HOUSE OF COMMONS

Public Administration and Constitutional Affairs Committee

Oral evidence: Data Transparency and Accountability: Covid 19, HC 803

Tuesday 22 September 2020

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Watch the meeting

Members present: Mr William Wragg (Chair); Mr David Jones; Tom Randall; Lloyd Russell-Moyle; Karin Smyth; John Stevenson.

The following also attended: Novendu Mishra MP, Stockport (Lab).

Questions 1-52

Witnesses

I: Professor Sir Ian Diamond, National Statistician, Office for National Statistics, and Ed Humpherson, Director General for Regulation, Office for Statistics Regulation.

Examination of witnesses

Witnesses: Professor Sir Ian Diamond, National Statistician, Office for National Statistics, and Ed Humpherson, Director General for Regulation, Office for Statistics Regulation.

Q1 **Chair:** Good morning, and welcome to a meeting of the Public Administration and Constitutional Affairs Committee. I am here in a Committee Room in the Palace of Westminster with a number of colleagues, with others, including our witnesses, dialling in to our meeting from their homes and offices across the country. Our witnesses today are Professor Sir Ian Diamond and Ed Humpherson. I wonder if I might ask both of them to introduce themselves, stating their job. Also, could you note what role you have in helping the Government to form its response to the covid-19 pandemic?

Professor Diamond: I am Ian Diamond. I am the National Statistician. I am also head of the Government Statistical Service and head of the Government Analysis Function. As such, I have had a number of roles with regard to the Government's response to covid. Within the Office for National Statistics we have worked extremely hard—and I would like to take this opportunity to thank all my colleagues—in a number of ways, standing up new surveys, making our regular data as accessible as

possible and publishing as early as was feasible. I am sure we will address many of those points in this morning's discussion.

Secondly, the Government Statistical Service, right across the piece, has worked very hard in many areas, and one of the things that I have done has been to work with colleagues across the statistical service to make sure that we have the right skills in the right place. This has particularly been the case with helping to increase the number of statisticians in the Department of Health and Social Care, but also to help with the set-up of the Joint Biosecurity Centre. Finally, again, this has been an opportunity for us to demonstrate the benefits of the analysis function. Particularly, I can point to some analysis where economists and actuaries and statisticians have all worked together on a similar problem, bringing their skills. This is exactly why we should, in my opinion, have an analysis function. I would be happy to talk further about that later.

Ed Humpherson: I am Ed Humpherson and I am the head of the Office for Statistics Regulation. We are responsible for the oversight and regulation of official statistics and data produced by any part of the UK Government or any of the devolved Administrations. During the pandemic we have been extremely active in supporting the statistical system that Ian has just described to deliver information to the public; but we have also seen it very much as our role to, so to speak, stand up for the public's right to have good, reliable, trustworthy information. The Committee will be aware that on a couple of occasions we have intervened to express that right, so we have been very busy.

Three general points will run through all my responses this morning. First, Ian is absolutely right: the statistical service has done a great job. It has been rapid. It has brought on new data sources. It has collaborated in ways that it hasn't before. It has very clearly done a good job. We, as the Office for Statistics Regulation, have commended that, but my second point is that we have seen some areas where we want to see improvement. In particular, there have been occasions where Ministers—when I say Ministers, I do not just mean from Whitehall; I mean Ministers across the UK from the four Administrations—have used management information which has not been published. We think it should be the norm that where a Minister quotes figures, the public should have access to them as well. It is a little disappointing that we have had to intervene so repeatedly.

The third point is that that expectation of management information being published is really about transparency. Transparency is crucial; it is absolutely fundamental. In fact, the Governments have done a fantastic job, in general, in making lots of information transparent, but transparency is just one step. The next step to ensure public understanding is coherence, narrative, and making sense of all the numbers. We think that there is room to improve there as well.

Q2 **Chair:** Thank you. I will kick off with a question to Sir Ian. Over the weekend, the Prime Minister said: "There's no question…that we are now seeing a second wave". Can you explain the data underpinning that, and

what it tells us about whether the second wave will be like the first?

Professor Diamond: I think that is a really good question. The first answer is to say that we are, as a nation, in a better place now with regard to data than we were previously. In late March/early April of this year, we identified that what we really needed was a community survey to understand the prevalence and the incidence of the virus in the population. That is why we at the ONS stood up our coronavirus infections survey, which is now scaling up to a very large survey. This survey has shown, in the period since it started to publish weekly results, early/mid-May, that there was first a steady reduction to low levels, reaching a prevalence of 0.03%, but in recent weeks it has been showing a steady increase, with the most recent figures moving up to 0.13% of the population. Also, it is worth saying that the estimates that we have for young people—people aged 17 to 24—are at 0.5% of the population, which is very high relatively.

We are in a much better place as a community to understand the prevalence, and to understand it regionally. The Joint Biosecurity Centre is really working hard to get local-level information. Targeted, often testing data is incredibly important, but it is necessary to triangulate it against the sorts of things that the ONS survey does. We also have surveys now running in a number of communal establishments—for example, in care homes and prisons—and we are soon to stand up surveys in schools. We are talking about universities, and it is not impossible that we will do airports and ports, so we are in a much better place.

Will this second wave be different to the first wave? My view very strongly is that it does not necessarily need to be, because we have much better data in an earlier phase so the Government have the information on which to make early decisions, and yesterday Sir Patrick Vallance and Chris Whitty were able to give you the scientific evidence, which also included some of the data evidence. My very strong view is that we are about to enter a rocky road, but we have much better information with which to plot a route than we had in the first wave.

Q3 **Chair:** Are those different sets of data you mention the most useful to the Government in understanding this second wave?

Professor Diamond: They provide a lot of useful information. There is also some wonderful mathematical modelling going on: the surveys I have described thus far have been about prevalence, but there are other important surveys that we, and indeed others, are doing. For example, we run a weekly "opinions and lifestyles" survey that enables us to understand people's experience of living with the virus, as well as help the Government understand adherence to any of the decisions they make in order to impact on the virus. We are also very clear that the economy is an incredibly important part of our lives, and we need fast indicators of what is going on in the economy. We have put in place a number of faster indicators, as well as a regular survey of businesses—the business impact of coronavirus survey—and we work across Government to make sure that survey is asking the right questions.

My final point is that over recent weeks, we have expanded the infection survey that I talked about into Wales, Scotland and Northern Ireland. That is very helpful for enabling those jurisdictions to also make decisions.

Q4 **Chair:** You clearly indicate that last week's infection survey showed an increase of the incidence rate. Are those increases nationwide, and do you therefore believe that national measures are required at this point?

Professor Diamond: One of the things that we are definitely seeing is that, unlike some other European countries, we do have a pandemic that is largely nationwide. Certainly, as with all these types of illnesses, it is concentrated in cities and urban areas in the main; you would expect that. There is some variation: clearly, it is lower in the south-west, but even in the south-west, you can see some evidence of higher levels in Plymouth. Frankly, my view is that in England at the moment, we have a largely national pandemic, but one that is concentrated in urban areas.

Q5 **Chair:** As National Statistician, you attend SAGE alongside a range of other experts. In your view, how joined up has the analytical response been between those experts and different bodies?

Professor Diamond: Extremely. I would point to a number of things. Firstly, there are regular meetings of the leaders of different sub-groups of SAGE that enable there to be conversations about analytic needs. I would also point to Sir Patrick Vallance taking the initiative to put together a set of national core studies, of which ensuring open and available data is one of the studies I have pointed to. I lead that group, and there are other studies. That group of core studies teams meets regularly to ensure that there is joined-upness. I recall some conversations at the end of last week where we at ONS were talking to the leaders of one of the studies in Liverpool to see how we could link some data to enable them to understand it. They had some really important data on hospitalisation, and we could link that with indices of multiple deprivation to make it possible to look at those kinds of impacts.

Q6 **Chair:** You mentioned that joined-up approach, but have there been many—or indeed any—examples of competing views or of data telling different stories? If so, when you had those discussions to iron it out, were you satisfied with the outcome?

Professor Diamond: Look, I am really satisfied. Interestingly, one of the things that has been quite clear is that the different surveys that have been undertaken largely triangulate when you look at the data. For example, there is a very large study—a really excellent study—that Imperial College have been doing. Their data are slightly different, collected in a slightly different way, and address a slightly different problem, but when you triangulate them with the ONS survey, they match. Just over the weekend, we were looking at the proportions of the population with antibodies from different surveys. Our new results show that 6.2% of the population have antibodies, and again those numbers triangulate very well with the major sources.

We at ONS have regular conversations and a very good relationship with the analysts at the Joint Biosecurity Centre. Remember, they often work with testing data, which are not random samples of the population, so you wouldn't expect to see exactly the same numbers. We have very regular conversations, and I have to say that our data and their data triangulate very well. That is a fine example of analysts working together in a collegial, friendly and supportive way.

Exactly the same happens with a group called SPI-M, which is a sub-group of SAGE. It is a group of extremely brilliant largely mathematical modellers and some statisticians. They work with different data—often hospitalisation data—and again we work with them to triangulate that. Those have been collegial, robust conversations, and I am satisfied that we are getting to the right place.

Q7 **Mr Jones:** Sir Ian, at your appearance before the Committee in May you said quite robustly that the number of deaths was not decreasing as quickly as we might have liked, and that we needed to be worried about a second wave. Could you tell us what sort of response you had from the Government? I assume that that warning must have been repeated directly to the Government, both before and after your Committee attendance. Did the Government heed that warning, and how satisfied have you been with their decision making since then?

Professor Diamond: I think they did. My observations at that time, which I am very clear that I stand by fully, were that the tail of deaths—if you think of the distribution of deaths in a pandemic—was rather longer in England than it had been in some of our European counterparts, who had had higher peaks. Some of that tail was due to infections in care homes. Certainly, an enormous amount of work has gone into making efforts to overcome that part of the pandemic. Dr Jenny Harries, who leads on that now, is doing a very good job. That is the first point.

I think the Government were very clear in listening; that is how we got down to the very low levels. But at all times during the lower levels of early August, I would suggest that most serious commentators were thinking that we were in for a bumpy road in the autumn. I can report many conversations that I have had, inside and outside Government, which have been to the effect that we needed to use August, particularly with regard to our data flows, to make sure that we were ready for the autumn. All the support that I have needed has been given to get there.

Q8 **Mr Jones:** How satisfied or otherwise are you with the response of the Government generally to the data that have been provided?

Professor Diamond: The Government has been clear that it wants to have very good data. It has been clear that it wants to understand those data. My colleagues work incredibly hard to produce regular results of, for example, the infection survey, and I know that they go straight to the heart of Government. From the subsequent calls that we often get to clarify things, I know that they are read clearly. I am entirely happy that the Government is listening to the data that we are providing, and at the

same time, we are working very hard to make sure that those data are the data that are of most use to the Government.

I also point to another area, which is that during April, May and June, when there were daily press conferences, we provided a small team that went into Government communications to help with the production of slides and to make sure that they were communicating the data most effectively. I have to say to you, David, that the Government were very keen to receive and accept any advice to improve that production. That is incredibly important because my strong view is that the data need to be communicated to our public as effectively and accessibly as possible.

Q9 **Mr Jones:** You have already mentioned the covid-19 infection survey, which was introduced after your last appearance before this Committee. Could you tell us a bit more about that survey? What information does it give us and how well is it going?

Professor Diamond: The design was to get a representative sample of households—I will describe the design for England, but I note in advance that a similar design has now gone into Wales and Northern Ireland and is going into Scotland. The idea was to get a representative sample of households in England. Within a household, we take swabs to estimate prevalence from all members of the household over the age of two. Then from a sub-sample of the households, we take blood to measure antibodies from all members of the household over the age of 12. We get the swabs analysed very quickly. That all sounds pretty simple, David, but actually, there are some pretty hard mathematics that then go into the analysis. The biomedical people do great stuff as well.

We then work really hard to get estimates of prevalence, which then go into Government and which we publish every Friday. In phase 1, that was a sample that enabled us to make national estimates for England. Government were pleased with what they were getting and that is why we are now in the middle of a major uplift that will take us to 150,000 swabs per fortnight and which will enable us to make weekly regional estimates and some sub-regional estimates, and also to make estimates for areas of disadvantage.

I am very proud of what we have done with this survey. It is going well and, as I say, we also collect some basic information on the household and the occupations and ages and things like that, which enable us, for example, to show some of the incidence of inter-household infection but also to be able, as I indicated in my initial remarks, to show that the really high incidence initially in this wave was among people aged 17 to 24. In the most recent week, however, what we are showing is that that is starting to move into a wider range of age groups.

Q10 **Mr Jones:** Are these the same households or do you vary the sample?

Professor Diamond: I am sorry. Yes, we do go back to the same households for a period of time. As you can imagine, that enables us to estimate the change over time, which helps us with understanding and

estimating growth rates. We also bring new sample in, so you come in for a time and then you go out.

Q11 **Mr Jones:** Do you vary your sampling depending on where there may be particularly high incidence of the virus in a particular week or fortnight?

Professor Diamond: No, we don't. I will come to that in a second. If you say, "Gosh, there is going to be a bit of an outbreak in Bolton so we will go and do lots of sampling in Bolton", you will end up not having a representative sample. That is the first point. You have to have your representative sample and we use a two-stage design, which means we cut across the country but at the same time we have some clusters. However, we have retained the ability, should we so wish, to search into particular areas if that is going to be helpful to the Joint Biosecurity Centre. If we see an outbreak and, jointly with the Joint Biosecurity Centre, we think it would be helpful to have an extra survey in that area to understand transmission and to understand the particular prevalence in that area, we retain the ability to do that, although it has not regularly been necessary yet.

Q12 **Mr Jones:** Could you give us an illustration of how that data is being practically used by the Government to inform their response?

Professor Diamond: Yes, I can. We have a standard set of slides that we release to the Government as soon as they are ready. It goes to the Department of Health and Social Care and also into the Cabinet Office and No. 10. I am conscious that those data are looked at very carefully and inform decisions as to whether the Government will increase or decrease restrictions. It is one part of the information the Government are taking to make the very difficult decisions they face at the moment.

Chair: David, I will bring Karin Smyth in for a brief supplementary at this juncture.

Q13 **Karin Smyth:** May I ask you, Sir Ian, about the differences you are seeing in the sex data? I notice that the NHS blood transfusion service is looking for plasma donors and states that men have higher antibody levels than women, so it is encouraging men to come forward, rather than women who have had mild symptoms. However, I have not seen that anywhere else. Are the data you are collecting through the surveys now showing a real sex difference with antibodies?

Professor Diamond: That is a good question, but I apologise that I do not have the answer at the tip of my tongue. I will respond to you on it within 24 hours.

Karin Smyth: We will be very grateful, thank you.

Q14 **Mr Jones:** Getting back to the household infection survey, its detail is just one of a number of data sources used to calculate the R number. In your view, how reliable is that R number as an indicator of the spread of covid?

Professor Diamond: It is a really important number, and one that absolutely rightly has become an important indicator of the progress of the pandemic. It is really important that we continue to work as a nation to provide the best data to the mathematical modellers who are producing it. That is the first part of my answer.

I think it is important to recognise that at very low levels of prevalence, the R number remains important but needs to be seen alongside prevalence. For example, if we were at 0.01 of a per cent., or very low prevalence, then an R number of 1.1 means you are staying at a very low level of prevalence; you will not suddenly go zooming up. On the other hand, at a higher level of prevalence, that 1.1 would be incredibly worrying.

My point is that R is an extremely important indicator and we need to look at it carefully, although we need to see it alongside the current level of prevalence. My personal thing is always to look at the R and the prevalence at the same time, to make a judgment.

Q15 **Mr Jones:** Mr Humpherson, in your view is the R number properly reported by the media and properly understood by the public?

Ed Humpherson: First, I agree with Sir Ian's comments: the R number is important but must be seen in context with other numbers. What we see now is improvements in how R is reported, in the sense that it is no longer presented as a single number—"We're at an R of 0.9", or, "We're at an R of 1.1"—and we are almost always now seeing a range. People are reporting a range, which I think is appropriate in conveying fuzziness, and the degree of uncertainty around this. What you see less is the point that Sir Ian made, which is relating that R number to equivalent prevalence figures to help contextualise it. That is what we would encourage.

Q16 **Mr Jones:** Are you satisfied that that is being reflected properly in the media reports on the R number?

Ed Humpherson: In general, I think the media is doing a good job of reporting the R number and, as I say, increasingly expressing it as a range and regionally, rather than as a single national number. However, as Sir Ian said, I would encourage some more reference to the prevalence as well.

Q17 **Karin Smyth:** To move on to the modelling, Sir Ian, I have a question for you. The scientific pandemic influenza group built the statistical models to predict the spread of covid. Were you asked for your view on these models as the principal adviser on statistics?

Professor Diamond: I have looked at many of the models and talked to Professor Graham Medley on many occasions, and the one thing I would say is that we are very privileged in this country to have some of the very best mathematical modellers in the world and I have been incredibly impressed by how they have been voracious in their appetites for new data in order to improve the models as we learn more about the virus.

All our data, for example, are made available very quickly through our secure research service, which enables very safe and anonymised access to the data. I am clear that the mathematic modellers are working very hard to improve their understanding not only in terms of the infection itself but of things like mobility around the country, which is important. Just last week we were able to support Professor Chris Jewell at the University of Lancaster, who was building models that incorporated mobility between local authorities into the mathematical modelling and therefore understanding better the potential course of the epidemic.

Q18 **Karin Smyth:** That early influenza model helped inform us that 20,000 deaths would be a good outcome and 50,000 a worst-case scenario. You said the modelling did help and was a good predictor in that sense. Do you want to comment further on that range of numbers?

Professor Diamond: What I would say is that the reasonable worst case is exactly that, and it is based on the best knowledge at a particular time and a set of internally consistent assumptions. Therefore, that reasonable worst case will change over time, as you understand more. Indeed, we have done some work with the Government Actuary's Department, the Home Office economics department and the Department of Health and Social Care that looks at potential deaths due not only to covid but, for example, to reprioritisation of the health service and the impact on mortality and morbidity were there to be a long-term economic recession. We have done two versions of that work, because—rightly, in my view—the reasonable worst case evolved over time. It seems to me likely that there might be another one in future as we learn more about the course of the pandemic.

Q19 **Karin Smyth:** Just to be accurate for the record, when you say we understand more, do we understand more about the disease or do we have better modelling that helps us?

Professor Diamond: In my opinion, both. The modelling is developing and the statistics are developing, but at the risk of saying which is the chicken and which the egg—or the cart and the horse or other analogies I could go into—improved data leads to improved modelling and improved modelling leads to understanding of improved data. The two parts absolutely need to be integrated, and it is important that you do that.

Q20 **Karin Smyth:** Do you feel that that is integrated now?

Professor Diamond: Yes. As I indicated to David Jones, there are a lot of conversations all the time, where people are asking for new data or when new data will be produced. I am not for a minute suggesting that we are currently in the best place we will ever be in. That is because science improves over time, and we are working flat out to improve both the data and the science being done. That is being done at pace. Do I think that people are working collegiately together, and do I think that we are having the conversations that make us understand what data and models are needed? Absolutely certainly—100%.

Q21 **Karin Smyth:** Thank you. That is really encouraging to hear. Just for the

clarity of our record, the original modelling was used to predict hospital capacity. Can you offer any insight about the modelling and how it seemed to underestimate the death toll but overestimate the requirement for hospital capacity?

Professor Diamond: I will say two things on that. On deaths, I do not think we expected the extent of the care home epidemic that we had—that is my view. On capacity, I think that sometimes we do need to praise the national health service for the way they stepped up and managed things. It was a very good national effort that meant that we did not exceed hospital capacity. Certainly, my understanding is that there were some reprioritisations across the health service, and I am sure you would need to talk to health service experts about that, but I think it was a really good effort to enable us to manage hospital capacity in the way we did.

Q22 **Karin Smyth:** As a former NHS manager, I agree—it was a herculean effort. For completeness, do we think that conversation between NHS experts on their capacity management and the degree of modelling that we now have across the country are now integrated in a way that may be more in step for the next period?

Professor Diamond: I think it is, although you cannot always say. For example, if you do some mathematical modelling, you are quite often making some predictions. If, as a Government, you get some predictions that suggest you need to do some mitigations pretty quickly, then you mitigate. If you mitigate successfully, you should not say, "Ah, but the mathematical model was wrong." Actually, the mathematical model was saying what would happen under a certain set of assumptions if you did not mitigate successfully. That has to be an example of really good government, using the data to be able to impact.

It is entirely [*Inaudible*], if I may say so. In the very first remark that I made this morning, when I was asked what the course of the second wave was going to be, I said that we are heading for a rocky road, but that it does not need to be the same course as we had last time, because we understand more and can put in place further mitigations. At the same time, there will be mathematical models that say, "If you don't put in place any mitigations, this is the really quite unpleasant consequence that you could face." Are those mathematical models wrong if we do not get there? No, they are not. They are predicting what would happen without mitigation. If we get the mitigation right, we can overcome that. Is it right that we have those models? Absolutely, because it helps us understand what we need to do.

Q23 **Karin Smyth:** Mr Humpherson, as the regulator, can you give a view on whether the early estimates that we worked to were presented in a way that was perhaps misleading?

Ed Humpherson: Can I just clarify? Do you mean the early estimates from the models that you referred to earlier?

Karin Smyth: Yes.

Ed Humpherson: The first thing to say is that that would not typically be something that we would take a view on. These academic models are obviously drawn on by Government, but they are produced outside Government. To the extent that we take our principles of trustworthiness, quality and value and look at data of all types through that lens, I wouldn't have any particular concerns about there being a misleading presentation. I think the caveats were clear, the sources were clear, and the provenance of the models was clear. As Sir Ian has explained, a lot of this amounts to a judgment by a decision maker. It is not so much the modelling itself, but the judgment made by the decision maker. Even though it is not really my core remit to look at those models, I would not express any particular concerns about their being misleading.

Q24 **John Stevenson:** Sir Ian, back in May you explained how the ONS had ramped up its data collection capacity. From a practical perspective, I am interested to know how that has gone.

Professor Diamond: It has gone rather well. I have already described the infection survey that we have done. I have described briefly our opinion and lifestyles survey. That has now gone out every week. It goes out on a Wednesday and then we bring it to a halt first thing on Monday morning to get results ready by midday on Monday. Now we have got a consistent series of those data over time, which have been able to do, I understand, a lot of the trends. It has been very helpful. We have been able to put them together.

Indeed, as part of that, there is some qualitative, free text information. Just this week we have a publication coming out called, "Diary of a Lockdown", which uses the free text or qualitative information to understand how our population are experiencing that unprecedented period. Our business impact of coronavirus survey has really helped us to understand not just the incidence, for example, of furloughing and the amount of reserves that businesses have, but also business sentiment. We have worked, as I indicated, right across Government to make sure that we are asking the right questions in those surveys.

We have also ramped up our data collection not only from traditional sources, such as surveys, but we have used non-traditional sources. For example, early on we used something called web scraping to understand the availability of the kinds of trigger goods that come when people get anxious about the availability of hand sanitiser and toilet rolls, and also the prices of those things. We use data from Google maps to understand mobility and adherence to some of the Government's interventions. We have enabled the use of data and delivered on that use at pace over time in a very wide range of ways. I am extremely proud of what all my colleagues have done in that regard.

Q25 **John Stevenson:** That is very interesting. The ONS has clearly reacted very positively to the covid pandemic. Again, from a practical perspective, what do you think the ONS has learnt that it will bring to its day-to-day operations going forward?

Professor Diamond: That is a really good question. We have learnt a lot about how in future we will need to think about face-to-face surveys. Certainly, there are some really big questions. Will we, for a very long time in the future, see people knocking on doors and sitting down to ask people for an hour about the labour force? Or will we move over time to a much more online approach? Will we move to something that we call knock and nudge? That is where we might knock on a door but will not ask to go in, because the interviewer will stay socially distanced but will nudge people to take part. We are learning much more about the potential of administrative data and about the potential of using data that we can get very quickly from the private sector. Not all of these are perfect, but we can use them as indicators, which is important.

The other area that has been important is that we have learned much more about the potential for linking data. For example, we were able to show some very sobering results on the mortality impact on the BAME community. Ethnicity is not taken on a death certificate, so we need to link the death certificate with census data in order to be able to do those analyses. Doing those analyses at pace, and finding the kinds of extremely sobering results that we found, shows the benefits of record linkage. It also helped us to understand some of the challenges that we face when doing that.

Ed Humpherson: I wonder whether I might come in and give a perspective from the Office for Statistics Regulation to answer the same question: what have we learned through the pandemic? The first thing we would say is that we have seen that producers of statistics—principally the ONS, but also many other Government Departments and agencies—behave exactly in the way that Sir Ian has described. We have seen what is possible, in terms of producing statistics quickly from new sources.

In terms of what we do, we always say that statistics serve the public good. It is a big part of our core philosophy and we have always believed it, but we have such tangible evidence now that the public really care about trustworthy data, and that they understand what the data are saying and where they are from. We can see that in media discussions, but also in our postbag. We get the public coming to us, and we have seen a real surge in members of the public asking us to clarify things or asking us for our view on particular numbers that they have seen being used.

Sir Ian talked earlier about a virtuous circle between modelling leading to data, leading to modelling. There is a similar cycle between transparency and insight. Of course, if there is no transparency—if data are not available publicly—it is really very hard for the public to understand what is going on. But transparency provides real value only when it is accompanied by insight. What do these numbers mean? Just dumping the numbers out is not the same thing as explaining what they mean and what story they are telling. But once you get the insight—the narrative or explanation—that often leads to demands for more transparency, because people say, "We don't understand that bit. Can we have that explained?"

You can see that transparency and insight are involved in a sort of dance together in informing the public.

Those are the things we have learned. The statistical system has done great work, and we are happy to support that. We have seen that the public really do care about data and statistics to a very profound degree, and we have also seen that transparency is not enough. It is not enough just to dump numbers out there; there is also a need for real insights—what they mean, what they say and what they do not say.

Professor Diamond: Can I come back with one innovative data source that we had not used before but that we have been using with the Joint Biosecurity Centre to look at its implications? It is the use of analyses of waste water. Looking at analyses of waste water at a local level can help us understand changes in the incidence of the virus. You can measure the virus in waste water. That is a very new data source that we have been investigating and learning about, which could have potential in future for environmental modelling.

Q26 **Chair:** Thank you. May I go back to you, Mr Humpherson, because where you left off was quite apposite? I want your view on how well the Government have communicated information about covid-19 to the public.

Ed Humpherson: The first thing to say is that I would answer that as Governments plural, not Government singular, because there are Government Administrations for the UK—the UK Government—and for Scotland, Wales and Northern Ireland, who are each communicating data and statistics. The picture we see fits everything that we have been talking about so far. At the start of the pandemic, there was a real emphasis on getting as much information as possible, as quickly as possible, available to the public.

If you look back to the daily briefings that were being provided by the UK Government and by the other Governments, they were quite high level. They were doing a good job under the circumstances to provide information quickly, and to give a leading sense of the number of cases, the mortality and so on, but they had really very little granularity underneath that high-level picture and provided very little by way of access to the source data. What was presented publicly was just a number on a slide and there was very little guidance to what you can and cannot say with the information—what the limitations are.

Over time we have seen those problems being addressed, certainly through the influence of Sir Ian's team with the Cabinet Office. I think they have done a great job with the daily No. 10 briefing, but a similar story can be told in Wales, Scotland and Northern Ireland. We have had to step in at times. For example, in Northern Ireland we stepped in when there was a suspension of the publication of the daily dashboard. I wrote to the head of the Department of Health in Northern Ireland and said, "It's not sufficient just to announce your numbers by Twitter; you need to put

them out in a structured, orderly way." We have done that, but in general you see this improving trajectory.

The one thing that remains disappointing, as I think I said in my opening remarks, is that we still find occasions when a Minister from any one of the four Administrations will answer a question using information that they have available to them, which is quite appropriate and right, and sometimes that information is not available publicly—which again is fine; if they know the answer to the question, they should give the answer—but that is not then followed up by their Department making the data available publicly.

You will know, Chair, that we have stepped in on seven occasions, because I always copy you in on the interventions when we make them. In fact, the last one was as recently as Monday, on the distance that people are travelling in England to get a test. The number had been quoted quite widely in the public domain, but the underlying data were not available. We worked with the Department of Health and Social Care to get that number published.

My point is not that this should not happen. It is inevitable, given the volume of data that Ministers are having access to that they will sometimes respond using the information that they have, unaware of whether it has been published or not. It is about what happens afterwards. I think it should just be an unquestioned matter of course that the Department then makes that information available. We will continue to intervene, but I would much rather that we did not have to.

Q27 **Chair:** Indeed, and thank you for copying the Committee in on each of those letters highlighting various transgressions. On that theme, I wonder if you have a view about the statistical literacy—if there is such a phrase—among Ministers, and indeed journalists, when they are trying to convey complex statistics to the public.

Ed Humpherson: Well, I would not like to comment on anyone's statistical literacy. Sometimes, the phrase "statistical literacy" is used as a way of implying that somebody doesn't get it, or they don't understand it. Quite often, people say, "The problem is that the public don't have a very high level of statistical literacy." I am very reluctant to buy into that view of the world.

Q28 **Chair:** I meant particularly among Ministers and, dare I say it, journalists. I am not questioning the public.

Ed Humpherson: I would apply the same caution about tarring people as statistically illiterate to the media and Ministers as I would to the general public. It is not something I particularly want to do. What I do think is that when these principles of trustworthiness, quality and value are adhered to—principles that we probably go on about far too much in my organisation—you see statistics communicated in a very fair and appropriate way. A really good example is the test and trace statistics for England: as you know, we had some concerns about those, but the Department of Health and Social Care has now produced very strong

statistical outputs. I would not say it is a question of literacy as much as one of communication.

Q29 **Chair:** On that theme of communication, would statistics that are stated accurately but used in a misleading fashion breach your principles?

Ed Humpherson: Yes, they would. We are always very aware of the risk that a correct fact can be presented in a misleading way. What we are concerned about is people being misinformed about what the underlying statistics actually say. That is the thing we are looking to protect, and the way I always think about this is whether somebody is being led to believe something that they would not believe if they were given full access to the underlying statistics. That is the test that we apply, so, yes, we keep a very close eye on that.

Indeed, lots of people come to us. When I talked about this surge in cases, a lot of them are people who are concerned about that kind of misleadingness: that there is something that is, so to speak, misinforming people about what the underlying statistics say, and we have to form a judgment as to what we think in each individual case. We certainly do not always rule that there has been a misstatement of the statistics, but we definitely think it is part of our role.

Q30 **Chair:** As a quick example of that, we often see trends in the number of positive tests for covid presented without the number of tests available. Would that be something your office might look at?

Ed Humpherson: We would certainly be very happy to. We keep publications of these data under very close review, particularly around this question of whether the limitations about what you can infer from the latest set of cases are being made clear. We keep an eye on that, but we are very happy to look at it again.

Q31 **Lloyd Russell-Moyle:** As you have outlined, you have written now six or seven times on these issues, and you were touching on this question of "Was it deliberate or not?" earlier on. You have asked now numerous times for data to be published before, and it still seems like Departments are not doing that source data. Why do you think that continuation is? Is it just a misrepresentation, not understanding what their duties are? Are Departments clear about that, or is it deliberate misuse and misrepresentation of the data?

Ed Humpherson: I think it is more the former than the latter, if I am honest. What I find is that when we make these interventions, they often involve me engaging with the permanent secretary at that Department. The principles are really very simple: it is not a particularly difficult thing to appreciate, grasp or understand. "A senior figure in the Department you are responsible for has used a number in passing, or as part of a statement. The underlying data should be made available." Whenever I have had that conversation, the permanent secretary has grasped it and has understood it, and that Department then tends to embed these sorts of checks and balances within its systems, to make sure that when things are used, they are used appropriately. I think it is more a question of

awareness. It would be a really good step forward in the partnership between us as the regulator and you as the Committee if, when you continue this inquiry, and you have representatives of the Cabinet Office giving evidence, you would emphasise that it should be an accepted and general principle across Government. That would be very helpful.

Chair: I shall briefly bring Karin in at this juncture.

Q32 **Karin Smyth:** Mr Humpherson, on the same theme, but not about covid—on working with the Departments: I want to ask about the Home Office. For some months, my colleague Stephen Timms has been trying to find out the numbers of people who are in this country with no recourse to public funds. You will remember he asked the Prime Minister at the Liaison Committee. He has asked the Home Office. They have told him that the ONS has not assured the data for publication. This seems to me to be a very simple question, where the Home Office does have the data but seems unwilling, even with the Prime Minister's intervention, after six months, to answer. What is your view of the Home Office's behaviour with regard to this question?

Ed Humpherson: I am very familiar with the case. I have spoken to Stephen Timms about it on two or three occasions. We have also spoken extensively to the Home Office about it. I think the initial response by the Home Office, to say that they couldn't release the data because they weren't assured to ONS standards, was not a good response. I think we made that clear to them and they have agreed that they will not adopt that line in future. They themselves have now recognised they do have some data and are seeking to make them available. So I think there was probably a bit of a misstatement by the Home Office right at the outset, but we found that the Home Office—we worked with the head of profession there—was very open to looking into what is possible with the data and how to help address the question raised by Stephen Timms. The intervention we made is available on our website, and I can certainly make that available to you if you are interested in reading what we said. It is in the public domain.

Q33 **Karin Smyth:** Yes, but would Mr Timms, or indeed all of us, expect an answer any time soon, following that intervention?

Ed Humpherson: I am hoping that the Home Office can make the data available soon, yes. In short, yes.

Q34 **Lloyd Russell-Moyle:** Ed, do you think that your interventions have been successful in changing actual patterns of behaviour in Whitehall on this, or just that you are constantly firefighting?

Ed Humpherson: Do you mean is it a sort of a game where we address one issue and then another one pops up? It sometimes feels like that, but I do take comfort from the observation that I made earlier, which is that when we have done this we have found that the senior officials in the Departments tend to grasp the issue quickly and to be, therefore, thinking about it on an ongoing basis in lots of other areas. So we have not had many repeat offenders, if I may use that expression.

There are times when there is just an inadvertent element to this. One example involved the Scottish Government and some data on antibody testing in Scotland, which was quoted publicly. We brought it to the attention of the head of profession for both NHS Scotland and the Scottish Government—two individuals—and they immediately, again, publicly wrote back to me and, first of all, made the data available but then, secondly, said, "Sorry, we missed it. This one slipped through." So I think there can be situations where that happens, as well. I would not want to imply that there is a consistent pattern of deliberate wrongdoing; but, as I say, I would like the principle to be more strongly embedded.

Q35 **Lloyd Russell-Moyle:** Do you think that has trickled down to the public now—that they have more confidence in that improved data?

Ed Humpherson: I think the public are clearly expecting that lots of data are made available around the pandemic. One of the most striking things about this whole experience is how much of an appetite there is among the public. I am sure you all know people who say that they check regularly for their local area data—the number of cases and things like that. People are searching information out; they have an appetite for it.

I am always cautious talking about public trust in data, because trust is often a very complicated thing. What I look for is, when people look for things, do they find information that they can rely on, do they find it easily and do they believe it is telling them something useful? I would answer it in the specific rather than the general, and in the specific case we have seen the public accessing lots of data.

Q36 **Lloyd Russell-Moyle:** On a specific case, in June you wrote to the Health Secretary about the test figures. Can you explain what was wrong with the testing figures? Have they improved since—are they now more reliable?

Ed Humpherson: They are unquestionably more reliable and they have improved out of all recognition. In preparation for coming here this morning, I looked at the test and trace weekly statistics. I had not looked at them for two or three weeks, and even in that time there are improvements. There is an awful lot of information about testing. Perhaps even more importantly, there is really great information about the success of the tracing—who is traced and who is not traced. It is very clear on definitions and on what the information is and what it isn't. For example, it says that it is not doing what Sir Ian is doing—a prevalence study across the population; it is reporting on the operations of a testing programme.

You see a continual process of improvement, and I would like to commend the team at the Department of Health and Social Care for the improvements they have made. It really is very good. In some ways, I now think that the test and trace information for England is more comprehensive than it is for Scotland, Wales and Northern Ireland. There is a pretty good amount of information.

Of course, there is a public demand for more. On Monday, I wrote to the Department about the distance travelled a test, which is one of those

examples of information that had been quoted publicly but not made available. I wrote to thank the Department for publishing the data and reminding them of the principle that I have been reiterating here this morning. There is always room for more, because there is more user demand, but I would say that there has been a tremendous improvement in the test and trace statistics.

Q37 **Lloyd Russell-Moyle:** I know this is not as strong an authority as you, but Radio 4's "More or Less" covered some of the statistical issues last week around testing and tracing numbers. The Prime Minister has used this 80% figure—and so has the Secretary of State—a number of times, and that seems to be disputed. Is it helpful for the public to be told that we are meeting it in one breath, and then for the Opposition to say, "You are not meeting it," and then for Radio 4 to have to do a whole programme that puts doubt on all sides? Is that not confusing, rather than clarifying where we are at the moment, particularly in terms of some of those targets?

Ed Humpherson: In my role, I am always very clear that there is a legitimate space for the media and political parties to disagree about what the numbers mean. In a sense, it is not my job to intercede in that space of political debate and discourse. Indeed, in a way, it is my job to facilitate it and make sure the numbers are available in the first place. I don't think that just because there is a political disagreement about what some numbers mean, that is necessarily a problem. In a way, that might indicate that the statistics are doing their job and creating the lifeblood of democracy.

Having said that, there is always a danger with a programme like this where there are targets involved, that the people responsible for the programme and the people who want to scrutinise the programme fixate on one number or one component of the target. It seems to me that that can often lead into this kind of dispute, with a fixation on the number, not on the broader picture bringing the whole pattern together. To the extent that I have any thoughts about this particular scenario, I think there may be an element of that going on—fixating on individual point numbers, not the whole package. Does that make sense?

Q38 **Lloyd Russell-Moyle:** That makes very good sense. I want to move on. In May, you told us that you had undertaken work to understand how people feel about the Government's decisions. Does that tell us anything about how well the public understand why decisions have been made?

Professor Diamond: Probably not so much on why, I would have to say. Certainly, we have modelled over time—using our opinions and lifestyle survey, which I described previously, we have looked at, for example, adherence to face coverings on transport, handwashing, and how people have felt in terms of their mental health and mental ill health. We have not really asked how people feel about the decisions. Given that we are expecting some announcements today, we are going at pace to review those announcements and put some questions about understanding and adherence into the survey that will go out this week.

Q39 **Lloyd Russell-Moyle:** That would be really useful. I noticed on "Good Morning Britain" this morning—just to balance the BBC and ITV, of course—that they were questioning not the decisions that were likely to come down the line, but how the decisions were linked to data. For example, on the 10 pm curfew, is it that infections are predominantly in pubs or are they are still predominantly in the care sector? Is it that infections are predominantly in the home and you need to restrict homes or is it that infections are still predominantly in education settings? Is it an outside versus indoors thing? Do you have any data around the link between adherence to the guidelines and trust in terms of how decisions are being made, or would that be a useful area to explore?

Professor Diamond: The first answer is that all the kinds of decisions that you introduced there have been subject to some analysis on their impact. I would like to say that. We have not asked questions about how people feel about them, so to speak. I think that is a pretty sensible suggestion and I will take it back.

Q40 **Lloyd Russell-Moyle:** Do you think there is a risk that people might end up ignoring the guidelines because the death numbers seem so low—lower than in April—and they do not understand how there might be risks that are not just deaths, but wider consequences of covid if it gets out of control?

Professor Diamond: That is a point that was made, I thought, extremely clearly by Sir Patrick Vallance yesterday. Where we are now is that if you look at the curve of infections in this country in recent weeks and compare that with France and Spain, there is an incredibly strong correlation between the three curves, with us lagged four weeks on France and seven weeks on Spain. That means that if we do not mitigate, we will get significant increases. That is absolutely the case. That is the point I made about it not necessarily being the case that we will follow the same curve as the first wave.

We absolutely have at the moment major increases in prevalence, largely, initially, among young people. We know that mortality is much higher among older people. We are now, as I indicated this morning, starting to see that move of prevalence into older people.

Hospitalisations, while still well below April, are increasing. I am very, very clear in my mind—Sir Patrick said this yesterday—that if nothing is done, by November on mortality we will be back where we were, and surely that is a place we do not wish to be.

That is why the thrust of all my answers this morning has been that we have much better data. I cannot tell you what the numbers were looking like in January because we simply didn't know. I can tell you what they are looking like now. That is why yesterday Sir Patrick—I think clearly—said we will start to see mortality coming. That is a message that we have to get out to our population. I am sure the Prime Minister will be saying something along those lines when he speaks to the nation later. Indeed, for me, it is for all of us to do everything we can to ensure that the public

are as informed as possible that if we do not act—if we do not socially distance, if we do not follow the guidelines that are there—there will be major increases in mortality. But we do, in my opinion, have an opportunity to avoid that.

Q41 **Lloyd Russell-Moyle:** Very quickly, you talked about the better data you have at the moment, and you talked about understanding localised data. Did we come out of lockdown, in some parts of the country, too early? If I look at the data for Rochdale, I can see that the first wave never finished; it continued to *[Inaudible]* along in terms of infections and some of the hospitalisations. Did we at that point take *[Inaudible]* the local picture?

Professor Diamond: You know, one of the things that the pandemic has been characterised by is us becoming a nation of 58 million epidemiologists. The great majority of them, unlike myself, have the benefit of hindsight. I do not have that benefit of hindsight. At that moment in time, did we have those data that would say we shouldn't have done that? No, we did not. So I think the decisions were made. Did we, for example, very quickly get the data to be able to move quickly on the Leicester epidemic, when that came? Yes, we did. That was a very localised epidemic.

I talked earlier about whether we had the ability to surge and do extra interviews in those areas. Absolutely we did, but we did not do so because it was such a localised outbreak that the Public Health England people and test and trace people were able to be right in there, so there was no need for us to go in as well. My point being, we have much better information now on local areas to act very quickly. That is what we have been able to see. It is unfortunate that we had a number of local outbreaks that came about very quickly, but I did think that the reaction was very quick.

Q42 **John Stevenson:** Sir Ian, you have touched on my question to an extent. Local lockdowns are very topical now and seem to be a clear part of the Government's strategy. You said back in May that future lockdowns would require a whole different set of data that would have to be localised rather than national—well, a bit of both, really. Do you think the local data we now have is good enough?

Professor Diamond: It is very good. It is constantly evolving. I gave the example earlier about the way in which we are working out, on a daily basis, whether there is serious mileage in using waste water samples and getting realtime estimates of the amount of virus in there to understand local outbreaks. But I do think that an enormous amount of work has gone into enabling the Joint Biosecurity Centre to have very good local data. I am able to comment reasonably well, having worked closely with the Joint Biosecurity Centre. Also, the head of our ONS data science campus was seconded at the beginning of the Joint Biosecurity Centre to help develop some of those flows. I know some of the thinking that he put into them. I think we have pretty good localised data at the moment. Will it improve? Absolutely, yes. Is a lot of work going on to continue to evolve it?

Absolutely, yes. But we are making decisions at a local level on the basis of good evidence.

Q43 **John Stevenson:** Are the Government acting quickly enough on the information that they are obtaining on local lockdowns?

Professor Diamond: One of the things that we have seen over the period since May has been a more localised approach. I am not, if you like, the complete expert on that, but from the meetings that I go to and the conversations that I have, it seems to me that the colleagues who are leading that with the overall Track and Trace in the Public Health England arena seem to have data and are working closely with local experts to move pretty quickly.

Q44 **John Stevenson:** Given that we have a lot more localised data, do you think that the Government's approach to dealing with the pandemic is the right one now?

Professor Diamond: I think it is, because it seems to me that there is both a local and a national-level agenda. We are providing a lot of national and regional data, and there are local data. I have already been asked the question this morning, do we have a national epidemic at the moment? My answer is, okay, one concentrated in urban areas, but yes, it is national. Therefore, it is appropriate to have a mixed national and local approach, which is what the Government have.

Q45 **John Stevenson:** With regard to the announcement on Greater Manchester, Professor, when did the data indicate that a local lockdown would be required? How far in advance?

Professor Diamond: I am afraid that there is an example of a decision that was taken at a local level. I was not part of that decision, so I would not be able to answer that question.

Q46 **Mr Jones:** Sir Ian, you are also head of the Government Analysis Function, which is a new role for the National Statistician. Will you please outline what the main challenges are that face Government on data and analysis?

Professor Diamond: That is a very good question. I am glad you asked it, thank you very much.

I would point to a number of things. First, many of the very big questions—this is one, which we are talking about this morning—cut across different disciplinary areas. This is not purely an economic problem or a statistical problem. Being able to bring together professionals who work with data, but with different skillsets, is incredibly important in enabling us to get the kind of multidisciplinary approach to analysis that is important.

For example, one piece of work that we have done, which I referred to earlier this morning, was done jointly by the Government Actuary's Department, economists from the Home Office, statisticians from the ONS, and health professionals and statisticians from the Department of Health

and Social Care. What that did was enable us not only to look at mortality from covid, but to adjust that using life tables to account for those people who, sadly, would likely have died very soon anyway; to account for the impact on morbidity and mortality of a potential long-term recession; and to make some estimates of increased mortality and morbidity as a result of reprioritisation of healthcare. Bringing together those professionals, with those different skills, enabled that analysis to happen. That is just one example; there will be many over time where being able to bring together the thinking that economists, psychologists, actuaries and statisticians bring from different perspectives is incredibly important, and the analysis function will do that.

The second challenge is actually having the data that are properly able to use those kinds of analyses. That is a real challenge. Linking data from different sources is not always as easy as it could be, and that is why I am extremely excited by the Government's recent push to encourage the widespread and open use of Government data—doing that ethically, with the data properly anonymised and whatever, but being able to link data to be able to address some of the very big questions.

We at the ONS, with regard to the pandemic, are working very closely with our colleagues in Health Data Research UK to be able to, in four or five trusted research environments, hold data, pull the bits that we need and link them together, and then to be able to answer some really, really important questions—for example, what are the impacts of both socioeconomic disadvantage and comorbidities on negative outcomes due to covid?

Challenge No. 1 is getting multidisciplinary teams together. Challenge No. 2 is ensuring that we can link data from different Departments and different sources together. That remains a challenge, but we agreed it. And challenge No. 3 that we have to address is making sure that as analysts we are not—I know that many of my colleagues are extremely clever and brilliant analysts, but the challenge is that they don't sit in darkened rooms with cold towels on their heads doing great analysis; they have to be engaging and talking to politicians and policy makers day in, day out, because the very best analysis is the result of an interaction with the potential beneficiaries. That is what we must make happen.

Q47 **Mr Jones:** You are responsible for recruiting and training new analysts. What is your view of the civil service's current capability, and how does it need to develop for the future?

Professor Diamond: I think that there are very many extremely talented and extremely motivated analysts working right across Government. There is no doubt in my mind about that. Having said that, we need to recruit more. We need to recruit more analysts both at junior level and, I would say personally, at mid-career level. I have to say that, just at the moment, when we advertise for analysts, the number and quality of applicants is incredibly high, so I am confident that we will be able to recruit and bring in more analysts. For example, one of my deputy national statisticians recently did a review for the Department of Health

and Social Care and identified the need to increase numbers, and we are recruiting there at the moment.

I also am really clear that some of the techniques that we are using are improving and developing, and we need continuing professional development. The use of data science is becoming much broader across Government, but I don't think we should simply have a group of people who call themselves data scientists and do brilliant things. We need to make that data science interact with analysts in a broader sense. Just recently in the analysis function, we were doing some continuing professional development around the development of dashboards, because so many more Departments are building dashboards.

In summary, I am confident that the kinds of exciting analyses we have been able to talk about today will encourage more people to wish to have a career in analysis in Government, and we certainly have masses of really exciting problems for them to address. However, we need to make sure that we are interacting with politicians and policy makers to make sure that the analysis is relevant.

We also need to make sure that among the brilliant analysts that we already have, we have a really good and strong programme of continuing professional development, because some of the techniques that are now being used—look, I have now been a reasonable statistician for 40-odd years, and while some of the things that I learned and worked on a long time ago are still being used, they are being used in a very different way, using very different techniques, and people continually need to be upgrading their skills in a lifelong-learning way.

Q48 **Mr Jones:** What would you say are the principal lessons that the response to Covid 19 has for the Government Analysis Function?

Professor Diamond: The first thing to say is, in many ways, told you so. That is because you could say, "Could we respond at pace, using new data to do things?", and people have said, "Oh, that's not the sort of thing they do. People take a long time to do things." "Could you stand up the covid infection survey, from being a conversation—that we need this—to being in the field in a week?" People would have said that was mad. Actually, it was done, complete with medical ethics and everything.

So, actually demonstrating that the civil service Government Analysis Function is quick, agile, accurate and dedicated is something that we need to celebrate, but at the same time we need to say, "This is the new norm." We do things at pace, we do things with agility, we do things working with the potential beneficiaries, we deliver things that are relevant and important, and we communicate them very, very well. We need to make that our new norm and we need to make that kind of thing incredibly important. That is the first point.

The second point I would make is that I think we have demonstrated that there are many, many new types of data—data that are born digitally—and perhaps we didn't realise the benefits that they really had. Now,

again, we can think, "Well, okay, we'll use these in the future"—some of the web scraping that we have done for prices, and some of the things that we have done around understanding movement. These are data sources that we had not used before and that I think we need to consider using in the future. For example, there is the potential use of CCTV cameras to estimate flows. These are really important opportunities that we have got—to use data that are there but that had not been used before—that we need to seize.

Mr Jones: Thank you.

Chair: We have a final set of questions from John Stevenson.

Q49 **John Stevenson:** Sir Ian, Scotland have made the decision that they wish to delay the census to 2022, while, as I understand it, England and Wales will proceed and have it next year. Who do you think is taking the right approach?

Professor Diamond: Well, look, I am very, very clear that we are in a very, very good position to conduct a very, very good census. I am looking forward very much to the next six months of development. I am excited about the quality of the team that we have got and I am also really clear that the mitigations that have been put in place for all kinds of different scenarios are extremely robust.

So my first answer to you is that I am confident—very confident, but not at all complacent—that in England, Wales and Northern Ireland, we will do an outstanding census. Remember that we had the Office for National Statistics conduct the census for our colleagues in Wales and we worked very closely. The census in Northern Ireland is run by NISRA, but we work closely with them. It is not for me to judge the decision that was made by the Scottish Government. I would simply comment that we have, at all times, offered all the support that we can.

Q50 **John Stevenson:** Is there not a danger, though, that if there is a year between the two censuses, the production of national-level data will be distorted?

Professor Diamond: Certainly when the first indications were made that Scotland was considering the decision that it has now taken, we brought to our UK census committee a paper that looked at how we would overcome the problem of re-basing our population estimates one year apart. I am confident that the strategies that are being proposed to do that are robust and will not unduly impact on the accuracy of population data over the next decade.

Q51 **John Stevenson:** It does seem an unnecessary issue. I am a constituency MP for a border city, and you can see the movement between the two. I just wonder, have we seen a breakdown in the relationship between the statistical bodies, between Scotland and England, which is going to cause undue problems?

Professor Diamond: I think anything but. I was privileged to work in Scotland for a very long time and I have very good relationships with

colleagues in Scotland. We have an extremely strong relationship in all ways with all aspects of the statistical service in Scotland. You will remember that I—

John Stevenson: May I interrupt—

Professor Diamond: May I just finish? Just simply to say that, as an example, but for the pandemic, the UK Statistics Authority board would have met next week in Scotland. It is meeting virtually because of the pandemic, but the chief statistician for Scotland, Roger Halliday, will be speaking to the UKSA board, just because we are, in this case, a UK statistics authority.

Q52 **John Stevenson:** Just for the record, this was a political decision for Scotland to go in a slightly different way.

Professor Diamond: It is certainly a decision made by the Scottish Government on the recommendation of National Records Scotland.

Chair: That brings to a conclusion our session this morning. On behalf of the Committee, I thank Sir Ian and Mr Humpherson for their contributions, highly valued as ever. We are very grateful to you both. If there is anything you want to write to the Committee to give clarification upon, as one of you may have indicated on one issue to my colleague, please do so. In the meantime, thank you to the support team and the broadcast team here at Westminster.