



# **Safer Travel Guidelines Review Panel**

## **Public Hearing**

### **Witness: The Minister for Health and Social Services**

Tuesday, 13th October 2020

**Panel:**

Deputy R.J. Ward of St. Helier (Chair)

Deputy I. Gardiner of St. Helier

Deputy M.R. Higgins of St. Helier

Deputy T. Pointon of St. John

Deputy K. G. Pamplin of St. Saviour

**Witnesses:**

Deputy R. Renouf of St. Ouen - Minister for Health and Social Services

Dr. I. Muscat - Deputy Medical Officer of Health

Ms. R. Williams - Director, Testing and Tracing

Mr. S. Skelton - Director, Strategy and Innovation

Mr. J. Lynch - Policy Officer, SP3 (1)

Ms. A. Hamon - Policy Officer, SP3 (2)

Mr. A. Khaldi - Interim Director, Public Health Policy

[10:04]

**Deputy R.J. Ward of St. Helier (Chair):**

Welcome to the public hearing of the Safer Travel Guidelines Scrutiny Panel. We have 1½ hours and quite a few questions. We will start off by introducing ourselves. I am Deputy Robert Ward and I chair the Safer Travel Guidelines Panel.

**Deputy I. Gardiner of St. Helier:**

Deputy Inna Gardiner, St. Helier, member of the panel.

**Deputy M.R. Higgins of St. Helier:**

Deputy Mike Higgins, member of the panel.

**Deputy T. Pointon of St. John:**

Deputy of St. John, Trevor Pointon, a member of the panel.

**Deputy K.G. Pamplin of St. Saviour :**

Deputy Kevin Pamplin, member of the panel.

**The Minister for Health and Social Services:**

Deputy Richard Renouf, Minister for Health and Social Services.

**Deputy Medical Officer of Health:**

Ivan Muscat, Deputy M.O.H. (Medical Officer of Health).

**Director, Testing and Tracing:**

Rachel Williams, Director of Testing and Tracing.

**Director, Strategy and Innovation:**

Steve Skeleton, Director of Strategy and Innovation.

**Policy Officer, SP3 (1):**

James Lynch, Policy Officer.

**Policy Officer, SP3 (2):**

Anna Hannan, Policy Officer.

**The Minister for Health and Social Services:**

I believe online we have Alex, our principal policy officer.

**Interim Director, Public Health Policy:**

Good morning, Alex Khaldi, Interim Director, Public Health Policy.

**Deputy R.J. Ward:**

Thank you very much. To start with can I just ask if you will confirm that those travelling to the Island from green regions are now required to self-isolate when arriving on the Island as was agreed last week? That started yesterday and just to ask you how that is initially going?

**The Minister for Health and Social Services:**

Yes, that requirement has come in and the teams are ready to do that. All our notifications to passengers make that clear and that is happening now.

**Deputy R.J. Ward:**

Since Friday obviously it has been reported that there are a significant number of new cases, we have 61 active cases. How concerned are you about the numbers that were reported?

**The Minister for Health and Social Services:**

When one considers all that is happening in the U.K. (United Kingdom), the rising incidence of infection there, and of course most of our travel comes from the U.K., then it cannot be too much of a surprise that we are seeing that reflected in our numbers. But I believe that we should not concentrate solely on headline number but we should still look at the way the Island is addressing COVID. Those people arriving are tested and we have an excellent track and trace system, so we have no uncontrolled spread of the virus in the Island. The numbers are still very low. So more than 99 per cent of passengers test negative.

**Deputy R.J. Ward:**

Can you confirm then that all of those positive arrivals at the weekend, who were not self-isolating or even those who said that they were, have had their contacts traced?

**The Minister for Health and Social Services:**

Those who have tested positive will be going through the contact tracing process.

**Deputy R.J. Ward:**

What will be the turnaround time regards that process at the moment? Are you saying some of them who may have been positive have not necessarily had all of their contacts traced yet?

**The Minister for Health and Social Services:**

That is a question of logistics. I do not know for every single one of them exactly what steps have been taken and whether all the operational tests have been completed.

**Deputy R.J. Ward:**

I know that Deputy Gardiner has a question but I am going to ask, just quickly, given the steep increase in the U.K. that you mentioned and the possible positive case arrivals, we now have isolation until a negative test, which hopefully will be positive there, but if we have had a significant number over the weekend what sort of speed are looking at for tracing anyone who may have been involved there or may have had contact?

**The Minister for Health and Social Services:**

Rachel Williams is best placed to talk about the process so if I may hand over to her to explain that.

**Director, Testing and Tracing:**

When we have a positive case ...

**Deputy R.J. Ward:**

I think, to be honest, just to speed this up a little, we are aware of the process of when a positive case happens because we have had briefings and so on, I was just asking really specifically about those positive cases from the weekend and whether they have been traced. I think there was real concern among the public as well, so it is about reassuring people too, just to confirm, have they been traced yet, if not, how long will those specific cases be traced and how far that web of tracing has gone? I hope that makes sense.

**Director, Testing and Tracing:**

Yes, absolutely. I will get that information for you while we are in this hearing and I will feed back to you by the end of the hearing. I know that the contact tracing team have been working very hard since those positive cases came in to identify as many people as it is possible to. The more we talk with the positive cases, the more direct contacts they remember that they have had and so sometimes it is something of an iterative process but I will find out the exact number for you and confirm that they have been traced by the end of the hearing.

**Deputy R.J. Ward:**

Just one quick thing before I pass on to Deputy Gardiner. How many contact tracers are working on that currently at the moment?

**Director, Testing and Tracing:**

We have a team of approximately 45 to 50 who work specifically on contact tracing and they work a shift pattern, 12 hours a day, 7 days a week.

**Deputy R.J. Ward:**

So all 45 or how many people are working on the current situation? Would it be 45 or ...

**Director, Testing and Tracing:**

All of the contact tracing team are working on the current positive contacts and tracing the direct contacts of any positive case. That is their sole job to do that contact tracing.

**Deputy R.J. Ward:**

Okay, and any one time how many of the contact tracing team will be working? Just so we get some picture of the actual workings of the system really.

**Director, Testing and Tracing:**

I will find out for you exactly how many people are working today, that will be a good indication. Of course, you know, we have 45 to 55 people who are working on the books of contact tracing. As I say, they work shift patterns and some people, of course, will be taking leave. I will find out for you exactly how many people we have working right now as an indication.

**Deputy R.J. Ward:**

That would be great, thank you. Deputy Gardiner, do you want to step in there quickly?

**Deputy I. Gardiner:**

Thank you. First of all, we all received results over the 3 days, over the weekend, just to confirm for us and for the public that people who have tested positive that arrived on Friday were notified on Saturday or they will wait until Monday? Would contact tracing have started to work from Friday, Saturday, Sunday, over the weekend, not waiting for government officers to work on the numbers to report?

**The Minister for Health and Social Services:**

I understand that the turnaround time of the tests over the weekend was in many cases 9 hours. Arrivals would have been informed as quickly as possible, as soon as the test results come through. Yes, there is weekend working.

**Deputy I. Gardiner:**

One positive case left the Island before he has been notified of his results, is that correct, from the report we received last night?

**The Minister for Health and Social Services:**

When that happens the information is passed on to the destination that person is travelling to. It is very often Public Health England, and Public Health England would monitor those people.

**Deputy I. Gardiner:**

We did have one positive case that arrived, tested and left the Island before the passenger received the result, is that correct?

**The Minister for Health and Social Services:**

Let me enquire because I do not follow every individual case.

**Deputy I. Gardiner:**

I would like to ask a question regarding a school. I do not need the name of the school, I do not need any individual's details, but I would like to understand was this case from inbound travel or from contact tracing or community transmission?

**The Minister for Health and Social Services:**

I think we have a difficulty talking about individual instances or cases but we can talk about general policy of tracing and, in particular, in schools. Let me pass that over to Ivan to talk about that.

[10:15]

**Deputy I. Gardiner:**

Also how many community transmissions have we had, until now, since last week?

**The Minister for Health and Social Services:**

How many community transmission arising now from last week? I am going to ask Ivan to respond.

**Deputy Medical Officer of Health:**

Hello. Over the last 10 or more days we have only noted one individual in whom we have not yet identified the source. We have tested some 50 contacts of that individuals and have yet to determine a source, or indeed a transmission, an onward transmission. It may be that we will not be able to get further than we have so far in that scenario. Does that answer your question?

**Deputy I. Gardiner:**

Yes, and regarding the school, the question was it contact tracing or inbound travel, the source of the transmission?

**Deputy Medical Officer of Health:**

It was related to travel and, of course, being related to travel could be either an arrival or a direct contact of an arrival. The relevant classroom has been contacted and we are making bespoke arrangements for managing the testing of the direct contacts given the age of the children. This is

not to say that we are decreasing our vigilance or increasing risk, we are just trying to make it as child friendly an approach as possible.

**Deputy I. Gardiner:**

The last question, could it have been prevented if the self-isolation upon arrival was introduced?

**Deputy Medical Officer of Health:**

I do not believe so. I will have to look at the precise details of the case but that school case would not have fallen under that umbrella.

**Deputy I. Gardiner:**

Thank you.

**Deputy R.J. Ward:**

I will just continue with a few things. Minister, we have all seen the steep increase in the U.K. at the moment, how concerned are you about that increase and specifically its effect on possible positive case arrivals in Jersey?

**The Minister for Health and Social Services:**

We must continually monitor and to that end we are reviewing our classification of areas this week so that ... and, if necessary, those who are turning into amber or red areas, we will classify those where needed and therefore anyone travelling from those areas will need to self-isolate for the 5 days or the 14 days and in that way we hope to achieve a firmer control.

**Deputy R.J. Ward:**

We have half term approaching where people may want to travel, do you have any concerns regards travel at half term bringing more positive cases back to the Island?

**The Minister for Health and Social Services:**

I am speaking with Ministers this week about a reclassification which may come into force on Friday before half term so that therefore we will ... very likely so many areas in the U.K. will then be amber or red, very few remaining green, which would mean that travel numbers would be drastically reduced, if anyone did choose to travel. If they came from amber or red they would be subject to the self-isolation rules. Indeed, in self-isolation until they get their negative tests from green areas. I do not think we will see a great influx for the half term week.

**Deputy R.J. Ward:**

In terms of travellers or in terms of cases? It just strikes me that we delayed because of the level of travel and being up to capacity but are you now saying that there will be a lot less travel so that capacity that we have could be used elsewhere on the Island for on-Island tests, for example?

**The Minister for Health and Social Services:**

We have never had a problem with capacity. Tests have not been delayed and the on-Island testing has always been given a priority. That is the workforce as opposed to travel. But we must remember we are not the only factors that might affect the incidence of infection and travel to the Island, it is the case of will the airlines continue with their timetables because number already are very low. I heard this morning that many flights are operating only at 30 per cent of capacity, which means that the airlines are losing money to operate those flights. How long can that continue? Then we have the situation in the U.K. where many areas are effectively shut down and people are not able to travel. So whatever travel plans they might have had can no longer be fulfilled. There are all these things coming together, which are probably very soon going to change what we have experienced during the summer months around travel to the Island. Travel will become increasingly more difficult and rarer.

**Deputy R.J. Ward:**

There are a couple of things that come from that. One is regards what may happen with returning university students. There is a great deal of uncertainty in regards Christmas or whether many may come home early if they can because of the restrictions in areas. Do we have a plan? What is our plan for that influx of a specific demographic that will come back to the Island, and we know they are in at risk areas?

**The Minister for Health and Social Services:**

We are obviously aware of that demographic and we want to plan well and not harm them. There is work going on and I wonder if I could pass over to Alex to talk in more detail about the planning.

**Interim Director, Public Health Policy:**

Good morning again. So perhaps you could repeat the specific question, Chair.

**Deputy R.J. Ward:**

There are a few question there, one was about half term and a possible increase in travel then. The other one was specifically ... well, I will add a couple more because I was going to ask some more. Specifically about university students who may be returning and we could at some point see quite a large influx of students if it is decided that universities obviously are going into lockdown and students want to return home. There is also a question about workers, construction workers, farm workers and essential workers that are coming to the Island. Given the increase in cases elsewhere

from areas they are travelling from, what is our plan to deal with particular demographics and specific increases in numbers, or possible increases in numbers? Because, let us be honest, it does seem likely that we will see an increase in numbers from those areas.

**Interim Director, Public Health Policy:**

It is absolutely the right points to be making and the right judgment to be making that those returning demographics - we will deal with the particular occupations in a moment - will present some risk to the Island in terms of imported cases. The first thing that I ought to say in relation to that is that specific policies on half term boarding school students and other students currently in the U.K. are the subject of work and ministerial decisions potentially this week. It would be improper for me to, in a sense, comment on the specifics of that prior to any ministerial determination of policy. Both the issue of returning half term students and the issue of university students returning is subject to considerable discussion and policy work this week. In relation to both of those aspects, first of all with pupils that are at boarding school in the U.K., I think we have to, in general terms, apply a level of sensitivity to the fact that those are children first and foremost and, indeed, their arrangements at school may be providing a level of plausible and evidence-based security around the transmission or infection of the virus that can be dealt with on a slightly different basis. But, as I say, we are looking at that. In terms of university students, you will be well aware that the younger adult population, certainly in the U.K. and in other European countries, has been of particular concern as a vector for the diseases into older and potentially more vulnerable populations. So with the return of university students, and the quite different infection profiles that may sit on particular university campuses, it is a slightly different policy question that we are looking at about how the Island can be afforded the best protection from those university students returning. I do not want to sort of comment on what I think the determination by Ministers will be this week at this point, but I think that is the general way in which those 2 constituencies are being looked at in terms of return.

**Deputy R.J. Ward:**

Okay, so there is an awareness of the issue and we will hear something this week? It would be great if the panel heard as well, that would be really useful. In terms of workers coming into the Island, construction workers or essential workers are going straight to work ... well, they are now isolating until they get their negative test. Then after 5 days they take another test. Is that as quick a turnaround? A 12-hour turnaround for that 5-day test because we have had reports that ... we have had a lot of information from the public who are very keen to give us information which is very good. There are some concerns that the 5-day tests are taking a lot longer than the 12 hours, which is sort of slightly counterintuitive in terms the process itself. Can you confirm that?

**Interim Director, Public Health Policy:**

I cannot. I think the ambition on the 5-day test is to achieve the same level of turnaround that the Minister has referred to, the 9-hour turnaround. There may be somebody else on the call with particular up to date information on how OpenCell is operating in the context of the 5-day test that may be able to answer that. I can comment, if you would like, on the treatment of particular working populations over the coming autumn and winter period but not on the specifics of the 5-day test turnaround.

**Deputy R.J. Ward:**

If you could do that briefly. I do not mean to be rude there, it is just that we have so much to go through so a brief summary of that would be really appreciated.

**Interim Director, Public Health Policy:**

Of course. I think the Minister rightly referred to the need to have an approach which is not only managing cases at the border but also managing the risk of more widespread community transmission. We have to have a focus on testing for particular populations where we think there might be an increased risk. Migrant farmworkers, for example, would fit into a category where cramped ... that is probably too pejorative a term, but relatively close, compact living conditions and working with a large number of other people in close quarters could cause increased risk. That is something that we are very strongly looking at and you could expect to see over the winter the level of testing in the community happening go back up to the types of levels that the Island was delivering back in March, April and May time. That is something, in terms of the Minister's point about winter preparedness, that we will see happening in the coming weeks and months.

[10:30]

**The Minister for Health and Social Services:**

Can I add that the arrangements agreed with the farming companies are that the workers they bring in undertake 5 days mandatory isolation. We would not have agreed it otherwise. That has been from the start of talking with them that that was agreed. That is not something new and the farmers are able to enforce that. We check, we monitor and the workers understand the rules before they come in.

**Deputy R.J. Ward:**

Sorry to interrupt you, Minister. Is that group isolation? Because it is, I think, a well-known fact that ... I think cramped is an absolutely adequate word to describe the accommodation for farm workers. Are we not putting some people at risk who may not be infected but are then asked to isolate in cramped accommodation with one or 2 who may be? Or are they isolating individually as the word "isolation" suggests to me? That is the way I picture it.

**The Minister for Health and Social Services:**

No, they are not isolating individually, they are isolating as a group. I do not wish to infer that they are in cramped accommodation, but as a group is what is happening. Can I just add that the day zero testing is now being conducted through our on-Island facility. The day 5 testing is, of course, not arrivals and that is being conducted through the U.K. labs at the moment, but we are working to a position in the next couple of weeks where the day 5 testing will also be conducted on Island and the results will be produced on-Island, and therefore it will achieve the same turnaround time as the day zero testing.

**Deputy R.J. Ward:**

How rigorously and how successfully are those being asked to self-isolate being monitored? We obviously hear anecdotal stories about that not happening but we want to talk about factual information as much as possible. Particularly when you have ... as Deputy Higgins has asked in the chat about how many are grouped? If you have a group of 10 or 15 being asked to isolate together you have a whole number to track. How is that adherence to the self-isolation requirements being monitored?

**Deputy M.R. Higgins:**

I would also say it also applies to construction workers. How many construction workers are we talking about, how many of them are grouped together, what is the likelihood it is spread between them? Then, as you say, in terms of contact tracing whether we can track very quickly the sort of numbers we may be talking about.

**The Minister for Health and Social Services:**

I do not think it is appropriate to talk about arrangements for individual employers because the proposals are thoroughly assessed on a public health basis prior to granting this exemption. If I may I will ask Ivan to explain the public health considerations that are put in place when these proposals come forward to us.

**Deputy M.R. Higgins:**

I accept that. However, I think we need to understand the nature and size of the problem and if these groups are a particular problem we need to have some sort of measurement.

**The Minister for Health and Social Services:**

I disagree that it is a problem, Deputy. The number of agricultural workers fluctuates throughout the year so if I may pass over to Ivan to explain.

**Deputy Medical Officer of Health:**

In relation to exemptions, they are few and we look at it either on an individual passenger arrival basis, dependent upon their precise business, duration of stay in Jersey and likely contacts and obviously try to minimise risk within that context. Where we can organise pre-departure testing we do and a number of people do manage to do that. In the context of a collection of workers then, the sort of bubble context, they isolate from the rest of the community and only go out working within their bubble, both in terms of travel to work and while working, and they remain within that bubble until they have negative screens all around, not just ... so, of course, if we do find a positive within such a group then the other individuals within that group are labelled direct contacts and we manage the whole situation as a product of direct contacts. That then takes us into the rules that normally apply to any such situation.

**Deputy R.J. Ward:**

One of the key points of monitoring is the texting and the follow up to texts that are sent. How many individuals have failed to reply to a follow up text? Therefore, how many individuals have been successfully telephoned after failing to reply?

**The Minister for Health and Social Services:**

I am sure we can give you that information but I do not have it immediately to hand. What I do have are the answers to the questions you asked earlier about the track and trace team. I will pass over to Rachel if you want to hear that.

**Deputy R.J. Ward:**

Yes, that would be great, thank you.

**Director, Testing and Tracing:**

I mentioned earlier on that we have between 45 and 55 individuals in the contact tracing team and that they work shifts. Generally we have 14 people on a contact tracing team on any one shift. Today we have 22 people because, of course, we have a surge in demand given the number of positive cases we have had and the number of direct contacts that therefore need to be contacted. We have had 101 direct contacts from those positive cases over the weekend. Every one of those has been contacted already. As I mentioned earlier on, there may be additional direct contact so we are keeping in touch with those positive cases in case they remember other direct contacts that we then need to contact quickly. So 101 direct contacts, all of them have been contacted already and we have additional staff working today and going forward because of the surge over the weekend.

**Deputy R.J. Ward:**

What was the time it took to contact those positive cases? Was that within 24 hours, was it within 2 days, has it happened today? I suppose because also over the weekend ... you will have had the data over the weekend, it is just not published until Monday. What is the turnaround time for contacting a contact of a positive case?

**Director, Testing and Tracing:**

Yes, I mentioned earlier on the contact tracing team works 7 days a week, so as soon as we get a positive case in, regardless of the day of the week, we contact that positive case. We have 101 direct contacts and we have 22 people today working, so we work through those direct contacts as quickly as we can. The majority are contacted as soon as we get their names and find their contact details. Some of them take a little bit longer because, for example, if we are contacting someone who has been sitting next to the positive case on the plane, we need to get the flight manifest first. But the majority are contacted within 24 hours but as quickly as we can work through them and given the numbers working in contact tracing.

**Deputy R.J. Ward:**

A couple of things from that. The 101 cases that have been contacted, will they be tested? What about if they were sat in a restaurant? I know the vast majority were coming back to the Island, but if you are visiting you may not necessarily be aware of perhaps the time and what restaurant you are in. If you asked me what restaurant I was in at the weekend ... well, I was not, but I may not remember anyway. What about those 2 scenarios? First of all, are the 101 direct contacts sent for testing?

**The Minister for Health and Social Services:**

I will ask Ivan to answer.

**Deputy Medical Officer of Health:**

The usual protocol with direct contacts is to ask them to self-isolate and to test them on days zero, 5 and 8 and if they are negative after the day 8 test then they can stop self-isolation. If at any point they become positive then of course we manage that individual as another index and contact trace in relation to that person. We do not contact trace in relation to named contacts unless they have been found to be positive.

**Deputy R.J. Ward:**

To go back to the follow up to the texts, we recommended that the ... in our initial report that those who do not respond, you have suggested 3 days before it is followed up, we suggested one day which you did not accept. How many are not responding and how many of those phone calls after

3 days have had to be made? Are you keeping that data? Have any of those been positive and been out and about when they have not responded to their text message?

**The Minister for Health and Social Services:**

Seventy-two hours is the period after which action will be taken. I am sure we do have that data and we can get that to you. I know from personal experience within my family that because of connection difficulties with a mobile phone that my family member was not receiving texts and that was followed up by 2 immigration officers calling at the door, ringing the doorbell and checking that my family member was there and was isolating. It is an efficient and responsive operation.

**Deputy R.J. Ward:**

I think I am talking also about those who are not required to isolate because they have had their test but they receive a text every day as was agreed by the Assembly just to say whether they are well or not but do not follow up on that text, for example. Is there not a ... would it not be a sensible move to follow that up a little quicker than 3 days just with a phone call, just to say: "Are you receiving the texts, are you still well?" Because it just seems to be an effective way, rather than a visit, to call somebody and say: "Look we have been sending you texts, are you well? Let us know" and that contact could help with the process.

**The Minister for Health and Social Services:**

If there is not response to those texts after 72 hours an email is sent and if there is no response to the email a phone call is made and ultimately there is no response still those persons can receive a visit.

**Deputy R.J. Ward:**

But there is a considerable time when that person could be showing symptoms and be out and about. I just whether there is ...

**The Minister for Health and Social Services:**

It is possible although we have seen that that has not happened. We have not had community spread in the Island and in large part our track and trace system has been very successful and it has had a good response. We are a small Island and people have spoken about it. People have been proud of the way it has worked and it has kept us safe through the summer. I acknowledge we must ramp up activity and we have to deal with this surge over the weekend and the situation around us in the U.K.

**Deputy R.J. Ward:**

Is one of the things that could be introduced is the legal requirement to wear face coverings while indoors, which is being looked at? Can you envisage that travellers will be required to wear a mask until they have reached their accommodation?

**The Minister for Health and Social Services:**

That could possibly be. We would have to seek advice on the benefits of that and whether that is proportionate. I know work is going on around mask wearing and the situations in which it can be a benefit.

**Deputy R.J. Ward:**

I realise I have taken quite a bit of time so I am going to move on quickly, but one last question. The cases of onward transmission have occurred due to arrivals versus those from cases that are already on the Island, can those figures be reported separately to the public?

**The Minister for Health and Social Services:**

I think it is the case that most of the cases have come in as a result of travel to the Island.

[10:45]

So even if it is contact tracing, which recorded separately, there is no separate stream of infections that have occurred on-Island unrelated to travel, apart from the one that Ivan has mentioned this morning, which they are still trying to trace to a source.

**Deputy R.J. Ward:**

So there is a slight separate stream, just to say. I think we should be aware of that. I will move on. Deputy Gardiner, do you want to lead some questions on the on-Island lab.

**Deputy I. Gardiner:**

I would like, first of all, to ask for clarification from the email, if I may, because I would like to understand exactly what was written. Yesterday all States Members received an email just after 8.00 at the beginning of the email was written that we have 25 cases from arrivals and 5 from contact tracing. Further down it was written that 23 of the 30 - 22 arrivals and one direct contact - tested positive day zero, 6 tested positive day 5 and one on day 8. So I am a bit confused. Do we regard positive day 5 as a contact tracing ... so it is 30 but it is 2 different calculations. Which calculation is correct?

**Deputy Medical Officer of Health:**

Part of the problem is that the details about the numbers have changed as we go along. This morning when I asked for a summary of where we are since 1st October, I was told we had 58 positives, excluding any new ones today, of which 49 were arrivals, 29 were from green countries, 13 from amber, 7 from red. Of those 49, 44 were day zero positives and 5 were day 5 positives. Now, those are arrivals. All those are arrivals. Additionally, we had 9 other cases. One was an admission, one was in healthcare and a direct contact and 7 were direct contacts. So that is the information I have. From day to day there is some slight variation of one or 2 numbers until such time as it all falls into place. One of the things, for example, that does cause us difficulty is if an individual passenger or direct contact falls under more than one heading and which heading do we put them under. Do we put them under someone seeking healthcare because they symptomatic or an arrival because they happen to be arrival and if they happen to be an arrival under the contact direct ... they are a direct contact. So those types of details, which are minimal in a sense, cause a bit of difficulty until such time as we iron them out. The narrative of what we are seeing is not changed by one or 2 numbers here or there.

**Deputy I. Gardiner:**

I appreciate that. Now I am even more confused. I am talking about the cases that were reported yesterday. One split of the 30 cases: 25 from arrivals, 5 from contact tracing. In the same email these 30 cases had another split: 23 arrivals plus direct contact, 5 from positive day 5, one positive day 8. So of these 30 cases which one of the statements is correct? Is it from contact tracing or is it from day 5? Because are we talking about the 30 cases or not?

**The Minister for Health and Social Services:**

I believe both statements are correct. They are giving different information, is that right? So the latter part is just advising when they tested positive, so most people we see test positive upon arrival at day zero, but some come along, the infection is not apparent but they test positive at day 5 by which time the infection has spread in them. So both statements are correct.

**Deputy I. Gardiner:**

I am sorry to interrupt. I absolutely understand, so some of them are tested on day zero, some of them day 5, and some of them day 8. It means that all 30 cases were from arrival or you are treating day 5 or day 8 as contact tracing? This is where the confusion is because we are talking about 30 cases that were identified as positive yesterday. Either they were from tests on day 5 and 8 or they were from contact tracing. I am sorry, Chairman, if I am taking a long time but I really want to understand these 30 cases.

**The Minister for Health and Social Services:**

Yes, so 25 arrivals and 5 were identified through contact tracing. Does that help?

**Deputy I. Gardiner:**

Let us leave it there, but I would like to have more clarification about the second statement because in this case the second statement is not correct from my perspective. So one of them should be corrected or should be clarified in more detail.

**The Minister for Health and Social Services:**

No, I think they are both correct. So we say that 22 of 25 arrivals tested positive on day zero, that is upon arrival, which would mean that the remaining 3 arrivals would have tested positive on day 5. The remaining 4 cases identified through contact tracing, 3 would have tested positive on day 5 and one on day 8.

**Deputy I. Gardiner:**

In this case we are taking positive case on day 5 and positive case on day 8 as a contact tracing report?

**The Minister for Health and Social Services:**

Well, we are reporting on who is testing positive, so some on day 5 will be arrivals and some have been direct contacts.

**Deputy I. Gardiner:**

Let us leave it here, but it would be really good to clarify what is contact tracing and if they count at day 5 or day 8 because there is a confusion here between numbers. I mean, maybe it is only me that feels this.

**Deputy R.J. Ward:**

Perhaps I can help just quickly to say if somebody on day 5 tests positive and they have arrived in the Island within 5 days are they seen as an arrival case, however, if they have arrived and somebody is already on the Island is contact traced and is seen positive, that is a contact trace? I.e. if there has been travel to the Island within the last 5 or 8 days are they seen as an arrival case; is that the question, Deputy Gardiner?

**Deputy I. Gardiner:**

Yes.

**Deputy R.J. Ward:**

A yes or a no and we will know where we are. That would be great, thank you.

**Deputy Medical Officer of Health:**

If you are an arrival and you have a test on day zero and 5 then that is the classification. If you are a direct contact you have a test at day zero, 5 and 8 and you report any positives according to when - whether it is day zero, 5 or 8 - it became positive. A direct contact can also be an arrival, however. You can be a direct contact of another positive on the same plane, and that is what I think I was trying to say earlier on. It can be both; it can be 2 things.

**Deputy R.J. Ward:**

That is right, but you would have travelled to the Island so you would be seen as an arrival. I think that is a bit clearer. Deputy Gardiner, did you want to carry on with the on-Island lab question?

**Deputy I. Gardiner:**

Yes, sure. What has been achieved with increased on-Island testing capacity and reducing test turnaround times? What are the future improvements being considered?

**The Minister for Health and Social Services:**

I will ask Ivan to respond to that.

**Deputy Medical Officer of Health:**

The turnaround time over the last week or so has been of the order of 9 hours from OpenCell which is very good going. The anticipated passenger numbers this week is up to about 1,000 and I think OpenCell can manage that per day. They did receive new robotics last week I believe which they installed and that should allow them to ramp up to the anticipated 2,000 later on this month. I cannot give you a precise date for that but it is in the near future.

**Deputy I. Gardiner:**

OpenCell on their website talk about 2,000 tests over 24 hours with 6 staff. The lab arrived on the Island on 18th August if I am correct - correct me if I am wrong with the date - when we built in a full solution why did it take just under 2 months to get to 1,000 tests? So just 2 weeks ago we were under 200 tests, why has it taken so long when this particular lab should perform quicker and better?

**Deputy Medical Officer of Health:**

With any new equipment ... so if in the static lab in the hospital we get an instrument we have to go through a period of validation to ensure that we can rely on the results and when we start using that equipment we normally start with low volumes and then ramp up as we gain confidence with that equipment. With the airport laboratory there was the additional requirement to inhabit a new building, have new staff, as well as new equipment which was being augmented as we went along. So there are a number of complexities there and it was absolutely vital, as it always is with laboratory

testing, that we could have faith in the results. There is no point in having a laboratory that just turns out lots of results but you are not quite sure whether they are accurate or not. This gradual acceleration allowed for all the Ts to be crossed, the Is to be dotted, and for confidence to be gradually built up in relation to the results. The initial acceleration was relatively slow, it is now gathering pace. In fact by the end of the month we will be I am sure close to the 2,000 that we anticipated. That number - and indeed the number where we are now - is catering for much of the arrivals demand that we particularly need from OpenCell.

**Deputy I. Gardiner:**

What is the cost per test? If you take all operation together what is the cost per one test?

**Deputy Medical Officer of Health:**

I think that is commercially sensitive, as you would expect of course, but I can certainly say that it is cheaper than off-Island testing and of course the turnaround time as you know is much better.

**Deputy I. Gardiner:**

You said the day 5 second test takes up to 50 hours to come back, are you concerned about this delay given there is no requirement to self-isolate on day 5 when they are waiting for 50 hours and now we know that 20 per cent of the tests yesterday came back positive on day 5?

**Deputy Medical Officer of Health:**

Initially, as you know, the turnaround time was quite lengthy but that too has improved and of late the turnaround time for off-Island tests has started to approach 24 hours. As we go forward with the increasing capacity that I was discussing earlier from the airport laboratory, day 5 tests will also be undertaken on-Island, reducing the turnaround time in relation to that to somewhere close to 9, maximum 12 hours.

**Deputy I. Gardiner:**

But the second part of the question, tests on day 5 long turnaround and maybe we need to look into requirement to isolate, taking into account that now we had 20 per cent tested positive from day 5.

**Deputy Medical Officer of Health:**

Certainly with the current RAG rating, if you are within the amber category you need to isolate until you have a negative day 5 result. Within the green category currently you need to isolate until you have a negative day zero result and then undertake a day 5 test.

[11:00]

**Deputy R.J. Ward:**

Thank you. Just one quick question on that. Given that the capacity of the on-Island lab will increase but travel will decrease, one of the issues that has been raised is the fact that if somebody shows symptoms on-Island and gets tested then if they have a child at school their child is asked to stay at home as well so they may miss a couple of days of school. It also means that the household may be asked to isolate and some may not be able to take that hit in their income. So can we assume that the on-Island testing with the quick turnaround will be used more for those cases as it becomes available, thus lowering the possibility that people simply will not be tested because they are worried about the impact on their income? That is an issue that I think is in the background. I know it is a little wider than the safer travel but I think it is as that capacity comes online, just as a quick response to that and we can always ask more later.

**Deputy Medical Officer of Health:**

I think the first thing to say is that we look at testing not just within the testing at the border only but also testing as a whole to protect the Island and those go together. We cannot rely on border testing alone to safeguard the Island; we cannot rely on internal testing alone to safeguard the Island. We need to do both; they complement each other. The turnaround times for the tests that we employ need to be linked to the particular requirement of the situation, so for border testing as you know we are aiming for 12 hours turnaround time, for surveillance of essential workers we may employ different turnaround times such as 24 hours off-Island, bearing in mind the capacity we need. For clinical situations, including direct contact, we may employ 12 hours turnaround time, but we are also looking at 2 to 3 hour turnaround times with newer technologies which we have not yet brought into the Island. So we are looking at that over and above the current 24 hour turnaround times for hospital admission P.C.R. (polymerase chain reaction) COVID testing. We are looking at bringing something similar in to deal with community cases and to deal with the direct contact to expedite management. So there are 3 different turnaround times, very rapid, 12 hours and somewhat less rapid at 24 hours, and we will deploy each of those systems according to clinical need.

**Deputy R.J. Ward:**

Thank you, we will move on. Deputy Pointon is going to lead on some other questions perhaps for about 10 minutes or so, so we can get the other questions in.

**The Deputy of St. John:**

Minister, we understand that tomorrow is the day that the track and trace app comes into being, is that so?

**The Minister for Health and Social Services:**

Yes, that is the plan.

**The Deputy of St. John:**

It is nice to hear that it is here and going to be up and running, but will individuals legally be required to isolate if the app indicates the need to do so?

**The Minister for Health and Social Services:**

I will pass over to Steve Skelton to discuss exactly how the app will work.

**Director, Strategy and Innovation:**

I think the question is will people be required to isolate on notification from the app? Can I just check that I have got the right question?

**The Deputy of St. John:**

Yes, that is the case.

**Director, Strategy and Innovation:**

Helpfully in Jersey because of our size and because of the capability we have built through our contain programme around testing and contact tracing already we do not have to rely on automated notifications or indeed rely simply on isolation as an intervention. To put that in plainer English, the app will tell you to phone the contact tracing team and they will be able to give you a more bespoke service than perhaps you have received through that app, and equally the response to that service is more likely to include a degree of testing and isolation that can offer a more accurate assessment of whether you have been exposed rather than simply a notification to isolate for a period of time.

**The Deputy of St. John:**

Given that it is going to be a “customer friendly” response from real people rather than just notifications, does the app in other ways work in the same way as the N.H.S. (National Health Service) app?

**Director, Strategy and Innovation:**

There are some important differences with the N.H.S. app. Perhaps if I give a general overview, and some of this I believe is already known and more will certainly be shared tomorrow, I think the core thing to recognise about our app is that it is what is known as an exposure notification app. So it is a very simple, very lean piece of technology which makes sure it collects the absolute minimum amount of information necessary to give you that indication that you have been in contact within 2 metres for 15 minutes of another positive case. It is very, very restricted in terms of any information that is stored, it is all anonymous, it is very controllable by the individual who chooses to download it and use it. So it protects all of those important privacy rights while still giving you the benefit and

comfort of knowing that you would be notified if you had been exposed to a positive case that we find.

**The Deputy of St. John:**

Thank you for that. But of course we are looking at people coming to the Island who are residents in the Island, and we are also looking at people who come to the Island who are non-resident, they are coming to work and so on and so forth. Will those travellers coming in be required to download the app on their arrival?

**Director, Strategy and Innovation:**

So there are a couple of parts to this answer. They will certainly be asked, directed, heavily encouraged. We of course have to anticipate there may be some people arriving in Jersey - notwithstanding our previous conversation about classification and degree of travel over the autumn - who for example do not own a smart phone which is compatible with the app. Therefore, making it a condition of access to the Island is not compatible with our responsibilities under various arrangements, but we will be expecting the majority to. The second part of the answer is that - and I will not go into detail on this because I know there will be more information coming forward in the future - because of the nature of the app we have procured and developed we are hopeful that there will be a degree of interoperability with the English and Welsh app and also with the Scottish and Northern Ireland app at a point in the not too distant future. So it may be that a number of people arriving from other parts of the common travel area would not need to download the Jersey app because their domestic app would interact with our systems. So there are a couple of different parts to that answer.

**The Deputy of St. John:**

So if somebody comes to the Island with a foreign mobile contract they are going to be expected to pay roaming charges to keep in touch with the app through their existing app, is that the ...

**Director, Strategy and Innovation:**

Well, as I said, my understanding at the moment is it is not going to be a mandatory condition of entry but it would be something that we would heavily encourage.

**The Minister for Health and Social Services:**

It is not going to supplant the track and trace system, that is going to remain in full vigour. It is an aid rather than a replacement.

**The Deputy of St. John:**

What about people who would simply uninstall the app because they do not want to be spied on?

**Director, Strategy and Innovation:**

Well, we would certainly make the point, as I have made already, that there is no means for this app to spy on anybody. But I do think, as I said, it is a thing that we want people to do but it is a choice only they can make and that is entirely appropriate.

**The Deputy of St. John:**

Just a final question, you have answered the question about the N.H.S. app, there is some compatibility there, but how many arrivals into the Island - and this is one for the Minister again - have failed to complete the pre-departure registration and declaration forms?

**The Minister for Health and Social Services:**

If they fail it is nevertheless completed with them on arrival, it takes longer, unless of course they are some of the very few who simply say that they will themselves isolate for 14 days.

**The Deputy of St. John:**

How frequent is that choice made?

**Director, Testing and Tracing:**

The information that I have in terms of the completion of the pre-registration form is around about 80 to 85 per cent of people do complete their pre-registration form before they start travelling to Jersey. Around about 12 to 15 per cent of people will complete their pre-registration form once they have arrived but before they present for testing, and around 2 to 5 per cent are helped to complete their pre-registration form when they arrive for testing.

**The Deputy of St. John:**

Thanks for that. Have you discovered any forms that have been incorrectly filled in where information is either false or withheld or whatever?

**Director, Testing and Tracing:**

It is extremely difficult to identify where somebody has put in false information. We do know that for some people their mobile phone number that they input for example may not be quite correct, sometimes they will transpose a couple of numbers, but that is one of the reasons why if people do not respond to their wellness checks we send them an email. Then if they do not respond to their email we telephone them. You also asked a question about the number of people who declined to be tested; so the information I have from our monitoring team is that since 4th August only 7 people have declined to be tested.

**The Deputy of St. John:**

Of the people that filled in a pre-departure form, how many of them telephoned the helpline to do that?

**Director, Testing and Tracing:**

Those numbers have started to reduce. It is generally around about 5 to 10 people a day might phone the helpline to ask for advice of help with completing their form. The feedback that we have had from passengers who have completed the form - and in fact I did it myself just last week - is that the form is much quicker and simpler to use than some other countries' forms.

**The Deputy of St. John:**

Thank you for that. I will hand you back to the Chair.

**Deputy R.J. Ward:**

Deputy Higgins is going to lead on the next bit, if you could please, Deputy?

**Deputy M.R. Higgins:**

I would like to just follow through on one or 2 things on the track and trace. How long does it take to get the seating plans from the airlines?

**The Minister for Health and Social Services:**

Again Rachel has that information.

**Director, Testing and Tracing:**

As soon as we get a positive case we ask the airline for the manifest and 2 of the airlines respond very quickly, so generally within 3 to 4 hours they send us the manifest, one of the airlines is a little slower but they are improving in terms of the time that it takes to get us that information. So the majority is between 3 to 4 hours we have that full manifest and we can start phoning those passengers.

**Deputy M.R. Higgins:**

Considering the police and customs get a general declaration of what passengers are going to be on an airline so they can be ready for ones who are on their watch list, why have you not sort of arranged with the airlines to get the seating plans up front and only have to use them if you get a positive case?

**Director, Testing and Tracing:**

I think the airlines are reticent to share that passenger information because of data protection requirements. So obviously when we have a positive case there is a very strong public health reason for them sharing that personal data which is covered by data protection.

**Deputy M.R. Higgins:**

Have there been discussions with the Information Commissioner on the data protection question and whether it can be sped up?

**Director, Testing and Tracing:**

We get the manifest as quickly as we can from the airlines so I do not think that discussions around data protection would increase the speed of getting those manifests from the airlines.

**Deputy M.R. Higgins:**

It would take away their fears if the Information Commissioner was satisfied.

[11:15]

Anyway, I will leave that and move on. I have a question for Dr. Muscat, and I would like to just say congratulations again from all of us on the panel for his M.B.E. (Member of the Order of the British Empire), we think it was well earned, and also for Patrick Armstrong. However, Dr. Muscat, we are already seeing differences in opinion between the scientific and medical advisers in the U.K. and Ministers. Can you tell us whether there are any differences in terms of the policy that is being pursued with what your advice is?

**Deputy Medical Officer of Health:**

I think it is true to say that although we, from a public health point of view, come with one perspective we do work with the government and others to take into account other perspectives and try to ensure that the philosophy within the public health approach is embedded in the final plan that would be implemented. Clearly being within health and public health we have a particular approach to things and we try to embed that approach within the wider context to try to ensure that we cover as many eventualities as possible bearing in mind that COVID is not the only risk that we need to manage; the whole point is to reduce risk overall. That includes not just COVID risk but others as well, and that is why it is necessary and vital to take all the risks into account.

**Deputy M.R. Higgins:**

I accept that but can I ask, do you note in the minutes if you have reservations?

**Deputy Medical Officer of Health:**

I think there are always going to be occasions when some would prefer certain things to move more quickly than others and that is I think inevitable as people try hard to balance the response to the variety of risks that are being faced at any one time. So some will clearly perceive one risk to be in fact a greater threat than another risk among the panoply of risks, but by and large that balance is achieved.

**Deputy M.R. Higgins:**

I accept what is being said about balance and I must admit I am pleased I am not the one making the decisions. However, it would be helpful if in the minutes of the meetings those reservations are recorded. Anyway, moving on, can I ask ...

**Deputy Medical Officer of Health:**

The minutes are published, of course.

**Deputy M.R. Higgins:**

With reservations I hope. Anyway, moving on, can you tell us what your strategy is for preparing for winter with regard to the safer travel policy, and are there any specific scenarios you are preparing for, and what level of risk and benefit analysis you are carrying out to assess those risks?

**The Minister for Health and Social Services:**

Can we pass over to Alex to discuss that, please?

**Interim Director, Public Health Policy:**

Just ensuring that I have got the right question, which is about increased risk over the winter period, is that right?

**Deputy M.R. Higgins:**

I am asking about the scenarios you are planning for and what risk benefit analysis you have carried out to measure those risks.

**Interim Director, Public Health Policy:**

Well we are continually reviewing all of the available evidence and data in relation to planning for the winter months, including from, for example, U.K. institutions and indeed from other governmental and non-governmental bodies. We have not performed specifically cost benefit analyses perhaps in the way that you are mentioning but we have and are working on main scenarios for the winter period. As you would expect those scenarios include the second wave, if I can refer to it colloquially, that is occurring across Europe and the increased threat and risk that poses to importation of cases over the autumn and winter period. As temperatures change we can expect increased virulence,

and Dr. Muscat would be better qualified than me to comment on that particularly, but also a change in human behaviour which will trend towards the use of indoor environments. As a result of that we think that the autumn and winter months will be an increased risk both of importation of cases, depending on remarks made earlier by Deputy Renouf about of course traveller numbers over the winter and the potential reclassification of regions and countries, as well as there being greater risks for on-Island community transmission. So the key scenario that we need to be prepared for over the winter period is for those threats, if you like, from both the border and in terms of the way that the virus and humans behave on-Island to be greater than we have enjoyed - and I put that in a qualified way - over the summer months.

**Deputy M.R. Higgins:**

With respect, there has been a trade-off between economic factors and health factors in the past in terms of again when we open the borders we increase flights and so on. We all accept that there is a balance to be struck between keeping the economy going and public health. Can you see any possibility of limiting travel to the Island and in what circumstances would you see us closing the border or restricting very heavily people coming into the Island?

**The Minister for Health and Social Services:**

Can I say that I do not think we need to close the borders or at least not at this stage? I think we need to classify the areas that people travel from and that will be the limitation on travel that we need because anyone choosing to travel - assuming the borders remain open - we will be able to control in a measured way. I think the reality is we will see far less travel with the numbers of areas in the U.K. turning amber and red.

**Deputy M.R. Higgins:**

Instead of taking decisions ourselves are you really relying on the airlines themselves to say: "We can no longer operate economically" or are you relying on the U.K. Government to say: "We are really going to clamp down on that area" and therefore it is going to restrict travel to Jersey? So are you making the decisions or are you basing them on what the airlines are doing and what the U.K. Government is doing?

**The Minister for Health and Social Services:**

Well, as I said before, those elements come into the mix also, so we are taking decisions but we cannot avoid those decisions made outside our control also.

**Deputy M.R. Higgins:**

You are saying that but what sort of consultation are you doing with - I hate the word stakeholders but it is true - in terms of the safer travel policy? You are talking obviously to the airlines, the ferry

operators, you are obviously talking I assume to hospitality and tourism within the Island. Can you give us an indication of what discussions you are having and what the feedback you are getting is?

**The Minister for Health and Social Services:**

Yes, we are in constant dialogue with many of those groups. I know Ivan wants to add to this discussion if he may, but Alex might be able to talk about specific engagement. Over to Alex if he has got anything to add.

**Interim Director, Public Health Policy:**

Only that the full group of stakeholders, as you put it, I am not in a position to comment on, but the reference to scientific and technical advice with S.T.A.C. (Scientific and Technical Advisory Cell) as you know which meets weekly around increased threat for the winter is very much ongoing. I will hand to Dr. Muscat.

**Deputy Medical Officer of Health:**

There is increasing COVID around us. Winter will increase the risk of transmission and the severity of disease and we all acknowledge that. There is a plan, if you like, to bring in pre-emptive mitigation factors which initially will have less economic impact. I will mention some of them quickly. The R.A.G. (red, amber, green) rating will hopefully be updated every week at least, surveillance of our essential workers really needs to ramp up significantly and this will latch on to the decrease in passenger demand on our various testing procedures. The surveillance for essential workers that we have in mind will cover many of the people between the ages of 20 and 65, and I know people outside that age will also work of course. Of the 45,000 or so in the 20-65 age group we estimate that we will be screening about 36,000 people on a rotating basis depending on the degree of risk that they face, initially starting with 4, 6 and 8 weeks and then upping that to 2, 4 and 6 weeks depending on the precise work that they undertake. Those in healthcare services will be in the 2 weeks bracket, as you would expect. We do need to ramp up enforcement, and this was touched upon earlier on in this meeting, and that is really, really important and that will include testing when people go into certain venues. The app has been touched upon and that will be launched tomorrow. Masks have also been touched upon, as have closing times. Very importantly we need to remember that in addition to the monitoring of the 20 to 65 year-old age group, the younger ones among that being perhaps the people who spread the infection the most, we also need to turn our attention to shielding the vulnerable and the vulnerable sites - not just vulnerable people but vulnerable sites - so that is care homes and healthcare sites in particular. But also other enclosed institutions, prisons for example, and we will come into that. There is work being undertaken in relation to those groups as we speak and that will continue to improve and evolve as we go along, as do all these things. There is a hospital escalation plan and that too is evolving as we go along. Then further mitigation may need to be undertaken with greater economic impact if the numbers continue to require this.

We have done table top exercises internally to look at specific situations like for example cases in pubs, cases affecting a whole airplane and that sort of thing, and some of those have been real exercises and have panned out well. Finally, of course we must not forget that need to plan for vaccines and their rapid deployment as soon as they arrive on the Island, and that work is also ongoing.

**Deputy M.R. Higgins:**

Thank you, Dr. Muscat, that was probably the most enlightening part of the whole presentation so far and we will follow through, but thank you.

**Deputy R.J. Ward:**

I recognise the time and we have all got other hearings and things to go to; unfortunately we cannot really extend. I would just like to finish by saying we do say thank you to all the work that is going on and for those who are involved in the borders and we recognise the hard work that has gone on there. The challenging questions are there simply because we do represent the questions that we encounter and we want as much as anyone else the Island to be safe and its borders to be safe. I suppose I would just finish, Minister, by asking you what reassurance you can give that the really difficult decisions, if things do go as badly as they could in the U.K. and surrounding countries that may be damaging to travel, et cetera, but they will be willing to be taken because the well-being and the health of Islanders will be put first. I just ask you to reassure the panel and those who are looking at this that those decisions, however difficult, will be taken?

[11:30]

**The Minister for Health and Social Services:**

I can give that assurance, Chair. We are not hell bent on keeping our air links coming in several times a day and the like, so we as Ministers operate in accordance with our strategy causing the least overall harm and balancing the risks of the Island, but we see increasing risks arising from the rate of infection so we are responding, we are taking measures and it will mean that we will place greater control over our borders for the benefit of protecting Islanders' health and well-being. Thank you.

**Deputy R.J. Ward:**

Unless there is anything else anyone wants to add very quickly. Deputy Pamplin?

**Deputy K.G. Pamplin:**

I am sure you are grateful this is probably the quietest I have been in my scrutiny career so far but, Minister, I just want to end on my obvious point, which is my enhanced communication proposition

was all about providing reassurance that we are doing here in this hearing - let us hope as many Islanders have heard Dr. Muscat as he has yet again been really helpful to all of us. But yesterday those updated figures went out very late to the public, first on Facebook, then the website, then Twitter, then the media. We do not have a 24 hour media on the Island and it was up against the breaking news in the United Kingdom and a live press conference by the U.K. Prime Minister. The essential information is important to those who are shielding, we discussed in the Assembly the other day, who are following the advice and seeing numbers creep up, even though they are small, and so I just reiterate the point that all the good work that is going on that we are fully supportive of can be so quickly undermined if it is not communicated effectively, personally, as well as you and Dr. Muscat can do. I just wanted to end just reiterating if we can do that because it brings so much reassurance to those thousands of Islanders we wrote to in March to warn them to shield and look after themselves when they are seeing numbers creeping up, they are seeing infection rates increase in France, they are seeing the U.K. Prime Minister and the medical officers live on their televisions. We are a small Island combatting with a large noise; it is essential that the information goes out and there was an increase yesterday and that does bring concern. That is all I wanted to say at this point. Finally, Ivan, congratulations; fully deserved.

**The Minister for Health and Social Services:**

We share all that you have said, Deputy Pamplin. Communication is an important part of the strategy and we recognise it and we will continue in that vein.

**Deputy R.J. Ward:**

We will finish there, so thank to everybody involved. Thank you to the panel, thank you to everyone who has contributed today, and we will call the hearing to an end at that point. Thank you very much.

[11:33]

