

The US election result

Those who write in to point out there is as yet no official confirmed US election result are correct. It is also true some more votes might turn up. However, the world sees a substantial margin of votes and Electoral College votes for Mr Biden who will now act as President elect and be generally accepted as such. Only if Mr Trump publishes convincing evidence of substantial voter fraud in several swing states and that is upheld in state law courts will the present indicative result be overturned. So far Mr Trump has not produced such evidence.

Letter to Mr Biden

Dear Mr President elect

Congratulations on your victory. Gaining more votes than any previous President and getting above 50% of the popular vote gives you a clear mandate for your policy of uniting the USA.

Your opponent succeeded in boosting his vote by an impressive 8 million extra votes, demonstrating considerable support for his Republican vision of growth promoted by lower taxes, putting America first when dealing with China, promoting peace in the Middle East, and protecting individual liberties. It is a pity he has chosen to query the election outcome without setting out convincing evidence of the voter fraud he alleges. It makes your task of uniting America more difficult. The U.K. respects democratic mandates and agrees with you that the results of counting all the valid votes are the sacred instruction of the people which all true democrats respect.

The U.K. looks forward to working with you as President. Our two countries often find ourselves in agreement. We think NATO remains a fundamental part of our security. The U.K. makes an important financial and military contribution to the Alliance and is willing to help the USA secure similar pledges from other members. We support US efforts to secure peace in the Middle East. Through the 5 Eyes arrangements we co operate closely on intelligence. We agree on the need to be vigilant to Russian and Chinese cyber threats, and to take a robust position over trade cheating.

I must stress that the U.K. does uphold the Good Friday Agreement in Northern Ireland. As we leave the EU we have no plans to impose a hard border between the U.K. and the Republic of Ireland, contrary to false EU rumours. It is the EU which seems to be planning new border controls on their side of the border which you may like to take up with them. The UK's EU referendum gave us a larger percentage mandate for exit than your own convincing win, so you will understand the importance to us of becoming a truly independent country again

on 1 January next year. As such we can be of more assistance in world trade and foreign policy matters, and look forward to working with you where our views and policies align.

Yours sincerely

John Redwood

Review the data

I reproduce below my piece from April 11th. I am pleased others now have come to see that bad data and wrong forecasts are a problem for the government's scientific advisers:

Review the data

The death rate is too high. Every death is a tragedy. We all want to see it going down. The nation mourns those who have lost their lives to this disease.

Soon the government needs to review progress with its object of flattening the curve of the virus spread, to consider how long we need to remain in lock down.

I am glad we are now privy to the figures the government relies on. In the daily briefings we are shown two graphs or "curves", the trend in hospital deaths from CV 19 and the trend in hospital admissions for the infection.

It is presumably these curves that need to be sufficiently flattened to allow the government to transit to the third phase of its advisers' planned handling of the virus crisis.

There are several issues with the Death figures that need getting right. I think it would be good for some administrators and statisticians from government and or from the scientific community advising the government to spend some time ensuring accurate data. This should not involve medical and hospital staff time which is needed to handle the patients.

There was a change in the basis of their compilation on March 26th, when they shifted from 8 hour to 24 hour reports, moving the numbers up. Can they smooth the figures to allow for this?

There is the issue of whether the deaths are all recorded on the appropriate day. The day before yesterday we were told the higher number included deaths from earlier days which they thought had not been recorded at the time. Can't the numbers to be reworked for all but the most recent by reference to the death date on the medical death certificate?

There is the possibility of double counting. If deaths are sometimes recorded promptly before paperwork is completed, and other times when the paperwork is ready, there needs to be a check that they do not end up recording the same death twice.

The wider ONS figures are also of interest. These are higher as they include deaths not in hospital where CV19 was present. These include some where the deaths certified as with CV19 are based on statements about symptoms with no tests to confirm the presence of the virus. The figures include cases where CV 19 is mentioned where other severe conditions mean the patient would probably have died without the virus anyway.

Hospital admission with the virus is an easier series to get right. Presumably all on admission for CV 19 treatment are tested to ensure they have it, to make the correct treatment available. Admission takes place at one stated time and date, so it should be relatively easy to get a clean series of numbers that are accurate. A simple check would be to compare bed numbers and occupancy rates by hospital and to examine any outliers.

This is such an important decision both to control the disease and for the jobs and livelihoods of the many, that the decision takers need the most accurate possible numbers. (End of original)

I repeat again today these questions

What is a Covid 19 death? What are the numbers for dying of CV 19 and dying with CV 19?

Are the back numbers correctly attributed and compiled?

What is total NHS and private sector bed capacity and what is the current utilisation rate?

What proportion of total beds are currently taken by CV 19 patients?

How are the extra nurses recently recruited and the returners from early retirement being deployed?

The casualties of lock down

Lockdowns are setting us back. Here are some of the areas where we need to advance.

1 More people working for themselves and building small businesses

Lockdowns ban many from working at all, and impair the working of many others. Small businesses are being driven into debt, and entrepreneurs being forced to ask if they can continue. Meanwhile the Treasury threatens them

with IR 35 clamp downs. Let's find ways of getting more back to work with a fairer tax regime.

2 Restoring Town Centres.

A second lock down of non food retail stores accelerates the switch to on line and will lead to the loss of many more shops. High Streets will contract or close down under the pressures. Let's find ways to re open them.

3. Levelling up the country

More people with professional and administrative jobs on good salaries live in London and the South east. Many are able to work from home and continue on the same salaries. More people with jobs that are at risk or have reduced pay for reduced working live in areas that need to level up. It is easy for people like government advisers and Ministers whose income is guaranteed whatever the circumstances to decide on a lockdown which does not cost them work and income.

4. Running sensible public finances to avoid burdening future generations

Today the government rightly offers substantial subsidy to companies and money to individuals who are banned from working. Tax revenues will be badly damaged again by lock down. We cannot go on like this indefinitely. The way to get the deficit down to more sensible levels is to get us all back to work.

5. Promoting prosperity and growth

I campaigned in the General election on my slogan of Prosperity not austerity, with policies of promoting more opportunity, enterprise and ownership for the many. These aims seemed entirely at one with the Conservative party's national Manifesto.

We now have an economy badly scarred by the first lock down, with incomes and output well below 2019. We need to get on with the job of rebuilding as soon as possible.

NHS output stays low

I have been asking about the big decline in non CV 19 work in the NHS this year. Like most people I am grateful for the tireless work the CV 19 teams put in to nurse and treat those with CV 19 during the peak period of the pandemic in the spring and subsequently. Some medical and research staff have also made important advances in understanding this nasty disease which is a great contribution for all of us. Now it should be possible to use the extra capacity put in earlier this year for CV 19 and to run the rest of the NHS

for the many other conditions that need treating.

The government tells me in answer to Parliamentary Questions that it has "paused " data collection and assessment of productivity this year owing to the CV 19 problems.

They state "we expect NHS productivity will have fallen considerably in 2020-21 because of increased spending on the Covid 19 response and due to reductions in elective and non elective admissions to prevent further infections in hospitals". In other words, because they persevered with mixed use hospitals with CV 19 treated alongside other conditions they removed elective non urgent surgery for a period from the hospitals altogether. They saw a reduced number of patients with other more serious and urgent conditions. Fear of infection spreading meant more social distancing and lower workloads for non CV 19.

I was also told that "for July and August,(after the end of lockdown), total completed pathways from referral to treatment were 61% of those for the same period in 2019." By August the NHS was achieving 71% of previous year levels for first outpatient appointments.

This means we are still short of significant capacity to handle non CV 19 matters. It also indicates that the decision to carry on treating CV 19 in General hospitals rather than creating isolation hospitals comes with a cost in lost activity for other conditions. In many places around the country it is possible to designate a Nightingale or one of the existing General Hospitals as a specialist isolation hospital to free the others to work normally at full capacity. We need the CV19 capacity added through Nightingales, and through acquisition of many more ventilators and intensive care equipment for CV 19 and we need to get back to previous capacity for everything else.