

Gateway Assurance Panel Terms of Reference	
1.	Objectives and Purpose:
1.1	<p>The purpose of this document is:</p> <ul style="list-style-type: none"> ● To confirm the membership and function of the Gateway Assurance Panel (GAP). ● To describe the roles and responsibilities of the GAP and its members. ● To describe the responsibility of, and governance for, the GAP. ● To agree the structure of meetings. ● To note that the Gateway Assurance panel is not decision-making body but an advisory body on initiative alignment and readiness. ● To highlight that change initiatives cannot progress with about an Advisory Report from the Gateway Assurance Panel at each agreed stage of the gateway process.
1.2	<p>The Gateway Assurance Panel is responsible for:</p> <ul style="list-style-type: none"> ● Assuring that we are “doing the right things at the right time”. ● Ensuring initiatives are timely, strategically aligned with ICB priorities, provide value for money, are sustainable, deliver positive impact, and have sufficient financial and staffing resources. ● Coordinating commissioning and decommissioning activities with other areas of work to ensure alignment and prevent unintended consequences that may affect other operations. ● Ensuring initiatives are appropriately developed with sufficient evidence and detail to progress through each stage of the Gateway for informed decision-making. ● Providing support and review of change initiatives at each stage of the Gateway. ● Advising initiative owners on which groups to engage for the appropriate level of engagement, assurance and support.
2.	Meeting frequency, chairing and administration:
2.1	The GAP will meet weekly. The Chair may call additional meetings as required.
2.2	The GAP will be chaired by the Deputy Chief Executive of NHS Dorset.
2.3	The Chair will appoint a Deputy Chair to lead the panel in their absence. This individual must possess sufficient seniority and hold the appropriate level of accountability, such as another Executive or Deputy Chief Officer.
2.4	<p>The Strategic Portfolio Management Office (SPMO) will provide secretariat support to the meetings, including but not limited to:</p> <ul style="list-style-type: none"> ● Agenda (including conflict of interest declarations) and associated papers will be sent out to all members one week prior to each meeting. ● Advisory Notices and action points will be recorded and distributed to all members no later than two working days after each meeting.

	<ul style="list-style-type: none"> The SPMO and Inward Investment teams will review all documentation for quality assurance, prior to it being disseminated to the Gateway Assurance Panel members. Compilation of a monthly GAP Initiative Summary Report to update the ICB Senior Leadership Team on current activities. 																												
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4.1	<p>The panel will consist of the following core members, all of whom have sufficient seniority to understand the wider strategic direction and impact to their area of focus.</p> <p>As required, Subject Matter Experts will be asked to join the Gateway Assurance Panel to support the review of any specialist areas.</p> <table border="1"> <thead> <tr> <th></th> <th>Member</th> <th>Functional Representation</th> <th>Rationale</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Deputy Chief Executive</td> <td>Chair Commissioning</td> <td>To facilitate discussions to reach agreement. Additional focus on all commissioning areas.</td> </tr> <tr> <td>2</td> <td>Chief Nursing Officer OR Chief Medical Information Officer</td> <td>Deputy Chair Nursing/Clinical</td> <td>Sufficient seniority to understand wider strategic direction and facilitating discussions to reach agreement. Focus on clinical standards, ethics, quality of care, patient safety, effectiveness, and patient satisfaction.</td> </tr> <tr> <td>3</td> <td>Deputy Chief OR Deputy Director Digital (Interim)</td> <td>Digital</td> <td>Sufficient seniority to understand wider strategic direction and facilitating discussions to reach agreement. Focus on effective architecture and design governance, assurance, harmonisation and consistency across the system. Assurance on technology, data, analytics, information governance, data science, cyber security artificial intelligence, infrastructure and digital resilience.</td> </tr> <tr> <td>4</td> <td>Deputy Chief Finance Officer (Director of Operational Finance OR Director of System Finance)</td> <td>Finance</td> <td>Focus on financial planning and impact, budget management, procurement, contracts/contract management, inward investment, audit and governance.</td> </tr> <tr> <td>5</td> <td>Deputy Director</td> <td>Strategy & Transformation</td> <td>Focus on the delivery of the strategic vision and objectives, prioritisation, change and resource management.</td> </tr> <tr> <td>6</td> <td>Deputy Director Health Inequalities OR Head of Population Health</td> <td>Population Health</td> <td>Focus on improving the health of communities while addressing disparities in health outcomes, ensuring everyone has equal access to high-quality care</td> </tr> </tbody> </table>		Member	Functional Representation	Rationale	1	Deputy Chief Executive	Chair Commissioning	To facilitate discussions to reach agreement. Additional focus on all commissioning areas.	2	Chief Nursing Officer OR Chief Medical Information Officer	Deputy Chair Nursing/Clinical	Sufficient seniority to understand wider strategic direction and facilitating discussions to reach agreement. Focus on clinical standards, ethics, quality of care, patient safety, effectiveness, and patient satisfaction.	3	Deputy Chief OR Deputy Director Digital (Interim)	Digital	Sufficient seniority to understand wider strategic direction and facilitating discussions to reach agreement. Focus on effective architecture and design governance, assurance, harmonisation and consistency across the system. Assurance on technology, data, analytics, information governance, data science, cyber security artificial intelligence, infrastructure and digital resilience.	4	Deputy Chief Finance Officer (Director of Operational Finance OR Director of System Finance)	Finance	Focus on financial planning and impact, budget management, procurement, contracts/contract management, inward investment, audit and governance.	5	Deputy Director	Strategy & Transformation	Focus on the delivery of the strategic vision and objectives, prioritisation, change and resource management.	6	Deputy Director Health Inequalities OR Head of Population Health	Population Health	Focus on improving the health of communities while addressing disparities in health outcomes, ensuring everyone has equal access to high-quality care
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7	Deputy Chief OR Deputy Director	Operations	Assuring changes are aligned with existing operations and changes delivers on its goals without compromising service quality or operational stability
8	Deputy Chief People OR Deputy Director - Engagement & Communications	People/Comms & Engagement	Ensuring workforce, communication and engagement considerations are fully integrated into planning and execution and ensuring compliance with all related policies. Focusing on impact of initiatives for internal and external communications, patient, staff and public engagement, to enhance understanding, collaboration, and trust.
Strategic Portfolio Manager (Non-Voting)		SPMO	Gateway Process Lead. Focus on benefits and risk management, onward reporting and communications of the Gateway Process.

5. Governance:

5.1 The **scope** of the Gateway Assurance Process is as follows:

Scope of Gateway Process

In Scope	Out of Scope Managed via Standing Financial Instructions and Detailed Delegation Limits
<ol style="list-style-type: none"> 1. Any change resulting in an anticipated additional investment ≥ £100k*¹ 2. Any new funds received in year (e.g. NHS/Dept Health & Social Care, bids, grants etc) 3. Service renewals (with ≥ £100k*¹ change to specification) – first stage approval only. <i>Thereafter this follows the ICB Contracting Process</i> 4. Best Value initiatives requiring funding – Fast Track only 5. Decommissioning intention – first stage approval only 6. Plans for ‘existing’ funds in the next financial year – first stage approval only – prior to agreement of operational plan (i.e. MHIS, demand and capacity) *² 	<ul style="list-style-type: none"> • Pass through funding*³ (e.g. pay awards for providers) • Changes or continuation to services (with <£100k change) • Budget/value of change <£100k that: <ul style="list-style-type: none"> • Does not impact an existing contract <p><i>Noting budget owner is accountable for delivering benefits and outcomes of the out-of-scope items.</i></p> <p><i>Monthly benefits progress report to be provided to the SPMO</i></p>

*¹ Value per annum (inc VAT) with length of entire term recorded to understand future financial liability).

*² **Itemised** expenditure included in the approved ICB opening budget paper. Plan must provide sufficient project/benefit detail so that individual items do not need to be submitted individually.

*³ Funding is allocated to ICB to pass directly to designated provider, with no decision on spending. Providers manage own governance for the initiative and seek direct SIG approval if necessary.

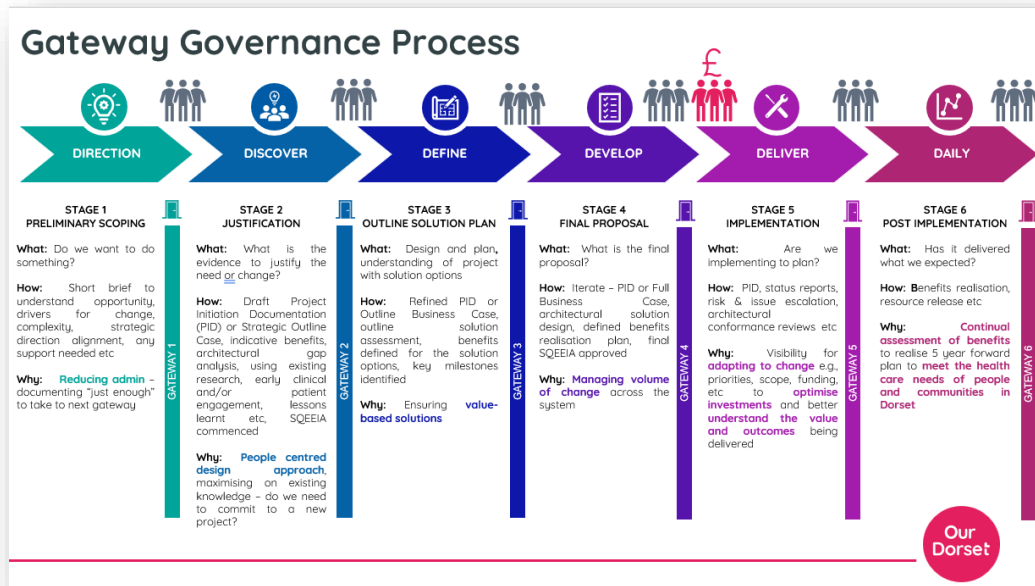


Points to note:

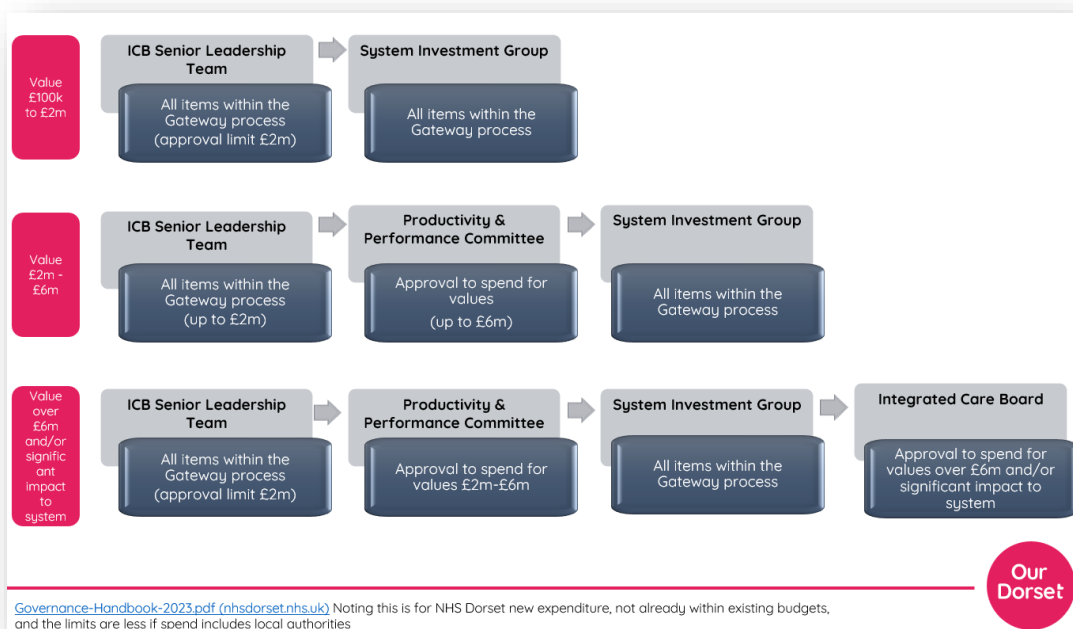
- The value of the initiative is inclusive of VAT and per annum.
- The length of entire term must be understood to consider future financial liability.
- The value of £100k applies to a single, stand-alone change initiative.
 - Related initiatives e.g. three related projects of £50k each will be required to go through the Gateway Process as the cumulative total is in excess of £100k.
- “Existing funds” relates to Itemised expenditure included in the approved ICB opening budget paper.
 - The initiative documented within the plan must provide sufficient project/benefit detail so that individual items do not need to be submitted individually.

5.2

The Gateway Assurance Panel is responsible for progressing items through each stage of the gateway process, with the exception of Gateway 4, which requires additional financial approval and decision to move into delivery.



Financial approval and the decision to move into delivery must be made in accordance with the financial value of the initiative as follows:



[Governance-Handbook-2023.pdf \(nhsdorset.nhs.uk\)](#) Noting this is for NHS Dorset new expenditure, not already within existing budgets, and the limits are less if spend includes local authorities

6.	Roles and Responsibilities of Members:
6.1	<ul style="list-style-type: none"> • Each member represents their area of expertise to review all documentation provided for the change initiative. • Each member must declare any conflicts of interest at the beginning of every Gateway Assurance Panel and may need to be excused from discussions related to their declared conflict of interest. • Provide assurance that the change initiative is strategically aligned, meets any regulatory requirements and statutory responsibilities, and has no adverse impact within their area of expertise. • Highlighting any interdependencies, constraints, or risks that the change initiative may bring. • Advising initiative owners on which groups to engage for the appropriate level of engagement, assurance and support. • To seek to reach consensus opinions within the panel wherever practicable and to proactively seek to engender partnership working. • Commit to attending all meetings to provide consistency and act as a representative for their area of expertise. • If they are unable to attend, apologies should be sent one week prior to the meeting and a suitably briefed and empowered representative should join to act on their behalf. • New members can only be invited or appointed with prior agreement with the Chair or SPMO. • In the event that a suitable representative cannot attend, the member may submit their feedback in writing, no later than 3 days before the meeting in order to capture their viewpoint to contribute to the overall recommendation. • Treat all members with equality, respect, trust and consideration at all times.
7.	Term:
7.1	<ul style="list-style-type: none"> • The GAP is an integral part of the Gateway Process therefore will be established for the duration of the Gateway Process. • Members and these terms of reference will be reviewed every six months.