

1 From: [REDACTED] <[REDACTED]@gmail.com>
Sent: 06 October 2020 15:09
To: regulation@statistics.gov.uk
Subject: Question for Ed Humpherson

Dear Ed

On the Misuse of Statistics webinar today, you mentioned that trust in scientists and civil servants had increased by 40 points over 20 years; please point me to that evidence; thanks in advance. By the way, your biographical data on the website point to a missing page.

[REDACTED]

2 From: [REDACTED] <[REDACTED]@gmail.com>
Sent: 08 October 2020 12:49
To: regulation@statistics.gov.uk
Subject: Re: Question for Ed Humpherson

[REDACTED]

Thanks for that but I am remain troubled by Ed's reference to the 40% uptick on his slide. Looking at the interesting Veracity PDF, it does show Civil Servants at 65%, up by 40% from an amazingly low figure of 25%/ However, for Scientists, the corresponding figures are 84% 21% and (presumably) 63%. So lumping them together at 40% improvement is hardly justified, is it?

[REDACTED]

[REDACTED]

3 From: [REDACTED]
Sent: 08 October 2020 14:20
To: regulation@statistics.gov.uk
Subject: NICE reference to 60,000 people in the UK with long covid

Dear Regulator

I am writing to express a concern about a figure published in a blog by NICE:
<https://www.nice.org.uk/news/article/nice-sign-announce-latest-rapid-covid-19-guideline-will-address-long-covid>

It is estimated there could be as many as 60,000 people in the UK who probably have Long Covid.¹

They cite evidence to a parliamentary select committee:
<https://committees.parliament.uk/writtenevidence/12345/pdf/>

This traces a figure of 60,000 to reports about proportions of long term cases reported through the CDC telephone survey, and the joinZOE app. It is not clear the former supports this evaluation, and no examination of the latter is made in any of the publications. It would correspond to a similar rate of long term impacts as the mortality rate, given current excess mortality estimates.

While the statement is literally true, it is profoundly misleading as it frames it as an upper bound and does not offer any possible alternative estimates: e.g. the WHO is quoting a figure of 10-15% of cases. The use of the data from the joinZOE app for this purpose when it is aimed at monitoring acute cases, and reporting this uncritically as a public body when it can be seriously biased, is concern, as it may be now quoted on that authority by others. In particular the language 'as many as' implies it is an upper bound of current knowledge, when the other sources would suggest the opposite, and this might be aligned with the blog [REDACTED] offered recently on adjectives.

As I have said in the past, the concern here is that there is no good estimate. Perhaps OSR could identify the need to have a suitable estimate as a priority for official statisticians to estimate?

Thank you for your consideration

[REDACTED]

[REDACTED]

4 From: [REDACTED] <[REDACTED]@googlemail.com> On Behalf Of [REDACTED]
Sent: 08 October 2020 22:08
To: regulation@statistics.gov.uk
Subject: OSR and care home data

Hello,

I noticed this piece:

<https://osr.statisticsauthority.gov.uk/news/data-and-statistics-on-covid-19-impacts-on-the-care-sector/>

It's a few months old and I wondered if you'd done any follow up, or update?

There was also this from earlier in 2020.

<https://osr.statisticsauthority.gov.uk/publication/report-on-adult-social-care-statistics-in-england/>

The footnote in the June article was:

Footnote – list of official data on COVID-19 in the care sector

Public Health England – Weekly COVID-19 surveillance report – Data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero-prevalence surveillance data.

Public Health England – COVID-19: number of outbreaks in care homes (management information) – Weekly number and percentage of care homes reporting a suspected or confirmed outbreak of COVID-19 to PHE by local authorities, regions and PHE centres.

Am i right to conclude that even that data has now stopped? And that only deaths figures are published on the topic of covid in care homes?

I'd appreciate confirmation that the outbreaks data has gone but if any data does still get updated, could you please send me links? (It's hard to find stuff in such a fast moving environment.)

Best wishes,

[REDACTED]

PS

This publication has been ceased:

<https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>

5 From: [REDACTED] <[REDACTED]@protonmail.com>

Sent: 09 October 2020 07:44

To: regulation@statistics.gov.uk

Subject: Monthly GDP

I was more than slightly surprised to see the UK monthly GDP for October was being reported at 7.15 rather than 9.30 as usual this morning. ONS apparently changed the publication time for this on their release calendar at some point but it is not apparent when or why that happened. The convention is also that statistics are published at 9.30 under your code of practice. These are market sensitive figures. Can you suggest that ONS does not do this in future?

Regards.

■

Sent with ProtonMail Secure Email.

6 From: [REDACTED] <[REDACTED]@googlemail.com> On Behalf Of [REDACTED]
Sent: 08 October 2020 22:08
To: regulation@statistics.gov.uk
Subject: OSR and care home data

Hello,

I noticed this piece:

<https://osr.statisticsauthority.gov.uk/news/data-and-statistics-on-covid-19-impacts-on-the-care-sector/>

It's a few months old and I wondered if you'd done any follow up, or update?

There was also this from earlier in 2020.

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Footnote – list of official data on COVID–19 in the care sector

Public Health England – [Weekly COVID–19 surveillance report](#) – Data from a variety of different sources: community, primary care, secondary care, virology, mortality surveillance and sero–prevalence surveillance data.

Public Health England – [COVID–19: number of outbreaks in care homes \(management information\)](#) – Weekly number and percentage of care homes reporting a suspected or confirmed outbreak of COVID–19 to PHE by local authorities, regions and PHE centres.

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Best wishes,

[REDACTED]

PS

This publication has been ceased:

<https://www.gov.uk/government/statistical-data-sets/covid-19-number-of-outbreaks-in-care-homes-management-information>

7 From: [REDACTED] <[REDACTED]@blueyonder.co.uk>

Sent: 14 October 2020 12:10

To: Health Data <Health.Data@ons.gov.uk>

Cc: regulation@statistics.gov.uk

Subject: Bulletin on drug deaths

Why does your bulletin today talk about 'statistical significance' in regard to differences in these data? AFAIK the (only) proper use of this term and concept is with reference to *sample survey data* and these are *not* such data but total recorded deaths nationwide in the relevant reference period.

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

8 From: [REDACTED] <A.[REDACTED]@ucas.ac.uk>
Sent: 15 October 2020
To: regulation@statistics.gov.uk
Subject: Re: VA Event - Celebrating the First VA Award 2020

Hi,

Many thanks for this invitation. Could I request a personal meeting invite for it, please?

Looking forward to it!

Thanks,

[REDACTED]

[REDACTED]

[MS Teams](#)

UCAS

www.ucas.com

[REDACTED]



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Registered charity No. (England and Wales) 1024741 and (Scotland) SCO38598.



Think before you print
Please print this email only if necessary

9 From: [REDACTED] <[REDACTED]@fca.org.uk>
Sent: 15 October 2020
To: regulation@statistics.gov.uk
Subject: Re: VA Event - Celebrating the First VA Award 2020

Apologies, I am not able to attend this session.

[REDACTED]

10 From: [REDACTED] <[REDACTED]@gmail.com>
Sent: 15 October 2020
To: regulation@statistics.gov.uk
Subject: Re: VA Event - Celebrating the First VA Award 2020

Hi [REDACTED]

Thanks so much for this - we'd planned to do various things on our Council, and I'll check how they've progressed, but of course covid hit etc

I'll attempt to get some officers involved.

[REDACTED]

11 From: [REDACTED] <[REDACTED]@datatalk.co.uk>
Sent: 16 October 2020
To: regulation@statistics.gov.uk
Subject: RE: VA Event - Celebrating the First VA Award 2020

Thanks very much for the invitation, hopefully able to join you then

[REDACTED]

Sent from [Mail](#) for Windows 10

12 From: [REDACTED] <[REDACTED]@hotmail.com>

Sent: 26 October 2020 16:28

To: regulation@statistics.gov.uk

Subject: Webinar

Hi

I wasn't able to make the webinar today. Will there be a recording made available?

Thanks

[REDACTED]

Sent from my iPhone

13 From: [REDACTED]

Sent: 29 October 2020 16:36

To: authority.enquiries@statistics.gsi.gov.uk <authority.enquiries@statistics.gsi.gov.uk>;
regulation@statistics.gov.uk <regulation@statistics.gov.uk>; [REDACTED]statistics.gov.uk
<[\[REDACTED\]statistics.gov.uk](mailto:statistics.gov.uk)>

Subject: "Discharges from NHS Scotland Hospitals to Care Homes between 1 March and 31 May 2020" Publication date: 28 October 2020 - Care Home Deaths

Dear Mr Humpherson

I wish to make a few initial brief comments on the below report.

<https://beta.isdscotland.org/media/6224/2020-10-28-discharges-from-nhsscotland-hospitals-to-care-homes-report.pdf>

<https://beta.isdscotland.org/media/6220/2020-10-28-discharges-from-nhsscotland-hospitals-to-care-homes-summary.pdf>

<https://www.gov.scot/publications/coronavirus-covid-19-update-first-ministers-speech-28-october/>

<https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/discharges-from-nhsscotland-hospitals-to-care-homes/>

The above report was released by PHS on 28 October at 12pm and was then spoken to by FM Nicola Sturgeon (who had pre release access) at her media briefing 15 minutes later. In my opinion this method of introducing the release of the report makes it immediately politicised. It also made challenge of how the report and its conclusions were being presented by the FM virtually impossible, with only 15 minutes to digest a complex and lengthy report.

The FM spoke, as in link above:

"And it's probably worth me quoting direct from the report, rather than seeking to paraphrase it. The report says, and I'm quoting at this stage: "The report does not find statistical evidence that hospital discharges of any kind were associated with care home outbreaks". And what they mean by "of any kind" is discharges where a person tested negative before discharge to a care home, or tested positive, or were not tested at all. It is important though for me to point out that the level of certainty about that conclusion differs in each of these three scenarios. But the overall conclusion is as I have stated, that there is no statistical evidence that hospital discharges of any kind were associated with care home outbreaks"

The FM does not provide sufficient caveats as to the context of the reports findings, its assumptions made, and its limitations. Nor does the FM

reflect the conclusions of the report with meaning that adequately reflects the conclusions. The report and conclusion states:

"The overall interpretation is similar to the previous analysis. The analysis does not find statistical evidence that hospital discharges of any kind were associated with care home outbreaks. However, our certainty about the three types of hospital discharge defined by testing status varies. There was good evidence that there was no risk associated with discharges where the person had tested negative before discharge. The estimated risk compared to periods without a discharge was zero. The 95% confidence interval for this estimate ranges from 33% lower to 50% higher. In contrast, although the estimated risk for discharges where the person was untested was not statistically significantly different from zero effect, the confidence interval is wide **and the association is only just not statistically significant. The best estimate of this risk is a 27% increase** in the period soon after an untested discharge compared to a period without a discharge. **The 95% confidence interval for the estimate ranges from 3% lower to 67% higher. We therefore cannot exclude a small excess risk from a care home receiving a discharge where the person was untested.** Similarly, the estimated risk for discharges where the person's last test was positive was not statistically significantly different from zero effect. However, such discharges were rare before outbreak onset and the confidence interval is very wide. **The best estimate of this risk is an 45% increase. The 95% confidence interval for the estimate ranges from 44% lower to 374% higher. We therefore cannot exclude a moderate to large excess risk from a care home receiving a discharge where the last test was positive"** Page 42

The report does state "The report does not find statistical evidence that hospital discharges of any kind were associated with care home outbreaks"

I do not believe this is a fair and balanced conclusion to be made and stated based on the reports contents. It over states the case. There is clearly statistical evidence in the conclusion (as in 2) above) that does "associate" hospital discharges with care home outbreaks. It is in my opinion erroneous to portray generically an overall conclusion that does not then accurately reflect the very different conclusion reached on the discharge of two particular strands of patients, namely untested hospital patient discharges and those patients testing positively before discharge. The latter of which has a stated best estimate 45% increase in risk and a potential 374% increase in risk. That is surely "statistical evidence".

I also note for one strand, the untested discharge patient cohort, it states **"the association is only just not statistically significant"**

That statement needs expansion, improved quantification (by how much did it miss becoming statistically significant?), and better weighted reflection in the overstated overall conclusion in the report.

Given the concerns about the discharge of positive testing C19 patients, and given that there were 2,949 patients discharged untested in the first cohort before 21st April 2020, some estimation of the number of these patients who might have been positive and discharged to care homes seems an omission. I note of those tested in the first cohort there was a 12% positive rate (78/650) And in the second cohort a 19% positive rate (278/1493) Making an estimation of those who might have been positive for C19 in the 2,949 group seems both reasonable and very relevant.

I understand this is a management information release. I would be grateful if you could consider if the report, and how it has been released presented and commented on by the FM, meets your guidance and standards.

And if you believe the overall conclusion in the report has been overstated or improperly presented that it can be rapidly amended, not least because of the impact of that on those who have been bereaved

I note the report has the University of Glasgow and University of Edinburgh cited as partners in the production of the report, and their logo used. I am unclear what this means. Nor clear who and with what level of professionalism was involved from these universities. Did they help write and agree the report?

Kind regards

██████████ ██████████



Virus-free. www.avg.com

14 From: [REDACTED] <[REDACTED]@hotmail.com>

Sent: 30 October 2020

To: regulation@statistics.gov.uk

Subject: Fw: "Discharges from NHS Scotland Hospitals to Care Homes between 1 March and 31 May 2020" Publication date: 28 October 2020 - Care Home Deaths

Dear Mr Humpherson

I would add for your consideration and investigation this exchange at FMQ yesterday from Ruth Davidson to Nicola Sturgeon

"The very last people of all to have sight of the report were the families and loved ones of those who died. We already know that a crucial line in Public Health Scotland's briefing to journalists, which the First Minister has just mentioned—that it was **"likely that hospital discharges were the source of introduction of infection in a small number of cases"—was missing from the final report.** Does the First Minister really think that the delay, the spin and the sleight of hand surrounding the report serves those grieving families well?"
<https://www.parliament.scot/parliamentarybusiness/report.aspx?r=12902&i=116597>

Clearly the allegations are that a PHS conclusion that hospital discharges were the source of infection in some cases is not contained in the published PHS and partners report, and that the report (either in content or in political presentation of it) has been subject to political spin

Apparently there were slides produced at that journalist briefing. I have not seen them. Perhaps they could be published for public access and equal access issues?

I know you always consider issues in the round.

Clearly an issue is if the summary publication is adequate and sufficiently representative of the reports findings and its limitations. I would note that the "analysis only examines whether hospital discharge is associated with the first ever case in a care home" and not any effect of subsequent discharges from hospital on compounding an existing outbreak or recreating another wave of infection. This is a significant limitation in drawing any overall conclusion

I also noted and add below this critique from Dr Roland Salmon on the Wales report that PHS reference, and have largely copied as their own methodology, as there appears to be cross over relevance.

"This is a thorough piece of field epidemiology, although like much field epidemiology today, the data substantially comes from existing information sources. As a former director of the Communicable Disease Surveillance Centre Wales (CDSC), I am pleased that Public Health Wales, via CDSC staff, past and present, produces work of this quality.

The study demonstrates, persuasively, that much of the problem with infection in care homes, resulted from the care home's size, rather than from receiving infected patients, discharged from hospital. Nevertheless, I do not think that it should be stated ("Research in context"p.3) that "Our analysis found no effect of hospital discharges on care home outbreaks once care home size had been adjusted for" (my underline). In fact, as the discussion section makes clearer (p11), the observed hazard ratio is 1.15 and the effect could be as high as 1.47 (Table 2), although the result is not statistically significant at the 5% level. (It would be interesting inter alia to know the actual probability of this, the most probable estimate of hazard of 1.15.) Table 3, looking at the risk of outbreaks, by care home capacity, further, implies that the effect of discharges might be particularly marked in the smaller homes (<10 beds) where I calculate that the crude relative risk of an outbreak in the post hospital discharge risk period is 3.2. compared with around 1.2 for larger homes. Anyway, an intervention that reduced the risk of outbreaks, in this vulnerable population, by some 15% would be considered by most people as well worth having.

It's thus important to reflect whether the failure to demonstrate an effect of this size merely reflects a lack of statistical power, some of which could be due to misclassification of the outcome. The study authors recommend, in "Conclusions and recommendations" (p12), that, "further analyses should investigate the risk where discharges were confirmed or probable cases of Covid-19, and also consider additional evidence on likely chains of transmission that may become available from sources such as....viral genetic sequence data". This is an important supplementary piece of work. In addition, the risk from hospital discharges, unlike that from home size, does not extend over the whole period of the study. I note that 16 outbreaks that occurred before certain homes received any discharges are included in the dataset so homes, therefore, enter the study before they are at risk of any infection introduced by receiving patients discharged from hospital. Secondly, homes remain in the study after 2nd May, when universal testing of hospital patients for SARS CoV2, prior to discharge to care homes, is introduced. Thus, from, a few days after this until the 27th June, the study's end date, effectively, risk from hospital discharges is eliminated whereas the risk from home-size remains. The authors consider this and report that they fitted their model, with a factor for the two time periods (before and after 2nd May). They tell us that, "this factor was found not to be significant, and did not significantly alter the hazard ratios". Whilst I understand that any alteration of the hazard ratios was not significant at $\alpha = 5\%$, I would like to actually see the change in the observed hazard ratios. It might be expected that the hazard of receiving hospital discharges was higher in the period up to 2nd May, than in the period from 2nd May to the study's end.

I was curious as to why Cox's Proportional Hazard was the test used. I don't altogether see that the risk of outbreaks following introduction, by hospital discharge is particularly time dependent, given how readily and for how long SARS CoV 2 can spread in institutional settings. Thus, I don't really see why that risk factor could not be expressed as a categorical variable (outbreak, no-outbreak) which would allow a much simpler analytical approach. I, frankly, also, don't understand the detail of the sensitivity analyses, presented, for choosing different at-risk time periods which, I feel, for a general readership, certainly, merits being explained more fully.

Finally, I think that the discussion section could be more robust. If home size is the issue, then shouldn't the authors be saying that larger homes need to consider having dedicated areas, facilities and staff for smaller subsets of their residents. Maybe larger homes should have more stringent planning requirements. I also think that rather more should be made of the contribution of hospital discharge (notwithstanding it's failure to achieve conventional 5% levels of statistical significance) than the rather anodyne paragraph at the foot of page 11 which bears all the hallmarks of the dead hand of the corporate public relations department.

Nonetheless, overall, this is an accomplished piece of epidemiology with important practical implications"

Kind regards

■■■■ ■■■■

15 From: [REDACTED] <[REDACTED]@independent.co.uk>

Sent: 02 November 2020

To: regulation@statistics.gov.uk

Subject: Query....

Hello

Is the presentation of coronavirus scenario modelling by the UK Government, and also the Chief Medical Officer and the Chief Scientific Officer covered by the Code of Practice for Statistics?

For instance, is the modelling in these slides from 31 October...:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/931775/Slides_to_accompany_coronavirus_press_conference- CSA- 31_October_2020.pdf

...and the "Reasonable Worst Case Scenario" referred to by ministers, covered by the same responsibilities on transparency, timeliness etc as specified in the Code?

Thanks

[REDACTED]

[REDACTED]

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16 From: [REDACTED] <[REDACTED]@acas.org.uk>
Sent: 03 November 2020
To: regulation@statistics.gov.uk
Subject: Voluntary adoption community webinar

Hi,

Is it possible to be invited to the community webinar? We are looking to start using voluntary adoption of the code of practice in our statistics publications so would be good to see who else is doing this.

Thanks,

[REDACTED]

[REDACTED]

[REDACTED] acas.org.uk

acas working for everyone

Temple Quay House, 2 The Square, Bristol. BS1 6DG.

T 0330 109 7051

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17 From: [REDACTED] <[REDACTED]@yahoo.com>

Sent: 05 November 2020

To: regulation@statistics.gov.uk

Subject: Thank you for your notice of November 5, 2020

Dear UKSA,

I am writing to thank you for publishing this.

<https://osr.statisticsauthority.gov.uk/news/osr-statement-regarding-transparency-of-data-related-to-covid-19/>

Many of us researchers have been alarmed by the misuse of statistics in government policy and media reporting since the beginning of the pandemic. It is courageous of you to publish this statement. Our health is at stake when statistics get misrepresented.

With best wishes,

[REDACTED]
[REDACTED]

18 From: [REDACTED] <[REDACTED]@gmail.com>
Sent: 05 November 2020 18:20
To: regulation@statistics.gov.uk
Subject: Fwd: Prime Minister Announces National Lockdown

Dear Sirs,

Please see the below use of misleading scare tactics utilising seemingly large “percentage” increases which in fact relate to statistically insignificant small numerical increases based on the overall low number of cases in our regions. This is a blatant extension of the very practise for which the government was reprimanded by your body. There is no reference to the source nor clarification to quantify the actual circumstances described.

Thank you for your time and I trust that you will be able to act to correct this practise.

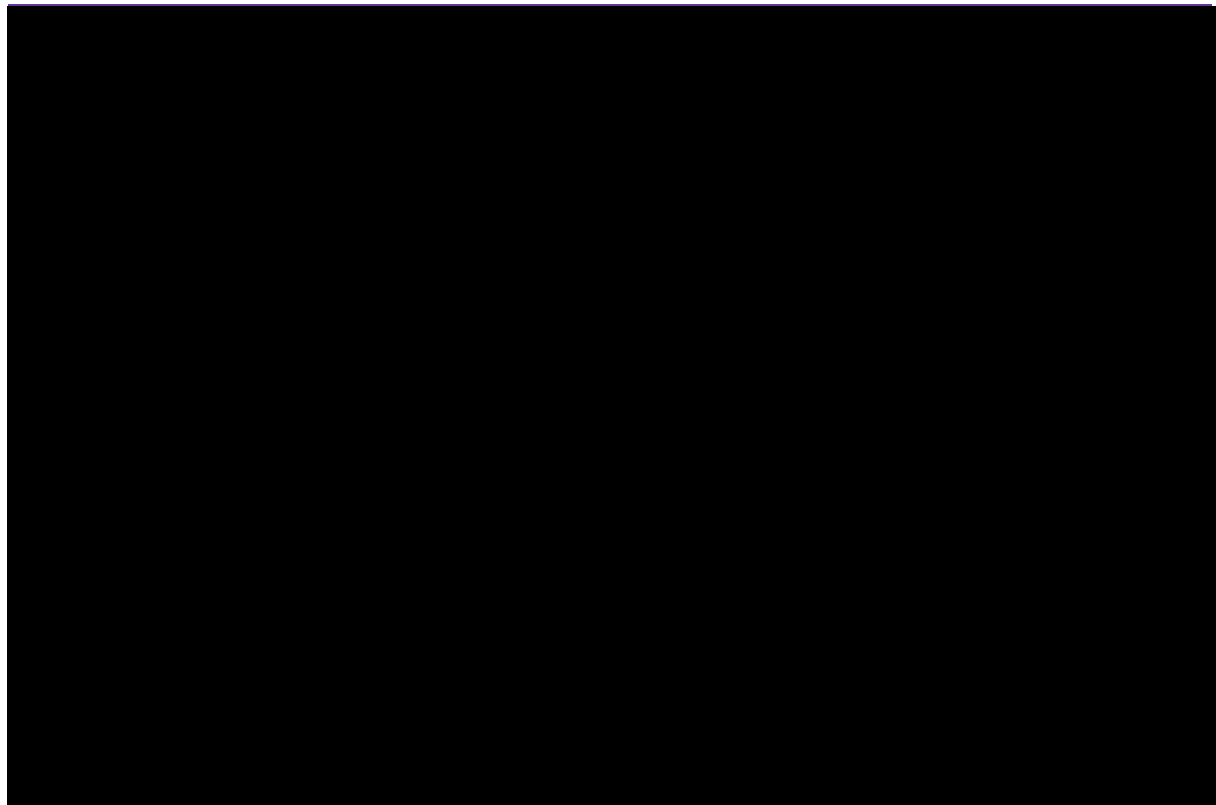
Best regards,

[REDACTED]

Sent from my iPhone

Begin forwarded message:

From: [REDACTED] <[REDACTED].mp@parliament.uk>
Date: 31 October 2020 at 19:49:39 GMT
To: [REDACTED] <[REDACTED]@gmail.com>
Subject: Prime Minister Announces National Lockdown
Reply-To: [REDACTED] <[REDACTED].mp@parliament.uk>



Dear Resident,

This is the national lockdown none of us wanted to see happen again, and that so many of us have worked so hard to prevent.

Locally the situation is that Melton has seen its rate per 100,000 increase by 791% between the 7 day period ending 28 September and the latest 7 day period.

Rutland has seen its rate per 100,000 increase by 207% between the 7 day period ending 28 September and the latest 7 day period.

Market Harborough has seen its rate per 100,000 increase by 466% between the 7 day period ending 28 September and the latest 7 day period.

The Prime Minister has today announced the following measures that will be in place from Thursday 5th November until at least December 2nd:

- You must work from home if you can reasonably do so.
- You must not leave the house unless it is for medical need, to meet caring obligations, for education, for childcare or for work unless you cannot reasonably do so from home. You may leave the house to exercise.
- Pubs, restaurants and non-essential retail will close.
- A nationwide ban on different households mixing inside homes.

Nurseries and schools will remain open, and informal childcare will be allowed I understand

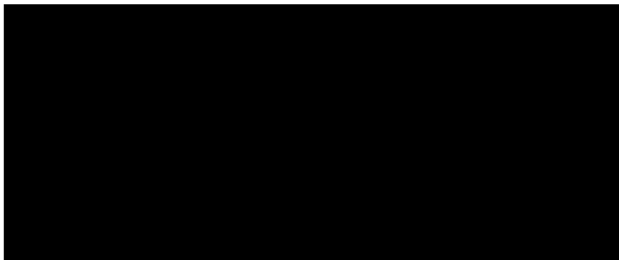
The furlough scheme will be extended throughout November with more details to follow later this week.

The Government hopes that from December 2nd, the regional Tier system will resume.

I'm anticipating detailed Government guidance on these adjustments shortly which I will share with residents as soon as it is released.

My team and I stand by to support any constituent with concerns or in need of help, please email me.

Stay safe -



[Contact Me](#)



I am very keen to help any constituent who may require my assistance. If there is something you feel I could assist you with, please use the link below.

Contact Me



[view this email in your browser](#)

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My mailing address is:

[REDACTED] [.mp@parliament.uk](mailto:[REDACTED].mp@parliament.uk)

Want to change how you receive these emails?
You can [update your preferences](#) or [unsubscribe from this list](#).

19 From: [REDACTED] <[REDACTED]@icloud.com>
Sent: 06 November 2020 07:49 To: regulation@statistics.gov.uk
Subject: Re. Covid infection.

Good morning,

Thank you for your clarification of statistics concerning Covid death predictions, millions of people will have been unsettled by the numbers given out last weekend. I have a question, are there figures available to show how people have acquired Covid, for example, place of work, in a pub or in supermarkets?

Yours sincerely,

[REDACTED]

Sent from my iPad

20 From: [REDACTED] [REDACTED] [gmail.com](#)>

Sent: 06 November 2020 09:38

To: regulation@statistics.gov.uk

Subject: Drax

Hi there,

I am a [REDACTED] concerned about the data used by Drax to claim they are carbon neutral/negative. Is this under the remit of OSR?

[REDACTED]

Sent from my iPhone

21 From: [REDACTED] <[REDACTED]@btinternet.com>
Sent: 06 November 2020 13:31
To: regulation@statistics.gov.uk
Subject: GOVERNMENT COVID STATISTICS

I much welcomed your involvement in drawing attention to the misleading features of last Saturday's presentations, following which the Prime Minister announced the four week lockdown in England.

Can I draw your attention to a development of yesterday, 5 November. Until then, the Government's own statistical website had presented just factual data on volumes of tests, cases measured by positive tests, hospital admissions and occupancy, and deaths. Yesterday, though, appeared the statement "the latest R number is estimated at 1.1 to 1.3 with a daily infection growth rate range of +2% to +4%." The source of this estimate is not given. It is not supported by the case data which as stated on the site shows an increase of 2% in a week, a daily growth rate of 0.3% and consistent with R being close to 1.0. Surely this site should remain purely factual.

[REDACTED]

22 From: [REDACTED] <[REDACTED]@hotmail.co.uk>

Sent: 06 November 2020 15:12

To: regulation@statistics.gov.uk

Subject: UK Government COVID-19 interactive map

Good afternoon,

Clicking on a particular area, such as "Vale of Glamorgan", brings up 7 day data for that area. I am looking at the most recent map, 31 October.

It shows total new cases in the 7 days to 31 October as 210. Fine. It gives the rolling rate as 157.2 per 100,000 and explains how that is derived from the 210 value and population. Fine.

It also shows, in red, an increase of 101 (92.7%). Because of the mention of "rolling rate" close by, I at first thought this meant that there were 101 more cases on 31 October compared to 24 October, with the 24 October value dropping out of the rolling average and the 31 October value coming in. However, this is clearly not the case. It must refer to the total cases in the previous 7 day period, 18-24 October inclusive compared to 25-31 October inclusive. Hence, I now read this as:

18-24 October 109 cases

25-31 October 210 cases.

Maybe most people would read this OK and it is just me that was confused, or maybe I did not read the preamble carefully enough. Anyhow, if you see scope for confusion perhaps you could mention it to the relevant people.

Kind regards,

[REDACTED]

[REDACTED]

23 From: [REDACTED] <[REDACTED]@hotmail.com>

Sent: 06 November 2020 22:24

To: regulation@statistics.gov.uk

Subject: Covid-19 Statistical Transparency

Hi,

Following the recent incident where you felt it necessary to warn the government and Sir Patrick Vallance about statistical transparency, can I please take this opportunity to point out a couple of serious statistical transparency breaches.

1. Yesterday evening, during the live briefing, Sir Simon Stevens pointed out that the number of Covid patients presently in intensive care was 'enough to fill the ICU's of 22 hospitals. This had no base reference and was pure fearmongering. If Sir Simon had also pointed out to us how many ICU departments there were in England, then the number of Covid patients in ICU would average out at 2 per hospital. Not quite as scary!
2. Since March, we have had a daily bombardment of the numbers of 'new cases', and Covid-19 deaths. Both of these figures (along with most other figures we are quoted) are based on RT-PCR screening. It is a well know scientific fact that the PCR procedure, when used as a testing tool, will produce false positive tests. In light of your mission to create more transparency, could you please insist that the government include the known false positive rate they are working with, and make sure that they are amending their figures to remove the false positives from their daily summary dashboard.

Many thanks,

[REDACTED]

24 From: [REDACTED] <[REDACTED]@gmail.com>

Sent: 07 November 2020 11:52

To: regulation@statistics.gov.uk

Subject: Classification of covid-19 deaths

Please could you let me know what international standard of classification regarding cause of death is used when compiling the UK daily reported deaths. As the figures reported to the World Health Organisation by the UK are the same as those published daily by the UK government, which are of deaths of people who had a positive test for covid-19 and died within 28 days of their first test, it would appear that the current UK recording and reporting classifications do not conform to international standards. If this is the case then it means the UK is not making a useful contribution to the international surveillance of the spread and impact of covid-19 and questions whether the UK's own monitoring of notifiable diseases system is functioning effectively.

Thank you

[REDACTED]

Sent from [Mail](#) for Windows 10

25 From: [REDACTED] <[REDACTED]@suffolkonline.net>

Sent: 07 November 2020 12:01

To: regulation@statistics.gov.uk

Subject: data integrity and data manipulation

I note your statement of 5th November and fully agree with it. I am therefore writing to ask what position the ONSment takes on challenge data/evidence or projections such as that offered by the Centre for Evidence based Medicine at Oxford or the Zoe Covid app promoted by Kings College London over that provided to SAGE primarily by Imperial College London?

Both these other reputable and established institutional based organisations have questioned and even contradicted government statements using evidence to support their position.

It is important that we are presented consistently truthful information.

The recent lockdown is not I believe supported by robust evidence as before it was announced, the rate of increase of cases was already falling nationally. In addition we are not being given a full picture of the risk of false positive tests which is a real risk in high levels of viral activity.

I am not sure what can be done other than to profile more fully challenge information and evidence. I would be grateful to dialogue to see if there is anything I can contribute to pandemic truthfulness.

Kind regards

[REDACTED]

PS I am [REDACTED] [REDACTED] [REDACTED]

26 From: [REDACTED] <[REDACTED]@hotmail.com>
Sent: 08 November 2020 16:27
To: regulation@statistics.gov.uk
Subject: Measuring R

Dear Sir,

Could you kindly tell me how R is determined? It cannot be measured directly. It might be inferred from hospital deaths after a time lag although that assumes admission and treatment is standard. It might be inferred from daily number infected except that those tested are not a random sample. When SAGE gives a figure I assume that they are guessing.

[REDACTED]



Virus-free. www.avg.com

27 From: [REDACTED] <[REDACTED]@rspb.org.uk>
Sent: 09 November 2020 09:34
To: regulation@statistics.gov.uk
Subject: FW: October TEPoP e-bulletin

Hi

I was forwarded details of your webinar on the 12 November from 10:30-11:30am and would like to attend if possible.

Regards

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

rspb.org.uk

Let's give nature a home



The RSPB is the UK's largest nature conservation charity, inspiring everyone to give nature a home. Together with our partners, we protect threatened birds and wildlife so our towns, coast and countryside will teem with life once again. We play a leading role in BirdLife International, a worldwide partnership of nature conservation organisations.

The Royal Society for the Protection of Birds (RSPB) is a registered charity: England and Wales no. 207076, Scotland no. SC037654

28 From: [REDACTED] <[REDACTED]@butterfly-conservation.org>

Sent: 10 November 2020

To: regulation@statistics.gov.uk

Subject: Official Statistics Code of Practice webinar

Hello,

I'm interested in attending the webinar on voluntary application of the Official Statistics Code of Practice pillars on Fri 12th November.

I'd be grateful if you could send me an invite/session link as advised in the email below?

Many thanks,

[REDACTED]

29 From: [REDACTED] <[REDACTED]@gmail.com>

Sent: 11 November 2020 15:37

To: regulation@statistics.gov.uk

Subject: Covid death count

Dear sir/Madam,

I am concerned about the way that information about the so-called pandemic is being twisted by the government in the whole of the U.K. Firstly people are given a test to see if they have Covid 19. The PCR test was invented in 1984 to find D.N.A. It does not tell you if the patient is ill from Covid 19. It follows that the figures given for positive cases are a misleading and a deliberate deception. It also follows that the number of deaths by any cause within 28 days of a positive test is also a scandalous lie. Not only is the death toll false but it is again deliberately deceptive.

This number of so-called deaths by Covid 19 is often published without the small print saying any cause. This is not the kind of propoganda that I would expect in the U.K. in 2020. I put it to you that the actual deaths by Covid 19 is lower than the yearly average from the flu. I hold the government responsible for creating fear and terrorizing the population into pointless ritual behaviours like wearing masks, hand sanitizing and social distancing to name but a few.

There are people who were told to shield have not been out of their houses since March who deserve better. Jobs have been lost, businesses gone forever and billions wasted because of these two numbers. Cases and deaths from C19.

I look forward to hearing from you regarding this matter.

Yours

[REDACTED]

30 From: [REDACTED] <[REDACTED]@hotmail.com>
Sent: 13 November 2020 07:53
To: regulation@statistics.gov.uk
Subject: Authority Enquiries Email

Please can I be sent the Authority enquiries email. The hyperlinks will not work for me.

Kind regards,

[REDACTED]

Get [Outlook for iOS](#)

31 From: [REDACTED] <[REDACTED]@gmx.co.uk>
Sent: 19 November 2020 08:06
To: regulation@statistics.gov.uk
Cc: england.nhsdata@nhs.net; [REDACTED] <[REDACTED]@parliament.uk>
Subject: Cessation of production of Official Statistics by NHS England

Dear Statistics Regulator

As you will know, one of the fundamental principles of official statistics is that:

"Official statistics provide an indispensable element in the information system of a democratic society, serving the government, the economy and the public with data about the economic, demographic, social and environmental situation. To this end, official statistics that meet the test of practical utility are to be compiled and made available on an impartial basis by official statistical agencies to honour citizens' entitlement to public information."

I was therefore aghast to discover that "due to the coronavirus illness (COVID-19) and the need to release capacity across the NHS to support the response," NHS England has decided to "pause the collection and publication of some of our official statistics." This decision was re-affirmed on 1 October 2020, see:

<https://www.england.nhs.uk/statistics/covid-19-and-the-production-of-statistics/>

I note that the publication of the monthly dataset "**Critical Care Bed Capacity and Urgent Operations Cancelled**" - a dataset of enormous public interest - has "paused".

I also note that NHS England states that it is not merely the *publication* of some of their statistics that have ceased, but also the *collection*. I would have thought that, if anything, during a public health emergency the amount of official statistics ought to have increased, not decreased.

What are the implications of this decision if, in the future, there is a Royal Commission or Public Inquiry into the response to the pandemic? What are the implications of this decision if, in the future, these statistics are required by the justice system?

I am copying this correspondence to my MP, [REDACTED] and to NHS England.

Yours sincerely

[REDACTED]

33 From: [REDACTED] <[REDACTED]@neu.org.uk>
Sent: 23 November 2020 15:35
To: regulation@statistics.gov.uk
Cc: [REDACTED] <[REDACTED]@neu.org.uk>; [REDACTED] <[REDACTED]@neu.org.uk>; [REDACTED] <[REDACTED]@neu.org.uk>
Subject: NEU letter to Mr Ed Humpherson 23 November 2020

Dear Mr Humpherson

Please find attached a letter for your attention, from the joint general secretaries of the national education union.

Kind regards

[REDACTED]

[REDACTED]

[REDACTED]

Email [\[REDACTED\]@neu.org.uk](mailto:[REDACTED]@neu.org.uk)

PLEASE NOTE I DO NOT WORK ON WEDNESDAY'S



National Education Union biggest and best education union - [join us](#)

Mr Ed Humpherson
Director General for Regulation
Office for Statistics Regulation
1 Drummond Gate
London
SW1V 2QQ

23 November 2020

Sent by email: regulation@statistics.gov.uk

Dear Mr Humpherson

**Re: Reported breach of the Code of Practice by ONS in the Coronavirus Infection Study:
6th November**

We have seen that [REDACTED] [REDACTED] [REDACTED] has reported a breach of the Code of Practice of Statistics to you on Saturday 21st November. We share her concerns about the ad hoc section, "Analysis of the number of school workers, key workers and other professions in England who had COVID-19".

We hope that you will recommend that the Office for National Statistics releases an update to this flawed report that examines the data in the following way: by grouping the professions into Teacher, University lecturer, Education support staff, Other professions, and Other key worker; reports the rates as they change over time either in days, weeks or fortnights as with other data in the report up to the most recent period.

We are concerned that there are currently high rates of infection amongst teachers and the ad hoc analysis has created a false impression. We note that TeacherTapp, an app that surveys teachers, showed that the proportion of teachers self-isolating on 17th November was 7% and this was up from a fairly static 4% last half term.

The tweet is here: https://twitter.com/miss_mcinerney/status/1329084813874143240

We would also like to draw your attention to the fact that the Department for Education has not published any statistics on teacher attendance this term. The Department collects the data from schools weekly as part of their survey, "Attendance in education and early years settings during the coronavirus (COVID-19) outbreak".

The publication is here: <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>

Last term the Department published attendance by teachers and non-teaching staff on a weekly basis. On 21st October, Nick Gibb said, "We are currently looking at the quality of the teacher attendance data with a view to publishing as part of the official statistics series" in response to a question from Margaret Greenwood MP about teacher attendance. We would be grateful if you could investigate exactly what this quality issue is and why has become such an issue this term when it was not last.

Yours sincerely

[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]

34 From: [REDACTED] <[REDACTED]@gmail.com>
Sent: 24 November 2020 13:09
To: FOI <foi@phe.gov.uk>
Cc: regulation@statistics.gov.uk; gcsa@go-science.gov.uk; Clerks <clerks@fairfordtowncouncil.gov.uk>
Subject: Re: Case ref: 1807 - FOI request re Age Hospitalisation Rates data
Importance: High

Thank you for this response.

I am extremely surprised that you say the data on hospital admissions is only collected in these specific age bands. I can understand that this particular segmentation might be useful for certain analysis/reporting purposes. However, I would be most surprised if this was the only basis on which you record the ages of patients admitted to hospital with this new disease. It is clear from other data that there is significant variation in severe disease and hospitalisation rates within some of these age bands, particularly the 15-44 band. Given that there are apparently also high (and variable) rates of asymptomatic infection in this age range, the variations may have significant implications for the way risk percolates through to vulnerable people in communities with significant numbers of Secondary school children, such as ours.

It is both surprising and unhelpful that these hospital admissions data are published in different age bands from the new confirmed cases and incidence figures. Apart from the width and variability (albeit at relatively low levels) of these bands, this inconsistency makes it much more difficult to correlate the hospital admissions with the cases data and, in conjunction with the prevalence surveys and data on age related asymptomatic proportion (e.g. Davies et al. <https://www.nature.com/articles/s41591-020-0962-9>), to consistently and reasonably reliably infer age hospitalisation rates for the UK (based on periods where the testing regime has been reasonably stable). Clearly it is possible to map approximately from one set of age bands to the other (as I have done), but this requires assumptions to be made about the shape of the curves. This may significantly affect estimates of risk in the middle to high age range as well as the estimates of the total rate of infections in different periods (including the comparison of the first and second wave peaks, for which the age profiles of infections appear to have been significantly different) based on hospital admissions (assuming that the criteria for hospital admission with COVID-19 have remained reasonably constant throughout the epidemic). Given possible issues with self-selection in the sampling for the national sero-prevalence surveys (which have now been acknowledged) and other issues associated with these, and the fact that most people were not then being tested, this is also important additional evidence on the actual penetration of the disease in the first wave.

If you are unable to provide the information I have requested on an individual basis, perhaps you could consider publishing it as a supplementary dataset in the weekly National Flu and COVID-19 surveillance data report (as you have done with the Incidence-age region data), in order to help transparency. No doubt there are many others apart from myself who would be helped by the publication of the data in this form.

[REDACTED]

35 From: [REDACTED] <[REDACTED]@yahoo.com>

Sent: 25 November 2020 09:05

To: regulation@statistics.gov.uk

Subject: From [REDACTED]

From [REDACTED]
Hello Dear friend

I have sent you this e-mail for open discussions with you. I don't want you to misunderstand this offer in any aspect...if it is okay with you, I ask for your full cooperation.

- 1). telecommunications
- 2). Transportation industry
- 3). Five star hotel
- 4). property
- (5) Companies,

Regards,

[REDACTED]

36 From: [REDACTED] <[REDACTED]@hotmail.co.uk>

Sent: 24 November 2020 19:20

To: regulation@statistics.gov.uk

Subject: Webinar - Thurs 26th Nov - Interpretation

Importance: High

**From Test & Trace to Block grant Transparency
Thurs 26th Nov, 10.30am - 11.30am**

I will be interpreting the above webinar for a Scottish Government employee who is a BSL (British Sign Language) user and I would be grateful if you could forward any relevant material (e.g., notes, PowerPoints etc) so that I can prepare in advance of the day.

I assure confidentiality of all material and look forward to hearing from you.

Kind regards,

[REDACTED]

[REDACTED]

[REDACTED]

37 From: [REDACTED] <[REDACTED]@btinternet.com>

Sent: 25 November 2020 11:26

To: regulation@statistics.gov.uk

Subject: Covid-19: Innova lateral flow test is not fit for “test and release” strategy, say experts
The BMJ 17 November 2020

Dear Sir/Madam

The UK government is making claims regarding its mass testing for CoVid-19 disease using the lateral flow test which are inaccurate and misleading when examining the statistical data..

I draw your attention to the paragraph below which is highlighted in bold in the following article..

Covid-19: Innova lateral flow test is not fit for “test and release” strategy, say experts
theBMJ 17 Nov 2020

<https://www.bmj.com/content/371/bmj.m4469>

The government has claimed that rapid lateral flow covid-19 tests, which are being used in mass testing pilots in England and can provide results in 30 minutes, are “accurate and sensitive enough to be used in the community,” after evaluation results were published.

However, experts warn that the tests may miss as many as half of covid-19 cases, depending on who is using them—making them unsuitable for a “test and release” strategy to enable people to leave lockdown or to allow students to go home from university.

The Innova SARS-CoV-2 Antigen Rapid Qualitative Test, which has been used in the Liverpool mass testing pilot to detect infections,² is the first test to near completion of the four-stage evaluation process. A report reviewed 8774 Innova tests carried out across a number of groups including outpatients with SARS-CoV-2, healthcare staff, armed forces personnel, and school students aged 11-18.

It found an overall sensitivity of 76.8%, but this rose to over 95% in individuals with high viral loads. The overall specificity of the test was reported as 99.68%, meaning a false positive rate of 0.32% (22/6967 tests.)

The evaluation found that the test performed best when used by laboratory scientists when the sensitivity was 79% (156/197 positive: 79.2% (95% confidence interval 72.8% to 84.6%)).

Sensitivity dropped to 73% when used by trained healthcare staff (92/126 positive: 73.0% (64.3% to 80.5%)) and to 58% with self-trained members of the public (214/372 positive: 57.5% (52.3% to 62.6%)).

Sensitivity

Jon Deeks, professor of biostatistics at the University of Birmingham and leader of the Cochrane Collaboration’s covid-19 test evaluation activities, highlighted concerns about the findings from the testing centre evaluation, where people self-administered the test. The report said that the test’s sensitivity was 58% when used by the public and that the false positive rate was 0.38% (0.16% to 0.88%).

He said that, while 0.4% (400 in 100 000) was a very low rate, with a sensitivity of 58% and specificity of 99.6%, this would mean that 100 000 people being tested would find 630 positives—of which only 230 would actually have covid-19, while 400 would be false positives.

“The poor detection rate of the test makes it entirely unsuitable for the government’s claim that it will allow safe ‘test and release’ of people from lockdown and students from university,”

he warned. “As the test may miss up to half of covid-19 cases, a negative test result indicates a reduced risk of infection but does not exclude covid-19””.

“Independent evaluations for the World Health Organization have shown that other lateral flow antigen tests are likely to outperform Innova, but even those do not have high enough sensitivity to rule out covid-19. The Innova test is certainly not fit for use for this purpose.”

38 From: [REDACTED] <[REDACTED]@unison.co.uk>
Sent: 26 November 2020 15:26
To: regulation@statistics.gov.uk
Subject: COVID test and trace statistics

Colleagues,

I'm concerned about a change to statistical practice which DHSC intends to introduce for their next publication of the weekly test and trace statistics product.

Hitherto, nominated contacts of a person testing positive have had to be reached by a member of the tracing service to be classified as having been reached and advised to isolate. This would seem basic common sense. However, there is a proposed change to the treatment of under 18s from the same household as the positive case. It is intended that from next week's publication all such people will be deemed to have been reached within 24 hours by the contact tracer, as the adult concerned will be assumed to have informed the youngsters of their need to isolate. That will by sheer statistical jiggery-pokery automatically increase the % of contacts who have been reached, a key metric watched by those concerned to understand whether this programme is achieving its objectives.

At the very least, I think such people should be excluded from the data for the purpose of establishing success in reaching contacts. Otherwise, there is a risk of a very misleading impression being created.

I have written to DHSC in the terms attached. But wondered if you are also interested in maintaining the integrity of this particular keenly watched statistics and would either have any comment, or would wish to take any action yourselves.

With best wishes

[REDACTED]

[REDACTED]

[REDACTED] <[REDACTED]@unison.co.uk>
treatment of under 18s in statistics for test and trace
statistics@dhsc.gov.uk
Colleagues

Disturbed to see from the publication this week that under-18s within a household will be deemed from 18 November as having been reached by the system, within 24 hours, if nominated as contacts by a positive case. You cannot know that has taken place. The correct methodological approach would be to remove them from the figures of nominated contacts for the purpose of calculating the % of nominated contacts successfully traced. Otherwise you risk creating a misleading impression that the system is significantly improving in terms of % of contacts traced, without that being a reasonable conclusion to draw. I am sure you would wish to avoid this danger.

[REDACTED]



39 From: [REDACTED] <[REDACTED]@neu.org.uk>
Sent: 02 December 2020 13:28
To: regulation@statistics.gov.uk
Subject: Breach of Code of Practice for Statistics
Importance: High

Dear Mr Humpherson

Please see attached letter from the Joint General Secretaries of the National Education Union regarding the above.

With best wishes,

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

* [REDACTED]@neu.org.uk



NEU website www.neu.org.uk
[@NEUnion](https://twitter.com/NEUnion) on Twitter
[nationaleducationunion](https://www.facebook.com/nationaleducationunion) on Facebook

Mr Ed Humpherson
Director General for Regulation
Office for Statistics Regulation
1 Drummond Gate
London
SW1V 2QQ

2 December 2020

Sent by email: regulation@statistics.gov.uk

Dear Mr Humpherson

We are writing to bring to your attention a breach of your Code of Practice for Statistics relating to the Department for Education's survey, "Attendance in education

and early years settings during the coronavirus (COVID-19) outbreak". The publication is here: <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>.

Yesterday the Department announced that they would finally be releasing regional and local breakdowns of the pupil attendance data on the 15th December. However, Branwen Jefferies, the BBC's Education Editor, reported on this data saying that she had been given exclusive access to it, <https://www.bbc.co.uk/news/education-55145313>. We believe that this is a breach of the Department's duty to ensure their data is trustworthy through its orderly release. We believe that this release either breached paragraphs T3.3 or T3.4 of the Code.

In addition, we believe the Department failed to release this information in a timely fashion, paragraph T3.5. This information is very relevant to the public debate around the management of schools and how examinations should be managed next year.

Yours sincerely

[Redacted signature]

[Redacted signature]

40 From: [redacted] <[redacted]@neu.org.uk>
Sent: 02 December 2020 14:46
To: regulation@statistics.gov.uk
Subject: Amended letter re Breach of Code of Practice for Statistics
Importance: High

Dear Mr Humpherson

In our previous letter, the name of [redacted] was spelt incorrectly. Please see attached letter with the correct spelling.

With thanks and best wishes,

[redacted]

[redacted]

[redacted]

[redacted]

* [redacted]@neu.org.uk



NEU website www.neu.org.uk
[@NEUnion](https://twitter.com/NEUnion) on Twitter
[nationaleducationunion](https://www.facebook.com/nationaleducationunion) on Facebook

Mr Ed Humpherson
Director General for Regulation
Office for Statistics Regulation
1 Drummond Gate
London
SW1V 2QQ

2 December 2020

Sent by email: regulation@statistics.gov.uk

Dear Mr Humpherson

We are writing to bring to your attention a breach of your Code of Practice for Statistics relating to the Department for Education's survey, "Attendance in education and early years settings during the coronavirus (COVID-19) outbreak". The publication is here: <https://explore-education-statistics.service.gov.uk/find-statistics/attendance-in-education-and-early-years-settings-during-the-coronavirus-covid-19-outbreak>.

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In addition, we believe the Department failed to release this information in a timely fashion, paragraph T3.5. This information is very relevant to the public debate around the management of schools and how examinations should be managed next year.

Yours sincerely

[Redacted signature]

[Redacted signature]

41 From: [REDACTED] <[REDACTED]@googlemail.com> On Behalf Of [REDACTED]
Sent: 04 December 2020 09:28
To: regulation@statistics.gov.uk
Subject: OSR request - access to PHE baseline and excess deaths data as published in charts

Hello,

I can access the ONS and Euromomo data relating to excess deaths but I am trying to find the actual data (baseline and actual in 2020) for the PHE measure. As displayed in the charts and tables in: <https://fingertips.phe.org.uk/static-reports/mortality-surveillance/excess-mortality-in-england-latest.html>

Are you able to point me in the right direction? I have tried a couple of PHE contacts/emails without success.

Surely it would be consistent with the Code to have this data readily available?

Many thanks,

[REDACTED]

42 From: [REDACTED] <[REDACTED]@greennuneaton.org.uk>
Sent: 06/12/2020
To: regulation@statistics.gov.uk
Subject: For Ed Humpherson on Coventry Population review

Dear Director General for Regulation.

I have been trying to challenge the misuse of population statistics in Coventry and Warwickshire for the last decade. I welcome your investigation and would like either to be able to feed in evidence or at least provide a few pointers to the issues.

The first issue is the ONS failing to model the student population as having a very different dynamic to the average young person in Coventry and link the growth of this population to a decline of this age group in Warwickshire away from the 2 universities. The student population lives at far higher density than the average population, produce far fewer births and will have a far higher chance to migrate to other parts of the UK or overseas. The rapid transition of Coventry into a massive student centre has changed the birth rate considerably.

The second issue is that council produced both economic growth and demographic bases projections for council area in Coventry and Warwickshire but then cherry picked the highest population growth to produce each local plan. For the sub-region this double counts population growth which is provided for both in Coventry (based in demographics) and Warwickshire where they expected economic growth to happen.

Finally the housing projections are based on populations with a sharply declining household size which is not justified by evidence. Student and migrants to the UK tend to live in larger "households" and improved male life expectancy has lead to less single widowed older females. There has been considerable swicthing back and forward switching between population and housing growth with different assumptions.

[REDACTED]

44 From: [REDACTED] <[REDACTED]@live.co.uk>
Sent: 11 December 2020
To: regulation@statistics.gov.uk
Subject: Fw: ONS: COVID-19 Online Study

Dear Sirs.

I have just received this invite from you after you wrote to me a short time ago inviting me to join the study.

I have tried to take part but I do not have a personal access code.

I did take part in one of your studies months ago and I was given a number for that, but I was not instructed to retain that number for future invites.

I ask you kindly therefor to furnish me with a number so that I can complete this study.

I did try to phone you but i am unable to get a response.

Thank you for your attention

[REDACTED]

From: ONS - COVID-19 Online Study <ons.covid19.online.study@notifications.service.gov.uk>
Sent: 11 December 2020 16:00
To: [REDACTED] <[\[REDACTED\]@live.co.uk](mailto:[REDACTED]@live.co.uk)> <[\[REDACTED\]@live.co.uk](mailto:[REDACTED]@live.co.uk)>
Subject: ONS: COVID-19 Online Study



Hello,

Your household previously took part in an important Office for National Statistics (ONS) study. We appreciate your commitment to representing your community.

We recently sent a letter inviting [REDACTED] to take part in another important online study.

The study is about the impact of the coronavirus (COVID-19) pandemic on the lives of people in Great Britain.

[REDACTED] can go online to take part in the study by visiting www.ons.gov.uk/lifestyle and entering the personal access code. This can be found in the letter we have sent.

[REDACTED] will receive a £15 gift voucher for taking part. The deadline for taking part online is 13th December.

Please help us out by sharing this message with [REDACTED]

The need for reliable information to make decisions which influence your household and your community has never been greater.

For help taking part online, please phone us for free on 0800 085 7376.

Thank you from everyone at ONS.

45 From: [REDACTED] <[REDACTED]@warwick.ac.uk>
Sent: 11 December 2020 16:05
To: regulation@statistics.gov.uk
Subject: Pensions Regulator: misleading information in consultation document.

Director General for Regulation

Dear Mr Humpherson

Please find a letter regarding incorrect information presented by the Pensions Regulator in the consultation document:

'Pensions of the future – a discussion on our strategy'

<https://eur03.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.thepensionsregulator.gov.uk%2Fen%2Fdocument-library%2Fconsultations%2Fpensions-of-the-future-a-discussion-on-our-strategy&data=04%7C01%7Cregulation%40Statistics.gov.uk%7Cdff55b1066bc49821a7708d89dee9163%7C078807bfce824688bce00d811684dc46%7C0%7C0%7C637432995292132587%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6IjEhaWwiLCJXVCi6Mn0%3D%7C1000&reserved=0>

I would be grateful if you would investigate this matter.

Kind regards

[REDACTED]

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[REDACTED]

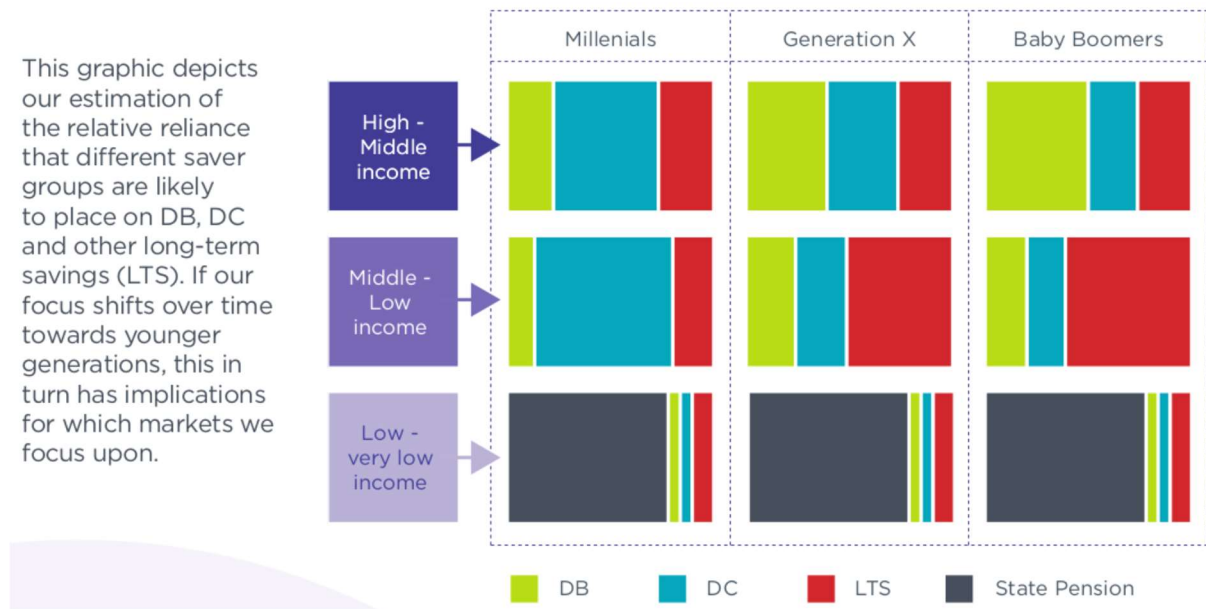
[REDACTED]

Ed Humpherson,
Director General for Regulation
Office for Statistics Regulation
1 Drummond Gate
London SW1V 2QQ

By email: regulation@statistics.gov.uk

Dear Mr Humpherson

In October, the Pensions Regulator published a corporate strategy discussion document, "Pensions of the future - A discussion on our strategy". It has the strapline "Putting the saver at the heart of all that we do", apparently ignoring the fact that other regulators (FCA, PRA, BoE) are supposed to look after "savers" while its remit is pensions and pensioners. The graphic from p 5 gives us significant cause for concern:



The claim is that: "This graphic depicts our estimation of the relative reliance that different saver groups are likely to place on DB, DC and other long-term savings (LTS) . . ."

We wonder what method of estimation has been used to derive this misleading graphic. There are no definitions of the row or column labels. One might assume that the three income categories in the rows are tertiles, but other definitions are plausible. It is difficult to guess what the column labels represent. Perhaps "Millenials" are those born from 2000 onwards, but they might be people born from 1982 onwards. "Generation X" might be people born 1965 to 1980, or 1960 to 1977, or 1960 to 1985. "Baby Boomers" were born post-war, and many use a 1946 to 1964 cohort. From the page 5 graphic alone, we do not know whether tPR regards one of us (JLH) as Baby Boomer or Generation X, as she was born in 1961.

More importantly, and regardless of the definitions of the generations, the claim made by tPR in the figure, that the state pension is only relevant [enough not to be invisible in the graphic] to the income of people on "Low - very low income" is demonstrably false.

The graphic shows the proportions of income from DB, DC, and other long-term savings to be 50%, 25% and 25% for Baby Boomers.

JLH has a very high income, and has been a member of a DB scheme from age 25. She will be at the high end of the "High - middle income" category. We estimate that the state pension will be 10% to 13% of her income in retirement, at least twice the proportion of the thinnest bar shown in the graphic. The DB component might be 50%-60% of her income. SDJ has a high income and has been a member of a DB scheme from age 25. We estimate that the state pension will be 14% to 17% of his income in retirement. The DB component would constitute 60-70% of his retirement income.

The Department of Work and Pensions (DWP) publishes, as National Statistics, data on incomes, including the income of pensioners. Table 1 provides a summary of Department of Work and Pensions data. In 2016-2019, the state pension benefit was 78% gross income for pensioner couples in the lowest quartile of income, decreasing to 15% in the highest quintile,

as shown in Table 2. Occupational pensions were highest at 38% of income for couples in the fourth quintile, and at 39% for single people in the fifth quintile. Both figures are well below the 75% shown in tPR's graphic.

The graphic shows the middle income band for Baby Boomers as DB 20%, DC 20%, LTS 60%. The DWP shows the highest proportion of income that arises neither from benefits nor from occupational pensions to be 50%, for couples in the fifth quintile. All remaining categories have less than 30% of income from other sources.

The only income band which includes state pension benefit, low to very low, shows State Pension 80%, DB 5%, DC 5%, LTS 10%.

How can such shoddy statistics, so poorly presented, be the basis for any consultation?

We have to agree with this comment:

"There are many brilliant people in our civil service, and I have never come across any civil servant who did not want to do his or her best for the country. But, nevertheless, there are a limited number, even in the Senior Civil Service, who have qualifications or expertise in mathematical, statistical and probability questions { and these are essential to public policy decisions. As governments in developed nations go, we in the UK are lagging behind many others in terms of numerical proficiency. But so many policy and implementation decisions depend on understanding mathematical reasoning." Michael Gove MP, Ditchley lecture, 2020.

Yours sincerely

[Redacted signature]

46 From: [REDACTED] <[REDACTED]@gmail.com>

Sent: 14 December 2020 13:46

To: regulation@statistics.gov.uk

Subject: FORM U1

I turn to you with a big problem, [REDACTED] I am now in [REDACTED]

[REDACTED]

A request was sent for a U1 form from Great Britain for [REDACTED] [REDACTED]

[REDACTED] has not been delivered to this day.

47 From: [REDACTED] <[REDACTED]@gmail.com>
Sent: 16 December 2020 12:30
To: coronavirus-tracker <coronavirus-tracker@phe.gov.uk>
Cc: regulation@statistics.gov.uk
Subject: Delays to Publication of Data
Importance: High

Why are the Hospital Admissions for English NHS Regions now being delayed for so long? Not long ago they were being published up to 1-2 days prior to the date of publication without the need for subsequent revision. Now the most recent data are for 5 days ago.

This seems to be an unjustified lack of transparency at a time when prevalence is increasing rapidly and this is impacting ability to analyse the effect of previous measures and provide timely assessment of local risks.

[REDACTED]

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Sent using Mozilla Thunderbird e-mail

48 From: [REDACTED] <[REDACTED]@yahoo.co.uk>
Sent: 19 December 2020 20:19
To: regulation@statistics.gov.uk
Subject: inaccessible Hospital bed occupancy statistics

Having clicked on several screens I am eventually presented with a Excel download which is unreadable on a mobile device.

It is inexcusable for the public to be deliberately frustrated in seeking easy to read data.

This is a deliberate attempt to hide the truth.

Shame on you.



[Sent from Yahoo Mail on Android](#)

49 From: [REDACTED] <[REDACTED]>
Sent: 22 December 2020 08:30
To: regulation@statistics.gov.uk
Subject: Suggestion for ONS "Deaths registered weekly in England and Wales, ..."

Dear Sir / Madam,

I am writing regarding the presentation of data in the ONS "Deaths registered weekly in England and Wales, ...". I accessed 'Week 49' of these at:

<https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsregisteredweeklyinenglandandwalesprovisional/weekending4december2020>

This is not a complaint as such but a comment, or suggestion, on ways in which the understanding of the data which is presented graphically in Figure 1, and in various statements made in the text, might possibly be improved. The ONS website referred me on to yourselves.

The issue came to my attention when "Full Fact" published a criticism of a graph used in the Daily Mail. I am no supporter of any particular newspaper but I wrote to Full Fact because I felt that their criticism was unfair. I attach the text of that submission ("Full Fact feedback.pdf").

The graph shown in the Daily Mail (which may have since been withdrawn) made adjustments to the raw data for registered deaths for the last five years, and the five year average (as used for the ONS Figure 1 etc.), to allow for the year by year estimated growth of population and change of age structure also published by the ONS. There is a reasonable argument for doing so (i.e. the larger the population, the larger the total expected number of deaths for the same mortality rate). PHE, for instance, do this in calculating "expected deaths" and "excess deaths". [See, for instance: PHE's "Excess mortality in England: Methodology for the weekly reports"].

The question then is: what is the purpose of the ONS comparisons with previous years in the weekly publication of deaths, and what are we meant to infer? It seems exceedingly unlikely that we are intended to look at Figure 1 in order to merely infer what the population growth (or change of age structure) has been during the last five years. Surely if we are looking at events from the preceding five years we are trying to make some sort of comparison and to draw relevant conclusions about mortality and/or specific causes of it! If so, then comparing data from different populations for this purpose, as the ONS have done, is not helpful. Because population has continued to grow, particularly in the older age groups, it is to be expected, if other mortality rates remained constant for five years, that **numbers** of deaths in 2020 would be broadly greater than the five-year average even if COVID-19 had not arrived on the scene.

Unfortunately, "Full Fact" didn't see the relevance of changes in age structure, declaring that the Daily Mail got its figures wrong and suggesting that they should have used the ONS Figure 1 and data files to make comparisons with the previous five years. This suggests to me that people may be misled by the ONS publication.

I have listed (hopefully all of) the references to five-year averages and excess deaths within the ONS bulletin in the attached "Five-year average.pdf". The method used by ONS to calculate a five-year average makes many of these statements potentially misleading. There would be significant differences in many of the statements if the five-year average was calculated by adopting PHE's principles regarding changes in population and age structure during the five year period. To me, PHE's approach seems more informative and rational than that used by ONS.

This brings me to my suggestions for improving the ONS "Deaths registered weekly ..." publication. Perhaps one could either:

1. Substitute a new Figure 1 and change the affected text, or add a Figure 1A, in which the ranges and five-year average are adjusted to account for the changes, year by year, of age structure and total population - a straightforward computation. or

2. Include in the notes of each of the appropriate sections an explanatory statement that, since no allowance has been made for changes in population or age structure, the five-year averages in the publication (a) underestimate what would have been the "expected deaths" on the basis of these five years and therefore (b) overestimate "excess deaths" for the current year.

Bearing in mind the difference in methodology used by PHE and ONS, this may be an issue that you are already aware of.

Yours sincerely

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Text sent to "Full Fact"

I'm writing in relation to your assessment headed: "The Daily Mail's chart of Covid-19 death figures doesn't use the real numbers".

In the assessment prepared by Tom Phillips, Full Fact say: "What was claimed - Weekly death figures in late 2020 are barely higher than the maximum in the previous five years, once you adjust for population growth."

"Our verdict - This is false. The figures used assume a level of population growth between 2019 and 2020 that is not credible."

To make sense of comparisons of deaths in different years some adjustments to the raw data become necessary. This is normal - for instance, The Office for National Statistics (ONS) says: "Age-standardised mortality rates (ASMRs) are a better measure of mortality than the number of deaths, as they account for the population size and age structure".

That is to say, the larger the population the larger the number of deaths to be expected. Furthermore a larger proportion of elderly in the population has a similar influence.

The Daily Mail / Statistics Guy Jon may or may not have made direct use of ASMRs but it would appear that they have applied adjustments to account for population size and age structure in their graph and in the selected figure of 10861 (the maximum occurrence in week 44 over the period 2015 to 2019). For more advanced analysis, such as cost-benefit analysis of particular interventions, such adjustment becomes essential. My question now is - did these adjustments give "a better measure of mortality" and were they rationally and accurately applied?

Over the 5 year period that was being looked at the largest, population-adjusted, figure for week 44 was in 2016, not 2019. To demonstrate crude adjustment of the data for population size, but ignoring age structure for the moment:

Week 44 deaths in England and Wales were 10152 in 2016 when the population (again England & Wales) was 58,381,300. The population in 2019 was 59,439,900. Adjusting from 2016 to 2019 to account for population growth gives a 2019 equivalent of $10152 \times 59439900 / 58381300 = 10336$.

We don't yet know the 2020 population figure but, taking the figure of 0.7% that you say was the average annual population growth during 2015 to 2019, one might have $10336 \times 1.007 = 10408$ when corrected from 2019 to 2020.

The Daily Mail / Statistics Guy Jon gave a figure of 10861 in their graphic. I don't know the Statistics Guy Jon and haven't made contact with him so I don't know what calculation he carried out - so let's consider the possibility that he made adjustment for the change in the number of elderly in the population figures (also available from ONS data). That is to say let's see if he may have adjusted for age structure, since ONS suggest that this gives a better measure of mortality. To do this it should be noted that both population and death data are available by age group. One may carry out similar

calculations to that above, but age group by age group, and then sum them to obtain an overall adjusted result for deaths totalled over all ages. I have made my own spreadsheet to do this. I obtained a figure for week 44 of 2016, when adjusted to 2019, of 10654 deaths.

Then to estimate the change from 2019 to 2020, for which there are no population figures yet available, it is to be noted that the number of people in the older age groups has been growing at approximately 2% per annum, which is faster than the younger age groups (roughly 0%). To account for this, the four years of growth between 2015 and 2019 for which we have population data can be calculated for each age group.

From that, one quarter of each age group change gives the average annual change. This may be used to give an approximation to the change, age group by age group, between 2019 and 2020. The different age groups are then added to give the total figure for the population as a whole.

In my spreadsheet this process increased the above figure of 10654 to 10867. The Daily Mail / Statistics Guy Jon published a figure of 10861.

There are sound reasons for making these adjustments. The resultant figure of 10861 or 10867 may be put into words such as "the estimated number of people that would have died if the mortality rates that occurred in week 44 of 2016 had happened to the England and Wales population as it exists in 2020".

The alternative graphs that you produced may well be arithmetically correct (I haven't checked them) but, from what your assessment says, they don't take account of the growth of population age group by age group, and don't therefore reflect the increased proportion of elderly that came about in the course of the five years under consideration. You yourselves have criticised this approach in "Simply adjusting weekly death figures in line with the overall population size for the year wouldn't necessarily be the correct approach, as population change is driven by various factors: birth rate, death rate and immigration levels. For example, immigrants tend to be younger and generally healthier than the population as a whole, so would not be expected to increase the death rate to the same degree." Working age group by age group deals with this issue.

What has been happening over recent decades is that there has been an increase in how long people live. With only 5 unpublished weeks remaining of 2020 most of the year's deaths data is available and, taking account of the current second wave of COVID-19, it looks like the total deaths for 2020 will be of the order of 607,500. That is a crude death rate for the year 2020 of 10.1 deaths per thousand population. This COVID year 2020, taken as a whole, will certainly have experienced a higher crude death rate than those published for years 2004 - 2019, but a lower rate than for all years 2003 and earlier.

From my calculations you have been unfair to "Statistics Guy Jon" and The Daily Mail.

Tom Phillips goes on to, rightly, point out that a second wave of COVID-19 was under way. But, in fairness to the Daily Mail, their original article was inspired by the press conference of 31 October and the slides used by Professor Whitty. By that date the "worst-case scenario" graphs in slide 3, which had been based on data at 9 October, had already been demonstrated to have been over-pessimistic by slide 2. That is to say that the graphs were based on assumptions about the reproduction rate, R, which turned out to have been dropping from a high at 2 October 2020. If slide 3 had been re-worked on the data used for slide 2 the graphs would have looked very different.

A lot more could be said about all this but that is not the purpose of my feedback. I ask you to look again at

your findings and let me know whether you will revise and / or re-publish your assessment.

ONS "Deaths registered weekly in England and Wales, ..." References to "five-year average" etc.

"In Week 49, the number of deaths registered was 15.0% above the five-year average (1,608 deaths higher)".

"The number of deaths in hospitals, care homes and private homes was above the five-year average in Week 49".

"... all English regions had a higher number of deaths than the five-year average for the fourth week in a row".

"In Wales, ... the total number of deaths in Week 49 was 157 deaths higher than the five-year average".

"The number of deaths registered in the UK in the week ending 4 December 2020 was 13,956, which was 1,820 deaths higher than the five-year average".

"In England, the number of deaths ... was 1,455 deaths (14.6%) higher than the Week 49 five-year average (Figure 1)".

"In Wales, the number of deaths ... was 157 deaths (23.1%) higher than the Week 49 five-year average (Figure 1)".

Figure 2 shows an unadjusted five-year average for influenza and pneumonia.

"Figure 3: Deaths not involving COVID-19 remained below the five-year average in Week 49"

"Between Weeks 1 and 12 in 2020, 138,916 deaths were registered, which was 4,822 fewer than the five-year average for these weeks. However, between Weeks 13 and 49, 428,306 deaths were registered, which was 71,167 more than the five-year average."

"Using the most up-to-date data we have available, the number of deaths up to 4 December 2020 was 567,199, which is 66,322 more than the five-year average."

"In England, the number of deaths up to 4 December 2020 was 531,876, which is 63,826 (13.6%) more than the five-year average"

"In Wales, the number of deaths up to 4 December 2020 was 34,541, which is 3,139 (10.0%) more than the five-year average"

"Looking at excess deaths by age group, the number of deaths up to 4 December 2020 was above the five-year average for all age groups above 14 years (Figure 4)"

"Figure 4: The number of deaths in 2020 exceeded the five-year average in age groups 15 years and over"

"Figure 5: The number of deaths in Week 49 was higher than the five-year average in all English regions and Wales"

"In Week 49 (week ending 4 December 2020), the total number of deaths registered was higher than the five-year average in all English regions and Wales for the fourth week in a row (Figure 5). The largest increase on the five-year average was for Yorkshire and The Humber (356 deaths higher)."

"Table 1: The number of deaths registered was above the five-year average in all English regions and Wales"

"The averages are based on the number of death registrations in each region, recorded for each corresponding week over the previous five years"

"Excess deaths", Figure 6 and a number of mentions in the text, is calculated on the basis of five-year averages which are not adjusted to account for change of population or age structure. I quote from PHE at <https://fingertips.phe.org.uk/static-reports/mortality-surveillance/excess-mortality-in-england-latest.html>: "The numbers reported by ONS are broadly in line with the overall excess death figures in this report but there are some differences as the 'expected' numbers in this report are not just the simple five-year average for 2015 to 2019, as used by ONS"

"In Week 49, the numbers of deaths in private homes, hospitals and care homes were all above the five-year average (738, 840 and 64 deaths above the five-year average respectively). The number of deaths in other locations was 33 below the five-year average (Figure 6)."