

£10m cycling investment helps people swap four wheels for two

As a part of Highways England's Cycle, Safety and Integration Designated Funds programme, 19 cycling schemes have been constructed in the region since 2015 while a further 11 are expected to be completed by the end of March 2020.

To motivate people to swap four wheels for two, Highways England has worked to provide smoother cycle paths, safer crossings and better signage to connect the cycle network that criss-crosses the region, linking villages, towns and cities.

Highways England Regional Director, Martin Fellows, said:

We want to make sure that our roads in the East create opportunities for cyclists, not barriers to journeys. Our vision five years ago was to create better and improved cycling facilities that are safe and separate from traffic, which encourages cycling as a sustainable form of transport and make every day journeys as easy as possible.

In the future we'll continue this great initiative of upgrading the cycle network alongside out road enhancements, ensuring that people are able to cycle and walk more – with obvious benefits to their health, safety and the wider environment.

The work in the East of England is part of Highways England's £175 million dedicated fund to provide improvements and new facilities which make it safer and easy for cyclists and pedestrians to negotiate its roads. So far 101 new schemes have been built nationwide, meaning it's now far easier than it was for cyclists to navigate the country. A further 49 schemes are on track to be delivered by March 2020

People cycling or walking on the National Cycle Network linking London Stansted Airport with communities across Essex are benefitting from £800,000 of improvements provided by this special fund in 2018. Cyclists can enjoy a safe and scenic route across the busy M11 motorway thanks to the Highways England project to restore the one-mile route between Birchanger village and the airport.

Previously, people commuting on bikes to the airport were having to navigate the tricky junction 8 of the M11, and were often put off using what was little more than a dirt track. Resurfacing sections of the path, putting up new signs, and clearing overhanging vegetation has provided an attractive, traffic-free way to commute to the airport.

Highways England also invested £2.5 million into bolstering cycle routes

along the A12 near Lowestoft, in Suffolk. The project made significant improvements to the cycle routes making it easier for people peddling through the town, while a signalised crossing, dropped kerbs and improved signage was also introduced.

In addition to these projects, Highways England has also upgraded cycle ways on the A47 in Norfolk, the A14 in Cambridgeshire, the A120 in Harwich and the A5 in Dunstable.

To keep up to date with the latest cycleway upgrades by Highways England, [visit our webpage.](#)

UN Human Rights Council 43: Interactive Dialogue with the Special Rapporteur on the situation of Human Rights Defenders

Thank you, Madam President,

The United Kingdom welcomes the Special Rapporteur's report. We recognise the huge contribution that human rights defenders make to the promotion of the rights of their fellow citizens, and to furthering the development of their countries.

The UK agrees that efforts can, and should, be stepped up to ensure the full inclusion and participation of women in peacebuilding. We are concerned by an increase in reprisals against women peacebuilders. The UK is supporting International Civil Society Action Network to develop a protection framework for women peacebuilders. The framework will provide guidance to States and multilateral institutions on how to better protect women peacebuilders, and how to respond when reprisals occur. Madam President, I hope the UN and States present will sign up to the framework in due course.

The UK remains concerned about the risks faced by human rights defenders in Colombia. We welcome the Colombian government's willingness to accept a visit by the Special Rapporteur, and its stated commitment to improving the situation.

I would like to ask the Special Rapporteur how States can ensure full inclusion of women, including women human rights defenders, in post-conflict peacebuilding efforts, and what more this Council can do to give them a platform.

Thank you.

ESFA Update: 4 March 2020

Information helpline launched to answer questions about COVID-19 related to education Action 2019 to 2020 Advanced Learner Loans performance management point 3 Information teachers' pay grant and teachers' pension employer contribution grant updates Information local authorities planning calendar Information adult education budget (AEB) devolution update – Sheffield City Region Information final qualification achievement rates (QAR) for 2018 to 2019 Information earnings adjustment statement (EAS) Information registration for the WorldSkills UK skills competitions Information new analysis suggests potential interventions to improve educational attainment of children and young people who have had a social worker Information support for your advanced mathematics provision Your feedback we would welcome your feedback on a new online form to report extremism concerns

CMO for England announces 32 new cases of novel coronavirus: 4 March 2020

Professor Chris Whitty, CMO for England, said:

As of 9am this morning 32 further patients in England have tested positive for COVID-19.

Twenty-nine patients were diagnosed who had recently travelled from recognised countries or from recognised clusters which were under investigation.

Three additional patients contracted the virus in the UK and it is not yet clear whether they contracted it directly or indirectly from an individual who had recently returned from abroad. This is being investigated and contact tracing has begun.

The total number of confirmed cases in England is now 80. Following previously reported confirmed cases in Northern Ireland, Wales and Scotland, the total number of UK cases is 85.

As of today, due to the number of new cases, we will no longer be publishing information on the location of each new case.

Instead, this information will be published in a consolidated format once a week. This will be published on Friday. Regions will continue to be told as and when they have confirmed cases.

Patients asked to return Emerade 150 micrograms adrenaline pens

Patients, or carers of patients, who carry Emerade 150 microgram auto-injector pens should return all in-date Emerade 150 micrograms auto-injectors to their local pharmacy once they have obtained a prescription for, and been supplied with, an alternative brand. Emerade 150 microgram is used for the emergency treatment of severe, acute allergic reactions (anaphylaxis) in children.

- only return your pen when you have received a replacement from your pharmacy which will be an alternative brand – either EpiPen or Jext.
- ensure that you learn how to use the replacement pen that you have been supplied with, as each brand of pen is used in a different way. Ask your doctor, pharmacist or nurse for help with this. You will also find instructions on how to use your new pen inside the pack it is supplied in, along with details of the manufacturer's website that also provides information, including videos, on how to use your new [EpiPen](#) or [Jext](#) adrenaline pen.

Recall action has been taken due to reports of difficulty in activating the Emerade pens, meaning a dose of adrenaline cannot be delivered. This defect also affects the 300 and 500 microgram strengths of Emerade adrenaline pens, which will be recalled when sufficient supplies of alternative brands (EpiPen and Jext) are available. Patients who have in-date Emerade pens of these other strengths should keep these until the expiry date and should be reassured that available data shows the majority of the pens will still activate. Patients are reminded to follow existing advice to carry two pens with them at all times.

Exposure to high temperature may increase the risk of pen failure. Emerade pens should not be exposed to temperatures above 25°C, such as being placed near to a radiator or fire. If travelling to a hot climate, patients should visit their doctor to obtain a prescription for an alternative brand of adrenaline pen.

If an Emerade pen does need to be used, it should be pressed very firmly against the thigh. If this does not result in activation, the patient should immediately use their second pen. More detailed information for patients is available on the [MHRA website](#). This includes images showing users what an activated pen looks like, compared to a non-activated pen.

ENDS

Note to editors

1. The Medicines and Healthcare products Regulatory Agency (MHRA) and the Department of Health and Social Care (DHSC), have taken the action due to further evidence from the manufacturer, Bausch & Lomb UK Limited, alongside further reports from patients, of Emerade pens that have failed to activate.
2. The MHRA issued a [pharmacy-level recall of Emerade pens on 28 November 2019](#), and advice that can be shared with patients.
3. Additional information for patients and carers who have Emerade pens can be found on pages 7, 8 and 9 of the MHRA's [Drug Alert](#).
4. Emerade is a brand of adrenaline auto-injector (AAI) pen for the emergency treatment of anaphylaxis. It is available in three strengths of 150 microgram, 300 microgram, 500 microgram per dose.
5. The [Yellow Card scheme](#) is MHRA's system of monitoring the safety of medicines in the UK and it acts as an early warning system to identify new, and strengthen existing, safety information about medicines. Yellow Cards are used alongside other scientific safety information to help MHRA to take action, if necessary, to make changes to the warnings given to people taking a medicine or review the way the medicine is used to maximise benefit and minimise the risk to the patient.
6. [Medicines and Healthcare products Regulatory Agency](#) is responsible for regulating all medicines and medical devices in the UK by ensuring they work and are acceptably safe. All our work is underpinned by robust and fact-based judgements to ensure that the benefits justify any risks.
7. MHRA is a centre of the Medicines and Healthcare products Regulatory Agency which also includes the [National Institute for Biological Standards and Control \(NIBSC\)](#) and the [Clinical Practice Research Datalink \(CPRD\)](#). MHRA is an executive agency of the Department of Health and Social Care.