

Statement in response to the Manchester Arena Inquiry Report

Press release

Commenting on the report of the Inquiry to investigate the events of the 2017 Manchester Arena terror attack, Acting Chief Executive of the Security Industry Authority (SIA) Michelle Russell made the following statement.



[Volume one of the report](#), which addresses the security arrangements at the Arena on the night of 22 May 2017, has been published today.

Our thoughts today are with those who lost loved ones, suffered injuries, and had their lives shattered because of that terrorist attack at the Manchester Arena that night.

Our priority in licensing individual security officers and working with suppliers of private security to improve standards, is always the protection of the public.

The report findings provide learning and reflection for all concerned. It also makes some observations and recommendations about the regulatory framework and aspects of SIA's approach to regulation in and prior to 2017.

Whilst many things have changed since 2017, there is always more that can be learned, and more improvements that can be made.

We are committed to working with the private security industry, law enforcement and other partners in a robust way to make sure the learning from the inquiry's findings is taken forward.

We will continue our follow-up engagement with those involved, study carefully the recommendations published today, and consider any further steps we need to take.

Where there are recommendations about extending the SIA's role or the legislation on the regulatory regime for private security, we will liaise closely with the Home Office on these.

Further information:

- The Security Industry Authority is the organisation responsible for regulating the private security industry in the United Kingdom, reporting to the Home Secretary under the terms of the Private Security Industry Act 2001. Our main duties are: the compulsory licensing of individuals undertaking designated activities; and managing the voluntary Approved Contractor Scheme.
- For further information about the Security Industry Authority visit www.gov.uk/sia. The SIA is also on [Facebook](#) (Security Industry Authority) and [Twitter](#) (SIAuk).

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Boost for UK space sector as new facility offers cheaper and greener rocket testing

The centre will allow UK companies and academics to test state-of-the-art propulsion engines which are used to move small satellites in space at a more affordable rate than having to go abroad. It will also allow new types of more sustainable propellants to be tested, such as Hydrogen Peroxide and Liquid Oxygen which are more environmentally friendly in sourcing, storage and combustion.

Based at the Westcott Space Cluster in Aylesbury Vale Enterprise Zone, the new National Space Propulsion Test Facility (NSPTF), which received £4 million in funding from the UK Space Agency, is the only facility of its kind in the UK. It is one of only 3 in the world and will create around 60 jobs.

Until now, companies could test extremely small engines in the UK but had to go overseas to test bigger engines. The new facility will tackle this issue and help grow the UK's status as a leading space player, giving our space industry the resources it needs to expand.

Part of the new National Space Propulsion Test Facility

Science Minister Amanda Solloway said:

As we build back better we are investing in our brightest space scientists, the facilities they work in and the technologies they are creating.

This pioneering facility will support our ambitious space businesses, enabling them to undertake complex spacecraft engine testing, while boosting the local economy by creating highly skilled jobs.

The UK space sector is already a leader in satellite propulsion and, with a growing space manufacturing sector and plans for the first launches from UK spaceports in 2022, the satellite propulsion field is set to grow substantially in the coming years.

The UK Space Agency has worked with the European Space Agency, the Science and Technology Facilities Council's RAL Space facility and NAMMO UK to develop this cutting-edge facility. The site will use game-changing technology to test the propulsion engines that position orbiting spacecraft in conditions similar to those experienced in space.

The new facility will allow innovation in propulsion technology, as well as the cost-effective development and testing of even more powerful engines for interplanetary travel, and to drive forward the significant commercial telecommunications satellite market.

Science Minister Amanda Solloway at the opening of the NSPTF

Rob Selby, Vice President of Nammo Space, the company that will operate the equipment, said:

Thanks to this key UK government investment, UK space can now compete favourably with the very best rocket test facilities in the world. The Nammo team have designed, created and produced this phenomenal, state-of-the-art hot-fire test facility that is already driving further growth in UK based spacecraft propulsion businesses. We look forward to testing engines for customers from all over the globe and to further key developments that the NSPTF will enable.

Westcott is recognised as an integral part of the UK space sector growth strategy with a nucleus of well-established companies supporting rocket and satellite enabled research and development projects.

Nigel MacKenzie, Westcott Development Manager said:

It was great to welcome Science Minister, Amanda Solloway to Westcott. This is yet another leap forward for the development of Westcott in Buckinghamshire as a centre of excellence in the space propulsion and associated high-tech industries.

Future Investment will ensure Westcott's place at the heart of the

UK space industry. Over the next 10 years, Westcott will become the UK Centre for the next generation of propulsion systems and small satellite manufacture.

Richard Harrington, CEO of Buckinghamshire Local Enterprise Partnership, said:

The National Space Propulsion Test Facility at Westcott is a key step towards delivering a world-leading hub for the space sector in the heart of Buckinghamshire.

We are delighted to support the opening of this new facility in our Enterprise Zone, which opens up the next stage in the evolution of the Westcott site to attract new business and investment to this world-class centre of excellence in space propulsion.

The Size and Health of the UK Space Industry report published last month shows the UK space sector is booming. Income from the UK space sector rose from £14.8 billion in 2016/17 to £16.4 billion in 2018/19, representing growth of 5.7% in real terms. Employment increased by 3,200 from 41,900 to 45,100.

How does the engine test work?

- Engines will be fired up in a vacuum, with a mechanical pump system generating a vacuum down to 1.5 milliBar in a test cell containing the engine; an equivalent test altitude of approximately 140,000ft, which ensures technology can be deemed ready for the space environment.
- When firing, the pressure of the engine's exhaust plume is partially recovered by a 7-metre-long supersonic diffuser. The rocket plume intercooler developed by Reaction Engines will remove heat generated from rocket exhaust plume and allow the vacuum pumps to operate and maintain the simulated high-altitude conditions. This means the intercooler will cool exhaust temperatures of in excess of 2,000°C to less than 50°C in a fraction of a second, in less than a metre's distance.
- The gasses then travel along a vacuum manifold to be recovered to ambient pressure by the pump system in the vacuum generation plant.
- Crucially, this range of engine testing will allow further innovation for the type of orbit-raising and station-keeping engines this facility will be able to test. It is the first step in a plan to test larger engine types.

Building the best health system in the world

If I think about the last 18 months, one of the most striking moments for me was a nightshift I did at Basildon hospital in January.

For me, nothing captures the extraordinary highs and lows of the past 18 months more than when I joined a night shift at Basildon Hospital.

It was January – the height of the second wave.

Our vaccine programme was still in its infancy.

I started the evening by joining NHS colleagues as they got their jabs. It was right at the start of the vaccine programme

And it was really inspiring to see colleague after colleague being made safe from a disease that, just a year before, didn't even have a name.

But that sense of joy gave way to determination, because I then I joined the team on the wards.

And at that time – across the UK – there were more than 37,000 people in hospital with Covid.

And they just kept on walking in.

People. Short of breath. But still talking.

As the night wore on, I saw some of those patients go onto ventilators.

And some of them never walked out of that hospital.

What I saw that night is what so many colleagues have had to endure – day after day, night after night.

I saw the pressure that one of the most challenged hospitals in the country in terms of COVID was under at the worst moment.

No matter what walk of life you choose to go in – nobody chooses the pressures that the team faced.

I was in awe of the compassion – I think that's the best word for it – and solidarity of colleagues that night in Basildon and everyone across the country who has helped us to face down this terrible disease.

You have been the very best of us – and we owe you so much.

And I commit today, to support colleagues across the NHS.

To give you the support you need to fight for you as we recover, together.

And as we face the future.

Reflecting on that night, I'm struck not only by the suffering and the struggle but also by the remarkable fact that this was happening less than 6 months ago and it was happening more or less everywhere.

We've come such a long way since then, to the point where, I can confirm that, as of this afternoon, we have given a first dose of vaccine to 4 out of every 5 adults in the UK.

And the speed of deployment means that tomorrow we can open vaccination to everyone over the age of 18. I think it's an incredible achievement on the vaccination side.

And while there are still just over 1,000 people in hospital with COVID – I've just come from the Chelsea and Westminster, where there are none in intensive care, and just 3 in total – and so while there are still those pressures, especially in some parts of the country, we can also take this moment to look forward because we know the vaccine is our way out of this pandemic.

And as we vaccinate our way out, the scale of the challenges left behind are not diminished.

And that's what I wanted to spend a few minutes talking about today.

My view is that we've learned a huge amount together and we've got to make sure we embed those lessons as we recover.

And as your excellent new Chief Executive Matthew Taylor said yesterday:

"Now is the time to fulfil our duty to the 130,000 who have died – and the millions who have suffered or been bereaved by COVID" to "make this a turning point from which we build the best health system in the world."

And I agree with every word and I honestly believe, from the bottom of my heart that we can fulfil the NHS's potential to be the best health service in the world.

We have at our disposal what is needed to make that truly happen.

And if we work together in that common mission, then we can make that dream a reality.

So today I want to directly address this question: how do we discharge that duty, collectively and together?

Because, this can only be done if we do work collectively together on that common mission.

In fact, that common mission was one of the features of dealing with the pandemic and one of the reasons that people could come together, and people did come together in a remarkable way.

I believe – from the conversations I’ve had with so many of you – that there is a remarkably strong consensus on what needs to happen to make the NHS the best it possibly can be.

And I commit to you today to play my part in the reforms we all know we need.

I want to take a few minutes to set out how I see it: the lessons we need to learn and what we need to do.

But I promise you this in terms of attitude and my approach as Secretary of State: I have no utopian blueprint.

I have no monopoly on the plan that we must co-create.

I see my job as one of many, many people, driving the change we all want to see.

I see my job as playing my part in making the system work for those who work in the system.

And the way I think of it is this.

The service the NHS provides is a function 3 things: the level of demand from citizens; resources that we have to serve that demand; and how we use those resources, innovatively and effectively.

Demand. Resources. And innovation.

It’s a triangle, if you like, where each side supports the other 2.

We need to think about all 3, and how they interact.

What’s going to happen to demand – and what we can do, through preventative action, to reduce it.

The resources that we have – which means not just the money, important as that is, but the real-world resources like trained staff and capacity.

And innovation: locking in the lessons we’ve learned through the pandemic and our vaccine rollout and embracing the chance to do things differently, to do things better, to make the changes that will help us take on other missions with the same sense of innovation and integration and passion and mission that we’ve seen these past 18 months.

So let me just go through each of those 3 sides of that triangle.

Recovery

Of course, one of the great consequences, one of the significant consequences

of the pandemic is the scale of the elective backlog.

The size of that backlog and how quickly we can address it depends on all 3 of these factors: demand, resources and innovation.

So we need to be clear about what we know and about what we don't yet know.

We can all see demand returning and our emergency departments filling up.

We know there are already 5.1 million people in England waiting for care at this moment.

Now, thankfully, the latest figures actually show a fall in the number of people waiting over a year which demonstrates the efforts already underway.

And I know that as I sit here today, that recovery has begun, and I'm very, very grateful to everybody for their part in it.

But we all know, there is so much more to do.

Demand

Let's turn first to demand. The first part of this triangle is to think about both the demand that can return and also think about what we can do to prevent demand in the future.

We know that our figures don't yet include the returning demand of those people who have not come forward for care during the pandemic but are now regaining the confidence to approach the NHS.

And we know that as people re-present with problems – problems they might not have wanted to bother the NHS with over the last 18 months – we will see the waiting list go up.

What we don't know is the exact scale of this pent-up demand.

But to give a sense of the scale of the challenge, during the pandemic, 7.1 million fewer patients were added to the waiting list for diagnosis and elective treatment.

So 7.1 million fewer clock-ons.

Now some of those people will return.

Some of the issues will have been resolved without the need for care.

But we must be prepared.

Even with the system running at 100 percent, even with everybody working incredibly hard, that if all of that demand came back, we would have the biggest pressure on the NHS in its history.

I am determined that we rise to this challenge and I know, from everything

we've done together, that we will.

So we're then turning to resources. We are putting in the extra resources, we're hiring the extra people and building the extra capacity.

But on the demand side, it's also critical that we use preventative care to help reduce that demand.

And then I'll turn to the great promise of innovation because of new technology, that we have, possibly the greatest wave of innovation in the history of our NHS that is going on right now.

Overall, I can you this: the direction of travel towards integration and population health – that journey we are all on, that will be critical to addressing these pressures too.

Because our new approach, based on the concept of population health, will help us reduce future demand across primary care, emergency care and mental health across all areas

By using the collective resources of the local system, the NHS, local authorities, the voluntary sector and all others who we can bring to bear on this to improve the health of the nation.

So that's the first part – demand – and it's about acknowledging the scale of the demand that may come back and it's about making sure that we use a population health approach and preventative measures to reduce the scale of demand in the future. Those 2 things are not inconsistent. On the contrary, they are vitally side by side and collaborative

Resources

The next question is resources.

We're providing the NHS with unprecedented levels of funding.

Today, healthcare funding for COVID-19 alone stands at £92 billion.

In March we committed £7 billion of further funding – including £1 billion of the Elective Recovery Fund.

And the most important resource of all, is colleagues' time.

And in that spirit, we are bringing in more colleagues to join.

Since last March we've recruited over 5,600 more doctors, over 10,800 nurses, and in total there are more than 58,300 more staff in hospital and community health services.

So resources, both funding and people, are both absolutely critical to addressing the challenges that we face. And that is the second side of the triangle.

Innovation

But everybody knows, we've got to use our resources as wisely as possible.

To truly change how we deliver care in this country, we have to make the changes that allow the spirit of innovation that was unleashed by the pandemic and embraced by the workforce – to fly. We have to allow that spirit to fly.

Reforming diagnostics, with community diagnostic hubs.

Embracing telemedicine like never before.

Using NHS 111 as a first port of call.

The nation's new-found love of NHS apps.

Collaborative working within systems and across networks.

Cancer alliances.

The Orthopaedic Network.

Getting it right first time.

And collaboration. Collaboration. Collaboration. Like never before.

In the pandemic, we worked as one team – and we must never let that go.

So, if you think about it, we're transforming more or less every aspect of health and care in this country at this moment.

And I think it's worth dwelling on a few of these big reforms.

Starting with our Health and Care Bill.

We know we're at our best when we work as one.

The best example is how we've deployed over 70 million jabs in little over 6 months by putting traditional organisational boundaries to one side.

Every time you go to a vaccination centre, there are different people with different lanyards from different organisations: NHS organisations, primary care, secondary care, community care, people from outside the NHS, people from local authorities, the armed forces and volunteers, people with all sorts of organisational backgrounds coming together. We have done so much to break down silos.

That's the spirit of our Health and Care Bill.

The Bill will make it easier to do the right thing, tackling bureaucracy and freeing up the system to innovate and to embrace technology, giving staff and patients a better platform for care.

Just look at the work that's already saved lives during the pandemic.

The QCovid model used anonymous GP records to work out which patients would be a greatest risk from Coronavirus and it led to us adding 1.5 million people to our Shielded Patient List back in February and put them at the front of the queue for the vaccine.

And I pay tribute to Dr Jenny Harries whose gone on to be the Chief Executive of UKSA in the work that she did.

Or the remarkable things NHSX were doing with Dr Matthew Knight at Watford General Hospital with virtual wards: remotely monitoring patients' heart rates, oxygen levels, temperatures and flagging to clinicians early when there was any deterioration. And now that model is being used so much more widely.

Or 'Everybody In', where the NHS worked hand in hand with partners in local government to support 37,000 vulnerable people and rough sleepers.

We can do more of this and we can do it together.

And of course this team work, this partnership is delivered locally.

And by god, if we've learned anything from the pandemic, we've learned the importance of working in partnership with others like local authorities, the NHS, and so many others.

Integrated Care Systems are designed to support and drive this local partnership, draw on local expertise, and transform how we do public health in this country too.

And they are put on a statutory footing in a bill that is forthcoming very soon. And by April 2022, the system approach, with its underpinning in law, will remove a huge amount of the barriers to integration that still exist, and help strengthen further that culture of collaboration which has built up so much over the past 18 months.

That's the second big reform that's going on. Which is reforms to how we do public health in this country.

We know prevention is better than cure – but rarely has it been so starkly apparent than in the past 18 months. For instance, when obesity emerged as a major factor in how ill you can get if you get COVID.

So now we're putting the power of the NHS budget in an area behind the prevention agenda,

giving ICSs the statutory powers, and the budget, to help people stay healthy in the first place.

Because we know a population health approach will be critical to managing that demand on the NHS in the years and decades ahead

And with the new UKHSA taking the lead on our health security, that vital health promotion work – on obesity, diabetes, smoking, and so much else – all

of that is finally getting the dedicated focus it deserves with national leadership, under the Chief Medical Officer, from the new Office for Health Promotion at a national level, and working with Local Authorities and directors of public health, and through systems, at a local level.

The third area where there's major reform going is of course in mental health, which is just as important as physical health is our mental health.

There's been over a generation, a revolution in how society thinks about mental health, and rightly so.

We recommit today to the noble goal that mental and physical health should have parity.

And to deliver that, we are increasing funding in mental health faster than elsewhere in the NHS and we will bring our mental health legislation into the 21st century.

The reforms to the Mental Health Act will improve services for the most serious illnesses and support people to manage their own mental health better.

The legislation will tackle the disparities and inequities of our system, improving how people with learning difficulties and autism are supported and ultimately, it's going to be there for every single one of us, should we need it.

And just as these changes in mental health have been needed for too long, later this year, we will also bring forward much-needed reforms in social care too.

Data strategy

And the golden thread that runs through all these changes, all of these areas of reform on integration, on public health, on mental health, on social care: the golden thread is better use of data.

Even by the rapid standards of data-driven technologies, this has been a phenomenal period of progress when we've seen a decade of change packed into just over a year.

At the start of the pandemic, 3 million people had an Enhanced Summary Care Record. Now that has increased to over 56 million people.

And we know that data saves lives.

It's how we identified some the most vulnerable in this pandemic.

It's how hospitals supported each other across systems when they were under the greatest pressure they've ever faced.

It's how we found treatments for COVID. And we found them here in the UK because we have the data systems to support the best clinical trials in the

world within the NHS.

And across the health and care system, people are now using data more fluently, with more confidence, more effectively than ever before.

The urgency of the pandemic has spurred us on and this is not the moment to slow. On the contrary.

So we are publishing our new data strategy next week on how we can use the power of data to tackle the challenges ahead.

And ultimately, it's our use of data, – not simply legislation – that will drive the greatest reshaping of our health and care landscape and I'm excited about what we can achieve together in the years to come.

And I want to tell you a story about how important this is that really brings this home for me. On a night shift a couple of years ago, I remember being in a room with a lady who had suffered a cardiac arrest and the alarm went off and a dozen or so people went into the room to support her, and she had a tracheotomy so she couldn't speak and she was clearly in very significant trouble.

But the problem was that no one knew her medical condition. They didn't know what her status was. And they couldn't find out until a consultant literally wheeled in a trolley with packs of paperwork on and started rifling through it to find her clinical records and then stood on a chair, reading out the crucial parts from these clinical record that were written by hand and she struggled to read the handwriting.

That was 2 years ago, and it's no way to run a modern health service.

Thankfully it's changing faster than it ever has done in the past. But imagine an NHS in which you can access right data, the right information, at the right time with the touch of a button, as easily as you can check the weather on your phone.

That is where the NHS must be.

Saving lives. Improving patient safety. Empowering our team to deliver the best care they can through the best data architecture: that is the fuel for innovation too.

In its 73-year history, the NHS has faced countless challenges.

But none can compare to what we have collectively faced over these past 18 months.

Your extraordinary feats are unsurpassed, even in the proud history of the NHS.

Not only have you risen to meet the most unimaginable kinds of pressures brought by the pandemic, but you've done it with a passion, determination and innovation and that will make us even better still.

So let us “fulfil our duty to build the best health system in the world”.

And I commit to you, to give you everything I can to deliver on this mission to build back better and, together, fulfil the promise of the NHS in brighter days ahead.

Thank you very much indeed.

Citizens’ Rights Specialised Committee meeting, 17June 2021: joint statement

Press release

The UK government and European Commission met by video conference for the Specialised Committee on Citizens’ Rights, and published a joint statement.



Joint statement by the Specialised Committee on Citizens’ Rights between the European Commission and UK government:

The seventh meeting of the Specialised Committee on Citizens’ Rights was held today, co-chaired by officials from the UK government and the European Commission. A number of representatives from EU member states were also in attendance. The Committee has been established by the Withdrawal Agreement to monitor the implementation and application of the Citizens’ Rights part of the Withdrawal Agreement, which protects UK nationals in the EU and EU citizens in the UK, including their family members.

The UK and the EU discussed the implementation of the Citizens’ Rights part of the Withdrawal Agreement, with attention given to the end of the grace period in the UK, France, Malta, Luxembourg and Latvia on 30 June 2021. The Committee calls upon EU citizens in the UK and UK nationals in the EU to apply by the deadline if they

are yet to do so. Both parties emphasised the importance of continuing to provide clear communications ahead of the deadline for applications, where an application for a new residence status is required.

During the meeting, issues related to residence were discussed. The UK highlighted their concerns regarding individual cases of misapplication of the Withdrawal Agreement, experienced by UK nationals across the EU. The UK raised non-compliant administrative procedures where UK nationals are being prevented from submitting an application for a new residence status. The UK also raised difficulties faced by UK nationals when attempting to evidence their rights where residence documents are yet to be issued, including those refused entry to their host State and instances of UK nationals being prevented from accessing benefits and services, such as healthcare. The UK also noted their assessment that the EU has not provided a sufficient level of communications and support to UK nationals in the EU. The EU highlighted their concerns as regards the compatibility with the Withdrawal Agreement of the UK's EU Settlement Scheme in not making a clear distinction between the beneficiaries of the Withdrawal Agreement (the so-called 'true cohort') and non-beneficiaries who are granted status under UK immigration law (the so-called 'extra cohort'), despite not exercising a qualifying Treaty right. The EU also expressed concerns about the fact that EU citizens lose their residence status if they do not apply in time from pre-settled to settled status and also about the lack of protection under the UK's EU Settlement Scheme of EU citizens who will not apply to the residence status by the end of the grace period until they receive their status. The EU noted that it did not share the UK's interpretation of the Withdrawal Agreement and technical discussions will continue until the end of next week, given the lack of convergence of interpretations. The EU emphasised that it will now carefully consider next steps.

A fourth joint report on residence was also discussed. External representatives from civil society organisations, 'British in Europe' and 'the3million', attended to present to the Committee and ask questions about the implementation and application of Part Two in the UK and the EU, in conformity with the rules of procedure of the Specialised Committee.

The UK and the EU have agreed to meet again in September where a fifth Joint Report on Residence will be discussed. The importance of maintaining a close and constructive dialogue on citizens' rights was reiterated, along with ensuring the correct implementation and application of the Citizens' Rights part of the Withdrawal Agreement.

Readout: Foreign Secretary call with Sergei Lavrov

News story

The Foreign Secretary spoke to Russian Foreign Minister Lavrov today.



On 17 June, the Foreign Secretary spoke to Russian Foreign Minister Lavrov.

They discussed a number of issues where the UK and Russia profoundly differ, but also key global challenges such as international security, Covid-19, and climate change ahead of COP26.

The pair agreed to speak again soon.

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