

CLEARANCE CHECKLIST

Inclusion of this checklist is mandatory. Please complete the whole list and private office will remove before putting submission in the box. A submission without it will be sent back.

Note: Contact names provided must have seen and approved the submission.

Finance:

Does this involve any spending or affect existing budgets?

- ☒ If yes, named official:
Click here to enter text.
☐ No

Legal:

Does this include legal risk, a court case or decisions that can be challenged in court?

- ☒ If yes, named official:
NR
☐ No

Communications:

Could this generate media coverage, or a response from the health sector?

- ☒ If yes, named official:
Minal Patel (NHSE/I)
☐ No

Analysis and data fact-checking:

Does this include complex data, statistics or analysis?

- ☐ If yes, named official:
Click here to enter text.
☒ No

Devolved Administrations:

Will this affect Scotland, Wales or Northern Ireland?

- ☐ If yes, named official:
☐ No

Fraud:

Have you considered fraud risks?

- ☐ If yes, named official:
Click here to enter text.
☒ No

Commercial:

Does this include commercial or contractual implications?

- ☒ If yes, named official:
Chris Stirling
☐ No

Strategy Unit:

Does this relate to cross-cutting or longer-term implications for wider DH strategy?

- ☐ If yes, named official:
Click here to enter text.
☒ No

Implementation Unit:

Does this relate to one of the Secretary of State priorities?

- ☐ If yes, named official:
Click here to enter text.
☒ No

Legislation:

Does this include options that may require secondary legislation?

- ☐ If yes, do you have a prioritisation reference number? (*contact Parly or SOPL if unsure*):

☒ No

Duties, Tests and Appraisals:

The following tests apply and have been considered.

- ☐ Secretary of State Statutory Duties, including on health inequalities
☐ Public Sector Equality Duty
☐ Family test
☐ Other(s) (please specify)
Click here to enter text.

7. Whilst UCL-Ventura is not a mechanical ventilator, prototyping work to date has been covered by an agreement between Cabinet Office and UCL.
8. UCL is now seeking the support of DHSC to mass produce UCL-Ventura and make them broadly available across the UK.

Proposed arrangements

9. DHSC are proposing to enter into an agreement with UCL for the supply of up to **I&S** units of UCL-Ventura or as many as can be made available up to the expected peak of 15th April 2020. Given UCL production capacity we expect that the actual figure of devices produced will be around **I&S**.
10. UCL have committed to clearly, and in a highly visible way, highlight the potential Oxygen supply issues of using high volumes of these devices. DHSC require that these issues are prominently highlighted on all products and documentation.
11. UCL will arrange for the distribution of these devices to Trusts requesting them through an existing packing and distribution facility: this is advantageous in that it does not place additional pressure on NHS Supply Chain.
12. DHSC will pay UCL on an open book basis for every device produced up to a maximum cost of **I&S** per device. The maximum contractual cost, assuming the full **I&S** units are produced, will be £20 Million.
13. DHSC will have the right to cancel any order with 14 day's notice, ceasing future production provided that it reimburses UCL for reasonable costs incurred or committed to be incurred up to that point.
14. Government Legal Department (GLD) have drafted and negotiated a contract to formalise this arrangement with UCL, based on the Cabinet Office 'Ventilation Challenge' agreement.
15. In line with the Cabinet Office Ventilator Challenge agreement, the maximum exposure of the supplier under the contract is limited. The proposed agreed limit of contractual liability is **I&S**. Liability above this sum will rest with DHSC.
16. DHSC agrees to indemnify and hold harmless the supplier (and its affiliates and component manufacturers) from liabilities incurred from third party claims except as a result of the supplier failing to supply the products in line with the requirements of the agreement.
17. UCL intend to make the design available as open source so that the device can be produced by other manufactures worldwide.
18. DFID have also expressed interest in the potential for distribution of these devices to other countries as a form of aid. Post NHS surge usage, we would expect there to be a significant surplus of these devices within the NHS and opportunities to distribute them abroad could be considered providing that no additional liability arose.

Risks