

Details of £500million discharge fund

- Funding to speed up patient discharge, freeing up hospital beds to reduce ambulance handover times and improving capacity in social care
- Health and Social Care Secretary Steve Barclay addressed NHS workforce at NHS Providers' annual conference
- He set out his key priorities including a focus on what matters most to patients, as well as putting the NHS on a more sustainable footing

Patients will benefit from faster access to emergency treatment following an injection of £500 million to free up hospital beds through quicker discharge, which will also help reduce ambulance handover times.

£300 million will be given to Integrated Care Boards to improve bed capacity and £200 million for local authorities to bolster the social care workforce, increasing capacity to take on more patients from hospitals.

Local authorities and Integrated Care Boards – organisations that bring the NHS together locally to improve health in the community – will work together to agree on spending across their regions, introducing tailored solutions which speed up discharge and benefit patients in their area.

Allocations will be published in due course with payments to be made in the coming weeks, following the announcement of the fund earlier this year. A second tranche of funding will be distributed in January 2023 delivering support across winter.

Speaking at the NHS Providers' annual conference in Liverpool the Health and Social Care Secretary said:

I am pleased to announce details of the fund which will be provided to ICBs and local authorities to free up beds, at a time when bed occupancy is at 94%.

In line with our devolved and data-driven approach we will be allowing local areas to determine how we can speed up the discharge of patients from hospital.

This might be through purchasing supportive technology boosting domiciliary care capacity or physiotherapists and occupational therapists to support recovery at home.

We will also be looking closely at the impact of how funding is used and using this data to inform future decisions around funding".

Local areas will be free to spend this money on initiatives which will have the greatest impact in their area on reducing discharges into social care, which in most areas will mean prioritising home care. Funding may also be

used to boost adult social care workforce capacity, through staff recruitment and retention, where that will help reduce delayed discharges.

Addressing the workforce for the first time since returning to the role, the Health and Social Care Secretary set out his priorities today (Wednesday 16 November) for the coming months to ensure the health and care system continues to deliver for patients.

Key areas of focus for the months ahead will be:

- Supporting the workforce including through more staff for NHS 111 and 999.
- Focusing on recovery plans across electives, urgent and emergency care.
- Tackling the issue of delayed hospital discharge.
- Improving access to primary care.
- Ensuring a stronger future for health including maintaining momentum on the New Hospital. Programme and investing in technology to improve patient outcomes.

Minister of State for Care Helen Whately said:

People should be cared for in the best place for them, but discharge delays mean patients are spending too long in hospital.

Our discharge fund will get more people cared for in the right place at the right time. We're asking hospitals and the social care system to work together to help patients and carers too, who often take on a lot of the burden of caring when someone leaves hospital.

The discharge fund will boost the social care workforce and in turn reduce pressures on the NHS and hospital staff, as it frees up beds and helps improve ambulance handover delays.

On tackling the Covid backlogs, the Health and Social Care Secretary emphasised the importance of close working between the Department of Health and Social Care and NHS England to reduce variation and tackle wider recovery challenges.

Looking beyond the immediate challenges of this winter, he reiterated the need to ensure a stronger future for health and care including investment in NHS buildings.

He set out his commitment to prioritise hospitals built using reinforced autoclaved aerated concrete (RAAC) as part of transformation plans as well as the need to modernise the way NHS buildings are constructed, moving away from bespoke designs by individual trusts and towards standardised designs that can streamline the approvals process and reduce construction time. This will help deliver new hospitals more quickly with better value for money, as part of the government's commitment to deliver 40 new hospitals by 2030.

He also set out the need to harness the opportunities of new ways of working

shown by the pandemic including use of the NHS app to reduce pressures in primary care. From the end of the month patients will be able to book their Covid vaccine via the NHS app, reducing the burden on GP providers.

Closing his speech, he acknowledged the size of the collective challenge the system as a whole faces heading into winter and his commitment to working with the sector to build a more resilient, healthier NHS for the long-term.

Russia continues to commit atrocities in Ukraine: UK statement to the OSCE

Thank you, Mr Chair. I would like to start by offering my condolences to those who lost their lives and those injured by the bombing in Istanbul – terrorism in all guises is abhorrent.

Turning to Ukraine, the UK also expresses condolences for the victims of the missiles which landed in Poland this Tuesday. We stand in solidarity with our ally, Poland. [As my Foreign Secretary stated in our Parliament yesterday](#) – the only reason missiles are flying through European skies, and landing in European villages, is because of Russia's aggression. We commend Poland's decisive, determined, but calm and professional response to the situation.

Over the past few weeks, we have highlighted the dire humanitarian impact of Russia's intensified attacks against civilians and civilian infrastructure across Ukraine, ahead of winter. Russia's continued, callous targeting of Ukrainian cities this week shows only Putin's weakness. These were the heaviest Russian missile strikes since the start of the war. Up to 10 million households were left without electricity, showing the cruelty of the approach by the Russian government and military.

Mr Chair, I would like to focus my statement today on life in the Ukrainian territories under temporary Russian control. This started in 2014, not in 2022. A clear pattern has emerged of the repeated, systematic and brutal actions of the Russian military and government against the civilian Ukrainian population. A clear pattern of violations of international law, including international humanitarian law. Horror after horror after horror.

In March 2014, Reshat Ametov was abducted while protesting outside a local government building in Simferopol, Crimea, in protest against the illegal takeover of Crimea by Russian troops. Two weeks later, his body was found with signs of torture. Since then, Russia has continued to persecute and restrict the fundamental freedoms of ethnic and religious groups, including Crimean Tatars like Reshat, with arbitrary arrests, torture and intimidation.

Since Russia's invasion of Ukraine this year, [two Moscow Mechanism Reports](#), and our weekly statements at this Council, have highlighted further Russian

atrocities in Ukraine. The Moscow Mechanism Reports document grave human rights abuses and violations, including torture, executions of civilians, unlawful detention, enforced disappearances, rape of women and of children, and much more. We have condemned Russia's "filtration centres" which subject Ukrainian civilians to interrogations, humiliating body searches and illegal deportations. We have condemned Russia's sham, illegal referenda conducted down the barrel of a gun.

And today, we condemn the latest horrifying accounts coming from Kherson. Yevhenia Virlych, a journalist, stayed in Kherson for five months before escaping. Working in secret for her own safety, she documented how seven thousand people initially protested against Russia's temporary control in March. Protests stopped by April – because Russian troops were shooting at civilian crowds. Another resident of Kherson, Ludmilla, is 76 years old. Ludmilla wept when she was handed a bag of food by an NGO in newly-liberated Kherson – and described her "months of hell" living under temporary Russian control. Ludmilla's son was killed by shelling in May. Ludmilla's daughter-in-law and grandchildren evacuated to Poland soon after. Like many others, they faced long and dangerous journeys, involving Russian check points and "filtration camps". Ludmilla decided to stay at her family home and survived without running water, electricity or gas and with dwindling food supplies. Allegations of breaches of international humanitarian law, including the use of torture in Kherson are coming to light.

But there is hope. The Ukrainian flag has been raised again over Kherson only weeks after Putin declared that the city would be part of Russia "forever". As Kherson and countless liberated settlements have demonstrated, Russia's crimes are systematic and sustained. The Ukrainian people are fighting to take back what is rightfully and legally theirs and escape this living nightmare. In doing so, they are standing up for the fundamental OSCE principles that matter to all of us – of sovereignty, territorial integrity and the non-use of force.

We welcome the news that the Black Sea Grain initiative will be renewed until March. Over 11 million tonnes of grain and other food have already been delivered since July. It is vital this continues.

Mr Chair, the way out of these horrors remains simple. President Putin must withdraw all Russian troops from Ukraine unreservedly and unconditionally. Russia must pay for the damage it has inflicted in Ukraine – [as voted for by 94 countries at the UN this week](#). And those individuals responsible must be held to account for actions which are in clear violation of international law. [As my Prime Minister said at the G20 this week](#), the UK will never back down when it comes to supporting the Ukrainian people in the face of this brutality. We will stand by Ukraine now and until Ukraine prevails. As long as it takes.

In pursuit of balance: unlocking the power of data whilst preserving public trust

Since its foundation in 1948, the NHS has looked after the population of this country. In doing so, it has amassed comprehensive cradle-to-grave information about tens of millions of us, whatever our social and economic circumstances or ethnic origin. This store of confidential data is a national treasure – our shared national treasure – that must never be compromised or treated carelessly, as its collection is founded on our trust.

The value of our data will only be realised if it can be organised in such a way that the NHS is able to use it well to improve treatments, services and ultimately our health and care. Sealing this precious asset in a vault where it cannot be used would render it worthless. However, making the data available in ways that damage patients' trust would be counterproductive. If people lose their trust in how the health and care system handles their confidential data things will fall apart, and plans for data use will not hold.

Welcome to the world of balanced judgment. The hunt is on for a way to unlock the treasure of our data without damaging our trust. These objectives are of equal value. As National Data Guardian, I have set my [vision, mission and strategic objectives](#) towards this end.

The importance of achieving the right balance is coming into sharper focus now, as NHS England begins asking companies to tender to provide a federated data platform. This 'ecosystem of technologies and services' will provide real-time, reliable insights to those making decisions about how care is planned and delivered.

I strongly agree with the aims and ambitions of NHS England's federated data platform (FDP) programme. Improving timely, meaningful access to high-quality data, visualised in a way that supports more informed decision-making by those empowered to use it, is key to improving health and care access, outcomes, and experience for all. However, this data programme must avoid common pitfalls around trust and transparency that have frustrated previous initiatives in this area. More on that later.

Public trust can only be earned through a commitment to honesty and transparency. There must be no surprises for people about how their private information is being used. To help the programme to get it right, my team, panel of advisors and I have provided, and continue to provide, advice in several areas around these themes. I have made clear that NHS England needs to allow sufficient time to listen to patients and professionals and then adapt plans according to what it hears. I have advised that the programme must be transparent and always strive to provide clear, easy-to-understand explanations of the platform, what data it will use, how it will use it, the

benefits of the programme, and, just as importantly, the risks. Being open about risks and their mitigations provides an opportunity to meaningfully engage the public and build confidence in the system. This information should be publicly available, easy to find, and accessible. The programme has subsequently assured me that it will be carrying out research with the public to determine what information people want and need about the programme. This will inform its communications and engagement plans, which it has committed to share with me for review.

I have advised the programme to develop comprehensive information governance guidance, clear governance frameworks and security measures for the platform. I expect that it will continue to engage with me on these matters. I have also counselled that the programme should remain mindful of the NHS's [core values](#), and how the track record and values demonstrated by any organisations procured to deliver on a large-scale data programme align with them. As NDG, my role is to provide advice and guidance. Ultimately, decisions around the FDP's procurement rest with the Department of Health and Social Care and NHS England. To date, I'm pleased to say those running the programme have listened and responded thoughtfully to my advice.

Just as my predecessor, Dame Fiona Caldicott, sought to do with the care.data programme, I shall continue to stress the importance of public and professional confidence for the FDP programme's success. And as a psychiatrist (like Dame Fiona), I'd also stress the importance of learning lessons from history to avoid repeating mistakes. The care.data programme failed when it could not provide satisfactory answers to a series of questions and tests set by Dame Fiona, including key ones around transparency and the clarity of policy and communications. I hope the NHS will keep this lesson in mind and engage with these critical themes from the outset, so that the FDP programme succeeds in inspiring confidence and support where care.data did not. In this time of crisis for the NHS, the programme's work to support better health and care for all through the better use of our data is too important an ambition to fail.

[**AAIB Report: Piper PA-28R-200-2 \(G-EGVA\), Disappeared from radar over the English Channel**](#)

News story

Disappearance of a Piper PA-28R-200-2 (G-EGVA) approximately 20 nm west of Le Touquet in France on 2 April 2022.



The aircraft was one of seven taking part in a club 'fly-out' from Wellesbourne Mountford Aerodrome to Le Touquet in France. A line of highly convective cloud was forecast on the intended route and as G-EGVA approached the middle of the English Channel, one of its two occupants reported to London Information that they were in cloud. Neither of the pilots were qualified to fly in cloud and shortly after this transmission, the aircraft disappeared from radar. An extensive search of the area was coordinated by the UK and French Aeronautical Rescue Coordination Centres, but neither the aircraft nor the two occupants could be found.

It is likely that control of the aircraft was lost when it entered the convective cloud and that it was substantially damaged on impact with the sea. The CAA has published an [animation](#) and [podcast](#) reinforcing the safety messages highlighted in the [AAIB Special Bulletin S1/2022](#).

[Read the report.](#)

Media enquiries call: 01932 440015 or 07814 812293

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Published 17 November 2022

[Consultation on allowing schools early exit from software contracts](#)

Education Software Solutions Limited (ESS) is the largest provider of school management information system (MIS) software in England and Wales. In the UK, most state schools are required to have an MIS in place to handle information on staff and students including for handling attendance and safeguarding.

In April 2022, the Competition and Markets Authority (CMA) opened an investigation into whether ESS' conduct was anti-competitive by effectively

limiting schools' ability to choose an MIS software provider and excluding its competitors. The CMA was concerned about ESS providing that its customers – schools in England and Wales – must move to three-year contracts, from their previous one-year contracts, without giving them sufficient time to make alternative arrangements with other software providers. The CMA was concerned that these changes reduced schools' choice of MIS software provider and made it difficult for other providers to compete with ESS to win business.

ESS has offered to give legally binding assurances, known as commitments, which would enable certain schools – broadly those schools which had been given insufficient time to switch providers – to apply to an independent adjudicator for a new break clause to allow them to escape their current three-year contract with ESS and choose alternative providers.

If the CMA accepts commitments, that does not itself entail a finding that the business giving the commitments has breached competition law, and in this case the CMA notes that ESS maintains that its behaviour was not anti-competitive.

The CMA considers that the proposed commitments address its competition concerns by giving affected schools the choice to exit their current three-year contract and switch to another MIS supplier, facilitating competition.

It is now inviting comments from schools, and others likely to be affected by the commitments, including on the eligibility criteria to apply for the new break clause and on any matters that may affect the effective implementation of the proposed commitments – for example, on the application form to be used. If accepted by the CMA, the commitments would bring the investigation to an end.

Further details about how to respond to this consultation are set out in the notice of the proposed commitments issued by the CMA today. Comments on the proposed commitments should be received by no later than 5.00pm on 8 December 2022.

Further details about the CMA's investigation can be found on the [case page](#).

Notes for editors

1. For media enquiries, contact the CMA press office on 020 3738 6460 or press@cma.gov.uk.
2. All enquiries from the general public should be directed to the CMA's General Enquiries team on general.enquiries@cma.gov.uk or 020 3738 6000.
3. The CMA is the UK's primary competition and consumer authority.
4. The competition legislation relevant to the CMA's investigation is the Competition Act 1998 (the Act). The Chapter II prohibition in the Act prohibits any conduct on the part of one or more undertakings which amounts to the abuse of a dominant position in a market, and which may affect trade within the UK.
5. On 26 April 2022, the CMA launched an investigation into a suspected breach of competition law – a suspected abuse of dominance – in the

supply of MIS software in the UK by ESS.

6. Where the CMA has begun an investigation under the Act, it may accept commitments for the purposes of addressing the competition concerns it has identified. If the CMA proposes to accept the commitments, the CMA will consult third parties who might be affected by these commitments and allow them an opportunity to give their views to the CMA. The CMA will consider any such views before deciding finally whether or not to accept the commitments.
7. Formal acceptance of commitments would result in the CMA ending its investigation and not proceeding to any decision on whether ESS has infringed the Act.
8. The CMA has also considered whether or not to grant interim measures, under section 35 of the Act, in relation to this case. Formally accepting commitments, bringing the concern to an end, would make it unnecessary to make any interim measures directions in this case.