

# Former chair of ABI to lead flood insurance review

The independent review into flood insurance [announced](#) following the November 2019 flooding in the north of England will be led by the former chair of the Association of British Insurers, Amanda Blanc.

The review was announced by the former Environment Secretary in December and will seek to examine the level of insurance cover held by those affected in Doncaster, the barriers they may have faced in obtaining cover and whether there are any systemic issues in the provision of flood insurance.

Data will be collected through speaking to residents and businesses in the Doncaster area where over 760 properties were reported as having flooded. The River Don recorded its highest ever peak flows at Rotherham and Doncaster on 8 November 2019, with South Yorkshire experiencing its wettest November on record seeing over two and a half times its average rainfall.

The review will provide recommendations that will help enable homes and businesses to access sufficient insurance cover for flooding while also informing any future policy decisions in this area.

Environment Minister Rebecca Pow said:

I'm pleased that the independent review into flood insurance is now underway and I look forward to examining its outcomes in the coming months.

I saw first-hand the awful impact flooding can have on communities across many parts of the country this winter. We want at risk homes and businesses to be able to access sufficient insurance so they have the help they need to get back on their feet as soon as possible after a flood.

Review Chair Amanda Blanc said:

Flooding is a truly devastating event for any householder or business to suffer with consequences that can take many months or even years to overcome. Appropriate and adequate flood insurance can greatly assist with this recovery; helping to get families back into their homes and put businesses back on their feet.

However, for insurance to be effective, all communities, including those most at risk, should consider that flood cover is both available and affordable. I am keen to start work to ascertain if

this has been the case in Doncaster under the current system and to make recommendations to ensure the benefits of flood insurance are accessible to all.

The review is set to be completed by the end of September 2020 and the Terms of Reference can be accessed [here](#).

Over 20 million households in the UK have buildings insurance that covers flood risk and the launch of the government and industry initiative [Flood Re](#) in 2016 has seen four out of five households with a previous flood claim getting price reductions of more than 50% for their flood insurance.

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## **Publication of OPCW Investigation and Identification Team Report**

The conflict in Syria is now in its 10th year. Over half a million Syrians have lost their lives. It has been a brutal experience for the 11 million people who have been displaced. These horrors have been compounded by the repeated use of chemical weapons.

Any use of chemical weapons is a clear breach of the Chemical Weapons Convention. Outrage at such attacks prompted States Parties to come together in June 2018 and agree that those responsible should be identified.

The report issued by the Director-General of the OPCW on 8 April 2020 responds directly to that tasking. We pay tribute to DG Fernando Arias, and the members of the OPCW's Investigation and Identification Team led by Santiago Onate.

The report, which examined the chemical weapons attacks in Ltamenah on 24, 25 and 30 March 2017, is meticulously evidence-based. We have full confidence in the Team's professionalism and the methodologies employed; and therefore in the validity of their findings.

The OPCW's IIT has concluded that units from the Syrian Arab Air Force were responsible. The Syrian regime has violated the Chemical Weapons Convention.

Sarin is a nerve agent which attacks the central nervous system leading to convulsions, paralysis and asphyxiation. It is totally indiscriminate. The sarin attacks on 24 and 30 March 2017 caused at least 76 casualties.

Parallels between these attacks and the Syrian regime's use of sarin in Khan Sheikhoun on 4 April 2017 are clear to see. The Assad regime also used sarin as a chemical weapon in 2013, killing hundreds of civilians in Eastern Ghouta.

The report also confirms that chlorine was used as a chemical weapon by the Syrian Arab Air Force on 25 March 2017.

In reaching its conclusions on all three incidents the IIT was unable to identify any other plausible explanation.

- Only Syria operated the aircraft and helicopters used in the attacks.
- Only Syria has the specific munition used in the sarin attacks – and it has failed to account for thousands of these munitions in its Declaration.
- The chemical profile of the sarin used strongly correlated with the precursors and production methods that Syria has declared.
- Syria has failed to account for a significant quantity of the key sarin precursor in its Declaration.

In short, there is no room for any reasonable doubt about Syria's responsibility for these attacks.

The victims of these attacks deserve justice. We call on the international community to support multilateral mechanisms, including the UN International, Impartial, and Independent Mechanism for Syria; as well as national and international prosecutions to ensure accountability for the crimes committed.

On acceding to the Convention in 2013, the Syrian regime made a solemn undertaking to abandon all of its chemical weapons and means of production. It is now indisputable that the Assad regime has kept a secret chemical weapons programme that it has failed to declare.

The regime has tried at every turn to thwart and obstruct the OPCW inspectors; and has spent years denying important aspects of their chemical weapons programme, including developing ricin, nitrogen mustards, soman and lewisite.

The obstruction continues. The regime refused to grant visas to the IIT, breaching its obligations under Article VII of the Convention and UN Security Council Resolution 2118.

Syria is a case unlike any other – a state which is in flagrant and persistent breach of the Convention's central obligation. Our response in the Executive Council and at the Conference of States Parties needs to reflect that fact.

States Parties must now come together again to defend the taboo against chemical weapons use and demand respect for the provisions of the Chemical Weapons Convention. That is how we will finally consign these appalling weapons to history.

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# Signal passed at danger near Loughborough

At around 10:57 hrs on 20 March 2020, a northbound train passed a red signal without authority, about 0.75 miles (1.2 km) south of Loughborough station. The train passed the signal, LR507, by around 200 metres. Signal LR507 applies to the down slow line, and was protecting the crossover south of Loughborough station which was set for use by a southbound train calling at the bi-directional, down slow platform 3. The maximum line speed on approach to the signal is 65 mph (104 km/h).

The train was formed of an empty four-car class 710 unit and two class 57 locomotives; one at each end. It was operated by Rail Operations Group (ROG). The class 710 unit was being moved from a testing site at Old Dalby to storage at Worksop. Under these circumstances, a class 710 unit does not run with operational brakes; instead, braking is provided only by the two locomotives, which are connected by a brake pipe which is passed through the carriages of the unit.

The signal on the approach to LR507, LR503, was displaying a single yellow aspect as would be expected. The driver applied the brakes before reaching signal LR507, but the retardation was not sufficient to stop the train from the speed at which it was travelling, before it passed the red signal.

There were no injuries or damage as a consequence of this incident, although the southbound passenger train which was calling at Loughborough station platform 3 at the time of the SPAD incurred a delay of approximately 24 minutes.

Our investigation will seek to establish the sequence of events, including where the train's brake was applied and at what speed. It will also seek to:

- understand the actions of the people involved
- establish the braking capability of the train and whether it was affected by the way the train was formed, prepared and driven
- review ROG's processes for producing train timing schedules
- review the industry's processes for managing the risk of hauling un-braked units
- explore ROG's arrangements for managing driver competence and fitness and any underlying management factors
- review previous similar accidents and incidents investigated by RAIB and consider the response to recommendations made following those incidents
- make recommendations to prevent a recurrence

Our investigation is independent of any investigation by the railway industry or by the industry's regulator, the [Office of Rail and Road](#).

We will publish our findings, including any recommendations to improve safety, at the conclusion of our investigation. This report will be available

on our website.

You can [subscribe](#) to automated emails notifying you when we publish our reports.

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## [Foreign Secretary's statement on coronavirus \(COVID-19\): 13 April 2020](#)

Good afternoon and welcome to today's Downing Street Press Conference. I'm pleased to be joined by Professor Chris Whitty, Chief Medical Officer, and Sir Patrick Vallance, Chief Scientific Adviser.

On Saturday, I spoke to the Prime Minister. I updated him on coronavirus, the progress we're making, and our plans for the next few weeks.

The government is united in our focus, our determination and our national mission to defeat the coronavirus. And defeat it, we will.

I want to join the PM in expressing our heart-felt thanks to the brilliant NHS team at St Thomas's hospital. And, as the Easter bank holiday weekend draws to a close, I also need to thank all of the NHS staff, all of the other frontline staff, who have been working so hard over the long weekend to care for those suffering from coronavirus.

We thank you.

We pay tribute to you.

And we're immensely proud of all you are doing.

Can I also take the opportunity to thank everyone who followed the advice to stay home, despite the wonderful weather, and despite the challenges and sacrifices that sticking to the advice presents to many families. I have to say that at the end of last week, we were concerned that people might start ignoring the advice, or cutting corners given the temptation to go out into the sunshine.

In fact, the overwhelming majority of people stayed at home and understood the importance of doing so.

You stuck to the advice.

You denied the coronavirus of the social contact it needs to spread.

People should be in absolutely no doubt that, by staying home this weekend, you have saved lives, and you also helped protect our precious NHS at this critical moment in the crisis.

So thank you.

Your efforts are making all the difference, and please keep them up.

We've come too far, we've lost too many loved ones, and we've sacrificed far too much to ease up now.

I can tell you on the latest data that 290,720 have been tested for coronavirus, 88,621 have now tested positive. And, I'm very sorry to say, 11,329 people have now died from coronavirus, every one of them a tragedy, and our hearts go out to all of the loved ones who are grieving their loss at such a difficult time.

Amidst this sobering death toll, there are also some positive signs from the data that we are starting to win this struggle, but we have still got a long way to go and as those grisly figures I just read out show, we're still not past the peak of this virus.

So please continue to follow the advice, now more than ever, to stay at home, save lives and protect our NHS. This week, SAGE will review the evidence of the effectiveness of the social distancing measures we've taken, and we will consider their assessment, based on the evidence, at that point.

I should say, we don't expect to make any changes to the measures currently in place at that point, and we won't, until we're confident as we realistically can be, that any such changes can be safely made.

In the meantime, the government will continue to redouble all of our efforts to buy and deliver the ventilators so we can treat the most vulnerable in our hospitals.

To deliver the masks, the gowns and other protective equipment to protect those on the frontline, in the NHS, but also in care homes.

And to ramp up testing so that the NHS and other key staff can return to the frontline just as soon as possible. The Chancellor and Business Secretary are working round the clock to mitigate the damage that this crisis has undoubtedly done to our economy – getting support to businesses, to workers and to the most vulnerable in our society.

So please, once again, keep following the guidance to stay home, save lives and protect the NHS.

If we let up now the virus will only take full advantage.

It will spread faster and it will kill more people.

If we refuse to give into it, if we keep up this incredible team effort, we will beat this virus, and we will come through this national test.

Our plan is working.

Please stick with it, and we'll get through this crisis together.

## Further information

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# [Our new dialogue with the public about data for public benefit](#)

This project is co-funded by the National Data Guardian for Health and Care, [Understanding Patient Data](#) and the [Sciencewise](#) programme. The dialogue process is being designed and managed by [Hopkins Van Mil](#), following a mini competition run by Sciencewise.

The planning for this project started long before the outbreak of the Coronavirus Covid-19 pandemic, so it's not a reaction to it. However, we are already thinking about how the knowledge and attitudes of our public participants may have been affected. We will work with our partners to consider this carefully in the design of the dialogue to acknowledge this and to ensure that resultant guidance remains relevant to a wide range of data sharing scenarios.

## **What sort of data uses we'll be exploring**

Whenever we go to a doctor or a hospital, if we receive support from social services in our own home or live in a care home, the people looking after us record information about us in our records. The main reason for this information being recorded is to make sure we get good individual treatment.

As a result, the NHS and social care services hold a lot of information about individuals and this can also be used for other things. When data from many people is linked up and pooled, it can be used by researchers and scientists to identify patterns and develop new ways to predict, diagnose or treat illness.

NHS and social care organisations do not always have the expertise needed to do this work on their own and so they sometimes work in collaboration with researchers, scientists and inventors in universities or private companies. New medicines and technologies can then be developed to treat patients. This dialogue will explore public attitudes towards the sharing of health and social care data for data-driven research and innovation in England.

## **Why a dialogue now?**

There is significant government activity and investment to advance the life sciences sector by providing improved access to health and care data to encourage data-driven research and innovation.

Organisations which hold health and care data already assess public benefit or interest when deciding whether to allow it to be used to develop new

medicines and technologies. But as demand for access to this data grows, more detailed guidance on how to make such judgements will help to ensure that decision making is consistent, and that the public can be confident that their data is being used in the public interest.

## **What we will look at and what difference this will make**

In relation to the uses of such data for purposes beyond individuals' own care, such as research and innovation, we know that the extent to which such purposes benefit the public is the critical crucial condition for their acceptance of its use.

We know that concerns can be raised when organisations with commercial interests are involved in using data generated by our use of publicly-funded NHS and social care services. We've seen this many times in our engagement to date; previous pieces of research; and in media, social media and public discussions.

This dialogue will improve our understanding of how the public assesses and weighs the public benefits and disbenefits of proposed data uses in a range of scenarios. We will ask our public participants which benefits count as 'good enough' to make the use of data acceptable in their view.

We are keen to ensure that we explore the use of social care data as well as health data. And to look at some more complex questions: what about when a use of data might benefit some groups of people, but not others? what if it's quite uncertain what the results of a piece of research might be? what if it won't benefit the people whose data was used or their families, but instead people who are quite distant, perhaps in another country, or many years hence? How do these factors affect people's attitudes towards whether there is enough public benefit to merit data being used?

The National Data Guardian intends to develop guidance or advice that would help organisations to carry out public benefit assessments with greater consistency across the health and social care sector. This will help a range of bodies and data controllers to make decisions about whether data should be used for purposes beyond individual care. Working with Understanding Patient Data and the members of the public that we will be involving in our dialogues, we aim to ensure that what we develop is in line with the public's values.

## **How will the dialogue be structured?**

Public dialogue workshops will take place in autumn 2020 at four locations around the UK: Reading, Stockport, Great Yarmouth and Plymouth. A report will be published in spring 2021 summarising the findings of the initial workshops. This will be used by the National Data Guardian and Understanding Patient Data to develop public benefit guidance and a further dialogue workshop will be held that spring with a number of the original workshop attendees to test whether this meets their expectations.

An Oversight Group is being formed to bring independent oversight to the



process and development of materials. The Group includes stakeholders with a range of different perspectives on the topic, including patients. We are also currently holding a process to appoint an independent project evaluator.

We're excited to be launching this project and will let you know more as it progresses.