UK Covid-19 Inquiry July 2026 newsletter

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Message from the Chair of the Inquiry

Welcome to the UK Covid-19 Inquiry's July newsletter. Today the Inquiry has published my fifth report, which covers the procurement and distribution across the UK of essential healthcare equipment, including PPE, ventilators and testing equipment. It assesses the effectiveness of procurement and distribution processes and supply chain management during the Covid-19 pandemic.

Earlier today, I explained the contents of my latest report in a video statement. In it, I said:

"When the Covid-19 pandemic struck, the world entered a desperate race to secure vital healthcare equipment and supplies. If governments failed to procure the required equipment and supplies, key workers, including health and social care workers could not be properly protected; their lives and the lives of those for whom they cared were put at risk.

Governments, including those of the United Kingdom, were engaged in a fierce competition during the crisis. International demand skyrocketed, prices rose uncontrollably and global supply chains buckled under enormous strain. At the same time, the emergency stockpile of

PPE and other equipment available to the UK was inadequate to meet the huge surge in demand.

In the global battle to procure equipment and supplies, the UK was simply not ready to compete. The UK entered the pandemic with inadequate and untested plans to increase its emergency procurement and distribution operations rapidly and the bodies responsible were caught off-guard.

In the face of this fundamental lack of readiness, ministers and officials were forced to improvise. Untested emergency procurement and distribution systems had to be developed within days.

Against this backdrop, decision-makers were confronted with an unenviable choice: put large sums of public money at risk to buy equipment at the speed and scale the pandemic demanded, or slow the process down and potentially lose out to international competitors.

They decided to take the risk and buy. Given the scale of the emergency, this was the right choice. To have done otherwise would have placed those working on the frontline in the health and social care sectors, and the wider public, in unacceptable danger.

However, had there been better planning, the choice would not have been so stark and the decision to buy at-risk was not without considerable cost and widespread waste.

One aspect of the response has understandably and, in my view rightly, been the subject of significant public concern: the 'High Priority Lane', also known as the 'VIP Lane'.

Officials, under intense pressure from ministers to ensure that offers of help were being managed properly, established the High Priority Lane. However, it was a misguided attempt at prioritisation. In responding to the crisis, some suppliers were given favourable treatment simply on account of their connections with the government.

The High Priority Lane embedded unfairness in the UK government's emergency procurement - where billions of pounds were at stake. It undermined the otherwise enormous and well-intentioned efforts made by procurement officials, and it undermined public trust in how the government chose to spend taxpayers' money during the pandemic. It should not have been set up and it should not be repeated.

There were, however, many positives in the response that we must not forget.

Businesses and the public rallied enthusiastically to help.

The UK had at its disposal the innovation, expertise and the willingness of domestic life sciences and advanced manufacturing sectors to step up. This was evident in the design and production of PPE, ventilators and testing equipment - all within the UK. Manufacturers retooled and businesses used their international connections to source supplies from around

the world.

The Army stepped in to provide its crisis response expertise and lend its skills to organising an extraordinary logistical operation.

The effective collaboration of the public and private sectors serves as an example of how governments should respond to future pandemics. The UK needs to build on these strengths. The country will not be able to respond effectively without engaging businesses and industry - and ensuring that there is a plan to do so in advance of the next pandemic."

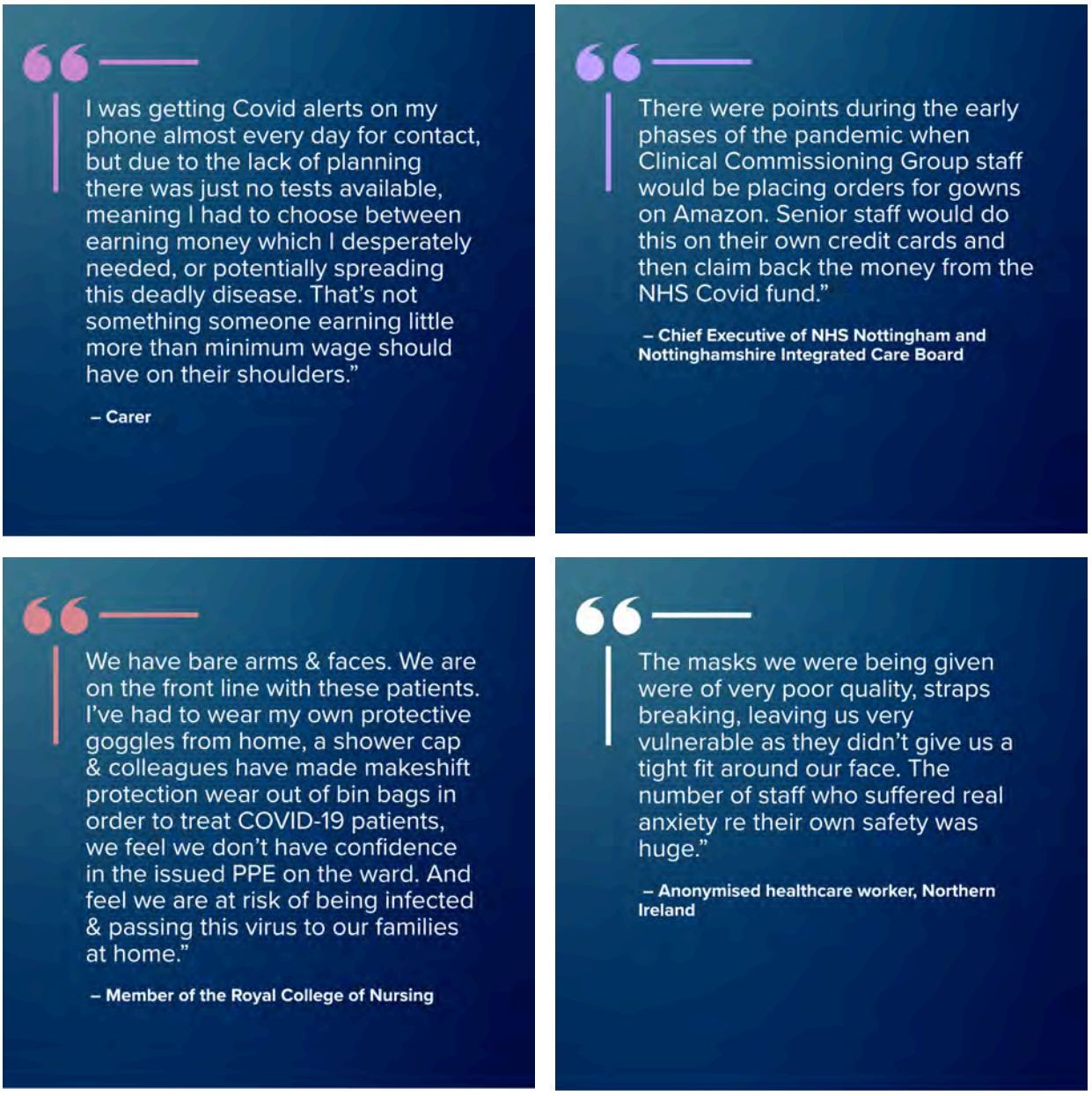
You can watch my full statement on the Inquiry's YouTube channel and read the statement in full on the Inquiry's website.

Inquiry publishes findings and recommendations on procurement during the pandemic

Above: image of the Inquiry's Module 5 (Procurement) report

The Inquiry's latest report is the conclusion of its Module 5 investigation into procurement. During the hearings for Module 5 that took place between 3 - 27 March 2025, the Inquiry heard testimony from 48 witnesses, including public officials, politicians and procurement experts from all four nations of the UK. This evidence was supplemented by approximately 59,000 documents received by the Inquiry, including expert reports and witness statements.

At the start of Module 5 hearings the Inquiry played an impact film featuring a number of people who were affected by procurement issues. Their contributions have helped inform the Inquiry on the human impact of the pandemic.



Above: quotes from the 'Voices' section of the Module 5 report.

The report is published on our website, where you can also access an 'In Brief' summary of the recommendations, available in the following formats:

- Welsh
- English Easy Read
- Video animation
- British Sign Language
- Audio

The Chair has also outlined her findings and recommendations in a video statement which is available to watch online.

The Chair has made 11 recommendations. In summary these include:

Above: a summary of the Module 5 report's recommendations.

Our next report - Impact of the pandemic on the care sector (Module 6)

This autumn, the Inquiry will publish its sixth report detailing the Chair's findings and recommendations about the impact of the pandemic on the care sector. The Inquiry held

hearings for this investigation a year ago, in June and July 2025. During these hearings 54 witnesses provided evidence, including:

- bereaved individuals who lost loved ones in care settings
- advocacy groups and charities representing unpaid carers, people in care and their loved ones
- politicians
- public officials
- experts

This is in addition to written statements and evidence provided to the Inquiry and an Every Story Matters record. The record summarises the experiences of people with care and support needs and their loved ones during the pandemic.

During Module 6 hearings an impact film was played featuring people with experience of the care sector during the pandemic. You can view the film on our website.

All this material informs Baroness Hallett as she makes her findings and recommendations.

Upcoming reports will be published on test trace and isolate, children and young people, the economic response to the pandemic and the impact on society. The Inquiry's reporting schedule is published on our website.

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