

Witness Name: Stephanie Howarth

Statement No: 1

Exhibits: 16

Dated: 15 January 2024

UK COVID-19 PUBLIC INQUIRY
STATEMENT OF STEPHANIE HOWARTH

I provide this statement in response to a request under Rule 9 of the Inquiry Rules 2006 dated 6 October 2023 and referenced M2B/R9/WG/04.

I, Stephanie Howarth, will say as follows: -

I am the Chief Statistician and Head of Profession for statistics in the Welsh Government. I am the primary adviser to Ministers on statistical matters and have sole responsibility for the publication of official statistics by Welsh Government, with a decision-making role independent of Ministers. I undertake the day-to-day and strategic management of statistical matters within the Welsh Government, including compliance with the Code of Practice for Statistics and leading the professional development of statisticians.

I will deal with the points listed in this Rule 9 request in turn. To assist the Inquiry, the data that has been disclosed goes beyond that of the original request. I wish to clarify that I have been supported by the Welsh Government's statistician team to collate the data contained within this response.

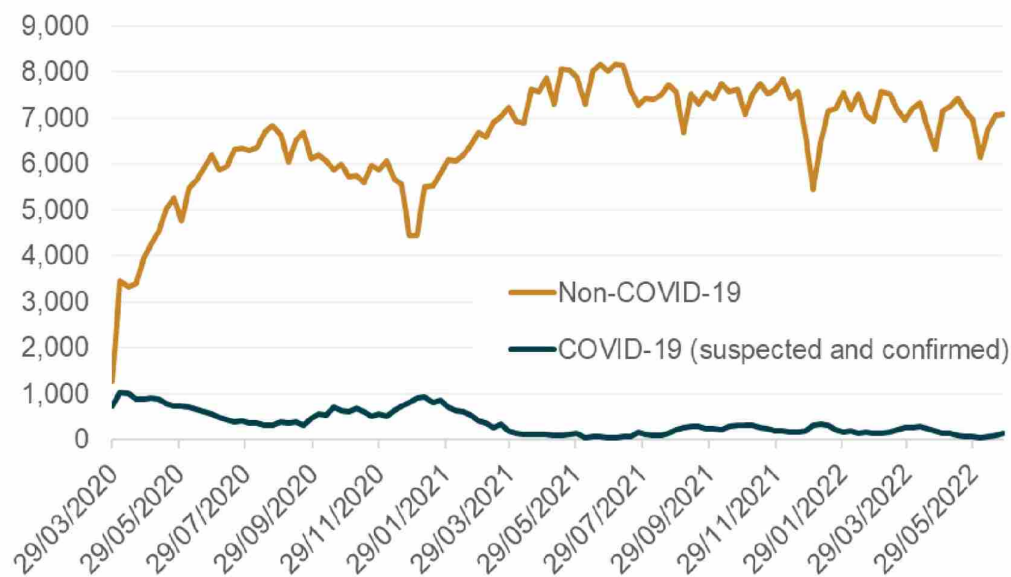
New patient admissions to hospital with (i) confirmed Covid; (ii) suspected Covid; and (iii) non-Covid conditions.

Figure 1(a) below illustrates the weekly hospital admissions for COVID-19 (suspected and confirmed) and non-COVID-19 conditions, in Wales, from March 2020 to June 2022. The diagram highlights that weekly hospital admissions for COVID-19

(suspected and confirmed) peaked in early April 2020 at over 1,000, before falling to around 300 in August 2020. Further waves saw weekly admissions climb over 700 in October 2020 and over 900 in January 2021. Admissions for non-COVID-19 conditions were consistently far higher, typically ranging from 5,000 to 8,000 per week. For 23 March 2020 to 31 March 2020 admissions, the data was available for suspected and confirmed COVID-19 patients separately, and from 01 April 2020 admissions data were collected for confirmed and suspected COVID-19 patients combined. I exhibit the data around admissions at **M2B/R9/WG/04-01-INQ000369619**.

Figure 1(a)

Weekly hospital admissions for COVID-19 (suspected and confirmed) and non-COVID-19 conditions, Wales, from March 2020 to June 2022



Patients in hospital with (i) confirmed Covid; (ii) suspected Covid; and (iii) non-Covid conditions.

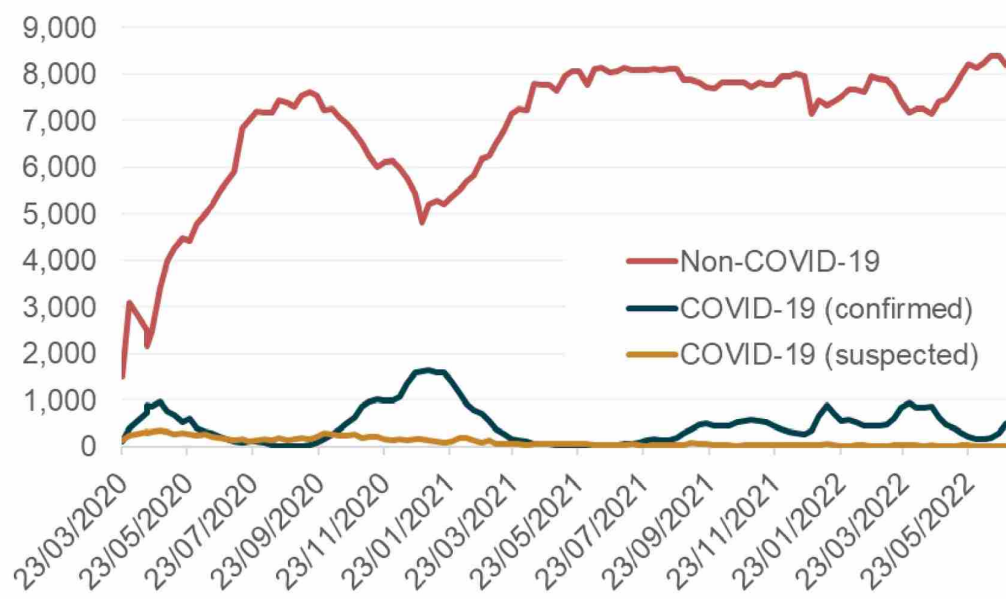
Figure 1(b) below illustrates the weekly number of patients in hospital with confirmed COVID-19, suspected COVID-19 and non-COVID-19, in Wales, from March 2020 to June 2022. The data highlights that patients in hospital with confirmed COVID-19 reached 967 in April 2020 before falling to single figures in August 2020. The figure peaked at over 1,600 in January 2021. Subsequent waves also saw significant

numbers of hospital patients with confirmed COVID-19 in the first few months of 2022, though data was not available in terms of how many were actively being treated for COVID-19 and how many were treated primarily for other conditions. Admissions data for the same period indicate that waves after the summer of 2021 were less significant (in terms of the number of patients) than earlier waves. Data for patients in hospital with suspected COVID-19 peaked at around 340 in April 2020 and subsequent waves saw lower peaks. Patients in hospital with non-COVID-19 conditions were consistently significantly higher than for COVID patients, typically between 5,000 and 8,000.

Data was also available for patients recovering from COVID-19 in Wales from 26 May 2020. These were patients previously confirmed as having COVID-19 but who showed no symptoms for 14+ days (changed to 10+ days from 18 January 2022), remaining in hospital on a COVID-19 treatment pathway, often for rehabilitation. I exhibit the data of patients in hospitals at **M2B/R9/WG/04-02-INQ000369618**.

Figure 1(b)

Weekly patients in hospital with confirmed COVID-19, suspected COVID-19 and non-COVID-19, Wales, March 2020 to June 2022

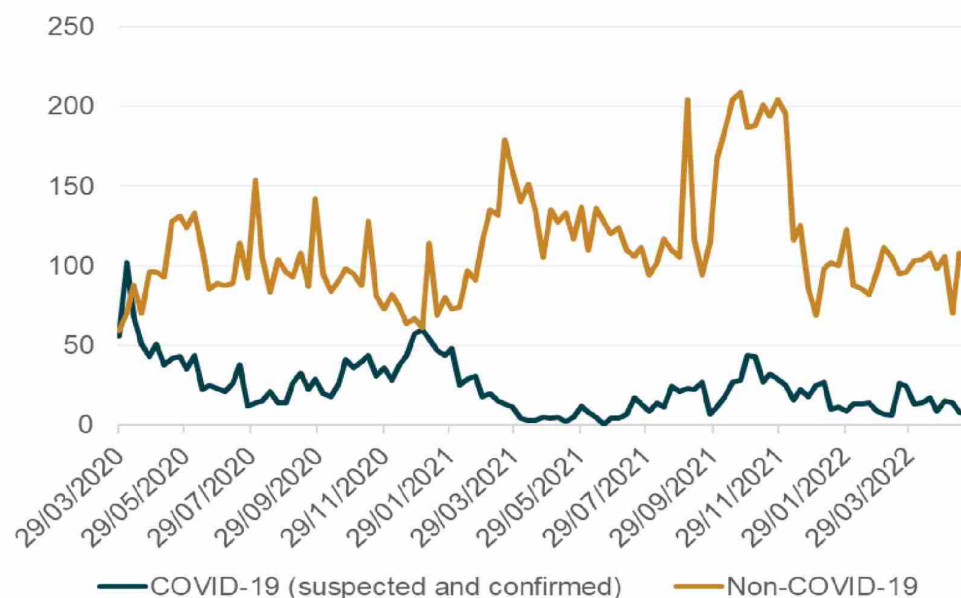


New patient admissions to Intensive Care Unit (ICU) and/or High Dependency Units (HDU) with (i) confirmed Covid; (ii) suspected Covid; and (iii) non-Covid conditions.

7. Figure 1(c) below illustrates that the weekly COVID-related admissions (suspected and confirmed) to adult critical care in Wales peaked at over 100 in April 2020. The next most significant wave, in January 2021 reached around 60. At those times admissions for suspected or confirmed COVID-19 were at similar levels to admissions for non-COVID conditions. At all other times non-COVID admissions were significantly higher. From 23 March 2020 to 31 March 2020 data was available for suspected and confirmed COVID-19 patients separately, and from 01 April 2020 the data collected for confirmed and suspected COVID-19 patients was combined. I exhibit the data on admissions to ICU at **M2B/R9/WG/04-03-INQ000369617**.

Figure 1(c)

Weekly patients admitted / transferred to adult critical care for COVID-19 (suspected and confirmed) and non-COVID-19 conditions, Wales, March 2020 to June 2022

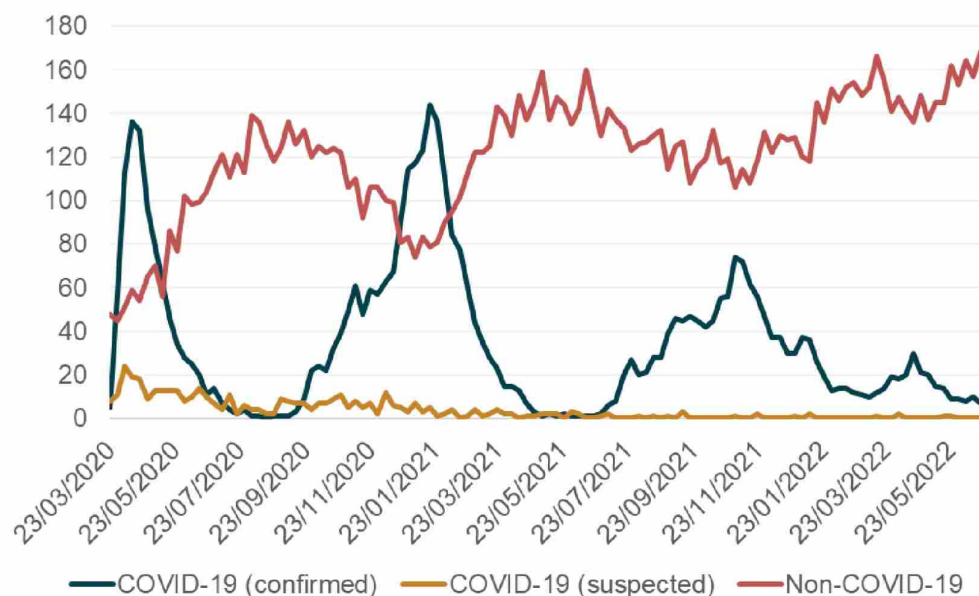


Patients in Intensive Care Unit (ICU) and/or High Dependency Unit (HDU) with (i) confirmed Covid; (ii) suspected Covid; and (iii) non-Covid conditions.

8. Figure 1(d) below illustrates there were three significant waves of patients occupying critical care beds in Wales, with peaks in April 2020, January 2021 and November 2021. Patients with suspected COVID-19 consistently accounted for a small minority of those in critical care. There were always more non-COVID than COVID-related patients in critical care apart from the first two peaks in COVID patients. The data are the daily snapshots at weekly intervals, not total weekly figures and the data are for patients in critical care beds, which includes those in high dependency and intensive care. I exhibit the data of patients in ICU at **M2B/R9/WG/04-04-INQ000369616**.

Figure 1(d)

Weekly patients in invasive ventilated beds (critical care) with confirmed COVID-19, suspected COVID-19 and non-COVID-19 conditions, Wales, April 2020 to June 2022



Patients in mechanical ventilation beds with (i) confirmed Covid; (ii) suspected Covid; and (iii) non-Covid conditions.

9. The data illustrated in Figure 1d are also termed 'invasive ventilated beds'. Unfortunately, the data cannot be disaggregated according to whether they were occupied by invasively ventilated patients or not.

Data, either summarised for the whole period or displayed over time where relevant, broken down by Protected characteristics under the Equality Act 2010; and other types of inequalities (socioeconomic status, geographical region and occupation) and vulnerabilities.

10. None of the data provided in this response can be grouped by protected characteristics or other types of inequalities and vulnerabilities. The only breakdowns which the Welsh Government can provide is by Local Health Board. I therefore exhibit the COVID-19:

- a) admissions (suspected and confirmed) broken down by Local Health Board at **M2B/R9/WG/04-05-INQ000369615**.
- b) admissions to critical care as broken down by Local Health Board at **M2B/R9/WG/04-06-INQ000369614**.
- c) data of hospitalisations (suspected, confirmed and recovering) by Local Health Board at **M2B/R9/WG/04-07- INQ0008369620**
- d) data of patients in ICU by Local Health Board at **M2B/R9/WG/04-08-INQ000369613**.

The (i) daily and (ii) weekly average of total (a) ward level, (b) HDU and (c) ICU beds available for both covid patients and non-Covid patients within the date period 1 February 2020 to 28 June 2022

11. Figure 2(i)(a) below depicts the daily ward level (general and acute) beds available by COVID-19 designation, Wales, March 2020 to June 2022. It illustrates that beds designated for COVID-19 patients reached over 3,000 in April and May 2020, with a later peak reaching 2,000 in January 2021. For beds not designated for COVID-19 patients, the sharp increases reflect the addition of field and community hospitals (April 2020), mental health units (July 2020) and the Grange University Hospital (November 2020) in the data collection. A reduction in beds designated for COVID-19 patients in

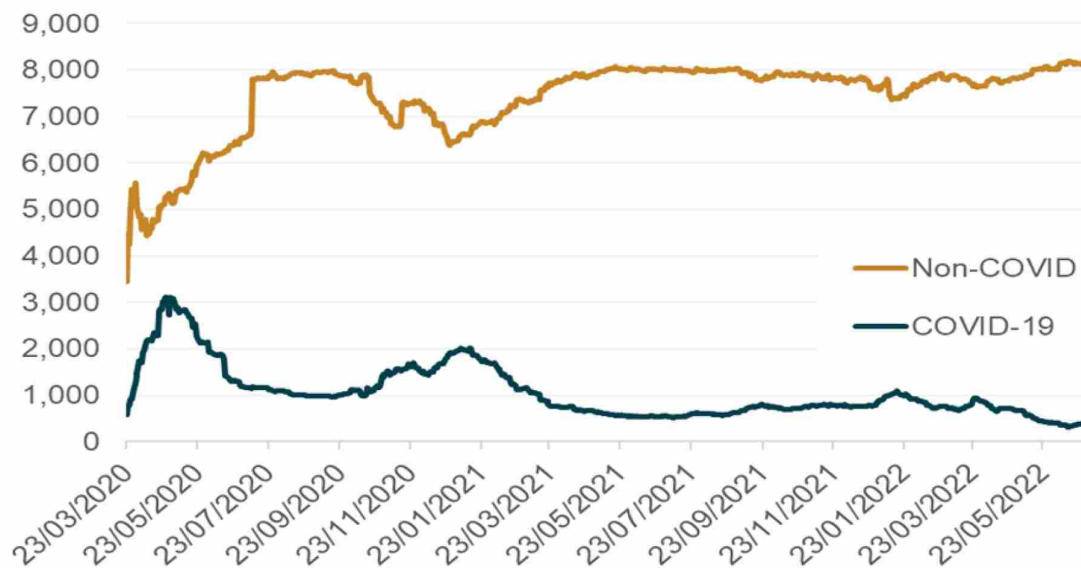
early 2021 corresponded to an increase in non-COVID beds and figures for both series were relatively stable thereafter.

12. Until 18 October 2020 a subset of beds ringfenced for specialist purposes (for example maternity, burns and plastics) were reported as non-COVID-19. From 19 October 2020 those beds were not captured in this collection, causing a reduction of 400-800 in the reported number of non-COVID beds compared with the series prior to this point. The true number of general and acute beds available in Wales was therefore 400-800 more than the total of designated COVID and non-COVID beds from 19 October 2020.

13. The data for total available beds are published, but the splits for COVID and non-COVID as exhibited as part of this request are not publicly available. I exhibit the daily data on available beds at **M2B/R9/WG/04-09-INQ000369612**. I also exhibit the breakdown of available beds by Local Health Board at **M2B/R9/WG/04-10-INQ000369611** and the daily data and weekly average of total bed available across Wales in acute, community, and field hospitals and mental health units at **M2B/R9/WG/04-11-INQ000369610**.

Figure 2(i)(a)

Daily ward level (general and acute) beds available by COVID-19 designation, Wales, March 2020 to June 2022

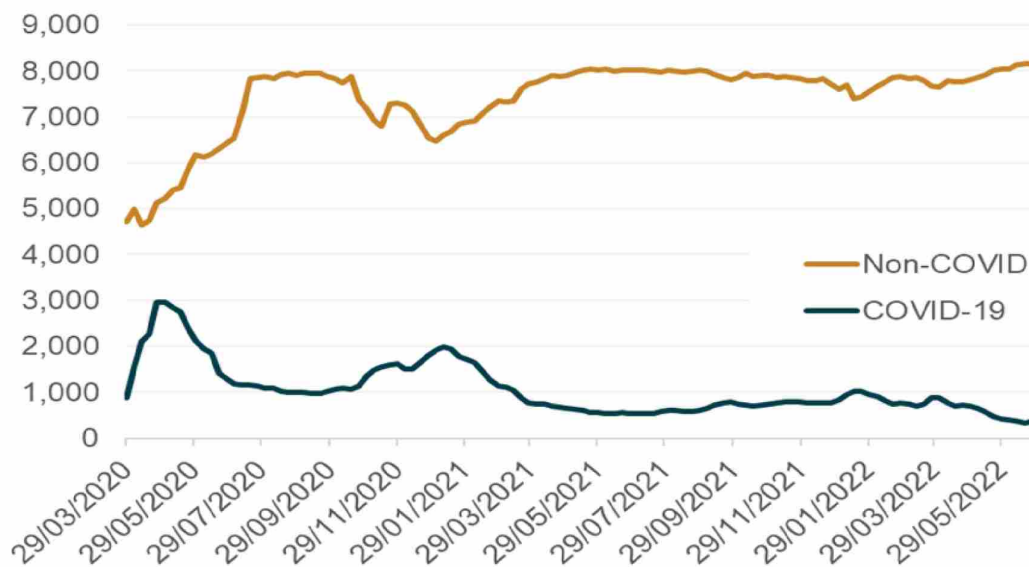


14. Figure 2(ii)(a) depicts the weekly average ward level (general and acute) beds available by COVID-19 designation, in Wales, from March 2020 to June 2022. Figure 2(ii)(a) identifies the same trends as the daily data as described in paragraph 11.

15. As I have already set out in paragraph 12, until 18 October 2020 a subset of beds ringfenced for specialist purposes were reported as non-COVID-19. From 19 October 2020 those beds were not captured in this collection, causing a reduction of 400-800 in the reported number of non-COVID beds compared with the series prior to this point. The true number of general and acute beds available in Wales was therefore 400-800 more than the total of designated COVID and non-COVID beds from 19 October 2020.

Figure 2(ii)(a)

Weekly average ward level (general and acute) beds available by COVID-19 designation, Wales, March 2020 to June 2022



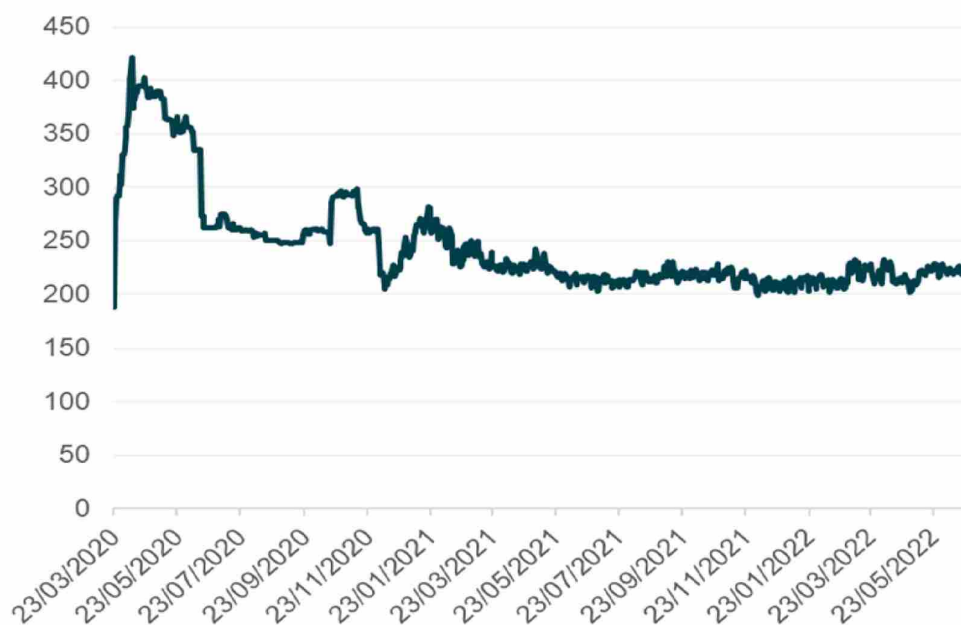
16. Figure 2(i)(c) below illustrates the daily invasive ventilated (critical care) beds available, in Wales, from April 2020 to June 2022. It depicts that the daily available invasive ventilated (critical care) beds peaked at over 400 in April 2020. It also highlights that the numbers fell back and stabilised between 200 and 250 from early 2021.

17. Until 13 November 2020, all critical care beds were reported regardless of whether they could be staffed. From this point only critical care beds that could be staffed should have been reported as 'available', though some health boards did not implement the new guidance until 4 December 2020. To assist the Inquiry, I exhibit the guidance at **M2B/R9/WG/04-12-INQ000369609**.

18. I wish to highlight to the Inquiry that data for critical care beds is not available according to whether they were designated for COVID-19 or non-COVID-19 patients. Neither is the data available for HDU or ICU specifically – figures are therefore provided for total “critical care” beds.

Figure 2(i)(c).

Daily invasive ventilated (critical care) beds available, Wales, April 2020 to June 2022



19. Figure 2(ii)(c) below illustrates the weekly average invasive ventilated (critical care) beds available, in Wales, from April 2020 to June 2022. It highlights the same trends as described in paragraph 17 in terms of daily invasive ventilated beds. As described in paragraph 18, up until 13 November all critical care beds should have been reported regardless of whether they could be staffed.

Figure 2(ii)(c)

Weekly average invasive ventilated (critical care) beds available, Wales, April 2020 to June 2022



Data quality

20. All data referred to in this statement was provided by local health boards to Digital Health and Care Wales (DHCW). DHCW then provided this data to the Welsh Government in a daily sitrep.
21. The data which applies to all of the illustrated figures set out within this statement was published from 1 April 2020, though data was first available to the Welsh Government on 23 March 2020. It is known that the early data was affected by some coverage and

quality issues. For example, only acute sites were captured initially, and it is likely there were some inconsistencies in the way guidance on data collections was applied in settings across Wales in the early stages. Definitions and guidance evolved over time. Key changes to definitions and coverage – those that materially affected the data – are identified in this statement, and a more comprehensive list of updates to definitions and guidance is provided in the accompanying exhibits. Throughout the pandemic, all the data collected on hospital admissions, occupancy and bed availability were based on management information and were not subject to the same validation processes undertaken for official statistics releases.

22. To assist the inquiry, I also exhibit the following data:

- a) Surge Capacity i.e. the number of beds that could be staffed within 24 hours, 7 days or 7+ days across Wales at **M2B/R9/WG/04-13-INQ000369608**.
- b) Surge Capacity i.e. the number of beds that could be staffed within 24 hours, 7 days or 7+ days in each Local Health Board at **M2B/R9/WG/04-14-INQ000369607**.
- c) Admissions Metadata at **M2B/R9/WG/04-15-INQ000369606**.
- d) Patients in ICU Metadata at **M2B/R9/WG/04-16-INQ000369605**.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed

Personal Data

Dated: 15 January 2024