

£20 million for ambitious technologies to build UK resilience following coronavirus outbreak



- Technology and R&D businesses to develop innovations that encourage new ways of working and ensure continued productivity across key UK industries
- government boost to build resilience in the UK economy, helping to protect against long-term impacts of the coronavirus outbreak and future incidents
- new innovations will support sectors ranging from delivery services, food manufacturing, retail and transport

Businesses could help boost the UK's resilience to the long-term impact of the coronavirus outbreak and similar situations in the future, as a result of £20 million government funding announced today (Friday 3 April).

Grants of up to £50,000 will be available to technology and research-focussed businesses to develop new ways of working and help build resilience in industries such as delivery services, food manufacturing, retail and transport, as well as support people at home in circumstances like those during the coronavirus outbreak.

Innovations could include:

- new technology allowing retailers to respond better to sudden spikes of consumer demand and improve deliveries across the UK
- new services for families to connect with and remotely monitor their elderly or vulnerable relatives, giving people peace of mind that their loved ones are receiving the services they require such as food deliveries, doctor's appointments and paying bills
- creating education tools which seamlessly integrate the classroom with the kitchen table, allowing teachers to remotely set dynamic tasks, support vulnerable children and make certain no child is left behind

Science Minister Amanda Solloway said:

The response of researchers and businesses to the coronavirus outbreak have been remarkable. This new investment will support the development of technologies that can help industries, communities and individuals adapt to new ways of working when situations like this, and other incidents, arise.

Dr Ian Campbell, Executive Chair [Innovate UK](#), said:

The COVID-19 situation is not just a health emergency, but also one that affects the economy and society. With that in mind, Innovate UK has launched this rapid response competition today seeking smart ideas from innovators. These could be proposals to help the distribution of goods, educate children remotely, keep families digitally connected and even new ideas to stream music and entertainment. The UK needs a great national effort and Innovate UK is helping by unleashing the power of innovation for people and businesses in need.

The proposals will be reviewed as part of a [competition launched by Innovate UK](#), seeking the best new ideas from businesses.

All the projects will begin by June 2020 and will last up to 6 months, with products and services expected to be available to the public towards the end of this year.

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Updated link to the Innovation Funding Service.

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[Data sharing during this public health emergency](#)

In these difficult and worrying times, colleagues in the NHS and the social care system are responding to coronavirus COVID-19 with great commitment and selflessness. It is inspiring and humbling to see the levels of devotion from our health and care staff, including all those working alongside clinicians

to deliver other key roles on the frontline and behind the scenes.

As a former NHS doctor, I recognise their steadfast dedication to saving lives. And as a patient and service user, I share with my fellow citizens the admiration and gratitude for their bravery and professionalism. We are right to be proud of them.

To protect them, and all of us, the health and care system must now work together to manage the outbreak successfully: monitoring and responding to COVID-19 as effectively as possible. Data plays a vital role in this in so many ways.

From tracking the spread and transmission of the virus, to planning how best to manage resources, and, of course, in the provision of individuals' care – each of these elements is shored up by the power of data.

One of the many wonderful things about our NHS is the unrivalled dataset that it gifts us. As our universal health care system covers almost every person in the country, we have the potential to have consistent, coherent information about patients and the effectiveness of their treatment. And because the knowledge contained within this information is key to the management of the pandemic, it has never been more important to get the right information, to the right people, at the right time.

I have found it very reassuring to see that those with the knowledge, skills and power to make this happen are coming together very quickly to ensure that data is available to doctors, nurses, data scientists, service planners and researchers whenever they need it.

I have seen many examples of rapid action and problem solving at work. Such as [NHS Digital providing information](#) to help identify the most at-risk citizens very quickly, and NHSX providing [guidance to clinicians](#) on appropriate ways to communicate, share information and deliver care, which I endorsed.

Information sharing must be done differently to support the fight against COVID-19 and to protect citizens compared to ordinary times. Information may need to be shared more quickly and widely across organisations than normal, or different types of information may need to be collected and used.

We know from dialogue with the public, conducted by our organisation and others in the past, that there is strong support for the use of health and care data where there is a clear public benefit. People are generally altruistic about the use of their data and want it to be used to help others as long as there are appropriate safeguards in place. I understand that doing things differently can usher in uncertainty about what is and isn't appropriate from a data sharing perspective; the worry may be that people will share too much or too little. So, we must make sure that we have the balance right to protect that admirable altruism.

What has become apparent is how well our information governance framework is able to flex in a time of public health emergency to serve as an enabler to

the rapid sharing of information while maintaining proportionate safeguards.

The COVID-19 response has proven just how effective our confidentiality safeguards are, and how quickly laws and clauses supporting the sharing of confidential patient data in a time of crisis can be activated. This includes the formal notifications published by the [Department of Health and Social Care](#), which notifies healthcare organisations, GPs, local authorities and arm's length bodies about how they should share confidential patient information to support efforts against coronavirus. This is limited to Covid-19 purposes, for a time-limited period (initially to 30 September, with scope to extend) and requires organisations to keep records of all data processed.

The [National Data-Opt Out](#) has an exemption built in which means that it does not apply when there is an overriding public interest in the use of data, such as there is now. The GDPR has provisions to allow personal data to be used appropriately and lawfully at such a time. The [Information Commissioner has clearly announced](#) that data protection concerns should not stand in the way of appropriate information sharing; a statement which I fully endorsed.

With so much going on behind the scenes with people's data, it is important that patients and service users are fully informed about these changes. We must make efforts to tell citizens what's happening with their data; the need for transparency and good communication with patients still remains. Even in times such as these, protecting trust in confidential health and care matters. The guidance and notices issued to allow data sharing to combat the outbreak still contain appropriate safeguards: limiting the purposes for which data can be used, who can use it and the amount of time for this to occur. These are important protections that patients may be glad to hear about.

It is with gratitude that in the thick of everything I have still heard colleagues cite the importance of protecting confidentiality. Practical steps are also being taken to ensure that trust is not undermined. For example, my panel and I have been pleased this week to support NHSX with the drafting of a template privacy notice, which will be sent out to NHS organisations next week to support them to tell patients and service users about what might be different in the handling of their health and care data during the outbreak. It is heartening to note that even at this unprecedented crisis, trust and confidentiality still matter.

My panel and I will continue to monitor the response to COVID-19 and stand ready to support our colleagues across health and care however we can. We send our gratitude to each and every individual involved in the response to the crisis and in bringing it to an end.

How GCSEs, AS & A levels will be awarded in summer 2020

Since the Secretary of State for Education announced that the 2020 exam series in England would be cancelled to help fight the spread of Coronavirus (COVID-19), we have worked at speed to develop a process which fairly recognises students' work and makes sure they get their grades in time to progress. We have today, Friday 3 April, set out [details about how GCSEs, AS and A levels will be awarded this summer](#) and published further [guidance for teachers, students, parents and carers](#).

For this summer's awards, schools and colleges are being asked to provide centre assessment grades for their students. These should be fair, objective and carefully considered judgements of the grades schools and colleges believe their students would have been most likely to achieve if they had sat their exams, and should take into account the full range of available evidence.

Sally Collier, Chief Regulator, Ofqual, said:

School or college based assessment already has an important role in many GCSEs, AS and A levels and in extraordinary circumstances such as these, schools and colleges are best placed to judge the likely performance of their students at the end of the course.

We have worked closely with the teaching profession to ensure that what we are asking is both appropriate and manageable, so that everyone can have confidence in the approach. I would like to take this opportunity to thank teachers and school leaders for making this process work for students during these very challenging times.

We have published a [message to students](#) to reassure them that we, and exam boards, will do everything we can to make sure that, as far as possible, grades are fair and that they are not disadvantaged in their progress to sixth form, college, university, apprenticeships, training or work because of these unprecedented conditions.

Exam boards will be contacting schools, colleges and other exam centres after Easter asking them to submit, by a deadline that will be no earlier than 29 May 2020, the following:

- a centre assessment grade for every student in each of their subjects: that is, the grade they would be most likely to have achieved if they had sat their exams and completed any non-exam assessment. Judgements should balance different sources of evidence such as:
 - classwork
 - bookwork

- any participation in performances in subjects such as music, drama or PE
- any non-exam assessment – whether or not complete
- the results of any assignments or mock exams
- previous examination results – for example, for any re-sitting students or those with relevant AS qualifications
- any other records of student performance over the course of study
- the rank order of students within each grade for each subject – for example, for all those students with a centre assessment grade of 5 in GCSE maths, a rank order where 1 is the most secure/highest attaining student, and so on. This information will be used in the statistical standardisation of centres' judgements – allowing fine tuning of the standard applied across all schools and colleges
- a declaration from the Head of Centre making the submission

We know many private candidates (students who have been home-schooled, following distance-learning programmes or studying independently) are anxious to know how these arrangements might be applied to them. Heads of centre have been asked to provide centre assessment grades for private candidates registered to take exams with their centre and include them in the rank order where they are confident that they and their staff have seen sufficient evidence of the student's achievement to make an objective judgement. We are urgently exploring whether there are alternative options for students who need results this summer to progress and for whom a centre assessment grade is not possible. It may, unfortunately, be necessary for some to take exams in the autumn or next summer to get their grades. We appreciate that this is a matter of real concern to private candidates and will provide an update as soon as possible. We have asked organisations that represent universities and FE colleges to consider private candidates when making admissions decisions this summer. They have told us that they believe that institutions will consider a range of other evidence and information for these students to allow them to progress wherever possible.

To make sure that grades are as fair as possible across schools and colleges, exam boards will put all centre assessment grades through a process of standardisation using a model being developed with Ofqual. We will consult on the principles of our model shortly, but we expect it will look at evidence such as the expected national outcomes for this year's students, the prior attainment of students at each school and college (at cohort, not individual level), and the results of the school or college in recent years. It will not change the rank order of students within each centre; nor will it assume that the distribution of grades in each subject or centre should be the same. The process will also recognise the past performance of schools and colleges. However, if grading judgements in some schools and colleges appear to be more severe or generous than others, exam boards will adjust the grades of some or all of those students upwards or downwards accordingly.

Schools and colleges have been told that they must not share their centre assessment grades with students, parents or carers, under any circumstances, until after final results are issued. This is to protect the integrity of centres' judgements, and to avoid anyone feeling under pressure to submit a

grade that is not supported by the evidence. Since the final grades for some or all students in a centre could be different from those submitted, it also helps to manage students' expectations. We're working hard to get results out as soon as is possible – results won't be delayed after the dates they were expected in August and ideally will be released a little earlier, so students can have the certainty they need.

We are all focused on making sure students are not disadvantaged by these unprecedented circumstances, including allowing for an appeal where appropriate. We will consult on proposals for specific appeal arrangements soon.

Students will also have the opportunity to sit exams at the earliest reasonable opportunity in the new academic year – we are working across the sector to plan for how and when these additional exams will take place. Many students will be taking other general and vocational or technical qualifications instead of or alongside GCSEs, AS and A levels. While this process does not apply to those qualifications, the same aims apply. We are working as quickly as possible to develop an approach and we will provide further information as soon as we can.

Further information

The Department for Education have published [a letter from the Secretary of State for Education](#) directing Sally Collier, Chief Regulator of Ofqual to make changes to allow students to receive calculated results for GCSEs, AS and A levels this year.

Smokers at greater risk of severe respiratory disease from COVID-19

If you smoke, you are not only putting yourself at greater risk of developing severe disease from the COVID-19 virus, but those around you exposed to second hand smoke, including children, are also put at increased risk.

Smoking tobacco is known to damage the lungs and airways causing a range of severe respiratory problems. The evidence clearly shows COVID-19 virus attacks the respiratory system, which explains why smokers are at greater risk. A small but [highly impactful survey from China](#) finds that smokers with COVID-19 are 14 times more likely to develop severe disease.

In addition, the repetitive hand to mouth movement provides an easy route of entry for the virus, putting smokers at greater risk of contracting COVID-19.

Professor John Newton, Director of Health Improvement at Public Health England said:

In light of this unprecedented COVID-19 pandemic, there has never been a more important time to stop smoking. Not only for your own health but to protect those around you. It will also help alleviate the huge pressures on the NHS.

It is never too late to quit, no matter your age.

Once smokefree, there are very real health benefits with the body continuing to repair the longer you stay smokefree. The more immediate benefits include:

- after 48 hours carbon monoxide is eliminated from the body. Lungs start to clear out mucus and other smoking debris
- after 72 hours breathing becomes easier as bronchial tubes begin to relax
- after 2 to 12 weeks blood circulation improves, making physical activity like walking and running easier

To help reduce your risk of contracting the virus and developing severe disease from coronavirus, you can use the smokefree app to access advice and support on how you can best stop smoking. Search 'Smokefree'.

Background

Follow the [Smokefree Action Coalition #quitforcovid](#) campaign on Twitter.

LLWR donates protective suits to Ambulance Service in Cumbria to fight COVID-19

LLW Repository Ltd (LLWR) has donated 560 new protective Tyvek suits to the North West Ambulance Service in Egremont to support the fight against the coronavirus pandemic in Cumbria and further afield.

The hooded coveralls, a type used routinely on the Repository Site, were delivered to LLWR's local station by Martin Walkingshaw, Deputy Managing Director, after an appeal for help.

"It was an urgent request and we were really glad that we were able to respond to it," said Martin.

Tyvek is a durable yet light material that acts as a barrier against fine particles and fibres and the Personal Protective Equipment (PPE) will be used to protect ambulance crews handling coronavirus patients in Cumbria as well as in Manchester, Cheshire and Merseyside.

Rhonda Stanger, Acting Sector Manager, NW Ambulance Service NHS Trust, said: “We were struggling to procure PPE at the time of LLWR’s donation. It gave us quite a bit of resilience and we are really appreciative of that.”

Martin revealed that LLWR is planning further assistance to the NHS in Cumbria.

“We have now identified more PPE that can be released from LLWR. All requests for support are being routed via the Cumbria Local Resilience Forum and its Multi Agency Support Team,” he added.

“If you know of any organisations that needs PPE or may be able to contribute any please tell them to contact the MAST via email: MAST@cumbria.gov.uk”.