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Dear Mary

Stage 2 Assurance of the Gloucestershire Centres of Excellence (CoEx) Proposals

My thanks to you and the CoEx team for the extensive work on the CoEx Pre-Consultation Business Case and the constructive manner in which you have addressed the points arising from discussions with our SW service reconfiguration assurance panel on 3 September and then the follow-up meeting on 1 October 2020.

Statement of Assurance

Following consideration of the evidence presented and the discussion at the assurance meetings on 10 August, 27 August, 3 September and 1 October 2020, it is concluded that this scheme is Fully Assured against the four Key Tests, and the Finance and Best Practice requirements:

Test	Panel finding
Test 1 - Strong Public & Patient Engagement / Stakeholder Engagement	Fully Assured
Test 2 - Consistency with current & prospective need for Patient Choice	Fully Assured
Test 3 - Clear Clinical Evidence Base	Fully Assured
Test 4 - Support from Clinical Commissioners	Fully Assured
Test 5 - NHS Beds Test	Not Applicable***
Financial Assurance	Fully Assured
Implementation Plan	Fully Assured

****Note: At the Stage 2 Panel Meeting on 3 September, Gloucestershire ICS confirmed that there is no overall change in hospital bed numbers in their CoEx proposals. As a result of this it was agreed that the NHS Beds Test is Not Applicable in relation to the CoEx proposals.*

There has been extensive independent expert review of the FFtF CoEx proposals by the SW Clinical Senate Clinical Review Panel (CRP). The CRP Report was issued on 20 August 2020. I understand that at the Stage 2 follow up meeting on 1 October, Gloucestershire colleagues shared their appreciation for the Senate's further support through their additional independent clinical review of the colorectal staffing model.

As a result, the GHFT Medical Director and the FFtF team confirmed their confidence in the safety and deliverability of the two options for colorectal proposals - either centralising elective colorectal to CGH or to GRH.

The final PCBC is due to be reviewed and approved by GHFT Board and the GCCG Governing Body on 8 October and the considerations will include:

- The actions taken in response to the CRP's feedback, especially in respect to vascular and colorectal.
- The legal advice received by the team confirming that no issues have been identified about moving forward to consultation.

For the avoidance of doubt, my agreement to proceed to public consultation does not constitute approval or sign-off for:

- Capital expenditure or confirmation of capital availability. This is a particularly significant point given the constrained national capital funding position.
- Control totals for the trusts or surplus/deficit for the CCG for future years.
- Any other funding beyond routine allocations

I wish you and colleagues every success in taking forward these proposals.

Yours sincerely



Elizabeth O'Mahony
Regional Director South West

cc: Glos ICS:

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Ellen Rule
Micky Griffith
Mark Pietroni
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