



This report shows written answers and statements provided on 3 November 2020 and the information is correct at the time of publication (06:38 P.M., 03 November 2020). For the latest information on written questions and answers, ministerial corrections, and written statements, please visit: <http://www.parliament.uk/writtenanswers/>

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**Notes:**

Questions marked thus **[R]** indicate that a relevant interest has been declared.

Questions with identification numbers of **900000 or greater** indicate that the question was originally tabled as an oral question and has since been unstarred.

## ANSWERS

### BUSINESS, ENERGY AND INDUSTRIAL STRATEGY

#### ■ Warm Home Discount Scheme

**Martyn Day:**

[\[108271\]](#)

To ask the Secretary of State for Business, Energy and Industrial Strategy, pursuant to the Answer of 10 July 2020 to Question 67591 on Warm Home Discount Scheme, if he will increase the amount of the Warm Home Discount to improve that scheme's targeting of fuel poverty beyond 2022.

**Kwasi Kwarteng:**

On 14 October, we published a consultation on the extension of the Warm Home Discount scheme until March 2022. Should the Government decide to extend the scheme further, we plan to consult on reforms to improve the fuel poverty targeting.

### CABINET OFFICE

#### ■ Cabinet Office: Audit

**Tulip Siddiq:**

[\[108274\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, how many companies or entities his Department (a) controls or (b) has significant influence over whose accounts are not audited by the National Audit Office.

**Julia Lopez:**

All Cabinet Office arms length bodies are audited by the National Audit Office.

Details of Cabinet Office Joint Ventures are published in the annual report.

#### ■ Cabinet Office: Pay

**Philip Davies:**

[\[100319\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, what the biggest pay rise given to someone in his Department was in (a) percentage and (b) cash terms in the last 12 months.

**Julia Lopez:**

The data requested could have the potential to identify an individual's personal information, and therefore would not normally be disclosed.

Information on senior salaries are already published in our annual reports.

Information on salaries and roles for staff is published as Organogram of Staff Roles & Salaries on Gov.UK.

Salaries of individual civil servants may change because of promotions, re-ranking with a pay band, changes to Civil Service grade, or a change of role.

For 2020, pay awards were paid in accordance with appropriate central pay guidance which differ depending on grade and profession.

#### ■ Cabinet Office: Senior Civil Servants

**Christian Matheson:** [\[102103\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, how many applications were received for the recently vacant position of Cabinet Secretary.

**Christian Matheson:** [\[102104\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, who sat on the recent appointment panel for the position of Cabinet Secretary.

**Julia Lopez:**

The Minister for the Civil Service appointed Simon Case as Cabinet Secretary and Head of the Civil Service, following an expressions of interest process. This is in line with the process used for previous such appointments, and was overseen by the First Civil Service Commissioner. Details of candidates for internal positions are not normally disclosed.

#### ■ Climate Change Cabinet Committee

**Matthew Pennycook:** [\[107708\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, how many meetings of the Cabinet's Climate Action Strategy Committee the Prime Minister has chaired since its establishment on 17 October 2019.

**Julia Lopez:**

It is a long-established precedent that information about the discussions that have taken place in Cabinet and its Committees, and how often they have met, is not normally shared publicly.

#### ■ Government Departments: Internet

**Chi Onwurah:** [\[106998\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, what assessment he has made of the diversity of supply of (a) hosting and (b) cloud services to Government; and what proportion of Government web services are hosted on Amazon Web Services.

**Julia Lopez:**

The Cabinet Office reviews the diversity of supply of government hosting and cloud services.

Departments are required to follow the Technology Code of Practice when choosing a cloud provider. Departments must show that they have chosen the technology which provides the best value for money while meeting user needs.

Details of spend with cloud hosting providers is available on the G-Cloud dashboard.

**Members: Correspondence****Alyn Smith:** [\[106494\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, when he plans to respond to the letter from the hon. Member for Stirling of 11 August 2020, ref: AL2637, on the procurement of PPE.

**Julia Lopez:**

This letter was transferred to DHSC, who will be issuing a response as they are responsible for policy regarding PPE procurement. May I apologise for the delay in considering and responding to the issues the hon. Member has raised.

**Ports: Northern Ireland****Louise Haigh:** [\[106398\]](#)

To ask the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office, when he was made aware that the checking facilities at ports required under the Northern Ireland Protocol had received a delivery confidence assessment rating of red for unachievable.

**Penny Mordaunt:**

The UK Government is committed to implementing the Northern Ireland Protocol. Work is being progressed right across Government and in partnership with the devolved administrations, with ongoing oversight and scrutiny in the usual way. The tender process for the construction of expanded point of entry facilities is being led by DAERA, with UK Government support. The contract has been awarded. We continue to work closely with the Northern Ireland Executive to progress this work.

**DIGITAL, CULTURE, MEDIA AND SPORT****Casinos: Alcoholic Drinks****John Spellar:** [\[106896\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, what discussions he has had with the casino industry on its proposal to withdraw the sale of alcohol from casino venues to avoid the closure of those venues under the tier system of covid-19 restrictions.

**Nigel Huddleston:**

Officials from the Department of Digital, Culture, Media and Sport are in regular contact with the Betting and Gaming Council and individual casino operators to discuss the impact of coronavirus restrictions on their businesses. Discussions are ongoing and have included consideration of potential measures to reduce risk, such as the withdrawal of alcohol sales, that may help local leaders and government in their assessment of venues that can safely remain open.

The Chancellor announced on 9 October that the government's Job Support Scheme (JSS) would be expanded to protect jobs and support businesses required to close

their doors as a result of coronavirus restrictions. Under the scheme, the Government will pay two thirds of employees' salaries. Grants under the Local Restrictions Support Grant scheme, also increased to up to £3,000 per month for businesses required to close in local lockdowns.

## ■ **Casinos: Coronavirus**

**Conor McGinn:**

[\[108254\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, what discussions he has had with the casino industry on its offer to withdraw the sale of alcohol to avoid closure in the tiered system of covid-19 alert levels.

**Nigel Huddleston:**

Officials from the Department of Digital, Culture, Media and Sport are in regular contact with the Betting and Gaming Council and individual casino operators to discuss the impact of coronavirus restrictions on their businesses. Discussions are ongoing and have included consideration of potential measures to reduce risk, such as the withdrawal of alcohol sales, that may help local leaders and government in their assessment of venues that can safely remain open.

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## ■ **Events Industry and Sports: Government Assistance**

**Julian Knight:**

[\[107667\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, if he will extend the insurance support for the film industry to (a) sports clubs, (b) theatres, (c) exhibitions and (d) live events.

**Oliver Dowden:**

DCMS regularly engages with businesses and sector representative bodies in order to properly understand the issues being faced as well as to develop means of offering support, including on the issue of insurance provision. The government is also in continual dialogue with the insurance sector on its response to this unprecedented situation.

We encourage businesses experiencing financial difficulty to research the initiatives in the Government's support package such as the Coronavirus Business Interruption Loan Scheme. Our schemes are continuously under review to make sure our schemes are accessible, fair and targeted to help those who need it the most.

Some of the support the government has offered includes the unprecedented £1.57 billion Culture Recovery Fund - the largest ever one-off investment in culture - to help countless organisations weather the COVID storm

**■ Internet****Andrew Bowie:** [\[109546\]](#)

To ask the Secretary of State for Digital, Culture, Media and Sport, what steps he is taking to tackle offensive, harmful and illegal content online.

**Caroline Dinenage:**

The Government is committed to ensuring that the UK is the safest place in the world to be online. In April 2019 we published the Online Harms White Paper which set out our intention to establish in law a new 'duty of care' on companies towards their users. The 'duty of care' will ensure that companies have robust systems and processes in place to tackle illegal content and protect users.

We will publish a full government response to the Online Harms White Paper consultation which will provide further detail on our proposals. This will be followed by legislation, which will be ready early next year.

**EDUCATION****■ Children: Computers****Gareth Thomas:** [\[106214\]](#)

To ask the Secretary of State for Education, pursuant to the Answer of 7 October 2020 to Question 96748, what recent estimate he has made of the number of disadvantaged (a) primary and (b) secondary school children (i) with and (ii) still without access to appropriate information technology equipment in their homes; and if he will make a statement.

**Nick Gibb:**

The Government wants to do everything it can to support schools to deliver remote education. The Department has invested over £195 million to support remote education and access to online social care, delivering over 220,000 laptops and tablets during the summer term for disadvantaged children who would not otherwise have access to a digital device.

The Department is adding to this support by making over 340,000 additional laptops and tablets available to support disadvantaged children that might face disruption to their education. Since September over 100,000 of these have been delivered to schools.

The Department has allocated a number of devices to each school. To arrive at this allocation, the Department used data on the number of pupils eligible for free school meals in each school. The Department expects that pupils' device needs will be met to some extent by the device endowments of schools and colleges. The Department has used the British Educational Suppliers Association ICT 2019 survey data on the average number of laptops and tablets in primary and secondary schools.



Schools, local authorities and academy trusts are able to request additional devices if their original allocation from the Department does not meet their needs.

## ■ Equality: Young People

**Mr Tanmanjeet Singh Dhesi:**

[\[108282\]](#)

To ask the Secretary of State for Education, what recent assessment he has made of the effect of the covid-19 outbreak on equality of access to opportunity for 16 to 24 year olds.

**Gillian Keegan:**

We know that young people's employment prospects in particular are expected to be disproportionately affected in the coming months. When a young person is not in education, employment or training (NEET) it is rarely temporary. When 18-24 year-olds are NEET for 3 months, three-quarters of them will stay NEET for at least a year.

That is why in July, my right hon. Friend, the Chancellor of the Exchequer announced £1.6 billion of investment to scale up employment support schemes and training for people affected by Covid-19. This includes over £500 million in a package of support to ensure young people have the skills and training to go on to high quality, secure and fulfilling employment. This includes:

- A new payment of £2,000 to employers in England for each new apprentice they hire aged under 25, and a £1,500 payment for each new apprentice they hire aged 25 and over, from 1 August 2020 to 31 January 2021. Employers can start claiming for payments from 1 September.
- £111 million to triple the scale of traineeships: with three times more funding available to providers in 2020-21 to support 30,000 new places. We have also introduced – for the first time - payments of £1,000 per trainee for employers who offer new or additional work placements (up to 10 trainees).
- £101 million for a brand new offer to give 18 and 19-year-old school and college leavers the opportunity to study high value Level 2 and 3 courses when there are not employment opportunities available to them.
- £32 million over two years to help 269,000 more people receive advice from the National Careers Service.
- £17 million to triple the number of sector-based work academy programme placements in 2020/21, enough funding to support an extra 40,000 job seekers with additional training opportunities and the chance of a job.

It is also more crucial than ever before that we tap into the brilliant talent that our country has to offer, and make sure that university places are available to all who are qualified by ability and attainment to pursue them and who wish to do so.

**■ Higher Education: Electronic Publishing****Colleen Fletcher:****[108241]**

To ask the Secretary of State for Education, whether he plans to make an assessment of the effect of academic publishing industry (a) pricing and (b) licensing practices for ebooks on (i) students and (ii) universities.

**Michelle Donelan:**

The government brought forward the zero rate of VAT on e-publications from December. The extension of the zero rate of VAT has been introduced to provide consistency in approach between certain physical and digital publications. This will make e-publications more affordable for students and universities. The government keeps all taxes under review, including VAT. No assessment of the effect of the academic publishing industry's pricing and licensing practices for ebooks is planned.

**■ Higher Education: Staff****Fleur Anderson:****[107120]**

To ask the Secretary of State for Education, what steps he is taking to ensure that roles in (a) recruitment, (b) student support and welfare and (c) other administrative functions are protected in higher education institutions.

**Michelle Donelan:**

During and after the COVID-19 outbreak, our aim is for higher education (HE) providers to continue to deliver HE provision and support the needs of students, both on and off campus.

Since my right hon. Friend, the Chancellor of the Exchequer, announced this government's unprecedented package of support to help keep staff employed and support businesses, the department has provided guidance for HE providers so that they are aware of the support that is available to them. This included guidance on how they may access the Coronavirus Job Retention Scheme (CJRS). This guidance can be found here: <https://www.gov.uk/government/publications/coronavirus-covid-19-financial-support-for-education-early-years-and-childrens-social-care/coronavirus-covid-19-financial-support-for-education-early-years-and-childrens-social-care>.

On 31 October, my right hon. Friend, the Chancellor of the Exchequer, announced that the CJRS has been extended. It will now remain open until December, with employees receiving 80% of their current salary for hours not worked, up to a maximum of £2,500.

We recognise that many students are facing additional challenges due to the disruption and uncertainty caused by the COVID-19 outbreak. Protecting students' health and wellbeing is a priority and we expect providers to ensure that students are well looked after by staff with the right skills and experience to deliver the support they need. This includes the cleaning and security staff keeping campus safe and the catering staff providing meals, particularly for those self-isolating in halls, as well as those providing mental health, wellbeing and pastoral support. However, HE

providers are independent institutions and are responsible for their own decisions on staffing and employment issues. They should make employment decisions according to their own operational needs and the needs of their wider staff and student community.

I wrote to Vice Chancellors on 16 October to thank staff for the work that has taken place to support students over the first term of this academic year and to emphasise that student wellbeing and mental health should continue to remain a priority for all HE providers as we move through the autumn and winter terms.

## ENVIRONMENT, FOOD AND RURAL AFFAIRS

### ■ Fisheries: Marine Protected Areas

**Daniel Zeichner:**

[\[71798\]](#)

To ask the Secretary of State for Environment, Food and Rural Affairs, if he has made an environmental assessment of the effect of supertrawlers fishing in UK Marine Protected Areas.

**Victoria Prentis:**

I refer the hon. Member to the answer given to the hon. Member for Lancaster and Fleetwood on 30 June, PQ UIN 62498.

## FOREIGN, COMMONWEALTH AND DEVELOPMENT OFFICE

### ■ Gabriella Zaghari-Ratcliffe

**Tulip Siddiq:**

[\[107702\]](#)

To ask the Secretary of State for Foreign, Commonwealth and Development Affairs, what violations by the Iranian authorities of the rights of Gabriella Ratcliffe his Department has (a) recognised, (b) raised with the Iranian Government and (c) formally protested about to Iran in the past five years.

**James Cleverly:**

The Foreign, Commonwealth and Development Office provided consular support to Mrs Zaghari-Ratcliffe's family and her daughter who returned to the UK safely on 10 October 2019. We raised her case with the Iranian authorities to request that they issued her exit visa in a timely manner. We were also in close contact with the Ratcliffe family throughout this process and our staff supported them at the airport in Tehran and on arrival into the UK. We continue to provide consular support and are in regular contact with the family both in the UK and in Iran.

**HEALTH AND SOCIAL CARE****■ Arthritis: Mental Health Services**

**Vicky Foxcroft:** [\[105457\]](#)

To ask the Secretary of State for Health and Social Care, how many people living with rheumatoid arthritis accessed mental health services through the Adult Improving Access to Psychological Therapies programme in each of the last five years.

**Ms Nadine Dorries:**

Information is not collected in the format requested.

**■ Blood: Screening**

**Wes Streeting:** [\[107686\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 14 September 2020 to 84711, what progress he has made on tackling the waiting time for phlebotomy appointments in the London Borough of Redbridge.

**Edward Argar:**

*[Holding answer 2 November 2020]:* The National Health Service is taking action locally to improve the waiting times for non-urgent blood tests. In order to create additional capacity, North East London Foundation Trust increasing phlebotomy staffing levels through redeployment, recruitment, staff bank and agency. Staff are being seconded from Barking, Havering and Redbridge University Trust to provide additional capacity and a further eight administrators are now in place to improve the booking service.

In Redbridge, three additional blood testing clinics are already open and will now be extended until at least April 2021. Capacity will be used across the local system to help ensure patients are seen at the sites with the shortest waiting times.

**■ Breast Cancer: Screening**

**Stephanie Peacock:** [\[98744\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment he has made of the number of people waiting of breast cancer screenings in (a) Barnsley, (b) South Yorkshire, and (c) England.

**Jo Churchill:**

*[Holding answer 7 October 2020]:* Local National Health Service breast screening services are working to ensure that all eligible women are invited for screening as quickly as possible. The number of women waiting for an invitation for breast screening has reduced by over 400,000 nationally since June 2020. Since that time, further women have become due for invitation and there are currently 896,240 women awaiting a screening invitation nationally.

Within South Yorkshire there are 30,852 women awaiting a screening invitation, of which 9,731 are in Barnsley.

## ■ Breast Cancer: South East

**Mr Tanmanjeet Singh Dhesi:**

[\[101305\]](#)

To ask the Secretary of State for Health and Social Care, what recent comparative assessment he has made of the incidence of breast cancer in (a) Slough and (b) South East with the national average.

**Jo Churchill:**

*[Holding answer 14 October 2020]:* The latest available data at local authority level (2012-2016) shows that in Slough there were an average of 502 cases of cancer diagnosed each year. In the South East region, for the same period, there were an average of 50,536 cases each year.

A standardised incidence ratio (SIR) accounts for differences in the age and sex structure of a population when comparing to a baseline. In this case the baseline is England which is set to 100. Numbers less than 100 indicate a lower incidence, and greater than 100 indicates a higher incidence.

The SIR for Slough was 95.8 and the SIR for the South East was 98.9. In each area the incidence of cancer is lower than the England average.

## ■ Breast Cancer: Surgery

**Mrs Sharon Hodgson:**

[\[105313\]](#)

To ask the Secretary of State for Health and Social Care, how many women had mastectomies in the financial years (a) 2015-16, (b) 2016-17, (c) 2017-18, (d) 2018-19 and (e) 2019-20.

**Edward Argar:**

The following table shows the count of finished consultant episodes (FCE) with a procedure of mastectomy, where the patient is female for each of the years 2015/16 to 2019/20.

FINANCIAL YEAR	FCEs
2015-2016	17,618
2016-2017	16,959
2017-2018	16,711
2018-2019	17,106
2019-2020	17,007

Notes:

1. A FCE is a continuous period of admitted patient care under one consultant within one healthcare provider.

2. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay on hospital or in different stays in the same year.

**Mrs Sharon Hodgson:**

[\[105314\]](#)

To ask the Secretary of State for Health and Social Care, how many women had breast reconstruction surgery in the financial years (a) 2015-16, (b) 2016-17, (c) 2017-18, (d) 2018-19 and (d) 2019-20.

**Edward Argar:**

The following table shows the number of finished consultant episodes (FCE) with a procedure mention of breast reconstruction and where the patient is female for each of year periods 2015-16 to 2019-20.

FINANCIAL YEAR	FCEs
2015-16	8,335
2016-17	8,297
2017-18	8,463
2018-19	8,593
2019-20	8,234

Notes:

1. A FCE is a continuous period of admitted patient care under one consultant within one healthcare provider.
2. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay on hospital or in different stays in the same year.

**Mrs Sharon Hodgson:**

[\[105315\]](#)

To ask the Secretary of State for Health and Social Care, how long on average women wait between having a mastectomy and breast reconstruction; and if he will make a statement.

**Edward Argar:**

The total number of finished consultant episodes (FCE) for reconstructive surgery in 2019-20 was 8,018. Of these, 6,061 had a mastectomy within the previous five years. Of these 4,557 reconstructive surgeries were on the same day as a mastectomy, with a mean waiting time of 194 days and a median waiting time of zero days.

There were a total of 1,505 reconstructive surgeries which did not take place during the same FCE, with a mean waiting time between mastectomy and reconstructive surgery of 836 days and a median waiting time of 762 days.

A FCE is a continuous period of admitted patient care under one consultant within one healthcare provider. These figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay on hospital or in different stays in the same year.

**Mrs Sharon Hodgson:**

[\[105316\]](#)

To ask the Secretary of State for Health and Social Care, how many women had (a) a mastectomy and breast construction surgery on the same day and (b) delayed breast reconstruction in the financial years (i) 2015-16, (ii) 2016-17, (iii) 2017-18, (iv) 2018-19 and (v) 2019-20.

**Edward Argar:**

The following table shows the number of finished consultant episodes (FCE) where a procedure has mention of mastectomy and breast reconstruction on the same episode and FCEs where a code for reconstruction appears but not a code for mastectomy where the patient is female for each of the years 2015/16 to 2019/20.

FINANCIAL YEAR	MASTECTOMY AND RECONSTRUCTION	RECONSTRUCTION WITHOUT MASTECTOMY
2015-16	4,802	3,533
2016-17	4,743	3,554
2017-18	4,762	3,701
2018-19	4,813	3,780
2019-20	4,673	3,561

Notes:

1. A FCE is a continuous period of admitted patient care under one consultant within one healthcare provider.
2. Figures do not represent the number of different patients, as a person may have more than one episode of care within the same stay on hospital or in different stays in the same year.

## ■ Caesarean Sections

**Rosie Duffield:**

[\[107713\]](#)

To ask the Secretary of State for Health and Social Care, what plans his Department has to review anticoagulation guidelines for women who have undergone a caesarean section.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* Multiple guidelines cover use of anticoagulants for women who have undergone caesarean section.

The National Institute for Health and Care Excellence's (NICE) guideline CG132 contains a recommendation on thromboprophylaxis for caesarean section. NICE is currently developing a new guideline on caesarean section, which will update and replace current the guideline. NICE expects to publish this on 31 March 2021.

### ■ Caesarean Sections: Thromboembolism

**Rosie Duffield:** [\[107714\]](#)

To ask the Secretary of State for Health and Social Care, how many women have died as a result of blood clots and related complications post-caesarean sections without having received anticoagulants in each of the last 10 years.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* This information is not held centrally.

### ■ Cancer: Health Services

**Jonathan Ashworth:** [\[96897\]](#)

To ask the Secretary of State for Health and Social Care, how many patients have accessed an NHS cancer hub in each month since March 2020.

**Jonathan Ashworth:** [\[96898\]](#)

To ask the Secretary of State for Health and Social Care, what the average waiting time was for a treatment appointment at each NHS cancer hub for each month since March 2020.

**Jonathan Ashworth:** [\[96899\]](#)

To ask the Secretary of State for Health and Social Care, what the average waiting time has been for surgery at each NHS cancer hub in each month since March 2020.

**Jonathan Ashworth:** [\[96900\]](#)

To ask the Secretary of State for Health and Social Care, how many patients underwent surgery at an NHS cancer hub in each month since March 2020.

**Jo Churchill:**

NHS England does not hold average waiting time data for treatment or surgery appointments at each NHS cancer hub.

Between March to August, more than 246,000 people received cancer treatment - 85% of the level in 2019.

The number of people receiving a first or subsequent treatment from March to August are included in the following table.

TOTAL NUMBER	WITHIN 31 DAYS OF A DECISION TO TREAT	% WITHIN 31 DAYS OF A DECISION TO TREAT	
March 2020	50,973	49,285	97%



TOTAL NUMBER	WITHIN 31 DAYS OF A DECISION TO TREAT	% WITHIN 31 DAYS OF A DECISION TO TREAT	
April 2020	37,223	35,749	96%
May 2020	35,041	33,247	95%
June 2020	40,134	37,826	94%
July 2020	44,018	41,962	95%
August 2020	38,965	37,020	95%

The number of people receiving a first or subsequent surgery treatment from March to August are included in the following table.

TOTAL NUMBER	WITHIN 31 DAYS OF A DECISION TO TREAT	% WITHIN 31 DAYS OF A DECISION TO TREAT	
March 2020	19,049	17,891	94%
April 2020	12,555	11,585	92%
May 2020	12,140	10,820	89%
June 2020	14,354	12,703	88%
July 2020	15,946	14,396	90%
August 2020	14,659	13,133	90%

## ■ Cancer: Medical Treatments

**Holly Mumby-Croft:**

[\[102223\]](#)

To ask the Secretary of State for Health and Social Care, what estimate he has made of the backlog of treatments for cancer patients; and what steps his Department is taking to resume cancer treatments at levels before the covid-19 outbreak.

**Jo Churchill:**

Data on the number patients waiting longer than 62 days from an urgent general practitioner referral for suspected cancer between March 2020 and August 2020 and available via the following link:

<https://www.england.nhs.uk/statistics/statistical-work-areas/supplementary-information/>

NHS England and NHS Improvement's priorities for recovering cancer services are increasing urgent cancer referrals, reducing the number of patients waiting longer than 62 and 104 days for treatments or diagnostics, and ensuring capacity is in place

for patients returning to the system in winter. The newly formed Cancer Recovery Taskforce will oversee the development of the cancer recovery plan and review progress against objectives, including considering any impact of a second wave of COVID-19.

#### ■ **Care Homes: Private Sector**

**Paula Barker:** [\[100559\]](#)

To ask the Secretary of State for Health and Social Care, what discussions his Department has had with private care providers on the recent increase in rates of under occupancy in care homes in England.

**Helen Whately:**

Ministers regularly meet adult social care sector organisers including provider representatives and providers themselves to discuss current issues including the impact of COVID-19 on the sector.

Decisions on commissioning and provider occupancy rates are a matter for individual local authorities, who have a duty to ensure a sustainable and high quality adult social care market in their areas. We have now made £3.7 billion available to local authorities so they can address pressures on local services caused by the pandemic, including declines in occupancy in care homes.

#### ■ **Children: Digital Technology**

**Colleen Fletcher:** [\[107013\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the covid-19 outbreak on trends in the levels of screen time amongst children; and what assessment he has made of the (a) emotional, (b) developmental, (c) mental health and (d) physical wellbeing effects of too much screen time for children.

**Ms Nadine Dorries:**

We have not made a formal assessment.

To support children and young people's mental health, we published guidance for parents and carers on supporting children and young people's mental health and wellbeing during the COVID-19 pandemic. It encourages maintaining a balance between being online and offline, and it includes links to guidance for parents and carers to help children stay safe online.

#### ■ **Contact Tracing: Northern Ireland**

**Claire Hanna:** [\[87708\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) increase the availability of covid-19 testing in Northern Ireland and (b) rectify flaws in the test and trace system which are sending people in Northern Ireland for testing in Scotland and Wales.

**Helen Whately:**

*[Holding answer 14 September 2020]:* In respect of Northern Ireland receiving the right amount of testing, the provision allocated is based on it receiving its share of tests based on population. This is an agreed approach by all four chief medical officers and means each nation is getting a share of tests based on data held by the Office for National Statistics.

In respect of the issue with the booking portal which resulted in some users being directed to tests sites a long distance from them, this has now been resolved. There is now a travel restriction set at 75 miles, and we continue to look at ways we can improve the testing programme.

**■ Coronavirus: Disease Control****Sir Mark Hendrick:**[\[104055\]](#)

To ask the Secretary of State for Health and Social Care, what guidance he is providing to people who (a) work in and (b) commute from an area with different three-tier covid-19 restrictions.

**Ms Nadine Dorries:**

Everyone is currently advised to work from home where possible. We do however recognise this is not possible for all, and some workers must continue to commute between different local alert levels.

In COVID-19 level alert medium and high areas, no restrictions will apply to travel or transport. We advise people to keep travel to a minimum in local COVID alert level high and people should not travel in or out of local COVID alert level very high areas, though travel for work can continue. People will be advised to walk and cycle where possible, or to plan ahead and avoid busy times and routes if using public transport.

**Mr Mark Harper:**[\[81646\]](#)

To ask the Secretary of State for Health and Social Care, what information (a) his Department, (b) NHS England, (c) Public Health England and (d) NHS Test & Trace holds on transmission routes of covid-19 in different geographical areas and their relative importance; and if he will make it his policy to publish that information.

**Helen Whately:**

*[Holding answer 3 September 2020]:* To help understand the circumstances in which COVID-19 is transmitted, a wide variety of real-time data at both local and national level is published in the Weekly COVID19 Surveillance Report on GOV.UK.

The virus is transmitted when a contact spends time with someone who has COVID-19. This includes face-to-face contact (for one minute), being coughed on, or spending more than 15 minutes within two metres of someone with COVID-19. While those who test positive cannot say for certain where (event) they picked up the infection, they can indicate possible places. Data from 13 to 20 September shows the most common potential event positive cases indicated where they may have picked up the virus as eating out (14.6%), followed by shopping (13.4%). Then for contacts

of a known positive case this was indicated from within households (59.8%), followed by visiting the positive case in their household (13.7%).

We currently do not have this information published by geographical area.

### ■ **Coronavirus: Hospitals**

**John Redwood:**

[\[106876\]](#)

To ask the Secretary of State for Health and Social Care, what progress he has made on using Nightingale hospital capacity to ensure that patients with covid-19 are treated in isolation.

**Edward Argar:**

The Nightingale hospitals remain available to support the National Health Service when needed, responding to local demand pressures. Local clinical leaders are working to determine how this is done whilst considering the needs of all patients requiring NHS care. Local clinical leaders will therefore determine the type and condition of patients that are appropriate to be cared for in the facility. The use of Nightingale sites is being kept under active review alongside the monitoring of COVID-19 hospital activity.

### ■ **Coronavirus: Intensive Care**

**Dr Dan Poulter:**

[\[106956\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 9 October 2020 to Question 96838 on Coronavirus: Intensive Care, what assessment his Department has made of the (a) effectiveness of the legal framework for doctors' decisions during the covid-19 outbreak on whether to withhold or withdraw critical care support from one patient in order to sustain the life of another patient and (b) potential merits of bringing forward legislative proposals to protect doctors making those decisions from prosecution notwithstanding indemnity arrangements for potential clinical negligence claims.

**Ms Nadine Dorries:**

The Government's focus throughout this period has been to support the National Health Service and NHS staff to respond effectively to the pandemic.

During the outbreak, existing indemnity arrangements will continue to cover clinical negligence liabilities arising from the vast majority of NHS services. The Clinical Negligence Scheme for Coronavirus has been established to handle pandemic claims not falling under existing state indemnity schemes.

### ■ **Coronavirus: Northern Ireland**

**Paul Girvan:**

[\[86741\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking with Cabinet colleagues to ensure that the people of Northern Ireland can access timely covid-19 testing.

**Helen Whately:**

*[Holding answer 11 September 2020]:* Testing and tracing are central to the COVID-19 recovery strategy. Across the United Kingdom, testing via NHS Test and Trace is available to everyone with symptoms, whatever their age.

We have worked with the Northern Ireland Executive to improve the availability of testing for all residents of Northern Ireland. There are four regional testing sites and seven mobile testing units operating in Northern Ireland, and a local test site was recently opened in Belfast. Home test kits are also available to order.

**■ Coronavirus: Protective Clothing****Derek Twigg:**[\[101974\]](#)

To ask the Secretary of State for Health and Social Care, if he will make an assessment of the potential merits of providing surgical or medical-grade face masks for people most vulnerable to covid-19.

**Jo Churchill:**

*[Holding answer 15 October 2020]:* Face coverings are not classified as personal protective equipment which is used in a limited number of settings to protect wearers against hazards and risks, such as surgical masks or respirators used in medical and industrial settings. We urge the public not to purchase medical or surgical masks as these must be reserved for health and social care workers who face the greatest risk.

In the United Kingdom, face coverings are being sold by a large number of retailers online and in store but it is not necessary to purchase one – everyone can make their own face covering at home, using readily available textiles that can be washed, and reused after every use.

We have published guidance online which provides a step-by-step breakdown of how to make these face coverings at home and what materials can be used.

**■ Coronavirus: Screening****James Murray:**[\[43190\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the number of people resident in each (a) parliamentary constituency and (b) local authority area that were tested under (i) Pillar 1, (ii) Pillar 2 In-person routes and (iii) Pillar 2 Delivery routes.

**Helen Whately:**

*[Holding answer 11 May 2020]:* All upper tier local authorities have access to record level (including sex, age, occupation and postcode) test and case data.

We also publish public dashboards at a national, regional and local authority level and the MSOA (Middle Layer Super Output Area) map, allows users to type in a postcode to see how many cases there are in small areas of around 7,000 people.

**Rachael Maskell:**

**[56060]**

To ask the Secretary of State for Health and Social Care, whether (a) different swabs for a person or (b) individuals are each counted in the number of covid-19 tests conducted.

**Helen Whately:**

*[Holding answer 11 June 2020]:* The number of tests processed or conducted is not the same as the number of people tested. For clinical reasons, some people are tested more than once. Therefore, the number of tests will be higher than the number of people tested. The figure for number of people tested each week is for people who have newly been tested for COVID-19 in Pillars 1 and 2.

This figure removes duplicate tests, so an individual is only counted once even if they have had multiple tests (including tests under different pillars and tests that took place months apart).

The weekly Test and Trace bulletin contains both the number of tests conducted and the number of people newly tested.

**Hilary Benn:**

**[67550]**

To ask the Secretary of State for Health and Social Care, if he will publish pillar 2 covid-19 testing data by postcode.

**Helen Whately:**

*[Holding answer 6 July 2020]:* All upper tier local authorities have access to record level (including sex, age, occupation and postcode) test and case data.

We also publish public dashboards at a national, regional and local authority level and the MSOA (Middle Layer Super Output Area) map, allows users to type in a postcode to see how many cases there are in small areas of around 7,000 people.

**Sarah Champion:**

**[67662]**

To ask the Secretary of State for Health and Social Care, when he plans to routinely publish regional data on pillar 2 testing for covid-19.

**Helen Whately:**

*[Holding answer 6 July 2020]:* The Coronavirus (COVID-19) in the UK dashboard is available at the following link:

<https://coronavirus.data.gov.uk/>

It contains information at upper tier local authority and lower tier local authority level on cases and rates, and is updated daily.

Information on Pillar 2 tests processed is also available by lower tier local authority on the NHS Test and Trace weekly statistics page, available at the following link:

<https://www.gov.uk/government/collections/nhs-test-and-trace-statistics-england-weekly-reports>

**Lilian Greenwood:**

[\[69521\]](#)

To ask the Secretary of State for Health and Social Care, how data in relation to the (a) gender, (b) age, (c) ethnicity and (d) location of a person's antibody test result is (i) collected (ii), distributed and (iii) analysed.

**Helen Whately:**

*[Holding answer 9 July 2020]:* On 21 May the Government announced plans for a national roll-out of antibody testing in the National Health Service and social care sector. All NHS and adult social care staff in England are being offered an antibody test, with patients and care residents eligible at their clinician's request. To date we have performed over 1.7 million tests through this route.

Antibody testing data is held by Public Health England with trusts across England routinely reporting data. This will enable analysis broken down by age, gender, ethnicity and geographic area. The data will also be used extensively with other healthcare data in the SIREN study.

#### ■ **Dental Surgery: Protective Clothing**

**Rosie Cooper:**

[\[102007\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that dental surgeries receive adequate levels of personal protective equipment.

**Jo Churchill:**

*[Holding answer 15 October 2020]:* Since 25 February 2020 the Department has distributed over 3.8 billion personal protective equipment (PPE) items for use by health and social care services in England, which includes over 30 million items authorised for release to designated wholesalers for onward sale to dentists.

We have over 32 billion PPE items on order and are building a stockpile equivalent to approximately four months PPE usage at COVID-19 usage levels which will be in place by November.

Dentists that have a National Health Service contract are now be able to get PPE to meet all of their COVID-19 demand free of charge via the PPE portal. Where this is not possible, we have provided alternative routes for urgent dental care centres to access specific items.

#### ■ **Food: Advertising**

**Yvonne Fovargue:**

[\[101274\]](#)

To ask the Secretary of State for Health and Social Care, with reference to his Department's report, Consultation on restricting promotions of products high in fat, sugar and salt by location and by price, published in January 2019, what assessment he has made of the effect of the restriction on promotions of such products on the (a) consumption of vegetables and (b) effect on low income families of including some food items that encourage home cooking and are healthy when consumed in small quantities.



**Jo Churchill:**

*[Holding answer 14 October 2020]:* A full public consultation and an impact assessment have been carried out for the proposal to restrict the promotion of foods high in fat, salt and sugar by location and by price. The Government's response to the consultation and the impact assessment will be published shortly.

■ **Food: Coronavirus****Daniel Zeichner:**[\[98988\]](#)

To ask the Secretary of State for Health and Social Care, if he will make a comparative assessment of the level of covid-19 (a) cases and (b) deaths in food factories in England (i) reported in the community and (ii) submitted to the Health and Safety Executive's Riddor reporting system by the owners of those food factories.

**Jo Churchill:**

Data on the number of cases of COVID-19 in relation to food factories in England is not available in the format requested to make a comparative assessment. Data on deaths from COVID-19 in relation to food factories is not collected.

Public Health England has made no assessment of the level of COVID-19 cases reported in the community or submitted to the Health and Safety Executive's Riddor reporting system by the owners of food factories.

■ **Haemophilia: Health Services****Dame Diana Johnson:**[\[85973\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effectiveness of the latest service specification for haemophilia centres in setting high standards of treatment and care; and if he will take steps to ensure that NHS England updates the service specification to reflect the latest clinical understanding of optimal haemophilia care.

**Ms Nadine Dorries:**

There are no plans at this time for NHS England to review the Haemophilia (All ages) (B05/S/a) service specification. As with all service specifications where clinical practice changes the Clinical Reference Group reviews and advises NHS England on any updates or changes that may be required.

NHS England has robust processes in place where the specification can be reviewed and updated should this be required. All providers are regularly assessed against the requirements specification. In addition, the National Health Service keenly observes the outcomes of the comprehensive national audit and peer review undertaken by the United Kingdom Haemophilia Centre Doctors' Organisation in 2019.

**Dame Diana Johnson:**[\[85974\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to ensure that the latest principles concerning haemophilia therapies, set by the European Directorate for the Quality of Medicines in Resolution CM/RES(2017) 43, are reflected in



the haemophilia (a) service specification, (b) prescribing guidance and (c) commissioning process for treatments in the UK.

**Ms Nadine Dorries:**

NHS England has clear processes for the development of service specifications, and prescribing and treatment policies, and are not aware that any of these conflict with the principles laid out in CM/RES (2017).

NHS England believes these documents and recent commissioning and policy initiatives support the principles of CM/RES (2017).

Alongside this, NHS England is required to ensure any National Institute for Health and Care Excellence recommendations for licensed haemophilia treatments become part of the clinical pathway. Any unlicensed treatments can be reviewed through NHS England's policy processes.

Recent commissioning and policy initiatives for both haemophilia A and B support these principles. These include:

Haemophilia A:

- The development of a framework for haemophilia A treatments (July 2020) which supports access to 12 different products; and
- The implementation of recent clinical commissioning policies for Emicizumab (170067/P and 170134P).

Haemophilia B:

- The National Health Service currently routinely commissions all available licensed treatments via NHS framework CM/PHS/15/5534 (March 2019).

■ **Health Professions: Coronavirus**

**Atfal Khan:**

[\[57355\]](#)

To ask the Secretary of State for Health and Social Care, if he will take steps to offer weekly covid-19 testing for frontline healthcare workers.

**Helen Whately:**

The adult social care sector has been, and continues to be, one of our highest priorities for the rollout of testing, and care homes have been one of the first groups to be given access to repeat asymptomatic testing. This includes weekly testing for care home staff weekly and residents every 28 days.

In addition to regular care home testing, we have started an initial round of testing in extra care and supported living settings that meet certain risk-based criteria. We have also piloted weekly testing for professionals who visit care homes regularly and come within one metre of residents when carrying out their role. This mirrors testing for care homes staff.

The National Health Service has set out its guidance when staff without symptoms should be tested, including where there is an incident, outbreak or high prevalence.

## ■ Health Services: Reciprocal Arrangements

**Andrew Percy:**

[\[106958\]](#)

To ask the Secretary of State for Health and Social Care, what plans the Government has to seek a continuation of the European Health Insurance Card scheme for UK citizens after the transition period.

**Edward Argar:**

From 1 January 2021, under the Withdrawal Agreement some groups will be entitled to a United Kingdom issued European Health Insurance Card (EHIC) for travel in the European Union. These include:

- UK state pensioners living in the European Economic Area (EEA) or Switzerland at the end of Transition Period,
- Individuals who are frontier workers at the end of the Transition Period, for as long as they continue to be covered by the Agreement, and
- EEA or Swiss nationals residing in the UK by the end of the Transition Period.

UK nationals already living in the EU who hold a Member State EHIC may use this when accessing healthcare within the EU and UK.

For people not covered by the Withdrawal Agreement, the future of reciprocal healthcare arrangements between the UK and EU are subject to negotiations, which are ongoing.

## ■ Health Services: Rehabilitation

**Munira Wilson:**

[\[97728\]](#)

To ask the Secretary of State for Health and Social Care, what steps the Government is taking to ensure patient access to high quality community rehabilitation.

**Munira Wilson:**

[\[97729\]](#)

To ask the Secretary of State for Health and Social Care, what discussions his Department has had with local Clinical Commissioning Groups and Health and Wellbeing Boards on their plans to improve access to community rehabilitation services.

**Jo Churchill:**

*[Holding answer 5 October 2020]:* In 2016, NHS England published guidance for clinical commissioning groups and other organisations on commissioning accessible, high-quality rehabilitation services that meet the needs of their local population.

As part of the Government's continued commitment to ensure high-quality, accessible rehabilitation services for patients, NHS England has commenced work on refreshing this guidance. This has included engagement with professional bodies' clinicians, alongside many other stakeholders, societies and third sector organisations who represent the patient voice.

## ■ Health Services: Trade Agreements

**Alex Norris:**

[\[107724\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with the Secretary of State for International Trade on including UK health priorities in future trade negotiations.

**Edward Argar:**

*[Holding answer 2 November 2020]:* The Department of Health and Social Care and the Department for International Trade have worked together at all levels to ensure that United Kingdom health priorities are represented in the UK's trade policy.

The Government has been consistently clear that protecting the National Health Service is a fundamental principle of our trade policy. The NHS, the price it pays for drugs and its services are not for sale. Indeed, our published objectives for negotiations with the United States and other new trade partners make it clear that we will not agree measures which undermine the Government's ability to deliver on these commitments.

The Government has been clear that it will uphold the UK's high levels of public, animal, and plant health. As such, public health issues are being actively considered as part of the Government's trade policy development.

## ■ Health Services: Unmanned Air Vehicles

**Jamie Stone:**

[\[105498\]](#)

To ask the Secretary of State for Health and Social Care, what plans his Department has to fund nationwide roll-out of medical drone technologies.

**Edward Argar:**

*[Holding answer 22 October 2020]:* The NHS Long Term Plan is bringing new technologies into the National Health Service to improve patient care and save lives, and we continue to support testing of innovations such as convenient, faster technology to help frontline staff to give people world-leading treatment. This includes supporting NHS staff through the NHS Clinical Entrepreneur Programme, run by the Accelerated Access Collaborative, to develop their own innovative ideas, for example exploring the potential use of autonomous drone delivery systems within healthcare.

## ■ Hearing Impairment: Health Services

**Olivia Blake:**

[\[99788\]](#)

To ask the Secretary of State for Health and Social Care, with reference to his speech to the Royal College of Physicians of 30 July 2020, what assessment his Department has made of the effect of remote medical appointments on people with hearing loss and deafness.

**Olivia Blake:** [\[99789\]](#)

To ask the Secretary of State for Health and Social Care, with reference to his speech to the Royal College of Physicians of 30 July 2020, whether his Department plans to issue guidance to (a) NHS Providers and (b) social care providers on remote appointments and their obligations to meet the communication needs and preferences of people with hearing loss and deafness under the Accessible Information Standard.

**Olivia Blake:** [\[99790\]](#)

To ask the Secretary of State for Health and Social Care, if his Department will take steps to ensure that people are still offered in-person appointments for (a) NHS services and (b) social care services where it is considered a reasonable adjustment.

**Olivia Blake:** [\[99791\]](#)

To ask the Secretary of State for Health and Social Care, with reference to his speech to the Royal College of Physicians of 30 July 2020, what assessment his Department has made of the effect of remote appointments on medical staff with hearing loss and deafness.

**Helen Whately:**

*[Holding answer 12 October 2020]:* All organisations that provide National Health Service care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The latest guidance is set out at the following link:

<https://www.england.nhs.uk/ourwork/accessibleinfo/>

In their letter of 31 July, NHS England and NHS Improvement provided guidance that included a clear expectation that digital services would be developed in an inclusive manner. This inclusive approach needs to take account of the needs of those for whom digital services may not be accessible or present accessibility issues, including for deaf and other disabled people. The letter is available at the following link:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/Phase-3-letter-July-31-2020.pdf>

Work is being developed with NHSX to specifically assess the needs of digitally excluded groups and how digital services can be adjusted to provide the widest possible access, while acknowledging that a mixed approach is necessary and non-digital channels must also remain available.

## ■ Hospitals: Discharges

**Derek Twigg:** [\[101976\]](#)

To ask the Secretary of State for Health and Social Care, how many delayed transfers from hospital into (a) the community and (b) a care home there have been in each local authority area in the most recent period for which figures are available.

**Helen Whately:**

*[Holding answer 15 October 2020]:* Due to COVID-19 and the need to release capacity across the National Health Service to support the response, NHS England and NHS Improvement have suspended the collection and publication of some of the official statistics. This includes data for Delayed Discharge of Care, which has not been collected since February 2020.

Data for February 2020 is provided in the attached table.

**Attachments:**

1. Data for February 2020 [101976 - Derek Twigg - DTOC (1).xls]

## ■ Hospitals: Private Sector

**Stella Creasy:** [\[100996\]](#)

To ask the Secretary of State for Health and Social Care, if he will publish the number of NHS patients treated by each private hospital under the arrangements announced on 21 March 2020 for the provision of healthcare services and facilities to support the covid-19 response.

**Stella Creasy:** [\[100997\]](#)

To ask the Secretary of State for Health and Social Care, whether the payments to each of the private hospital companies under the arrangements announced on 21 March 2020 were made after the costs had first been verified by external auditors on an open book accountancy basis.

**Edward Argar:**

*[Holding answer 13 October 2020]:*

National Health Service patients are benefitting from an unprecedented partnership with private hospitals as we battle the COVID-19 outbreak. The Department and NHS England and NHS Improvement have worked with the independent sector to secure all appropriate inpatient capacity and other resource across England.

Information on the number of NHS patients treated by each private hospital under the arrangements announced on 21 March 2020 for the provision of healthcare services and facilities to support the COVID-19 response is not available. However, latest collected information shows that over 215,000 patient contacts nationally had taken place under the contract

Recoverable costs payable to each independent sector hospital provider are paid on account, with reconciliation adjustments made on a monthly basis to reflect actual recoverable costs incurred by the provider as verified by KPMG on NHS England's

behalf on an open book basis and in accordance with *International Financial Reporting Standards* accounting principles.

#### ■ Imports: Israel

**David Simmonds:** [\[102224\]](#)

To ask the Secretary of State for Health and Social Care, what discussions he has had with Israeli companies on exporting to the UK UV-light technology developed in Israel to kill germs.

**Edward Argar:**

We are aware of the emergence of UV-light technology for infection prevention and control and are monitoring evidence in relation to its use in healthcare premises.

#### ■ Jaundice

**Jim Shannon:** [\[106351\]](#)

To ask the Secretary of State for Health and Social Care, how many people have been recorded as presenting with jaundice in the last five years.

**Edward Argar:**

NHS Digital does not hold the information in the format requested.

#### ■ Joint Replacements: Wandsworth

**Fleur Anderson:** [\[106506\]](#)

To ask the Secretary of State for Health and Social Care, how many people are on waiting lists for joint replacement treatment in the London Borough of Wandsworth.

**Edward Argar:**

The information is not held in the format requested.

#### ■ Mental Capacity

**Sir Charles Walker:** [\[104063\]](#)

To ask the Secretary of State for Health and Social Care, whether he plans to simplify the forms that are used to inform deprivation of liberty safeguards decisions; and if he will make an assessment of the extent to which that process requires people to provide duplicate data on behalf of the person they are helping; and if he will make a statement.

**Helen Whately:**

*[Holding answer 20 October 2020]:* Forms for processes under the Deprivation of Liberty Safeguards (DoLS) are not prescribed in law. In 2015 the Department supported the Association of Directors of Adult Social Services and others to simplify and improve recommended forms. The number of forms was reduced from 32 to 13. These are available online should local authorities and others wish to use them to discharge their legal duties under DoLS.

The Government has published extensive guidance on the application of DoLS during the pandemic. This includes a single, shortened form for requesting an urgent and standard authorisation.

Although DoLS is due to be replaced by the Liberty Protection Safeguards, until then, it is vital that all bodies with legal duties under DoLS continue to operate these important safeguards to ensure the rights of people without relevant mental capacity are protected.

## ■ Mental Health Services

**Alberto Costa:**

[\[107669\]](#)

To ask the Secretary of State for Health and Social Care, what provision he is making for people who wish to have face-to-face appointments in order to discuss mental health issues with healthcare professionals.

**Ms Nadine Dorries:**

Throughout the COVID-19 outbreak, the National Health Service has been clear on the importance of maintaining face to face care for those patients who need it, and of patient choice in determining suitability for digital appointments.

NHS England and NHS Improvement have asked all general practices to ensure they have clearly communicated that face-to-face appointments continue to be on offer, where clinically appropriate. This is in addition to video and phone consultations.

In secondary care, mental health services are working to accelerate the return to near-normal levels of non-coronavirus health services, subject to local circumstances and capacity. This includes the full resumption of Improving Access to Psychological Therapies services delivered digitally, over the phone and face to face where appropriate.

## ■ Mental Health Services: Children

**Dr Dan Poulter:**

[\[106957\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department will take to (a) support children's mental health and (b) allocate adequate funding children's mental health support services as part of covid-19 recovery planning.

**Ms Nadine Dorries:**

We remain committed to investing at least £2.3billion of extra funding a year in mental health services for all ages by 2023/24, and we remain committed to implementing the proposals of the children and young people's mental health Green Paper, including putting mental health support teams in schools and colleges.

These commitments mean that an additional 345,000 children and young people will be able to access mental health support via National Health Service-funded mental health services and schools-based mental health support teams, if they need them.



**■ Mental Health Services: Finance****Helen Hayes:**[\[106437\]](#)

To ask the Secretary of State for Health and Social Care, what recent estimate he has made of the proportion of NHS England committed capital funding allocated to NHS mental health trusts (a) in total (b) as a proportion of overall spend.

**Ms Nadine Dorries:**

The six main central capital programmes where funding has been provided so far this year are for sustainability and transformation partnerships transformation and the Health Infrastructure Plan schemes, replacing diagnostics equipment, critical infrastructure risk, improving accident and emergency capacity for winter 2020, and to eradicate dormitory accommodation from mental health facilities. Nearly £1.5 billion has been allocated across all trusts for these schemes and mental health trusts are so far allocated to receive £141 million of capital from these schemes for 20/21 - 9.6% of this capital funding.

A further £58 million of funding will be allocated to remove outdated mental health dormitories in the next few weeks to mental health trusts, with further funding to be confirmed in the coming months.

**■ Mental Health Services: Students****Nadia Whittome:**[\[107148\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the adequacy of mental health support services in areas with high student populations.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* We recognise that there is the potential for an increase in demand for mental health services amongst students as a result of COVID-19. We are working with the Department for Education, the National Health Service, Public Health England and others to gather evidence and assess the potential longer-term mental health impacts of COVID-19, including on students.

Mental health services are still open and working to support people with mental health issues through the coronavirus pandemic and beyond. Our community, adult talking therapies and children and young people's services have deployed innovative digital tools to connect with people and provide ongoing support.

**■ Mental Health Services: Veterans****Colleen Fletcher:**[\[108240\]](#)

To ask the Secretary of State for Health and Social Care, what recent assessment his Department has made of the adequacy of mental health care provision for armed forces veterans.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* Veteran mental health needs are very often no different to those of the general population. Data in England has shown that most



patients suffer from common mental health conditions such as depression and anxiety and readily make use of the mainstream mental health services provided throughout the United Kingdom.

For veterans who do need specialist support this government is fully committed to providing high quality evidence-based services. The National Health Service in England has set up two dedicated veterans mental health services, the Transition, Intervention and Liaison Service and the Complex Treatment Services. These services benefit from over £16 million per year investment. The recently launched Veterans' Mental Health High Intensity Service will see even more investment and will provide crisis care and therapeutic inpatient support for those who need urgent and emergency care.

### ■ **Mental Health: Children**

**Mick Whitley:**

[R] [\[105548\]](#)

To ask the Secretary of State for Health and Social Care, what assessment he has made of the effect of the covid-19 outbreak on the mental health of children (a) living in domestic circumstances of economic insecurity, (b) from ethnically diverse and migrant communities and (c) who have (i) experienced physical, emotional or sexual abuse and (ii) witnessed that abuse of a member of their household during the outbreak.

**Ms Nadine Dorries:**

*[Holding answer 22 October 2020]:* The recently published 'Mental Health of Children and Young People in England, 2020: Wave 1 follow up to the 2017 survey' reported several impacts to mental health for different groups of children. Children from white ethnic background appeared to have experienced a statistically significant increase in rates of probable mental disorder since 2017.

The survey also reported that increased financial strain is associated with child mental health. However, there were no statistically significant differences in the increases of probably mental disorders in 5- to 16-year olds by neighbourhood-level deprivation between 2017 and 2020.

### ■ **Neuromuscular Disorders: Children**

**Mr Barry Sheerman:**

[\[101959\]](#)

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to ensure the adequacy of local neurological care for children.

**Helen Whately:**

The National Institute for Health and Care Excellence (NICE) Guideline, 'Suspected neurological conditions: recognition and referral', published 2019 contains recommendations for clinicians in referring children to specialist neurology services. NHS England and NHS Improvement have published a range of service specifications setting out what providers must have in place to deliver specialised neurological care, including for children. Local commissioners, who are best placed to make decisions at a local level, should draw on these guidelines when

commissioning neurology services for children. The guidance is available at the following links:

[www.nice.org.uk/guidance/ng127](http://www.nice.org.uk/guidance/ng127)

[www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d04/](http://www.england.nhs.uk/commissioning/spec-services/npc-crg/group-d/d04/)

## ■ NHS

**John Redwood:**

**[106878]**

To ask the Secretary of State for Health and Social Care, what comparative assessment he has made of the level of productivity in the NHS in (a) October 2020 and (b) January 2020.

**Edward Argar:**

Since 2007, productivity in the National Health Service has outperformed the wider economy, growing at an average of 1% a year. In 2018/19, we believe that NHS productivity grew at 2.3%, greater than its 1.1% target.

However, we expect that NHS productivity will have fallen considerably in 2020/21 because of increased spending on the COVID-19 response and due to reductions in elective and non-elective admissions to prevent further infections in hospitals. Data collection and assessment of the NHS against Financial Test 2 to achieve 1.1% productivity growth was also paused due to COVID-19.

The latest independent figures on NHS productivity from the University of York and the Office for National Statistics (ONS), for the 2017/18 financial year, show that productivity grew by between 0.7% (ONS estimate) and 1.3% (University of York estimate).

## ■ NHS: Negligence

**Jim Shannon:**

**[107001]**

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of medication errors in the NHS in the last year; and what steps his Department is taking to prevent those errors.

**Jim Shannon:**

**[107002]**

To ask the Secretary of State for Health and Social Care, what steps his Department is taking to track outcomes for people who suffer adverse drug reactions caused by medication errors in the NHS.

**Jim Shannon:**

**[107003]**

To ask the Secretary of State for Health and Social Care, what recent progress he has made on the recommendations of the Short Life Working Group on reducing medication-related harms; and if he will reconvene that group to identify a five year plan.

**Ms Nadine Dorries:**

There were 223,106 medication incidents reported to the National Reporting and Learning System as occurring between 1 October 2018 to 30 September 2019 in England.

The Medication Safety Improvement Programme which is considering all aspects of medication use and developing new metrics to improve safety; and the Medication Safety Officer Network and Medical Safety Officer Forum, which facilitate communications to enable learning from medication errors, are aimed at improving medication safety. In addition, outcomes for people who suffer adverse drug reactions are tracked by the Medicines and Healthcare products Regulatory Authority's yellow card scheme, which collects and monitors information on safety concerns involving medicines, to feed into ongoing safety evaluation of medicines.

Outcomes for people who are involved in medication patient safety incidents can be reported to the National Reporting and Learning System. These reports are used to support improvements in patient safety by enabling the National Health Service to understand and learn from such incidents.

The Medicines Safety Improvement Board continues to work to deliver the recommendations of the Short Life Working Group (SLWG), which advised on how to improve safety in the use of medicines. A review of the progress against the recommendations of the SLWG is being conducted on behalf of the National Director of Patient Safety and is expected to report to the Medicines Safety Improvement Board in December.

**■ Pregnancy: Sodium Valproate****Ms Angela Eagle:**[\[107599\]](#)

To ask the Secretary of State for Health and Social Care, how many and what proportion of women aged 15 to 45 years prescribed sodium valproate in the UK have received the pregnancy prevention programme.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* The Department does not hold data on the proportion of women aged 15-45 who are prescribed sodium valproate in the United Kingdom and have received the Pregnancy Prevention Programme.

**Ms Angela Eagle:**[\[107601\]](#)

To ask the Secretary of State for Health and Social Care, if his Department will update the quality outcome framework for epilepsy to include the pregnancy prevention program for valproate.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* The Quality Outcomes Framework (QoF) indicator which focuses on epilepsy requires that General Medical Services (GMS) establish and maintain a register of patients aged 18 or over receiving drug treatment for epilepsy.

In July 2018, NHS England and NHS Improvement published the 'Report of the Review of the Quality and Outcomes Framework in England.' This identified a number of principles for the reform and update of QoF which NHS England and NHS Improvement are continuing to implement, including a focus upon quality improvement activities in areas where metric development is challenging, and upon an increased personalisation of care.

## ■ Pupils: Mental Health

**Fleur Anderson:**

[\[107116\]](#)

To ask the Secretary of State for Health and Social Care, what steps he is taking to improve the (a) accuracy of data and (b) criteria for measuring children's wellbeing.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* The Government continues to expand data and information on children and young people's wellbeing.

The Department for Education recently published the second annual 'State of the Nation: Children and Young People's Wellbeing' report. It is intended to help Government, children and young people's services, schools, parents, and anyone interested in children and young people's wellbeing to understand their experiences of the pandemic, the measures put in place to reduce the impact of the pandemic, and the broader effects on society.

## ■ Science: Females

**Chi Onwurah:**

[\[106335\]](#)

To ask the Secretary of State for Health and Social Care, what assessment the Government has made of the potential effect on gender diversity of university (a) students and (b) teaching staff of the National Institute for Health Research announcement on 9 September 2020 that it will no longer require academic partners to hold a Silver Award of the Athena SWAN charter for Women in Science.

**Edward Argar:**

The Athena SWAN Charter has been influential in changing the landscape in respect to gender equality since 2005. After nine years the positive impact of Athena SWAN is clear and has demonstrated impact across the system. The National Institute for Health Research (NIHR) aims to build on its work to improve equality, diversity and inclusion across all its awards and to continue increase the emphasis on other inequalities, not just gender. A greater emphasis is being placed on organisations that apply for any NIHR funding to demonstrate clearly their commitment to equality, diversity and inclusion and to developing and maintaining a healthy research culture more generally. This means applicants applying for any NIHR funding award will be expected to demonstrate how protected characteristics have been considered and addressed in their proposal, including steps taken to ensure the work programme does not perpetuate or exacerbate inequalities. The NIHR continues to work with

partners in advanced higher education to ensure a continued focus on equality, diversity and inclusion and will be keeping the policy under review.

## ■ Sepsis: Diagnosis

**Christina Rees:**

[\[107711\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 20 October 2020 to Question 100504 on Sepsis, what steps his Department has taken to specifically support the diagnosis of Sepsis.

**Ms Nadine Dorries:**

To support the delivery of objectives set out in the 'UK's 20-year vision for Antimicrobial Resistance' and five-year national action plan, NHS England and NHS Improvement have specifically committed to development of and access to diagnostics in relation to infections. This commitment includes:

- supporting the establishment of the Accelerated Access Collaborative and Pathway and ensure its work can support antimicrobials and diagnostics;
- preparing a two to five-year urgent diagnostics priority list and use Target Product Profiles for research and development;
- introducing incentives to develop and evaluate rapid diagnostics;
- streamlining the regulation processes to help get new diagnostics through as quickly as possible, including developing evidence-based guidance for using tests, and;
- working with National Health Service partners and industry to tackle barriers to new innovations being adopted in the NHS, building on the Life Sciences Industrial Strategy and the response to the Accelerated Access Review.

## ■ Sodium Valproate: Prescriptions

**Ms Angela Eagle:**

[\[107600\]](#)

To ask the Secretary of State for Health and Social Care, what plans his Department has to introduce a compensation and care plan for people affected by sodium valproate prescriptions.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* The Independent Medicines and Medical Devices Safety Review made a series of recommendations, contained in its report published 8 July 2020. Recommendation four included the establishment of a redress scheme for those suffering avoidable harm occurring after in utero exposure to sodium valproate. Recommendation five included the establish of specialist centres for those adversely affected by medication during pregnancy, including sodium valproate.

All recommendations of the Independent Medicines and Medical Devices Safety Review are being considered carefully and the Government will provide an update in due course.

## ■ Suicide

**Nadia Whittome:** [\[107145\]](#)

To ask the Secretary of State for Health and Social Care, pursuant to the Answer of 14 September 2020 to Question 84213 on Suicide: Males, what steps he is taking to reduce the incidence of deaths by suicide.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* The NHS Long Term Plan's Mental Health Implementation Plan sets out our plans to invest £57 million in suicide prevention. This will see investment in all areas of the country by 2023/24 to support local suicide prevention plans and establish suicide bereavement support services. We have worked with NHS England to ensure that local areas use this funding to test approaches to reaching and engaging men.

**Colleen Fletcher:** [\[107664\]](#)

To ask the Secretary of State for Health and Social Care, what estimate he has made of the number of people who have died by suicide during the covid-19 outbreak; and what steps his Department is taking on suicide prevention.

**Ms Nadine Dorries:**

*[Holding answer 2 November 2020]:* We do not yet have robust data to say what effect, if any, the COVID-19 pandemic has had on suicide rates. Public Health England is currently piloting the development of a national surveillance system to monitor suspected suicide and self-harm, by collecting in near real time data from local systems which can be used to identify patterns of risk and causal factors, to inform national and local responses.

We are nevertheless taking action to support people's mental health and prevent suicides and self-harm. All National Health Service mental health providers have established 24 hours a day seven days a week urgent mental health helplines and we have announced £10.2 million of additional funding to support mental health charities, including Samaritans and Campaign Against Living Miserably.

## ■ Surgery

**John Redwood:** [\[106879\]](#)

To ask the Secretary of State for Health and Social Care, what comparative assessment he has made in trends in the level of elective surgery carried out by the NHS in the third quarter of 2020 compared with the same period in 2019.

**Edward Argar:**

Published statistics for elective surgery are only available to the end of August 2020. These indicate that for July and August, total completed pathways from referral to treatment were 61% of those for the same period in 2019. However, there is an upward trend in activity, with 25% more completed admitted pathways per working day in August compared to July. 71% of last year's activity for first outpatient appointments and 77% for follow-ups was carried out in August.

**HOME OFFICE****■ Asylum: Employment****Debbie Abrahams:**[\[108226\]](#)

To ask the Secretary of State for the Home Department, pursuant to the Answer of 12 October 2020 to Question 100398 on Asylum: Employment, to list the independent evidence showing that good economic conditions and essential services can create an incentive for people to choose to go to a particular country illegally referred to.

**Chris Philp:**

Asylum seeker right to work is a complex issue and we are currently reviewing this policy. The Home Office will be happy to discuss the content of the review once it has been completed.

**■ Immigration Controls: Northern Ireland****Claire Hanna:**[\[105592\]](#)

To ask the Secretary of State for the Home Office, on preventing the exploitation of different immigration systems on the island of Ireland post-31 December 2020.

**Kevin Foster:**

The Common Travel Area (CTA) has never required the UK and Ireland to have entirely harmonised immigration arrangements for non-British or non-Irish citizens. However, everyone entering the UK, regardless of where they enter from, is required to meet the UK's immigration framework. There is a high level of cooperation on border security to ensure that legitimate travel, including for business, is facilitated while those who intend to abuse the arrangements are prevented from entering.

The Home Office, Ireland's Garda National Immigration Bureau and Border Management Unit, the Police Service of Northern Ireland and other police forces work together to tackle abuse of the CTA by conducting intelligence-led checks and enforcement operations. Anyone identified attempting to circumvent UK border controls is liable to be removed, if they are not lawfully present within the UK.

We also work closely with Ireland to secure the external CTA border, including data sharing and operational co-operation.

There is a high degree of co-operation between UK Government departments on all aspects of the CTA.

**■ Refugees: Resettlement****Fleur Anderson:**[\[107117\]](#)

To ask the Secretary of State for the Home Department, when the Vulnerable Persons Resettlement Scheme will resume.

**Chris Philp:**

It is not currently possible to undertake resettlement activity due to the impact of the coronavirus (COVID-19) pandemic. We continue to evaluate how to respond given



these restrictions and pressures, but we expect to resume refugee resettlement activity when safe to do so.

We continue to closely monitor the situation and remain in regular dialogue with our international and domestic stakeholders.

## HOUSING, COMMUNITIES AND LOCAL GOVERNMENT

### ■ **Sleeping Rough: Coronavirus**

**Anne Marie Morris:**

[\[108227\]](#)

To ask the Secretary of State for Housing, Communities and Local Government, what plans he has to ensure the provision of covid-secure accommodation for rough sleepers over winter 2020-21.

**Kelly Tolhurst:**

*[Holding answer 2 November 2020]:* During the pandemic, we have worked closely with local authorities and the sector to offer vulnerable people safe accommodation and support. That work is ongoing and in September, we had successfully supported over 29,000 people, with 10,000 in emergency accommodation and nearly 19,000 provided with settled accommodation or move on support.

On 13 October, we announced additional winter support, to give local areas the tools they need to support vulnerable rough sleepers this winter. This includes a new £10 million Cold Weather Fund for local areas and £2 million in funding for the faith, communities and voluntary sector to bring forward self-contained and COVID secure accommodation this winter. We have worked extensively with Public Health England (PHE) to provide Operating Principles for the sector to help them open shelters as safely as possible where necessary, when self-contained accommodation cannot be made available and when local partners agree that it is the right thing to do.

## INTERNATIONAL TRADE

### ■ **Department for International Trade: Iran**

**Tulip Siddiq:**

[\[107703\]](#)

To ask the Secretary of State for International Trade, what representations her Department made to the Government of Iran following threats made in the Iranian media in the last three months against her staff; what assessment she made of the causes of those threats and the likelihood of their being acted on; and what steps she has taken to protect her staff in Tehran.

**Mr Ranil Jayawardena:**

On 5<sup>th</sup> September 2020, a series of baseless allegations were made against a Crown servant by the Iranian news outlet, Tasnim.

DIT and the British Embassy in Iran have publicly challenged this disinformation, issued statements clarifying the position of the Crown servant concerned and made



representations to the Iranian government about factually incorrect reporting concerning the activities of the British Council.

However, it is important to be clear that no threats have been made against Crown servants in Tehran. The security of our embassy in Tehran is overseen by the Foreign, Commonwealth and Development Office, who keep the security of diplomatic missions under constant review.

## JUSTICE

### ■ [Subject Heading to be Assigned]

**Lucy Allan:**

[\[908312\]](#)

What steps his Department is taking to help reduce the spread of covid-19 in prisons.

**Lucy Frazer:**

As community rates increase, the risk of outbreaks in prisons inevitably rises. We have planned for this and have a range of measures in place, informed by public health advice, to protect our staff, prisoners and the NHS over Winter.

Our hard-working prison staff are continuing to implement regimes that have been adapted for safety, with social distancing and PPE use. We are also quarantining new arrivals, isolating those with symptoms, and shielding the vulnerable.

These interventions are supporting us to minimise importation, limit the spread of infection and protect against explosive outbreaks.

**Lucy Powell:**

[\[908318\]](#)

What steps he is taking to help ensure that BAME communities have confidence in the criminal justice system.

**Alex Chalk:**

The overall changes we are making to the system are designed to give all communities and victims of crime increased confidence.

Ensuring the trust of Black and minority ethnic people in the criminal justice system is critical to its effectiveness. We have responded positively to previous reviews on this subject and look forward to welcoming the conclusions of the independent Commission on Race and Ethnic Disparities.

We are committed to increasing the diversity of people working in the CJS to represent the communities they serve, making it more transparent in the data on ethnicity it produces, and we are making progress on this.

**Kate Griffiths:**

[\[908319\]](#)

What steps his Department is taking to help reduce the spread of covid-19 in prisons.

**Lucy Frazer:**

As community rates increase, the risk of outbreaks in prisons inevitably rises. We have planned for this and have a range of measures in place, informed by public health advice, to protect our staff, prisoners and the NHS over Winter.

Our hard-working prison staff are continuing to implement regimes that have been adapted for safety, with social distancing and PPE use. We are also quarantining new arrivals, isolating those with symptoms, and shielding the vulnerable.

These interventions are supporting us to minimise importation, limit the spread of infection and protect against explosive outbreaks.

**Robbie Moore:**[\[908327\]](#)

What steps HM Courts and Tribunals Service is taking to tackle the backlog of criminal court cases.

**Chris Philp:**

COVID-19 has been an unprecedented challenge for the criminal justice system but HMCTS has worked closely with the judiciary to keep courts open and cases flowing through the system.

HMCTS has led the way internationally in continuing justice; restarting jury trials ahead of all other comparable systems.

We continue to make significant progress on Criminal Courts Recovery. Since August, magistrates' courts have been consistently completing more cases than they are receiving, dealing with over 21,000 cases each week and tackling the backlog.

In the Crown Court, we're listing over 150 jury trials and conducting thousands of other hearings each week.

**Sarah Atherton:**[\[908331\]](#)

What steps his Department is taking to help reduce the spread of covid-19 in prisons.

**Lucy Frazer:**

As community rates increase, the risk of outbreaks in prisons inevitably rises. We have planned for this and have a range of measures in place, informed by public health advice, to protect our staff, prisoners and the NHS over Winter.

Our hard-working prison staff are continuing to implement regimes that have been adapted for safety, with social distancing and PPE use. We are also quarantining new arrivals, isolating those with symptoms, and shielding the vulnerable.

These interventions are supporting us to minimise importation, limit the spread of infection and protect against explosive outbreaks.

**■ Courts: Coronavirus****Selaine Saxby:**[\[908323\]](#)

What steps his Department is taking to ensure that courts operate effectively during the covid-19 outbreak.

**Chris Philp:**

Progress against the HMCTS recovery plan published on 1 July is already well underway to reduce outstanding cases and to get our operating capacity as close as possible to pre-Covid levels.

We are investing record amounts, with £153m to improve court and tribunal buildings – the biggest single investment in court estate maintenance for more than 20 years. We've also opened 14 Nightingale Courts and over 240 jury courtrooms, while Magistrates' Courts have been completing more cases than they are receiving.

We've piloted Covid Operating hours at the Crown Court in Liverpool and several other crown courts. I'm also pleased the number of hearings across the civil, family and tribunal jurisdictions is also increasing.

**Huw Merriman:**[\[908325\]](#)

What steps HM Courts and Tribunals Service is taking to tackle the backlog of landlord and tenant cases.

**Chris Philp:**

At the onset of the COVID-19 public health emergency, the Government took unprecedented action to protect tenants from eviction by ensuring no one could be evicted from their homes as a result of the pandemic.

The Master of the Rolls working party, of which HMCTS are members, has introduced robust measures to ensure that HMCTS can deal with the backlog of cases to provide access to justice for landlords while protecting the most vulnerable.

These arrangements include improvement in the signposting and guidance for landlords and tenants, the introduction of a review process to allow early engagement between parties and provisions for possession hearings to take place in a safe way.

**Cherilyn Mackrory:**[\[908328\]](#)

What steps his Department is taking to ensure that courts operate effectively during the covid-19 outbreak.

**Chris Philp:**

Progress against the HMCTS recovery plan published on 1 July is already well underway to reduce outstanding cases and to get our operating capacity as close as possible to pre-Covid levels.

We are investing record amounts, with £153m to improve court and tribunal buildings – the biggest single investment in court estate maintenance for more than 20 years. We've also opened 14 Nightingale Courts and over 240 jury courtrooms, while Magistrates' Courts have been completing more cases than they are receiving.

We've piloted Covid Operating hours at the Crown Court in Liverpool and several other crown courts. I'm also pleased the number of hearings across the civil, family and tribunal jurisdictions is also increasing.

**Evidence: Biometrics****Mr Alistair Carmichael:**[\[908316\]](#)

What discussions he has had with Cabinet colleagues on bringing forward legislative proposals to regulate the use of facial recognition technology as evidence.

**Kit Malthouse:**

The Lord Chancellor or Ministers have not held specific meetings on this but regularly discuss a broad range of criminal justice matters with Cabinet colleagues and others.

**NORTHERN IRELAND****European Convention on Human Rights: Northern Ireland****Louise Haigh:**[\[108258\]](#)

To ask the Secretary of State for Northern Ireland, with reference to Queen's Speech Briefing notes, page 128, published December 2019, if the reference to the inappropriate application of the Human Rights Act relates to (a) the procedural obligation of Article 2 of the European Convention on Human Rights (ECHR) and (b) other provisions of the ECHR.

**Mr Robin Walker:**

*[Holding answer 2 November 2020]:* The Government has been clear that it will introduce legislation to address the legacy of the Troubles that focuses on reconciliation, delivers for victims, and ends the cycle of re-investigations that has failed victims and veterans alike.

We will continue to comply with our obligations in domestic and international law, including those under the European Convention on Human Rights, and fully intend to maintain our leading role in the promotion and protection of human rights, democracy, and the rule of law.

**WOMEN AND EQUALITIES****Equality Act 2010****Liz Saville Roberts:**[\[104141\]](#)

To ask the Minister for Women and Equalities, what assessment she has made of the effectiveness of the Equality Act 2010 in preventing discrimination (a) on the ground of religion or belief or (b) because of a lack a religion or belief.

**Kemi Badenoch:**

The provisions within the Equality Act 2010 protect everyone equally, if they hold a recognised religion or belief or if they have a lack of any such religion or belief. The Act does not list or codify recognised religions or beliefs as this is a matter for the courts. Exceptions in the Act recognise the legitimate requirements of organised

religions, such as allowing religions to require that its ministers hold that particular faith. We believe this is an effective legislative approach.

## ■ Females: Coronavirus

**Gill Furniss:**

[\[104142\]](#)

To ask the Minister for Women and Equalities, what assessment she has made of the Women's Budget Groups analysis that working-class women were most affected by the covid-19 lockdown; and what steps she (a) plans to mitigate those effects on those women and (b) is taking to ensure that disparity does not exist in the tiered covid-19 restrictions.

**Kemi Badenoch:**

We are committed to ensuring a fair recovery for all. During the crisis we have rolled out unprecedented levels of support to protect jobs for both women and men.

As of 20 September, our COVID business support schemes provided £57.31bn of finance to businesses in need. In the retail, hospitality and leisure sectors, all strong employers of women, eligible businesses will continue to pay no business rates in England for 12 months from 1st April 2020, saving them almost £10 billion.

For the 1.7 million self-employed women in the UK, the Self Employment Income Scheme has supported many through the crisis, seeing 2.7m claims since launch and there is an opportunity now for women to grow innovative businesses.

## ■ Older People: Coronavirus

**Yasmin Qureshi:**

[\[106307\]](#)

To ask the Minister for Women and Equalities, what assessment she has made of the effect of the Government's covid-19 (a) health restrictions and (b) economic measures on people over the age of 75 years.

**Kemi Badenoch:**

We are undertaking a wide range of analysis to support decision making across government. We are keeping Parliament and the wider public updated on the analysis of covid including through several survey publications on business and social impacts available at: <https://www.gov.uk/guidance/coronavirus-covid-19-statistics-and-analysis#social-impacts>.

More broadly, equality impacts have been identified as part of an ongoing process to support policy development and have been a key part of the decision-making process. The responsibility for equalities impact assessments lies with departments, who take this responsibility very seriously. Impact assessments are kept under review.

**WORK AND PENSIONS****■ Poverty: Children**

**Alex Cunningham:** [106988]

To ask the Secretary of State for Work and Pensions, what assessment he has made of the effect of job losses in (a) Stockton North, (b) the Tees Valley Combined Authority area and (c) the North East on levels of child poverty in each respective area.

**Alex Cunningham:** [106990]

To ask the Secretary of State for Work and Pensions, how many children were living in poverty in (a) Stockton North constituency and (b) the Tees Valley Combined Authority area in (i) May 2017, (ii) May 2020 and (iii) October 2020.

**Alex Cunningham:** [106992]

To ask the Secretary of State for Work and Pensions, how many children lived in (a) poverty and (b) extreme poverty in (i) Stockton North constituency and (ii) the Tees Valley in each of the last 10 years.

**Will Quince:**

Protecting families with low incomes during the COVID-19 outbreak is of upmost importance to this government. The policies implemented in response to the outbreak, such as the Job Retention Schemes and the increases to the welfare budget have made a huge difference, particularly to those with low incomes. This was shown in HMT's recently published distributional analysis about the Impact of COVID-19 on working household incomes. This publication shows that the lowest income decile of working households has seen no fall in income due to Government measures that have been put in place. This is available here:

<https://www.gov.uk/government/publications/impact-of-covid-19-on-working-household-incomes-distributional-analysis-as-of-may-2020>

The Government launched its Plan for Jobs in response to the impact of the pandemic. Progress can be seen in the recent launch of Kickstart, the new Job Entry Target Support (JETS), an extension of the Work and Health Programme and the expansion of the Sector-based Work Academy Programme. A New Job Finding Support Service, involving the private sector recruiters, will also be introduced.

National Statistics on the number and percentage of children in low income are published annually in the "Households Below Average Income" publication. The rates of children in absolute poverty in the North East region in the three years to 18/19 has decreased, both before and after housing costs, compared to the three years to 09/10.

These statistics can be found at

<https://www.gov.uk/government/statistics/households-below-average-income-199495-to-201819>

The Department now publishes supplementary official statistics on the number of children in low income families at constituency level. Children in Low Income Families data is published annually.

The latest figures from 2014/15 to 2018/19 can be found at:

<https://www.gov.uk/government/statistics/children-in-low-income-families-local-area-statistics-201415-to-201819>

## ■ State Retirement Pensions

**Stephen Timms:** [\[106888\]](#)

To ask the Secretary of State for Work and Pensions, how many claimants are having deductions made from their State Pension as a result of debts owed to the Government.

**Stephen Timms:** [\[106889\]](#)

To ask the Secretary of State for Work and Pensions, in what circumstances her Department makes deductions from State Pension payments to repay claimant debts owed to the Government.

**Will Quince:**

Regulations allow a number of deductions and adjustments to be made from State Pension. There are also limits on the amount that can be taken. Deductions taken to repay claimant debts owed to Government include those in respect of benefit overpayments and civil and administrative penalties.

All such debts are first notified to the customer in writing; notifications also include information on what action can be taken by the customer if they wish to dispute the amount stated as owing. A further notification is issued before any deductions from State Pension commence.

Anyone unable to afford the rate of recovery proposed is encouraged to contact DWP so an affordable rate of repayment can be negotiated.

## ■ Universal Credit: Self-employed

**Claire Hanna:** [\[108303\]](#)

To ask the Secretary of State for Work and Pensions, if she will suspend the minimum income floor on universal credit beyond the 13 November 2020 for self-employed people during the covid-19 outbreak.

**Mims Davies:**

*[Holding answer 2 November 2020]:* After careful consideration of the ongoing public health situation and the national working environment, the current easement of the suspension of the Minimum Income Floor in Universal Credit that was due to expire on 12<sup>th</sup> November 2020 will be extended to the end of April 2021.

Regulations will be laid and made prior to 12<sup>th</sup> November 2020.

## WRITTEN STATEMENTS

## BUSINESS, ENERGY AND INDUSTRIAL STRATEGY

## ■ The Insolvency Service Performance Targets 2020-21

**Minister for London and Parliamentary Under Secretary of State (Minister for Small Business, Consumers and Labour Markets) (Paul Scully):** [\[HCWS550\]](#)

My Right Honourable friend Parliamentary Under Secretary of State for Climate Change and Corporate Responsibility (Lord Callanan) has today made the following statement:

I have set performance targets for the Insolvency Service for the financial year 2020-21. The Insolvency Service is the Government agency that delivers public services to those affected by financial distress or failure by providing frameworks to deal with insolvency and the financial misconduct that sometimes accompanies or leads to it.

The Insolvency Service aims to deliver economic confidence through a fair corporate and personal insolvency regime which gives investors and lenders confidence to take the commercial risks necessary to support economic growth. It has a crucial role to play in supporting businesses and individuals in financial difficulty or facing redundancy owing to their employer's insolvency.

In 2020-21 and beyond the Insolvency Service will be critical in giving confidence to the UK's businesses, investors and employees following the impact of COVID-19. I have set measures and targets at a level which will drive the Insolvency Service to deliver its essential services effectively for its stakeholders. These measures include:

MEASURE	2020-21 TARGET
Make bankruptcy orders sought by individuals within 2 working days	95% or greater
Determine debt relief order applications within 48 hours	95% or greater
Average time taken to process redundancy payment claims	14 days or less
Issue reports to creditors within fifteen days of interviewing[1]	91% or greater
Deliver against the agency apprentice target for 2020-21	42 or more
Pay supplier invoices within 5 working days	80%
Pay supplier invoices within 30 calendar days	100%



The Insolvency Service's Annual Plan for 2020-21 is published in full on Gov.uk.

[1] Or a decision that no interview is required

## HEALTH AND SOCIAL CARE

### ■ Coronavirus Update

**Secretary of State for Health and Social Care (Matt Hancock):** [\[HCWS549\]](#)

The Prime Minister has announced tougher national restrictions in England from Thursday. These restrictions will apply nationally for four weeks up to Wednesday 2 December. At the end of the period, we will look to return to a local and regional approach, based on the latest data.

The Regulations will be debated in Parliament on Wednesday.

Subject to approval, from Thursday 5 November, everyone must stay at home, and may leave only for a limited set of reasons. These include:

- For education;
- For work, if you cannot work from home;
- For exercise and recreation in an outdoor public place, with your household, support bubble or on your own with one person from another household (children under school age, as well as those dependent on round-the-clock care, such as those with severe disabilities, who are with their parents will not count towards the limit on two people meeting outside);
- For all medical reasons, appointments and to escape injury or harm;
- To shop for food and essentials;
- To visit members of your support bubble;
- And to provide care for vulnerable people, or as a volunteer.

In support of the regulations being laid in parliament, we will be expanding our existing guidance to ensure the rules are clear for individuals and businesses. Single-adult households will still be able to form an exclusive support bubble with one other household, and children can move between homes if their parents are separated.

Non-essential shops, leisure and entertainment venues will be closed. Click and collect services can continue and essential shops, including supermarkets, will remain open.

People should work from home wherever possible. Workplaces should stay open where people cannot work from home – for example, in the construction or manufacturing sectors.

Shielding as practised in the spring will not currently be reintroduced. Those who are clinically extremely vulnerable should not only minimise their contacts with others, but also not go to work if they are unable to work from home.

The clinically vulnerable and those over the age of 60, should be especially careful to follow the rules and minimise contacts with others.

Overnight stays away from primary residences will not be allowed, except for specific exceptions including for work. This means people cannot travel internationally or within the UK, unless for work, education or other legally permitted exemptions.

Inbound international travel will continue to be governed by the travel corridor approach, and those currently on a domestic holiday will be allowed to finish their holidays, but are still subject to the requirements in England not to go out without a reasonable excuse.

Public services, such as job centres, courts, and civil registration offices will remain open.

Elite sport will be allowed to continue behind closed doors as currently.

The Coronavirus Job Retention Scheme, known as the furlough scheme, will remain open until December, with employees receiving 80% of their current salary for hours not worked, up to a maximum of £2,500. The cost for employers of retaining workers will be reduced compared to the current scheme, which ends today.

To reflect the recent changes to the furlough scheme, the UK-wide Self-Employment Income Support Scheme (SEISS) will be made more generous – with self-employed individuals receiving 80% of their average trading profits for November.

As the Prime Minister and Education Secretary have said, keeping young people in education is a national priority so early years settings, schools, colleges and universities will all remain open. Parents and carers should make sure their children keep attending school. However, universities and adult learning providers should consider increasing online provision where possible.

Parents will still be able to access registered childcare and other childcare activities where reasonably necessary to enable parents to work or access education and training. Parents are also able to form a childcare bubble with one other household for the purposes of informal childcare, for children who are 13 or under.

Ministers are also clear that it is vital to keep the provision for non-Covid healthcare needs going. Unless clinicians tell patients otherwise, they should continue to use the NHS, get scans and other tests, turn up for all appointments and collect medicines and treatments.

We are also planning a programme of mass testing which will help us get on top of this virus. We now have the immediate prospect of using many millions of cheap, reliable and rapid turnaround tests.

As a result of partnerships with NHS and university labs, new cutting-edge testing innovations and a recruitment drive boosting the UK's coronavirus diagnostic industry, NHS Test and Trace has rapidly expanded testing capability ahead of winter. The target of 500,000 testing capacity per day was reached on Saturday 31 October.

Introducing these restrictions is a difficult decision. But the public have the power to deal with this pandemic, working together with the Government and following the rules and guidance.

### Update on recent changes to the Local Alert Level

In order to reduce the transmission of Covid-19, the following areas moved into Local COVID Alert Level High on 31 October: Carlisle, East Riding of Yorkshire, Kingston-Upon-Hull, North East Lincolnshire, North Lincolnshire, Dudley, Staffordshire, Telford and Wrekin, Amber Valley, Bolsover, Derbyshire Dales, Derby City, South Derbyshire, the whole of High Peak, Charnwood, Luton, and Oxford City.

This means that for these areas, the following measures apply:

- people must not meet with anybody outside their household or support bubble in any indoor setting, whether at home or in a public place
- people must not meet in a group of more than 6 outside, including in a garden or other space
- people should aim to reduce the number of journeys they make where possible. If they need to travel, they should walk or cycle where possible, or plan ahead and avoid busy times and routes on public transport.

These restrictions remain in place until 5 November, when they will then be superseded by the new national restrictions.

## TRANSPORT

### ■ Inclusive Transport Strategy - Year 2 update

**Minister of State for Transport (Chris Heaton-Harris):**

[\[HCWS551\]](#)

Today is “Purple Tuesday”, a day dedicated to ensuring that the needs of disabled people, as valued consumers, are properly recognised and that they receive the best levels of customer service.

As the Minister with the Department for Transport responsible for accessible transport, I am determined that the transport network deliver an equally first-class experience to disabled people. The challenges disabled people face when using our transport system are well documented and whilst good progress has been made, I recognise there is still more to do.

I want to see continued steps being taken to improve disabled people’s experience accessing transport. I also want to see our ambition for a fully inclusive and accessible transport network by 2030, with assistance if infrastructure remains a barrier, realised. I am equally determined that the current pandemic and its aftereffects will not limit our ambition to achieving this.

Thus, I am pleased to help mark “Purple Tuesday” by announcing further progress on delivering our Inclusive Transport Strategy.

The Strategy was published in 2018 setting out an ambitious programme for transforming the transport system and today I am publishing a report detailing what has been delivered in the past two years. In the last year we have, for example, published a passenger rights

toolkit, which provides guidance to maritime operators on how to comply with passenger rights regulations; and launched the “It’s everyone’s journey” public awareness campaign.

Alongside the update on the Inclusive Transport Strategy, I am also announcing:

- Details of the first set of operators who have successfully applied to the Inclusive Transport Leaders Scheme, which allows operators to receive formal recognition for the positive actions they are taking to improve disabled passengers' experiences of using the transport system, and to encourage others to follow.
- A disability equality awareness training package that we are making available, free of charge, for all transport operators. This will ensure that all transport operators, big and small, can access a common standard of disability training for their staff; and
- A funding competition, which will enable businesses to bid for grant funding to develop products or services that will improve the travel experience for disabled people.

I am grateful to the Disabled Persons Transport Advisory Committee and representatives of disabled peoples' organisations who continue to hold both myself and the Department to account for the delivery of the Inclusive Transport Strategy, and I look forward to continuing to work with them as the Strategy enters its third year.

Copies of this letter and the report on the progress of the Inclusive Transport Strategy have been placed in the library of both Houses.

## WORK AND PENSIONS

### ■ Minimum Income Floor

**The Secretary of State for Work and Pensions (Dr Thérèse Coffey):**

[\[HCWS552\]](#)

*After careful consideration of the ongoing public health situation and the national working environment, the current easement of the suspension of the Minimum Income Floor in Universal Credit that was due to expire on 12<sup>th</sup> November 2020 will be extended to the end of April 2021.*

*Regulations will be laid and made prior to 12<sup>th</sup> November 2020.*