

# Part Six: Complete Recommendations



The Independent Covid Review  
Isle of Man

## Recommendations Summary

The Review's recommendations are pulled together in this section. In line with the Terms of Reference the Review has made recommendations to enhance preparedness for any future emergency response to a pandemic and to ensure that the lessons learned are embedded into current working practices. These are intended to be constructive proposals so that the Island can put itself in the best possible position to deal with future pandemics or other prolonged emergencies. The recommendations cover a wide range of areas from emergency planning to remote learning provision. Some are tightly focussed on pandemic readiness, while others relate to broader issues such as digital improvements, a single patient record, and cultural change. Some of the recommendations may already be met, or partly met by existing Government programmes: the Review has not undertaken an assessment of current strategies and policies.

The Review has created Expanded Recommendations which appear at the end of this section, to give detailed direction to Government about the content of a new pandemic plan, a programme for assessing and addressing resilience, a communications strategy for emergencies, and a 'Ways of Working' plan to better protect and support staff during prolonged emergencies.

**Recommendations 1 to 5 address emergency planning and the improvement of preparedness, resilience and command structures.**

Recommendations drawn from the 'Emergency Planning' chapter

**Recommendation 1: Emergency plans should be given careful and formal consideration at the start of any emergency, and deviation from the plan should be explicitly minuted and agreed. In a prolonged emergency CoMin should have oversight and ownership of the emergency command and advisory structure.**

**Recommendation 2: A revised Infectious Disease Pandemic Plan should now be drawn up and exercised, including at a political level.**

1. The plan should set out the decision making, communication and reporting structures which will be utilised in order to manage the pandemic response and also to deliver business as usual during a pandemic. The plan should include a Scientific Advisory Group which does not sit in any Department and which feeds directly into policy makers and decision makers. The specific features of the Island should be at the heart of the plan and there should be no assumption that national policy anywhere else will be replicated on the Island.
2. Government is best placed to create its own plan, but the Review has provided an Expanded Recommendation to assist: An Outline for an Infectious Disease Pandemic Plan.

**Recommendation 3: A cross-Government programme of Resilience assessment and resilience building should be developed and prioritised.**

1. There should be careful consideration of the resilience of the Island and its Government: the ability to foresee, resist, deal with and recover from the effects of any future pandemic. The potential context of more challenging and novel diseases needs to be borne in mind. In common with many societies the Isle of Man now faces significant challenges in even maintaining its current level of resilience to a pandemic, let alone in enhancing it. There are many factors which are relevant to individual and population risks to a pandemic.

2. The Review has captured information from many Departments and individuals giving rise to concern about a current low level of resilience, including: concerns about the ability of Public Health and Manx Care to deal with a pandemic; the resilience of Government's workforce as a whole; the increasing age, poor health and obesity within the population.
3. Issues with data make it difficult to evaluate the resilience of the Island, and so the first step in any resilience programme will be structured assessment of risks. This will require cross-Government work, and must not be split between Departments without oversight from the centre. As Departments are separate legal entities there is a risk that resilience planning could be fragmented and siloed. The Review therefore suggests that resilience assessment and building is led by the Chief Executive Officer, in liaison with Emergency Planning. Where low resilience is identified there should be a programme to build resilience through cross-Governmental policy, adjusting spending priorities, and financial planning accordingly.
4. Government is best placed to conduct its own resilience assessment and building, but the Review has provided an Expanded Recommendation to assist: An Outline for Resilience Assessment and Building.

#### **Recommendation 4: The Emergency Planning Unit should be required to prepare an annual report for presentation to CoMin and Tynwald.**

1. The report should include the activity and achievement of the past year, and articulate priorities. It should include identification of the unique features of the Island, which should be at the heart of emergency planning and resilience building.
2. The report should, in liaison with the Chief Executive, highlight resilience issues which may require cross-Governmental action.
3. The aim of this process would be to improve accountability and oversight of the emergency planning function, raise the profile of emergency planning, allow challenge, allow wider ownership of issues and political endorsement of the unit's priorities, and ensure that resilience is addressed across Government. Government may wish to include this requirement in an updated Council of Ministers Emergency Planning Direction.

## **Recommendation 5: The capacity of the emergency planning function should be increased and the arrangements for monitoring compliance should be strengthened.**

1. The capacity of the emergency planning function should be increased whether through additional resources, by prioritising workloads, or by arrangements to boost capacity by deploying other trained staff into emergency planning roles at times of pressure on a planned basis. The increased capacity should allow for monitoring of Departments' compliance with business continuity planning.
2. It is understood that in 2023 funding was approved for an Assistant Emergency Planning Officer to support the Emergency Planning Officer which may meet this need.

## **Recommendations 6 to 9 address 'Ways of Working' and how to develop organisational culture and administrative effectiveness**

Recommendations drawn from the 'Ways of Working' chapter

## **Recommendation 6: Government should create a 'Pandemic Ways of Working Plan' as part of its emergency planning.**

1. Emergency planning needs to address ways of working as well as command and advisory structures. It is vital that when a government pivots to working during a prolonged emergency such as a pandemic that there is good governance of recruitment, information sharing and data, proper administration of meetings, good staff support and debriefing. It is recommended that a Ways of Working plan should sit alongside emergency plans. That should set out minimum standards which must be maintained, to guard against cultural issues affecting a pandemic response.
2. Government is best placed to draft that document, but the Review's recommendations are set out in an Expanded Recommendation called 'An Outline Pandemic Ways of Working Plan'.

## **Recommendation 7: Government should seek to retain a number of effective pandemic working practices.**

1. Some of the ways of working in the pandemic were excellent. Many are difficult to maintain in 'peacetime' as they require a single shared purpose

2. The Review recommends that Government seeks to:
  - i. Retain workforce access to up-to-date IT kit and software.
  - ii. Retain flexible and remote working practices.
  - iii. Review procurement procedures to identify prudent options to speed up processes drawing on the experience during the pandemic. Review financial management and business case processes to speed up decision making processes.
  - iv. Embed regular staff communication options.
  - v. Enable cross government working and partnership approaches as the norm.
  - vi. Preserve the collaboration between DfE and Treasury.

**Recommendation 8: There should be a Chief Information Officer, whether or not Government moves to a single legal entity.**

1. In order to manage data gathering, data retention, and data sharing, Government should create a central role for a Chief Information Officer, with a specialism in data protection regulation. The holder of that role should have a responsibility for ensuring that data is properly managed across Government and Public Record Office. Government should determine how this role is integrated with the current 'Statistics Isle of Man' function.
2. The duties of the Chief Information Officer should include:
  - i. Develop and have oversight of a consistent model for naming, retention and storage of records across Government.
  - ii. Develop and have oversight of robust and audited processes for email and remote meeting recording and retention. Ministers and senior officers' email accounts should remain within Departments when those individuals leave.
  - iii. Identify what data should be gathered across Government, which Department is responsible for gathering that data, how it should be gathered, how to ensure there is a single definitive source of important data.
  - iv. Be the Government lead on data sharing and data protection regulation, and actively identify blocks in data sharing between Departments.
  - v. Plan for data sharing between Departments in a prolonged emergency, so that any necessary legislative changes can be made at speed if an emergency is looming.
  - vi. Analyse, critique and report data, unless other bodies such as Public Health are doing so.
  - vii. Publish that data where appropriate.

**Recommendation 9: Government should develop and pursue a programme to address culture improvement and build a one organisation ethos which is led from the top.**

**Recommendations 10 to 13 address emergency powers and the need for attention to the legislative capacity and capability in a pandemic.**

Recommendations drawn from the 'Emergency Powers' Chapter

**Recommendation 10: There should be an expectation of written advice from the Attorney General on central issues at all times including the use of Emergency Powers, border restrictions and quarantine.**

**Recommendation 11: Attorney General's Chambers should consider contingency planning to increase capacity.**

1. Unlike some other areas, the Attorney General's Chambers work cannot be met by people redeployed from other areas. Consideration should be given to how to increase drafting capacity in the event of an emergency, such as identification of lawyers in private practice who could be engaged.

**Recommendation 12: The comprehensive review of the Island's emergency power legislation, as recommended by the Council of Ministers in 2011, should be urgently undertaken and followed through.**

1. The review should include consideration of the ambits of the Emergency Powers Act, Public Health Act; whether the timeframes for regulations to be debated by Tynwald is too long, given the ease with which Tynwald can convene remotely even in an emergency; whether a Civil Contingencies Act is suitable; determination of how to protect the public's right to scrutiny by Tynwald; determination of how to increase clarity and transparency and decrease uncertainty in emergency legislation; determination of how to preserve a distinction between law and guidance.

**Recommendation 13: Publication and preservation of legislative material should be reviewed and a process developed to ensure that transparency can be maintained in a prolonged emergency involving high volumes of material.**

1. There should be a clear process for publishing and preserving legislation, including Government circulars, Directions, and guidance with legal effect, with date stamps and version retention. There should be an identified officer who has responsibility for that process in any future emergency with a high turnover of new laws.

**Recommendations 14 and 15 arise from the quarantine of residents at the Comis Hotel.**

Reccomendations drawn from the 'Repatriation at the Comis Hotel' chapter

**Recommendation 14: Government should refund the charges imposed on returning residents at the Comis and acknowledge that they went through a very difficult experience, which was for the good of the Island.**

**Recommendation 15: The National Preventative Mechanism (NPM) should be given attention to ensure that it is an effective mechanism, and there should be an expectation that NPM can access independent legal advice where it is considering the legality of detention.**



**Recommendations 16 and 17 address the need to take account of the specific needs of those who are vulnerable during a pandemic.**

Recommendations drawn from the 'Social Care and Social Needs' chapter

**Recommendation 16: Contingency planning in DHSC and Manx Care should strive for an equal focus on social and community-based services and ensure that policy and guidance is relevant to community settings.**

1. That planning should be informed by, and include the following:
  - i. Clarity about the respective roles of the Director of Public Health, the Registration and Inspection unit, and the Infection, Prevention and Control services in relation to public and private care homes in a crisis.
  - ii. Explicit recognition of the difficulties faced by private care homes which do not have access to a bank of staff, with a plan for mitigating those issues.
  - iii. Capturing the use of Newlands ward and CHARRT team and how to stand up similar services quickly, and how those services would be supported by GPs.
  - iv. Analysis of the causes of the Covid care home outbreaks and whether any different support could have prevented or mitigated them.
  - v. A plan for provision of care for those with dementia (and other conditions which create difficulties with understanding or complying with infection prevention and control measures) in any future pandemic.
  - vi. Explicit recognition that bespoke protocols should be created for the care sectors, for example for PPE, with input from people with a clear understanding of those sectors.
  - vii. Explicit recognition that before social care teams are redeployed, or social care services are suspended in an emergency, there should be consultation with front-line teams and careful consideration of the consequences for existing clients. Case-by-case flexibility should be maintained where possible.

**Recommendation 17: The relationship between unit staff and external line management of residential units for people with learning disabilities should be improved to ensure that necessary support, resources and equipment are available for staff and residents in the event of a future pandemic.**

**Recommendations 18 to 21 identify the ways to meet the needs of children and young people and secure the quality of education provision during a pandemic.**

Recommendations drawn from the 'Education' chapter

**Recommendation 18: Government should identify how it will ensure the voice of children is heard when making important decisions which affect them, and train senior officers and Ministers about children's rights including obligations under Article 12 of the United Nations Convention on the Rights of the Child.**

**Recommendation 19: Government should work with school leaders to devise a written plan for school closure.**

1. The written plan should build on feedback from teachers and parents in the EIS review and PAC about the first lockdown, should capture learning from the second and third lockdowns, and should include:
  - i. Clarity and agreement on the roles and responsibilities of DESC and schools in the event of school closure.
  - ii. Identification of any year groups that should be prioritised, and consideration of issues that are specific to different years including exams.
  - iii. Provision for safeguarding, including an agreed approach with Children and Families Services.
  - iv. Identifying and providing for vulnerable children.
  - v. The process for creating risk assessments.
  - vi. The process for communication with parents.
  - vii. IT provision, access to devices and a single remote learning platform.
  - viii. Expectations for remote learning content.
  - ix. Monitoring student progress.
  - x. Recovery planning.

**Recommendation 20: Government should have a quality assurance system in place for teaching in schools which includes assessment of remote learning provision.**

1. A quality assurance system must include assessment of remote learning provision, which is likely to remain a feature of education delivery for the foreseeable future.
2. To the extent that the legislation as currently drafted does not provide the vires for DESC to inspect this aspect of education delivery, that should be remedied swiftly.

**Recommendation 21: The recommendations of the EIS Review, aimed at ensuring access to high quality remote learning, should be implemented, under DESC oversight.**

Recommendations 22 and 23 address matters needing attention to meet the extra pressures on health services during a pandemic.

Recommendations drawn from the 'Healthcare' chapter

**Recommendation 22: There should be urgent action to ensure that the oxygen supply at Noble's Hospital is secure, and that there is a realistic contingency plan to expand oxygen capacity in an emergency.**

1. Government needs to ascertain with certainty whether the existing VIE oxygen plant can continue to be used, and whether the plant built during the pandemic can be used.
2. There needs to be a clear plan developed by DHSC, Manx Care and DoI for how increased oxygen needs would be met in another pandemic.

**Recommendation 23: Data recording and retention at the hospital needs improvement such that hospital-acquired infection can be swiftly identified, reported and monitored.**

1. New data systems must be able to record hospital-acquired infection to allow for contemporaneous assessment of levels of infection, and amendment of processes where necessary to protect patients.

**Recommendations 24 and 25 address the enhancement of the approach to communications during a pandemic.**

Recommendations drawn from the 'Communication' chapter

**Recommendation 24: A communication and engagement strategy should be a central part of a response to an emergency, and a model strategy should be created now using the Review's recommended outline.**

1. Government is best placed to create its own communication strategy which takes the particular circumstances of the Island into account, but the Review has provided an Expanded Recommendation to assist: 'An outline for an emergency communication and engagement strategy'.

**Recommendation 25: Accessibility to Government communications should be immediately improved.**

The accessibility of Government communications to all sectors of the community should be reviewed in consultation with representative groups, so that necessary changes can be embedded before any emergency situation.

**Recommendations 26 and 27 relate to the need to implement and maintain a digital strategy so that Government can respond effectively in emergencies.**

Recommendations drawn from the 'Technology' chapter

**Recommendation 26: Implement the Digital Strategy 2023 - 2027.**

1. The Digital Strategy is a sound approach to supporting effective remote working and large-scale creation of new systems in the future. It is understood that the timetable has already been put back by six months. Implementation should include auditing of laptop provision, ensuring that there is remote access to all parts of Government system, increasing computer literacy, and maintaining internet coverage.

## **Recommendation 27: GTS should consider contingency planning to increase capacity in emergencies.**

1. Unlike some other areas, a sudden increase in the work of GTS cannot be met by people redeployed from other areas. Consideration should be given to how to increase capacity in the event of an emergency, such as identification of developers in private practice who could be engaged.

## **Recommendations 28 and 29 address the need for preparedness for a vaccine roll out programme.**

Recommendations drawn from the 'Vaccines' chapter

## **Recommendation 28: Government should have a mass vaccination plan that can be implemented in the event of any future pandemic, which is reviewed regularly.**

1. The vaccination plan should include:
  - i. An expectation that JCVI Guidance (or similar) should be given significant weight but critically evaluated to consider whether any adaptations are required to meet the specific needs of the Island, for example in relation to priority groups.
  - ii. An expectation that any decision to deviate from JCVI Guidance (or similar) follows a clear and consistent process, with the scientific and other advice supporting that decision clearly documented and available for review.
  - iii. Consideration of whether legislative change is required to support a mass vaccination plan, including incorporating a Power of Attorney framework.
  - iv. Consideration of what IT systems will be required to effect delivery.
  - v. A communication strategy to ensure that appropriate information is given to the public to maintain trust and confidence and inform consent.
  - vi. If the plan includes working with GPs to deliver elements of a mass vaccination programme such as boosters, that must be informed by collaboration between Government and GPs to understand more about issues with GP delivery of vaccines during the Covid pandemic.

**Recommendation 29: A single patient record should be implemented.**

**Recommendation 30 addresses the need to improve contingency planning for testing.**

Recommendation drawn from the 'Testing' chapter

**Recommendation 30: Government should establish how testing capacity could be increased rapidly in the event of another pandemic.**

1. The funding of a new laboratory should be reconsidered.
2. In future pandemics the Island may well be reliant on other jurisdictions to increase capacity, provide expertise and provide testing equipment and reagents.
3. Contingency planning should recognise that the UK is likely to be overwhelmed with testing requirements, and that UKHSA therefore cannot be relied on to step up testing. Formal links with other laboratories, including laboratories outside the UK, should be established and worked into contingency planning, which should be updated regularly.

**Recommendation 31 addresses the need for additional action to tackle the ongoing impact of Covid.**

Recommendation drawn from the 'The Island's Recovery from Covid' chapter

**Recommendation 31: A Covid Recovery Strategy should be developed and funded.**

1. Within that strategy the Review specifically recommends that:
  - i. A programme of educational recovery should be supported. Government should consider what funds need to be made available to enable DESC to report on the effects of school closure and remote learning, and provide the enhanced services required by the Island's school-age community.
  - ii. A programme for treating Long Covid in children should be developed.
  - iii. A programme for urgently reducing the waiting time for children's mental health appointments should be prioritised.
2. This will require cross-Government work; the Review therefore suggests that the recovery strategy is led by the Chief Executive Officer.





# Expanded Recommendation 2

## An Outline for an Infectious Disease Pandemic Plan

The Review has commented at length on the status of emergency planning on the Isle of Man, the arrangements for dealing with a pandemic, and the experience of the Island in using command and control arrangements for decision-making during the Covid pandemic. The Review has recommended that an updated plan for dealing with an infectious-disease pandemic is required. This note identifies the key issues that the new plan should address in addition to the conventional emergency planning structures.

### Identifying the unique circumstances of the Island

1. The Plan should make explicit the ways in which guidance from the UK or elsewhere may not be relevant to the Island, listing the unique features, strengths and vulnerabilities of the Island, such as being able to control borders with relative ease; having a single main hospital; having a limited number of intensive care beds; not having a military presence on-Island, and so on.
2. The Plan should make explicit that the unique circumstances of the Island may mean that international protocols such as vaccination and testing priority groups need to be adjusted to best protect the borders, or other areas.

### Command and control structure

3. The Plan needs to recognise that unlike single critical events, a pandemic situation may last for an extended period and may occur in waves. The plan needs to deal with management and control of the pandemic alongside the continuation of delivery of usual services to the public in an adverse context. Oversight of both aspects of Government during the pandemic need to be set out in the command and control arrangements.
4. The response to a pandemic must be led by the political leadership of Government, unlike more localised emergencies, and therefore the command and control structures that are used need to explicitly facilitate this. The role of CoMin and any role for the National Strategy Group need to be made explicit.
5. If the plan, as expected, replicates the previous Gold/Silver/Bronze structure (strategic/tactical/operational), there needs to be careful consideration, informed by the Review's findings, of the need for resilience and ensuring that the structures put in place can be maintained during a prolonged or multi-wave incident. An idealised plan that Government has no ability to resource will not be helpful. The aim should be for a plan that can realistically expect to be resourced and which identifies roles that would be filled by identifiable staff and known redeployees, so they have the opportunity to exercise and maintain familiarity with the role.

6. For each group within the structure there should be clear Terms of Reference and agreed membership lists. Membership lists should avoid membership of multiple groups, save that the Chair of one group should ordinarily be a member of the group above it. Detailed consideration must be given to the ability to populate the plan with officials over a prolonged period, taking into account the size and range of skills available to it.
7. The plan should clarify the role and responsibilities of all parts of Government during a pandemic incident, such as the role of Chief Executive Officer and how the strategic group interacts with the Chief Officer Group.
8. Pandemic planning should identify groups of people who may need the increased support from the State during the pandemic, such as homeless people and victims of domestic violence, with identification of who has responsibility for meeting those increased social needs.
9. A central legislative group should be a part of the emergency command structure - given the central importance of legislation in managing an emergency of this nature - to ensure coherent written instructions go to Attorney General's Chambers.
10. The plan should explicitly reference the likelihood that a pandemic may exacerbate existing inequalities, and the need to consider and mitigate this when making and implementing decisions.

## Policy recommendations and options

11. Gold, or a policy cell within Gold, should produce policy options and recommendations and recommended national strategy plans for CoMin, taking into account expert advice.
12. It is not a realistic option for the Director of Public Health to take a strategic leadership role in a prolonged pandemic.
13. Policy options and recommendations should be in a written report. There should be a strong expectation that CoMin would not make significant decisions without a written report.

## Political decision-making

14. In responding to major incidents, senior politicians have a key decision-making role in terms of their leadership of place, their stewardship of the resources of the place in its widest sense and the wellbeing of residents, as well as holding the place in trust for future generations. Senior politicians need to:
  - Ensure that an overarching **strategy** is guiding decision-making (such as elimination, mitigation) and that the factors which need to be traded-off in decisions are identified, and kept under review.

- Ensure adequate **preparedness** and resourcing to respond to incidents and threats. This includes maintaining oversight of risk registers and emergency planning arrangements, learning lessons from exercising and from the experience of management of emergencies.
  - Ensure they are **well-informed** with adequate expert advice as required so that they are well-placed to weigh up the balance of interests and trade-offs in the decisions they need to make.
  - Ensure that the **emergency plan is followed**, including the command and advisory structures, or only departed from after explicit consideration.
  - Ensure that adequate additional **resources** are deployed during an emergency and recovery period.
  - Oversee **business continuity** of essential services in their Department during a period of disruption.
  - Ensure **community** knowledge and insight informs decision-making.
  - Use influence to ensure a coherent **whole-systems** approach across responders and sectors.
  - Promote **community cohesion, community engagement and good communication with the public and businesses.**
15. To fulfill this role, emergency planning arrangements should explicitly set out the way in which political decision-making and oversight should be exercised during an incident, including:
- Identifying that the usual dividing lines between policy and delivery will need to be reassessed, and politicians may be more involved in “operational” decisions. At the start of an emergency, politicians should agree with senior civil servants about the types of decisions that should be made by politicians, and which decisions should be made by civil servants. For example, politicians should keep oversight of cessation of significant services during a pandemic, and oversight of significant decisions relating to points of vulnerability such as border operations and testing pathways.
  - Identifying that considering trade-offs in future decision-making is the role of political leadership. It should reference the need for all decisions to balance or “trade-off” a wide range of impacts in decision-making, including controlling the spread of the disease; protecting the health services; supporting the economy; minimising education and mental health impact on children and young people, protecting the overall wellbeing and mental health of the public, as well as considering civil liberties and behavioural science insights.
  - Noting that attention should be paid to the rights of children, as set out in the UN Convention on the Rights of the Child.
  - Identifying that operational pressures should be taken into account when making decisions to ensure realistic timeframes are imposed.

- An expectation that decision-makers should ensure that they have the necessary advice from the Scientific Advisory Group before making decisions, and to call for it if it is absent.

## Expert advice

16. A single Scientific Advisory Group should be brought together where there is a risk of a pandemic, to give Government health and science-related advice. The size of the Island, the centrality of the health and social care system to a pandemic response, and the limited number of on-Island specialists in any field means that it is appropriate to:
  - i. Bring together an assessment of the general risks posed by the pandemic and the risks posed to the Island's health and social care services.
  - ii. Bring together scientists and clinicians.
17. It would not be expected that this group would be a mirror of SAGE given that the Island does not have local access to that breadth of scientific expertise, so access to analysis and data from SAGE, UK Health Security Agency and elsewhere would remain important.
18. A Scientific Advisory Group should, in a pandemic, include the Director of Public Health and Medical Director, whose job descriptions should be in line with that expectation. The group would include senior clinicians (who may not identify themselves as scientists). It should not include CEO DHSC or any other senior civil servant. It should include those on the Island who have relevant expertise, if they are willing to assist, whether or not they are within Government. To that end, Government should take steps to identify where expertise lies on the Island, and maintain links with those external experts.
19. That Scientific Advisory Group should feed directly into Gold where policy options are created. Its advice should also be available to CoMin in an unfiltered form. Ministers should be able to hear from the Group in person to probe their advice if necessary. It should not sit within any Department. It should be stood up at an early stage, where a risk of pandemic is identified; it may well be stood up in advance of other command structures, to give early advice to decision-makers about policy. It should be clear that the group is informing rather than determining policy.
20. It should have clear Terms of Reference, to include:
  - Its deliberations are not fettered by political concerns.
  - While that group should be aware of the wide context, such as the economic climate, it is not itself responsible for conducting any trade-offs between scientific factors and other factors.
  - Giving advice about and the efficacy and impacts of different policy options.
  - Making an assessment of the likely risks posed to the health of the Island from draft policy options (such as options on border controls, options on testing and isolation pathways, options on social distancing and household mixing).



- Making an ongoing assessment of the likely risks posed to the health of the Island from existing policies.
  - Assessing the impact of policies and suggested policies on the Island’s health services and ability to cope.
  - Proactively recommending policies that would best protect the Island.
  - Reporting on current risks posed by variants/levels on the Island, the UK, and anywhere that has direct travel routes to the Island.
  - Reporting on current research and learnings from elsewhere in the world such as research on non-pharmaceutical interventions, such as masks and social distancing.
  - Analysing data such as infection rates, infection patterns, hospitalisation rates, death rates, vaccination rates, staffing-absence rates, and feeding that analysis into its assessments.
  - Identifying the scope for exemptions and flexibilities for groups that are particularly affected by non-pharmaceutical interventions (such as children and those with certain conditions).
  - Recommending when other expert advice should be obtained.
21. The Scientific Advisory Group should be supported in researching and interpreting material from across the world, and should have access to up-to-date Island data, to best advise Government.
22. That Scientific Advisory Group should publish its advice.
23. No other advisory group is specifically recommended as part of the emergency command structure although there may be some feature of a future incident that warrants it. However, the potential need for other specialist advice should be recognised, and advisers should be brought into Gold when developing policy recommendations and/or CoMin when making policy decisions. Examples are advice from educationalists about the likely effect of school closure on children, mental health specialists about the mental health effects of restrictions, and behavioural scientists about the effect of making non-pharmaceutical interventions mandatory. The pandemic plan should set out the arrangements for this wide range of expert advice to be made available to policy generators and decision-makers, including direct provision of advice when needed.
24. The plan must have clarity about how wider clinical input will be facilitated, and how the relationship between DHSC and Manx Care will be reflected in the structure. This should take account of the need during a pandemic for Manx Care to have an input at strategic and tactical level, and not only in operational delivery, given the central importance of healthcare capacity.
25. There should be clear identification of where the responsibility lies in “normal” times for monitoring and reporting on the long-term effects of non-pharmaceutical

interventions and their effectiveness, and how that reporting will inform updates of the pandemic plan.

## Operational delivery

26. The Plan should recognise that there are a number of service responses required during a pandemic that are not normally provided such as testing, contact tracing, border management, vaccination, moving to home working, remote schooling, support for the vulnerable or those shielding, more intensive support for residential settings in the Government and private sector, support for homeless people, support for businesses, and the management of excess deaths.
27. The plan should include a suite of detailed operational plans for those service responses so that they can be instated quickly when the need arises. Lessons learned from those operational teams during the Covid pandemic should be obtained where they are missing, to feed into the operational plans.
28. Each operational plan should be led by a named official who has responsibility for keeping that plan under review, building a delivery team, exercising and maintaining the availability of kit, whether this is physical kit (e.g. high vis, furniture, barriers etc.) or virtual resources (e.g. software, IT devices).
29. The border operations plan should bring together the airport, seaports, Steam Packet and other stakeholders, led by a named official, to ensure that there are robust and consistent processes in place, and good information-sharing.
30. The plan should include proposals for maintaining oversight of business-as-usual through the communication structure.

## Communication, administration and data

31. The plan should append a communication and engagement strategy, and a ways-of-working document. The Review has made recommendations for both of those documents.
32. The plan should set out the arrangements for standing up and staffing a control centre to provide a hub for communications within the command and control structure, for initiating a system for the use and management of Situation Reports, Action trackers, and for disseminating decisions. The control centre should also lead on arrangements for the collection and presentation of a data set to populate a dashboard.

## Exercising and review

33. The plan should be the subject of exercising including the decision-making structures, the arrangements for the Scientific Advisory Group, and for individual elements of the plan. Political leaders should be involved regularly.

34. The fitness of the plan, ways of working, communications and engagement strategy, operational plans and overall preparedness should be kept under review by the Emergency Planning Strategic Group chaired by CEO DHA.
35. There should be a particularly close review of Manx Care preparedness, given the central role that Manx Care would play in operational delivery, and the need for Manx Care to be able to increase capacity, change the infrastructure to isolate patients, scale up infection control, provision of oxygen etc.

## Debrief and learning

36. The plan should provide for a lessons-learned process to capture what went well and what needs to be improved in the overarching plan or any of the individual operational delivery plans. The lessons-learned process should include an expectation of hot debriefs to capture any immediate need for improvement of arrangements where the situation allows, such as between waves of a pandemic.
37. The plan should recognise the importance of all staff; key partners involved in responding to the emergency should have the opportunity to participate in a lessons-learned exercise, which should bring together frontline professionals to share their pandemic experiences of developing different working practices.
38. The Emergency Planning Strategic Group led by CEO DHA should hold responsibility for lessons-learned processes and for signing off all changes to the plans.

## Recovery

39. The plan should include provision for the management of the recovery phase and identify as early as possible the longer term impacts on the economy, services and individuals, as well as community wellbeing. An Economic Recovery Group and similar recovery groups in other arenas should be set up at an early stage.
40. Children's social, emotional and educational recovery should be appropriately prioritised within a wider scheme for recovery.
41. Post-viral impacts of the pandemic should be recognised and provided for.
42. It should recognise that in a prolonged or multi-wave pandemic the recovery phase should be initiated as early as possible, rather than waiting for a return to normality, and may run in parallel with the management of a pandemic wave.
43. As part of the final recovery phase, there should be consideration of arrangements to acknowledge hardship and bereavement, and to value and appreciate the contribution and work of staff and partners, as well as businesses and the public. Government should acknowledge the role of residents and businesses, expresses gratitude and understands the sacrifices and hurt experienced. Appropriate arrangements for commemoration should be supported.

44. A funding structure for the swift release of funds for recovery should be worked up, and referenced in the new plan. Funding of recovery programmes should start during a pandemic, not after. Emergency recovery funding should not be held up by annual budgetary cycles.



# Expanded Recommendation 3

## An Outline for Resilience Assessment and Building

### Assessing resilience

1. In assessing resilience, the Review recommends:
  - i. A cross-Government risk assessment process, which is not siloed.
  - ii. Improving and maintaining data including the profile of the population, the Island's communities and businesses.
  - iii. Consideration of vulnerabilities which may be exacerbated in a pandemic, such as difficulties importing food or medicines or oxygen, or difficulties caused by lack of on-Island specialist personnel.
  - iv. Consideration of vulnerabilities in the population which increase the impact of a pandemic, such as social inequalities, age, obesity and chronic illness, take up of vaccines e.g. for childhood illnesses and influenza, incorporating any such issues arising from the Annual Public Health Report.
  - v. Consideration of economic and financial resilience and in particular the role of contingencies and reserves.
  - vi. Evaluation of the state of resilience of Departments and services, building on information captured by the Review such as the concerns about the current low resilience of Manx Care.
  - vii. Reviewing its arrangements with the UK to ensure an accurate mutual understanding of what support can be relied on from the UK including: military support, provision of PPE, access to new medication, access to vaccines, access to specialist professional and analytic capacity, for example for modelling.
  - viii. Reviewing its arrangements with other bodies to ensure an accurate mutual understanding of what information and levels of support would be shared both in normal times and in a pandemic, such as:
    - Information and learning from UK Government pandemic exercising, and exercising by the UK Health Security Agency and similar bodies in other states.
    - Information such as horizon-scanning from the UK Health Security Agency.
    - Information during pandemics from the UK Health Security Agency, SAGE and other bodies.
    - Support during pandemics via meetings between the Island's Director of Public Health and other Directors of Public Health/Chief Medical Officers/Chief Scientific Officers.

## Building resilience

2. The details of building resilience will be determined by the ongoing assessment of resilience, but the Review recommends:
  - i. Embedding the recommendations of this Review, many of which directly affect resilience. Most significantly, recovery from Covid is a vital first step in resilience building.
  - ii. Development of a cross-Government resilience programme to inform national strategy, decision-making and emergency planning. The resilience programme should identify how resilience building should inform policy and financial planning.
  - iii. Strengthening of the public health function to allow it to protect and develop the health and well-being of citizens, as envisaged in the Sir Jonathan Michael report, and increasing the visibility of that function.
  - iv. Building wellbeing resilience.
  - v. Building population health resilience.
  - vi. Building resilience in contingency funds
  - vii. Building resilience in those parts of the population which may most need state support in a pandemic, such as the homeless, including consideration of implementing a high-level Board to take strategic and policy ownership of health and social inequalities, as recommended in the Public Health Annual Report 2019
  - viii. Identification of external bodies to work with to build resilience , such as major food-suppliers.
  - ix. Consideration of whether links with other islands could improve resilience. Government should consider a mutual validation arrangement with another island with similar features, such as another Crown Dependency and/or an independent challenge process to optimise their risk assessment, emergency and resilience planning.

# Expanded Recommendation 6

## An Outline Pandemic Ways of Working Plan

### Standing up

1. It is not unusual for the initial period of response to a crisis to be confusing and demanding. Knowledge and information may be partial and there is much uncertainty to be managed. Establishing a working command and control structure that is widely understood is key to stabilising the organisation and bringing order to the crisis response. Below is a checklist to assist with the stand-up process:
  - i. Activate the Emergency Plan and put in place its arrangements. If you subsequently decide to make adjustments to reflect the scenario you are dealing with, those deviations from the plan should be explicitly minuted.
  - ii. Explicitly consider the precautionary principle: recognise and guard against the risk of being paralysed by a lack of data at the start of a pandemic.
  - iii. Stand up the command and control structure with an agreed meeting rhythm.
  - iv. Put the administrative support arrangements in place such as the control centre, allocate loggists to all command and control structure meetings, establish SITREP arrangements.
  - v. Formulate the data dashboard you assess you will need and keep it under review.
  - vi. Ensure the Communication and Engagement Strategy is fully activated.
  - vii. Activate the expert and specialist advice arrangements including the Scientific Advisory Group at an early stage, even if the remainder of the command and control structure is not required at that stage, recognising that scientific advisers will have a particularly prominent role at the start of a pandemic. Consider the type of advice that the particular emergency is likely to need.
  - viii. Put in place arrangements to support politicians in their roles, including briefings for decision-makers and Members of Tynwald.

### Business continuity

2. During an incident, and in particular a prolonged incident such as a pandemic, it is important to consider how essential services are to be delivered.
  - i. All departments and agencies should activate their business-continuity plans and assess the risks they will need to mitigate.

- ii. Immediately review areas where resilience has been identified as a potential issue.
- iii. Arrange to deploy staff to support essential-service delivery.
- iv. Ensure the fitness of IT systems and kit.
- v. Use the SITREP system to escalate concerns.

## Staffing matters

- i. Identify policy and guidance needed to support staff management and staff welfare when working remotely.
- ii. Consider the issue of resilience in a prolonged event for key decision-makers and support staff such as loggists, and, where feasible, form a rota to ensure adequate breaks. Make explicit the expectation that everyone involved in the pandemic response will take breaks; explain the degradation of the quality of decision-making if breaks are not taken.
- iii. There should be centralised policies for redeployment across Government, which should ensure people are not disadvantaged by redeployment, for example, by losing their substantive post, and should require transparency in redeployment decisions.
- iv. Ensure transparency and consistency about overtime-payment arrangements.
- v. Ensure effective ongoing communication arrangements with staff.
- vi. Identify any special responses needed to deal with issues of staff welfare that the incident may present, e.g. sickness absence, staff shielding, management of leave.
- vii. Ensure that the effort and commitment of staff is recognised and valued. Find ways to say thank you.

## Pace of delivery and resourcing

3. The response to the pandemic will require agility in implementing requirements of various types, whether they be procurement of clinical supplies, provision of financial support to businesses, creation of new data systems and software, or provision of physical structures. Key to this agility will be:
  - i. A “can do” culture and collaborative working across Government, including the use of cross-cutting groups of staff tasked to deliver solutions.
  - ii. Adjustments to delegation systems to allow more speedy decision-making.
  - iii. Proportionate adjustments to procurement and financial standing orders to speed up decision-making while ensuring prudent arrangements to ensure probity.
  - iv. Clarity on funding and budgetary arrangements for costs related to the response, including recovery costs.

## Record and data management

4. There should be an immediate requirement at the start of a pandemic for all Government bodies to retain data relating to the pandemic.
5. Each Department, under the instruction of the Chief Information Officer if there is such a role, should identify what data it is capturing, how the accuracy of that data will be ensured, and to whom that data will be reported. Duplication should be avoided.
6. Any necessary data-sharing agreements or regulations should be implemented at speed.



# Expanded Recommendation 24

## An Outline for an Emergency Communication and Engagement Strategy

The strategy should allow for flexibility, but should include the following:

### Framework

1. Describe the objectives to be achieved including:
  - i. Provision of transparent information to residents about the status of the pandemic on-Island.
  - ii. Clear and consistent messages about the measures which the Government is putting in place and what it is trying to achieve.
  - iii. Clear guidance to individuals about the actions expected of them and what they can do to protect themselves and their families.
  - iv. Promoting any specific actions, e.g. to get tested, to get vaccinated.
  - v. Giving the public access to scientific and specialist evaluation and advice.
  - vi. Recognition of the impacts and the efforts and sacrifices of the public.
  - vii. Agrees a core data set to be the subject of consistent reporting.
  - viii. Promote a partnership with the media for maximum reach and exposure, and recognising the important role of the media in an emergency situation.
2. Recognition that in any future pandemic scenario the public and businesses will have a more sophisticated knowledge and understanding and bring their experience of Covid. They will have an insight into risk management and choices and the issue of trade-offs. Therefore, public communication and engagement will need to be far more transparent if Government is to maintain confidence which would include:
  - i. Identifying matters which need to be traded-off e.g. economy, children's education, mental health, general wellbeing.
  - ii. Sharing scientific advice about health risks.
  - iii. Being transparent with the public where scientific advice has been departed from.



3. Recognition that in any future pandemic Government may need to listen to behavioural scientists to be able to communicate effectively on some issues.

## Central Communications team

4. A central communications team should be set up. Communication leads in Departments should be identified who could step into the centre to scale up communication capacity.
5. Identifying the Minister with oversight of the communication strategy, possibly the Cabinet Minister.

## Arrangements for central communications

6. There should be clarity about what continuing Departmental communication is appropriate, and what communication should come through the central team.
7. Describe the arrangements for linking that communications team into the decision-making structure, including attendance of communication leads at CoMin and strategy group meetings.
8. The team should sit in a central place, such as within an Operations Centre, so that it has access to situation reports and data.

## Processes

9. Identify the process for signing off public announcements including referring to the Attorney General's Chambers and scientific leads where appropriate. That process should include a clear sequence for releasing legislation, public announcements, and public guidance.
10. Identify a process for sequencing public announcements with updating the website, social media, 111 or similar information line script.
11. Identify the process for ensuring that decisions are cascaded internally, particularly to operational staff who will be required to implement the decision, and to areas of Government which will be most affected by the decision (if, for example, closing schools will lead to staff absence).
12. Set out arrangements for a public enquiry line including identification of technology to be rolled out at pace, and who would staff the line.
13. Set out an expectation that individual politicians can refer public queries to a central team rather than answer them individually, and that Ministers should be encouraged to refer all public queries in that way.
14. Arrange media training for Ministers.



15. Specifically describe the arrangements for political leaders to provide key messages and the expectation that scientific information will be conveyed directly by scientists or other expert voices.
16. Maintain expertise in the event that a multi-channel, social marketing communications and engagement approach is needed, so that the team can launch a campaign.
17. Build in feedback loops from frontline staff working on helplines and in other public-facing roles, using that information to improve public messaging and guidance.
18. Use focus groups or surveys to check how the message is being received and what is working well, adjusting the strategy accordingly, and feeding information on public response to the decision-making structures.
19. Build in an expectation that the communications team will work with any behavioral science advice the Government is receiving.

## Engagement

20. Set out how Government will engage with and support businesses through different stages of the pandemic through to return to normality.
21. Set out how Government will engage with Tynwald, noting the expectation that Tynwald should be informed about policy ahead of the public where that is possible, that Tynwald's scrutiny role should be supported, that debate with Tynwald ahead of determining policy should be considered where that is possible, and that transparency with Tynwald about command and advisory structures is expected.
22. Consider how Government will use trusted community and businesses voices, community and business networks, and community and faith leaders to amplify and explain messages.
23. Identify which individuals or groups are likely to need advance notice of decisions or potential change, linking to resilience planning, for example the Steam Packet or large supermarkets may need advance notice of decisions about isolation rules which will affect staff numbers in order to maintain a service.
24. Arrangements to assist in providing bespoke communications and materials for schools, GPs, voluntary sector organisations and other service outlets, recognising that not all parts of the community will rely on the internet for information.
25. Set out how it will use social media to reach different parts of the community, including how to convey scientific information via social media and respond to false information.
26. Describe the options to use videos, webinars, digital screens, posters, street messaging e.g. on highways and lamp posts, posters and materials for shops and businesses to use, which provide a consistent format.

27. Ensure the Government website has prominent and easy to access up to date advice, FAQs and links.
28. Ensure that information is accessible and takes account of people with disabilities and special needs as well as specific language requirements.