GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales	**Name of Meeting** Board **Date of Meeting** *24 September 2026* **Agenda item:** *4.5*

A summary of the UK Covid-19 Inquiry Module 5: Procurement	
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Approval/Scrutiny route:	Public Health Wales Business Executive Team Tom Fowler, Deputy National Director of Health Protection and Screening Services, Paul Veysey, Board Secretary and Head of Board Business Unit

Purpose

This paper provides the Board with a summary of the UK Covid-19 Inquiry Module 5: Procurement, outlining the key findings, conclusions and recommendations relevant to Public Health Wales.

Recommendation:

APPROVE	CONSIDER	RECOMMEND	ADOPT	ASSURANCE
☐	☒	☐	☐	☒

The Board is asked to:

- **Note** this report and **consider** the summary of the UK Covid-19 Inquiry Module 5: *Procurement*.
- **Take assurance** in relation to organisational activity contributing to the mitigation of the Module 5 recommendations, particularly in relation to pandemic preparedness, supply chain resilience, stockpile management, emergency procurement arrangements, data and technology systems, and partnership working across Wales and the UK.
- **Take assurance** on the continued use of existing PHW groups and governance structures to address identified recommendations, embed learning and facilitate a programme of continuous improvement in pandemic preparedness, resilience and response, including those activities supporting procurement, logistics, distribution and supply chain assurance.

Link to Public Health Wales Strategic Plan Public Health Wales has an agreed strategic plan, which has identified seven strategic priorities and well-being objectives. This report contributes to the following:	
Strategic Priority / Wellbeing Objective	4 - Delivering excellent public health services

Summary impact analysis	
Equality and Health Impact Assessment	An Equality or Health Impact Assessment has not been undertaken.
Risk and Assurance	High level of organisational risk if an adequate response to the inquiry is not implemented
Health and Social Care (Quality and Engagement) (Wales) Act	This report supports and/or takes into account the Health and Care Standards for NHS Wales Quality Themes, and in particular, Theme 02.
Financial implications	Dependent on the final agreed approach with Welsh government and cannot currently be assessed
People implications	May require training, upskilling and change in practice

1. Purpose / Situation

This paper provides the Board with a summary of the UK Covid-19 Inquiry Module 5: Procurement, published in July 2026, which examined the procurement and distribution of key healthcare equipment and supplies across the United Kingdom during the Covid-19 pandemic, including personal protective equipment (PPE), ventilators and testing equipment.

Module 5 considers the extent to which the UK and devolved administrations were prepared to procure, manage and distribute critical supplies during a pandemic, the effectiveness of the systems and arrangements put in place during Covid-19, and where weaknesses in preparedness, supply chain resilience, stockpile management, procurement capability, governance and transparency were exposed.

The Inquiry also examined emergency procurement processes, the management of national stockpiles, the role of domestic manufacturing and international supply chains, the use of technology and data systems, workforce capability, and the impact of procurement decisions on public confidence and value for money.

The purpose of this paper is to:

- Summarise the key findings and recommendations of Module 5 that are relevant to pandemic preparedness, procurement and supply chain resilience;
- Highlight strategic learning for future pandemics, particularly in relation to stockpile management, emergency procurement arrangements, domestic manufacturing capability, data and technology systems, transparency and governance;
- Provide assurance to the Board on the relevance of the Module 5 findings to Public Health Wales' remit and ongoing preparedness activity; and
- Support Board oversight of how learning from Module 5 will be considered alongside other UK Covid-19 Inquiry modules to inform future system resilience and improvement.

This paper is intended to support Board awareness and assurance, rather than to seek approval for specific actions at this stage. It should be read in the context of previously considered Inquiry modules and the organisation's wider emergency preparedness, resilience and response responsibilities.

2. Background

The UK Covid-19 Inquiry was established to examine the UK's response to, and impact of, the Covid-19 pandemic and to identify lessons for the future. Given the scale and complexity of the pandemic, the Chair divided the Inquiry into themed modules.

Module 5 focused on the procurement and distribution of key healthcare equipment and supplies across the United Kingdom during the Covid-19 pandemic, including personal protective equipment (PPE), ventilators and testing equipment.

It examined evidence relating to preparedness, emergency procurement arrangements, supply chains, stockpile management, distribution systems, technology and data, domestic manufacturing capability, governance and transparency across the four nations of the UK.

The Module 5 report was published in July 2026.

Key findings

- **Preparedness and stockpile management**

  The Inquiry found that the pandemic stockpile of PPE and other equipment was inadequate to meet demand and was not subject to an adequate system of management and oversight. Organisations responsible for emergency procurement and distribution were not sufficiently prepared for a pandemic, and existing plans had not been adequately stress-tested through pandemic exercises.

- **Procurement and distribution systems**

  The structures established to support procurement and distribution did not sufficiently integrate inventory, usage, procurement and distribution information. Procurement systems were found to be complex, inefficient and unable to cope effectively with the volume of information generated during the pandemic response.

- **Supply chain resilience and manufacturing capability**

  The Inquiry found there was no effective strategy for increasing international trade and domestic manufacturing resilience during a pandemic. Supplier dependency was concentrated in a limited number of international markets, and domestic manufacturing capability had not been adequately considered in preparedness planning.

- **Workforce capability and external support**

  There were insufficient numbers of officials with specialist skills, experience and expertise in emergency healthcare procurement. The Inquiry also identified inadequate planning for the use of external advisers and businesses during an emergency procurement response.

- **Governance, transparency and public confidence**

  Public confidence in emergency procurement was undermined by a lack of transparency, inadequate controls over spending and the operation of the High Priority Lane. The Inquiry concluded that the High Priority Lane should not be repeated in future pandemic responses.

- **Technology and data systems**

  The technology and data systems supporting emergency procurement and distribution were found to be outdated and did not enable effective sharing and analysis of procurement and distribution information.

- **Positive aspects of the response**

  The Inquiry recognised the contribution of UK embassies and trade missions in identifying suppliers globally and highlighted effective collaboration between the public and private sectors in sourcing, manufacturing and supplying critical equipment during the pandemic.

Key themes

- **Preparedness and resilience:** Pandemic preparedness requires effective stockpile management, scalable procurement arrangements and tested plans for emergency procurement and distribution.
- **Supply chain resilience:** Greater focus is required on domestic manufacturing capability, international trade planning and supply chain resilience for critical healthcare equipment.

- **Data and technology:** Modern, integrated technology and real-time data systems are essential to support effective procurement, inventory management and distribution decisions during a pandemic.
- **Transparency and accountability:** Public confidence depends upon transparent, fair and well-governed procurement processes supported by clear accountability arrangements.
- **Capability and learning:** Future preparedness requires investment in workforce capability, specialist procurement expertise and the retention of lessons identified from the Covid-19 response.

Recommendations

Module 5 made 11 recommendations aimed at strengthening future pandemic preparedness:

- Improvements to the composition, management and inspection of the pandemic stockpiles
- Pandemic response exercises to include emergency procurement and distribution
- Emergency procurement and distribution systems for the UK
- Emergency healthcare equipment regulations
- An emergency healthcare equipment plan
- Blueprints for critical care medical technology
- Emergency international trade and domestic industry to form part of the whole-system civil emergency strategy
- A programme of training in emergency procurement and distribution of healthcare equipment
- A commercial framework agreement for the emergency procurement and distribution of healthcare equipment
- Improved transparency, governance and accountability in an emergency
- Placing data and technology at the centre of emergency procurement and distribution of healthcare equipment.

These recommendations complement earlier Inquiry modules, particularly those relating to preparedness, governance and resilience, and reinforce the need for a whole-system approach to strengthening future pandemic readiness across the UK.

For a detailed 'synopsis by chapter' of the Module 5 report, please refer to Appendix 01.

3. Assessment

3.1 Implications for Public Health Wales and the Wider System

Public Health Wales and the wider health and care system in Wales have an important role in supporting pandemic preparedness, resilience and response arrangements.

While Module 5 focuses primarily on the procurement and distribution of critical healthcare equipment rather than public health interventions, its findings reinforce the importance of robust preparedness, effective governance, resilient systems and strong partnership working across organisational and sectoral boundaries.

Module 5 highlights that weaknesses in stockpile management, procurement planning, supply chain resilience, data systems and emergency preparedness arrangements contributed to challenges experienced during the Covid-19 response.

The Inquiry concludes that future preparedness requires stronger planning, greater system integration, improved information systems, enhanced workforce capability and a more resilient approach to the procurement and distribution of critical healthcare equipment.

For Wales, the report emphasises the importance of a whole-system approach to pandemic preparedness that extends beyond emergency response arrangements and incorporates procurement, logistics, supply chain resilience, governance, data and technology.

It also reinforces the need for continued collaboration between Welsh Government, NHS Wales organisations, public health agencies and wider partners to ensure lessons from Covid-19 translate into durable improvements in resilience and preparedness.

3.2 PHW Position in Relation to the Recommendations

None of the recommendations within Module 5 are directed specifically at Public Health Wales (PHW). They are principally aimed at UK Government, devolved administrations and organisations with responsibility for emergency procurement, stockpile management, supply chains, healthcare equipment distribution and related governance arrangements.

For a detailed summary of the Module 5 recommendations, please refer to Appendix 02.

This section summarises the relevance of the recommendations to PHW and outlines areas where PHW may support Welsh Government and wider system partners in considering the lessons arising from Module 5.

NB. A review of the report identified no substantive references to PHW within the findings, conclusions or recommendations. The report's focus is primarily on UK and devolved government arrangements for emergency procurement and distribution of critical healthcare equipment.

Recommendation 1: Improvements to the Composition, Management and Inspection of Pandemic Stockpiles

This recommendation has limited direct relevance to PHW and relates primarily to organisations responsible for stockpile ownership, management and assurance.

The Inquiry found that pandemic stockpiles were inadequately managed and overseen and were insufficient to meet demand during the Covid-19 response.

PHW does not hold responsibility for national stockpile management. However, PHW has an interest in ensuring that preparedness arrangements are sufficient to support public health response functions during future emergencies.

PHW's role is likely to be advisory and supportive through preparedness, resilience and response arrangements rather than through direct ownership of stockpile systems.

Recommendation 2: Pandemic Response Exercises to Include Emergency Procurement and Distribution

This recommendation is relevant to PHW through its emergency preparedness, resilience and response functions.

The Inquiry concluded that arrangements for emergency procurement and distribution had not been adequately tested through pandemic exercises before Covid-19.

PHW has extensive experience in the planning, delivery and evaluation of preparedness exercises across Wales and recognises the importance of testing whole-system arrangements.

Future exercising activity provides an opportunity to ensure procurement, supply chain and distribution considerations are incorporated within wider pandemic preparedness programmes.

Recommendation 3: Emergency Procurement and Distribution Systems for the UK

This recommendation has indirect relevance to PHW but sits primarily with UK Government, Welsh Government and organisations responsible for procurement and logistics.

The Inquiry identified significant weaknesses in arrangements for emergency procurement and distribution of healthcare equipment.

PHW does not have responsibility for establishing national procurement systems but has an interest in ensuring that future arrangements support effective pandemic preparedness and response across Wales.

PHW may contribute lessons identified, preparedness expertise and public health advice to future system developments.

Recommendation 4: Emergency Healthcare Equipment Regulations

This recommendation sits largely outside PHW's direct remit and relates primarily to regulatory and policy arrangements.

The Inquiry highlighted challenges associated with the regulatory environment for healthcare equipment during emergencies.

PHW is not responsible for establishing or regulating healthcare equipment standards. Responsibility rests principally with governments, regulators and associated policy bodies.

PHW's role would be limited to providing evidence, public health advice and technical expertise where appropriate.

Recommendation 5: An Emergency Healthcare Equipment Plan

This recommendation is relevant to PHW through wider preparedness and resilience arrangements.

The Inquiry identified the need for clearer planning arrangements to support the availability and distribution of critical healthcare equipment during future pandemics.

PHW's interest relates to ensuring that public health requirements are reflected within wider preparedness arrangements and that planning assumptions align with future pandemic risks.

Development and ownership of such plans would sit primarily outside PHW.

Recommendation 6: Blueprints for Critical Care Medical Technology

This recommendation has limited direct relevance to PHW and is primarily focused on healthcare equipment preparedness and clinical service resilience.

The recommendation seeks to improve readiness through pre-established approaches to critical healthcare technologies.

PHW may have an advisory interest through preparedness planning and resilience discussions but would not be expected to lead delivery.

Recommendation 7: Emergency International Trade and Domestic Industry Strategy

This recommendation sits primarily with UK Government and devolved administrations and relates to national resilience and industrial capability.

The Inquiry identified a lack of preparedness in relation to domestic manufacturing capability and supply chain resilience.

PHW has no direct role in industrial policy, trade arrangements, or the establishment of contractual agreements with suppliers. However, PHW recognises the importance of resilient supply chains and the availability of critical healthcare equipment during emergencies.

PHW could support Welsh Government through the provision of public health advice, risk assessment, lessons identified from incidents and exercises, and insights regarding the availability and demand for critical health protection equipment and services that could inform preparedness arrangements, including advance contractual mechanisms intended to be activated during a pandemic.

Recommendation 8: Programme of Training in Emergency Procurement and Distribution

This recommendation is relevant to PHW through organisational preparedness and workforce development.

The Inquiry identified a shortage of personnel with specialist emergency procurement and distribution expertise.

While PHW is not responsible for national procurement capability, the organisation supports preparedness training, exercising and organisational learning and recognises the value of maintaining specialist expertise across the wider system.

Delivery of this recommendation would require broader system leadership and investment.

Recommendation 9: Commercial Framework Agreement for Emergency Procurement and Distribution

This recommendation has limited direct relevance to PHW and relates primarily to procurement organisations and government bodies.

The recommendation seeks to improve preparedness through pre-established commercial arrangements that can be activated during emergencies.

PHW would not be responsible for establishing such frameworks but has an interest in ensuring that wider arrangements contribute to resilient emergency response systems.

Recommendation 10: Improved Transparency, Governance and Accountability in an Emergency

This recommendation is relevant to PHW through its commitment to good governance, assurance and public confidence.

The Inquiry identified concerns regarding transparency, governance and accountability during emergency procurement activities.

PHW supports the principle that effective governance and transparency are essential components of preparedness, public trust and organisational resilience.

Responsibility for implementing procurement governance reforms rests primarily with governments and organisations responsible for procurement activity.

Recommendation 11: Placing Data and Technology at the Centre of Emergency Procurement and Distribution

This recommendation is the most closely aligned to PHW's existing strengths in intelligence, evidence generation, surveillance and data capability.

The Inquiry identified weaknesses in data and technology systems that hindered effective procurement and distribution decision-making during the pandemic.

PHW continues to strengthen its data, intelligence and analytical capabilities and recognises the importance of integrated information systems in supporting preparedness and response.

Delivery of this recommendation will require system-wide investment and collaboration across organisational boundaries, with PHW well placed to contribute an intelligence and evidence perspective.

Overall Position

PHW has reviewed Module 5 and identified no substantive references to Public Health Wales within the report findings, conclusions or recommendations. The strongest alignment between the Inquiry recommendations and PHW's existing functions relates to preparedness, exercising, organisational learning, governance, workforce development, data, intelligence and evidence generation.

Most recommendations require action by organisations with responsibility for procurement, stockpile management, supply chain resilience, healthcare equipment regulation and national policy.

Consequently, PHW's role is primarily one of advice, preparedness leadership, public health expertise and support to Welsh Government and wider partners as findings from Module 5 are considered and implemented across Wales.

3.3 PHW Prioritisation for Welsh Government Engagement

Public Health Wales (PHW) has identified a small number of areas where engagement with Welsh Government (WG) may assist consideration of the findings arising from Module 5 of the UK Covid-19 Inquiry.

Unlike previous Inquiry modules, Module 5 is principally focused on emergency procurement, stockpile management, supply chain resilience, healthcare equipment distribution, governance and manufacturing capability. These functions largely sit outside PHW's direct remit and are primarily the responsibility of Welsh Government, UK Government and organisations responsible for procurement and logistics arrangements.

Consequently, PHW's role is primarily to support wider system learning, preparedness and resilience rather than to lead implementation of the recommendations.

Priority 1: Whole-System Pandemic Preparedness and Resilience

Module 5 identifies significant weaknesses in preparedness, stockpile management, emergency procurement arrangements and the testing of procurement and distribution systems prior to the pandemic. The Inquiry concludes that stronger planning, exercising and preparedness arrangements are required to support future resilience.

Why: PHW has an established role in emergency preparedness, resilience and response arrangements across Wales. Whilst responsibility for procurement and stockpile management sits elsewhere, PHW can support Welsh Government and system partners by ensuring relevant lessons are considered within wider pandemic preparedness, exercising, resilience and organisational learning arrangements.

This may include providing public health advice and preparedness expertise to inform consideration of the healthcare equipment, supply chain and resilience requirements that underpin future contingency arrangements, including advance contractual mechanisms for pandemic response.

Priority 2: Data, Information and System Learning

Module 5 highlights weaknesses in data and technology systems used to support emergency procurement and distribution and recommends that data and technology should be placed at the centre of future arrangements. The report also emphasises the importance of effective governance, transparency and evidence-informed decision-making.

Why: PHW has significant capability in intelligence, surveillance, evidence generation and public health analytics. Welsh Government leadership will be required to drive broader system improvements; however, PHW can support consideration of how data, intelligence and lessons learned can contribute to future preparedness and resilience arrangements across Wales.

Overall Position

Module 5 is not primarily focused on Public Health Wales and contains no substantive recommendations directed specifically to the organisation. Most recommendations relate to areas of responsibility held by governments and organisations responsible for stockpile management, procurement, distribution, manufacturing capability and supply chain resilience.

Therefore, PHW's priority is not the direct implementation of specific recommendations but supporting Welsh Government and wider partners in considering the wider preparedness, resilience, governance and learning implications arising from the Inquiry, including providing public health advice and evidence to inform consideration of future healthcare supply resilience and contingency arrangements where appropriate.

This proportionate approach reflects both the content of Module 5 and PHW's role within the Welsh system.

PHW will continue to contribute public health expertise, preparedness and resilience leadership, surveillance and intelligence capability, evidence generation and organisational learning to support Welsh Government and wider partners in considering and implementing relevant lessons arising from Module 5.

This may include informing consideration of the public health requirements associated with resilient healthcare supply chains, critical equipment availability and wider pandemic preparedness arrangements

As with previous Inquiry modules, PHW will continue to support Welsh Government and wider partners across all recommendations within the limits of its role and remit.

Well-Being Of Future Generations (Wales) Act 2015

Public Health Wales (PHW) has applied the Well-being of Future Generations (Wales) Act 2015 to its consideration of the findings arising from Module 5 of the UK Covid-19 Inquiry, recognising that decisions relating to pandemic preparedness, emergency procurement, supply chain resilience and system capability have long-term implications for population health and public service resilience.

Module 5 highlights the importance of maintaining effective preparedness arrangements between emergencies, including robust planning, resilient supply chains, effective governance, modern data systems and the capability to procure and distribute critical healthcare equipment during a future pandemic.

The Inquiry reinforces the need for a whole-system approach to preparedness involving government, health services, public health agencies and wider partners to ensure lessons from Covid-19 are embedded into future planning. It also highlights the importance of transparency, accountability and evidence-informed decision-making in maintaining public confidence.

The findings align with the five ways of working set out in the Act: long-term, through sustained investment in preparedness and resilience; prevention, through strengthening arrangements before emergencies occur; integration, through coordinated planning across procurement, logistics, public health and healthcare systems; collaboration, through partnership working across organisations and sectors; and involvement, through ensuring preparedness arrangements support population needs.

Module 5 also supports the Well-being Goals of a Resilient Wales, a Healthier Wales and a More Prosperous Wales, reinforcing the importance of resilient public services and effective preparedness arrangements to protect the population during future health emergencies.

4. Recommendations

The Board is asked to:

- **Note** this report and **consider** the summary of the UK Covid-19 Inquiry Module 5: *Procurement*.
- **Take assurance** in relation to organisational activity contributing to the mitigation of the Module 5 recommendations, particularly in relation to pandemic preparedness, supply chain resilience, stockpile management, emergency procurement arrangements, data and technology systems, and partnership working across Wales and the UK.
- **Take assurance** on the continued use of existing PHW groups and governance structures to address identified recommendations, embed learning and facilitate a programme of continuous improvement in pandemic preparedness, resilience and response, including those activities supporting procurement, logistics, distribution and supply chain assurance.

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Appendices

Appendix 01: Module 5 Report Synopsis by Chapter

Chapter 1: The UK's readiness for emergency procurement and distribution

Examines the state of UK preparedness before the Covid-19 pandemic, including the management of pandemic stockpiles, procurement arrangements, distribution planning, ventilator capacity and testing infrastructure.

Finds that the UK entered the pandemic with inadequate stockpile management, significant volumes of expired PPE, insufficient contingency planning, an overreliance on just-in-time supply contracts and limited preparedness for large-scale procurement and distribution. Pandemic exercises identified concerns relating to PPE, distribution and supply resilience but failed to adequately stress-test emergency procurement arrangements.

Concludes that future preparedness requires more robust stockpile management, improved governance and oversight, stronger supply chain planning, accessible stockpiles, and regular testing of procurement and distribution systems through pandemic exercises.

Chapter 2: Emergency procurement and distribution during the pandemic

Examines the procurement and distribution response during the Covid-19 pandemic, including the arrangements established to procure PPE, ventilators and testing equipment under conditions of unprecedented demand and global competition.

Finds that governments and procurement organisations were required to rapidly establish new systems and processes because existing arrangements could not operate at the scale required. Officials worked under extreme pressure to secure critical equipment while managing supply shortages, volatile markets and significant logistical challenges.

Concludes that although substantial quantities of equipment were ultimately secured and distributed, the response was hindered by inadequate preparedness, inefficient systems, fragmented information and insufficient integration between procurement and distribution functions.

Chapter 3: Regulation, inspection and enforcement

Reviews the regulatory framework governing healthcare equipment, including PPE, ventilators and testing equipment, and examines how regulatory, inspection and enforcement arrangements operated during the pandemic.

Finds that healthcare equipment was subject to a complex regulatory environment that was not well designed for the pace and scale of a public health emergency. The absence of clear guidance, limited inspection capacity and challenges in identifying non-compliant products created difficulties for procurement teams attempting to balance urgency with product quality and safety.

Concludes that future pandemic preparedness requires clearer emergency regulatory arrangements, proportionate inspection and enforcement processes,

and better support for procurement teams making rapid decisions in emergency conditions.

Chapter 4: Global supply chains and domestic industrial resilience

Examines the impact of global supply chain disruption during Covid-19 and the UK's reliance on international suppliers for critical healthcare equipment.

Finds that demand for healthcare equipment increased dramatically across the world, placing severe strain on international supply chains. The UK was heavily dependent on overseas suppliers, particularly China, and lacked a coherent strategy to strengthen domestic manufacturing resilience before the pandemic. However, significant innovation and collaboration from UK manufacturers helped increase the availability of PPE, ventilators and testing equipment during the response.

Concludes that future pandemic resilience requires a more strategic approach to domestic manufacturing, diversified supply chains, strengthened international trade arrangements and greater investment in national industrial capability.

Chapter 5: Procurement and distribution expertise and experience

Examines the skills, expertise and organisational capability required to deliver large-scale emergency procurement and distribution operations.

Finds that there were insufficient numbers of personnel with specialist procurement experience across government and devolved administrations to manage a procurement response of the scale demanded by Covid-19. Significant reliance was placed on external advisers, consultants, the military and private sector expertise to establish and operate emergency systems.

Concludes that future preparedness requires investment in workforce capability, specialist procurement skills, training programmes and arrangements to access expert support rapidly during emergencies.

Chapter 5A: Procurement and distribution expertise and experience

Provides further examination of the expertise, structures and external support mechanisms used to bolster procurement and distribution capability during the pandemic.

Finds that specialist commercial, logistical and operational expertise played a vital role in sustaining the emergency response. However, insufficient planning had been undertaken before the pandemic regarding how external advisers and organisations would be incorporated into emergency procurement and distribution arrangements.

Concludes that future resilience requires clearer frameworks, pre-established arrangements and sustained investment in capability to ensure the necessary expertise is available rapidly and effectively during future emergencies.

Chapter 6: Transparency, governance and accountability

Examines governance arrangements for emergency procurement, including contract management, oversight, transparency and the operation of the High Priority Lane.

Finds that transparency and accountability arrangements did not keep pace with the speed and scale of emergency procurement activity. The Inquiry concluded that the High Priority Lane resulted in preferential treatment for some suppliers and contributed to perceptions of unfairness, undermining public confidence in procurement processes. The report also highlights concerns regarding the control of public expenditure and the level of waste generated during the pandemic response.

Concludes that future emergency procurement arrangements must be supported by stronger governance, greater transparency, improved accountability and fair, objective assessment processes that maintain public confidence.

Chapter 7: Data, technology and the future of emergency procurement

Examines the role of data and technology in supporting procurement and distribution decisions during the pandemic.

Finds that existing systems were outdated, fragmented and insufficiently integrated, limiting visibility of inventory, demand, procurement activity and distribution arrangements. Decision-makers often lacked access to reliable real-time information to support efficient procurement and deployment of resources.

Concludes that modern, interoperable technology and real-time data systems must form a central component of future emergency procurement and distribution arrangements. Improved information sharing, automation and data-driven decision making.

Appendix 02: Module 5 Report Recommendations

Recommendation 1: Improvements to the composition, management and inspection of the pandemic stockpiles

The UK government and devolved administrations should ensure, within 12 months of the publication of this Report, that the pandemic stockpiles:

- retain stock that is better aligned with the range and severity of pandemic risks identified in the National Security Risk Assessment;
- maintain a minimum three-month supply of PPE for the entire health and social care system in the UK;
- retain close-to-zero tolerance for expired stock;
- better reflect the composition of the UK's health and social care workforce, aligned with fit-testing and other sizing requirements;
- maintain a simple and streamlined system of management and oversight; and
- are stored in a wide range of accessible locations.

To demonstrate continued compliance with the above, inspection reports should be submitted to health and social care ministers at least annually. Any issues identified should be resolved within three months.

The inspection reports should be published with the preparedness and resilience reports (Module 1, Recommendation 8).

Recommendation 2: Pandemic response exercises to include emergency procurement and distribution

The UK government and devolved administrations should evaluate the readiness of the structures, systems and processes for the emergency procurement and distribution of healthcare equipment as part of UK-wide pandemic response exercises.

Recommendation 3: Emergency procurement and distribution systems for the UK

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive, within 12 months of the publication of this Report, should each have ready systems for the emergency procurement and distribution of healthcare equipment.

These new systems must:

- integrate procurement and distribution;
- have the ability rapidly to scale up efficient operations, including through integrated emergency procurement teams and automating the triaging and processing of offers of supply; and
- be able to use market research, modelling and price benchmarking to ensure value for money.

Recommendation 4: Emergency healthcare equipment regulations

The UK government and devolved administrations should publish simplified regulations for emergency healthcare equipment that are aligned with and cover the range and severity of pandemic risks identified in the National Security Risk Assessment.

The simplified regulations should:

- establish the minimum technical specifications of healthcare equipment specifically for use in a pandemic, including international standards that are recognised in the UK;
- clearly identify the regulator responsible for coordinating regulation, inspection and enforcement for each type of equipment; and
- be accompanied by a buyer's guide that is easily understood by procurement officials, suppliers and end-users in the health and social care sectors.

The emergency healthcare equipment regulations and the buyer's guide should be kept under review and updated in line with relevant changes to the National Security Risk Assessment.

Recommendation 5: An emergency healthcare equipment plan

UK regulators, including the Health and Safety Executive, the Health and Safety Executive for Northern Ireland, the Office for Product Safety and Standards and the Medicines and Healthcare products Regulatory Agency, should establish an emergency healthcare equipment cross-regulator plan for future pandemics.

The plan must include arrangements for:

- coordination of written guidance from regulators to ensure that it is clear, concise and updated when required; and
- increasing testing house capacity and the deployment of suitable inspection regimes both to reduce the quantity of non-compliant equipment entering the system and to improve enforcement.

Recommendation 6: Blueprints for critical care medical technology

The UK government and devolved administrations should jointly commission a group of experts to develop blueprints for rapidly scalable critical care medical technology, aligned with the range and severity of pandemic risks identified in the National Security Risk Assessment, within 12 months of the publication of this Report.

The blueprints should be issued in accordance with the emergency healthcare equipment regulations and buyer's guide (see Recommendation 4 of this Report) and regularly reviewed to ensure that they reflect technological advances.

Recommendation 7: Emergency international trade and domestic industry to form part of the whole-system civil emergency strategy

The UK-wide whole-system civil emergency strategy, which the Inquiry has recommended should be developed by the UK government and devolved administrations (see the Inquiry's Module 1 Report, Recommendation 4), should include specific objectives for international trade and domestic industry during a pandemic.

These must include:

- the establishment of trading alliances in advance of the next pandemic, to diversify overseas sources of raw materials and healthcare equipment;
- contractual arrangements with domestic and international suppliers of raw materials and healthcare equipment manufacturers which activate when a pandemic is declared;
- a robust plan to enable domestic manufacturers rapidly to retool and repurpose facilities for the production of healthcare equipment; and
- supporting investment for research and development into advanced manufacturing of healthcare equipment in the UK.

Recommendation 8: A programme of training in emergency procurement and distribution of healthcare equipment

The UK government and devolved administrations should each establish a pool of officials who are trained in the emergency procurement and distribution of healthcare equipment.

Completion of the training should be mandatory for at least 20% of the workforce of each nation's central healthcare equipment procurement bodies and kept up to date through annual refresher courses.

Recommendation 9: A commercial framework agreement for the emergency procurement and distribution of healthcare equipment

The UK government and devolved administrations should collaborate to establish a UK-wide commercial framework agreement of pre-approved external specialists in the emergency procurement and distribution of healthcare equipment.

The framework should be refreshed every three years.

Recommendation 10: Improved transparency, governance and accountability in an emergency

The UK government, Scottish Government, Welsh Government and Northern Ireland Executive should improve transparency, governance and accountability for procurement in an emergency. As a minimum, these improvements should include the following:

Enhancing transparency

- Any central digital platform used for procurement must allow for the automated collation of contract information and must reduce the administrative burden involved in publishing contract information.
- Contracting authorities across the UK should be required to publish contract award notices (in Scotland) and contract details notices in addition to contract award notices (in England, Wales and Northern Ireland) irrespective of the country in which the supplier is based.

Governance: Fairness in emergency procurement

- There should be no high priority lane.
- All offers to supply healthcare equipment during a pandemic should be assessed according to the application of objective criteria.

Accountability: Approval process for emergency spending on healthcare equipment

- In advance of a pandemic, each health and social care department in each government should agree, with their respective treasuries or finance departments, a process to scrutinise and approve emergency spending on healthcare equipment to ensure that there is a balance between accountability and timely spending decisions.

Recommendation 11: Placing data and technology at the centre of emergency procurement and distribution of healthcare equipment

Within three years of the publication of this Report, the systems for the procurement and distribution of healthcare equipment should be digitalised and interoperable across the UK government and devolved administrations.

As a minimum, these systems should be able to use technology to collect, share and analyse data across the UK in real time on:

- pandemic stockpiles, health and social care sector inventories and usage rates;
- offers of supply, enabling automated comparison, triaging and processing;
- non-compliant healthcare equipment entering the market;
- supply chains, including international delivery times and domestic logistics and distribution data;
- procurement and distribution workforce capacity; and
- spending – automatically identifying, collecting and collating key contract data for publication.