

# Cash boost for millions of workers as government backs new law to ensure all staff keep their tips

- New legislation to make it unlawful for employers to withhold tips from staff
- it means customers will know for certain that all tips will go to hard-working employees, who will take home more money
- the Tipping Bill will benefit more than 2 million workers and, for the first time, will give them the right to see an employer's tipping record

Millions of UK workers will be able to take home more of their hard-earned cash under new legislation, backed by the government today (Friday 15 July), banning employers from withholding tips from their staff.

Despite most hospitality workers – many of whom are earning the National Minimum Wage – relying on tips to top up their pay, there are still sadly too many businesses who shamefully fail to pass on service charges from customers to their staff.

The Employment (Allocation of Tips) Bill, introduced by Dean Russell MP and backed by the government, will ensure that all tips go to staff by making it unlawful for businesses to hold back well-earned service charges from their employees.

This overhaul of tipping practices is set to benefit more than 2 million UK workers across the hospitality, leisure and services sectors – who tend to rely on tips the most – and will help to ease pressures caused by global inflation and an increase in the cost of living.

**Business Minister Jane Hunt** said:

At a time when people are feeling the squeeze with rising costs, it is simply not right that employers are withholding tips from their hard-working employees.

Whether you are pulling pints or greeting guests, today's reforms will ensure that staff receive a fair day's pay for a fair day's work – and it means customers can be confident their money is going to those who deserve it.

I particularly want to tip my hat to the work of Dean Russell MP and all the campaigners who have helped make the Tipping Bill a reality.

Through the Bill, a new statutory Code of Practice will be developed to

provide businesses and staff with advice on how tips should be distributed. On top of this, workers will receive a new right to request more information relating to an employer's tipping record, enabling them to bring forward a credible claim to an employment tribunal.

**Dean Russell, Conservative MP for Watford, said:**

I am delighted that my Tips Bill has passed second reading in Parliament. It is fantastic that we are on track to securing a fair deal for millions of people working in hospitality across the country.

It has always felt wrong that some employers have retained tips intended for their staff. This new legislation will halt this practice, particularly given the current challenges around the cost of living. I would like to thank all of the businesses and stakeholders that have got in touch to voice their support.

The move towards a cashless society has exacerbated the problem of companies keeping card tip payments for themselves, and today's measures, once in law, will ban that practice.

**UK Hospitality Chief Executive, Kate Nicholls, said:**

Tips and service charges provide a significant and welcome boost to hospitality employees' take-home cash. So we're delighted to see this proposed legislation recommend that employers can set a fair distribution policy for staff, meaning they all benefit. This should also reassure prospective hospitality sector workers at a time when the industry is seeking to fill vacancies.

Today's reforms follow a range of government action to support people with the cost of living and help those on lower incomes keep more of what they earn. Most notably, earlier this year the government increased the National Living Wage to £9.50 per hour – equivalent to an extra £1,000 a year for a full-time worker – with a full campaign which encouraged workers to [check their pay](#).

In addition, the government recently announced a widening of the ban on exclusivity clauses, giving the lowest paid workers flexibility to top up their pay and work multiple jobs if they wish.

The reforms come at a time when there are more employees on payrolls than ever before – and unemployment has reached an all-time low.

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# Veterans called forward to share views on pre-2000 ban on homosexuality in the armed forces

Individuals who were affected by the pre-2000 ban on homosexuality in the armed forces are urged to respond to a [17 week call for evidence](#) to inform recommendations to ensure that the service of every LGBT veteran is understood and valued.

Responses are welcomed from all those who served in the UK Armed Forces from 1967 – 2000 and their families, and from academics and organisations with an interest in the UK Armed Forces and the LGBT community.

The call for evidence has been designed to be user-friendly, quick to fill in and easily accessible. Individuals will be able to come forward through an online survey [here](#) or via Freepost.

Regardless of where they live, veterans affected by the UK armed forces ban will be able to provide their testimony to the call for evidence.

This call for evidence comes following the [appointment](#) of The Lord Etherton PC QC last month.

The Lord Etherton PC QC said:

The object of the Review is to provide evidence based recommendations to the government as to how best the government can meet its commitment to ensure that all veterans' experiences are understood and their military service valued, and how best to acknowledge and remedy the injustice of dismissal of LGBT service personnel prior to 2000 on the grounds of their sexual orientation.

This call for evidence will ensure that veterans can share their experiences. I encourage all those affected by the ban to come forward with testimony in this safe environment, to shape the review's recommendations.

The review was announced by the Defence Secretary and former Chancellor of the Duchy of Lancaster Steve Barclay, as part of the Veterans' Strategy Action Plan in January 2022. The independent review will provide the opportunity for the government to better understand the lived experience of LGBT veterans who served prior to 2000, including how being discharged from the military because of their sexuality affects their life.

The review will consider the experiences of LGBT veterans and their families in the context of the pre-2000 ban, including the nature of dismissal, the impact this had on their subsequent lives.

From these testimonies, the review team will be able to make evidence-based recommendations as to how the government can meet its commitment in the Veterans' Strategy Action Plan and ensure the service and experience of every LGBT veteran is understood and valued.

Last week, the government also announced the appointment of Johnny Mercer as Minister for Veterans' Affairs at the Cabinet Office.

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## Interesting facts about our work

The MOD's Joint Casualty and Compassionate Centre (JCCC) Commemorations Team, also known as the MOD's 'War Detectives', is responsible for attempting to identify British personnel killed in historic campaigns dating back to the Great War and arrange a military ceremony.

Due to the nature of our work, one of the first questions we're often asked is "Do you have any jobs?". As we are a small team based in Gloucester, opportunities to work with us are rare but any vacancies will be advertised – like all civil service posts – on [Civil Service Jobs](#). Sadly, we're not able to offer any volunteering opportunities.

We receive a variety of enquiries regarding all aspects of our work and so we have collated the most common, interesting facts.

### **How we research our recovery cases and how it can lead to an identification; when DNA is used and how we find family members.**

There are some differences between World War One (WW1) and World War Two (WW2) casualties.

#### **WW1**

##### **Finding the remains of fallen British servicemen**

When the remains of British military personnel are found on historic battlefields, one of the first thing we look for is any clues as to who they served with, for example shoulder titles or cap badges.

Shoulder titles of a West Yorks soldier. Copyright Imperial War Museum.

Without this information we have little chance of making an identification (unless the casualty is found with personal items that include their name or service number). Once we know a casualty's regiment, we can try to work out when they were in the recovery area. The other types of clues that are invaluable is if we find some rank insignia, for example sergeant's stripes.

## **Reference sources we use**

The first step we take is to look at the battalion war diaries to find out exactly where a regimental battalion was on any given date. The whole of the Western Front was mapped into squares of 500 yards so troops' movements can be plotted, and a recovery location pinpointed accurately; these are known as trench maps (available via various websites online). The Commonwealth War Graves Commission (CWGC) holds records of exhumations from each of the trench map "squares", which can be helpful in showing which regiment's casualties have previously been found in the same location. We also look at regimental histories, personal diaries, information held by regimental museums and online. Each of the Services has a specialist historical branch who can assist us when required. Some of the other sources of useful information we look at are Soldiers' Effects Registers, pension cards, Red Cross Prisoner Of War (POW) records, medal index card and newspaper archives.

## **Establishing date of death**

When we've done our regimental research, we should have some idea when a particular regiment was in the recovery location. We will also have another look at the artefacts to see if there's anything that might help us with a date of death. For example, there may be parts of a small box respirator found with a casualty. These weren't first issued until 1916, so we can rule out a date of death before then. We will look at CWGC exhumation records to see if any other recoveries from the same regiment were made, and when. All the information should help us to narrow down a date of death to within a few days.

## **The next stage in our process**

Once we have a regiment, a timeframe for the death and hopefully a rank, we will search the CWGC database to find out how many casualties of a particular rank/battalion/regiment died during the day(s) in question and have no known grave.

## **How we use DNA for identification**

If we can narrow a list of potential casualties to around 10, we will consider taking DNA to help us. DNA is only ever used as a confirmation of what we suspect. Instead, our process uses all the available evidence from the site of the recovery and military records to establish the potential identity of a casualty before using anthropology and finally DNA to add an additional level of confirmation. DNA matching to the standard needed to make a positive identification is rarely sufficient in its own right. Given the passage of time, the condition of many of the remains found, and the changes in family dynamics, it is often the case that even those with a very strong likelihood of a direct family relationship will only have a partial DNA match. Hence to start the identification process by trying to work from DNA matching would be unlikely to succeed and is more likely to result in raising expectations that could prove upsetting to the families involved.

We contract our DNA work out to a reputable firm of forensics experts. They

will take samples from the casualty's remains, prepare male and/or female profiles, before comparing them against a sample taken from a suitable relative. They also undertake anthropology work for us, giving us an approximate age range and height, which can be used to further narrow down a pool of potential candidates. Our DNA contract is re-let periodically through an open commercial competition.

### **Suitable DNA donors**

Not every member of a casualty's family is a suitable donor for DNA. In short, we need to follow either a direct male (Y STR) or female (MtDNA) line through the generations. For example, a casualty's son/grandson/great grandson etc would all be suitable donors; as would a sister/niece/great niece etc. But if the casualty had a daughter, her father's DNA would stop with her and any of her subsequent children/grandchildren etc wouldn't be suitable for comparison.

### **Recording DNA**

We never collect DNA from living relatives in anticipation of future finds due to the ethical and legal implications enshrined in UK law.

### **DNA profiles stored in family history/genealogical websites**

In practical terms, processing DNA samples to the level required for positive identification of casualties is a complicated process, and far exceeds the more generic service offered by family history companies.

### **How we trace a casualty's family**

We take what information we have (date and place of birth, parents and/or siblings names) and build a family tree. We will look at census information (the last one available is the 1939 Register) and try and work down to a current generation. We are only able to use information already in the public domain, for example, electoral rolls, but this usually gives us enough to have some idea of who a current relation might be. We're sometimes able to locate them via social media or we put out an appeal on local TV, radio or newspapers, as well as via our own Facebook account: [@wardetectives](#).

### **The missing**

The vast majority of those recorded as having no known grave are likely to be amongst those buried 'Known Unto God' in CWGC cemeteries or, sadly, were lost in circumstances where no remains will survive. Some are still buried where they fell in shallow field graves and it is this category that make up the majority of our work, as human remains are always being found, especially in France and Flanders. The cases we deal with make up only a tiny proportion of the total of those without a named final resting place. There are over half a million still missing from the Great War. About a third of those are thought to be buried as "unknown" while the other two thirds are still "missing".

## WW2

The majority of our work for WW2 casualties is made up of RAF personnel where aircraft crash sites are excavated, particularly in the Netherlands and Germany. Our research in these cases uses RAF Combat Reports, Operations Record Books, Aircrew Logs and Casualty Files. If the identity of the aircraft can be established, it's usually much easier to name its casualties, since there would be a maximum number of potential candidates (depending on the type of aircraft) and the names of the crew on lost aircraft are kept on RAF Casualty Files. The information about DNA and searching for families (shown above) still applies. As far as Royal Navy casualties go, sadly their casualties' remains are lost at sea rather than recovered.

There are still occasionally Army casualties found from WW2 conflicts. We would use the same research methods as for WW1 casualties.

### Identification of unknown graves

It is sometimes possible to work out who is buried in an "unknown" grave in one of CWGC's cemeteries and a number of researchers/historians/family members/members of the public do this and submit their evidence for consideration. This must be done by research only – the exhumation of a war grave for the purposes of identification is not permitted. As well as proving the link between a potential candidate and the unidentified casualty, it's equally important to discount all other potential candidates from the investigation. All cases must be sent to CWGC in the first instance for them to check against their records; if they feel a case has merit, it will be forwarded to the Service historical branch and then on to us for a final decision. Guidance on how to submit an Identification case can be found on the [CWGC's website](#).

For clarity, the main aspects of our work can be summed up as:

1. The authority to establish identity of the remains of British Service personnel from World War 1 onwards, then coordinating a burial with military honours, and
2. Making the decision as to whether a previously "Unknown" grave can be accepted as being the final resting place of a named individual and overseeing the rededication service carried out at the grave in question.

### Repatriation

Since the 1980s, the families of service personnel who died overseas have had the option of their loved ones' bodies being repatriated to the UK for burial and/or cremation. Prior to that, all war dead were buried in the country of their death and no repatriation was permitted. Those rules are still in force for those who died in either of the World Wars. They are buried with their

compatriots; “served together, died together, buried together”.

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## Parents whose babies require neonatal care to receive paid leave under new law backed by government

- Government backs laws providing additional paid leave to parents whose babies require neonatal care after birth
- reforms will allow parents to spend more time providing crucial care for their baby instead of worrying about returning to work or having to take unpaid leave
- Business Minister Jane Hunt: “I hope we can take one concern off the minds of new parents and give them the additional paid time off they need to care for their poorly baby.”

Thousands of parents whose babies require specialist care after birth will be able to take additional paid time off work, under new legislation backed by the government today (Friday 15 July).

A baby who is born prematurely or sick will receive neonatal care in hospital or another agreed care setting – often for a prolonged period of time. This can put parents in a difficult position of having to use their existing leave entitlements to be by their baby’s side, or worse, having to return to work while their baby is still receiving hospital care.

Today’s Neonatal Care (Leave and Pay) Bill, introduced by Stuart C McDonald MP and backed by government, will allow parents to take up to 12 weeks of paid leave, in addition to other leave entitlements such as maternity and paternity leave, so that they can spend more time with their baby at what is a hugely stressful time.

Once in law, neonatal care leave will be available to employees from their first day in a new job and will apply to parents of babies who are admitted into hospital up to the age of 28 days, and who have a continuous stay in hospital of 7 full days or more.

As many parents across the UK are facing rising cost of living, today’s reforms will help ease future pressures on families whose children require neonatal care by ensuring they aren’t forced with the choice of taking unpaid leave or continue working. As well as supporting families, it will also help employers who want to better support their staff.

**Business Minister Jane Hunt** said:



Having a new-born in neonatal care is an incredibly worrying time for parents. No family should also have to agonise about their return to work, or whether they have enough leave in place.

By putting our full weight behind this Bill, I hope we can take one concern off the minds of new parents and give them the additional paid time off they need to care for their poorly baby.

The reforms will be a huge boost for parents across the UK, with up to 12 weeks of paid leave for each parent. Mothers of children who have an extended stay in hospital at the start of their lives often find that 39 weeks of paid maternity leave does not give them enough time with their loved one before they need to go back to work. Similarly, the change in law will ensure fathers and partners have the flexibility to share caring responsibilities by increasing the amount of paid leave they can access beyond the usual 2 weeks of paternity leave. It will also fit alongside Shared Parental Leave, and the flexibility that this provides, which will mean both parents feel able to prioritise their child, and family, in that precious time after birth.

**Stuart C McDonald, MP for Cumbernauld, Kilsyth and Kirkintilloch East** said:

No parent should have to choose between being with their premature or sick baby in neonatal care and having to return to work to earn a living; or enjoying the full benefits of parental leave and going back to work.

With the cost of living soaring, it is more important than ever that we secure an urgent change in the law so that parents of babies in neonatal care get the paid leave and support they need at an incredibly challenging time.

I'm delighted to bring forward this Bill with the backing of Bliss and families across Scotland and the UK.

**Bliss Chief Executive, Caroline Lee-Davey**, said:

We are thrilled that the Neonatal Care (Leave and Pay) Bill has passed Second Reading in Parliament and has support from the government. This is a huge milestone after years of campaigning and is a significant step towards tens of thousands of parents having paid leave while their baby is critically ill in hospital every year.

We know how much this entitlement will mean to families, and the difference it will make to babies. Currently, thousands of parents every year have no choice but to return to work while their baby is in hospital or spend months of their maternity leave next to an incubator. After the progress made today, we are one step closer to giving many parents the much-needed time to be where they need to

be – by their baby's side in hospital.

We know there is now more to do to continue the Bill's passage through Parliament, and we look forward to continuing to work with Stuart McDonald MP and the government, and MPs across all parties to ensure that this Bill becomes law as quickly as possible.

The government already has package of measures in place to support the most vulnerable families and those on lower incomes. Earlier this year earlier the government increased the National Living Wage to £9.50 per hour – equivalent to an extra £1,000 a year for a full-time worker – with a full campaign underway encouraging workers to check their pay.

Neonatal care leave will be paid if the parents meet certain conditions regarding continuity of service and minimum earnings.

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## **Horizon Scanning Case Study: Point of Care manufacture**

### **The Issues**

Technology is enabling the creation of new medicinal product types with features such as very short shelf lives, in the range of 30 seconds to a few hours, necessitating manufacturing at the point of care (POC), as well as other highly personalised products. The types of products with these features include Advanced Therapy Medicinal Products (ATMPs), blood products, 3D-printed small molecules and some medical gases.

Through horizon scanning and examining trends in information obtained from requests for regulatory and scientific advice, borderline classification opinions and the presence of some products in clinical trials MHRA identified that there are a wide range of medicinal products in development that will require POC manufacture. The issue with these products is that they do not fit the current 'standard model' of manufacture and supply, which typically features centralised manufacture of large batches of stable products at a few manufacturing sites.

### **The change that is needed**

The current legislative framework is geared for the centralised manufacture of medicinal products which, for each product type, is manufactured in a relatively small number of sites each at large scale. This is primarily because the products have a long shelf life and are then distributed globally to a mass market.

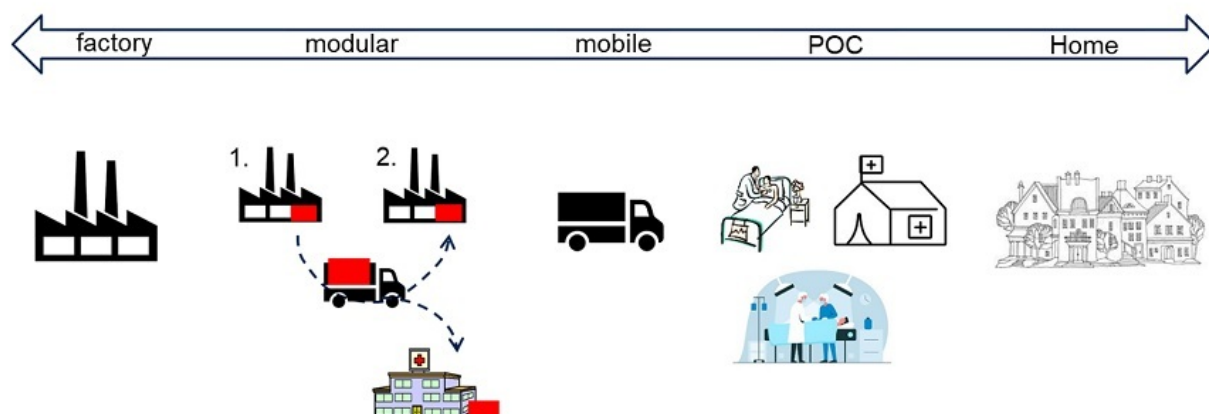
Current regulations require each manufacturing site to be named on the Marketing Authorisation and to inspect and authorise each of those sites, horizon scanning identified a need for a new regulatory framework to enable the development of POC manufacture and supply in the UK. This framework will accommodate the needs of medicines products manufacture at POC but will also provide control measures equivalent to those currently in place for medicinal products manufactured in factory-based locations, this will ensure that POC products have appropriate quality, safety, and efficacy attributes.

## **What the MHRA did**

Following internal discussions, we engaged extensively with stakeholders involved in the development, manufacture, testing, clinical trials and licensing of POC products in the UK. We organised workshops in 2020 to explore the technologies and products that are applicable to POC manufacture and the control measures that would need to be established to support their safe development.

In March 2021, we held a stakeholder engagement event with over 50 attendees from across the healthcare sector to build on the learning points from the previous meetings. At this event we presented a high-level view of a proposed regulatory framework for POC manufacture, which is centred on the concept of a Control site. This Control site would be named on clinical trial and marketing authorisation applications and would oversee all aspects of the POC manufacturing system including the individual manufacturing locations and their activities. The proposed regulatory framework is based on and links into current regulatory systems for medicines approvals, clinical trials, evaluation of regulatory compliance at manufacturing sites and safety monitoring.

Based on discussions and feedback from attendees of this event we produced a consultation document, which went out for formal public consultation for 6 weeks in the summer of 2021. Responses were significantly positive and there was positive support for the framework to apply across the full range of manufacturing scenarios, from modular manufacture to home-based manufacture – see diagram below.



## Outcomes

Through horizon scanning and review of the regulatory and scientific advice signals received, we identified a need to amend The Human Medicine Regulations 2012 and The Medicines for Human Use (Clinical Trials) Regulations 2004. These changes are required to create a new framework to enable the supply and increase the availability of innovative new medicinal products made at POC to patients.

Legal instructions are being developed to amend these two areas of UK medicines legislation, these changes are made possible by the Medicines and Medical Devices Act 2021. These new Statutory Instruments are due to be laid in Parliament later in 2022. At that time, guidance documents will be developed in consultation with stakeholders.

The UK will be the first country to introduce a tailored framework for the regulation of innovative products manufactured at the point where a patient receives care. MHRA is in discussion with a range of international regulators to support the development of a similar framework in those territories to allow patients to access POC products.

The Ian Rees, the regulatory science expert who is leading on the work for the MHRA said:

This is a clear example of proactive and responsive regulatory action, where the MHRA identified a step-change in approach to

medicines development and manufacture that will benefit from and require changes to the regulatory framework.