

I said several weeks ago that coming out of lockdown would, in some ways, be harder than going in – not least because it could start to introduce some stress on the #GuernseyTogether spirit, as some want us to move faster and some want us to move slower.

Since our briefing on Tuesday, we are getting a few – not many, but a few – messages, which are challenging the pace of Phases set out in the Exit Framework. This is understandable but I want to respond to those head today.

As we all said, repeatedly on Tuesday, the Framework is just that – a framework – it's not cast in stone. We expect it to flex – one way or the other – hopefully faster rather than slower. As Heidi said, we do not want to overpromise and underdeliver; we'd rather underpromise and overdeliver. It is a reasonable worst case scenario.

As you will hear from Nikki, the stats continue to be good. We are down to 15 active cases now; and today is our 7th day of no new cases. The obvious challenge is, surely, this means the crisis is passed – and why can't we just unlock completely or at least a lot faster than the Framework envisages?

I've said in relation to our Recovery we need to be bold and brave. But in relation to the Public Health threat, we will continue to be measured and responsive; bold and brave in this context, we could regret as hubris and stupidity. I was given an analogy today that I think works well: it's like we took a freefall parachute from 10,000ft a few weeks ago; it looked like we were plummeting to the ground, but on 25th March, the parachute opened when the lockdown began and it slowed our rate of descent. We can now clearly see the landing zone; but now really is not the time to take off the parachute.

Whilst we did not enter the pandemic with exponential growth in cases, we still could. We cannot assume that no new positives,

means we do not have any other cases in the community – the unknown, unknowns if you like. As Nikki will tell you, in epidemiological terms, the probability that we happen to have captured **all** our infections is vanishingly small. There may be some who have no symptoms, but are capable of infecting others; there may be some who for socioeconomic reasons have not sought testing, but are in fact harbouring clusters of infection. We know there are social issues and language barriers that mean not everyone will want to be found, if they are a positive case (for example, for fear of loss of income for low paid essential workers). As soon as we exit through each phase, these could each spurn exponential onward infection, until we find a case that leads us to the cluster.

In short, once again, we cannot – and will not – be complacent.

But for those who are concerned that we are being overcautious, I just want to explain what checks and balances there are in the decision-making system, to challenge group think. To do that, I need to give you a 2 minute explainer on how our governance is working.

Firstly, the Civil Contingencies Authority, which I chair and on which Heidi sits, is in effect an emergency law maker. Through its Regulations, it has empowered the Committee *for* Health & Social Care to make Directions in relation to the lockdown. So Heidi and her 4 colleagues on that Committee are the decision-maker. But there are not doing it in isolation. The Civil Contingencies Authority has an oversight role to ensure that the powers it has enabled, are not misused. So if Heidi and her team go rogue and decide pubs and clubs could open tomorrow, the Authority would almost certainly want to intervene; on the other hand, if Heidi and her team decided that we needed to stay in lockdown until an effective vaccine arrived, the Authority would almost certainly want to intervene then as well.

Also, as we said many times, these decisions are not being made in isolation. They are being made with the wider interests of the

community at heart too – including the community’s mental health and wellbeing and our economic wellbeing. To assist Heidi’s Committee as it seeks to make its decisions, as we move through the Phases, it will have input from a wider group outside her Committee. To help with that, my Committee, Policy & Resources, is setting up a sub-group of P&R comprising representatives of all the Principal Committees – Home, Education, Social Security, Economic Development, Environment & Infrastructure as well as the States Trading Supervisory Board that will meet, discuss all the issues in order to provide that challenge and input to Health.