

Message

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**From:** Hugo Van Woerden [/O=HSCNI/OU=EXCHANGE ADMINISTRATIVE GROUP (FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=54AF7BFDACC74232A354FBB5F51ECC9B-HUGO VAN WOERDEN]  
**Sent:** 28/03/2020 18:33:58  
**To:** Pengelly, Richard [Richard.Pengelly@health-ni.gov.uk]  
**CC:** Gordon, David [David.Gordon@health-ni.gov.uk]; Brid Farrell [brid.farrell@hscni.net]; Stephen Wilson (PHA) [stephen.wilson@hscni.net]; DoH Minister [minister@health-ni.gov.uk]; Geoghegan, Lourda [Lourda.Geoghegan@health-ni.gov.uk]; [NR]@health-ni.gov.uk; [NR]@health-ni.gov.uk; [NR]@health-ni.gov.uk; michael.mcbride@dhsspsni.gov.uk [michael.mcbride@health-ni.gov.uk]; Valerie Watts [valerie.watts@hscni.net]; Paul Cummings [paul.cummings@hscni.net]; [NR]@hscni.net; [NR]@hscni.net; Miriam McCarthy [miriam.mccarthy@hscni.net]; [NR]@hscni.net; Sloan Harper [sloan.harper@hscni.net]; DoH SpAd [spad@health-ni.gov.uk]  
**Subject:** RE: COVID-19 daily testing figures  
**Attachments:** RE\_Deaths recorded today.msg; RE\_COVID-19 27\_03\_2020.msg

Dear Richard

I appreciate fully the urgency of the request for greater detail on this issue as outlined in correspondence received at lunchtime today. As per attached previous emails, I believe that this was responded to in a timely way on each occasion that I was contacted earlier this week.

ACTIONS

1. A team of people have been working on a response since the email arrived at lunchtime today.
2. I have ensured that the CEO of the HSCB and other senior executives are sighted on the issues that have been raised.
3. Further to your conversation yesterday with Valerie and I, I raised the concerns that you and the Minister's expressed to all the Trust CEOs at the 1 pm teleconference yesterday. The response of all Trust CEOs was provided via GOLD yesterday and is reattached.
4. [NR] discussed ongoing data issues raised with the CMO's office yesterday and I believe that his understanding was that they had agreed to take the lead on further responses to concerns that you and the Minister had. A response to that effect was communicated to [NR]

RECOMMENDATION

I do believe that a meeting on Monday including Trust representatives (senior management and laboratory staff who are best placed to provide a comprehensive verbal update that would supplement a written report) is in the best interests of good communication with you and with the Minister. However, I recognise that this is your call to make.

I believe that this repeated recommendation indicates the urgency with which the issue is being considered and I have offered to help set it up, if that would be helpful.

REPORT

I hope to have a report for you before the end of play today.

Best wishes

**Hugo**

**Professor Hugo van Woerden**

Director of Public Health and Medical Director  
Public Health Agency  
12 – 22 Linenhall Street  
Belfast, BT2 8BS

I&S



**From:** Pengelly, Richard [mailto:Richard.Pengelly@health-ni.gov.uk]

**Sent:** 28 March 2020 17:43

**To:** Hugo Van Woerden; DoH SpAd

**Cc:** Gordon, David; Brid Farrell; Stephen Wilson (PHA); DoH Minister; Geoghegan, Lourda; E [mailto:NR]  
michael.mcbride@dhsspsni.gov.uk

**Subject:** RE: COVID-19 daily testing figures

Hugo

Can I suggest that you now take this issue a little more seriously than seems to be the case, and provide a comprehensive written response urgently. These issue have been kicking around for a number of days, and I am astonished that you don't seem to appreciate the frustration it is causing. I thought I had made this clear in my conversation with you and Valerie earlier in the week, but it would seem that my points did not get the traction you assured me they had.

By way of illustration, I asked for a daily reconciliation between testing capacity and number of tests carried out - I have yet to see that.

We do not need a meeting on this, but some firm action on your part to resolve. I would be grateful for that full written report by lunchtime tomorrow at the latest.

If this is a problem, or you feel unable to address it, please come back to me directly and I will determine an alternative way forward.

R.

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([www.blackberry.com](http://www.blackberry.com))

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**From:** Hugo Van Woerden <[Hugo.VanWoerden@hscni.net](mailto:Hugo.VanWoerden@hscni.net)>

**Date:** Saturday, 28 Mar 2020, 5:30 pm

**To:** DoH SpAd <[spad@health-ni.gov.uk](mailto:spad@health-ni.gov.uk)>

**Cc:** Gordon, David <[David.Gordon@health-ni.gov.uk](mailto:David.Gordon@health-ni.gov.uk)>, Brid Farrell <[Brid.Farrell@hscni.net](mailto:Brid.Farrell@hscni.net)>, Wilson, Stephen (PHA) <[Stephen.Wilson@hscni.net](mailto:Stephen.Wilson@hscni.net)>, DoH Minister <[minister@health-ni.gov.uk](mailto:minister@health-ni.gov.uk)>, Pengelly, Richard <[Richard.Pengelly@health-ni.gov.uk](mailto:Richard.Pengelly@health-ni.gov.uk)>, Geoghegan, Lourda <[Lourda.Geoghegan@health-ni.gov.uk](mailto:Lourda.Geoghegan@health-ni.gov.uk)>, NR @health-ni.gov.uk, NR

**Subject:** RE: COVID-19 daily testing figures

"This email is covered by the disclaimer found at the end of the message."

Dear Mark

Thank you for your recent correspondence and that of the Minister. I am responding briefly to acknowledge receipt.

We intend to provide a response to you and the Minister within the timeframe indicated, but would suggest that we also set up a meeting with relevant individuals on Monday, as I am conscious that a face to face meeting may provide the opportunity to explore issues in greater depth.

If you can indicate a specific time on Monday, we can seek to work with the CMO's office and Trusts to identify representatives to attend by video/teleconference.

Best wishes

**Hugo**

**Professor Hugo van Woerden**

Director of Public Health and Medical Director

Public Health Agency

12 – 22 Linenhall Street

Belfast, BT2 8BS

I&S



**From:** DoH SpAd [<mailto:spad@health-ni.gov.uk>]

**Sent:** 28 March 2020 11:52



**To:** Gordon, David; Hugo Van Woerden; Brid Farrell; Stephen Wilson (PHA); DoH Minister; Pengelly, Richard; Geoghegan, Lourda; NR

**Subject:** FW: COVID-19 daily testing figures

Thanks David, suggest no response is issued until we get exactly to the bottom of what is really going on here.

There are serious discrepancies in what the Minister is being told and what is actually happening. I also continue to have serious concerns about the quality of information being published in the daily PHA surveillance report.

Hugo/Brid - the Minister & I both asked for clarity yesterday, and with all respect we didn't get it. I was even told yesterday that's it's not the time to be getting into the detail. It is.

It is my understanding that on the 17th March in a teleconference between DoH, public health and virology it was agreed to expand the categories for priority testing to include 1) healthcare workers and 2) tests requested by medical director or nominated senior person. Silver was notified of this change that evening. Silver was then tasked to do a quick turnaround piece to define exactly who was to be in the HCW group. Laboratory services I believe were also agreeable to expanding the testing groups.

I am concerned by the email from PHA press office to DoH press office yesterday. Does that mean, as it tends to suggest, that HCW testing is not being covered by the surveillance?

I asked the question yesterday, but it wasn't answered, so I'll ask again - how many HCWs across Northern Ireland have been tested to date?

Can we have confirmation that the expansion for testing agreed 11 days ago was relayed to Trusts and has been fully implemented?

Can we also have confirmation that all testing, including those carried out by the Trusts, is being reported through the daily surveillance report? It was concerning that the Northern Trust had reported a nil increase in testing in yesterday's report, even though I believe they commenced their own testing on Wednesday.

These are direct questions which we now require direct answers to.

Mark

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([www.blackberry.com](http://www.blackberry.com))

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**From:** Gordon, David <[David.Gordon@health-ni.gov.uk](mailto:David.Gordon@health-ni.gov.uk)>  
**Date:** Saturday, 28 Mar 2020, 8:16 am  
**To:** DoH SpAd <[spad@health-ni.gov.uk](mailto:spad@health-ni.gov.uk)>  
**Subject:** FW: COVID-19 daily testing figures

See below

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([www.blackberry.com](http://www.blackberry.com))

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**From:** DoH Press Office <[PressOffice@health-ni.gov.uk](mailto:PressOffice@health-ni.gov.uk)>

Date: Friday, 27 Mar 2020, 1:17 pm

To: [redacted] NR [redacted]@health-ni.gov.uk>, [redacted] NR [redacted]@health-ni.gov.uk> [redacted] NR [redacted]@health-ni.gov.uk>, Gordon, David <David.Gordon@health-ni.gov.uk>, [redacted] NR [redacted]@health-ni.gov.uk> [redacted] NR [redacted]@health-ni.gov.uk>, [redacted] NR [redacted]@health-ni.gov.uk>, [redacted] NR [redacted]@health-ni.gov.uk>, [redacted] NR [redacted]@health-ni.gov.uk>

Subject: FW: COVID-19 daily testing figures

See below

From: [redacted] NR [redacted]@hscni.net]

Sent: 27 March 2020 13:14

To: DoH Press Office <PressOffice@health-ni.gov.uk>

Subject: FW: COVID-19 daily testing figures

"This email is covered by the disclaimer found at the end of the message."

Hi all,

Please see the below. Our surveillance system covers the following, but perhaps the Minister was talking about wider testing, which may include patients who don't meet the case definitions below.

Regards,

[redacted] NR [redacted]

The current surveillance systems include:

1. Virology laboratory reports of COVID-19 test results

Currently, COVID-19 testing is performed for:

Patients:

- requiring admission to hospital (a hospital practitioner has decided that admission to hospital is required with an expectation that the patient will need to stay at least one night)

AND

- have either clinical or radiological evidence of pneumonia

OR

- acute respiratory distress syndrome

OR

- influenza like illness (fever  $\geq 37.8^{\circ}\text{C}$  and at least one of the following respiratory symptoms, which must be of acute onset: persistent cough (with or without sputum), hoarseness, nasal discharge or congestion, shortness of breath, sore throat, wheezing, sneezing)

- Data source: Regional Virus Laboratory (RVL) and local laboratories (as outlined in the surveillance bulletin)
- Reporting frequency: Laboratory data is submitted to PHA twice daily
- Reporting period: Data is extracted at 0915 every morning and reflects the previous 24 hour period
- Analysis: Testing summary (including positivity percentage), age and sex breakdown, mapping

2. Intensive care unit/high dependency unit (ICU/HDU) laboratory confirmed COVID-19 cases

- Case definition: An individual with a laboratory-confirmed COVID-19 diagnosis admitted to or currently in critical care (ICU and HDU) in Northern Ireland

- Data source: Critical Care Network for Northern Ireland (CCaNNI)
- Reporting frequency: Daily

- Reporting period: 10:30 am (cases reported at 10:30am are individuals newly diagnosed in the previous 24 hours)
  - Analysis: Currently number of cases in ICU per day
3. Clinician reported deaths
- Case definition: Patients who have died within 28 days of first positive test result, whether or not COVID-19 was the cause of death
  - Data source: Regional online reporting system (live from 27th March 2020) and notifications to PHA Health Protection duty room
  - Reporting frequency: Daily
  - Reporting period: 09.30 am (cases reported by 09:30am are individuals who have died in the previous 24 hours)
  - Analysis: currently number of COVID-19 associated deaths per day

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**From:** PHA Corporate and Public Affairs

**Sent:** 27 March 2020 13:08

**To:** [redacted] NR

**Subject:** FW: COVID-19 daily testing figures

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**From:** [redacted] NR

**Sent:** 27 March 2020 13:08:12 (UTC+00:00) Dublin, Edinburgh, Lisbon, London

**To:** PHA Corporate and Public Affairs

**Subject:** FW: COVID-19 daily testing figures

Hi CPA,

PHA Reception put a call through to me. I couldn't get the details because I was on a tele-call with the PHA R&D team so told [redacted] NR this is a press office query and gave my email address and asked [redacted] NR to email me to forward. Please see her query below.

Grateful if someone could advise re response for this and get back to [redacted] NR I'm happy to support in any way, thanks.

Best,

[redacted] NR

**From:** [redacted] NR [redacted]@gmail.com]

**Sent:** 27 March 2020 12:50

**To:** [redacted] NR y

**Cc:** [orna@factcheckni.org](mailto:orna@factcheckni.org); [editor@factcheckni.org](mailto:editor@factcheckni.org)

**Subject:** COVID-19 daily testing figures

Good afternoon [redacted] NR

Many thanks for your help and lovely to speak with you just now. Apologies for disturbing your teleconference!

As briefly discussed, I work for [Factcheck NI](#) and am undertaking some research into the discrepancy between two sets of figures regarding COVID-19 daily testing in Northern Ireland. On Tuesday 24th March, the Health Minister told the Assembly that according to figures updated as of Monday 23rd March, they were 'doing over 600 tests per day in the regional virus reference laboratory' (<http://aims.niassembly.gov.uk/officialreport/report.aspx?&eveDate=2020/03/24&docID=299356>). The Public Health Agency Surveillance Report stated that on the 23rd March, there was 297 tests being carried



out in the region ([https://www.publichealth.hscni.net/sites/default/files/2020-03/COVID-19%20Daily\\_bulletin\\_DoH\\_240320\\_0.pdf](https://www.publichealth.hscni.net/sites/default/files/2020-03/COVID-19%20Daily_bulletin_DoH_240320_0.pdf)).

Could you please advise on why this discrepancy exists, which is the accurate figure and how the raw data is collected?

My number I&S if you'd prefer to call to discuss.

Many thanks for your help again and will look forward to hearing from someone in the Press Office.

Best wishes,

NR

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