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**From:** Hugo Van Woerden [/O=HSCNI/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=54AF7BFDACC74232A354FBB5F51ECC9B-HUGO VAN WOERDEN]  
**Sent:** 06/05/2020 8:30:20 AM  
**To:** Dan West [dan.west@health-ni.gov.uk]; [NR]@hscni.net]  
**CC:** Olive MacLeod [olive.macleod2@hscni.net]; [NR]@hscni.net]; [NR]  
[NR]@hscni.net]; [NR]@hscni.net]; [NR]  
[NR]@hscni.net]  
**Subject:** RE: PHA Daily Deaths File

Hi Dan

It might be helpful if [NR] developed a short terms of reference or protocol as to how he intends to address the question “the Minister and his team have questions about the locations of the deaths, specifically the quantity that occur in care homes.”

I very much doubt that our daily figure will be a big help to him, although we are always happy to collaborate, subject to capacity, which as you know is very stretched at present. **As we have said repeatedly, the best way of answering that question is death registration data held by the Registrar General.**

The public health data refers only to:

- **Reported** deaths – that is, we are a passive recipient in the process and dependent on the feeds that we receive on the basis of goodwill, whereas the Registrar General has a statutory data return of death certificates with a legal basis.
- We measure COVID **ASSOCIATED** deaths – so that includes individuals who died of other causes but who had a positive SARS-CoV-2 test within the preceding 28 days. This is an epidemiological construct that is primarily for international comparison purposes and our recommendation all along has that it should NOT be the basis of the daily reported deaths to the public. The policy tier in government have chosen to ignore our advice, which is their right to do, but our advice still stands.
- The data that is being reported to the public is completely misleading, as it is interpreted as the increase in the number of deaths since the preceding day – which it is not! I strongly believe that the public are being misled.
- Surveillance is about timeliness, not accuracy, and is used internationally for tracking high level trends as close as possible to real time. The purpose to which the data is being put to the Minister and the public is out with its intrinsic scope.
- The daily increase in deaths often includes deaths that occurred some time ago – occasionally up to one month previously, but often deaths that occurred up to 5-6 days previously, as Trust recording systems are not able to record deaths within a few hours of a death occurring.

#### MOVING FORWARD

1. Can I suggest that Michael speaks to Damien to start with and that we then review the terms of reference or protocol that he intends to follow.
2. It would be helpful to know what the Minister was told that made him ask for such a review.
3. It would be helpful for a member of the PHA to be on any review group.

Apologies if I am coming across as grumpy! But it does feel as if we are being scrutinised for something that the Minister may have been falsely given the impression is being done badly by the PHA.

Best wishes

**Hugo**

**Professor Hugo van Woerden**

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**From:** West, Dan [mailto:Dan.West@health-ni.gov.uk]

**Sent:** 05 May 2020 23:43

**To:** NR

**Cc:** Hugo Van Woerden, NR

**Subject:** PHA Daily Deaths File

NR

and

NR

Thanks very much for continuing the process of sending the deaths file across to Eugene's team and me.

While this was originally seen to be a temporary process only, the requisite Data Access Agreement is taking some time to put in place and in the interim your support is appreciated.

I need to get one more person added to the distribution list, specifically Mick Quinn who is a practicing consultant nephrologist at the Belfast Trust and the Head of Clinical Informatics in the Health and Social Care Board Digital Health and Care Team. If you are uncomfortable with the number of people receiving the file then I would be happy to be removed.

The reason for this is that the Minister and his team have questions about the locations of the deaths, specifically the quantity that occur in care homes. We do not currently provide this information on the daily IAD dashboard and without some indication of the broad proportions the minister is unable to respond to queries from colleagues.

Rather than me provide this rough, internal daily indication, which has been the practice over the last few days, NR has agreed to pick up this task.

Many thanks,

Dan.

**Dan West | Chief Digital Information Officer**

Department of Health Northern Ireland

Contact: ✉ [Dan.West@health-ni.gov.uk](mailto:Dan.West@health-ni.gov.uk)

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Department of  
**Health**

An Roinn Sláinte  
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