

## Public Administration and Constitutional Affairs Committee

### Oral evidence: [The work of the Office for National Statistics, HC 336](#)

Wednesday 13 May 2020

Ordered by the House of Commons to be published on 13 May 2020.

[Watch the meeting](#)

Members present: Mr William Wragg (Chair); Ronnie Cowan; Jackie Doyle-Price; Chris Evans; Rachel Hopkins; Mr David Jones; David Mundell; Tom Randall; Lloyd Russell-Moyle; Karin Smyth; John Stevenson.

Questions 1 - 66

#### Witnesses

I: Professor Sir Ian Diamond, UK National Statistician; Ed Humpherson, Director General for Regulation, UK Statistics Authority.



## Examination of witnesses

Witnesses: Professor Sir Ian Diamond and Ed Humpherson.

**Q1 Chair:** Good morning and welcome to another virtual session of the Public Administration and Constitutional Affairs Select Committee. I am in a Committee Room in Portcullis House with the small number of staff required to facilitate the meeting, suitably socially distanced, and my colleagues and the witnesses are in their homes and offices across the country. The Committee is very grateful indeed to our witnesses, the national statistician, Professor Sir Ian Diamond, and the director general for regulation from the UK Statistics Authority, Ed Humpherson, for making the time to appear before us today. To begin with, please could I ask our witnesses to introduce themselves for the record?

**Professor Sir Ian Diamond:** Good morning. I am Ian Diamond and I am the national statistician.

**Ed Humpherson:** Good morning. I am Ed Humpherson. I am the director general for regulation at the UK Statistics Authority and head of the Office for Statistics Regulation.

**Q2 Chair:** Professor Diamond, I know you were appointed as the national statistician last October. Normally, this Committee would have held an earlier evidence session with you to ask about your priorities at the time, and that session would cover the full range of responsibilities. However, first with the general election and now with the unprecedented crisis during which we are meeting, that has not been possible. Therefore, we are going to entirely focus on COVID-19 today.

To begin with, please could you tell the Committee what your respective roles are and explain how you help the Government and the country understand COVID-19?

**Professor Sir Ian Diamond:** My role as national statistician was originally called for by Churchill in the Second World War, when numbers were coming in all kinds of direction. Churchill took a view that there should be someone who was prepared to advise on what the most appropriate number was. I take that role very seriously.

As head of the Office for National Statistics, I would suggest I also have a very important role in preparing data and statistics that enable Government to understand society and the economy. Given that we would all agree that society and the economy are always changing, this means that we at the Office for National Statistics always have to be changing. The role at the moment is about enabling Government data to be produced in a timely and efficient way, and doing so using an ever-increasing number of data.

I also have a role as head of the Government Statistical Service, so therefore a role in ensuring the careers of statisticians right across Government. I am also head of the Analysis Function for Government,



## HOUSE OF COMMONS

which brings together not only statisticians but social researchers, economists, actuaries and geographers right across the Government arena, and therefore a role in providing evidence at all stages for Government.

You asked about COVID. COVID is a dreadful pandemic but it is a good example of what can be done. As soon as it became clear that this was going to be a very serious pandemic, we were able to stand up a number of things very quickly. We have, for example, a survey that goes out every week and enables us to get understandings of how people are feeling about Government policy—for example, the lockdown—as well as to understand adherence to it. We have done a large business survey to understand how business is reacting. We have been using new data to inform Government about adherence to the lockdown and other areas of Government policy at the moment. At the same time, we have very recently stood up a very large survey that is going to be the main way in which Government measure prevalence of COVID in the population at a national and indeed regional level, and that also helps to measure the rate of transmission.

All those things are new data and new surveys that have been stood up in a very short time while, at the same time, maintaining business as usual, if I may say so—for example, making sure our deaths data are timely—and we are doing analysis of them to understand more and more of the factors driving them. You may have seen the piece we put out this week on occupation and COVID deaths. At the same time, we are working to make sure the Government have information on the economy. I am conscious that is a long answer to a beautiful and short question, but the amount of work that is going on in the Office for National Statistics in response to COVID is as unprecedented as the pandemic in which we find ourselves is.

**Ed Humpherson:** Our role at the Office for Statistics Regulation is very simple. We are here to ensure that statistics serve the public good. There is a very heavy emphasis there on the public—the public having access to information that is trustworthy, high quality and valuable, in the sense that it answers the questions they have. We do that all the time. We do that through setting a code of practice and enforcing that code of practice.

During the pandemic, it has been abundantly clear that that has never been more important. The public have never had a greater appetite for information, facts, understanding and insight. Our role has been to support and enable producers of statistics to get the information out into the public domain. Also, our role has sometimes been to encourage better presentation, the addressing of gaps and highlighting scope for improvement. We have been reacting in all those areas and we have seen improvements. There is scope to improve further as well.

Q3 **Chair:** Could you talk us through yesterday's mortality data? What does it tell us about the spread of COVID-19 and where we are in relation to the peak of the pandemic?



**Professor Sir Ian Diamond:** We are through the current peak. As a nation, we need to be worried that, as we come through this current peak, we do not seed another one. I also think our data shows the extent to which we have a number of epidemics—an epidemic in the community, an epidemic in care homes and an epidemic in hospitals, for example. I would suggest we need to be able to be prepared to act in each of those areas.

That data also shows, if you look simply at excess deaths from all-cause mortality, the extent to which it is not only COVID direct deaths that are a challenge at the moment, but also that there are deaths that you could call indirect. They are not due to COVID but they have been due to other causes, which may have resulted because of, say, reprioritisation in the health service. We are now seeing a reduction in the deaths in each of those areas, but not, at the moment, one as speedy as we would perhaps like.

**Ed Humpherson:** The figures published yesterday show the producer of the statistics, the ONS, responding to public demands for information, for example by giving much more detail about what is going on in care homes and by some of the supporting information Sir Ian referred to that came out earlier this week on patterns by occupation. I should also say it is not all about the ONS. The weekly death figures are also published for Northern Ireland by the Northern Ireland Statistics and Research Agency and by National Records of Scotland for Scotland. They are equally commendable for the comprehensiveness of the figures they produce.

Q4 **Mr Jones:** Professor Diamond, you mentioned that there were effectively three epidemics at the moment: one in the community, one in care homes and one in hospitals. You probably will have seen the report from Oxford University that came out a couple of days ago that suggested that, while there may be said to be an epidemic in hospitals and care homes, there was not one in the wider community. What are your views on that?

**Professor Sir Ian Diamond:** My own view is that we certainly do have an epidemic in the wider community. It is one that has caused death, no question, in my view, but equally there are a very large number of people still in the community who have COVID. Our data on prevalence in the community, published on Monday, show that we estimate that around about 136,000 people in the country have COVID at the moment. That suggests to me that there is an epidemic in the community.

Q5 **Jackie Doyle-Price:** Professor Diamond, could you give a brief overview of datasets available to the Government in making decisions about the response to the COVID pandemic and give us a view about the relative merits of each dataset?

**Professor Sir Ian Diamond:** There are a very large range of datasets. As I indicated, there are data from DHSC that include hospital admissions, death data and their data from the Care Quality Commission. We produce data on deaths but also on the characteristics of people who die. We also have a lot of data on adherence to the lockdown and on the economy.



## HOUSE OF COMMONS

With regard to which ones work, let me take an example of death data. Here we have an interesting challenge. The ONS data are, unquestionably, I would suggest, the most comprehensive; but, because they are based on death certificates and we can only put them all together when the death certificates have come in, clearly there has to be a lag. We have a lag; so for example, yesterday we produced data for the week before last.

Clearly, Government also need timely data, and the data that is produced by DHSC has been improving greatly over the course of this pandemic and now includes all deaths that are recorded on a particular day and which have a positive test for COVID, whether they are in care homes or hospitals. Still though, they will have particular lags around them. Every weekend, we see a reduction. That is because hospitals do not report so often at weekends. We need to produce moving averages, which the Government do very well, so that you get a sense of the trend.

In summary, on those particular data you have the comprehensive data from ONS, which includes not only positive tests for COVID but also those where the practitioner thinks that it was COVID but they do not necessarily have a test and where it may be the primary or secondary cause. You compare that with the more timely deaths. Both produce information that Government should be using.

**Q6 Jackie Doyle-Price:** Ed, do you have a view on the relative merits of the data we are using?

**Ed Humpherson:** I completely agree with Professor Diamond here. It is a case of balancing what provides a leading real-time indicator, which is the daily figure, with the much more comprehensive figure that comes out on a weekly basis. Right at the start of the pandemic, there was a danger that the daily figure was presented nakedly, just as a number, without recognising that, while it is timely, it has these limitations and this incompleteness.

In fact, it was even more incomplete at the start. As Professor Diamond has said, it did not include anything other than deaths in hospitals for the most part. That presentation, that figure, has consistently improved. It has gone to all settings where there is a positive test and death now, so that is more comprehensive since 29 April. The explanations around it are now much clearer that it is a more limited measure than the weekly ONS measure.

The way to think about this is you get an incomplete but timely figure through the daily number and then a more complete but slightly lagged measure through the ONS figure. The key is not so much to ask which is better and which is worse, but which is the one that best answers the question you are trying to answer. If you are trying to figure out what is going on right now, you go to the daily. If you want to think about what is a more complete and comprehensive picture, you go to the weekly. The second key is that the people presenting those data explain those factors



## HOUSE OF COMMONS

very clearly so that there is no room for doubt as to which number is being used in which context.

- Q7 **Jackie Doyle-Price:** Yes, context being all, and actually your data shows a direction of travel in any case. It is an interesting observation about putting that naked figure out; it is as much about the messaging that Government need to do around this, and that drives people's behaviour and response.

I have another question for Sir Ian. You told the Science and Technology Committee that data used by the Government in the daily briefings was statistically sound, and we have heard from both of you about how that has been improving over time. How accurate is it as a true reflection of the number of deaths, given that we are measuring various settings? Is it really telling us what is going on in the community?

**Professor Sir Ian Diamond:** I would come back with a question to you. Is that a question of deaths due to COVID directly or deaths more broadly? If you would like me to answer the second one, that is a different answer.

- Q8 **Jackie Doyle-Price:** If we are measuring the actual impact on the community, the deaths applied to COVID as recorded on death certificates will be very clear. Given your opening comments on how we are judging how the pandemic is spreading more broadly, are we capturing all the information that we need to?

**Professor Sir Ian Diamond:** The excess deaths due to all causes is a really important statistic. In a piece that we have just coming out, we look at four different categories of deaths. We look at the deaths directly due to COVID. We control them by those that had major comorbidities.

Secondly, we look at deaths that are indirect because of reprioritisation of the health service. In another interview I referred to my late mother, who, in the last couple of years of her life, went in and out of hospital a few times for various things. If she had not been able to go in, she may have died a little earlier. We are seeing some evidence of that at the moment.

The third category, in the longer term, we will not see for some time, but, for example, if there is a reduction in cancer screening, that may see us having deaths over the next few years in that one.

The final area that we talk about in this piece will be that if—and I stress "if"—we end up with a L-shaped recession over a long period of time, as opposed to a V-shape, where we come back out quite quickly, that could lead to a significant number of deaths as a result of people being pushed into poverty or long-term unemployment. We know that people in the lowest deciles of income have higher mortality rates, sadly, in our country. If you increase that, you are likely to see an increase in deaths.

- Q9 **Mr Jones:** Sir Ian, do the Government use any data that is not in the public domain as the basis for its decision-making?



**Professor Sir Ian Diamond:** Yes, they do. I do not think it is necessarily the case that every piece of data associated with the Government should be in the public domain. If it is used and referred to, it absolutely must be in the public domain, and that is something we take incredibly seriously. I do not think it is the case or should be the case that every piece of data seen by everyone in Government necessarily needs to be in the public domain.

**Ed Humpherson:** Could I come in there? This is such an important thing for the work of the Office for Statistics Regulation. In the course of doing their business, Government Ministers and policy makers get access to a huge amount of information, management information, some of it real time, some of it maybe not necessarily as clean and high quality as the things that the ONS and others publish. We do not think there is a problem with that. Ministers have a need to get access to that information to make the judgments they make.

At certain points, the Government decide to communicate decisions, proposals and insights to the public. At that point, if they are drawing in information and quoting it, it should be published. The worst outcome is that numbers are referred to tangentially or a single number is thrown into a media briefing and that is not made available in an accessible way to the public. We call that equality of access and we will always stand up for things that are referred to publicly being available fully publicly. You may have seen that we have made a couple of interventions along those lines during this pandemic, where we have highlighted where that has not been the case and strongly encouraged the relevant Department to make the full information available.

Q10 **Mr Jones:** What sort of data is this that is not in the public domain?

**Ed Humpherson:** Let me give the two examples that I have immediately in mind. The first was around universal credit claims, where there were references to the volume. There has been a surge in universal claims, very obviously, as a result of the economic disruption caused by the pandemic. There were references to how many claims were being made. A number was referred to but the underlying information was not published. We raised that with the Department for Work and Pensions and are in the process of agreeing with them a protocol for the publication of this management information so that it is available for us all to see.

The other example involves the Department of Health in Northern Ireland publishing, via a tweet and a press statement, some of its core daily data around COVID, while retaining internally a dashboard. We said, "Those numbers come from a dashboard. The dashboard should be published, as it is in England, Wales and Scotland." Again, the Department of Health for Northern Ireland has gone ahead and published those data following our intervention, which is very welcome. Those are the kinds of things I am talking about.

Q11 **Mr Jones:** Presumably your concern about that is not only can your office



not scrutinise it properly, but neither can the public or parliamentarians.

**Ed Humpherson:** That is exactly right. I would take out of your sentence my office being able to scrutinise it. To some extent, we are just a bit part there. The key thing here is not that we can scrutinise it; it is that you and the public can scrutinise it. It is available to all.

Q12 **Mr Jones:** I wonder, Sir Ian, if I could come back to the issue of the ONS statistics, where there is a lag of 11 days before publication. Is there any way that publication could be brought on more quickly or maybe could be produced on a more fluid basis, rather than at 11-day lags?

**Professor Sir Ian Diamond:** It is very difficult. I have said to a previous Select Committee that has already been referred to that, in my view, the way to move forward is that we legislate that deaths must be registered within 24 hours of the deaths and that must be done so electronically. That is a personal view of what we need. We still receive death certificates through the post. My colleagues are doing a fantastic job, under great pressure, to be able to produce them in the time that they can. It would not make a lot of sense to do it more fluidly because death certificates do not arrive in sequential order to the date of death. They arrive when people send them in. My strong view is that we should get more timely data. In order to do that, we should legislate for the deaths to be registered electronically within 24 hours and enable that to happen.

Q13 **Tom Randall:** Sir Ian, you are a member of the scientific advisory group, SAGE. We have talked about the different types of data that are being used. When you attend SAGE meetings, what data do you base your advice to Government on?

**Professor Sir Ian Diamond:** For clarity, your second statement is the right one. I attend SAGE. I do not think anyone is actually a member of SAGE. It is a technical point but I think it is important. The answer to that is a very wide range of data. I was first invited to attend because ONS had produced some data on the goods that there was some stockpiling of at that time. We were able to tell, for the first time, in the very first week we produced them, that hand sanitiser, for example, was really only available in the north of Scotland. Understanding that and then understanding the crisis was important. That is just an example.

There is a very wide range of data. Some of it has been based on modelling of the epidemic. There is some fantastic scientific experimental data that has been produced on, for example, how the virus spreads in the environment. I have been incredibly impressed at those meetings at the depth of the discussion and the breadth of the data, some of it experimental, some of it biomedical, some of it modelling and some of it based on the vast experience of some very clever people.

Q14 **Tom Randall:** Do you feel that all those different data sources can be reconciled to form a single picture to help inform policy decisions?



**Professor Sir Ian Diamond:** Yes. I would say that science, in my experience, is almost never black and white. I absolutely do not think that you could ever get yourself into a position where you say, "This is what you should do." Ultimately, politicians such as you, who I am in awe of, have a very difficult job. The science can provide some evidence and the nuances around it, but politicians need to make the policy. I believe that is what is happening.

There is a very wide range of data. You could look at some experimental data on one thing, but then that has to be tempered by behavioural data on whether people will use it perfectly, for example. The one thing that I have been incredibly impressed with has been the extent to which there have been really rich discussions that have taken a multi-disciplinary approach and looked at the various nuances that happen. If I might add one point, I also think it is very good that officials are there because, again, science is almost never black and white. If the scientists have a very detailed and nuanced conversation, it helps if those people who are going to be doing some of the policy-making understand the nuances.

**Ed Humpherson:** I certainly agree that it would not be a sensible ambition or goal to say, "Let us integrate and reconcile these multiple datasets." The datasets will give different insights and different perspectives. However, making it easy for people to access all the different data sources in one place is missing a bit at present. We may come on to talk about gaps. That may be a question that you want to explore with us, and it is a good question.

In general, I would say an absence of data is not our problem in this pandemic. There is a lot of data and it is in lots of different places. People who want to understand it, members of the public who want to understand it, might have to go to multiple websites. They might have to go to ONS, the Department of Health and Social Care, National Records of Scotland and the Northern Ireland Statistics and Research Agency. We would encourage making it easier and more accessible for people to find the range of sources in one place. They will not all say the same thing, but they could at least be easy to access in one place.

**Professor Sir Ian Diamond:** I just wanted to add one thing that I regret not having said in my first response. Had you asked me if I believe that the papers discussed by that committee should be published, the answer is yes.

Q15 **Karin Smyth:** This may be about the gaps, Mr Humpherson, but I am interested in the data that could and in some places is being collected locally through public health sources. I think that would give a great assurance to many people, particularly those of us living in large cities. In your view, is there an issue about data collection locally by public health experts? Is that an issue? Is that a gap?

**Ed Humpherson:** The gap lies perhaps less in the data collection than in the data accessibility. Below the level of the nations, England, Wales,



Scotland and Northern Ireland, there are data collected. It is just the presentation of those data in a way that is easy for someone in an area to understand multiple factors in their area. That is much harder because it is not brought together in a way that makes it accessible.

There are some really good exceptions. The GLA do a very strong consolidated output for London, which draws on the same datasets that anybody else could, but they do the work to bring it together and make it accessible. For me, it is a question of accessibility rather than gaps per se, or data not being collected.

**Professor Sir Ian Diamond:** I agree with what Ed has just said. Let me also shout out the GLA data, which I think are absolutely excellent. We should do everything we can to bring data easily into one place where citizens and policymakers can access them easily.

Q16 **John Stevenson:** Professor Diamond, the Coronavirus Act allows for any registered medical practitioner to issue a medical certificate stating the cause of death. Do you have any concerns about under-reporting or over-reporting of COVID-19-related deaths?

**Professor Sir Ian Diamond:** That is a really good question. I do not think it is too much of an issue. The reason I do not think it is too much of an issue is we have those deaths that have been a positive test for COVID, so we will take those as given in the main. We also have a very good system in our country where people can put a first cause or a second cause on the death certificate. The medical practitioner may say, "This is due to COVID even though I do not have a positive test," or it may be, "This is a heart attack as a result of COVID." With that first and second, it seems to me that there is likely to be some heterogeneity between medical practitioners. Two different practitioners might put COVID first or second, but we take either as a COVID death.

I am not convinced that there is going to be an enormous amount of over-reporting because practitioners will have a pretty good idea. Will there be under-reporting? I am not convinced there will be a lot of that either. Some practitioners may miss a COVID case, but I am not convinced that we should feel that there is much under or over-reporting here.

Q17 **John Stevenson:** Mr Humpherson, do you have any views?

**Ed Humpherson:** I would merely agree with what Ian has said.

Q18 **John Stevenson:** Should there be any concern about the statistics with regards to some people dying with COVID and other people dying because of COVID, or does that not actually matter?

**Professor Sir Ian Diamond:** By which you mean people who have a positive test against those people who I have described as not dying of COVID but having an indirect—

**John Stevenson:** Yes.



**Professor Sir Ian Diamond:** That is why I believe very strongly that the best thing we should be looking at it all-cause excess deaths. We need to remember that every death is causing enormous grief for family and friends. However and whoever it is, we should be worried about it and ought to be looking at both those sources in the long term. At the end of the day, we need to focus very much on the COVID deaths to get the pandemic down.

Q19 **John Stevenson:** You have already mentioned that excess deaths are extremely important. In your view, or in your calculations, how many additional deaths could have been prevented had it not been for the pandemic?

**Professor Sir Ian Diamond:** That is not a question that is terribly easy to answer. It is certainly not easy to answer until we have much better data. For example, had there not been the pandemic, there might have been quite a bad flu season. I do not know. I do not have that counterfactual. With respect, that is a question I am not able to answer with any authority.

Q20 **John Stevenson:** Could you project ahead, or is that again very difficult to do?

**Professor Sir Ian Diamond:** It is very difficult to do. We are hoping to be able to access some NHS data to be able to look properly and fully at comorbidities, but again, you cannot guarantee anything in this area. It is very difficult to do.

**Ed Humpherson:** I completely agree with that. Just to come back to where I began, our role at OSR is to make sure the public has access to trustworthy, high-quality information that answers the questions they have. We are not ourselves people who would do a model that forecasts the future trajectory of a pandemic. We want to make sure that information is as open and reliable as possible and for everybody to have access to that kind of information. We would not have a view on it.

Q21 **David Mundell:** We are going to come on to discuss the differences in Scotland and Northern Ireland. Specifically, Professor Diamond, on the death certificate issue, there are different systems of registering deaths in Scotland and Northern Ireland. Are you satisfied that the data that is coming through from those routes is consistent across the UK?

**Professor Sir Ian Diamond:** I am conscious that we at the ONS work very closely on a daily basis with our colleagues at the National Records of Scotland. We also provide help to NISRA on cause-coding. There are differences—I will not go into them at great length—particularly in Scotland, with regard to the fact that we do not get delays from going to a coroner because the deaths go to the procurator-fiscal within eight days. In many ways, that is a help. We are aware, though, what has gone to the coroner and we work very hard to ensure that we have, as much as possible, comparable data, and I believe we are there.



## HOUSE OF COMMONS

Q22 **David Mundell:** Would the systems show up if the data was not actually comparable? That sort of glitch would become evident to you within a short period, I would presume.

**Professor Sir Ian Diamond:** It would, because we are working so closely with our colleagues across the four nations. Clearly, there are some differences in death reporting. We report end of week and Scotland reports beginning of week, but overall we are able to understand the comparability across the four nations pretty well.

**Ed Humpherson:** From our point of view, the main impact of these differences is in timeliness. National Records of Scotland can publish with a lag of about four days, NISRA six to seven days and ONS 11 days. That is pretty much all driven by timings of registration. Once you get data for a given time period, up to, say, 1 May, figures at the cut-off point of 1 May will be comparable, in terms of death registration. It is just that the figures for 1 May will come out more quickly for Scotland and Northern Ireland than they will for England and Wales. The lag is the main impact.

Q23 **Tom Randall:** Sir Ian, on this distinction between dying with COVID-19 infection and dying of it, I know the Royal College of Pathologists, for example, has said that studies suggest that there is a difference between what might be the certified clinical cause of death and the cause of death determined at a post-mortem examination. If there is possibly a difference, and given that the data that is being used is driving Government policy on this, I wonder if you can comment some more on that. Is there a danger that the underlying data might have any flaws to it?

**Professor Sir Ian Diamond:** I completely take your point, Tom, but I am not sure that the numbers would really change the policy that much, because the great majority of the deaths do have a positive test. I take your point that one might find some changes, but my personal view is we are not going to find the numbers that are going to change policy in an enormous way.

Q24 **Ronnie Cowan:** You have slightly covered this is a previous question from Mr Mundell, Sir Ian. What is the protocol that pulls together the ONS, the NRS and NISRA to ensure that the decision-making bodies have a complete picture of a pandemic?

**Professor Sir Ian Diamond:** We do it by working on a daily basis with our colleagues across the three agencies. As Ed Humpherson has pointed out, there are some differences in the timeliness that people are able to report on, but we work very hard to overcome that and to ensure that, right across the four nations, we have data that are comparable and timely.

Q25 **Ronnie Cowan:** I hear you saying there is an 11-day lag, but that is a rolling thing. At any given time, today, could you pull together accurate figures for all the United Kingdom and do that again tomorrow? My concern is that, as England and Wales start to ease out of this lockdown, I am hearing there is an 11-day lag. Would we recognise if the virus was becoming more spread again?



**Professor Sir Ian Diamond:** That is a really good point and it comes back to one of our earlier responses. We need the daily data that are produced by DHSC. They have really improved over the course of this pandemic and they report all those deaths that are reported by hospitals or care homes on a particular day, and we need those. There are lags and they are not absolutely complete, but we need them to get the most timely data.

We produce the full accurate data weekly for the week before, because of the requirement for death registration. We try to get them as quickly as we can, but it is not the case that people report sequentially, as I said earlier. They tend to come in in batches or they come in at different times. The best that we can do is to produce them on a Tuesday for the week previously, which is why we need both the overall ONS data, which provide all data, together with the daily data from DHSC, which provide all those deaths with a positive test, whether they are in care homes or in hospitals. We need the two.

Q26 **Ronnie Cowan:** You say you produce them on a Tuesday for the week previously. My concern is that, on the Saturday prior to that Tuesday, can you see there is an increase in the number of deaths, and could you report that then, or do we have to wait for that period of time to realise that maybe the lifting of the lockdown has increased the number of deaths?

**Professor Sir Ian Diamond:** There are two answers to that. The first is, if we were seeing a trend that was coming, we would be pretty clear to get that to Government as quickly as we could, but it is quite hard. Having said that, I think that the new joint biosecurity unit that the Prime Minister announced on Sunday is going to be quite key with regard to identifying outbreaks, because outbreaks are not going to be national, I would suggest. They will be local and will require work from Public Health England. They will require the use of apps and a whole set of different data that could be used to identify a small outbreak and then to take action.

We need data well before deaths if we are going to stop outbreaks. We need data that is coming on people having the virus. Remember that there is quite a period, some weeks, between catching the virus and, sadly, dying from it. We need that early data and that is what I see this new unit delivering.

**Ed Humpherson:** On the Saturday risk that you identify, Mr Cowan, if we notice something on the Saturday, why wait until the Tuesday to find it out, the first answer to that is this leading indicator of the daily figures, which are from a different source. The daily figures are, effectively, from the health systems, England, Wales, Scotland and Northern Ireland. For all the reasons we have given, they are not as complete as the weekly figures, but they give this leading indicator and we would know, on the Saturday, the previous Friday's figures. In general, this leading indicator ought to mitigate the risk you defined, give us a very quick and rapid insight, but a less complete one.



## HOUSE OF COMMONS

One scenario where what I have just said would not hold would be if the weekly figures were showing a pattern of deaths that was somehow not being captured into the daily figures, if something was increasing the gap between the two. As Ian Diamond said, in those circumstances we would definitely expect ONS, National Records of Scotland and NISRA to be alerting to their respective Governments that there was a pattern in the weekly that was not being tracked through to the daily. That is quite a specific risk factor.

**Q27 Ronnie Cowan:** Sir Ian, you touched on apps to gather information. It is becoming a new thing. I have an app on my phone. Every day I clock on and say, "I have not been tested but I am feeling fine," and it gathers information for my local community. How effective do you think those things can be, given the uptake required for people to actually use these apps and make them accurate?

**Professor Sir Ian Diamond:** You have just summed it up beautifully. Apps are absolutely part of the solution, but they are not the whole solution. I fear that some of the most vulnerable members of our society will perhaps be the least likely to get an app, whether it is old people or people from disadvantaged groups. Therefore, we cannot say the app is the total solution. However, the app is a very important part of an ecosystem of data that we need in order to be able to manage the next stage of the pandemic which, critically, has to be about reducing the probability of a second peak.

**Ed Humpherson:** The app is part of a suite of tools. Testing is a really important factor as well. Regular, prompt testing has to be part of the picture too.

**Q28 Ronnie Cowan:** Testing, tracing and isolating would win over the use of an app.

**Professor Sir Ian Diamond:** The two are together.

**Q29 David Mundell:** How accurately can we make comparisons within the United Kingdom? We have seen a view at the weekend that we would take a different approach in Scotland, Wales and Northern Ireland than the approach being taken in England. A general view has also formed that the situation in care homes in Scotland is much worse than in other parts of the United Kingdom. Are we able to rely on such comparators?

**Professor Sir Ian Diamond:** We can look at those comparators very carefully. What you have just described is a real call to make sure that we do have very accurate data for all parts of the United Kingdom. That is why we responded to a request, just a very few short weeks ago, to stand up a very large survey that will estimate prevalence of the virus in the population and, over time, the rate of transmission.

Phase 1, which is in the field now and produced the estimates I have already described this morning, is for England as a whole. This was to demonstrate that we could set this up and do it at scale. Phase 2, which



we will elide smoothly into in the next few weeks, will be UK-wide. It will certainly be Scotland, and Wales I hope, and that will enable us to make regional estimates across those areas that are taking part and to make estimates, for example, for inner-city areas. We will design it in such a way as to do that, because it is incredibly important that we are tracking the geography of this disease very carefully.

**Ed Humpherson:** I want to make a supplementary point, which is about something that has been thrown into really sharp relief by this pandemic. Mr Mundell, you mentioned care homes and the impact in care homes. That is of course something across the UK that, as a society, we are very concerned about. It is very worrying that some of the most vulnerable citizens are very exposed to these risks.

However, at the start of the pandemic it was relatively straightforward for the four Governments to publish data about what was going on in their health systems, in the NHS. The NHS is awash with data. There are metrics, daily measures and situation reports, and much of that has rightly made its way into the public domain, consistent with all the principles that I have outlined earlier. It has never been the case that the social care sector has been so thoroughly monitored, measured and tracked. We, as the Office for Statistics Regulation, have been arguing for some time that there is no parity of measurement between the health and the social care sector. There has been much more measurement in the healthcare sector than there is in the social care sector.

As we have had what is described as the epidemic in care homes emerging, that issue—that we have had to stand up measurement in the care home sector quickly—has really come through. I hope that we, as a society, and as Governments, take heed of that and realise that we should have as much insight into what is happening to people who are receiving social care as people who are receiving healthcare. That disparity of measurement is thrown into relief by this pandemic.

Q30 **David Mundell:** That is a very important point. I hope overall, across the whole of the United Kingdom, that parity in terms of social care and healthcare is something that is taken forward. Can I ask one further question of you and Professor Diamond, on the basis of what you said in opening remarks? That was that, essentially, there were three pandemics: a pandemic that was in the community, a pandemic that was in care homes and a pandemic that was in hospitals, in the sense of the infection capability. How is that taken into account in the presentation of data so as to ensure, for example, that the community aspect is not distorted by the fact that there might be a predominance of care homes or a very large hospital in a particular geography?

**Professor Sir Ian Diamond:** It is the right question and it is always an issue in geographies if you have a large hospital. It does not matter whether there is a pandemic or not. With this particular pandemic, there is an enormous amount of work being done to understand nosocomial infection and some reasonably tight definitions when it comes to death,



through work that Calum Semple at the University of Liverpool has done. That enables us to understand something about nosocomial infection, but there is an enormous amount of work still to do in that area. There is an enormous amount of work still to do in understanding the transmission and mechanisms of transmission in care homes. ONS is currently helping to design a study in care homes, which will be led by University College London, which will enable us to understand much more about transmission in those areas.

**Ed Humpherson:** To add to that, several of you have asked about regional, local, place-based patterns of understanding the pandemic. I think that becomes more important. Professor Diamond's take on this as being three epidemics rolled into one is right, but of course it is also epidemics in places, in particular localities. That is why this granular information and access to it, which I think has come up several times, making it easy for people to access what is happening at a local level, becomes more and more important as we move into the next phases of this experience.

**Professor Sir Ian Diamond:** To come back to David Mundell with one further point, we also need to recognise that these three epidemics I have talked about are not mutually exclusive. There is an important intersection in the Venn diagram, so we still need to think of the overall epidemic as well, because of the way in which there is seeding into different communities that we need to worry about.

Q31 **Karin Smyth:** That was going to be my question. I spent 20 years working for the NHS, feeding the beast with data, so, Ed, I totally accept what you have said there about the parity of social care. My point was going to be, given what you have said, we must have parity of that data from the community, which has to be collected in a way that involves local people, so that we can in fact trace that intersection. That surely must be the push now that we need on this accurate data from the community place.

**Professor Sir Ian Diamond:** I could not agree more. Our survey that I described earlier, which we are doing in partnership with the University of Oxford and the Wellcome Trust, is certainly gaining community-level estimates and engaging very many members of the community in it. I also believe that we need to engage the community in being prepared to say, "I am going to tell you I have the symptoms." It seems to me that early identification of outbreaks over the next while is going to be incredibly important, so that we can act on them. That requires, in many ways, people saying, "Hold it, hold it, hold it. I have some symptoms. I need to get tested and let someone know."

I have talked earlier about the data we have collected on adherence to the Governments' lockdowns. We saw a nation that absolutely bought in to the lockdown, adhered incredibly well and has supported people. We find in our survey data that people are saying that they are supporting other members of their community, for example. So far, so good.



The next stage has to maintain that community spirit, because the way of getting on top of outbreaks will not come from death data. It has to come from people recognising it when they get symptoms. We have to have a system. To come back to the point that was made earlier about testing and tracking, we need to then get in and test very quickly.

**Q32 Karin Smyth:** In my experience, it is not just the community spirit, is it? It is the trust in giving over that data from individuals in different communities, not always to an app but perhaps to a known individual, trusted community, public health or GPs.

**Professor Sir Ian Diamond:** I could not agree more. It has been incredibly important for me, in that for all the work we have done, however we have collected it, all our data collections have been through our independent ethics committees. That is incredibly important because, if we lose that trust, the trust that this is anonymous or whatever, we are lost. Trust is absolutely critical and therefore the need to do things ethically and properly is also absolutely a sine qua non of everything we do at the Office for National Statistics.

**Ed Humpherson:** There are two issues to follow up on that. One is about feeling confident, trusting and that they are providing their own personal data to a trustworthy source. This is where the ONS's household survey is so important. We know that the ONS is regarded as a very trustworthy processor of people's data. It is rightly seen as being independent and I think we should harness that. That survey that Professor Diamond has just flagged up is one of the best ways to get to the community level of insight that we were talking about, but there are other ways as well.

On this point about people having symptoms, there is a really good bit of analysis done by NHS Digital of calls to NHS 111 when people are reporting. They are triaged through NHS 111 about their symptoms and NHS Digital published some really powerful graphs and summaries of the data, which show patterns not just nationally but regionally, volume of calls and how quickly that volume has tailed off as the pandemic has progressed. That is a source that tells us what is going on in the community without necessarily needing, to use the phrase, to feed the beast with more data collections. That is a really good source.

**Q33 Mr Jones:** Ed, it was reported a couple of weeks ago that two Welsh health boards—my local one here, Betsi Cadwaladr, and Hywel Dda in south-west Wales—had been under-reporting coronavirus-related deaths. The Welsh Government initially said that this was because the protocol for reporting deaths had not been embedded consistently, but the Public Accounts Committee of the Welsh Assembly reported earlier this week that it was quite simply that the two boards in question were using the wrong software. Could you tell me how confident you are in the consistency and quality of reporting by other health boards in Wales?

**Ed Humpherson:** I have not done any specific work on the reporting of health boards, but I can speak from general experience. Any administrative



## HOUSE OF COMMONS

data system has this kind of risk in it: that the people who are compiling the reports either do not quite understand what they should be doing, they submit the form in the wrong way, or there is some other bureaucratic blockage that means the data are incomplete.

It is worth saying about these cases that they were identified because Public Health Wales started to publish the figures it was receiving not just at the national Wales level but also regionally. Immediately, Betsi Cadwaladr health board said, "Those do not look like our figures. They look like they are light." That triggered the investigation. There are two points about that. One is it really goes to the theme of the whole session that we have been talking about, which is the need for something that goes beyond the national level. Secondly, there is that point about actually publishing data, letting people see it and people saying, "That does not look quite right."

In terms of how confident I am, within Wales some really sensible steps have been taken. There is now a requirement for the health boards to provide specific assurance on the completeness of their data. The chief statistician in the Welsh Government now has an oversight role, which he did not have before, and there is much more weekly confrontation of the data. In other words, the health boards sit around and look at their data, look at each other's data and say, "Does anything look surprising?" More generally, we know that administrative data systems have these problems. The experience in Wales should be quite salutary, not just in Wales but elsewhere across the UK, to be very willing to examine those administrative data to make sure this sort of issue is not recurring.

**Q34 Mr Jones:** Sir Ian, how much of a risk do instances such as this of under-reporting present to the completeness of the data? What are the risks of the Government making decisions based upon erroneous data such as this?

**Professor Sir Ian Diamond:** As Ed Humpherson has just said, sometimes people forget that administrative data, collected for administrative purposes, can be subject to error. Sometimes people think, "It is administrative so it is fantastic." It is fantastic, but it can be subject to error and that is why it is incredibly important that we are at all times triangulating against other sources of data. One of the things about good statisticians is that they are always just a little sceptical of the data. I was privileged to teach many great people in my life as an academic and I always said, "Do not trust the data. Look for errors." That is something that we always need to continue to do.

In this case, the data are supported by death certificates across most of the country. We should be worried and should continue to do everything we can to make sure we are checking the data in different ways, but I believe that these are isolated incidents.

**Q35 Mr Jones:** Taking those two isolated incidents, what potentially could have been the impact of those errors upon Government decisions more generally?



**Professor Sir Ian Diamond:** At the end of the day, we are talking about this because they were identified. There are all kinds of things you might have thought about different geographies. You might have started to ask yourself what is going on in an area that has a rather different pattern. That would then make you to go and look at that. I hope you would not rush into policy. You would go and say, "What is it that is going on?" That would help you either to understand something particular about that area, or to identify that you had a problem. I hope that you would be looking at patterns and asking questions all the time.

Q36 **Chair:** When we talk of these statistics of those who have, sadly, passed away with COVID-19, I am very conscious that we are talking about individual families and friends who are grieving for loved ones. Does the UK have the highest coronavirus death toll in Europe?

**Professor Sir Ian Diamond:** I am not prepared to say that at this time. We have very good data in the UK and there is no doubt that we are at the higher level for deaths. I have no problem saying that. Because of the great difficulty in understanding exactly whether we are comparing apples with apples or apples with pears, I am not prepared to say that the UK has the highest. For example, if we look at the comparison with Italy, the most recent adjustment made in Italy only took us up to the end of March. We are much further on and the Italian adjustment was using tax records, so there are very different data collection strategies in different countries. Because of the way that other countries report, it will be some time before I am able to give an authoritative answer to that question.

Q37 **Chair:** That is helpful in outlining some of the difficulties there are in comparing statistics, but also perhaps in the use of language of how it has been described—the difference between the toll and the rate, for example. Do you have any comments to make on that?

**Professor Sir Ian Diamond:** You would expect a bigger country to have more deaths, given a similar rate. That is not rocket science. The bottom line is that we need to get our definitions absolutely right before you can make realistic comparisons. Because of the difference in size, I believe that you are much better off using some indicator of rates. You can then actually see what is going on, but that requires that you are comparing apples with apples.

**Ed Humpherson:** In a way, this issue is, at a macro level, the same issue that we are talking about with regards to administrative data in Wales or other parts of the UK. I said that, for any administrative data system, you need to understand the way in which the data are compiled, what they say, what they do not say and the risks. As we have just discussed, that is a challenge within Wales or another part of the UK. It is even more of a challenge understanding how to compare figures across administrative systems. For those reasons, it is very difficult, perhaps pointless, to create a league table.



However, on the other hand, it is worth looking at the international experience very carefully and seeing what we can glean, not maybe at the headline-number level, not looking at these big numbers and whose number is bigger than who else's number, but in terms of rates, practices, approaches and indeed how things are reported and recorded. There are really rich lessons to learn there, but the single-number league table is not a very fruitful use of our time.

**Q38 Chair:** No, indeed. With that answer in mind, as the regulator, are you satisfied with the way in which the Government have used international comparisons during the daily briefing? I know it has changed recently, but initially it was quite focused upon that international comparison.

**Ed Humpherson:** We welcome the change that has come in the last few days to remove those simple comparisons.

**Q39 Chair:** Sir Ian, as the official adviser on statistics to the Government, what advice did you give them on the use of international comparators?

**Professor Sir Ian Diamond:** We have a couple of quite senior ONS statisticians who are embedded within No. 10 and communications. I know they have been working very hard to help with the presentation of data.

**Q40 David Mundell:** I heard what you said, Ed, and I fully appreciate that in terms of the effort to go into league tables, but people are going to want to make comparisons. You cannot get round that. There will be a wish to do so. Professor Diamond, could you expand on some of the issues that mean that we are comparing apples with pears? Often it is this generic statement: "It is all different". What are the substantive differences that mean that these comparisons are not readily made?

**Professor Sir Ian Diamond:** Thank you for giving me the opportunity to answer that question. I will start by saying we should be trying to make comparisons, but, equally, in making comparisons we need to understand the challenges. Let us start with age. We know that, above all, when it comes to deaths, this is a disease that really impacts the elderly members of society. If your population has a radically different age structure, one needs to do something about controlling for that. Ireland, for example, has a much younger age structure than some other parts of Europe.

Secondly, we know from ONS data that this is a pandemic that started in London. It kept mainly within the inner cities. It takes much longer to move through rural areas. Therefore, you need to know something about the degree of urbanisation and the degree to which people are living close together, because it seems that there is some transmission there. These are areas that you need to take into account, as well as the points that we have already talked about, which are about making sure that the recording is comparative.

I have mentioned already that the Italian data is based on a different basis to the UK data. They made an adjustment there a little while ago that used some evidence from tax records and went to the end of March. They will



keep updating as we go forward. Some of the German work is based on a sample; again, they will keep updating over time. We need to make sure that we are all comparing the same thing. For example, the Belgians had very high rates for a while, but it was one of the places that was reporting social care as well as hospitals.

There is no other way to do it but by being very careful to make sure that that absolutely all the deaths are being compared to the right timeline and the right degree of coverage. You also need to understand the things that impact on the disease, for example age and degree of urbanisation, and I would argue you need to model in a way that controls for those before you start to make real comparisons.

**Q41 Rachel Hopkins:** Probing further on our care homes, does your data show a more worrying pattern of COVID-19 deaths in care homes than other settings?

**Professor Sir Ian Diamond:** It most certainly shows that there has been a really high degree of COVID in a relatively high proportion of care homes, no question. We have also shown, in some work that we published earlier this week, that care home workers have a higher mortality than other healthcare workers. There is clearly a major challenge that the disease, when it comes in, can take hold right across a care home. We need to know more about the extent to which care home workers moving between care homes are a worry. That is why we are supporting the development of a study into transmission in care homes, which will start in the next couple of weeks.

**Q42 Rachel Hopkins:** Talking of the workers in care homes, is there any initial information or data that you have that could start to explain this?

**Professor Sir Ian Diamond:** No, we do not. I am afraid that what we have at the moment is very much, sadly, the evidence of the death statistics. Anything else I would say would be mere speculation. That is why we are doing the study.

**Q43 Rachel Hopkins:** In terms of the data that ONS collects in other sectors, are there some that could be used as a proxy for deaths in care homes that might help plan an approach to bringing them under control?

**Professor Sir Ian Diamond:** There are not really. We need to understand the mechanism for transmission. We also need to recognise that it is not so much whether there are studies that could be used but we can say things about transmission. We know that a lot of transmission will be through people touching and then touching their face, so we need to think very carefully about cleaning, social distancing and all kinds of things that are incredibly important. We need to learn as much as we can internationally. Equally, for us at ONS, we are working with the experts at University College London and helping them to design a study that I hope will answer many of the questions that you are asking.

**Q44 Rachel Hopkins:** Pressing a little bit further about the quality of data



## HOUSE OF COMMONS

around COVID-19 deaths in care homes that we talked a little about earlier, are you confident in the source data for the official mortality statistics for care homes?

**Professor Sir Ian Diamond:** We have put a lot of work into that because some people, sadly, will die in care homes. Other people will go to hospital and die there. A lot of work by the ONS health and life events team has been put into ensuring that we get a true picture of the deaths in the care homes.

Q45 **Rachel Hopkins:** Can I ask a question to Ed, please? In your recent letter to this Committee, you said that the data on social care was inadequate compared to data on healthcare. Could you explain that a bit more and tell us what you plan to do about it?

**Ed Humpherson:** In terms of what we plan to do about it, we will continue to be very strong advocates for much more comprehensive measurement of adult social care. I say adult social care because it is really important that, when we came to this whole issue, we were not thinking about care homes versus hospitals. We were thinking of social care versus healthcare. Of course, a lot of social care takes place in the home, not in a care home setting but in people's homes. They receive domiciliary visits and so on. We will continue to press the Governments of the UK—it is not just the Department of Health and Social Care for England; it is across the UK—to recognise this issue and address it.

I also think that Professor Diamond and his colleagues at the Office for National Statistics can play a really big role here. To the extent that social care is received not just in a setting called a care home but in people's own homes, this is a household issue. The people who have the best way of understanding what is going on in the household sector are actually the ONS. They do household surveys with real expertise and real insight. Therefore, we would look to ONS to play a bigger role here.

In terms of what we mean by it, there are lots of very significant questions about social care that are gaps that are not gaps for healthcare. These are things such as outcomes and comprehensive funding. We know how much funding comes through local authorities but there is less that is paid for privately. There are things like unmet need. Those are all general questions. Our concern was not triggered by the pandemic. It predated the pandemic for some time. We thought that those questions were gaps. My point is that the pandemic shows that the approach to measurement in the social care sector has been lacking. That has then got exposed by this sudden outbreak of what Professor Diamond has described very accurately as a pandemic in care homes, but it is a bigger issue than that.

**Professor Sir Ian Diamond:** I agree with everything Ed has just said. The other challenge on top of that is the breadth of the sector. You have a number of very big multi-home chains, but equally the biggest number is in terms of small single homes. Actually getting that breadth and



understanding that breadth is incredibly challenging and something that we are really committed to doing.

- Q46 **David Mundell:** In the previous questions, we talked about the differences between the nations of the United Kingdom. Within England itself, there is now the suggestion that the north-west is the most affected area. Is that something that can be vouched, as we were talking about before, and indeed the movement of the epicentre of the pandemic across the United Kingdom? I think from your previous answers you were suggesting that is something that is capable of being tracked.

**Professor Sir Ian Diamond:** It is something that is capable of being tracked, because you can track it from hospital admissions as well as from the work we will be doing. In many ways, it is not surprising that an epidemic like this started in the capital city and then moved into the other bigger cities. London was followed by the west midlands. We are now into the north-west and, to an extent, the north-east. We need to recognise that has happened and monitor at a regional level so that we can target resource in the right way.

- Q47 **David Mundell:** How does the information or data that you are putting forward in that regard affect the decision in relation to the lockdown arrangements? From your perspective, is that just the data and then, ultimately, lockdown arrangements are a political decision?

**Professor Sir Ian Diamond:** The lockdown decisions are essentially political, but they must be informed by data—"informed" is the right way. Rightly, we have taken a very national approach. As we move to the next stage, as I have already indicated a number of times, it seems to me that we need to stop a second peak. That might be with much more localised strategies. We need therefore to be able to have the data to enable the policy to be made.

- Q48 **David Mundell:** Within England, and indeed within Scotland, Wales or Northern Ireland, you would envisage that there would be a more localised approach, not just that there would be a geographic approach of, say, taking Scotland and doing something different there. You would take Glasgow and do something different there.

**Professor Sir Ian Diamond:** You might just take a school. South Korea just recently identified an outbreak in a small nightclub area in Seoul and has moved to it. If we can get on top of this, we need to be in a position where we identify small outbreaks early and act on them. The range of things you can do will vary on the context and size.

- Q49 **Karin Smyth:** My question is on that localised point, which I think we have covered earlier, with the need to have data to inform that, given that this is a community issue as well as a care home and hospital issue. I wanted to draw the Committee's attention to great figures in your data. Figure 6 from last week is the urban/rural classification, very strongly showing the rates of deaths in cities, which David has alluded to. Obviously, that would include Glasgow and Edinburgh, but largely this will be English cities. You



talk about a small school, but at the moment we are not even at the stage of a judgment for a city like I represent in Bristol to be able to control the data input, the reaction and the testing and tracing of our own citizens. That is in a city the size of Bristol, let alone the size of a small school in Bristol. How is the progress to be made on understanding and managing this virus now, which we know is in the community in our cities? How do we get from where we are to where you are talking about, for example, in Korea?

**Professor Sir Ian Diamond:** If I return to something I said earlier, when I talked about the Prime Minister's announcement of a joint biosecurity unit, it seems to me that has a really important role in harnessing a large number of data sources in a way that we have not done so far. I have mentioned apps. We have talked about tracking and tracing. One can also, for example, look at waste water. In one of your previous interjections, we talked about people reporting and community awareness. These are things we really need to work on and will be using. Ed Humpherson also mentioned 111. There is a wide range of data sources that we should be using. We need to work hard over the next while to be able to identify outbreaks as early as we can and then to act. There is no one-size-fits-all strategy. I would submit that we need a flexible set of strategies. When we make a strategy, we need to monitor and evaluate it, so we can learn from it as we move forward.

Q50 **Karin Smyth:** I am afraid I am not up to speed on this new biosecurity unit. Is that what it is going to do? Is it now finally going to link with our local expertise and knowledge and build that community trust? Do you know?

**Professor Sir Ian Diamond:** I am afraid I am not able to answer that authoritatively.

**Ed Humpherson:** I wonder if I might refer to something that I have not mentioned much so far. That is the intervention we made as an authority earlier this week about testing—meeting the Government's testing targets. One of the things we said in that intervention was that the testing targets could be defined more clearly, so that people understood what a test is. Is it a person being tested, a test being sent out or a test being completed?

One of the other things we said there—and this second piece has received less attention but is equally important—is that it would be really good not just to talk about a national number of tests but the regional pattern of tests and the regional pattern of test results. That absolutely gets to the heart of Karin Smyth's question. These big national numbers are useful if you are interested at the England level or the UK level, but lots of people and lots of decision makers are interested in the sub-national picture. Publishing as much as possible that can equip them with information is really important, so we brought that point out as well when we talked about testing.

Q51 **Karin Smyth:** We alluded to this earlier. Crucially, the sub-regional level



is the only way that we are not going to control this disease. We are not going to control it on a UK or even an England-wide basis. We are only going to control it from your example earlier of a small school, and we are largely talking about cities.

**Professor Sir Ian Diamond:** I completely agree.

Q52 **Ronnie Cowan:** What does your data tell us about the main demographic factors that might affect the risk of dying or even contracting the coronavirus?

**Professor Sir Ian Diamond:** We have published a number of pieces on this in the last couple of weeks. As I said earlier, age is the key factor here. The older you are, the greater the risk. Secondly, we know that those people who have comorbidities have some real extra risks. Thirdly, we have shown that people from black and minority ethnic backgrounds, people in more deprived neighbourhoods and people in more low-paid jobs have higher risks. We have been trying to look at the explanations for this, and that is work that is ongoing.

Q53 **Ronnie Cowan:** What do you mean by “the explanations for this”? Is that not quite clear? People who are living in more deprived areas, people who are doing less well-paid jobs, such as care workers, people who, not so many months ago, we were talking of as unskilled workers are the people who are frontline, who are then travelling back to their own communities, which are some of the most deprived communities. Therefore, that is why the number is going to be higher there.

**Professor Sir Ian Diamond:** That would be your speculation.

Q54 **Ronnie Cowan:** Do you think I might be wrong in saying that?

**Professor Sir Ian Diamond:** At no stage have we shown there is something genetic, for example. We have looked and continue to look for social and economic factors that are influencing the course of the epidemic. I would have to say that all these are dwarfed by age, which is the key demographic. The evidence seems to be that men have higher risks than women.

Q55 **Ronnie Cowan:** Take my constituency of Inverclyde. It has higher deprivation and comorbidity and is an ageing population, so, not surprisingly, the death rate in Inverclyde is three times the national average for Scotland. When this is over and I finally get my hands on a heatmap that breaks down Inverclyde into areas, am I right in thinking that the areas that have suffered the most infections and deaths are going to be the most deprived areas in my community?

**Professor Sir Ian Diamond:** Sadly, I would suspect that will be the case, because we know, from work by many scholars over many years, that there is a steep gradient in our country between levels of deprivation and all measures of health and mortality. With COVID, we are seeing that this is no different to very many other illnesses, causes of death and causes of ill health that we have in our society. The whole area of health inequalities is



something that people have worked on. I know your colleagues at the University of Glasgow and at the Medical Research Council sociology unit there have put an enormous amount of effort into understanding those health inequalities. There is much for us still to do.

**Q56** **Ronnie Cowan:** Are those figures available now, or am I going to have to wait until next year to see a breakdown of that?

**Professor Sir Ian Diamond:** We have not done that for Scotland. We have done it for parts of England. That is what we have produced in the papers we have produced in the last couple of weeks and we will continue to produce over the next little while. I would hope that you are not going to have to wait an enormous length of time. There is an enormous amount of work going on and we will continue to bring out the regular papers that we have been over the last few weeks.

**Q57** **Ronnie Cowan:** When you say you have not done that for Scotland, is that because that is not your role? Is that the job of the NRS?

**Professor Sir Ian Diamond:** The NRS would do that. We are always able and willing to help, but that is the role of the NRS.

**Q58** **Ronnie Cowan:** You have your figures about the effect this virus is having on ethnic groups, on BAME people. Why is that not part of the daily figures from the UK Government?

**Professor Sir Ian Diamond:** We produce our daily figures based on death registrations, and death certificates do not include ethnicity. We link the death certificate with, for example, census data, to understand what the ethnicity is, and then we produce the reports that we do. You could not do that in the kind of time that is available, wanting to produce results.

**Ed Humpherson:** There are some figures produced by the NHS on mortality by ethnicity. NHS England, for example, publishes a set of figures on mortality by ethnicity. It is those figures that the Institute for Fiscal Studies used to do its analysis of mortality risk by ethnicity. Those figures are available and they are promptly available. They are not complete, because they are based on the hospital setting, but they provide a quick insight into this particular worrying aspect of this issue.

**Q59** **Ronnie Cowan:** Hot on the heels of the Prime Minister lifting the lockdown slightly in England to allow construction workers to go back on site, I noticed that the data released by the ONS on Monday shows that men in jobs like construction and transport were more likely to die of the coronavirus than the general population. How significant is this difference and how should the Government use this information when deciding who should go to work?

**Professor Sir Ian Diamond:** It is important. It says to us that Government need to work with the various trade authorities to ensure that returns to work can be done in a safe way.

**Q60** **Ronnie Cowan:** You specifically mentioned construction in your figures.



**Professor Sir Ian Diamond:** It is important. I am conscious, for example, that the Department for Business, Energy and Industrial Strategy has produced a set of guidelines for different industries to ensure safe workplaces. When we start to go back from working from home, one of the things we at the Office for National Statistics are worrying and thinking about is ensuring safe workplaces. For me, it is a question of the need to work with the people who are experts in those particular fields to say, "How is it that we can ensure a safe workplace?"

Q61 **Ronnie Cowan:** Very briefly and finally, can I ask you why that question was asked of men? Surely there are women working in construction and transport as well.

**Professor Sir Ian Diamond:** There certainly are. I will need to check on that, but these data are based on deaths. I would suggest that the numbers are too small to make statistically meaningful results. Please could I be permitted to check on that?

**Ronnie Cowan:** Yes, of course.

Q62 **Chair:** As a follow-up from some of the figures, or at least the source of figures that Ronnie has quoted, Monday's data shows that social care workers are significantly more likely to have died with COVID-19 than the general population, unlike their counterparts in other healthcare settings, who appear, from that data, not more likely to have died. Is that a correct interpretation? Could you explain that further?

**Professor Sir Ian Diamond:** I do not have a problem with the interpretation. A result like that is the starting point for further investigation. That is why there is work going to go on on care homes. It is not a finished point where I am prepared or able to give you an authoritative answer.

**Chair:** We are going to briefly change topic to the matter of the census.

Q63 **Jackie Doyle-Price:** Business as usual. This is a biggie for the ONS, ahead of the census next year. Can you give us an update on preparations for that, recognising that you also have a lot else on?

**Professor Sir Ian Diamond:** We will be running the census for England and Wales and helping our colleagues in Northern Ireland with theirs. They use similar procurement. We did a test in the autumn, which went very well. Clearly, some lessons learnt. We have a very strong lessons learnt paper and we will be working hard over the next year to move forward to what I think will be a very good census.

Has the current pandemic caused us challenges? Of course it has caused us some challenges. Have we taken account of not only the risks of the current pandemic but the risks of a second peak, were there to be one? We have a number of risks that we are controlling for, but at the moment I am confident that we can do a really good census and that we can



## HOUSE OF COMMONS

continue to do a good census, even having to control for other things that may happen with this pandemic in the future.

**Jackie Doyle-Price:** That is good to hear.

**Professor Sir Ian Diamond:** There is one phrase that we use an enormous amount in this: confident but not complacent.

Q64 **Jackie Doyle-Price:** Very good. That is the watchword for everyone. The Women and Equalities Committee was told that the legislation would have to be passed by April 2020 in order for you to be on track. That timetable has clearly slipped, but obviously we have commenced that now. How has that affected preparations?

**Professor Sir Ian Diamond:** We have managed to be agile, to enable us to manage the small slip that we have had, and we are just about on track.

Q65 **Jackie Doyle-Price:** The current pandemic has obviously affected preparations, and you are preparing, as you have just said, in case there is another wave. What other steps are you taking to work around that, given your other demands?

**Professor Sir Ian Diamond:** We have been very clear to maintain a strong team. We have a really strong team. For some of the people working on, for example, the methodology, this is their third census. You rarely have countries with that kind of experience, so we know what we are doing. We have everything on track, but at the same time we have a number of gateways that we are going to go through. We are not going to get ourselves into a position where we are saying how clever we are and everything is fine. We are going to get independent people to come and drill down and make sure that we continue to be on track.

We have a number of strategies we can use with our coverage survey and with our administrative data if we have hiccups between now and the new year. You need to recognise that our censuses across the UK have some of the best under-enumeration strategies in the world; I would say this, but I think they are the best. That is one of the reasons why I remain confident that we can deliver a census.

**Ed Humpherson:** As well as being the regulator of Government Departments, we are also the regulator of Professor Diamond and his colleagues at the ONS. We are keeping a close eye on the census. The particular thing that we care about in terms of the census is that, at the end of this process, when the data is collected from all the households and all the people, that is then crystallised into information about the nature of society, how many people live in the country, where they live and what their lives are like. That is what we want to see being the highest possible quality. The completion of the census as a programme is an absolutely essential fundamental first step that we want to assess and review the outcome of, presenting back to all the people who complete their census forms in 2021 a picture of the society that they live in.



**Q66 Jackie Doyle-Price:** Is there a pattern of any changes in people's compliance with completing the census? I ask the question because obviously we are seeing over time a decrease in people participating in the electoral system, for example. That is partly because of a decline in deference. In my first recollection of a census, this was very much seen as a civic obligation and that has kind of diminished now. Do we see any declining levels of compliance with completing it?

**Professor Sir Ian Diamond:** If we go back historically, we assumed that the census was a complete count. My personal view is that that was perhaps a heroic assumption, with the benefit of hindsight. Since 1991, we have recognised that there are particular groups, often young single men between 18 and 30, who tend not to fill in their census forms as assiduously as we would like them to do.

I also feel that we need to recognise that, in some of the communities we have talked about before, and increasingly in some of our newer communities, we need to work hard to impress on them the benefits of being part of the census. That is why one of the lessons learnt from our test was the real need to up our community engagement, particularly among some of our newer communities in the UK. That is something that we are actively taking forward. It is a question of working with communities to impress on them not just the civic duty but the "What's in it for you?" about this, but at the same time having very strong methods for estimating under-enumeration and allocating that in the right places.

**Ed Humpherson:** I would add a supplementary thought. The pandemic has obviously been a terrible experience for our society. One of its side effects, or very direct effects, is to remind us all that we have civic obligations—to one another, to our communities, to our families and to the people that we work with. You talked about regarding the census as a civic obligation and speculating as to whether that is in decline. Maybe civic obligation is coming back as a fundamental part of what it means to live in our society. That may play out in the census responses in 2021. Let us hope so.

**Jackie Doyle-Price:** That was a very uplifting end message.

**Chair:** Hopefully not to depress that uplifting end message if I end with one of my own, thank you to both our witnesses this morning. I am particularly grateful for the contribution that you are making and grateful also for an indication of the work that you intend to carry out and any work that will help suppress a second peak, particularly a greater focus on that demographic information. There are some areas where you may wish to write to the Committee. Certainly, if there are any outstanding questions, we would be very grateful if you do that in your time. Thank you also to all colleagues and staff, particularly broadcasting staff, who are working very hard to support all our parliamentary business. Thank you very much indeed to everybody for their virtual attendance this morning.