

OSCE report on combating trafficking in human beings: UK response, October 2022

Thank you, Special Representative Richie, for preparing this report and for your and your team's work during this particularly challenging time.

I welcome your office's reaction to Russia's brutal invasion of Ukraine and prioritisation of this most pressing issue and its possible consequences for human trafficking.

As Russia continues its war of aggression against Ukraine we are used at this council to hearing about the terrible price innocent Ukrainian civilians pay for Russia's bloody war. For those living in temporarily Russian-controlled areas life can be unbearable in many ways, but reports that Ukrainian parents are being separated from their children are particularly heart breaking.

The [second Moscow Mechanism report](#) documented large-scale deportations of people to Russia against their will, and cases of orphaned children brought to Russia, whose whereabouts are now unknown.

Ukrainians forced to flee their homes are vulnerable to human trafficking. The UK is helping these people through our [Ukraine Family Visa](#) and [Homes for Ukraine](#) scheme. We recognise that there are organised criminals who would exploit vulnerable refugees entering the UK, which is why our foreign ministry works closely with our visa issuing agency and housing ministry to mitigate these risks.

Dear Val,

Your response to the war in Ukraine was quick and effective. We welcomed the immediate policy responses to enhance anti-trafficking prevention and the specific recommendations for cyber and trafficking police, technology companies, and NGOs working to prevent and combat online exploitation. The existing guidelines for the identification and referral of victims among migrants and refugees was also a useful tool following Russia's invasion.

We share your assessment of the highly gendered and toxic demand for sexual services that resulted from the migration flows, as criminals preyed on the vulnerability of those fleeing. We welcome your gender-sensitive approach. The specific needs of women and children are also factored into our humanitarian response to the war in Ukraine.

The UK is pleased to be able to financially support your office's project to respond to the increasing risk of trafficking as a result of the migration from Ukraine, particularly targeting destination and transit countries.

At the [Alliance conference](#) this year, we were grateful for the conference's specific focus on migration risks from Ukraine and the needs of victims,

especially on methods for identifying victims, the scale of the problem, and the types of support that victims in these cases may require.

Ensuring victims get the support they need and are empowered requires us to better understand drivers and vulnerabilities. This is done by listening to survivors, and having their voices shape the support and protection we can offer, which is why the UK has commissioned independent research through the Modern Slavery Policy and Evidence Centre to inform our approach. We look forward to sharing the findings of this research with you all at a later date.

We support your office's efforts to focus on partnerships. Indeed, modern slavery is not an issue that can be fought alone. Earlier this year G7 leaders continued the focus on supply chains from the UK's Presidency in 2021. New commitments included calling on others to align to the UN Guiding Principles for Business and Human Rights, the ILO Principles, and the OECD Guidelines for responsible business.

In concluding, I was pleased to see you were able to resume travel this year, and completed country visits to Poland, Moldova, Romania and Hungary, working with national and local governments and civil society organisations to raise awareness, offer targeted advice, and develop project proposals.

We look forward to welcoming you and your staff next month for your country visit to the UK, and the helpful and constructive recommendations and findings that we are sure will result.

Thank you again, Val, to you and your team for your tireless work and this report.

CMA issues proposals to address overcharging for emergency service radio network

- Home Office and emergency services appear to be locked in with monopoly provider
- Provisional assessment finds lack of competition is allowing Motorola to make around £160 million excess profits a year
- CMA proposes price control on Airwave Network to ensure lower cost for taxpayers
- Long-term future of the Airwave Network to be resolved by the Home Office

The Airwave Network provides the essential separate mobile network that enables the police, fire, ambulance and other emergency services to

communicate securely.

A market investigation by the Competition and Markets Authority (CMA), led by an independent group of experts, has provisionally concluded that Motorola, which operates the network, appears to be able to charge the Home Office (which represents the emergency services) prices well above competitive levels, resulting in higher costs which are ultimately paid by taxpayers. The CMA has therefore outlined a set of proposed changes to limit the price that Motorola can charge to a level that would apply in a well-functioning, competitive market.

The Airwave Network was originally commissioned by the Home Office through an open procurement exercise in 2000. The original contract, which was due to end in late 2019 or early 2020, was to build and operate the Airwave Network – and the network was expected to be shut down and replaced by a new secure communications solution using a commercial 4G mobile network, the Emergency Services Network (ESN), when the contract ended.

However, because the new ESN network was not ready for switchover as planned, and is not expected to be ready until 2026 and possibly later, the emergency services continue to rely on the Airwave Network, which is a monopoly provider of these essential communications services.

The CMA opened its investigation in October 2021 following concerns that the market might not be working well, resulting in a more expensive service. One concern was the Home Office's weak bargaining position when it came to the network; another was Motorola's dual role in providing the current network and in helping to deliver the ESN to replace it. The CMA also wanted to understand if the significant profits Motorola could earn from the Airwave Network affected its incentive to support (and not to delay) the delivery of ESN.

Martin Coleman, chair of the CMA's independent inquiry group, said:

"It is vital that the market for critical mobile radio network services used by our emergency services works well and provides an excellent service at a fair price.

"As far as the price is concerned, the market does not appear to be working well at the moment. Our current view is that the Home Office and our emergency services are locked in with a monopoly provider which can charge much more than it could in a properly functioning market, while taxpayers foot the bill. We are therefore proposing a direct intervention through a price control to stop this and lay the basis for the Home Office to decide how it intends to ensure these vital services are to be delivered in future."

In its provisional findings, published today, the CMA has found that the Home Office is being charged more by Motorola to use the Airwave Network than should be the case. The price set under the original agreement entered into in 2000 included the capital costs of building the network. By the time the period covered by the original agreement ended, that cost should have been recouped, and the price should have fallen substantially at that point – in

the same way that consumers can get cheaper mobile deals after they have paid off their handset. This did not happen, and prices remained at substantially the same level. But unlike consumers, the emergency services have no choice of an alternative supplier.

The CMA's provisional estimate is that Motorola could make in the region of £1.1bn excess profit from the operation of the network between January 2020 and December 2026. If the roll-out of the new ESN continues to be delayed, Motorola could make around a further £160m excess profit each year after 2026.

Recent figures suggest while the Airwave Network accounts for around 7% of Motorola's global revenues, it makes up around 21% of Motorola's global pre-tax profits.

The CMA has also recommended that the Home Office puts in place a clear plan as soon as possible to ensure that a new, upgraded network, or more competitive arrangements, replace the existing set-up by the end of 2029.

The CMA is inviting comments on its provisional findings and expects to make a final decision later in the year. For more information, visit the [Mobile radio network services case page](#).

1. For media enquiries, contact the CMA press office on 020 3738 6460 or press@cma.gov.uk.
2. Motorola Solutions, Inc. (Motorola) is the ultimate parent company of Airwave Solutions Limited, the entity through which it owns and operates the Airwave Network. Motorola gained its dual role when it bought Airwave Solutions in a merger deal in February 2016, 2 months after it had entered into a contract with the Government to provide software for ESN. The merger was cleared by the CMA, in part because of the general expectation that the Airwave Network would be shut down by 2019.
3. As a bespoke, integrated network fully dedicated to emergency services communications covering the whole of Great Britain, the Airwave Network is operated by a single supplier. No alternative network providing similar services exists.
4. Excess profits mean profits over and above what would be expected in a well-functioning market.

[Award win for data visualisation](#)

News story

The Operational Support Team at 42 Engineer Regiment (Geographic) have received the Best Data Visualisation award at the 2022 DataIQ awards.



The Operational Support Team at 42 Engineer Regiment (Geographic) having received the Best Data Visualisation award at the 2022 DataIQ awards.

Beating competitors including British Airways, Ikea, and Specsavers, the team received the prestigious title for their visualisation of data which is now used on a global scale.

From military deployments across the world to major scale events in the UK such as COP26, Platinum Jubilee and the Commonwealth Games, the work of the team has been crucial in speeding up and increasing the effectiveness of decision-making.

The data visualisation allows commanders of troops deployed in Estonia and Mali to understand complex situations and explore possible options in a way more effective than paper maps previously used.

The capabilities also offer benefits on a much broader scale than operations, with data being vital to the success of the COVID-19 mass testing and forming the dashboard of key assets for the Duke of Edinburgh's funeral.

Due to the effectiveness of the new visualisation tools, the methods are now being adopted by the NATO geospatial community expanding the benefits to partner nations to bolster our combined security.

Speaking about the team's win Caroline Bellamy, the Chief Data Officer for Defence, said:

The incredible data and digital work that is done right across the military and wider MoD is of the highest order. It's superb to see this and be part of amplifying not only what we do but how important it is.

Team Commander, Captain Damon Mitchell, expressed his pride in the team's success saying:

I am extremely proud to be part of a small team that are able to be recognised and compete against the likes of British Airways. To win an award in recognition for the support we provide to teams across

UK and global operations is an honour and something the team and our regiment are very proud of.

Alongside the team's success, four individuals from the wider Royal Engineer (Geographic) diaspora were announced as finalists across the spectrum of awards for the work they do in harnessing the power of spatial data for users across Defence.

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Environment Agency 'counts' on refurbishment

Press release

Environment Agency work to refurbish a vital fish counter on the River Tyne in Northumberland starts on Monday 17 October.



The fish pass at Riding Mill

The fish pass at Riding Mill has a counter that is used to monitor the number of salmon and sea trout returning to spawn in the River Tyne – which is regarded as the best salmon river in England – and is vital for understanding the status of stocks.

It logged 11,845 fish in July, the highest July total in Environment Agency records, and on 3 August this year, 2,359 fish were logged – the second highest single day figure on record.

Since it was installed 25 years ago the equipment has counted over 775,000 salmon and sea trout returning to spawn.

Increased understanding of fish stocks

Morton Heddell-Cowie, Fisheries Technical Officer at the Environment Agency, said:

The fish counter at Riding Mill has improved our understanding of the status of salmon and sea trout stocks in the River Tyne, as well as of fish movements in response to changes in flow and temperature.

It's been vital to help us understand how the additional releases of water from Kielder Reservoir have supported fish migration during the current dry weather, with some record numbers recently.

It demonstrates just how important the fish counter is and I am delighted that this refurbishment work, which aims to extend its lifetime for another 25 years, is about to start.

The refurbishment work is expected to start on 17 October and last for around five days.

It was originally due to take place in September 2021 to coordinate with Northumbrian Water's work to install an eel pass in the same location but was put back to make design improvements and to source materials. Northumbrian Water completed the eel pass earlier this year.

Precautions will be taken to minimise any disruption to the local environment during the works. Fish will be safely removed from the affected area prior to the work taking place and a fish passage will be maintained.

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Over £800m to boost innovation, growth and improve patient safety

- £790 million to support breakthroughs in new treatments, diagnostics and medical technology to improve patients' lives and bolster the economy
- £25 million for research on patient safety to improve the safe delivery of health and care and better address health challenges, such as cancer treatment and reducing medication error
- Exceeds funding commitments to boost research across all areas of the country, levelling up innovation and addressing health inequalities

Patients up and down the country are set to benefit from innovative new

treatments and improved delivery of health and care services following significant funding to support ground-breaking experimental medicine research and advance the UK's response to patient safety challenges.

Today (Friday 14 October) the government has announced that over £800 million of funding, to be allocated by the National Institute for Health and Care Research (NIHR), will go to support specialist research facilities bringing together scientists to create an environment where experimental medicine and patient safety research can thrive.

This boost to the country's research infrastructure will see further investment in scientific expertise which supports access to innovative technology and novel research projects. As well as this, it will improve regional economic growth through employment opportunities, giving private sector organisations confidence to continue to invest in research across the country.

Nearly £790 million has been awarded to 20 NIHR Biomedical Research Centres (BRCs) across England – including a new centre in Exeter – over the next five years to drive innovation in the diagnosis and treatment of illness across a variety of high-priority disease areas including cancer, mental health and dementia.

In addition, £25 million over the next five years has been awarded to six NIHR Patient Safety Research Centres (PSRCs) to help improve understanding and resolution of patient safety challenges. The funding will support research to improve incident reporting and investigations, digital innovations to improve patient safety and harness learning from service adaptation during the Covid pandemic.

Funding will be distributed across the country, with over £260 million being invested outside of London, Oxford and Cambridge. This will increase the coverage of experimental medicine across England and exceed the government's previous commitments in the Levelling Up White Paper. Not only will this enable more areas to benefit from innovation and facilitate faster uptake where research takes place, it will help to improve health and care services across the country and reduce health inequalities by better understanding and treating illness and improving the delivery of care.

Health and Social Care Secretary and Deputy Prime Minister Thérèse Coffey said:

The pandemic has highlighted the importance of our booming research sector and the potential it has to not only strengthen health and care services, but lead to lifesaving developments.

This additional funding will harness the UK's world-leading innovation and allow research centres up and down the country to attract experts in their field and conduct research that saves lives.

From helping develop the Covid vaccine to discovering world-first

treatments, these centres have already delivered ground-breaking research and will continue to help us tackle some of the biggest health challenges we face, including cancer, to ensure the NHS continues to deliver world-class care.

Over the past nine years, the NIHR BRCs have supported almost 60,000 experimental medicine research studies. These have resulted in direct health benefits for patients, including progressing innovative and faster diagnosis, as well as:

- The development of the Oxford AstraZeneca (AZ) vaccine – the world's first approved vaccine – and support for the RECOVERY Trial – the world's largest trial of potential treatments for Covid.
- A promising new treatment for motor neurone disease which has been shown to be safe, well tolerated and could help slow the progression of symptoms in people with a genetic form of this disease.
- Novel gene therapy which has the potential to be a ground-breaking cure for patients with haemophilia – a genetic defect that affects their body's ability to stop bleeding.
- A study that supports lower exposure to radiotherapy for women with breast cancer which reduces the damage to healthy tissue in the body and minimises subsequent side effects.

Over the last nine years, the current NIHR PSRCs have supported over 800 patient safety research studies. They have driven improvements in the safety of health and care services, for example:

- Use of artificial intelligence in detecting breast cancer from mammogram images.
- Reducing medication errors in primary care settings.
- Development of patient safety culture improvement programmes in NHS hospitals.
- Development of guidance for the involvement of patients and families in serious incident investigations.

Minister of State for Health, Robert Jenrick, said:

Clinical research has been vital in our fight against Covid and the UK's innovation is enabling us to transform our health service and ensure it is firmly at the cutting edge of health and care.

Our NIHR clinical research infrastructure provides crucial access to expertise in designing and delivering high quality, innovative research for the life sciences industry. This supports companies to conduct their clinical studies of new treatments in the UK for patient and public benefit and grows the UK's share of the global market.

We're continuing to build on our world-leading advances to find new treatments and better diagnose illness as well as better understand how we can improve patient safety.

Professor Lucy Chappell, Chief Executive of the NIHR said:

This huge investment into early stage health and care research and patient safety innovation recognises the strength of expertise in these areas across the country, and gives our best researchers more opportunities to improve care and treatment for patients nationwide.

These investments showcase our scientific excellence, ensuring that the UK benefits from the latest innovations and advancements in research and enables a strong and competitive research workforce to be further developed. They are crucial to ensuring that patients receive the highest quality, safest care.

Investing in the NIHR Biomedical Research Centres and Patient Safety Research Collaborations will contribute to increased economic growth and build a healthier, more resilient nation.

More broadly, these centres will strengthen the resources and facilities for research across the NHS through access to experts at the forefront of their fields. A key feature of the centres is the collaboration between academics, clinicians, patients and life sciences industry.

The Patient Safety Research Collaborations will support the NHS to improve patient safety and reduce health inequalities, while the Biomedical Research Centres will help boost advancements in medical treatments and technology and advance our ability to diagnose and treat illness.

- This funding is for two separate types of research centre.
- NIHR Biomedical Research Centres are partnerships between healthcare professionals and academics in the country's leading NHS trusts and universities. This is the fourth round of NIHR BRC funding. More information on BRCs can be found here:
<https://www.nihr.ac.uk/explore-nihr/support/experimental-medicine.htm>
- The NIHR PSRC scheme provides funding to NHS/university partnerships following an open competition launched in November 2021. The focus of the research areas have been informed by engagement with a range of stakeholders including NHS England, the Medicines and Healthcare products Regulatory Agency (MHRA), Care Quality Commission (CQC) and the National Institute for Health and Care Excellence (NICE).
- The BRCs in receipt of funding are:
 - NIHR Barts BRC
 - NIHR Birmingham BRC
 - NIHR Bristol BRC
 - NIHR Cambridge BRC
 - NIHR Exeter BRC
 - NIHR GOSH BRC
 - NIHR Imperial BRC
 - NIHR Leeds BRC
 - NIHR Leicester BRC

- NIHR Manchester BRC
- NIHR The Royal Marsden BRC
- NIHR Moorfields BRC
- NIHR Newcastle BRC
- NIHR Nottingham BRC
- NIHR Oxford BRC
- NIHR Oxford Health BRC
- NIHR Sheffield BRC
- NIHR Maudsley BRC
- NIHR Southampton BRC
- NIHR University College London Hospitals BRC
- The PSRCs in receipt of funding are:
 - NIHR Yorkshire and Humber PSRC
 - NIHR Newcastle PSRC
 - NIHR Greater Manchester PSRC
 - NIHR Midland PSRC
 - NIHR Central London PSRC
 - NIHR North West London PSRC