Review of mechanism for reporting of Covid-19 deaths in Wales

Background

1. Since early on in the Coronavirus (Covid-19) outbreak, as part of their surveillance role Public Health Wales (PHW) have developed processes to gather information and data on Covid-19 cases and deaths, in support of the Covid-19 Death protocol issued on 22 March 2020 by WG which requires that the "treating clinician informs" PHW clinician of any deaths relating to Covid-19.
2. These processes have been developed rapidly in a constantly shifting environment. The mechanism for ascertaining and reporting on this information has developed over time, and in general local health boards (LHBs) and trusts have provided information to PHW through different methods.
3. There are clear and well-established mechanisms for deaths to be reported via the Office for National Statistics (ONS). However given the delay in those data due to the reliance on the formal death registration process and coroner's reports, the PHW surveillance data provides a timely mechanism to ensure data are available to inform the public on the scale of the outbreak and to inform modelling.
4. More recently PHW has developed with the NHS Wales Informatics Service (NWIS) an electronic means of notifying suspected Covid-19 deaths in hospitalised COVID-19 cases. This is known as the Covid-19 mortality surveillance e-form Welsh Clinical Portal (the E-form). The E-form is a time-limited emergency enhanced surveillance to directly inform the response to the Covid-19 pandemic in Wales. It does not replace any of the official procedures around registration of deaths, but provides a means of estimating the mortality burden in confirmed cases in a timely way.
5. The data collected by PHW are published at 2pm each day via their on-line data dashboard and accompanied by a written statement.

Issues identified

6. Following the identification on April 23rd of 84 deaths that had not been reported to Public Health Wales by Betsi Cadwaladr University health board (BCUHB), PHW and Welsh Government officials have sought assurances from across health boards and trusts concerning the robustness of the current process.
7. During this process further issues have been identified in relation to data being provided by Hywel Dda health board who on April 28 confirmed that they have identified 31 retrospective deaths which should have been in scope.
8. PHW has received assurances from all other health boards and trusts that reliable systems are in place for reporting deaths and there are no unreported deaths.
9. In general the following two themes have been identified and actions will be immediately put in place to resolve:

Inconsistent approaches across Health Boards

10. Currently the E-form has not being signed off or implemented across all Health Boards. Although we have received assurances from all other health boards that, despite the lack of using the E-form, they are providing data to the agreed

definition, the lack of a consistent approach leads to a risk of divergence and inefficiency.

11. For example, as a result of not using a single system, PHW have reported a number of generic issues during the past few weeks which include: delays by health boards in the reporting of deaths; reported ambiguity in the definition of what constitutes a death to be reported through surveillance and the inclusion of deaths occurring outside of a hospital.

Multiple reporting streams and unclear reconciliation processes

12. Health Boards are required to report data to a number of different organisations: PHW, internal briefings to the Board and key local stakeholders, to the NHS Wales Informatics Service (NWIS) (in a daily situation report) and to the Office of National Statistics (which is publically available). These reports have different purposes and often a different basis, which can lead to inconsistency in the results being produced.
13. With regards to the PHW surveillance data the roles and responsibilities for scrutinising the data have not been clear. Whilst it is for health boards to ensure they are providing accurate data in a timely fashion, there needs to be sufficient oversight in the system to reconcile the data being collected and made available through NWIS, ONS and PHW so that issues can be captured early and responded to.

Betsi Cadwaladr

14. BCUHB has consistently reported suspected COVID-19 deaths in various ways since the pandemic began through the mechanisms described above. PHW and BCUHB have worked closely throughout the pandemic at every stage. However, the reporting of suspected COVID-19 deaths to PHW did not continue and this resulted in a number of suspected COVID-19 deaths not being reported to PHW despite continued reporting of these deaths to other bodies.
15. It remains unclear what may have triggered this gap in reporting specifically to PHW other than an administrative oversight, occurring at a time of unprecedented change at the early stage of a pandemic, with several different reporting processes in place.
16. BCUHB became aware of the issue on April 18 when the discrepancy became clear upon the publication of local data for the first time on the PHW dashboard. Once this was discovered, extensive discussion and data validation between BCUHB and PHW occurred, leading to a robust data sharing process implemented from 24 April. BCUHB have also confirmed they will be using the e-form process from 28 April.

Hywel Dda

17. In relation to Hywel Dda, whilst the protocol was shared amongst clinicians, this has not been embedded consistently across the Health board area. Therefore there has been no cessation of reporting but a consistent undercount over the period of the outbreak. Upon being requested to provide assurances around their data over the weekend of 24-26 April, Hywel Dda identified a number of deaths that should have been recorded via the notifiable disease protocol.
18. As a result, Hywel Dda have now reconciled the data and confirmed that the E-form will be in use by all clinicians. To provide assurances over those

submissions, the Hywel Dda team will undertake daily reconciliation of those cases against other systems.

Actions initiated or planned by the Welsh Government

19. Upon these issues being identified on April 23rd, Welsh Government have immediately sought to understand the resilience of the system and to identify ways of improving the assurance the public can have in the data being reported on a daily basis.
20. As described above PHW were immediately instructed to contact all LHBs to obtain assurances about the processes in place and the data being reported. We have had assurances from most LHBs that they consider their processes have been and will continue to be robust. Where remedial work has been needed to address the issues described above, this has been put in place immediately.
21. The Chief Statistician has been asked to provide a whole-system oversight role which includes requiring compliance with reporting protocols and quality assurance being given by PHW.
22. PHW have been asked to establish a weekly call with LHB leads and Welsh Government statisticians to discuss the figures and identify any process issues.
23. A clear process of data analysis across PHW, NWIS and ONS data will take place routinely led by the Chief Statistician's officials in collaboration with the other organisations.
24. The Chief Medical Officer will re-confirm expectations re electronic reporting. This will include the need to comply with the reporting requirements and to implement the PHW E-form, and to recommend the continued need to raise the awareness and leadership of clinicians in doing so.
25. PHW will continue to work with LHBs to ensure that the E-form takes into account the views of clinicians and minimises the burden upon them.
26. LHBs will be reminded of the need for local quality assurance to take place including daily reconciliation where this is possible.