BIMR COVID-19 STRATEGIC THEME 2020/21
FINAL REPORT

August 2021
Introduction

CPA’s British Islands and Mediterranean Region (BIMR) agreed a new Strategy at its AGM in Guernsey in 2019. The new Strategy 2019-2024 included the following:

“Each AGM will discuss and agree a specific theme for the following year’s work, drawn from proposals by Branches. This will be led by a Working Group formed at or shortly after the AGM, supported by the Secretariat. The following AGM would review and evaluate the work on that theme over the preceding year and draw lessons for future work”.

The Covid-19 pandemic meant that hosts Malta were obliged to run a virtual Conference and so the AGM was also, for the first time, fully virtual. Perhaps unsurprisingly given the context, the AGM quickly agreed that the theme for the following year’s work should be Covid-19, its impact and the response.

Four members came forward to form the Working Group which would lead the work, and after an initial discussion each chose a topic to focus their own Branch’s input – as follows:

- **Recovery** (lead: MLA Leona Roberts, Falkland Islands)
- **Borders: Residence, travel and tourism** (lead: Rob Callister MHK, Isle of Man)
- **Health and “Social Impact”** (lead: Steven Linares MP, Gibraltar)
- **Agile and Effective Parliaments** (lead: Rhianon Passmore MS, Wales)

Each member led a virtual event on their topic, with relevant invited speakers. All Branches were invited to attend, and were asked to suggest questions which they would like this work to address. They were also invited to submit examples of how their own legislatures were responding to the challenges of Covid-19.

Reports of the four events follow below. There was a consistently good attendance, and most Branches attended at least one of the events. Discussion was open, collaborative and productive. Individual colleagues and Branches will have taken away particular lessons, but some points came through strongly.
Lessons

1. Get your **processes, rules and standing orders** sorted out in advance if you can; be flexible and inventive if you can’t. Temporary SOs may be a solution.

2. Clear **Command and Control structures** are invaluable, such as the Gold/Silver/Bronze approach.

3. **Pandemics** should be part of any territory’s Risk Register, with regular review/preparation meetings to ensure readiness.

4. Build in **Recovery** as a full part of your **Emergency Planning** and Response Process from the start i.e. even before a crisis.

5. Organisations and individuals need to show **flexibility and an ability to work collaboratively**, including across different levels of government.

6. Effective and **responsive IT systems** and teams are invaluable in crisis response.

7. If something worked well during the pandemic, consider making it part of “normal” working. **Hybrid or virtual Committee hearings and remote voting** might be examples.

8. Work hard to make sure you are getting to **all parts of your community** in all phases.

9. Remember to keep your **focus on people**, and the emotional and physical consequences for them.

10. **Borders** provided a significant threat to health and the spread of the Covid-19 virus:
   - Whilst border closures were an initial response to the pandemic, they are not sustainable in the long term.
   - Definition of “key worker” needs to be flexible as circumstances evolve.
   - Vaccination rollouts have been a positive step for the restoration of tourist industries, which have also benefited from innovative domestic tourism marketing strategies.
   - Vaccination passports may have a role, but must also take into account those who cannot be vaccinated and those who choose not to.
   - Case levels in bordering territories and main travel destinations can be as significant as local levels in determining responses.
Event 1: the Falkland Islands – Response and Recovery
12 February 2021

Leona Roberts and Kate Cochrane had been at the heart of the Falklands’ response, including building in from the start plans for recovery. They set out key parts of the approach and the thinking behind it, and looked ahead to what needed to happen next.

Planning for known knowns:
The spread of infectious diseases is well known to have significant impact on populations. The 2003 SARS, 2012 MERS and 2014 Ebola diseases are all recent illustrations of the impact of health crises. Emergency response planning is fundamental, particularly for events which affect health.

The process:

1. Pre-Disaster
   - There were first warnings of people falling ill in January 2020. By mid-January, the Falklands’ Emergency Planning team began communicating across government flagging the trend of illness.

2. Impact
   - This is the point that ‘the bomb goes off’. This triggers “heroic” behaviour in communities, which requires increased and sustained levels of energy. (Heroic and Honeymoon phases)

3. Disillusionment
   - This is the fall in energy as consequences of the disaster become apparent and people are becoming physically and emotionally exhausted as a result of continuously responding to a crisis.

4. Anniversary
   - The twelve-month mark after the crisis is a key moment for analysis.

5. Reconstruction
   - Planning for a new beginning

Anxiety – With people seeking information, sensationalised images of the pandemic and an alteration of the normal way of life served to create heightened levels of anxiety.
Local decision making

On 21 January, work began in the Falklands to understand the crisis. By 30 January, the first situation report was produced by the Government. January was the pre-disaster period, which required a careful balancing act between surveying the ongoing issue and not wanting to alarm or set unnecessary wheels in motion in response to an incident which may or may not happen.

• As the virus spread around the world, the 2006 Infectious Diseases Plan was re-developed extremely quickly as the pandemic was unfolding.

• The Executive Council (In Contingency) was crucial in making policy and regulatory decisions whilst the Legislative Assembly were not able to sit.

• The Strategic Pandemic Planning Group brought together representatives from different sectors of government and the British Forces South Atlantic Islands. This group set the response direction and made strategic decisions based on policies agreed by ExCo (Con).

• The Tactical Pandemic Response Group was led by the Director of Emergency Services and Island Security and focussed on implementing policy.

Recovery

This is a separate but equal process. Setting this up alongside emergency planning is highly beneficial in the long term. It helps to challenge decisions and ensure that planning is robust. Recovery is often left to deal with poor decisions taken in the first hours of a crisis. Often “Response gets the toys” – but Recovery requires a lot of resources too, and is long term. It is also difficult to assess when a health pandemic recovery period is over.

• Community stories and experiences were fed into the Strategic Pandemic Management Group through a Recovery Working Group.
• Community Impact Assessments were collected throughout July and August 2020. This highlighted that those who were already disadvantaged in society bore the greatest consequences of the pandemic.
• The Assessments also highlighted that children and young people were underrepresented in the collected data.
• The results were presented to all recovery stakeholder groups; Members of the Legislative Assembly, FIG Corporate Management and HE Governor.
• A Recovery Co-ordination group will be established to address the actions of the Assessments.
• Results will also be shared with the community in a delicate and equitable manner.
• The FIG were aiming to publish the results at the end of March 2021.

Looking forward

• Economic support – particularly for those adversely affected by the pandemic.
• Caring for people.
• Community cohesion – looking to reduce hard boundaries between different segments of the community.
• Immigration – specifically those whose travel documents have been affected.
• Employment protection.
• Quiet voices – making sure they can be heard.
Discussion

Audience included Members and staff from Alderney, Gibraltar, Guernsey, Isle of Man, Jersey, Malta, Northern Ireland, UK and Wales.

In the discussion that followed, it was highlighted that at one point, five out of eight members of the Legislative Assembly were unable to be physically present to make decisions. This was further exacerbated by the inability to use online conferencing. Restrictions within the standing orders did not allow the Legislative Assembly to sit virtually or with very low numbers. A change in standing orders took months. Convening the Executive Council (in Contingency) offset some of these challenges. Making policy decisions with speed through the new process was invaluable. The pandemic highlighted the gaps within the existing standing orders. At one point the only alternative was to make a proclamation of emergency which would have transferred all power to the Governor. There was hesitation to do this in order for control to remain with the elected representatives of the community.

The Falklands has a population of approx. 3500, and a small hospital. There were limited quantities of ventilators and key equipment. There were further challenges with testing, given the restrictions placed on travel borders and the need for swabs to be returned to the UK.

In order to effectively reach the various communities, great amounts of time and work were invested in building relationships to encourage communities to feel able to trust people in power. However, there were hard boundaries in place that prevented different communities assisting one another throughout the pandemic. Further, there were some communities who did not feel able to approach anyone in government. This highlights future work to be done to ensure the support of quiet community voices.

Key lessons:

• Get your processes, rules and standing orders sorted out in advance if you can; be flexible and inventive if you can’t.
• Build in Recovery as a full part of your Emergency Planning and Response Process from the start i.e. even before a crisis.
• Work hard to make sure you are getting to all parts of your community in all phases.
• Remember to keep your focus on people, and the emotional and physical consequences for them.
Event 2: The Isle of Man, Borders: Residence, Travel & Tourism
24 February 2021

Successful strategies for using borders to reduce the spread of Covid-19

Ray Harmer MHK noted the fortune of the Isle of Man in avoiding severe island-wide restrictions from June until Christmas 2020. However, the Island’s borders are the primary threat to the spread of Covid-19. From early March 2020, the government’s four core strategic principles have remained the foundation of policy planning and responding to the pandemic;

1. Protection of life;
2. Maintain critical national infrastructure;
3. Maintain public safety, confidence and welfare;
4. Support a controlled return to normality, balancing social and economic impacts against the risk to health.

Protection of life was the key priority for the government, alongside maintaining fundamental supply lines to the Island. The pandemic posed a great threat to the community given the speed at which viruses can spread through a smaller population through community transmission. Vaccination rollout on Isle of Man would prompt the gradual reduction in threat level and a move from elimination to mitigation strategies. The announcement of England and Scotland’s exit from lockdown strategies would provide a guide for Isle of Man’s own plans going forwards.

Borders Framework

At the beginning of the pandemic, when little was known about Covid-19, the Isle of Man underwent a three-week border closure from 29 March 2020. This reflected the Council of Ministers’ recognition of the threat being controlled through strict border measures.

• The initial closure of borders highlighted the challenge of requiring key workers within critical infrastructure.
• Improvements in the situation allowed for adjustments in the testing requirements (3-point testing) and permissions for residents to leave and return.
• Isle of Man implemented strict compliance measures for Covid-19 breaches. This ensured high levels of compliance.
• Elite sportsmen and women were restricted from leaving the Island. However, it was assumed that many would remain in the UK after the border enforcements came into place.
Ensuring access for priority travellers

Isle of Man implemented regulations for key worker exemptions, with the majority coming in from the UK. This included health workers, oxygen suppliers and waste management. Students were treated the same as other residents with the same rules of isolation applied.

• The definition of key worker on the Island fluctuated in accordance with the severity of restrictions. At times throughout the pandemic this was extended to include economic key workers. Much of Isle of Man’s economy is digital which was able to continue throughout the pandemic. Rob Callister MHK added that the Island then had twenty-four cases of Covid-19 and reiterated the strict penalties administered for breaches of restrictions.

Developing Domestic Tourism

The closure of the Island’s borders on 23 March 2020 was crucial to protecting lives from the pandemic. This had a direct impact on the tourism industry, which had to respond quickly. 75% of the Island’s hotels are located on or close to The Douglas Promenade. The Promenade was undergoing extensive refurbishments which continued to affect hotel businesses. The closing of borders further impacted these businesses negatively.

The Strategic Capacity Scheme was implemented to provide financial assistance to tourist accommodation businesses, with a pay out of £7.4million. The Scheme has maintained the Island’s hotels and prevented business closures.

• The Isle of Man quickly developed an inward staycation marketing campaign which promoted local businesses and domestic tourism.

• Visit Isle of Man conducted extensive primary research looking into the changes of consumer behaviour post Covid-19. This was conducted through focus groups.

• Visit Isle of Man were in the process of preparing to welcome visitors again, with a focus on Covid-19 hygiene protocols and booking flexibility.

• Rob Callister MHK indicated that vaccination passports may become the norm in 2021 to support travel normalising again.

• An airbridge between Guernsey and the Isle of Man was developed in the summer of 2020, allowing for some of the local businesses to receive up to 3000 visitors throughout the most difficult periods of the pandemic.

Borders, Travel and Tourism in Gibraltar

In March 2020, Gibraltar entered its first lockdown. In May 2020, Gibraltar entered a period of easing lockdown. This was ended abruptly due to a spike in cases as a result of students returning to the island and shops remaining open.

Gibraltar enacted border entry requirements which only allowed citizens to leave Gibraltar for medical reasons and other extenuating circumstances, and for key workers to come into Gibraltar. The definition of key worker shifted throughout different points in the pandemic. Moving from hospital workers and carers to policemen/women and taxi drivers.

The travel corridor with the UK is a lifeline for Gibraltar for medical care, the flow of students and seafarers. The travel corridor with the UK posed issues with people trying to get back to the UK from Spain. Ships were permitted to dock, and crew changes could take place at specific hotels with extensive corridor measures for crew release to airports.

Tourism was greatly affected by the lockdown, with the government making plans for what the industry will look like post Covid-19.

The vaccination programme in Gibraltar was extensive with much of the population already vaccinated. This programme supported the opening of the tourism industry and was extended to Spanish key workers. The vaccination of Spanish key workers was administered on the basis of their professional sector registrations and was done in parallel with vaccination of the Gibraltar citizens that they were working alongside.
Key lessons

• Borders provided a significant threat to health and the spread of the Covid-19 virus.

• Whilst border closures were an initial response to the pandemic, they are not sustainable in the long term.

• Definition of “key workers” needs to be flexible as circumstances evolve.

• Vaccination rollouts were a positive step for the restoration of tourist industries which also benefited from innovative domestic tourism marketing strategies.

• Future cruise ship transmission could be mitigated with vaccinations and the introduction of vaccination passports. However, this must also take into account those who cannot be vaccinated and those who choose not to.
Event 3: Gibraltar: Response to COVID-19
22 March 2021

Steven Linares and Ivor Lopez were both heavily involved throughout Gibraltar’s response, and shared their perspectives.


Steven Linares noted the difficulties of sharing a border with a country going through a spike in cases. Yet, the Government was satisfied that of its population who wanted to take the vaccine, 98% had been vaccinated.

Journey to Lockdown

By the middle of January, the Government of Gibraltar was beginning to become concerned about the situation in Wuhan. Although a major incident in Gibraltar would not be declared until later, it did not prevent the Government from stepping up and getting prepared.

The initial focus was on controlling the point of entry, since the worry at the time was to make sure the virus didn’t come through the borders. Access into Spain, alongside air travel with the UK, with many Gibraltarians on holiday at the time, showed that Gibraltar was far from a secure location. Therefore, the initial approach was to identify who the infected people were. The first case was confirmed on 3 March 2020, and that was quickly followed by an increase in cases. This led to a change in the Government’s approach, and 17 March saw the first major lockdown.

Key Vulnerabilities

Key vulnerabilities included a sole hospital with a limited amount of facilities and ventilators, an uncertainty around border fluidity with Spain, seaports with regular crew changes and limited equipment and supplies.

Impact Areas

The main impact areas were hospitals and social care, public services such as water and electricity, and the business sector. Tourism stopped overnight and the Government would later establish the Covid-19 Emergency Liaison and Advisory Committee (CELAC), to consider support for businesses and their employees.
Evolution of Cases / Deaths

By mid-May, The Government had developed the ‘Unlock the Rock’ programme, which mapped out the intention to come out of lockdown by 1 August 2020. However, cases in July were a concern so it was never possible to unlock fully.

One key factor was the school term starting at the beginning of September, which made it difficult for people to keep to bubbles. This meant that cases were increasing from September to December, from ten cases a day to 140 cases in one day. Variants of the virus are now also known to be part of the reason for the large increase.

All restaurants were closed on 18 December 2020, which is usually the busiest day in the Gibraltar calendar. Deaths started rising mid-January, due to the huge spike in cases around 20 December 2020. Gibraltar received its first batches of the vaccine on 10 January 2021.

Command Structure

In January 2020, the Government of Gibraltar started its strategic coordinating. In March, the Chief Minister set up the Platinum Group which could be compared to COBR in the UK.

The Command Structure also included the Covid-19 Strategic Coordination Group, with the Director of Public Health being a key figure in terms of scientific advice.

The Gibraltar Health Authority was composed of the GHA Gold and the GHA Silver (Tactical Group), which ensured ambulances, hospitals and other services were all linked in to one focal point.

The Gibraltar Health Authority was a key factor in Gibraltar’s response, ensuring it had been set up to deal with patients effectively, including the 111 Service, swabbing drive throughs, contact tracing bureau and Public Health University Lab.
Covid-19 Response Structure

1. Gibraltar Health Authority:
The priority was to increase the amount of beds available in case of a spike in cases, which included the setting up of the Nightingale facility, providing an extra 300 beds with oxygen support for less serious cases. Further measures included drive-through facilities, the Beat COVID app, isolation facilities, increased cemetery capacity and an efficient vaccination programme, which began the day after receiving the first batch of vaccines.

2. Vulnerable Groups:
Another key focal point was to coordinate aid for individuals without family support, including vulnerable children, adults with disabilities and over 70s that were living in Elderly Residential Services. Volunteer teams were established to provide food and medicine to people who required support, as well as to ensure that they were contacting them routinely over the phone. A key aspect of this was the public information call centre. There was a huge demand from volunteers who wanted to help, and there were around 1000 volunteer applications within 24 hours.

3. Mental Health and Wellbeing Group:
This included the delivery of Frontline Resilience Management Training to make sure people were well supported, including the setting up of Gibraltar’s Befriending Service.

4. Public Information Call Centre:
Set up as an alternative to 111 number, which was purely for clinical calls.

5. Public Services Strategic Support Group:
Combined HR personnel from the Government to make sure staff could be reassigned to newly formed groups, such as the Contact Tracing Bureau or Mental Health and Wellbeing Team.

6. Business Support Groups:
With engagement with Chamber of Commerce, the Chief Minister set up CELAC to establish support for businesses, which behaved very much like the ‘furlough’ scheme implemented in the UK.

7. Logistics Support Group:
Coordinated PPE equipment for all non-healthcare workers.

8. Ministry of Environment:
Measures included working with supermarkets over supply issues, and increased capacity at the cemetery and crematorium.

9. Command Support:
Included Geographic Information System, which supported decision making.

10. Financial Support:
Offered centralised support with a direct link to Office of Financial Secretary.

11. Legislation:
250 pieces of legislation were set up through Civil Contingencies Act. Every 30 days, emergency regulations needed to be reissued.

12. Media:
Daily press conferences.
Measures and Restrictions

Key measures included the closure of catering and non-essential retailers, the suspension of public transport, the closure of schools, a move to large-scale working from home, mask wearing, and enhanced screening. One successful scheme that was implemented was the permit system, whereby a permit would be issued to an individual to carry out what they needed to do, and if breached, the permit would be lost.

Easing out of Lockdown

At the time, the vaccination programme was working well. Once there was confidence that citizens were protected, the Government would take measures to ease out of lockdown. It was essential to keep testing and to keep safety measures in place, to remain cautious about new strains and to be aware of changes in the United Kingdom, in terms of reimporting the virus to Gibraltar. There were a number of pilot schemes, including a boxing event called Rumble on the Rock, where there would be a number of spectators with measures in place.

Discussion

Audience included Members and staff from Alderney, Guernsey, Jersey, The Isle of Man, Gibraltar, UK and Wales.

In the discussion that followed, it was highlighted that The Government of Gibraltar’s contingency preparations for a no-deal Brexit had put them ahead of the game, in terms of identifying supply chains for medical supplies and equipment. To prepare for future pandemics, regular meetings would take place throughout the year and it would be included in the National Risk Register.

The Gibraltar team emphasised the value of clear command and control, and the Gold/Silver/Bronze system. They also noted how the pandemic had also led to stronger relationships with key partners in the UK (Civil Contingencies leads, Health Services, Government Departments) and also with relevant Spanish authorities.

The discussion also touched on Gibraltar’s pilot schemes, the idea of a vaccine passport and how something like this might be implemented. Rob Callister MHK recommended a video, by the International Air Transport Association, on how international travel may be able to resume with a Travel Pass.
Event 4: Wales: Agile Parliaments
26 March 2021

What We’ve Done at the Senedd

Wales was the first Parliament in the UK to meet virtually, and it had just finished its fifth virtual Senedd. It had shown that it was a flexible and an agile parliament, meeting in different ways to ensure the continuity of business. It had the continuity of Parliamentary Committee meetings entirely on a virtual platform, and since April 2020 all Committees had been meeting virtually. This increased the diversity of witnesses, which is important in scrutiny.

How and Why

From the very beginning of the pandemic, all Members of the Senedd were keen to meet to be able to continue scrutinising the Government and its legislation. In addition to this, the First Minister wanted to ensure that Wales had its own voice, distinct from that of the UK Government. Being unicameral with 60 members in total also meant that it was practical for everybody to be able to meet at the same time. There was also a lack of impediment in terms of Standing Orders, meaning there was no requirement for the Senedd to meet in any particular place or even physically at all.

Procedures

There was a provision in the Senedd’s Standing Orders that made it possible to have temporary SOs, that gave the Senedd flexibility to meet during the pandemic. It was agreed to extend those measures during the most recent Senedd. In the early days of the pandemic there was also block voting, where groups could vote on behalf of all of their members. In addition to this there was a reduction in quorum to 4, and the introduction of a web-based voting system (devised in-house by an IT team which had risen well to the challenge).

The Future

The Senedd demonstrated its flexibility to deal with the pandemic, and some of those measures will be retained into the future. There is an appetite from Committees for virtual meetings to continue, and hybrid meetings will also remain to accommodate people who are not always able to travel. The voting app will also continue to be used in the future due to its convenience. In the discussion that followed, Siwan Davies noted that whilst it was a positive thing that the Senedd was able to meet, reliance on IT is always a risk, which is something to consider moving forward. Rhianon Passmore MS introduced Councillor Philippa Marsden, Leader of Caerphilly Council, to provide an overview of the Council’s response to the pandemic.
Overview of Council’s Response

Councillor Marsden provided an overview of Caerphilly, the fifth largest authority in Wales. Its demographic is a mixture of towns and villages, from affluent rural neighbourhoods to large council estates with significant social and economic deprivation. When Covid-19 started to spread, there was an alarming increase in cases, which led to the area being first to be put in local lockdown.

It was clear from the start of the pandemic that local authorities would need to step up and play a key role. Residents needed leadership, confidence and reassurance to support and protect them deeper into the pandemic.

Once the schools closed, the provision of free school meals needed to continue. Ensuring that children from deprived areas still received healthy and nutritious meals even if they were not in school was essential and a huge logistical challenge. It required mobile contractors and volunteers to deliver meals to doorsteps of eligible families, of which 5400 children benefitted. Over 20,000 free school meals were delivered each week and recently the Council had marked the delivery of a million meals since the start of the pandemic.

Wider Community Response

Councillor Marsden highlighted that the key was to protect vulnerable members of society, with prescriptions and essential medicine for those shielding and supplies for those confined to their homes for many months. 1500 individuals were supported in their own homes, many of whom were shielding. 590 council employees signed up to be buddies, demonstrating the commitment of staff. 50,000 ‘good neighbour’ cards were distributed to bring communities together and to make sure everyone knew how to get help. The sense of community spirit was overwhelming, and it was hoped that it would become a lasting legacy.

Health and Social Care Services

Social care staff and residential and nursing homes were at the front lines of the battle against Covid-19. Millions of PPE items were distributed to keep staff and residents safe.

Providing Childcare

Another challenge was providing childcare. When schools closed, some of those buildings were transformed into childcare homes. In a matter of weeks, impressive facilities had been developed and criteria introduced to ensure that children of key workers received high-quality childcare in a safe and modern setting. Teachers were drafted in to run these facilities, and this allowed many parents to carry out roles as part of the national Covid-19 response.

Vaccination and Testing

Sites were provided by the Council for mobile testing, and subsequently to support the Health Board with its mass vaccination programme. Initially the Council handed over its corporate headquarters to use as a vaccination hub, demonstrating its collaborative approach. It also reallocated one of its leisure centres to be used as a vaccination centre.

The Need to Continue Other Services

It was important to be able to continue providing services such as highways, social services, public protection, recycling, and refuse collection. Many staff members were redeployed to ensure resources were available where needed. Council staff members worked from home, but residents did not receive any disruptions to services. The Council was now moving to a more agile working model.

Ideally the future for Council meetings would look like a hybrid model, so that, for example, more elderly Members could interact without leaving their homes, which would enable democracy to be enacted.

One issue that has been highlighted is the inequality of broadband availability in Wales, so it will be important to look at a way to ensure that everyone in society can function and contribute.
Discussion

It was noted that despite some reluctance to become home workers, many people work better in an agile way. With mutual trust, it can be the best of both worlds and has shown how organisations can change and evolve. This would not have been possible without learning best practice from each other. With this will come new HR policies to do with agile working.

Rob Callister MHK noted the success of the free school meals. He also asked how long-term mental health issues might be addressed. Councillor Marsden affirmed that mental health issues are high on the agenda and are being addressed through the Caerphilly Cares model and signposting to relevant services.

Rhianon Passmore MS – A Parliamentarian’s Perspective on the Importance of Agile and Effective Parliaments

Rhianon Passmore reflected on Siwan Davies and Councillor Marsden’s presentations, and added that agile parliaments attempt to bridge the gap between the top-level Welsh policy line and that of local delivery on the ground. The work of local government across Wales, exemplified by the work of Councillor Marsden’s team, working alongside others from public health boards to the military, had been fundamental in delivering what the Welsh policy line had been articulating.

One key challenge was ensuring that representative work could still take place in a meaningful way during the pandemic.

To do this there was a need for hardware, training, and essential resources. The Standing Orders situation made it possible to work in an agile way across Wales. Being able to do this during a pandemic is important to all legislatures moving forward. The Senedd and its Committees had been meeting, analysing, scrutinising and holding not just the Welsh Government but also the UK Government to account. This was particularly important at the moment as powers were repatriated following Brexit.

Discussion

Audience included Members and staff from Alderney, The Isle of Man, Gibraltar, Jersey, the UK and Wales.

On remote working, Juan Watterson asked about the cultural challenge of not being able to “stick your head around the door”. Rhianon Passmore agreed those informal conversations are important and that it is imperative to use our virtual environments to our advantage even for these, which requires proper planning. Councillor Marsden said that the Council is looking at redeveloping public spaces so that they support a more agile working model and are shaped for the future.

On the hybrid issue, Jon Davies noted it is important to ensure that there is enough equality of input, access and influence, and that there should not be a disproportionate benefit to either remote or office-based options. To close the session, Jon Davies highlighted that the key themes across each of these presentations had been flexibility, collaboration, strong IT, and a can-do attitude. He added that in the end, whilst keeping in mind the importance of systems and processes, it is also essential to remember the effects on citizens and the physical and emotional needs that those people have.
Acknowledgments

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