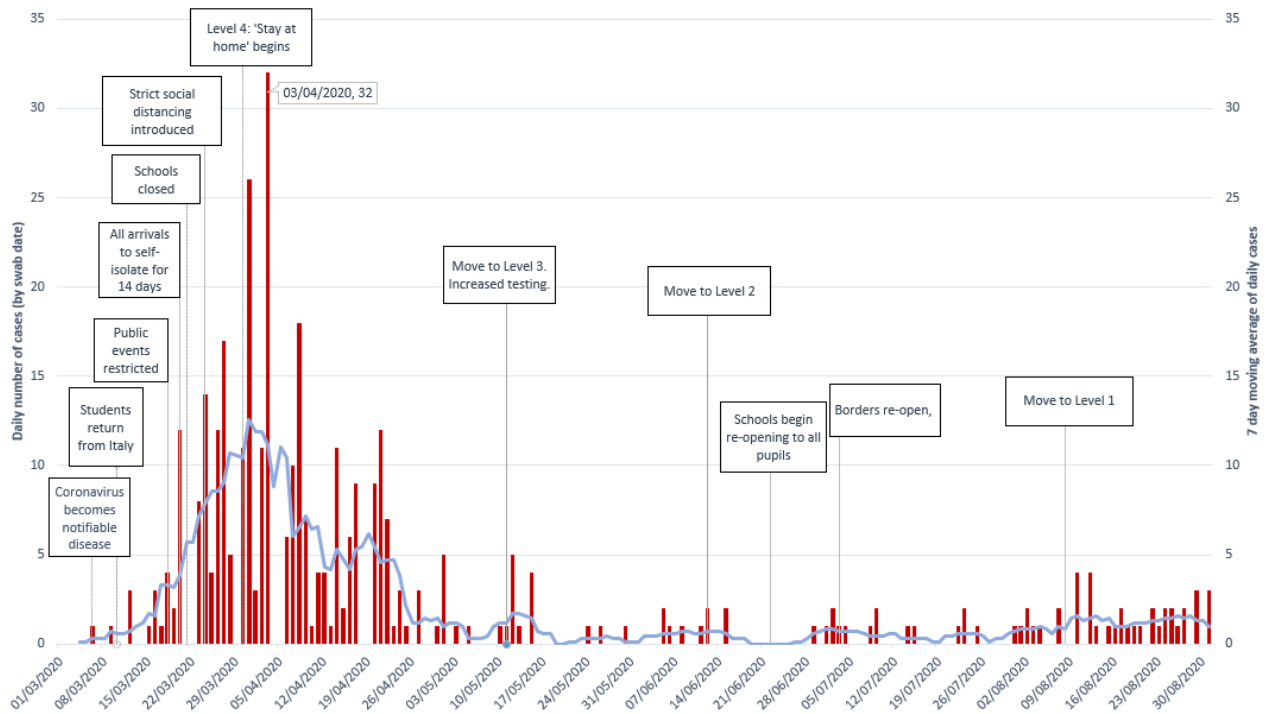


Fig 2. Daily Covid 19 case numbers 1 March to 30 August 2020

In the initial response to Covid-19, the Government adopted a ‘suppress, contain, and shield’ strategy. The objective of the strategy was to delay and flatten the curve in Covid-19 cases and, in doing this, protect Islanders’ health and reduce the pressure on healthcare services.

From 12 March 2020 onwards, a series of escalating restrictions were implemented, which became known collectively as ‘lockdown’. The restrictions were established in legislation (The Enabling Law) and supported in guidance, including:

- > Travel restrictions: minor travel restrictions for arrivals from a limited number of jurisdictions were in place from February 2020 under the direction of the Medical Officer of Health.
- > Physical distancing.
- > Shielding of vulnerable persons.
- > School closures.
- > ‘Stay at home’ orders (commenced 30 March).
- > Business closures.

Jersey’s border remained open throughout the pandemic, but the introduction in March 2020 of a fourteen-day isolation period for all arriving passengers reduced the Island’s connectivity almost entirely. All commercial air services were suspended, with air travel limited to a daily Government-subsidised flight.

In April and May 2020, a policy (Safe Exit Framework) was developed setting out how the Island would exit safely from the initial pandemic and the arrangements for the

safe reopening of the Island’s borders. This began with the introduction of a trial testing programme in June 2020 and the Safer Travel Policy in early July.

Second wave - September 2020 to March 2021

Between 1 September 2020 and 31 March 2021, a total of 2855 cases were identified. Around one in three (990, 35%) were asymptomatic cases. The first hospitalisation occurred in early October, but it was not until early December when the cases in hospital began to rise, peaking at 33 Covid-19 positive cases on 18 December. Hospital occupancy remained at relatively high levels until early January, declining through the month, with less than 5 cases in hospital at any time over February and March 2021. Cases in care homes over this period also saw a peak around mid-December (with 79 active cases in care homes on 23 December), declining over January. In total, 37 Covid-19 registered deaths occurred over this period, ranging in age from those in their 50s to those in their 90s. 25 of those deaths occurred in hospital and 12 in care homes.

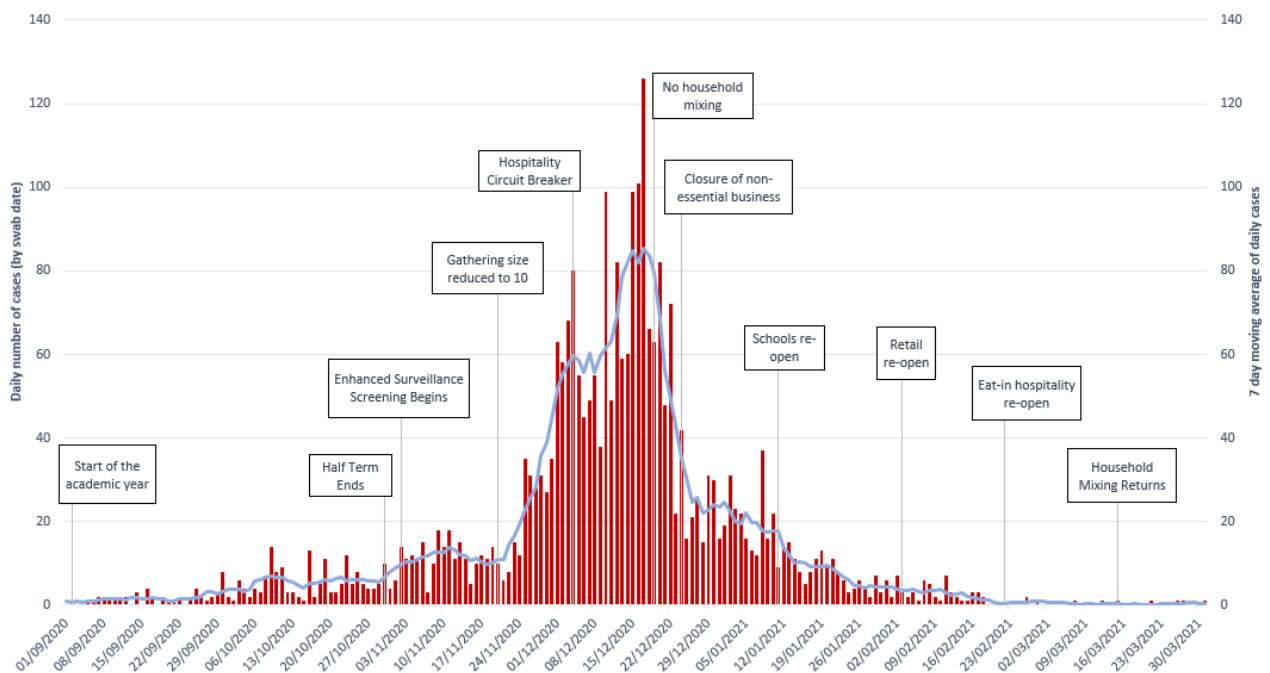


Fig 3. Daily Covid 19 case numbers 1 September 2020 to 31 March 2021

Whereas the Island had reported low numbers of Covid-19 cases at the end of the summer period, the number of cases and new clusters of transmission began to increase in mid-to-late September. The situation continued to deteriorate through October and November. It was in this context that the Government published a Covid-19 Strategy Update, which set out plans to continue the suppression of Covid-19 but reflected the changing context of the pandemic. The Strategy included the following priorities:

- > Increasing on-Island testing.
- > Continually updating travel classifications.
- > Introducing mask policies for indoor public spaces.
- > Adopting shielding programmes to help people at high risk keep safe but connected.
- > Vaccinating for flu and when possible, for Covid-19.
- > Ensuring that the government was prepared, especially to support care, health, and economic interventions.
- > Being ready to escalate if needed but using the 'least overall harm' principle.
- > Communicating about sensible behaviour, backed with enforcement.

The testing and tracing capability was increased to reduce the risk of Covid-19 transmission and an enhanced workforce testing programme introduced, with Covid-19 testing offered to employees in higher risk public facing industries. The Safer Travel Policy continued during this period, but more countries and regions were classified as amber and red for arriving travellers, resulting in significant isolation periods for most travellers.

Restrictions were reintroduced in November, including a requirement to wear face masks in indoor public spaces and advice to work from home wherever possible. On 4 December, a 'circuit breaker' was introduced following the continued increase in Covid-19 cases and more hospitalisations. The circuit breaker required that all hospitality venues and indoor gyms/sports facilities close. Ahead of the Christmas period, a two-metre physical distancing law came back into force, and the rule-of-ten was introduced to reduce the scope of household mixing. On 24 December, non-essential retail, close contact services, and indoor recreation centres were required to close.

The roll-out of the vaccine commenced on 13 December, with at-risk Islanders offered their first dose of the vaccine, including nursing and care home residents and staff. The vaccination centre at Fort Regent opened for appointments on 19 December, enabling first and second doses of the vaccine to be administered to priority groups, in age order, in accordance with the recommendations of the Joint Committee for Vaccination and Immunisation (JCVI).

Between January and March 2021, a staged approach for relaxing Covid-19 restrictions was adopted. The focus was on suppressing Covid-19 transmission and giving the Vaccination Programme sufficient time to deliver the vaccine to the most vulnerable groups. With a reduction in the number of Covid-19 cases and in the number of hospital patients with Covid-19, restrictions were gradually removed. A staged process for relaxing Covid-19 measures was announced including the return of schools on 11 January, with the reopening of non-essential retail on 3 February, and hospitality venues on 22 February.

A Reconnection Roadmap was published in March. It described a series of stages, from Stage 4 in March 2021 to Stage 7 in June, where, at each stage, further measures would be relaxed depending on positive cases remaining low.

Third wave - April to August 2021

Jersey's third wave occurred in June and July 2021, with 6121 cases being identified; of these, 1602 were asymptomatic (26%). Over 400 cases were identified on 16 July before cases steadily declined. Minimal cases were reported in care homes and hospitalisations were also considerably lower than the previous wave. In total, there were 9 Covid-19 registered deaths over this period (5 in the hospital, 3 in care homes and 1 in the community).

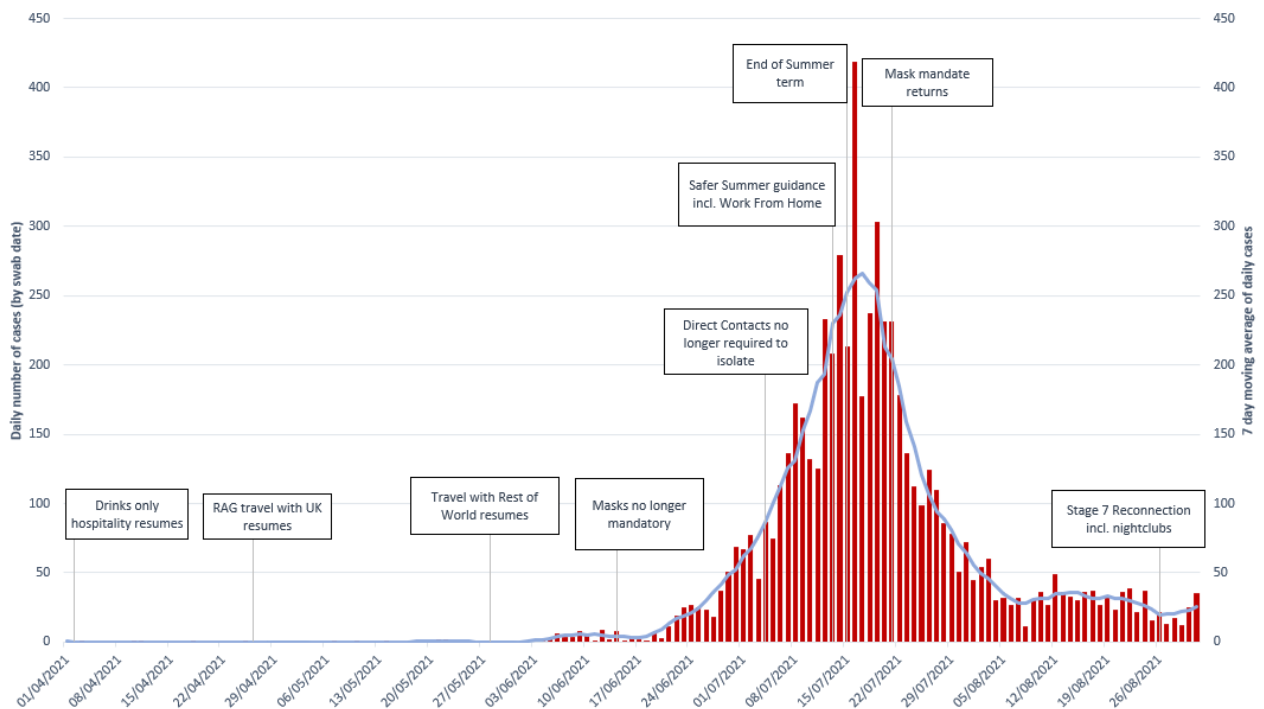


Fig 4. Daily Covid 19 case numbers 1 April to 31 August 2021

During the period, the vaccination programme continued to deliver first and second doses to eligible groups based on the recommendations of the JCVI. At the end of April, 60% of Islanders aged 18 and over had received their first dose of the Covid-19 vaccine; 35% were fully vaccinated with two doses of the vaccine. By mid-August, 86% of Islanders aged 18 and over had received their first dose of the vaccine; 80% were fully vaccinated with two doses of the vaccine. Further groups became eligible for the vaccine, including all young people aged 16-17 and those aged 12-15 at high risk from Covid-19, either because of an underlying health condition or because they lived in a household with someone who was immunosuppressed. This allowed the Island to move through the various stages of the Reconnection Roadmap with further

restrictions removed at each stage – such as gathering limits; working from home guidance; and physical distancing.

The high level of protection afforded by the vaccine enabled a shift in the Island's approach towards managing Covid-19, moving from a suppression strategy towards 'active mitigation'. A key aspect of this approach was the maintaining of test, trace, and isolate arrangements to limit and control Covid-19 infection. A new testing strategy was announced on 30 April. This covered four areas of testing:

- > Active Case Control to identify and isolate positive cases, stop clusters, and control outbreaks.
- > Safe Places to protect vulnerable and enclosed populations, preserving vital services (screening for people in frontline services and enclosed communities such as care homes).
- > Community Testing in people's workplaces to minimise disruption to businesses and livelihoods, and in education settings (both using Lateral Flow Testing).
- > Travel to safely manage the Island's borders.

At the end of May 2021, the Safer Travel Policy was revised to include lower testing and isolation requirements for those who could show that they were fully vaccinated (defined as a complete primary course of a Medicines and Healthcare Products Regulation Agency (MHRA) approved vaccine). In the context of rising cases of the Delta variant in June and July, the move to Stage 7 was delayed from its original date in mid June and throughout July. The decision was taken based on the prevalence of Covid-19 among young people who were largely unvaccinated. As such, the delay in proceeding to Stage 7 was intended to provide time for Islanders to receive their first and second doses of the vaccine, and to help reduce Covid-19 transmission in schools so that they could remain open until the end of the summer term. The move to Stage 7 took place in late August 2021.

Fourth wave - September 2021 to January 2022

At the start of this period, cases were averaging about thirty per day, increasing to over 100 per day by mid-November. In total, 21,833 cases were identified between September 2021 and January 2022. The peak of cases was seen in early January, with 663 cases identified on 6 January. Cases in hospital were present throughout this wave, with a peak of 30 being seen in January 2022. Meanwhile, care home cases reached 50 over this wave. A total of 36 deaths were recorded by the end of January 2022.

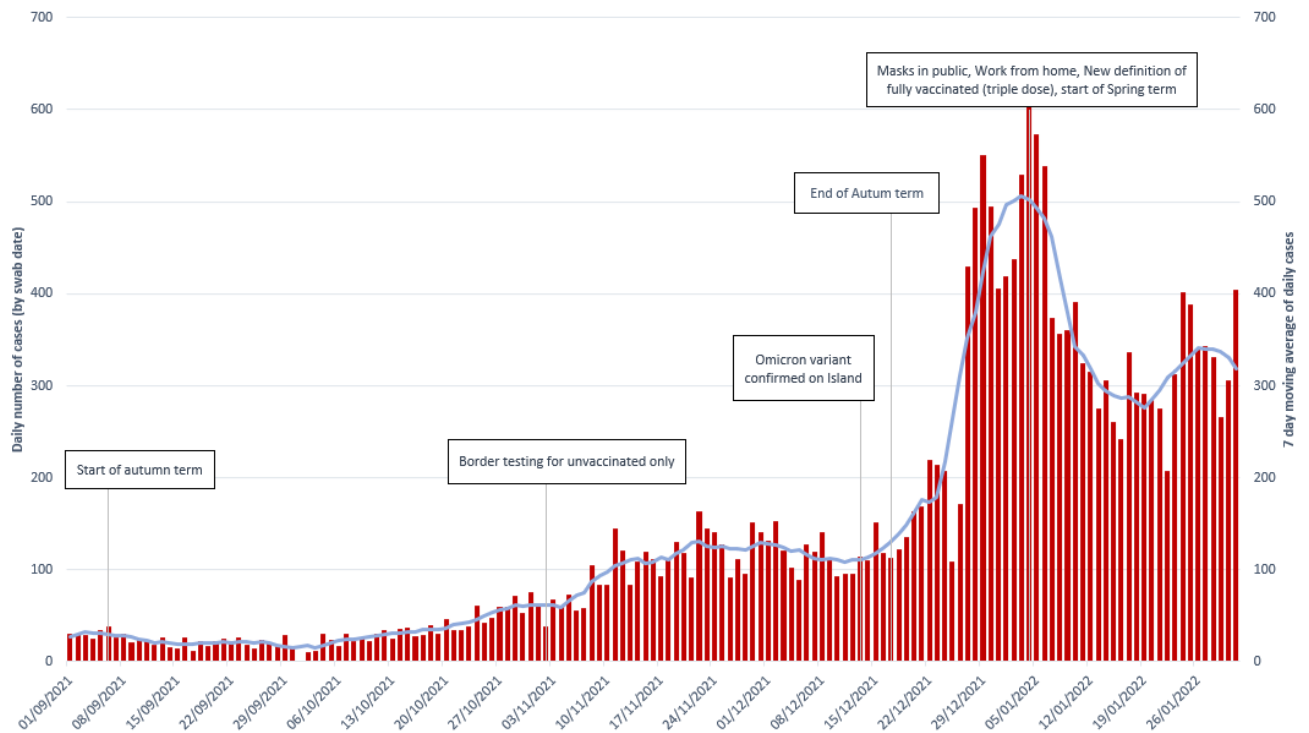


Fig 5. Daily Covid 19 case numbers 1 September 2021 to 31 January 2022

The public health policy response focused on enabling day-to-day life and work to return to as near as normal as possible. The Covid-19 Winter Strategy 2021-2022 set out how the Government would manage Covid-19 over the autumn/winter period, as follows:

- > Maximising the uptake of vaccinations, including for younger people, and Islanders eligible for booster doses.
- > Putting control of risk in the hands of Islanders by making Lateral Flow Tests (LFTs) available to everyone.
- > Maintaining test, trace, and isolate capabilities.
- > Making it easier for people to travel by removing the need for fully vaccinated passengers arriving in Jersey to test and isolate on arrival and implementing digital Covid Status Certification.
- > Expansion of digital Covid Status Certification to provide Quick Response (QR) codes for all first, second, and booster vaccine doses, accepted throughout the European Union Digital Covid Certificate (EU DCC) scheme and anywhere with Foreign, Commonwealth and Development Office (FCDO) agreements.
- > Preparing for rises in infection with resilience plans, particularly for health services and schools.
- > Supporting those suffering with Long Covid with a pathway of advice and services.

The focus of the strategy on continuing the roll out of the vaccination programme, reflected the high levels of protection afforded by the vaccine and its effectiveness in reducing the impact of Covid-19. The Government announced the extension of the

vaccine to further eligible groups during the autumn based on guidance from the JCVI. The roll out focused on extending the booster programme to improve levels of immunity and increasing uptake of the vaccine among young people where coverage was lowest. This included, for example, offering the vaccine to students in secondary schools and colleges.

Maximising the uptake of the vaccine took on further importance in December with the emergence of the Omicron variant. The autumn/winter period also saw the rationalisation of testing arrangements, with the expanded deployment of lateral flow testing. This included:

- > The schools testing programme for secondary school students and education staff.
- > The home testing programme for Islanders aged 12 and over.
- > The continuation of the community testing programme for eligible businesses with specific public-facing activities.
- > Direct contacts of a person identified as a positive case of Covid-19 were encouraged to take 10 days of lateral flow tests.

The deployment of on demand, self-administered LFT's reflected the policy intention of allowing Islanders to take responsibility for their own testing needs and making risk-based decisions. At the same time, rapid on-demand PCR tests remained available for Islanders who were displaying symptoms of Covid-19. The policy decision to adjust border testing arrangements under the Safer Travel Policy was made in response to changes in risk both on-island and internationally.

The epidemiological evidence in mid-October began to show a rise in the number of Covid-19 cases and in the rate of growth of cases, especially among young people. This led Government to implement new measures on 5 November, following public health advice and based on consultation with the Science and Technical Advice Cell (STAC).

With the emergence of the Omicron variant of Covid-19 at the end of November, the Government introduced a series of temporary restrictions in response to the risk posed by the variant. The restrictions were:

- > The requirement for passengers arriving in Jersey, who had travelled outside the Common Travel Area in the 10 days before their arrival, to perform a PCR test on arrival and isolate until receiving a negative result regardless of vaccination or recovery status (from 3 December).
- > A mandatory requirement for Islanders to wear a face mask in specified public indoor spaces, and a strong recommendation for employees to work from home where practical (from 4 January).

By January 2022, scientific evidence was beginning to indicate that the Omicron variant, whilst being more transmissible, posed a significantly reduced risk of severe illness. The vaccination also afforded a high level of protection against the variant, and this was reflected in more manageable numbers of cases; a reduction in severe illness; and less disruption to public services. The evidence of the impact of the Omicron variant led CAM to announce the de-escalation of Covid-19 measures on 28 January. The measures included:

- > The removal of mask legislation and working from home guidance (1 February).
- > All requirements under the Safer Travel Policy removed (7 February).
- > Contact tracing in the community, businesses and schools ended (7 February).
- > Mandatory requirement for people to take 10 days of isolation when testing positive, removed and replaced with guidance (31 March).

Alongside the measures, Ministers published a Post-Emergency Covid-19 Strategy on 24 February 2022. The strategy sets out a plan for how Jersey intends to live with and manage the virus as the public health emergency ends.

The outcomes:

a) **Testing data.** By 26 May 2022 a total of 1,040,676 tests had been undertaken. Of these 15802 were undertaken prior to 1 July 2020. Of the 1,024,874 undertaken since 1 July 2020, 50% were due to inbound travel to the island. 43% were on island surveillance screening and 7% were as a result of seeking healthcare. The average result waiting time was 10.1 hours in 2021 but by May 2022 this had reduced to 5 hours.

b) **Cases.** As of 26 May 2022 there had been a total of 50611 cases. From when cases started being recorded until 30 September 2021 there were 10,000 cases. The majority of cases have been since 1 October 2021. In particular, there has been a doubling of cases since Christmas 2021.

c) **Deaths.** On the island there had been 129 deaths as of 26 May 2022. Of these 112 are laboratory proven following a PCR test to be related to Covid whereas 17 are 'probably' related to Covid-19. 60 % were male and 40% were female. In terms of age profile 28.7% were over 90 years of age, 39.5% were between 80 and 89, 18.6% were between 70 and 79, 7.8% were between 60 and 69, 4.7% were between 50 and 59 and approximately 1% were under the age of 50. The deaths occurred at the following - General hospital (78), Care homes (40), Domestic properties (8), St Saviour's hospital (3).

d) **Vaccinations.** The roll out of vaccines commenced in December 2020 and was aligned to the UK following the advice of the JCVI. As of 22 May 2022, a total of

234,363 vaccinations had been administered. The first was administered on 14 March 2021. Of these 83,394 are first doses, 80,481 are second doses and 63,173 are third doses. Fourth doses administered was 7315. Data on first and second doses shows a levelling off of doses given since August 2021. Administration of third doses started on 26 September 2021 with levelling off occurring from the turn of the year. Fourth doses started being administered in March 2022 and by 22 May 75% of over 75s had had a 'spring' booster. 90% of people over 50 have had three doses. 90% of the resident population over 18 years of age have had one dose, of those 91% are double vaccinated and 74% have had a third / booster. 71% of 16/17 year olds and 58% of 12 to 15 year olds have received a first dose.

The number of monthly deaths in Jersey were higher than the five-year and ten-year average in both April and December 2020. These spikes in the number of excess deaths coincided with surges in Covid-19 infections in March/April and November/December. 2020 overall saw negative excess deaths (-6.9%).

Preliminary data from deaths in 2021 indicates that annual deaths were within the expected range, and that over the 2020/21 period Jersey saw around forty-seven fewer deaths per one hundred thousand population than expected. This figure contrasts with most other jurisdictions internationally, which saw substantial excess deaths over the same period. In the UK, for example, there were estimated to be between one hundred and one hundred and sixty-five excess deaths per one hundred thousand population across the devolved nations; and in France an estimated one hundred and twenty four excess deaths per one hundred thousand population.

The avoidable mortality rate for deaths due to Covid-19 in Jersey (which only includes deaths in those aged under seventy-five) was eight deaths per one hundred thousand people. Jersey's rate was lower than Wales, England and Scotland (thirty-six, thirty-five and twenty-nine deaths per one hundred thousand people respectively).

The infographic below summarises the four waves of Covid-19 in Jersey since March 2020 in blue. Key mitigations and milestones are in black and the vaccination roll out is shown in green. The number of deaths in each wave are indicated in red.

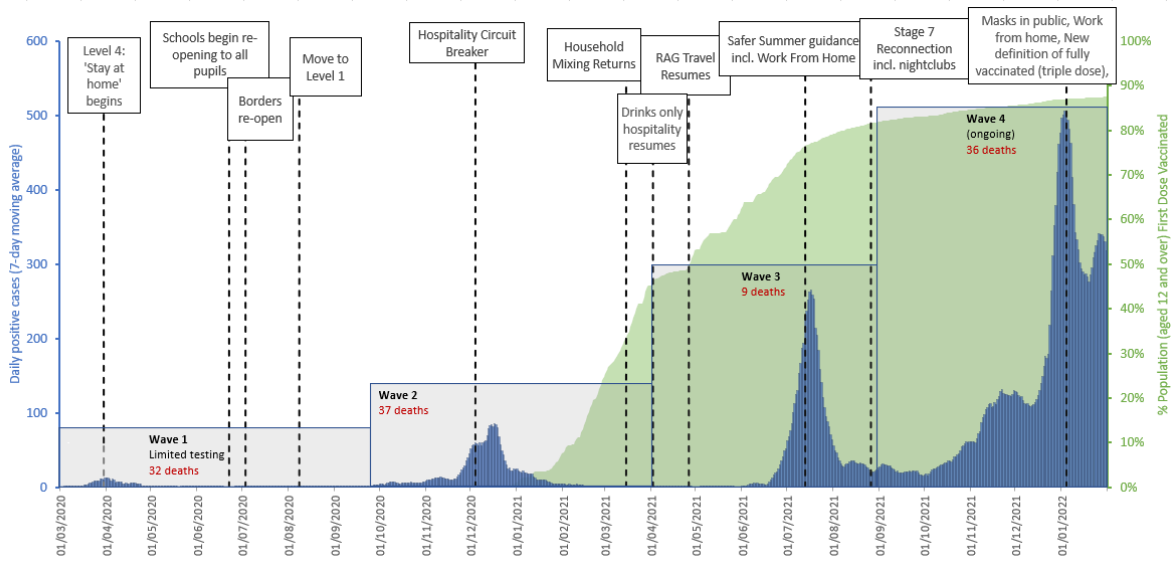


Fig 6. The number of deaths in Jersey

Excess mortality refers to the number of deaths from all causes during a crisis above and beyond what we would have expected to see under 'normal' conditions ie how the number of deaths during the Covid-19 pandemic compared to the number of deaths we would have expected had the pandemic not occurred. It is an internationally recognised method of providing a more comprehensive measure of the total impact of the pandemic on deaths than the confirmed Covid-19 death count alone. It captures not only the confirmed deaths but also deaths that may have not been correctly diagnosed or reported, as well as deaths from other causes that could be attributable to the overall crisis conditions. It is measured as the percentage difference between the reported and projected number of deaths using a metric called the P-score. See Fig 7. below for Jersey.

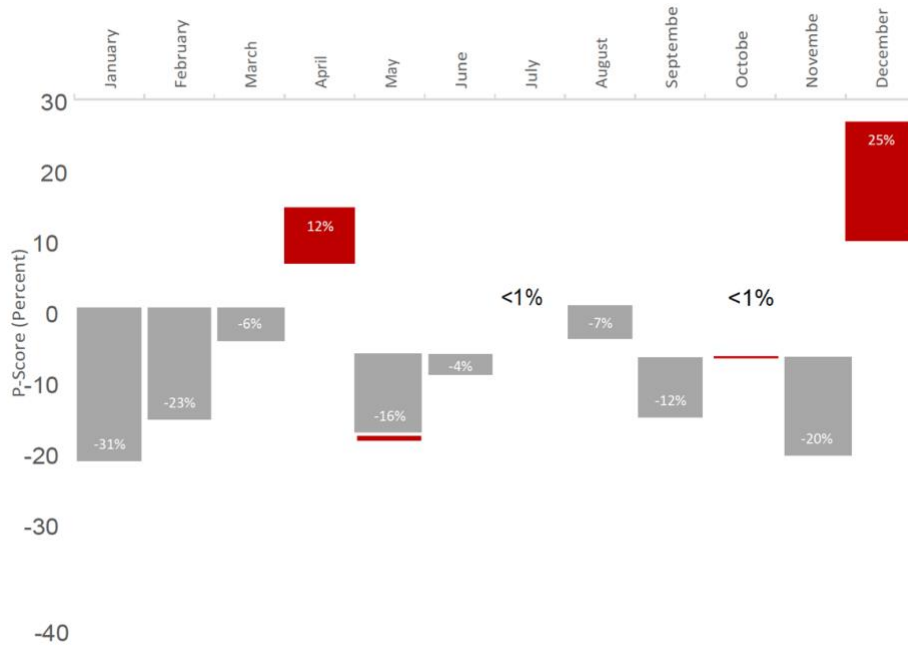


Fig 7. Excess mortality

The Panel has researched cumulative deaths attributed to Covid-19 in Jersey, Guernsey, Isle of Man, Malta, and Gibraltar. While it is difficult to make direct comparisons between jurisdictions the chart below provides some helpful information. The limitation of this data and issues about direct comparisons are detailed below the graph.

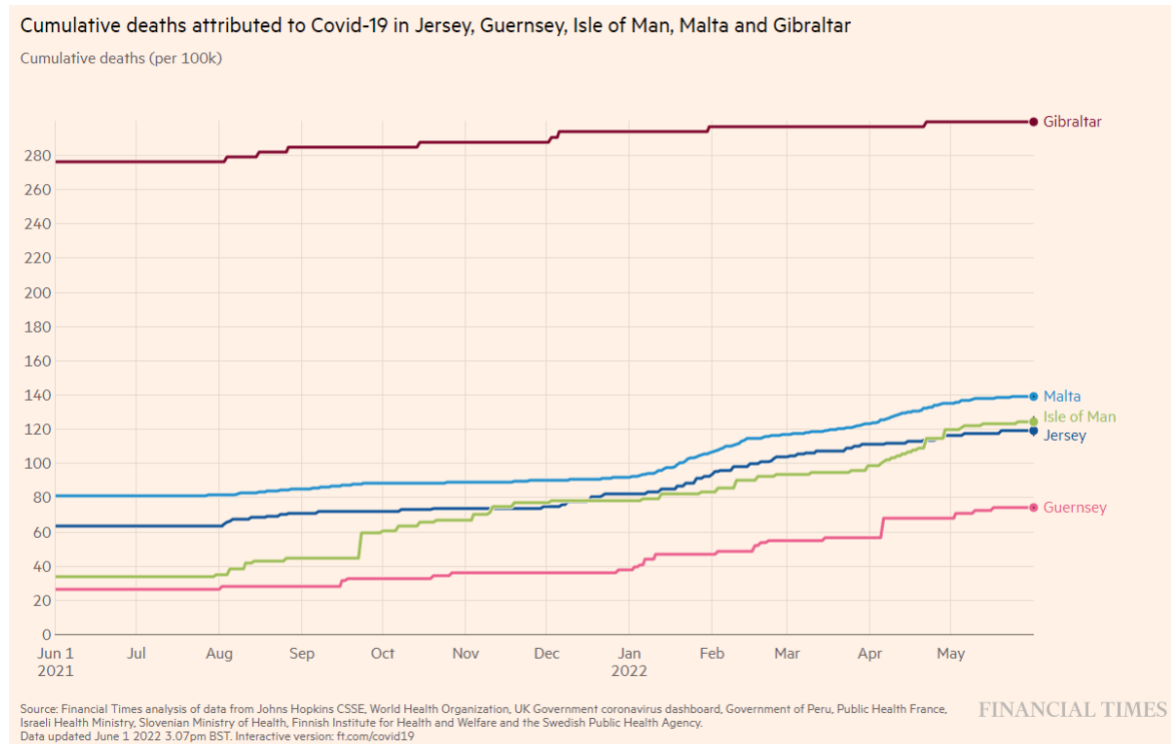


Fig 8. Cumulative deaths

- > Islands/jurisdictions have experienced the Covid-19 pandemic in different waves at different times. Depending on when the data cut off is, many jurisdictions may have been in the middle of their fourth wave and some of these will have started later than others.
- > The recording of Covid-19 on death certificates is reliant on the doctor certifying, adding it to the death certificate and this may vary.
- > Some islands/jurisdictions will have older or more susceptible populations and the crude analysis will not take into account the population structures that may also impact on the number of deaths that have been seen. We know, for example, that those over 50 had a higher mortality risk (hence the prioritisation of the vaccine roll-out to this group) and a younger population would have a lower proportion of their population at risk.



8. RESIDUAL RISKS FACING JERSEY

The emergence of a future variant, which would require a significant change in response, remains a possibility. Over the last year the emergence of two very different variants; Delta, which was more transmissible but also more severe than the variants that preceded it; and Omicron, which has been able to out-compete Delta due to its increased transmissibility but is inherently milder than Delta. A future variant with increased severity, the ability to evade the vaccine immune response, and increased transmissibility could emerge.

The vaccination programme has been fundamental to the relaxation of measures afforded to date. Waning of the protection provided by vaccination against severe disease, hospitalisation, and death, has been observed at around six months after a second dose. The booster dose reinforces protection against these severe outcomes. However, the future waning of vaccine effectiveness remains a key risk in the ongoing response to Covid-19, and so future booster doses may be required.

The willingness of the population to engage with protective strategies will be instrumental in protecting the community as Jersey moves forward. For example, if the uptake of future boosters is low, the strength of Jersey's Covid-19 defences will diminish. Also, Islanders' adherence with any future guidance and their willingness to be tested for Covid-19 will remain a risk in the ongoing management of the pandemic.

There are a minority of Islanders who remain unvaccinated, and a small number of individuals who have received vaccination but for whom the vaccine may not protect them against severe disease, as no vaccine has 100% efficacy. These groups remain vulnerable to severe outcomes caused by Covid-19 infection.

The long-term consequences of infection, and the scope/characteristics, of 'Long Covid' symptoms remain uncertain. We consider it important that Government strengthens its approach to risk management and emergency planning including undertaking regular scenario testing and realistic exercises including the most senior officers and Government Ministers.

9. WHAT THE PANEL THINKS OF THE GOVERNMENT MEASURES TAKEN

Covid-19 as a novel virus has challenged communities and governments across the world in providing a response that protects the public from both disease and economic detriment.

This section identifies the measures the Jersey Government took to control the pandemic and provides comment on what we consider to be the impact and effectiveness:

- a) The Government moved quickly to set up governance structures to brief politicians, make decisions and turn these decisions into public statements and operational arrangements. These structures, including CAM, were by their nature not well documented, rehearsed, or apparent to all stakeholders. They worked but we consider do not represent a recipe for future working. As others have, we recommend a complete overhaul and thorough documentation for revised emergency operational arrangements.
- b) The pandemic has highlighted significant gaps in Jersey's legislative powers for responding to major public health risks. The 1934 legislation that was in place did not provide the powers or oversight necessary to respond effectively to the scale of the public health emergency facing the Island. In the absence of an appropriate legal framework an Enabling Act had to be drawn up in two weeks, with the assistance of the UK Privy Council. This then allowed some 150 statutory orders to be put in place to help mitigate the impact of the pandemic on Islanders. We believe the Government should develop a robust mechanism for ensuring that all key legislation is kept under review and that they do not find themselves in this position again.
- c) A Science and Technical Advice Cell (STAC) is a well recognised functional group associated with emergency planning and civil contingencies legislation. The main purpose for its establishment during an incident is to ensure timely, coordinated scientific and technical advice during the response to an emergency. Given the number of agencies involved in responding, the Resilience Forum should identify the core membership of the STAC, as well as any other ad-hoc ones. While this is the traditional role of STAC, the STAC reported to CAM as its main reporting line and engaged and informed the SCG. Whilst we recognise there were many positive comments about how the STAC operated, we consider that there should have been more non-government people included and it was too health focused, especially at the start. Because it did not report via SCG directly or the Resilience Forum, its role was not widely understood by others. This was not helped by the perceived lack of transparency of the advice given and the time it took for minutes to be made available.

- d) The mobilisation of Covid-19 Testing is internationally agreed as an important contribution to managing a pandemic. Testing, isolation, and contact tracing measures were identified in Jersey as an important element of the public health response from the beginning of the pandemic. A contact tracing team was set up under Environmental Health and then absorbed into the Test and Trace Programme under Justice and Home Affairs.

The team was responsible for identifying persons who had been in contact with a positive case of Covid-19, and for ensuring that testing and isolation requirements were being complied with to contain transmission. The initial response March – August 2020 saw rapid transition from limited capacity for testing within Health and Community Services (initially only via Public Health England, then small testing capacity within the pathology lab from 9 April 2020) and a small team of contact tracers within Environment Health Department, to a government wide Test and Trace Programme.

We note the Comptroller and Auditor General (C&AG) finding that at times the tracing service was under great pressure but this notwithstanding the Panel is satisfied that Test and Trace is a strong net positive. And can be linked to the containment of cases in the first wave.

From this good starting position, testing was targeted at trying to stop widespread infections overwhelming the Island. The following areas were identified as key to the testing strategy:

- i. Testing to protect.
- ii. To travel.
- iii. To understand the epidemiology.
- iv. Contact tracing and isolation.

- e) The Government deliberately strived for a “nuanced” policy around Stay at Home restrictions, and social distancing. We find this to be a worthy objective likely to secure higher levels of acceptance. But it does not seem to have been explained in these terms, leading to some residents wanting harder, clearer rules and those charged with enforcement feeling unsure. This is a very hard area for governments to get right and though the general infection control benefits are obvious at the general level, the difference between no tolerance restrictions and some tolerance restrictions is not scientifically clear. We find the Government tried to find a reasonable balance but could have shared more clearly the dilemmas it faced with the public.

We find that “lockdowns” were proportionate and well thought through. We are aware that earlier restrictions in the UK and elsewhere prompted some to say Jersey was “late” into lockdown but we have not heard, or found evidence, to prove any deleterious effect of the Jersey timing decisions.

Public compliance is universally reported to have been high, encouraged by a thoughtful approach by the Police and Honorary Police.

- f) Aided by free supply from the UK, the vaccination programme was efficient, popular, and successful. We think there should have been a more ambitious plan to ensure “hard to convince groups” were targeted and more specific attention might have been given to ensuring very high rates of early vaccination within health and care settings.

But overall, we think the decision to follow UK prioritisation was correct and the roll out was very good.

- g) The Government tried hard with its communications approach. Its efforts evolved through time and credit is due for the range of channels used. However, we are satisfied the Government could have and should have done more in the first few weeks to explain the dilemmas it was facing; arranged a scientific lead spokesperson more quickly and tried to ensure new media challenges for politicians were really well anticipated and prepared for. Decisions were very well discussed within Government, but this seems to have led to some under-preparation of announcements. Some decisions were culturally insensitive particularly around restrictions at Christmas 2020.

We have not been satisfied that Communications followed a well thought through documented and widely shared strategy.

- h) There is very limited population data available in Jersey that identifies the full impact of the Covid-19 pandemic across the socio-economic spectrum. In addition, ethnicity data has historically been poorly collected so is not of a high enough quality to be able to analyse and draw any conclusions. An example of this was in December 2020 when the Public Health Team conducted analysis of the testing data, ethnicities were only available for 49% of those who tested positive.

This lack of ethnicity data also hampered analysis of vaccine uptake across different groups. Whilst we recognise that to counter this, focus groups were conducted to explore vaccine hesitancy, this had limited success in engaging minority ethnic groups locally. We consider that Jersey needs to be able to better analyse outcomes for its population.

- i) The Government moved quickly to offer support to affected businesses. Elected politicians offered good ideas and experience. The various schemes were largely well received. These schemes notwithstanding, parts of the economy were badly hit, particularly small retail, all of hospitality and visitor facing businesses. We have been interested in testing the link between government

support and short-term and longer-term effects on business sustainability, individual household income, and the longer-term health of the economy, but our interviewees were rich in anecdote but not yet able to offer hard data. The Department for the Economy may wish to complete some follow up studies to fill out this picture.

- j) We received no evidence about the well-established potential deleterious effects on children's education. Schools worked hard to ensure the children of key workers could still attend. We note extra tuition has been laid on and recent school attainment has been good. Some teachers are complaining of burn-out.
- k) We received evidence that the social confidence of some older people has been undermined and this raises a risk of more isolation going forward. We do not find the Government to be at fault but its messaging about future risks and its support for voluntary activities for older people need to be sympathetic to this issue.

Similarly we have been alerted to stress amongst some young people deprived of social opportunities over the pandemic height.

As part of a broad mental wellbeing approach the Government may wish to encourage initiatives designed to boost confidence and self-esteem.

- l) The indirect impacts of Covid-19 are likely to be far reaching and appear in the short, medium, and long-term, as evidenced by the World Health Organisation. We commend that there is an agreed plan for Jersey to look further into the indirect impacts as part of the Covid-19 Recovery Understanding and Insights Project.

10. MANY THINGS WENT WELL

All governments had to commit extra resources to pandemic responses. In most jurisdictions this will lead to medium-term fiscal strain.

One impressive characteristic of Jersey is that public services, critically the Hospital services, entered the pandemic in a good position without substantial resource constraints and the health system was never overwhelmed. The Jersey Government released extra resources in a managed, purposeful way, based on a strong balance sheet and confidence in future income. This impressed the Panel.

There is no agreed playbook for handling a worldwide pandemic. All governments in all jurisdictions scrambled to put in place measures to slow down the spread of the infection, shield the most vulnerable and free up health care so as to react to those needing hospitalisation. All governments sought to find a balance between limiting deaths and serious health consequences and keeping essential services going, keeping economies alive, and limiting restrictions on individual liberty.

Over the whole two-year (and continuing) pandemic management period we find that the Government of Jersey, its agents, Jersey's parishes, and the voluntary sector got a lot of things mostly right. We have listened carefully and note that even in programmes receiving almost universal acclaim such as the vaccination programme, there are a few reservations (such as whether essential workers like teachers and police officers should have been prioritised).

To recognise this, we have adopted the term 'net positive'. This asserts our view that there is a clear balance in favour of saying these things 'went well' notwithstanding any reservations.

- i. Test and trace including swift set up arrangements effectively at the airport, although a delay in setting up an on-Island testing laboratory was expensive and Test and Trace could not keep pace with demand in two periods of Covid-19 resurgence in 2021.
- ii. The procurement of an on-island laboratory to test in Jersey was a strong plan. The delay in execution was regrettable but we still hold the initiative was net positive.
- iii. We find that there was a high degree of commitment to the continuity of key community health services, to seek to maintain contact with those at risk.
- iv. The Urgent Treatment Centre was implemented quickly, and GP skills were deployed with good effect.
- v. We find that the Nightingale hospital was strongly justified as an 'insurance purchase'. The procurement and construction were outstanding. It was never used and operational plans were untested in real crisis conditions. We find that

- the decision-making would have been stronger if it had gone through a tighter options evaluation and been considered through the full crisis decision-making structure.
- vi. A transparent ethical framework was agreed in the hospital. Although this was never resorted to, it showed resolve to face difficult choices.
 - vii. We find that the Health and Community Services management team performed very well, were well led, and worked hard to support their staff.
 - viii. The speed and efficiency of the vaccination programme.
 - ix. The care taken to repatriate Jersey residents home to the Island.
 - x. The decision to subsidise essential travel, with flights and ferries maintained.
 - xi. We find that a good spread of communication tools was used showing imagination and persistence to explain social distancing and other restrictions.
 - xii. The Jersey Field Squadron which is funded at an investment of £1.5m per annum made useful contributions to PPE distribution, and the organisation around the testing and vaccination centres.
 - xiii. The pause in tenancy eviction proceedings was appropriate.
 - xiv. The co-funding, loan, and other business support schemes were developed quickly. We accept reservations about coverage and recent repayments, but believe the response was bold, thoughtful, and well rolled out. Strongly net positive overall.
 - xv. The Voluntary sector response; close co-operation between those who had not previously worked together.
 - xvi. The setting up of the Community Task Force. This was clearly a good idea and it encouraged voluntary bodies to work together well. It might have provided a blueprint for longer term working but as yet this seems unrealised.
 - xvii. The commonsense contributions of the Honorary Police and the States Police to encouraging compliance and supporting the vulnerable.
 - xviii. All Parishes rose to the challenge with much voluntary effort deployed, adaptations to processes achieved and relief and support systems implemented. The Parish responses were variable: all deserve credit; some were exceptional.
 - xix. The setting up of the Helpline which worked for many if not all. We find that the change from face-to-face, to telephony and online access was well handled.
 - xx. A closed institution such as a prison posed special risks and challenges. We took no detailed evidence but find that diligence was shown towards these risks.
 - xxi. We find that there were less school closure days than many jurisdictions; extra tuition was available; Some school places were provided for the children of key workers and others at risk.
 - xxii. We find that the Children and Young People service showed a strong commitment to engage with children and young people and ensure their voice was heard – including surveys and use of Tik Tok.
 - xxiii. Risk Assessments produced for schools were welcomed. The Department worked hard to communicate with unions.
 - xxiv. Some good IT innovations were rolled out quickly.

- xxv. Rapid adaptation by the Assembly to allow more sittings and virtually.
- xxvi. Rapid adaptation by the Courts system to allow for the continuation of Justice, ensuring no backlog of cases.
- xxvii. Creative recognition by the Bailiff of civic days despite the necessary restrictions.
- xxviii. The new structure of the Government (from May 2018) seen by those inside Government as being positive in terms of helping with the response required during the pandemic.

Beyond the evidence we heard, there were a number of initiatives widely praised in the submissions we received from the public:

- xxix. £100 card to all residents to stimulate local businesses
- xxx. The privately developed online application as part of Test and Trace. There were also critics who claimed it didn't work when case numbers increased above 1,000.
- xxxi. Free provision of lateral flow tests including workplaces and free PCR testing at island entry points. Airport and harbour border testing were praised.
- xxxii. The fast roll-out of enhanced IT for Government staff was praised. And the new IT arrangements for the CLS benefits programme for a perceived willingness to adjust to needs of different groups. The Island wide roll-out of enhanced broadband pre-pandemic was seen as visionary.
- xxxiii. The briefings and information provided by Dr Ivan Muscat were trusted.
- xxxiv. Frontline staff that kept core services going and the mix of public and private management/contractors who worked well together on projects were widely praised.
- xxxv. The hospital policies that kept routine appointments going were widely appreciated. Our online contributors praised the willingness of the Government to change restrictions as the situation changed.

11. AREAS THAT DID NOT GO AS WELL

We have found that among the people, businesses, and institutions of Jersey there are high expectations of what the Government can do and should do in a crisis. Judged against these high expectations there are some areas we find did not go so well.

- i. The Public Health legislation was out of date and not fit for purpose.
- ii. It is not in dispute that there was a badly limited public health function in place at onset of pandemic.
- iii. The Government had little joined-up data at the onset of the pandemic. Data sharing is complicated but needs clearer rules for emergency situations. We note that Community and Local Services shared data with parishes, but Health and Community Services did not give Police the information they requested. We do not comment on the merits of each decision merely the inconsistency.
- iv. The Government lacks information about its population between censuses, which limits its ability to protect the vulnerable.
- v. The architecture of meetings and unambiguous accountability for decision making at the top of the Government and across key agencies, was unclear to those both inside and outside the Government and close allies.
- vi. Many people now agree the law and practice supporting Emergency Planning needs to be overhauled. The hybrid, adapted model used in the pandemic worked but it might not have done because it was insufficiently planned, rehearsed, and documented.
- vii. Rules around 'Stay at Home' might have benefited from input from the Police and Honorary Police, both in terms of practicability and to ensure some notice to those charged with enforcement.
- viii. We find that Jersey did not have a confident and embedded risk management system in use at the onset of the pandemic.
- ix. The benefits of the well-planned pre-pandemic Flu exercise weren't realised. Some business continuity plans were too theoretical and not discussed between agencies (for example the prison and Police).
- x. When some Islanders most expected highly visible leadership with clear messages, answering questions in late March and April 2020 there was a lack. We find there was no clear overarching Crisis Communications Strategy which was widely understood.
- xi. Some senior Island figures believe that the Government may need outside help in a crisis and should welcome it. The Government cannot utilise random offers but needs to avoid appearing to be in a 'bunker' mentality.
- xii. The deployment of a scientific expert voice, as part of a widely shared communications strategy, was uncertain for too long.
- xiii. Liaison with key sectors, like pharmacies, seemed under considered.

- xiv. In a crisis, there is a need to think more expansively about who is an essential worker, especially those not on the government payroll - for example pharmacists.
- xv. We heard of the Government website crashing when many sought details of new announcements, and this seems anticipatable and preventable.
- xvi. Many Government representatives admitted they underestimated the length of the pandemic. We find that over-optimistic beliefs about pandemic duration drove some short-term staffing fixes rather than more durable solutions.
- xvii. Though the vaccination programme was a success, it proceeded without a strategy to ensure hard to convince groups did not undermine the programme.
- xviii. We find that the Covid-19 Related Emergency Support Scheme (CRESS) might have benefitted from more co-design with affected parties.
- xix. We find that the STAC members were diligent, but the group membership was uneven; its reporting lines were too informal, and its credibility affected by its limited transparency.
- xx. Perceived conflicts of interests for senior figures in the Government were seen by some Islanders, who gave accounts to us, as reducing their confidence in Government.
- xxi. We find that risk of some teacher burn-out needs greater attention.
- xxii. We find that the Jersey Care Commission could have been a more alert listener to, and better advocate for, the needs of the sector it is responsible for.



12. WHAT OTHERS HAVE SAID

Our work in relation to the Jersey pandemic, cannot exist in isolation of that of others. In this section we recognise their key reports and recommendations. In most cases the Government has accepted the recommendations made.

We have considered the work undertaken by the Comptroller and Auditor General (C&AG), plus the Scrutiny Liaison Committee (SLC) and Public Accounts Committee (PAC) of the States Assembly. We have also met with and reviewed some documentation from internal audit.

We expect that the PAC and the Scrutiny Panels, as reappointed after the elections, will want to monitor these recommendations and ensure that collectively they help improve the capability and resilience of the Government.

As part of their agreed audit plan the C&AG has completed and published eight reports relating to Covid-19 (note that Support to Business is two reports, the Co-funded scheme as one report and the other four support schemes in another). In reverse date order the C&AG reports are:

- > Governance and decision making during the pandemic- May 2022
- > Test, trace and vaccination programmes - May 2022
- > Support to business during the pandemic - November 2021 (two reports)
- > Overall management of the public finances during the pandemic - June 2021
- > Procurement and supply chain management during the pandemic - May 2021
- > Management of the healthcare response to the pandemic - April 2021
- > The Covid-19 Related Emergency Support Scheme - March 2021

The Government has responded to six of the above reports so far.

There were 49 recommendations in those reports and the Government fully accepted 44 of them with 5 being 'partially accepted'. All of the five relate to the Management of Healthcare Response report of April 2021 and were as follows:

- > R6 Ensure risk assessments are documented to support decisions made on guidance issued to staff.
- > R7 Undertake a formal reflective evaluation of the lessons learnt on business continuity planning during 2020.
- > R8 Introduce formal arrangements to review the effectiveness of business continuity plans, on an annual basis and report the findings of these reviews to the Risk and Audit Committee.

- > R9 Review the Covid-19 experience and develop future emergency pandemic preparedness to deal with the risk from high consequence infectious diseases such as Flu and Covid-19. There should be a formal public report produced to summarise the outcome of this review.
- > R13 Undertake a review, led by the Jersey Care Commission, of business continuity and resilience planning in primary and community care services.

The reason these five were only 'partially accepted' was because of the commissioning of our Independent Covid-19 Review and other review processes that the Government were putting in place.

It is not surprising that the last two reports published in May 2022 have not yet been responded given they are so recent. Therefore, as of early June 2022 there are 25 recommendations made by the C&AG in the two most recent reports which are yet to be formally responded to by Government.

Overall, therefore there are 74 recommendations made by the C&AG relating to the pandemic of which 44 are fully accepted, 5 partially accepted and 25 where we do not yet know the Government response.

Having reviewed all the recommendations made by the C&AG we consider there are 16 key ones that align with our work and findings, and we fully endorse. The others no doubt have merit but are not so closely related to our core purpose.

The 16 are highlighted below (including us giving them a new and distinct CAG reference number which we use elsewhere later in our report):

Governance and decision making

- > CAG1 In developing proposals for new emergencies legislation, consider explicitly the experience of the response to the Covid-19 pandemic and address identified weaknesses.
- > CAG2 Review the advantages and disadvantages of establishing two strategic level officer groups and establish plans for future emergencies in light of that review.
- > CAG3 Prepare and utilise standardised documentation for different officer level groups in the emergency structure.
- > CAG4 In developing new emergencies legislation, explicitly consider the respective roles of the Council of Ministers and Emergencies Council in circumstances where a State of Emergency has not been declared.
- > CAG5 In establishing any group comprising a sub-set of the Council of Ministers, explicitly consider and document:
 - > its relationship to the Council of Ministers
 - > its authority; and
 - > when and how it reports to the Council of Ministers.

Test, trace and vaccination

- > CAG6 Create and maintain a comprehensive live programme control document for long running emergency programmes that cover multiple activities and are initiated by a single programme business case. The live programme control document should record all business cases and decisions relating to the programme.
- > CAG7 Undertake a comprehensive review of the Test and Trace programme communications, involving members of the public, representative community organisations and behavioural scientists, with the aim of creating a simple, robust communication plan for similar long running events of this type in the future.
- > CAG8 Ensure reporting to programme boards includes appropriate forward projections for the programme and a comprehensive assessment of potential future programme risks.
- > CAG9 Require all major programmes to document an inequalities impact assessment at the outset of the programme.

Support to business

- > CAG10 Introduce enhanced controls to ensure that public announcements provide clarity as to the status of the announcement and related Ministerial decisions.

Management of healthcare response

- > CAG11 In light of the Covid-19 experience, review the expansion of the public health function proposed as part of the Jersey Care Model to ensure that it is properly equipped to address future health protection emergencies.
- > CAG12 Introduce formal procedures to improve the documentation of specialist public health advice to make it clear what advice was given, and why that advice was given, as opposed to alternative advice that was not given.
- > CAG13 Ensure that all future material pieces of public health advice that are provided to Government contain appropriate impact assessments, that take into account the impact of that advice on vulnerable communities.
- > CAG14 Develop and implement a Code of Practice for future STACs to encompass principles and procedures to be followed in determining membership, relationship with the sponsor department within Government, independence and objectivity, working practices, and communication and transparency.
- > CAG15 Improve the records and minutes of future STAC meetings to provide a more complete audit trail as to: how advice given has been determined, the action plans arising from the meetings (including timescales and responsibilities for actions); and the follow through of matters arising and actions taken.
- > CAG16 Undertake a retrospective reflection and learning exercise with key stakeholders during the Spring of 2021. This exercise should seek to identify lessons from the Covid-19 pandemic for future whole system working.

The Scrutiny Liaison Committee (SLC) / Public Accounts Committee (PAC) published its report entitled 'Response to the Covid-19 Pandemic by the Government of Jersey' in March 2022. The Government responded to it formally on 10 May 2022. Owing to

the timing of the forthcoming election in June the States Assembly has not yet commented on the Government response and will not until after our report is submitted.

Of the 23 recommendations made by PAC in their report the Government accepted in full 13, accepted partially 6 and did not accept 4. The Government has stated the reason for the 'partially accepted' recommendations was largely because they wanted to receive the findings of our Independent Covid-19 Review before making a final decision. These five are listed below:

- > R4 The Government should undertake a review of the efficiency of the emergency decision-making processes and publish a revised emergency governance framework to simplify governance and decision-making processes with greater clarity, building on best practices in other jurisdictions and partnerships with other jurisdictions.
- > R5 The Government should clarify how individuals who were recruited to key work programmes to assist with the response to Covid-19 were selected, remunerated, and who they were accountable to.
- > R8 An internal review should be undertaken of the Scientific and Technical Advisory Cell and of the effectiveness of Government emergency decision-making bodies to identify improvements, the appropriateness of the functions and whether there is a need to create a distinct independent scientific advisory body.
- > R9 The PAC recommend that an internal review be undertaken to ascertain the efficiency and quality of statistics published during the Covid-19 pandemic and to identify best practice.
- > R11 It is recommended that the Government give consideration to the prioritisation of emergencies and provides annual updates on emergency procedures in light of global and local developments, with consistent capacity given to future pandemics.

The remaining partially accepted recommendation (R14 The Government of Jersey should seek to publish a breakdown of spend on its Covid-19 response in 2020, 2021, and 2022, with a clear indication of where savings were made through discounts and voluntary support from Islanders and businesses as part of the 2022 Annual Report and Accounts) was partially accepted on the basis that breakdown of the Government's spend on the Covid-19 response in 2022 will be published in the Annual Report and Accounts in April 2023.

Of the 13 recommendations the Government accepted the following five are aligned most closely to our work and findings (we have again given these a unique SLC reference number as we refer to them later in our report):

- > SLC1 The Government should prioritise the replacement of the 32-year-old Emergency Powers and Planning (Jersey) Law 1990 in order to ensure that it fully reflects the realities of ministerial governance for future crises, drawing on learnings from the Covid-19 pandemic.

- > SLC2 The Government should update its website in relation to emergency planning, removing references to the Emergency Planning Board which has been replaced by the Jersey Resilience Forum.
- > SLC3 The Government should review its engagement with the UK and other jurisdictions by 31 December 2022 to highlight areas of improvement identified through the meetings held and to improve the effectiveness of inter-jurisdictional collaboration during future public health crises.
- > SLC4 A consultation should be conducted with carers, charities, and volunteers to understand how to improve the support they receive in future crises.
- > SLC5 The Communications Directorate should commit to a public-facing review of its communications strategy and structure during the Covid-19 pandemic, to identify areas of learning, engage with Islanders and affected organisations, and to respond to concerns raised to the PAC by stakeholders during this review.

In addition, whilst there are not published internal audit reports we have discussed with the Chief Internal Auditor the advisory and compliance work they carried out in the following areas:

- > The Nightingale hospital (including its decommissioning)
- > Covid-19 Related Emergency Support Scheme
- > Payroll co-funding scheme
- > Overtime
- > Spend local scheme
- > Schools catch up scheme
- > Economic recovery / fiscal stimulus fund.

We draw two conclusions from the available reports and our discussions. The first is that the Government has properly exposed itself to scrutiny and used the various channels appropriately. This includes for example using internal audit to provide challenge in developing funding schemes as well as post event checking. The second is that there is a strong congruence between the key areas to strengthen from the work completed by others.

13. WHAT THE GOVERNMENT SAYS IT HAS LEARNT AND WILL DO DIFFERENTLY OR BETTER

Our methodology required that component parts of Government, including the Police and the Community Taskforce, complete self-assessments. We deliberately did not specify what form this self-assessment should take as we thought important that the Government chose a format that worked best for them. They issued their template to 13 departments/organisations, in order to give us the most rounded view of how the pandemic had played out in Jersey from their perspectives and what they wanted to do differently/better in the future based on that experience.

These extensive documents contain a wealth of reflections and insights and, by our count, some 30 recommendations and a myriad of learning points that could or should be utilised. These cover a range of actions, many of which do not require new policy, resource, or political commitments. We expect these to be implemented. In this section we have focused on the wider cross-government and more strategic issues that need to be considered and acted upon.

The full suite of self-assessments is in the companion document to this report ([insert link](#)).

The self-assessments were generated in departments or services and were not discussed by the senior leadership team of the Government or with Ministers. This means they are based on operational experience but also means that the priorities within proposals for change have not yet been debated or agreed across Government.

We will recommend that a single Crisis Resilience Improvement Plan is drawn together drawing from:

- > the recommendations from the C&AG reports, and scrutiny liaison committee set out in section 12 above
- > the reflections, ideas, and proposals for improvements from the self-assessments abstracted here, and
- > the recommendations from this report in section 14 below.

We reproduce below some extracts of what we consider are the more significant recommendations for improvement which are identified in the self-assessments. The words in italics are directly lifted/abbreviated from the Government text.

i. Extracts from the Public Health Self Assessment

There are four key issues within the Public Health self-assessment that we consider are critical and should be discussed and agreed by the Government's senior leadership team. These are:

- > *The future operation of a scientific committee during a pandemic or comparable disruptive event should have a stricter role, with more varied sources of expertise, and there should be effort to ensure that the advice made to decision-makers is made on the best available health, scientific, and technical advice*
- > *The pandemic has, however, highlighted gaps in some areas of data (for example, the impact of Covid-19 on care settings such as care homes, GPs and the hospital). There have also been issues with the quality of data – the process for data cleansing is not always rapid; coding practice can often be variable; and achieving data agreement time-consuming. Increasing the capacity of the Public Health Intelligence team, including a reporting schedule to ensure we have an overview of health trends, is one of the immediate actions that has been taken in this area*
- > *The differential impact of the Covid-19 pandemic on different communities is not well-understood, and there was limited capacity to produce intelligence about the indirect impact of the pandemic on health. This is not unique to Public Health, with limited data on how inequalities work in Jersey.*
- > *Ministers and officials will work together to ensure that the new legislation addresses the challenges experienced whilst legislating for the Covid-19 pandemic response and improve Jersey's preparedness for future public health emergencies.*

b) Extracts from the Strategy, Policy, Planning and Performance (SPPP) self-assessment

The self-assessment letter we received from SPPP contains **three key issues that we consider should be acted upon**. These are:

- > ***The development of a code of practice for STAC***, the development of a new public health law, and expanding the public health function to ensure it is properly equipped to address future health protection emergencies.
- > There is a need to ***review the expansion of the public health function*** proposed as part of the Jersey Care Model to ensure that it is properly equipped to address future health protection emergencies. This includes the need to strengthen the public health protection function and the public health intelligence function, which has been critical to inform decision making and the wider public during the pandemic. This will also allow us to monitor the indirect impact of the pandemic on health and recommend action to address health need.
- > The pandemic has identified to governments worldwide (including Jersey) the importance of data in making decisions in the light of uncertainty. For example, the UK report on *Improving health and social care statistics: lessons learned from the COVID-19 pandemic* concluded that “Sharing and linking data can have life-saving impacts. This must be prioritised by governments beyond the pandemic.” There is, therefore, a need to join-up more administrative data across the wider public service for both operational and statistical purposes (with appropriate data protection and privacy

controls) and to do this ahead of any future public health emergencies. These improvements have been initiated and will be taken forward during 2022.

c) Extracts from the Health and Community Services self-assessment

The Health and Community Services self-assessment contains three key issues that we consider should be acted upon. These are:

> *Need to quickly move to a Jersey Care Record to prevent many of the digital challenges.*

> *For the future, we must ensure the emergency planning, business continuity plans, and specific skills are maintained, are regularly refreshed and readily available. This will require dedicated roles to ensure a proactive approach to our emergency response can be taken. HCS is adapting all its emergency response plans to align with the emergency preparedness cycle to ensure that plans are tested and validated but also that suitable training and development opportunities are offered to the members of staff who may utilise these.*

> *The importance of maintaining good off island links for resilience purposes is balanced with the ability to build local capability.*

d) Extracts from Justice and Home Affairs self-assessment

The Justice and Home affairs self-assessment includes three key issues and comments that we consider should be reflected upon. These are:

> *The Emergency Measures Plan was not followed in full and a different set of decision making, and coordination arrangements were implemented, reflecting the weight of decision-making activity and control measures predominating in the ministerial, 'national' sphere, alongside the local response construct. One of the effects of this was that, while a Strategic Coordinating Group (SCG) was in place, it could be observed that it did not undertake the role in accordance with the published plan or in line with the training and experience of many of the members in that it rarely made any decisions; this may have been unavoidable given the nature of the pandemic, and has been considered to be a 'hybrid' model. The SCG did nevertheless create an important forum for the exchange of information and coordination, and cascade of function and information to the TCG and 1GCT.*

> *Alongside the ongoing management of the COVID pandemic, Jersey has since contended with disruption and protests by French fishing fleet as well as the crisis in Ukraine; both of these, again, engaging 'national' level thinking, planning, deciding and acting and so experience is being built and refined in managing crises in this 'hybrid' mode and it feels, to the Emergency Planning Team, that this experience and practice is leading to improvements for the future.*

> *A risk that must be managed within this context though, is that the response to a*

conventional 'local' emergency (such as a major accident, search and rescue situation, fire or similar) is and must be managed differently and so, with much 'live' experience for a very wide range of stakeholders having been gained in the 'hybrid' model, extra effort must be put to ensuring everyone understands that this template cannot and must not be used in all crisis situations.

e) Extracts from the States of Jersey Police self-assessment

The States of Jersey Police self-assessment contains four recommendations that we consider should be acted upon. These are:

- > Adopt a Jersey Resilience Forum earlier in the process.*
- > Ensure States of Jersey Police has a place on the Law drafting panel – or are consulted earlier in the process.*
- > Data sharing agreements in place with other Government Departments.*
- > If partners are called out in Business Continuity Plans, they should be consulted to know and understand their obligations.*

f) Extract from the Economy self-assessment

The Economy self-assessment contains one key issue that we consider should be reflected upon. This is:

- > A key issue was the absence of discipline around the communications grid, something that could be cynically viewed from outside and in my opinion, unduly so. An effective communications grid supports clarity and co-ordination of messages and channels in order that there is the best possible opportunity to those messages being received and understood by the intended audience. This can also prevent messages being trailed or tested ahead of formal announcement in a way that may confuse or bring pressure upon others.*

14. OUR FINDINGS AND RECOMMENDATIONS

The Panel considers Jersey will be stronger and more resilient if it accepts the following recommendations:

Prepare for threats

- i. The Jersey Government has an underdeveloped risk identification and mitigation system at both operational departmental level and at a strategic government level. Though risk identification cannot in itself reduce risk, it raises awareness and usually prompts thoughtfulness about resilience, that is the ability to adapt quickly including to sudden and unexpected change. A good risk and mitigation system galvanises politicians and officers and is applicable in both strategy and operational delivery. The Chief Executive should initiate an improvement programme for Risk Management across the Government.
- ii. Jersey should swap ideas with other comparable jurisdictions with which it likely faces threats in common.
- iii. Good emergency planning, including crisis communications, requires regular rehearsal, including Ministers. This takes time, effort, and planning but is a wise investment. Many jurisdictions find it worth doing annually, including Ministers and Chief Executives with their senior officers.

Understand the Jersey population in depth

- iv. In an emergency there is a high expectation that the Government will both protect its most vulnerable and be sensitive to the needs of different communities. This starts with a closer knowledge than Jersey has now, including a closer knowledge of those living on the margins of the community, of those with mental health issues, and of those overseas workers who have been in Jersey for less than 5 years. In a crisis these groups are likely to suffer more than most. All three have able and articulate champions willing to encourage a greater awareness of the groups' needs. An open mind to their advocacy should narrow the gap between these groups and the wider community. The C&AG recommendations CAG 9,13 are relevant. The Government should commission research on its population between censuses.

Ensure the best advice is available

- v. Jersey seems to be well equipped for Government to draw advice from other sectors of the economy, but their influence with Government is uneven. In a small

jurisdiction such as Jersey, strongly motivated individuals among the middle and senior officials, among politicians and in the professions are likely to lead the quick adaptation to nasty surprises. Good horizontal relationships between all the non-government parts of Jersey life and the Government are realistic and will be beneficial when there is a need to pull together. This requires named officers to know whom they are responsible for liaising with outside of Government.

- vi. Many future threats might have a scientific nature. We recommend the Government considers appointing a Chief Scientist who can co-ordinate advice necessary to mitigate threats or exploit opportunities. This individual could also devise stronger Scientific and Technical Advice 'cells' or STACs bespoke to each new crisis and ensuring good balance of professional disciplines. Any such individual should carry a duty to report both to Government and the States Assembly to strengthen confidence. CAG recommendations 14 and 15 apply.

Keep the Government in good repair

The States entered the pandemic with out-of-date legislation and a poor public health function. Recommendations CAG 12,13,14, are relevant. The Government will always want to make choices about spending priorities, but we think there is a need to ensure no legislation or essential services become unfit for purpose. Therefore:

- vii. Part of the States apparatus ought to ensure legislation is not badly out of date.
- viii. The Chief Executive should provide yearly advice to Ministers about minimum levels of provision for essential services.

Make decisions better

- ix. We have been sensitised to the need for politicians to check out mutual beliefs and convictions before making individual decisions. During the pandemic, individual Ministers made decisions but largely did so after consulting their colleagues, and sometimes other stakeholders. This realistic requirement is not always understood by others.

What matters is a clear system, explicable to others where duplication is avoided and roles and accountability are clear. Defining Ministerial, senior staff, and interagency roles is complex but necessary. Jersey will want to set down its own system but there are recognised emergency planning procedures in other jurisdictions which can provide a draft template. The C&AG recommendations CAG1,2,3,4,5 refer.

- x. We understand a new Civil Contingencies Law is anticipated for Jersey. We recommend this is prioritised to be completed within two years. Alongside the new

law, Jersey needs a raft of clear procedures to avoid the need to utilise ad hoc arrangements which fortunately got Jersey through the pandemic. Although they got the job done they were not always properly understood by the public, allies, and some States Members.

Form alliances of assistance

Jersey has many talented and resourceful residents and recruits great staff, but it can be overwhelmed and needs to think about 'mutual aid' arrangements to provide resilience in prolonged emergencies. The UK Government and its armed forces will always be distant but interested, but the Government needs to be aware of other options including co-opting senior non-public sector figures from Jersey and calling on academic advice and supplementary skills as needed. Jersey is highly dependent on UK supply lines and options to import from France in an emergency might be explored. (SLC 3 refers).

- xi. Offers of help need to be responded to firmly but fairly to avoid the Government appearing to be in a 'bunker mentality'.

Sort out the sharing of data

- xii. Data sharing is complicated. The right to privacy and the duty to maintain this right are very important but, in any emergency, there may be compelling reasons to share data, to preserve life or reduce significant risks. During a pandemic is the worst time to argue about these issues and Government Officers ought to set down in advance exceptional circumstances and suggest any amendments to legislation that seem necessary.

Communicate better

Outside of emergencies Government may rue the noisy world that interferes with its attempts to both consult with and communicate to its public.

But in an emergency, there are very high expectations that the Government will communicate early, continuously, effectively and with humility. It is hard for any Government to admit mistakes, show uncertainty or open up about awkward choices, but confidence in Government in a digital age seems to require this.

In many ways Jersey Government Communications ramped up tremendously, with a broad range of techniques, new facilities and products and enormous hard work.

But across the people we have heard from, including many in Government, there is a widespread acceptance that the high expectations of Jersey people and businesses for timely communications were not met, especially in the first few months.

- xiii. Any future crisis will bring further high expectations and the Government should develop a fully rounded Crisis Communications Plan covering training for spokespeople, extra resources, mutually agreed expectations with media outlets, including broadcast facilities at weekends, and perhaps a shadow website/web-channel that can be switched on when necessary. Recommendation SLC 5 refers.

Keep up the good work

Covid-19 has not gone away. Approximately 15% of total deaths where Covid-19 is given as the reason when the death is registered by the Superintendent Registrar have been recorded between our first visit to Jersey at the beginning of March and the end of May 2022. The continuing low death rate is significantly influenced by participation in the full vaccination programme.

Full participation in the vaccination programme is the best defence against serious illness for nearly all.

- xiv. The Health Service must maintain effort on the vaccination programme by setting targets for coverage in all booster and other vaccinations.
- xv. The Government must remain vigilant for the emergence of new variants.

The Government has shown its maturity by commissioning this external review. Together with reports from the Jersey Audit Office, scrutiny panels and staff self-assessments there is a treasure trove of ideas to improve the resilience of Government and its confidence if and when the next crisis arrives. Therefore:

- xvi. The Chief Executive should develop a Crisis Resilience Improvement Plan to ensure these recommendations are integrated and executed.

Our findings echo many of those of the C&AG (endorsed by the PAC and accepted by Government) as well as those of the Scrutiny Liaison Committee (see 'What others have said' section, above, page 48).

APPENDIX

Terms of Reference

- Carry out an impartial, independent, and comprehensive evaluation of the Government of Jersey Covid-19 pandemic response to identify lessons learned and areas for improvement to inform future strategies and operational plans.
- The review will examine the effectiveness of the strategic elements of the handling of the pandemic response, related to:
 1. Governance
 - a. Suitability of governance arrangements
 - b. Role of States Assembly/Scrutiny/Interventions by Individual Assembly Members
 - c. Role of Parishes
 - d. Legislative implications
 - e. Clarity/timeliness of Ministerial decisions
 - f. Overall Communications
 2. Public Health duties and interventions
 - a. Protection of Islanders – impact of restrictions and guidance put in place which impacted on daily life, such as : lockdowns, physical distancing, shielding
 - b. High-level evaluation of the efficacy of decision making and how it was informed by learning from evidence and actions of other jurisdictions
 - c. Outcome for Islanders including international comparators
 3. Logistical and operational decision making
 - a. Emergency Planning processes and preparation
 - b. Procurement, including of supplies and infrastructure (Personal Protective Equipment, testing equipment and facilities, Nightingale Hospital, etc)
 - c. The delivery of healthcare and social care services during the pandemic response
 - d. The delivery of education during the pandemic response

- e. Resilience of the Public Sector and the consequences for usual business
 - f. Strategies and systems of testing, outbreak management (including in schools, care homes, etc) and self-isolation
 - g. Connectivity and border control
 - h. Strategies and systems for vaccination
4. The balance of public health and harm with regard to wider societal impacts, including the disproportionate impact of the pandemic on certain sectors of the population and diverse communities. For example, mental health impacts on children, young people and vulnerable adults.
 5. Assessment of the impact on the Jersey economy:
 - a. Livelihoods
 - b. Island prosperity
 - c. Impact and effectiveness of mitigations such as Support to individuals, businesses, and other organisations
 - d. Connectivity
- The aim of the review is to provide evidence-based recommendations for the future: it will not seek to re-run or critique clinical decisions or individual strategic decisions, rather it will seek to identify lessons learned and areas for improvement to inform future strategies and operational plans.
 - The review will make recommendations to improve capacity and effectiveness for pandemic preparedness in the context of an Island environment.
 - The review will take account of information and circumstances prevailing at the time of such decisions.
 - Notwithstanding the current lifting of Covid-19 restrictions, it is accepted that widespread transmission of a novel virus and successive variants is not over and further reviews may be necessary.

Meetings held by the Panel

Elected States Members

Connétable of St Brelade

Twelve Parish Comité des Connétables

Deputy Pinel

Deputy Alves

Deputy Gardiner

Deputy Guida

Deputy Richard Renouf

Deputy Martin

Deputy Ward

Scrutiny Liaison Committee (Kristina Moore, Inna Gardiner, David Johnson, Mary Le Hegarat, Michael Jackson)

Deputy Lewis

Senator John Le Fondre

Deputy Young

Senator Lyndon Farnham

Senator Ian Gorst

Government Officials

Chief Executive

Chief Statistician

Director of Public Health

Head of Health Intelligence

Interim Director of Public Health Policy

Acting Director General Justice and Home Affairs

Director Covid Testing and Tracing

Deputy Medical Director of Health

Hospital and Health Services Management Team

Chief Internal Auditor

Director General of Treasury

In addition, numerous government officials were part of the self-assessment 'challenge' sessions we held.

Jersey Organisations

CEO JP Restaurants

CEX and two representatives of the Jersey Care Commission

CEX Jersey Hospitality Association

Chair and CEX of the Chamber of Commerce
CEX and 3 Directors of the Ports of Jersey Authority
CEX Jersey Finance
Chief of States Police and Deputy Chief of States Police
CEX Jersey Business
Chair and 4 representatives of the Jersey Care Federation
Two members of the Primary Care Board
CEX LV Care Group
Officer representative of the Salvation Army
Two representatives of Community Pharmacies
Director Jersey Advisory and Conciliatory Service
Director Call and Check
Comité des Chefs Police (eleven people)
General Manager Grace Trust
Chair and General Manager Age Concern
Executive Lead Andium Homes
CEX Headway
Polish Consul
Chair Sanctuary Trust and Chair Digital Jersey
Regional Officer NASUWT
CEO Digital Jersey
Chair Jersey Statistics User Group

Others

The Lieutenant Governor
The Attorney General
The Bailiff
Comptroller and Auditor General and Deputy Comptroller and Auditor General
Influence at Work Representative
Brigadier Nigel Hall
Chair of Statistics User Group

Those contacted and asked to submit views in writing

- Citizens Advice Bureau
- Community Savings Bank
- Jersey Fishermen
- Albert Bartlett & Sons
- Jersey Royal Co
- Royal Jersey Agricultural and Horticultural Society
- Jersey Farmers Union
- Woodside Farm
- Jersey Recovery College
- Jersey Deaf Society
- Earsay
- The Inclusion Project
- Enable Jersey
- Eyecan
- Jersey Cheshire Home
- Jersey Sports Association for the Disabled
- Construction Industry Association
- The Association of Jersey Charities
- Women's Refuge
- Autism Jersey
- The Jersey Employment Trust
- Jersey Mencap
- Jersey Association for Youth and Friendship
- Jersey Support Youth
- MyTime4YoungCarers
- Jersey Children's Commissioner
- MIND Jersey
- Unite

Panel members

Sir Derek Myers
Chair



Sir Derek was the Lead Commissioner for Rotherham Council from 2015-2017. He was appointed by the UK Secretary of State for Communities and Local Government following the Jay Inquiry into child exploitation in that borough.

Before this, Sir Derek was the first joint Chief Executive of two London Borough councils, Kensington and Chelsea and Hammersmith and Fulham from 2011 to 2013 and was a non-executive director at the UK Department of Health and subsequently Public Health England. Prior to that, he was Chief Executive of Kensington and Chelsea (2000 – December 2013) and Director of Social Services - then Chief Executive - at the London Borough of Hounslow.

He is also a former chairman of the Society of Local Authority Chief Executives (2008 – October 2012) and a former non-executive director at the Department of Health. He was knighted in the Queens Honours list in 2014.

Professor Maggie Rae
Panel member



Maggie Rae is currently the President of the Faculty of Public Health (FPH). In her role as President, she works closely with the Academy of Royal Medical Colleges, Local Government Association and a wide range of partner agencies who have interests in Public Health.

She is also President of the Epidemiological and Public Health Section of the Royal Society of Public Health

She has particular interests in health inequalities, sustainable development, workforce, education and standards setting for Public Health. She is Head of the South West Academy of Population and Public Health for Health Education England.

Her personal research interests include Health Protection, Pandemic Management Health Inequalities, Climate Change and the impacts of the wider determinants of health. She is also passionate about education and training and sees this as a key element of FPH's responsibilities.

Maggie is a Visiting Professor of Public Health, at both the University of the West of England and Exeter University and has extensive experience of working at all levels in public health. She has twice been a Director of Public Health. She also led on Health Inequalities and Local Delivery at the Department of Health and worked at the National Institute of Health and Social Care (NICE).

Sir Richard Gozney
Panel member



Sir Richard was Lieutenant Governor of the Isle of Man from 2016-2021, including for the first 18 months of the Covid pandemic, until August 2021.

His career as a British diplomat for 39 years included extensive work with the Falkland Islands and Gibraltar in the 1970s and 1980s. He was Private Secretary to the UK's Foreign and Commonwealth Secretaries during four years, serving Sir Geoffrey Howe, Mr John Major and Mr Douglas Hurd.

British Ambassador to Indonesia and then High Commissioner to Nigeria in the 2000s, in his last diplomatic posting, from 2007-2012, he was Governor of Bermuda, where the Governor's role includes appointing and then supporting the senior judges, the Police Commissioners, the Prosecutor and the Auditor-General.

Ian Hickman
Executive Officer



Ian is a highly experienced leader with extensive knowledge of UK public services. Much of his work has been at a national level focused on effective governance, service efficiency and value for money. In 2016 he was appointed by the UK Secretary of State for Education to both the Management Board and the Audit Committee of the Education and Skills Funding Agency.

Alongside this he has worked as an independent consultant running the London Leadership Programme, which between 2017 and 2020 helped 150 senior local government leaders across London broaden their skills and knowledge.

He has also been a member of two important Reviews. In 2014 as part of the Kerslake Review of Birmingham City Council and in 2016 the London Councils Challenge Review.

Between 2014 and 2017 Ian was Chief Operating Officer at the Northern Education Trust, helping develop it into a 20 school £100m organisation across the north of the UK.

From 2000 to 2015 he worked in a range of policy and research Director roles for the Audit Commission eventually ending up as their Associate Controller for three years. During this time he was also seconded for a year to the Office of the Deputy Prime Minister.

Gwyn Garfield-Bennett
Communications and Engagement Lead



Jersey media liaison and community engagement support provided to the panel by PR Consultant, Gwyn Garfield-Bennett.

Gwyn is a highly experienced writer, interviewer and broadcaster who has worked in international and UK national TV for the BBC and ITN. She has also presented the BBC television news and radio in Jersey and written for major UK and Channel Island newspapers and magazines. Gwyn's career includes financial journalism and business, as well as digital and technology roles. She is a published author.