

Witness Name: Huw David George

Position: Deputy Chief Executive – Public Health Wales

Number of Statement: First

Exhibits: None

Dated: 6th April 2023

**UK COVID 19 INQUIRY
MODULE 2B**

**WITNESS STATEMENT OF HUW DAVID GEORGE
FOR MODULE 2B**

I, Huw David George, care of Public Health Wales NHS Trust, 2 Capital Quarter, Tyndall Street, Cardiff, CF10 4BZ Will state:

1. This Statement is provided by me in my capacity as Deputy Chief Executive of Public Health Wales & Executive Director of Operations and Finance in response to a request for evidence made by the Inquiry Team to me dated 9 February 2023.
2. I am not a public health professional and nor am I clinically trained. I was therefore not involved in providing advice on the management of the pandemic at a national or local level. My role was however critical in ensuring that PHW (“the organisation”) was able to respond to the demands of the pandemic, whilst continuing to operate effectively and with due control and governance.

A. Background and Qualifications

3. I graduated from Exeter University in 1986, with Combined Honours BSc in Economics with Statistics. I trained as a Chartered Accountant and was admitted into

the Institute of Chartered Accountants for England and Wales in 1989. I worked in London, Brazil and Cardiff as a Chartered Accountant.

4. I joined the NHS in Wales in 1994. I have held Board level posts since 2003. The two Board level posts prior to Public Health Wales NHS Trust were:
 - April 2003 – July 2007; Executive Director of Finance (and latterly Deputy Chief Executive) – Powys Teaching Local Health Board
 - August 2007 – May 2010; Executive Director of Resources - Swansea Local Health Board
5. I joined Public Health Wales NHS Trust in June 2010 as its first Executive Director of Finance. My role has developed into the Executive Director of Operations and Finance with the addition of responsibility for additional corporate functions. My role now covers:
 - Finance
 - Strategy and Planning
 - Performance
 - Communications
 - Facilities including Health and Safety
 - Information management and technology
6. In addition to the substantive role, I also undertake the role of Deputy Chief Executive for the organisation, which involves deputising for the Chief Executive Officer in her absence and working closely with the Chief Executive on many issues.
7. On 27 January 2020, I took on the role as one of two additional Strategic Directors for the internal management of PHW's response what was to become the Covid-19 pandemic. Dr Quentin Sandifer, Director of Public Health Services and Medical Director, was the sole Strategic Director. It was clear that the role was going to face considerable challenges with out of hours demands and a focus that went far beyond our organisation. We were working long hours and seven days a week and it would not be possible for Dr Sandifer to cover all of this. It was also clear that many partners in the public sector, private sector and within government needed extensive professional advice and we needed to free up Dr Sandifer to lead on this professional work.

8. Rhiannon Beaumont-Wood, Executive Director of Quality, Nursing and Allied Health Professionals and I joined Tracey Cooper and Quentin Sandifer in providing Strategic leadership for the incident. We provided additional cover out of hours and took on specific lead roles. My main roles included :
 - a. Securing the supply chain for testing platforms and consumables
 - b. Communicating testing capacity
 - c. Ensuring that all our premises were Covid safe
 - d. Setting up call centres
9. My role led on many of the internal functions necessary to ensure that the organisation continued to function smoothly as the demands on the organisation changed.
10. Rhiannon led on the functions that ensured that there was adequate personnel cover in place to meet the response required.
11. My role during that period of the initial response to the pandemic was very much an internal and operational one. I worked to ensure that the organisation continued to operate effectively and with due governance whilst coming under considerable pressure.
12. As Finance Director, I worked with colleagues to ensure that equipment and materials needed for testing were procured rapidly, within proper governance frameworks. I established systems to ensure that all Covid related items were separately identified and accounted for. I worked with Welsh Government to secure funding for all such expenditure.
13. In my role leading estates and facilities, I ensured that all our facilities were safe and compliant. We also worked to set up call centres rapidly. The Information Management and Technology team and facilities team worked closely to equip and enable remote working. They worked to expand telephone systems to cope with a huge increase in volume of calls and the establishment of a call centre.
14. I worked with our Communications team to ensure that we had a robust web platform to cope with the unprecedented traffic experienced as which occurred as daily case numbers were announced.

B. Initial response to the pandemic – January to March 2020

15. In my official capacity, I first became aware of what we now know to be Covid-19 on 13 January 2020, when Dr Quentin Sandifer provided a briefing to our Executive Team.
16. As stated above, my role during this period had an internal focus and I led on much of the organisational preparation. I was not involved in additional meetings with policy officials or elected representatives to discuss the Public Health policy or response. I did not provide advice on any aspect of the pandemic response.
17. I understood from internal discussions that the Welsh Government's initial strategy in responding to Covid-19 between January and March 2020 was very much in line with the four nations approach as agreed by the four Chief Medical Officers. I was not involved in meetings or discussions to be able to comment further on Welsh Government's initial strategy.
18. In relation to 'herd immunity', I am not aware of any discussions between Public Health Wales and Welsh Government. I was not aware or party to any discussions in Public Health Wales on the subject, in respect of Covid-19.
19. I was not directly involved in discussions with Welsh Government, which would enable me to comment on whether they appreciated the seriousness of the threat of Covid-19 or at what stage. However, in all my dealings with them from a finance and organisational position, they were very responsive and expedited all decisions to ensure that we had maximum opportunity to secure supplies from a much pressured supply chain during the pandemic response. Additional funding was requested from the Welsh Government on 6th March 2020 to support the PHW response. Funding was also requested on 24th March 2020 to ensure testing platforms for Covid-19 were in place. Both requests were granted.
20. During January and the first half of February 2020, the organisation was working mainly with the Chief Medical Officer for Wales and his team, and from mid-February, the Organisation was working with the wider Health and Social Services Group and other Welsh Government Departments. I appreciate that our teams shared their understanding and intelligence on the global position and learning from colleagues overseas.

21. I was not involved in any approach made by Welsh Government to Public Health Wales in respect of mass public gatherings.
22. In relation to the initial lockdown announced on the 23 March 2020, it is my understanding PHW did not provide advice to the Welsh Government in advance of the lockdown. I understood that the decision-making was being undertaken on a four-nation basis but I did believe, from the clinical opinion internally, that it was needed. I am not qualified to make any personal comment on the timings or easing.
23. My understanding was that all decisions on international travel were necessarily made on a four nation's basis. Whilst conscious of the impact of Welsh travellers returning to the UK, Welsh Government could not control their movements, as many were entering through points of entry outside Wales.
24. In the initial response period, my priority was to support the functioning and scaling up of Public Health Wales whilst other of my professional colleagues worked on the pandemic response.

C. Role in key decision-making and evidence provided to the Welsh Government

25. Public Health Wales has a close working relationship with colleagues within the Health and Social Services Group within Welsh Government and many of the contacts we had throughout the pandemic were with individuals we had known and worked with for a number of years.
26. In the early stages of the pandemic, I was invited into a range of meetings, but my role was an operational lead/director. I was responsible for implementing key elements of policy as far as it applied to Public Health Wales. I played a key role in securing the testing supply chain, setting up sampling centres, commissioning labs and establishing call centres. The role was operational and at no stage advised on policy. If at any stage I was asked to attend a meeting where it was evident that policy would be discussed my role was to ensure that we were correctly represented to supply the professional, technical and clinical information necessary. At no stage did I provide such information. I do not believe that I played a significant role in key decisions made. I did not provide advice, which either led or supported policy.

27. I was not part of any WhatsApp groups and nor did I have any private communications with Welsh Ministers or senior Civil Servants about key decisions.
28. The only engagement, which I had with UK government, was in respect of the novation of contracts in respect of IP5 Laboratory 1 to the Department of Health and Social Care in England to support the UK response and the establishment of Lighthouse Labs. This novation was at the request of the Welsh Government and we were not party to the discussions or decision-making between the governments. The process of novation was, at times, slow and frustrating as we struggled to ascertain consistent decision makers within UK government who were able to work to the necessary legal timetables.
29. My role, did not offer me sufficient insight into the decision-making or policy formation within Welsh Government to offer any comment on whether Public Health Wales was adequately involved during the early stages of the Covid-19 Pandemic.
30. I was not part of the process to provide Welsh Government with advice as far as non-pharmaceutical interventions (NPI's) were concerned and I am therefore not able to comment on the considerations made when making these decisions.
31. I played no role in assisting Welsh Government to understand the International response to Covid-19.

D. Divergence

32. From my understanding, Welsh Government aligned to the approach of the UK Government during the first UK lockdown and then began to diverge as restrictions were released.
33. I do not feel qualified to comment on whether a divergence between the Welsh Government and the other three-nations in response to the Covid-19 pandemic was necessary or appropriate, but I do note that epidemiology was developing in a different way across the four nations and, as health is a devolved function, the potential for divergence was clearly possible.
34. Whilst I believe that the Welsh Government's approach to the pandemic appeared to work well, I do not know sufficient detail of the approaches taken in the other three

nations to be able to comment and compare whether the divergent approaches taken by the Welsh Government were effective.

E. Public health communications

35. My role in relation to public communications was to ensure that the communications team were adequately resourced and supported to ensure that communication provided by the organisation was timely, accurate and compliant with agreed protocols. Extra staff were recruited into the team and staff deployed from across the organisation to bolster the support to the team. Clear rotas, cover and on call arrangements were agreed and clearly communicated with all necessary employees of Public Health Wales.
36. I worked with colleagues from Digital Health and Care Wales to ensure that a stable web platform was available in order to support the unprecedented demand as key data was released.
37. In relation to the Welsh Government's public health communications, aspects that, in my view worked well were:
- a. The accurate and timely provision of case numbers and deaths in a clear and agreed format.
 - b. The agreement of respective roles between Public Health Wales and the Chief Medical Officer for Wales
38. A difficulty, which was apparent, was the possible confusion in messaging as UK Government messages spread across the border and appeared to be UK wide when policy was diverging after the initial stages.

F. Legislation

39. I had no role in providing advice to the First Minister, the Welsh Government, or its representatives, on the public health and coronavirus legislation and regulations.

G. Funding

40. In my opinion, Public Health Wales received sufficient funding, at all times, from Welsh Government, to fully exercise its role. It was agreed between Welsh Government and

Public Health Wales, at an early stage, that all Covid related expenditure would be fully reimbursed, if processed with appropriate governance. Welsh Government expedited normal approval mechanisms and there were no delays. Public Health Wales was not held back in any way by funding constraints.

H. Lessons learned

41. Public Health Wales worked closely with Welsh Government over the course of the pandemic and I understand that the requirements of us became clearer as the pandemic progressed. There was increased clarity as to roles and responsibilities, key contacts and the “battle rhythm” which all indicated that there was a continuous process of review and learning.
42. From the perspective of my role as a strategic director focusing on the finance and operational functioning of Public Health Wales in response to the pandemic, I believe the Welsh Government was supportive of and responsive to requests for additional funding.

Statement of Truth

I believe that the content of this corporate witness statement is true to the best of my knowledge and belief.

Personal Data

Signed:

Huw David George – Deputy Chief Executive and Executive Director of Operations and Finance of Public Health Wales NHS Trust

Dated: 14/07/2023