

## Correspondence: Cross-border petroleum licences partially within the Welsh onshore area: ministerial direction

These directions relate to [The Scotland Act 2016, Wales Act 2017 and Onshore Petroleum \(Consequential, Transitional and Saving Provisions and Model Clauses\) Regulations 2018](#), which come into force on 1 October 2018.

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## Speech: Corruption and conflict: An insidious plague

Thank you very much indeed Madam President and thank you for putting this very important issue on the Council's agenda today.

Thank you to the Secretary-General for those insightful words and also to Mr Prendergast. I was very interested in what you had to say about the three things that primarily need tackling and about sanctions having to be extended to networks and about system change. I hope that we will, as the Council considers some of the issues before it, I hope that we will be able to follow some of your prescriptions and debate how more productively we can actually tackle corruption.

It is pervasive, we agree with the speakers so far that is causes, it exacerbates conflict but even more than this, it's a major obstacle to economic growth and to poverty alleviation. It's a subterranean current that perniciously undercuts efforts at peace, reconciliation, at community rebuilding and in many cases it causes these efforts to collapse. From my own experience in Kabul, I know what it does to individuals' willingness to go along with governments trying to do the right thing when they see lower level officials trying to shake them down for the most basic human services.

Losses from corruption total some trillion dollars a year. It holds back economic development, it undermines the provision of public services and it stokes grievances and ultimately, conflict. Kofi Annan in 2003 called it an insidious plague.

The links between corruption and conflict are well established and we've heard some of that today. In Syria, we've seen how a corrupt government can generate grievances that lead to discontent and then to violence and then to conflict. In the Balkans, much ethnic tension has been fuelled by leaders not living up to their responsibilities. UNODC studies in Iraq, Nigeria and Afghanistan show how once conflict begins, it creates even more opportunities

for bribery and other corrupt practices. In turn, this undermines the rule of law and that fuels further conflict. Terrorist groups such as ISIS or al-Qaeda take advantage of corruption. Both to fund their operations but also to attract recruits and fund their ideology.

No country is immune from corruption –I include my own country in that. The fight against corruption therefore needs to begin in our own capitals. I'd like to highlight three steps that the United Kingdom has taken recently to strengthen our own defences.

In 2017, we passed the Criminal Finances Act, which establishes new anti-corruption tools such as unexplained wealth orders. This year, we announced that we would establish a public register listing the beneficial ownership of overseas companies, including in our overseas territories. This will help ensure that the UK is not used as a refuge by corrupt leaders, businessmen and officials. We have also established a National Economic Crime Centre, hosted by our National Crime Agency, to task and coordinate our overall law enforcement response.

But in today's interconnected world, it is vital that there is a properly joined-up international response so we are very strong supporter of the UN Convention against Corruption. I'd like to take this opportunity to urge all those countries that have not ratified the Convention to do so. The Convention provides an excellent international framework to guide collective efforts but 15 years on from its adoption by the General Assembly, we need to ensure that we maintain momentum and focus on implementation and that the Security Council, ECOSOC and the General Assembly all ensure that their efforts in this regard are mutually reinforcing.

Madam President, in 2016 we hosted an Anti-Corruption Summit in London the hope of stepping up global action. One of the most important outcomes of this Summit we believe was the establishment of the International Anti-Corruption Coordination Centre. This brings together specialist law enforcement officers from six countries to trace the assets and individuals involved in cases of grand corruption.

Asset recovery is a crucial part of efforts to tackle corruption and it's a fundamental principle of the Convention. In 2017 we co-hosted the first Global Forum on Asset Recovery with the USA, the World Bank and UNODC. This forum helped progress arrangements for returning stolen assets of over \$300m to Nigeria.

Chapter VI of the Convention highlights the importance of technical assistance and information exchange. The UK is proud to be working in partnership with several countries to share best practice and develop capacity. In Nigeria, we provide technical assistance and equipment to key agencies fighting international and domestic financial and economic crime, and we work to raise public awareness of corruption.

In conclusion, Madam President, the UK will continue to support a concerted international response to end impunity for those engaged in corruption, recover stolen assets, and empower citizens to stand up to and report

corruption. This in turn will help prevent and resolve conflict. The UN has a crucial role to play in this response. We hope all Member States will work together in order to get the better of corrupt leaders, businessmen and officials, and ensure there is no safe haven.

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## News story: Secretary of State statement following meetings with NI Political parties



Following the meetings, Mrs Bradley said:

As the current impasse continues, public services are suffering. Local decision-making is urgently needed to address this.

The right way forward is stable, fully functioning, inclusive devolved government.

Last week I set out the Government's clear plan to bring that about and today was the first step in that process. I will continue engagement over the next days and weeks ahead of legislation to support the ongoing delivery of public services in Northern Ireland.

Devolved government is in the best interests of Northern Ireland and this is what I am determined to deliver.

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## News story: Human Rights Council 39: Interactive Dialogue with the Independent Expert on the Rights of Older Persons

The United Kingdom thanks the Independent Expert on the Rights of Older Persons and the Special Rapporteur on Water and Sanitation for their work and would like to address our remarks to Ms Kornfeld-Matte.

The UK remains fully committed to the human rights of all persons, including older persons. We are cognisant of the serious issues older persons face, and will continue to engage in this important debate. The Independent Expert's report reflects the complex and intersecting nature of the causes of social exclusion for older persons, linking to the rights to work and health; to independent living and decision-making; and to the impact of policymaking on older persons.

As we said at the Working Group session in New York, the UK considers that States should promote equality in older age, which is the full participation and inclusion of older persons in all aspects of society based on equal respect for the dignity of older persons. We consider that States should have due regard to the differential impact of their decisions, in particular age-based policies, on older persons.

By way of example, in the context of decision making and participation all local authorities in the UK have an obligation to promote wellbeing when carrying out their care and support functions in respect of an individual's personal dignity, including treatment of the individual with respect; control by the individual over day-to-day life; and participation in work, education, training or recreation.

In the context of social protection, we have reformed our pension system to give people greater clarity on what they can expect from the state and to provide a clearer foundation for private saving.

Mr Vice President,

We would like to ask the Independent Expert how she believes we can help older people to better prepare for later life.

Thank you Mr Vice President.

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# Speech: An NHS we love to work for

It is the greatest fear anyone can face. The fear of losing a loved one. A child. A sibling.

Everyone here. Everyone who works in this great hospital. Everyone who works in the NHS, from the cleaner, to the consultants, to the chief exec.

You save people from their greatest fears. You do it every day. And you've done it for me. And I just want, from the bottom of my heart, to say thank you. To the Great Western Air Ambulance and everyone at Southmead.

Thank you for saving Emily's life and putting her on the road to recovery.

I will never forget my time here. Not just today – it was wonderful to be able to thank Jas and the whole ICU team who we never got the chance to thank properly. But I'll never forget the week we spent here, on the edge of the abyss. When Emily was falling into the jaws of death, you caught her and held her and brought her back to life and cared for her. And it's not the first time or the only time the NHS has done this for me. You do it for everyone.

And I don't care if you're a porter or a receptionist or the finest surgeon in the land. A manager or midwife or pharmacist or physician. Every single person contributes to saving lives and improving lives every single day.

And the reason the NHS is so loved by so many is because you do this according to need, for everyone.

And for me, it's deeply, deeply personal. And now it's my great honour to be the guardian of health and care within government as Secretary of State.

Today I want to talk about you. The workforce of the NHS, and the social care workforce across the country.

## **Commitment**

A few weeks ago, in my first speech in this job, I set out my early priorities, and what I want to do to engage with the 3 million people who dedicate their working lives to caring for others.

It's another reason it's so great to be here at Bristol Southmead, in a hospital that I know takes staff engagement so seriously. As a man known for my fondness for apps, I was particularly pleased you've a staff engagement app, which I had a demonstration of earlier.

I've been lucky enough in the past few weeks to spend some of my time shadowing people working on the frontline across the country.

And I've just come from one of the St Monica Trust care villages, and seen just what a difference the care workers there make to the lives of their residents. They're dedicated. They're skilled. And they bring light to the

lives of the people they care for. It hasn't taken long for me to see for myself the pressure that the health and care workforce are under, and how hard you work every day. And I've also seen that you feel undervalued, and that your voices haven't been heard. I'm determined to turn that around.

Everyone knows the work you do is a vocation. But let's be completely frank. Most people in the NHS love their work despite the system. They love their work not their jobs. Mission-driven jobs – yes. But sometimes very frustrating jobs too. I want to make health and care jobs the best jobs there can be.

## **A conversation**

And I need your help. I need to know direct from you the changes you want to see. Today I want to start a new form of engagement. Like the best organisations, I want to start an open-ended, 2-way, frank conversation.

Today marks the start of that dialogue. A real conversation. And, like a true conversation, it will evolve based on what you say, what you think, and on the changing world of health and care. I want us to be realistic yet ambitious in what we can change for the better. And I want this exercise to reflect the real-time concerns and ambitions of the workforce, rather than take a snapshot of how you feel at one point in time.

## **The platform**

As you may know I'm passionate about technology and, for me, technology isn't just important in delivering better health and care, but can be a powerful tool for engagement. So we're launching our new platform, TalkHealthandCare.

Government has never engaged with health and care staff in this way before.

This is about giving you a voice in the day-to-day creation of policy in government, and giving you somewhere to go with your ideas and questions, somewhere for you to challenge us and, equally, for us to ask something of you. Because, if the culture in health and care is really going to change, it will take all of us, working together, to make it happen.

That's why this new engagement platform – or website, to you and me – will start by launching 5 challenges.

We'll be exploring each of these in depth – inviting you to share your stories and ideas, and sharing our own ideas in the meantime, in the form of blogs, videos and more.

Then we'll read what you've said and feed back to you. We'll set out what we've learned from you and what we're going to do about it. And – in case you're interested – we'll let you know what I've been up to, and I'll share some of my personal reflections on the process.

And this isn't the only new form of engagement I'm interested in. We're also launching a brand new Workforce Panel, which I'll meet with, physically and

virtually, to hear, first hand, what's happening in care homes, hospitals, board rooms, surgeries, ambulances, hospices and labs across the country. This is a personal sounding-board, intended to compliment and build on the excellent work of the Social Partnership Forum.

## The challenges

Now before I touch on the first 5 challenges that I want your help with, I want to say this.

You can't spend even 2 months in this job without realising one of the biggest things, if not the biggest thing, impacting on the morale are rota gaps and unfilled vacancies.

We have proposed, from next year, to increase the NHS budget by £20 billion a year, alongside a long-term plan for how we guarantee the NHS for the long term. And we will publish our green paper on the future of adult social care, with a strategy for its workforce, later this year.

I want the response to these challenges to feed into those plans.

The challenges are about empowerment, safety, development, respect and getting the basics right.

I hope you will allow me a minute to go through each one.

Challenge 1 is about making sure staff in health and care feel empowered at work. It's about spotting a better way of doing things, of innovating, in a way that improves the experience for both those we care for and those who care.

This is about organisations in health and care working with staff to develop a shared vision about what they're trying to achieve, it's about staff feeling empowered to innovate, and learn from the innovation of others, and it's about all of us developing a culture of continuous learning and testing, and strengthening the pride you have in your job.

And while we are talking about pride, I also wanted to thank you for all those who care unpaid. Those who volunteer in our hospitals and to the millions who selflessly give up their time to care for their friends and family. I'm delighted we are formally working with HealthForce and urge everyone to harness its potential.

Challenge 2 will ask about working in an environment in which you feel safe and secure. An environment without fear of bullying and discrimination, and where victims of violence are taken seriously and supported. Health and social care jobs are fundamentally about caring for people and it's unacceptable that there are still a worryingly high number of reports of bullying and harassment.

The Social Partnership Forum – made up of NHS employers and staff representatives – is developing proposals on how we can prevent and reduce

violence against NHS staff and how we can support staff who experience violence. I'm clear that this partnership will bring real sustainable changes to issues like violence, bullying and harassment, which are too often put in the 'too difficult' pile and accepted as the way things have to be. Not so. It's not acceptable and we will stop it.

I want to know about your experiences of bullying, discrimination and violence, and about good examples of what's being done to tackle them.

Challenge 3 is about development – making sure staff have access to the training, development and support they need.

Staff at all levels should feel they are supported to access training that supports them to provide high-quality care and to progress in their career. Learning is a lifelong pursuit for everyone, but we know that staff don't always feel able to access the development they need.

I want there to be a ladder of opportunity up which everybody can climb. So that someone who starts as a porter or a cleaner, and works hard, can climb that ladder and end up 30 years later as a consultant or chief executive.

This can be done. Peter Homa, for example, Chair of the Leadership Academy, started his service in the NHS in 1979 as a porter. We have added rungs to that ladder with nurse associates. Now I want every rung in place, and I want that ladder in social care too. I know that, just like in health, it can feel like there is never enough time, and not enough money, to prioritise training, but we know that the best social care providers with the most engaged staff recognise that this investment is worth it.

We need more people to feel they have had the support that allows them to get to the point where they can take on the critical registered manager roles.

I am so proud that in my first ministerial job, as Skills Minister, we introduced nursing apprenticeships. I think it is fantastic that we now have a complete pathway from entry-level healthcare support worker to nursing associate, registered nurse and onto postgraduate advanced clinical practice in nursing – all through the apprenticeship route.

That ladder must keep being built and I am so pleased that my fantastic colleague and the Minister of State for Care – Caroline Dinenage – is working to expand the number of nursing associates in social care. I believe there are more opportunities like this, and I want to hear what you think about them.

Challenge 4 is about belonging to an organisation that respects and values everyone's contribution. All staff in health and care must feel included, valued and respected.

This challenge is all about people feeling trusted – belonging to a team, a group, an organisation who they identify with, feeling engaged by their employer, no matter where they come from.

It is about equal pay for equal work across all roles. It is about ending the



gender pay gap and tackling bullying wherever it is found.

But it is also about doing what we can to ensure that the roles that you are asked to do are realistic and reflect 21st century working lives.

There must be more opportunities for flexible working and flexibility in training throughout your career. Medical training for doctors must be designed in a way that recognises that junior doctors have lives and commitments outside work. Why do you have to move trust every 6 months even if you could get the breadth of training in the trust you are in? Why don't we have training that fits the need of the trainee?

We shouldn't duck the issue of how to provide more stability and certainty when it comes to training placements. I am encouraged by the changes already made to accommodate the preferences of trainees with special circumstances and to minimise unnecessary movement for others, but there is much more to do.

And finally, challenge 5 is about getting the basics right – what should we do to make sure staff are equipped to do their job? We know that staff need their basic physical and emotional needs to be looked after before anything else can happen.

This challenge is all about staff having access to healthy food, places to rest and to emotional support. It's ensuring you feel able to remain fit and healthy, or able to recover from illness or injury. And it's about having access to equipment that helps you do your job and helps managers run their organisations as effectively as possible. And of course pay matters too. I'm glad we have agreed a long-term settlement for AFC staff, and I want to work with the doctors to do the same for them for the future.

## **Leadership**

The key to getting all of this right, of course, is great leadership and ensuring that leaders of different functions or organisations work together in a united way, around a clear vision.

I want to do more to get great leaders and future leaders into health and care. The NHS graduate management scheme is already one of the most competitive grad programmes in the country. It is expanding, with a bigger intake of 200 graduates this year, rising to 500 next year.

In the past year, we've also taken the important step of bringing that together with the corresponding scheme in social care. There are now elements of shared training so that future leaders across health and social care have a better understanding of the challenges faced by each other.

And we want to nurture leadership talent too. In social care, Skills for Care continues to grow its registered manager network to offer support and guidance to those in this role that is so critical to the quality of care provided.

I'm going to put rocket boosters under the NHS Leadership Academy, which is going to do far, far more now than develop and deploy talent – both clinical and non-clinical. And the NHS Digital Academy is going to grow.

I want a more porous border between clinicians and management, and a more porous border between the NHS and elsewhere. It is really striking when you look at the pool of potential NHS leaders just how few have a clinical background or come from outside. Only a third of chief executives are clinicians. Nor do we tap into the skills of women and those from BME backgrounds: only 47% of chief executives or directors are female compared to 75% of the workforce as a whole, while a mere 2% of chief executives are from BME backgrounds compared to 17% of the workforce as a whole. And far, far too few managers in the NHS bring skills and experience from outside.

Change management is hard. Let's get the best wherever they come from.

## Summing up

So there we are – 5 challenges to kick off with. And these are challenges to all of us – everyone who makes a life of working in health and care. We want to know what's working and where it's working – what's important to you? What has the most impact on your lives, and what are we missing?

And it won't stop there. I want to keep talking, and keep listening. I want you to innovate, and I want the department to innovate too. Part of that means trying new things, learning as we go, and improving where possible. That's no different for this platform.

Working in the NHS is not just a job – it's a mission. I want to harness that passion.

I know that, if not for the people at this hospital, my sister might not be here today. I also know that our story isn't unique, and that everyone in this country has been touched, at one point or another, by the incredible skill and compassion of our health and care workforce. And that's why I'm launching TalkHealthandCare today. Because it's time to hear what you have to say about the jobs that are at the very heart of this country.