

Data/ Information management

- 1.9 Data availability and reporting took some time to be established. Hospital transmission data only being made available to the NHS in late July/ early August, which was then cascaded to the public via the PHW Coronavirus Data Dashboard. Primary care escalation was vital in monitoring system health and initially was the only regular data source. The Covid Data Hub however proved an excellent achievement.
- 1.10 Workforce data brought challenges as it was unknown which nursing and midwifery registrants on the Nursing and Midwifery Council (NMC) temporary register had been deployed and to where. There were challenges with the lack of one maternity data system to provide timely intelligence.
- 1.11 There were issues that arose in mortality surveillance that are well documented and could have been avoided via greater roles and responsibilities and adherence to some principles around management of administrative data. There was a lack of clarity on who was reviewing the mortality data and ensuring Local Health Boards (LHBs) were submitting surveillance data.
- 1.12 There was a multitude of dashboards being prepared for different purposes sometimes with similar but slightly different data flows. In terms of PHW, this appeared to be done without any regard to what else was happening in the system leading to duplication of similar outputs between PHW and Welsh Government (WG) and creating confusion in the media and to the public.
- 1.13 Where data requirements for the UK Government (UKG) were different to those being used within Wales (e.g. different measure or different timing of the data) it was difficult to know which should take priority, as many issues could be seen as political (e.g. UK comparability was important but as was comparable trend data for Wales).

Suggestions for improvement:

- Review data and information management processes to clarify what data is needed and why and who is best placed to provide it and in what form. This could be achieved through an information management group involving all the key players; KAS, Digital Cell, NHS Wales Informatics Service (NWIS), PHW surveillance and possibly Technical Advisory Cell (TAC).
- Develop guidance for completion of sit-reps containing quantitative data and to the data itself to see whether there is scope for improvements.
- Ensure lessons learnt from mortality surveillance review are captured for future incidents.
- Ensure sufficient availability of data is available within WG to support developing policies, particularly in epidemiology, health statistics and infection prevention and control.

Decision making influences

- 1.14 Emerging scientific evidence and four nation engagement was initially good in informing Welsh decisions. There were challenges with this approach later and a retreat to single nation perspective from England and little connection to NHS England. The emergence of the TAC in influencing decision making was an important new development.