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Department of Health and Social Care

Mandate to Manx Care

1st April 2023

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Foreword by the Minister for Health and Social Care

I am pleased to be writing this foreword for what will be the third Mandate to Manx Care, following its inception in April 2021. Since then, Manx Care has faced, and continues to face, significant challenges. A great deal of work has been undertaken in the past two years to really understand the issues and bring them to the surface. Today, we are in a better position to be able to now prioritise and address the collective challenges of health and care. However we have to be mindful that new risks and challenges are always emerging and we must retain the ability to be dynamic whilst maintaining safe and stable services. I believe that the quality of our Mandate and the intelligence behind it continues to improve year on year, and will continue to do so.

It is fair to say that the first Mandate was ambitious in its goals and so the objectives set for following year were aligned more closely with the work of the transformation project and the preventative measures needed to support the work of our colleagues in Public Health. Progress slowed however, when, in September 2022, two of the Health and Social Care Transformation projects were paused in the face of financial uncertainty. This in turn impacted Manx Care's ability to complete some the objectives set by the Department in the Mandate. Whilst we know that financial pressures will continue into this service year, Manx Care has recently demonstrated improved governance and financial planning which shows improvements towards achieving a financially sustainable service.

During the year, the ways in which we share information to understand progress against mandated objectives has continued to evolve, and we now have an Oversight Framework in place, which is also published on the Department's website. This Framework provides a clear approach to measuring the performance of health and care services across the whole system, combining, at monthly meetings, a review of metrics from Manx Care and of progress made against mandated objectives. It also supports the continuing development of the relationship between the Department and Manx Care which is key to success for both parties. The results of all of this help us to better understand where we need to focus our efforts for the future and shape the Mandate for the longer term.

In developing this Mandate for 2023, the Department has worked closely with colleagues in Manx Care, Public Health and the Health and Care Transformation team of the Cabinet Office. I am pleased to see that these relationships have matured over the past year and this continued collaboration will allow us to make change to improve and transform our services.

The Department acknowledges that responding to the reports of the Care Quality Commission ('CQC') will take a significant amount of effort and resource for Manx Care, together with preparation for those services which have not yet been externally inspected. This work is paramount to achieving our priority for the first year of this Mandate, which is to set safe, secure and sustainable foundations for the future. Alongside this is the need for improved data collection and analysis, including improving the way we present this data to the public. Developing digital options, validating metrics and ensuring that data is used to inform decision making, all underpin our services.

This Mandate also provides Manx Care with our longer-term strategic objectives and has a focus on outcomes for our population and making the most of the resources we have available, in line with the vision set by Our Island Plan. We continue to strive to see more health and care services provided in a joined-up way through multidisciplinary teams and as close to home as possible, supporting the vision to deliver the right care in the right place at the right time.

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Despite the challenges faced, those working in our Health and Social Care services continue to do so tirelessly and with the best interests of the Island's population at heart. Without their commitment and hard work, the achievements made would not have been possible.

The visual on the next page shows our key strategic priorities for 2023-24, which are set out in further detail through this Mandate.

Addendum – July 2023

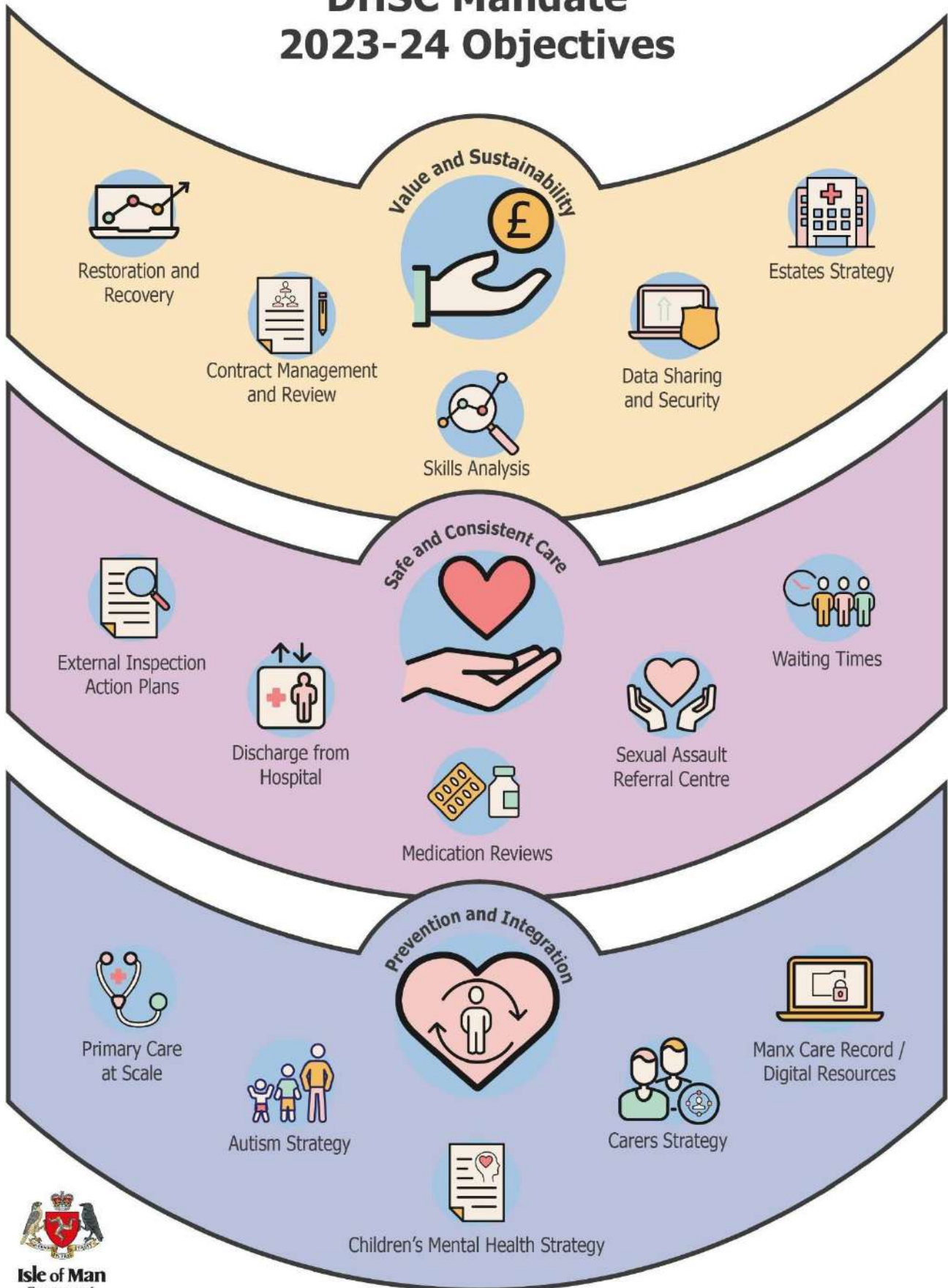
Following the publication of this Mandate for 2023-24, a request was made to the Department by Manx Care, to re-examine the strategic objectives to ensure affordability and agree the timelines for implementation of the associated activity.

The outcome of those discussions is that the Department is largely satisfied that what it has asked of Manx Care is reasonable within the given envelope but has taken the opportunity to make some minor revisions to the Mandate to ensure that the position is accurate and that the financial position is acknowledged. These changes seek to ensure that any work already being undertaken to support objectives is referenced in this document and that projects to improve the quality of existing services, such as those on behalf of Public Health Isle of Man, are considered in the context of providing safe and high quality services in line with the aspirations of this Mandate.

At the time of the revisions being made, the Treasury has also published the annual budget and so those figures can now be included in the Mandate. The totality of the changes is detailed in the version control of this document at page 44 onwards.

Lawrie Hooper MHK
Minister for Health and Social Care

DHSC Mandate 2023-24 Objectives



1 Introduction

The Definitions set out at clause 13 of this Mandate apply to the interpretation of this document.

1.1. The Purpose of the Mandate

- 1.1.1 Section 14 (1) of the Manx Care Act 2021 (the Act) requires the Department of Health and Social Care (the Department) to publish and lay before Tynwald, a document to be known as the Mandate. This document is the Mandate for the Service Year 2023-24.
- 1.1.2 Section 17 of the Act permits Manx Care to enter into arrangements with other bodies to provide some or part of the Mandated Services provided that Manx Care is of the view that to do so would facilitate, or be conducive to, Manx Care's performance of their functions under the Act. The Mandate sets out the Departments requirements of Manx Care in terms of monitoring and performance management of any / all Mandated Services which are engaged by Manx Care pursuant to Section 17 of the Act.
- 1.1.3 The Mandate forms part of the quality and service delivery requirements for Manx Care. Manx Care must ensure adherence to all other non-specified legal and statutory duties as prescribed with the relevant Isle of Man legislation, regulations, directions orders and codes.
- 1.1.4 The Department defines in its' 'Oversight Framework' the ways in which it expects Manx Care to report on performance, establishing a single point of reference for reporting and assurance.
- 1.1.5 New services being developed where funding and delivery are assumed, will be incorporated into established reporting and management processes as they become live.

1.2. Department of Health and Social Care

- 1.2.1 The Department retains responsibility for, and is accountable to Tynwald for, health and social care services for the people of the Isle of Man.
- 1.2.2 The Department shall strategically commission, through this Mandate, health and social care services from Manx Care and it shall assure Manx Care's performance in delivering such services through the agreed Oversight Framework process.

1.3. Effective Date and Duration

- 1.3.1 This Mandate shall be effective from and including the 1st April 2023 and shall continue until and including the 31st March 2024.

2 Objectives

2.1 Introduction

- 2.1.1 Strategic objectives for Manx Care and specific deliverables (where relevant) for 2023-2024, as well as details of future developments for 2024 and beyond, are as follows but are not exhaustive. The priorities detailed here are set in support of the vision set by Our Island Plan ([Island Plan](#)) and are designed to be incremental in nature.
- 2.1.2 Objectives from previous service years may have either been closed or reflected in the objectives below as they continue to evolve, in agreement with Manx Care. This position has been discussed between the Partners and is documented separately. The Department notes that changes to the Transformation Programme may continue to impact all open mandated objectives and will work with Manx Care to agree what can be achieved of those that remain.
- 2.1.3 Table 1 sets out the minimum evidence to support progress against the objectives. The Department would also wish to receive any supporting papers which Manx Care already produce as part of their own governance frameworks, and which would be considered relevant.

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2.1.4 Mandated Objectives – Development Roadmap

The table below summarises the strategic objectives which are detailed further at 2.2 to 2.4 below.

Table 1

<u>Objective</u>	<u>Title</u>	<u>2023-24</u>	<u>2024 Onwards</u>	<u>Funding Source for 2023</u>	<u>Associated DHSC Outputs/Actions</u>	<u>Expected Evidence/ Measurement in 2023-24</u>
1	Value and Sustainability	Restoration and Recovery - Complete approved activity and plan remaining activity	Restoration and Recovery - Complete all remaining activity and Waitlist sustainability	Supplementary Business Case	Secure additional funding via Tynwald vote Reporting to Tynwald	Aggregated project updates Quarterly waiting time reporting through Oversight Framework
		Contracting – Review and Plan	Contracting - Embed	Core revenue		Framework Documents Timeline / Plan Quarterly updates
		Workforce – Skills Analysis, Nursing and Allied Health Professionals	Workforce – Learning Pathway, Recruitment and Retention Staff Performance Management Framework	Project resource support through Transformation Programme		Analysis results
		Data Security and Protection Toolkit - Plan	Data Security and Protection Toolkit – Standards Met	Core revenue		Documented plan Quarterly updates
		Estates – Support strategy development	Capital Projects Plan	n/a	Estate Strategy (developed in collaboration with Manx Care and other Government Departments)	Updates via the Capital Assurance Group with quarterly update via the Oversight Group

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		NICE Technology Appraisals (TAs) - establish a phased implementation plan	Effect the agreed implementation plan associated with NICE TAs	Core revenue for production of plan		Documented plan Quarterly updates
2	Safe and Consistent Care	Inspections – Improvement Plan	Improvement plan – Deliver	Core revenue for production of plan	Service Level Agreement with External Regulators	Documented plan and updates
		Discharges – Review and Plan	Discharges - Implement	Core revenue		Action plan
		Medication reviews – Evidence compliance	Medication reviews - Expand	Core revenue		Governance Structure Documents Relevant Procedures Reporting Arrangements
		Integrated Sexual Health – Design	Sexual Health – Incremental delivery	Core revenue for design – Subsequent Business Case	Joint Specification	Modelling document and Business Case
		Waiting times – Baseline all services Cancer Waiting Times – Performance improvement	Cancer Waiting Times – Within target	Core revenue and subject to funding of Cancer Pathway Business Cases		Oversight Framework Reporting
			Life changing diagnoses – Review	Core revenue		Recommendations for change
		Independent Advocacy Service - Design	Implement the agreed plan	Core revenue for production of plan	Service Level Agreement	Documented plan Quarterly updates

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3	Prevention and Integration	Primary Care at Scale - Planning	Primary Care Operating Model – Commence Implementation	Not yet confirmed at time of writing		Monthly updates through Oversight Framework Documented plan Quarterly updates
		Strategies - Support and Planning	Strategies - Deliver responsible elements	Planning through Revenue Budget – Delivery Business Case to Improvement Fund	Strategies: <ul style="list-style-type: none"> • Autism • Children’s Mental Health • Carers and Young Carers (developed jointly with Manx Care and other Government Dept) 	Documented plan
		Manx Care Record – Support and plan	Manx Care Record - Implementation and review	Capital bid (unconfirmed at time of writing)		Documented Plan Quarterly updates
		Digital options – identify funding		Core revenue for production of plan		Monthly updates through Oversight Framework
		Public Health Activities - Complete approved activity and plan remaining activities		To be agreed with Public Health	Service Specifications	Monthly updates through Oversight Framework

2.2 Objective 1 – Value and Sustainability

In line with the principles detailed in the Island Plan and the obligations of the Manx Care Act, the Department asks Manx Care to protect our island's resources and achieve best value for money from public funds, by implementing processes and procedures which are easily available, reviewed and updated and which maximise productivity. Examples of best practice should be shared at system level, through a culture of reflection and learning, and opportunities for improvement across services should be identified and implemented.

Services should be underpinned by robust risk and governance structures which are able to identify issues at an early stage to provide support where it is most needed, with an overarching focus on stability and sustainability of core health and social care delivery functions.

2023-24

1. a. Complete all currently approved activity under the agreed elective restoration and recovery programme (Phase 1 and 2), with reporting to the Department no less than quarterly on progress, associated waiting list figures and plans to maintain the position for future years including effective waiting list management, taking into account the need to balance capacity against any anticipated increase in demand;
b. Prepare a Business Case detailing options, indicative timelines and required funding for the next phase of restoration and recovery work (Phase 3), to be shared with the Department by 30th September 2023. This should make clear any areas where productivity and efficiency efforts alone cannot create a sustainable position;
2. By the end of the service year:-
 - a. Review and update the frameworks used to regularly monitor contracts with service providers, including Primary Care, to ensure that all contracts have robust risk management, performance measures, audit and quality standards, in line with all associated registration regulations where appropriate, providing copies of the updated frameworks to the Department;
 - b. Document the timeline for reviewing all contracts, addressing the most high-risk contracts first and providing the Department with a copy of the plan;
 - c. Begin contract reviews in line with the agreed timeline, providing the Department with documented updates no less than quarterly;
3. Make steps towards full workforce modelling by documenting and sharing a plan to conduct a skills analysis across all staff and commence the same across the Nursing workforce and Allied Health Professionals;
4. Produce a timeline of actions required to consistently achieve 'standards met' against the NHS Data Security and Protection toolkit ('DSPT'), in order to make incremental steps towards more mature data sharing and security governance;
5. Support the work of the Department in creating a collaborative Estates Strategy due for publication during the service year, using these interactions to begin longer term planning for Manx Care's capital projects, taking into account other projects and future needs assessments; and
6. In respect of Objective 6 of the [Mandate to Manx Care 2022-23](#), establish a phased implementation plan and funding model for NICE Technology Appraisals (TAs), to be shared with the Department for discussion and agreed no later than 30th September 2023.

From April 2024 and Beyond

1. Following completion of the agreed restoration and recovery activity, agree with the

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Department sustainable, fair and consistent 'referral to treatment' targets for all elective activity including consultation, diagnosis and treatment. Work with the Department to identify longer term gaps to ensure that waitlist productivity is sustainable for the future, including any legislative change that may be beneficial;

2. Implement the identified changes to the framework for contracting and monitoring to ensure quality standards are maintained. Continue contract reviews in line with the timeline provided to the Department, providing updates no less than quarterly. Provide contract reporting to the Department in line with section 3.3 of this Mandate;
3. Complete the skills analysis in all remaining areas. Using the information gathered as part of the analysis, devise and share with the Department:-
 - a. A Learning Pathway for all staff, beginning with assurance of a safe workforce and mandatory training compliance reporting (supported by Shared Service Agreements); and
 - b. A Recruitment and Retention plan, including succession planning, to drive a stable and sustainable workforce.
4. Complete any remaining actions and achieve 'standards met' in a majority of months against DSPT. Assess where there are barriers to sharing information and what support is required to overcome these;
5. By 31st March 2024, publish the 5-year plan for Manx Care's capital projects. Continue to support the Department in implementation of the Health and Social Care Estates Strategy, making recommendations as to the best use of all the assets available; and
6. Effect the agreed implementation plan associated with NICE TAs.

2.3 Objective 2 – Safe and Consistent Care

Manx Care are asked to ensure that all existing services are safe, consistent and of high quality, ensuring that where there is a transition between services, the route is clearly defined and that patients know what to expect. All providers commissioned by Manx Care should work in support of Manx Care's mission to become the best small Island health and social care system in the world.

In 2023-24

1. In relation to the baseline inspections undertaken by the Care Quality Commission (CQC):-
 - a. By 30th April 2023, produce and share with the Department an initial response, detailing the areas of highest risk and immediate associated actions;
 - b. By 30th June 2023, expand the action plan at 1a. to include any other external inspections carried out during the preceding service year and producing a costed, comprehensive improvement plan, supported by outcome-based measures and organised by sector and theme. Share the plan with the Department, in order to jointly assess the order of priority, need and cost effectiveness;
2. Review the procedures in place to ensure that those being discharged from a hospital setting (both elective and emergency) are done so in the most effective way and to the most appropriate onward care, regardless of circumstance. Produce a documented action plan for any identified changes, to be shared with the Department;
3. Provide evidence that there is governance, associated procedures and reporting in place to ensure that medication reviews are carried out in a regular, timely and efficient way, with an initial focus on those with an identified learning disability and those living in a residential care setting;
4. Design a comprehensive community integrated sexual health service which acts as a single point of access, offering a range of services. A Service Specification is to be developed jointly with Public Health and the Department, and will include the need for health promotion and

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prevention;

5. Following completion of Objective 7 of the Mandate to Manx Care 2022-23 and by 1st May 2023, provide the Department with a baseline position of waiting times across all services, including Primary Care, as at 1st April 2023. Make demonstrable improvements in waiting times across all services, with an initial focus on waiting times for diagnosis and treatment of all types of Cancer, using the Faster Diagnosis Standard ('FDS'), and be able to regularly report on the same with targets defined under existing frameworks (subject to funding and approval of associated Business Cases); and
6. Further to objective 2 of the Mandate to Manx Care 2022-23, design an Independent Advocacy Service, through a phased approach and in line with a specification to be provided by the Department, procuring any elements which are affordable within the current envelope and identifying a longer term plan to cover all relevant services.

From April 2024 and Beyond

1. Continue to jointly share and assess progress against the improvement plan associated with recommendations made through external inspection (no less than quarterly) demonstrating an ability to be flexible where emerging risks change the need or priority;
2. Continue to implement the action plan associated with discharge pathways from hospital care. Use the results of the Joint Strategic Needs Assessment for Aging Well to drive a 'step up, step down' model of intermediate care (supported by an associated approved Business Case), embedded through a frailty index led in primary care. Drive a reduction in length of stay in secondary care (towards the agreed 21-day target) through proactive pathways, enabling early discharge planning and activation to promote efficient patient flow;
3. Expand the assurance of medication reviews to include anyone being prescribed a medication for more than 12 months;
4. Deliver the agreed model for community sexual health services through an incremental plan;
5. Consistently meet the following key targets;
 - a. The 28-day FDS – people who have been urgently referred for suspected cancer, have breast symptoms, or have been picked up through cancer screening, have cancer ruled out or receive a diagnosis within 28 days;
 - b. The 62-day referral to treatment standard – patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening should start treatment within 62 days of that initial referral; and
 - c. A 31-day decision to treat to treatment standard – patients, regardless of how they came to be diagnosed with cancer, should receive their treatment within a month of deciding to treat their cancer;
6. Review the existing mechanisms to provide ongoing practical and emotional support to those receiving a life changing diagnosis to establish whether they are fit for purpose. Identify and share with the Department any recommendations for change, commencing with terminal cancer diagnosis and vision loss; and
7. Implement the agreed plan for an Independent Advocacy Service.

2.4 Objective 3 – Prevention and Integration

Integrated care will best meet the needs of patients, service users and families and should be co-ordinated and joined-up across the system in order to achieve our vision of Right Care, Right time, Right Place.

Manx Care are asked to continue to embed, and evidence improvement to, a multidisciplinary way of working in local communities. This should be through such professionals as First

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Contact Practitioners, Health coaches and Local Area Co-ordinators.

People should feel supported to make proactive decisions about their own health and wellbeing, ideally being able to access advice at home or in their local community. We should ensure that people know what to expect from our services and that we work to reduce inequalities wherever possible.

In 2023-24

1. Following approval of the Strategic Business Case and subsequent development of the detailed design work and agreement of the necessary funding, Manx Care will deliver year one (2023/24) of Primary Care at Scale rollout to the agreed plan. Immediate focus in primary care should be to build resilience and capacity across General Practitioner services and improve access for patients through the introduction of First Contact Practitioners, reporting monthly on waiting times through a redeveloped and publicly available Primary Care dataset to be agreed with the Department. Consider the work of the Wellbeing Partnerships, reviewing the need and model for the Eastern Hub;
2. Take a leading role to support the Department in preparing multi-agency implementation plans to deliver the visions set out in the following strategies (to be published by the Department):-
 - a. National Autism Strategy;
 - b. Children's Mental Health Strategy; and
 - c. Carers and Young Carers (supported by Crossroads and endorsed by the Department);
3. Participate in the necessary work to secure and then lead on the implementation of the Manx Care Record, subject to approval and contract award in line with the (to be agreed) plan. On completion of the procurement of the solution to deliver the Manx Care Record and associated contract negotiations with any other parties subject to the procurement, such as other NHS Trusts, produce an action plan (to include standardising processes, training users, replacing / upgrading IT equipment, record migration and enabling secure access for users) and supporting timeline for this to be implemented, both being shared with the Department. Throughout the project, explore ways to enhance how data sharing across services and systems supports practitioners to deliver care;
4. In respect of Objective 8 of the Mandate to Manx Care 2022-23, identify the capital funding that would be required to implement any remaining digital options for supporting patients with long- term conditions to manage elements of their care from home; and
5. In respect of Objective 11 of the Mandate to Manx Care 2022-23:-
 - a. Through the work of the Immunisations Committee and an agreed service specification, ensure that all vaccinations and immunisations are delivered in line with the guidance of the Joint Committee on Vaccination and Immunisation (JCVI), with reporting against national indicators as defined in the Public Health Outcomes Framework ('PHOF');
 - b. Through the work of the Screening Board, prepare gap analysis against UK standards for breast, bowel, cervical, antenatal and newborn screening programmes, with any remediation plan where applicable;
 - c. Working to a specification provided by the Department under the direction of the Screening Board, design and begin a phased implementation of a screening programme for Diabetic Retinopathy, subject to confirmation of the funding models currently being explored;
 - d. Ensure that plans are in place to take over the National Naloxone Programme, to be running in full by July 2024;
 - e. Participate in the action plan associated with the Council of Ministers Response to the Social Affairs Policy review Committee Report on Oral Health in Children, co-ordinated jointly by Public Health and the Department; and

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- f. Establish a mechanism to routinely provide child measurement data for Reception and Year 6 children to Public Health, as defined in the PHOF.

From April 2024 and Beyond

1. Continue to implement and embed the target operating model for primary care, continuing to explore ways to build capacity and resilience across the system, reviewing the services provided through the Wellbeing Partnerships and their efficacy throughout the four geographies of the Island;
2. Implement Manx Care's activities within the agreed plans to deliver against the Department's Autism Strategy, Carers and Young Carers Strategy and Children's Mental Health Strategy; and
3. Ensure momentum is maintained against the agreed delivery plan associated with the Manx Care Record. Seek feedback from each group of users at regular intervals to assess success against the expected outcomes within the strategic business case (such as benefits to patients, efficiencies realised, improved patient experience). Use this information to assess future opportunities for more integrated digital platforms.

3 The Mandated Services

Section 1 (b) of Schedule 2 to the Act states that the Mandate must specify "the Services that Manx Care must provide, or secure the provision of, during that financial year and such subsequent financial years as the Department considers appropriate". This clause 3 sets out the Mandated Services which Manx Care is required to provide.

3.1 Mandated Services

- 3.1.1 Manx Care will be responsible for delivering health and social care services for Isle of Man residents (that should continue to become increasingly integrated over time), as contained within, but not limited to, those set out in Schedule 1; and
- 3.1.2 Private Healthcare may be delivered by Manx Care on terms agreed with the Department under Section 18 of the Act.

3.2 Mandated Functions

- 3.2.1 Section 13 of the Act requires that Manx Care undertakes such functions of the Department (as detailed in Section 4 of the Act) as set out in the Mandate.
- 3.2.2 The Partners further acknowledge that the inclusion of functions of the Department in the Mandated Services, is limited to the extent that such functions are required in order for Manx Care:
 - 3.2.2.1 to fulfill its function in Section 13 (2) of the Act to promote a comprehensive health and social care service on the Island; and / or
 - 3.2.2.2 to comply with any regulation, order, direction or code of practice issued under the Act; and / or
 - 3.2.2.3 to comply with any order, direction or code of practice issued by an appropriately authorised person.
- 3.2.3 Manx Care will ensure and be able to demonstrate where asked by the Department, that all

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relevant policy, regulatory and legislative provisions are being met. Where any potential non-compliance has been identified by either partner, Manx Care must demonstrate that remedial action has been taken to achieve compliance.

- 3.2.4 Manx Care shall comply with any new Policies published by the Department during the service year, agreeing any service review, public engagement and ongoing information requests with the Department as part of the Policy implementation. Those expected during 2023-24 are defined in, but not limited to, those identified in Our Island Plan.

3.3 Service Delivery and Commissioning

- 3.3.1 Manx Care has autonomy in how it delivers the Mandated Services.

- 3.3.2 Mandated Services fall into one of the following two categories:

3.3.2.1 Directly delivered Manx Care services; or

3.3.2.2 Commissioned from providers external to Manx Care, either on and / or off Island, and /or via joint ventures or partnership arrangements.

- 3.3.3 Manx Care shall ensure that, where Mandated Services are commissioned from providers external to Manx Care, such commissioning:

3.3.3.1 is delivered in line with all Financial Regulations set out by the Treasury Department;

3.3.3.2 is delivered on Island where appropriate. Where it is necessary to commission Mandated Services off Island, Manx Care must consider patient safety, quality of the service and value for money. Decisions regarding the location of services should support the development of more integrated systems of care;

3.3.3.3 (for services being commissioned after the date of this Mandate,) shall have a written contract (or suitable alternative where a contract is not appropriate) in place with the commissioned service provider, which must include a detailed description of the services to be provided, explicit key performance and quality indicators as defined by Manx Care, and which should be in line with the overall objectives of the Mandate. Contracts must include any requirement for the provider to register itself under any relevant Legislation or Regulation; and

3.3.3.4 for contracts commissioned before the date of this Mandate and which do not contain explicit Key Performance and Quality Indicators, Manx Care shall report to the Department at least quarterly, their schedule to audit and update these contracts, and progress against that schedule.

- 3.3.4 Manx Care shall report to the Department at least quarterly on the status of their contracts and ability to comply with the requirements at 3.3.3 above, including details of the number of contracts terminated each month with an indication of the reason why, and the number currently failing to comply with the contract in place.

- 3.3.5 During the Service Year, the Department and Manx Care will continue to retain grant-based payments whilst a formal funding mechanism for the third sector is developed.

3.4 Provision of Information

- 3.4.1 At the request of the Department, Manx Care shall provide to the Department in a timely manner, information (including anonymised data concerning health) reasonably required in

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relation to any needs assessment or for the Director of Public Health to carry out the functions of the Director of Public Health as relate to the performance of Manx Care's functions under this Mandate, the Act or the Department's functions.

- 3.4.2 Before sharing any information under paragraph 3.4.1, Manx Care must ensure that it is necessary and appropriate to share the information and that there is a lawful basis for doing so either in accordance with the Act, or an alternative lawful basis.
- 3.4.3 If for any reason Manx Care is unable to comply with a request for information made from the Department, they must provide appropriate justification to the Department by the date specified in the request, or where no date has been specified, within 10 working days of the request.

3.5 Working with the Public Service

- 3.5.1 The Partners acknowledge their responsibility to work with all Government Departments in accordance with the agreed Island Plan.
- 3.5.2 Manx Care will continue to work in partnership with the Cabinet Office's Health and Care Transformation Programme to develop and deliver on the relevant recommendations within Sir Jonathan Michael's Report accepted by Tynwald, and will implement agreed, and where necessary funded, changes to existing services, activities and systems in line with the agreed delivery plans.
- 3.5.3 The projects and revised care pathways expected to be transferred to Manx Care for delivery and implementation in this service year will be done so with the provision of an approved business case and agreed recurrent and non-recurrent funding. In this service year they are expected to include (but are not limited to) the following:
- Eye Care (already with Manx Care for implementation)
 - Urgent and Emergency Integrated Care (phase 1)
 - All cancer tumour sites and cross cutting aspects
 - Children and Young People with Continuing Care Needs
 - Diabetic Eye Screening
 - Cardiology
 - Core Dataset Version 2.0
 - Data Warehouse
 - Ambulance Digital Solution

4 Funding

4.1 Budget for the 2023-24 Service Year

- 4.1.1 The revenue budget allocated to Manx Care for the service year is £302,975,000.
- 4.1.2 Manx Care does not hold a capital budget but will manage the capital programme assigned

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to the Department on its behalf and in line with the principles set out in any strategy or Policy set out by the Department.

4.2 Method

4.2.1 The 2023-24 revenue budget for Manx Care is based on the mandated budget allocation for 2022-23 with inflationary uplifts have been applied for income (5%), employee costs (6%) and non-employee costs (5%), in addition to 3.03% growth.

4.3 Budget Allocation

4.3.1 For the avoidance of doubt, Manx Care is responsible for allocating the revenue budget in order to ensure the efficient provision of the Mandated Services in accordance with the agreed specifications. Manx Care must also take appropriate measures to ensure it does not over-spend its budget.

4.4 Efficiencies and Cost Savings

4.4.1 As set out in the Act (Section 20), Manx Care must exercise its functions effectively, efficiently and economically.

4.4.2 Manx Care shall implement cash efficiency and cost saving measures during the service year. These are expected to be 1.5% in line with Health and Care Transformation Political Board Paper No. 20/032 but will also be confirmed in writing once Treasury budget allocations for the service year have been published.

4.4.3 The Department intends to continue to deliver, and require Manx Care to deliver, a long-term efficiency profile. These efficiency targets will be reviewed at regular intervals as more information becomes available.

4.4.4 Manx Care should explore, and agree with the Department, all identified opportunities to improve productivity in efforts to improve and maintain financial health.

4.4.5 Manx Care will, where necessary, support the pilot exercise planned for summer 2023, to trial some limited Activity Based Costing (ABC). Work beyond the pilot will then need to be jointly scoped, planned and agreed to enable full rollout of ABC to a timescale yet to be determined.

4.5 Financial Regulations

4.5.1 Manx Care is required to follow all Financial Regulations issued by the Treasury.

5 Service Levels and Quality Standards

5.1 Background

5.1.1 Schedule 2 of the Act requires at paragraph 1(e) that "the Mandate must specify [...] service levels and quality standards which Manx Care must comply with in the exercise of its functions under this Act". This Section of the Mandate, together with Schedule 1, addresses that requirement.

5.1.2 Service Levels will be continually reviewed but those identified are the minimum required

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and are detailed in the directory at Schedule 1, together with any supporting Service Specifications agreed between all relevant partners.

5.2 Primary Care Services

5.2.1 Primary Care providers will meet the service levels applicable within their agreed contracts.

5.3 Other Considerations

5.3.1 Service levels will be aligned and commissioned to the identified need of current and future Service Users, where it is known. The full identification of need will require Manx Care and the Department to consult with current and potential future Service Users as a means of identifying appropriate pathways and benefits from services.

5.3.2 The principle is that Service Users are fully engaged in, and at the heart of, all aspects of planning and delivery of health and social care services.

Oversight Framework

5.3.3 An Oversight Framework sets out agreed baselines and projected service levels, quality standards, and the methodologies for performance measurement and reporting. This will be the mechanism used during the service year to assess performance. The current metrics associated with this framework is included at Appendix 1.

5.3.4 The Department will agree a schedule of dip sampling (subject to appropriate information sharing arrangements) to validate data provided and assure methodologies used to collect.

5.4 Support for Wider Government Initiatives

5.4.1 In protecting the Island's resources more widely, the Department and Manx Care will work in allegiance to support the statutory Climate Change Plan 2022-2027.

5.4.2 Where any Government Department requires input from Manx Care when writing strategy (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required. At the time of writing this Mandate, these are expected to include (but are not limited to):-

- Self-Neglect Strategy;
- Multi Agency Safeguarding Hub ('MASH');
- Blue Light Hub Project;
- Substance Misuse and Addiction Services;
- Suicide Prevention;
- Housing and Community initiatives – specifically Homelessness; and
- Review of the model to provide mental health support to the Constabulary.

5.4.3 Where Public Health Isle of Man (or any Government Department) requires input from Manx Care when conducting needs assessments (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required according to

agreed timescales. Manx Care will then work collaboratively with all parties in order for Public Health to identify priority areas for improvement.

6 Shared Services

6.1 Mandated Shared Services

6.1.1 Manx Care should use the following Isle of Man Government Shared Services to support its delivery of health and care services on the Island:

6.1.1.1 Treasury:

- Internal Audit Services
- Finance Shared Services
- Finance Advisory

6.1.1.2 Cabinet Office

6.1.1.3 Office of Human Resources:

- Job Evaluation, Rewards & Metrics Services
- Payroll, Recruitment Administration & Employment Administration Services
- Business Partner Team, Absence Administration & Industrial Relations Services
- Learning, Education & Development Services

6.1.1.4 Health, Safety & Welfare Services

6.1.1.5 Government Technology Services:

- Digital Services & Infrastructure

6.1.1.6 Corporate Communications:

- Corporate Communications Services

6.1.1.7 Business Change:

- Business Change Services

6.1.1.8 Department of Infrastructure:

- Estates Services
- Transport Services

6.1.1.9 Attorney General's Chambers:

- Legal Services
- Procurement Services

6.1.2 Manx Care will have in place "Shared Service Agreements" to govern the relationship between Manx Care and each Shared Service Provider, which will include reasonable key performance indicators.

- 6.1.3 Manx Care and the Shared Service provider may agree updates or amendments of a Shared Service Agreement, which should be reviewed no less than annually.

6.2 Performance of Shared Services

- 6.2.1 Where a Shared Service provider is failing to provide the Shared Service (in accordance with the Shared Service Agreement, and such failure can be demonstrated to be impacting on Manx Care's ability to provide the Services and / or meet any performance metrics, service levels and / or quality standards (as set-out in Section 5 - Service Levels and Quality Standards), Manx Care must immediately notify the Department.
- 6.2.2 Such notification by Manx Care should set out:
- 6.2.2.1 the nature of the failure of the Shared Service;
 - 6.2.2.2 how it is impacting on Manx Care's ability to provide the Service(s);
 - 6.2.2.3 where applicable, how it is impacting on Manx Care's delivery against performance metric(s), service level(s) and / or quality standard(s);
 - 6.2.2.4 a plan to rectify the failing of the Shared Service provider; and
 - 6.2.2.5 considerations for the Department on how it might provide support to Manx Care.
- 6.2.3 The Department will consider the notification of the failure of the Shared Service provider and work with Manx Care to resolve the matter. The Department will consider the representations of the relevant Shared Service provider in respect of any such notification.
- 6.2.4 Where the Department is notified by the Shared Service Provider of a failure by Manx Care to fulfil its duties or obligations under a Shared Service Agreement it will consider such representations and work with the Shared Service provider and Manx Care to resolve the matter.
- 6.2.5 Manx Care should continue to provide the Service(s) under the terms of the Mandate including utilising best endeavours in respect of the failing Shared Service(s) until such time as the Department advises otherwise.
- 6.2.6 The Department recognises that, as part of the resolution of the matter, Manx Care may need to seek alternative provision for an equivalent Shared Service where the Shared Service provider is materially failing to deliver the Shared Service (in accordance with the Shared Service Agreement where one exists). Any such alternative arrangements, including necessary funding, will require Council of Ministers approval, which the Department will work with Manx Care to obtain, as appropriate.

7 Information Governance

- 7.1.1 Manx Care must ensure that that the processing of Personal Data and Special Categories of personal data adheres to the obligations as prescribed within the Data Protection Legislation and all relevant Isle of Man legislation, regulations, directions orders and codes.
- 7.1.2 Manx Care must report monthly to the Department, through the Oversight Framework, personal data breaches which have occurred during the preceding month, including:-

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- 7.1.2.1 Date and Nature of Incidents (anonymised);
- 7.1.2.2 Numbers of Data Subjects affected;
- 7.1.2.3 Method of informing Data Subjects of the breach; and
- 7.1.2.4 Lessons learned and applied.

- 7.1.3 Manx Care must also include the aggregated information regarding data breaches in its Annual Report.
- 7.1.4 Manx Care is obligated to exercise its duties regarding Facilitation of Rights and Rights of Access under Article 12 of the applied General Data Protection Regulations (GDPR). As such, Manx Care will report to the Department monthly, through the Oversight Framework, how it has exercised these duties, including:-
- Total numbers of Right of Access requests per Care Group;
 - Total number disclosed within the statutory prescribed deadline; and
 - Total number not disclosed without undue delay and the reason.
- 7.1.5 Manx Care must also include the aggregated information regarding Right of Access in its Annual Report.
- 7.1.6 Manx Care must inform the Department immediately where any sanction or penalty is enforced by the Office of the Information Commissioner, via the Department's Senior Information Risk Officer. Such notification will include actions required to be taken, and / or implemented by Manx Care to ensure compliance to the issues raised within the Warning, Reprimand or Enforcement Notice to ensure compliance to the Data Protection Legislation.

8 Dispute Resolution

8.1 Introduction

- 8.1.1 This Section sets out the procedure to be followed to progress any Dispute arising between Manx Care and the Department.

8.2 Dispute Notices

- 8.2.1 If a Dispute arises then:
- the Department representative and Manx Care representative shall attempt in good faith to resolve the Dispute; and
 - if such attempts are not successful within a reasonable period, not being longer than 20 Working Days, either Partner may issue to the other a Dispute Notice.
- 8.2.2 If a Dispute arises then the Partners shall continue to comply with their respective obligations under the Mandate regardless of the nature of the Dispute and notwithstanding any issue of a Dispute Notice unless agreed otherwise in writing.
- 8.2.3 A Dispute Notice shall set out:

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- the material particulars of the Dispute; and
- if the Partner serving the Dispute Notice believes that the Dispute should be dealt with under the Expedited Dispute Process, the reason why.

8.2.4 Following the issue of a Dispute Notice the Partners shall seek to resolve the Dispute:

- first by Partner Negotiations (in accordance with 8.4);
- then, if either Partner serves a valid Escalation Notice, by the Escalation Procedure (in accordance with 8.5).

8.3 Expedited Disputes Process

8.3.1 Where the use of the timescales set out elsewhere in this Schedule would be unreasonable, including (by way of example) where one Partner would be materially disadvantaged by a delay in resolving the Dispute, the Partners may agree to use the Expedited Dispute Process. If the Partners are unable to reach agreement on whether to use the Expedited Dispute Process within 5 Working Days of the issue of a Dispute Notice, the use of the Expedited Dispute Process shall be at the sole discretion of the Department.

8.3.2 If the Expedited Dispute Process is to be used pursuant to the provisions of 8.3.1 then the following periods of time shall apply in lieu of the time periods specified in the applicable paragraphs:

a. in 8.4.2 (b), 10 Working Days.

8.3.3 Where the Expedited Dispute Process is in use and at any time it becomes clear that an applicable deadline cannot be met or has not been met, the Partners may (but shall be under no obligation to) agree in writing to extend the deadline. If the Partners fail to agree within 2 Working Days after the deadline has passed, the Department may set a revised deadline. Any agreed extension shall have the effect of delaying the start of the subsequent stages by the period agreed in the extension. If the Department fails to set such a revised deadline then the use of the Expedited Dispute Process shall cease, and the normal time periods shall apply from that point onwards.

8.4 Partner Negotiations

8.4.1 Following the issue of a valid Dispute Notice the Department and Manx Care shall make reasonable endeavours to resolve the Dispute as soon as possible by negotiation between the Department's representative and Manx Care's representative.

8.4.2 If either of the following situations occur then either Partner may serve a written notice (an Escalation Notice) to invoke the Escalation Procedure in accordance with 8.5:-

- a. either Partner is of the reasonable opinion that the resolution of a Dispute by negotiation will not result in agreement; or
- b. the Partners have not settled the Dispute in accordance with 8.4.1 within 30 Working Days of service of the Dispute Notice.

8.5 Escalation Procedure

8.5.1 If an Escalation Notice is served, the Dispute is referred to the Partnership Board for determination.

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- 8.5.2 Where the Partnership Board is unable to settle the Dispute, or where one or other Partner disagrees with a determination by the Partnership Board, the matter shall be referred to the Council of Ministers for determination. The dispute resolution process shall be incorporated into the Partnership Board's terms of reference.
- 8.5.3 Where a Dispute is referred to the Council of Ministers it must make a determination which shall be the final determination and will be binding on the Partners with no further escalation available to either Party.

9 Charges to Service Users

9.1 Introduction

- 9.1.1 The following regulations set out the charges that should be applied by Manx Care to Service Users, as amended from time to time, and such amendments may occur during the service year.

9.2 Prescriptions

- 9.2.1 The National Health Service (Charges for Drugs & Appliances) Regulations 2004 sets out how and under what circumstances Service Users may be charged for drugs and appliances prescribed by an appropriately qualified prescriber, and which includes the values of such charges.

9.3 Dental Services

- 9.3.1 The National Health Service (Dental Charges) Regulations 2015 sets out how and under what circumstances Service Users may be charged for dental services provided by a registered dental practice, and which includes the values of such charges.

9.4 Social Care Services

- 9.4.1 The Adult Social Care Services (Charges) Regulations 2020, amended by the Adult Social Care Services (Charges) (Amendment) Regulations 2021, sets out how and under what circumstances Service Users may be charged for relevant social care services, and which includes the values of such charges.

9.5 Ophthalmic Optician Services

- 9.5.1 The National Health Service (Optical Payments) Regulations 2004, amended by the National Health Service (Optical Payments) (Amendment) Regulations 2004, sets out how and under what circumstances Service Users may be entitled to a voucher or vouchers to cover some or all of the charges in respect of ophthalmic optician services.

9.6 Overseas Travellers

- 9.6.1 The National Health Service (Overseas Visitors) Regulations 2011, amended by the National Health Service (Overseas Visitors) (Amendment) Regulations 2020, sets out how and under what circumstances overseas visitors may be charged for relevant services.
- 9.6.2 Exemptions to charges may be made where there is a Reciprocal Health Agreement in place

with a specific jurisdiction.

10 Inspections

10.1 Schedule of Inspections for the Service Year

- 10.1.1 Inspections of services, both directly provided by Manx Care and those subject to a commissioning arrangement, will be undertaken in accordance with Section 7 of the Manx Care Act.
- 10.1.2 For external inspections, the Department will draw up a schedule specifying the service or services (or a specific matter connected to such a service) in respect of which inspection will be undertaken. This will be shared with Manx Care on or before the start of this service year.
- 10.1.3 Any Mandated Services that will be inspected by an external body (such as the Care Quality Commission (CQC) are subject to a Service Level Agreement (SLA) contractual agreement between the Department and the body.
- 10.1.4 Other inspectors may be appointed by the Department to inspect Mandated Services that are outside of the CQC's remit.
- 10.1.5 Once a report of an inspection made by an external provider has been published, Manx Care must, within 6 weeks, share with the Department an associated action plan and update no less than quarterly thereafter.

11 Complaints

11.1 Manx Care Complaints Procedure

- 11.1.1 Manx Care must have in place and follow appropriate arrangements for dealing with concerns and complaints and a complaints procedure that, as a minimum, meets the requirements of the Act, any other applicable Act and applicable regulations.
- 11.1.2 Manx Care's complaints arrangements and procedure must include appropriate reporting arrangements to inform the Department about the operation of the complaints arrangements and procedure; for example, the number of complaints received, their subject matter, how and when they are resolved and what learning has taken place.
- 11.1.3 Manx Care must publicise its complaints arrangements and procedures and take reasonable steps to inform the public of those arrangements, including the name and contact details of their complaints manager.
- 11.1.4 At the request of the Department, Manx Care shall provide its current complaints procedure and reasonable evidence of its operation to the Department.
- 11.1.5 The Department and Manx Care shall work together in good faith to agree any reasonable changes to Manx Care's complaints arrangements and procedure identified by the Department or the Health and Social Care Ombudsman Body from time to time (provided always that such changes comply with the requirements of the Act, any other applicable Act and applicable regulations).
- 11.1.6 If a complaint is received by Manx Care which refers to loss of life, including suicide, avoidable injury or serious harm received as a result of services provided by Manx Care or

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its commissioned providers, it must be notified to the Department immediately. This should be initially verbal (to the Chief Executive Officer on 'on call' Executive where it is outside working hours), followed up in writing.

- 11.1.7 Manx Care will be required to act under the instruction of the Department in relation to functions delegated or contracted to other bodies providing statutory and scrutiny functions on behalf of the Department.

11.2 Third Party Complaints Procedures

- 11.2.1 Manx Care must ensure that the providers of externally commissioned services and organisations providing services on its behalf operate complaints arrangements and procedures that meet the requirements of the Act, any other applicable Act and applicable regulations.
- 11.2.2 Manx Care must ensure that it receives appropriate reporting from providers of externally commissioned services and organisations providing services on its behalf so that it can comply with its reporting requirements under the Act, any other applicable Act and applicable regulations.

12 Failure to Comply with all or any of the Terms

Where Manx Care fails to comply with any or all of the terms of this Mandate, the Department will consider applying the procedure set out in Section 30 of the Act.

Schedule 1 – Mandated Services Directory

1. Service Directory - Introduction

- 1.1 This directory sets out (but is not limited to) the Services to be delivered by Manx Care under the Mandate from the Department of Health and Social Care (the 'Department') for the service year 2023-24, in line with the expectations of the Manx Care Act 2021 (the 'Act') and the Mandate to Manx Care (the 'Mandate') effective 1st April 2023.
- 1.2 Where a service is already being delivered under the auspices of a previous Mandate or the Manx Care Act but does not appear in this Schedule, Manx Care should continue to provide the service.
- 1.3 During the service year, the Department will work with Manx Care to evolve the list of services in this Schedule to ensure all services are accurately captured and jointly prioritise where a relevant policy or strategy is required.
 - 1.3.1 All Services must be provided in accordance with the following principles to deliver consistently high quality and safe support and/or care that:-
 - Delivers the outcomes indicated for each service within Our Island Plan, the Act and the Mandate, as well as any Strategic and Policy documents published by the Department;
 - Delivers the right support and / or care in the right place at the right time;
 - Supports using effective signposting to universal services where appropriate;
 - Delivers support and / or care services that are efficient and represent good value for money; and
 - Ensures that practice is consistent with relevant legislation, registration and respective codes of practice.
- 1.4 Each Service will make available to Patients / Service Users, carers and any other interested person, information detailing:
 - An overview of Services;
 - A summary of the treatments offered by the Services;
 - Eligibility for treatment;
 - Service locations and operating times;
 - Service contact details;
 - How Patients / Service Users can provide feedback regarding their experience; and
 - Other sources of related information.

This information should be provided in plain English and Manx Care should ensure that:

- All reasonable adjustments are made to provide information to those with specific communication needs in line with the Equality Act 2017; and
 - All frontline staff are trained to be able to make these adjustments when in contact with Patients / Service Users.
- 1.5 All services should be delivered from premises which are safe, appropriate and maintained in good order, whether they are directly provided or commissioned through a third party. Where this is not considered to be achievable, Manx Care should notify the Department of any associated risk.

2. Corporate, Administration, Quality and Safety Services

2.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Advice and Liaison Service	<i>Offer general signposting, guidance and support. Provide assistance to people wishing to provide feedback, both positive and negative and seek to resolve issues informally directly with services.</i>	Established (MCALS)

3. General Medicine, Urgent Care and Ambulance

3.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Acute Medical Inpatient Unit	<i>Consultant-led inpatient unit for acute adult medical assessment.</i>	Established
Air Ambulance Service (Fixed wing)	<i>Provision of transport off-Island for patients who cannot travel by scheduled means such as scheduled flight or boat, accompanied by Healthcare Staff.</i>	Established
Helicopter Emergency Medical Service	<i>Transfer seriously injured or unwell patients by helicopter from the Isle of Man directly to the UK for emergency medical treatment, providing treatment whilst in transit.</i>	Continuation and expansion of this service is subject to outcome of current trial (due to end March 2023)
Road Ambulance	<i>Respond to clinically appropriate emergency calls received via the Emergency Services Joint Control Room (ESJCR) across the Island, assessing, treating and caring for patients at the scene and transporting to hospital where appropriate.</i>	Established
Non-urgent Patient Transfer Service	<i>Provision of transport for patient who require stretcher transfer between hospital sites, discharges to care facilities and, where necessary, transfer bed-bound patients from their places of residence to hospital for outpatient appointments.</i>	Established
Non-Emergency Patient Transfer (NEPTS)	<i>Provision of transport for patients who, because of a medical or clinical condition, are unable to make their own way to and from an NHS medical appointment or home after being discharged from NHS-funded</i>	Established

	<i>treatment.</i>	
Department Policy for this service due for publication during the service year.		
Anti-Coagulation	<i>Outpatient services for all aspects of anticoagulant therapy and covering all geographical areas of the Island.</i>	Established
Cardiac Services	<i>Full range of general cardiac investigation, treatment and rehabilitation, provided through both outpatient and inpatient services.</i>	Established
Coronary Care Unit	<i>Inpatient unit for patients with cardiac-related conditions and requiring high dependency care.</i>	Established
Emergency Department	<i>24-hour service for those who live on the Island or are covered by a Reciprocal Healthcare Agreement and have suffered a serious accident or injury, using a triage system and prioritised by clinical need.</i>	Established
Single Point of Access	<i>Linking people with the appropriate services to achieve successful outcomes.</i>	In development as part of Mandate 2022-2023
Fracture/Plaster Clinic	<i>Provision of services for the application and removal of various types of casts, splints and braces.</i>	Established
Gastroenterology	<i>Diagnosis, treatment and management of all patients with digestive disease.</i>	Established
Emergency Doctor Service	<i>Emergency Doctor Service which operates at time when General Practices are closed, using face to face or digital/telephone consultation where appropriate.</i>	Established (MEDS)
ME, CFS and Long COVID Service (Adults 18 years and over)	<i>Provision of a holistic care plan to support individuals to either fully recover if treated earlier in the pathway, or to ensure they are 'living well with' their condition.</i>	Established
Minor Injuries Unit – North	<i>Unit to serve patients during defined hours, primarily for those in the locality suffering minor injury or illness which cannot be treated in General Practice.</i>	Established
Neurology	<i>Diagnosis, treatment, support and advice for patients with a wide range of neurological conditions.</i>	Established
Renal and Nephrology	<i>Outpatient clinic for diagnosis, treatment and management of renal conditions. Inpatient or day facility for adults requiring dialysis and other related treatments.</i>	Established

	<i>Dialysis for visitors to the Island may be agreed in advance and a charge may be incurred in that case.</i>	
Respiratory Medicine	<i>A multidisciplinary team offering assessment, diagnosis and treatment of diseases of the respiratory system – this includes lung cancer, chronic respiratory diseases such as asthma and chronic obstructive pulmonary disorder, and acute respiratory problems such as respiratory failure.</i>	Established
Ear, Nose and Throat	<i>Provision of outpatient-based assessment and treatment of the ear, nose and throat, including hearing problems (known as Audiology). In addition our ENT service offers surgical treatments for ear, nose or throat problems.</i>	Established
Rheumatology and Osteoporosis	<i>Diagnosis and outpatient treatment of all rheumatological conditions.</i>	Established
Urology Services	<i>Covering diseases of the urinary and genital tracts in adults and children of both sexes, kidney conditions, bladder conditions and prostate problems.</i>	Established
Stroke Services	<i>Inpatient and outpatient services for those who have suffered a stroke or Transient Ischaemic Attack from diagnosis to treatment and ongoing advice and support.</i>	Established
Palliative and end of life care	<i>Meet the needs of high-quality palliative and end of life care planned to meet needs on an individual case by case basis.</i>	Established

4. **Integrated Cancer and Diagnostic Services**

4.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Cancer Support	<i>Full Range of cancer support services following lifecycle from initial diagnostic assessment to treatment and support for those in remission.</i>	Established
Mortuary	<i>Services for the deceased, including relative support service. Provision of a physical facility to support Coroner’s post-mortem examinations.</i>	Established

Pathology	<i>Includes hospital blood transfusion, Isle of Man transfusion service, clinical chemistry, haematology, histopathology, immunoserology, microbiology, mortuary and pathology IT services. The pathology office provides reports to support clinical diagnosis requested through referring Clinicians and General Practice.</i>	Established
Pharmacy Service (Hospital Based, Acute)	<i>Covering clinical (ward based), aseptic and oral dispensing, procurement and supply, oncology support, antimicrobial support.</i>	Established
Cancer Screening Services Delivery	<i>Breast, bowel and cervical screening programmes with quality standards defined by Public Health Isle of Man and managed through the Health Protection Committee.</i>	Established – Refinement under Mandate 2022-23
Radiology	<i>Provision of a range of imaging options to diagnose a wide variety of medical conditions and provide interpretation and reporting of imaging investigations, including (but not limited to) CT, MRI, ultrasound and Interventional Radiology, as referred by clinicians in secondary care.</i>	Established

5. **Integrated Mental Health Services**

5.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Community Wellbeing Service	<i>A multi-disciplinary step 2 service providing a range of evidenced based psychological interventions for individuals aged 16 and over experiencing mild to moderate common mental health problems such as anxiety, depression and trauma.</i>	Established
Child and Adolescent Mental Health Services	<i>Island-wide mental health assessment and treatment for service users under the age of 18, and their families.</i>	Established - Subject to review in 2023-24 Mandate
Community Mental Health Service for Adults	<i>A step 3 multi-disciplinary service offering evidenced based assessment and treatment to adults aged 18 to 65 who are experiencing moderate to severe mental health difficulties.</i>	Established
Community Wellbeing Services & Psychological Therapies Service	<i>A multi-disciplinary step 2 service providing a range of evidenced based psychological interventions for individuals aged 16 and over experiencing mild to moderate common</i>	Established

	<i>mental health problems such as anxiety, depression and trauma.</i>	
Rapid Assessment Service	<i>Provision of urgent assessment 24 hours a day, 365 days per year, to ensure that individuals of all ages presenting with acute mental health difficulties are afforded the most effective treatment pathway or service to meet their needs.</i>	Established
Acute Inpatient Service	<i>Provision of acute admission 24 hours a day, 365 days per year in respect of individuals experiencing a mental disorder where assessment and or treatment cannot be safely afforded within a community setting.</i>	Established
Drug and Alcohol Team	<i>Full range of assessment, treatment and support service for people of all ages who present with substance misuse.</i>	Established
Crisis Response Home Treatment Team	<i>Intervention for those with urgent and acute mental health needs, as well as those being discharged from an inpatient setting.</i>	Established
Older Persons Mental Health Service (over 65 years of age)	<i>Community-oriented support service for older people with mental health needs of functional or organic illness. Memory Service for diagnosis and treatment of memory disorders in older people.</i>	Established
Recovery College	<i>Range of learning experiences for those with an open mental health referral to promote self-care and techniques to promote recovery from mental health challenges.</i>	In Development

6. **Integrated Primary and Community Care**

6.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
General Practitioner Services	<i>General Practice and Practice Nursing for all Island Residents.</i>	Established – Review of model under Transformation Programme
General Dental Services	<i>Provision of general dental services to all Island Residents and a single orthodontic service for patients under 18 who qualify.</i>	Established – Review of model under Transformation Programme
Community Dental Services	<i>Provision of specialised dental services to patients in specific categories who require special care and / or domiciliary services which are unavailable by general dental</i>	Established – Review of model under Transformation Programme

	<i>practitioners.</i>	
Orthodontic Services	<i>Provision of orthodontic provision for both Primary Care and Consultant Services.</i>	Established – Review of model under Transformation Programme
General Ophthalmic Services	<i>Provision of sight tests for the purpose of provision of corrective lenses, services in relation to minor eye conditions.</i>	Established – Review of model under Transformation Programme
Community Pharmacy Services	<i>Provision of services within the community such as dispensing medicines, disposal of unwanted medicines, support for self-care, signposting, influenza vaccination services and out of hours provision.</i>	Established – Review of model under Transformation Programme
General Practice Pharmacy Service	<i>Provide support and advice to GP surgeries regarding prescribing, local prescribing policies and guidance on evidence-based practice.</i>	Established
Care Home Pharmacy Service	<i>Provide Department care homes with advice on prescribing, local prescribing policies and evidence-based practice as well as clinical medication reviews.</i>	Established
Learning Disability Pharmacy Service	<i>Supporting learning disability units in terms of clinical and medicine related advice and undertaking clinical medication reviews.</i>	Established
Community Mental Health Pharmacy Service	<i>Supporting community mental health services with clinical advice on prescribing, local prescribing policies and evidence-based practice as well as clinical medication reviews.</i>	Established
Adult Community Nursing Services	<i>Provision of services within the home for housebound patients, working within Integrated Care systems to ensure a multidisciplinary approach to delivery of care within the community setting.</i>	Established
Prison Healthcare	<i>Provision of a level of health and Public Health services for Prisoners comparable with the health care services in the community and encouraging healthy lifestyle choices.</i>	Established
Diabetes & Endocrine Service	<i>Provision of all services to co-ordinate and provide services to support those living with all types of Diabetes, including specialist advice for pregnant women.</i>	Established
Community Adult Therapy Service	<i>Provision of both physiotherapy and occupational therapy services in the community to help patients to identify</i>	Established

	<i>difficulties in their everyday life to try and find practical ways in which they can become more independent in their activities.</i>	
Children’s Therapy Service	<i>Provision of physio, occupational and speech and language therapy services to children in a variety of settings.</i>	Established
Acute Therapy Service	<i>A hospital-to-discharge service delivering physio and occupational therapy to all patients identified as needing therapy, including weekend on-call provision.</i>	Established
Outpatient Physiotherapy Service	<i>Provision of a range of physiotherapy services.</i>	Established – First Contact Practitioner Pilot due for development in 2023
Adult Speech and Language Service	<i>Speech and language services provided from within the hospital setting and the community including adult learning disabilities.</i>	Established
Audiology Service	<i>Provide services for both children and adults and include hearing diagnostic testing & counselling for hearing impaired individuals, provision of digital hearing aids, balance testing and Tinnitus Counselling.</i>	Established
Dietetics Service	<i>Provide assessment, diagnosis and treatment of diet and nutrition problems at an individual and Public Health level.</i>	Established
Podiatry Service	<i>Provide assessment, diagnosis and treatment of disease and conditions affecting the foot and lower limb. Treatments are focused on relieving symptoms, improving function, disease prevention and maintaining independence and wellbeing.</i>	Established
Mental Health Occupational Therapy Service	<i>Occupational therapy services provided from within the Mental Health Care Group to support older people to maintain / regain their skills and everyday activities and remain independent for as long as possible.</i>	Established

7. **Medical Services for Women, Children and Families**

7.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Health Visiting and school nursing	<i>Focused on delivering a public health focused service to children and young people aged from birth to 19 years (if in full time education), forming part of a wider process of ensuring children's health and safety is optimised through integration and collaboration of other services and departments and wider strategies.</i>	Established
Maternity services	<i>Services that specialise in the treatment and care of women and babies during a maternity episode.</i>	Established
Postnatal services	<i>Post birth care on maternity ward-physical and emotional wellbeing of mother and infant.</i>	Established
Paediatric services	<i>Provide care in line with best practice standards for ill and injured children.</i>	Established
Cystic fibrosis	<i>Provide safe and efficient care, with good outcomes, for children with Cystic Fibrosis.</i>	Established
Long term conditions services	<i>Safe and Effective Care for children with any long-term condition.</i>	Established
Children's ward and outpatients	<i>Offer assessment, investigation, diagnosis and treatment of children and young people aged from birth to 16 years with a variety of conditions.</i>	Established
Children's Community Nursing	<i>Provides support to children, young people and their families, which responds to local needs and prevents hospital admission, facilitates early discharge and care for children with acute, chronic, complex and palliative / end of life care.</i>	Established
Paediatric Oncology	<i>Provide care for children with a cancer diagnosis (both leukaemia and solid tumours) providing advice, support and practical assistance both during and after treatment.</i>	Established
Neonatal services	<i>A comprehensive, integrated service providing a safe and therapeutic environment for the treatment of premature and sick new-born babies.</i>	Established
Gynaecology services	<i>Provide both inpatient and outpatient care to women of all ages across the Isle of Man for gynaecological procedures, treatments and advice.</i>	Established

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Abortion services	<i>Provide medical and surgical abortions on Island and commission a specialist provider to provide specialist medical abortions off Island, or for those not wishing to access local services.</i>	Established
Sexual Health Services including Family Planning	<i>Provide confidential contraceptive and sexual health services, referrals to the Genito-Urinary clinic, prescribe various forms of contraception and support to reduce the risk of unplanned pregnancy.</i>	Established and subject to development under Mandate 2023-24
Safeguarding children	<i>Provide advice regarding safeguarding children practices at a strategic and operational level and support to all health care workers across the organisation including hospital, community and mental health services.</i>	Established
Infant feeding team	<i>Offers support to any woman who is pregnant or has a child and is focused on increasing the uptake and continuation of breastfeeding across the Island's population of babies and infants as part of the wider public health agenda around healthy weights and growth in children.</i>	Established
School Immunisation team	<i>The delivery of immunisations across Community settings within schools to specific age groups to deliver the Public Health Programme.</i>	Established
Genito-Urinary Medicine	<i>Provide confidential screening and treatment of sexually transmitted infections.</i>	Established

8. **Private Healthcare**

To be explored and agreed during the service year.

9. **Social Care Services for Adults**

9.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Residential care for Older Adults and Adults with a Learning Disability	<i>Must be accessible to older adults from 65 years onwards whose assessed needs cannot be met within their own homes.</i>	Established

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Residential Care for Older Adults with Dementia	<i>Offer care and support in a safe and stimulating environment for those aged 65 and over (unless in exceptional circumstances), who have a diagnosis of dementia and their assessed needs are such that they cannot be supported to remain in their own home.</i>	Established
Community Support Service (domiciliary care)	<i>Provide varying levels of support for Service Users who are unable to live at home independently, but who do not require residential or nursing care.</i>	Established
Reablement Service	<i>Support service users who have been assessed as having care needs, focussing on maximise their level of independence by learning, or relearning, the skills necessary for daily living in their home environment.</i>	Established
Day Services for Older Adults and Adults with a Learning Disability	<i>Person centred care and support to allow Service Users to reach their full potential by promoting positive risk taking and the development of self-confidence, social skills and independence.</i>	Established
Respite Care for Older Adults and Adults with a Learning Disability	<i>Provide carers with a break from their caring responsibilities and Service Users with an enjoyable and enriching experience.</i>	Established
Learning Disability Supported Living	<i>Provide varying levels of support focused on daily living skills to enable Service Users to live independently in their own property in the community with an emphasis on supporting with, rather than doing for.</i>	Established
Learning Disability Supported Employment	<i>Support Service Users to access and retain employment.</i>	Established

10. Social Care and Social Work Services for Children and their Families

10.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Child Safeguarding and Protection Services	<i>Children & Families Social Work Service through Care Management teams; Family support service for children and families identified as having Complex Needs or who are in Need of Protection; and</i>	Established

	<i>Safeguarding & Quality Assurance service (SQA).</i>	
Looked After Children and Care Leavers (LAC / CL)	<i>Service for all children looked after and leaving care, and those who care for them, to include Fostering Services; Residential Care including Secure Accommodation and Therapeutic services to support improved emotional wellbeing.</i>	Established
Children with Disabilities (Learning & Physical) and Complex Health Needs	<i>Work Service (CWDSWS), Residential Respite Service (RRS), Day Opportunities Service (DOS), and to ensure appropriate (to needs and circumstances), equitable access to Services for those assessed as eligible.</i>	Established
Adoption & Special Guardianship Services (A&SGS)	<i>Family Finding and Co-ordination Service, Family Support Service.</i>	Established
Young people in the Criminal Justice System	<i>Support decision making and smooth running of the Juvenile Court as Court Officer in juvenile justice matters, provide safe secure and non-secure accommodation for those remanded or sentenced by the Court, and aim to reduce recidivism.</i>	Established
Early Help and Support Service	<i>Jointly funded (with Department for Education) Service which works with families through early help provided in the school setting, aiming to prevent urgent referrals to social work services where possible.</i>	Established
Initial Response	<i>Reporting and assessment for all concerns raised about the safety or wellbeing of a child received either through a partner Agency or a member of the public.</i>	Established
Resource Centres	<i>Day care and respite for children with disabilities.</i>	

11. **Social Work Services for Adults**

11.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Adult Generic Services	<i>A comprehensive social work service to adults with substantial physical disability, illness and high levels of complexity in the</i>	Established

	<i>community.</i>	
Adult Services Access Team	<i>Triage of need for social work services to an eligible person who appears to be in need of social care services and decides accordingly if that person is in need.</i>	Established
Community Older Persons Team	<i>Provide assessments for carers who provide, or intend to provide, another person with a substantial amount of care on a regular basis and; the person for whom they provide care is a person for whom Manx Care may provide or secure the provision of social care services in the community.</i>	Established
Hospital Social Work Team	<i>Provide older adults with substantial care and support needs who are in hospital and need the support of a social worker to plan their transfer of care.</i>	Established
Learning Disabilities	<i>Social work service to individuals over the age of 18 (and those in transition to adult services) who have a formal diagnosed learning disability which significantly impacts upon being able to live their life independently.</i>	Established
Safeguarding	<i>Multi-disciplinary response to vulnerable adults as defined in the Safeguarding Adults Act 2018 who appear to be in need of care and protection.</i>	Established
Wellbeing Partnerships	<i>Single point of referral to provide co-ordinated support in local communities, bringing together both statutory services and third sector support where appropriate.</i>	Incremental development

12. **Surgery, Theatres, Critical Care and Anaesthetics**

12.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Outpatient Services	<i>Provide surgical and medical outpatient clinics, Day Assessment Treatment Unit (DATU) and blood clinic.</i>	Established
Theatres	<i>Deliver a wide range of general surgery,</i>	Established

	<i>responding to a range of surgical emergencies and performing a range of elective and non-elective operations.</i>	
Inpatient Services	<i>A Critical Care Unit to operate 24x7 throughout the year to treat patients who have a serious illness or injury.</i>	Established
Anaesthetic Service	<i>Provide planned elective general anaesthetic services and emergency anaesthetic services for Nobles Hospital.</i>	Established
Critical Care	<i>Provide an Intensive Care Unit (ICU), High Dependency Unit (HDU) and pain clinic.</i>	Established
Trauma and orthopaedics	<i>Treatment of injuries and conditions of the musculoskeletal system including bones, joints, ligaments, tendons, muscles and nerves.</i>	Established
Surgical Specialties	<i>Covering Ear, Nose and Throat, Audiology, Breast, Urology, Ophthalmology, Oral Surgery and Skin Service (Plastics/Dermatology)</i>	Established

13. **Miscellaneous and Joint Services**

13.1 The list of services to be provided includes, but is not limited to, those detailed below:

<u>Service</u>	<u>Description</u>	<u>Established or In Development</u>
Sexual Assault Referral Centre	<i>A 24/7 multi-agency Sexual Assault Referral Centre providing a "one stop" location for services such as forensic examination, medical care, supported statement taking and access to support workers.</i>	In development
<i>Reference: Isle of Man Sexual Assault Referral Centre Service Specification March 2021</i>		
Vaccination and Immunisation Programmes	<i>Delivery of approved vaccination and booster programmes (including COVID-19) in line with JCVI guidance and under the direction and assurance of Public Health Isle of Man.</i>	Established – under refinement

Defined Terms and Abbreviations

For the purposes of this Service Description the following words and phrases when capitalised shall have the meanings given; as shall other forms thereof such as plurals or other tenses (*mutatis mutandis*).

Term	Meaning
Act	Means the Manx Care Act 2021
CFS	Chronic Fatigue Syndrome
Climate Change Plan	Details the Island's commitment to climate change ¹
CQC	Care Quality Commission - Independent regulator of health and social care in England.
CT	Computed tomography – combines a series of x-ray images taken from different angles around the body and uses computer processing to create cross-sectional images.
Data Protection Legislation	Means the Data Protection Act 2018 and all legislation made thereunder including the Data Protection (Application of GDPR) Order 2018, the Data Protection (Application of LED) Order 2018 and the GDPR and LED Implementing Regulations 2018 or any legislation which applies to the processing of personal data in the Isle of Man.
Data Subjects	Refers to any individual person who can be identified, directly or indirectly, via an identifier such as name, an ID number etc.
Department	Means the Department of Health and Social Care.
Director of Public Health	Means the Director of Public Health appointed under Part 1 Section 1(1) of the Local Government Act 1985. ²
Dispute	Means any dispute, difference or question of interpretation arising out of or in connection with the Mandate, including any dispute, difference or question of interpretation relating to the Mandated Services, failure to agree in accordance with any change process or any matter where the Mandate directs the Partners to resolve an issue by reference to the Dispute Procedure.
Dispute Notice	Means a written notice served by one Partner on the other stating that the Partner serving the notice believes that there is a Dispute.
Dispute Resolution Procedure	Means the process and procedures set out in Section 8.
DSPT	NHS Data Security and Protection toolkit - an online self-assessment tool that allows organisations to measure their performance against the National Data Guardian's 10 data security standards.

¹ <https://www.tynwald.org.im/business/opgp/sittings/20212026/2022-SD-0065.pdf>

² https://legislation.gov.im/cms/images/LEGISLATION/PRINCIPAL/1985/1985-0024/LocalGovernmentAct1985_8.pdf

Term	Meaning
Escalation Notice	Means a notice demanding an in-person meeting involving representatives of the Parties at a senior level of management (or if the Parties agree, of the appropriate strategic business unit or division within such entity) for the purpose of resolving a dispute, controversy or claim.
Expedited Dispute Process	Means the expedited process for the resolution of Disputes set out in Section 8.3.
FDS	Faster Diagnosis Standard - patients will receive a diagnosis or all-clear for cancer within 28 days of referral for diagnostic testing.
GDPR	General Data Protection Regulation = a regulation in EU law on data protection and privacy in the European Union and the European Economic Area.
Government / Government Departments	Means the Departments Boards and Offices which form the Isle of Man Government
GP	General Practice / Practitioner
Health and Care Transformation Programme	The programme to deliver the 26 recommendations from the Independent Health and Social Care Review ³
Health and Social Care Ombudsman Body	A service for complaints that have not been resolved by Manx Care or a service provider who delivers health and social care services commissioned by Manx Care.
Information Commissioner	The independent supervisory body for the Data Protection Act 2002 and the Unsolicited Communications Regulations 2005.
Island Plan	The vision set out by the Isle of Man Government.
IT	Information Technology - Encompasses all forms of technology used to create, store, exchange, and use information in its various forms.
JCVI	Joint Committee on Vaccination and Immunisation.
Key Performance Indicators	A type of performance measurement used to evaluate success.
Mandate	Means this document, the Mandate for Manx Care set by the Department as required by the Manx Care Act and as amended in accordance with the Act.
Mandated Service	Means a service that Manx Care is required to provide by the Mandate.
ME	Myalgic encephalomyelitis – also called chronic fatigue syndrome or ME/CFS
Manx Care	Means the organisation providing health and care services as contemplated by the Manx Care Act.
MRI	Magnetic Resonance Imaging – a type of scan that uses strong magnetic fields and radio waves to produce detailed images of the inside of the body.
Our Island Plan	The vision set out by the Isle of Man Government
Outcome	Means a benefit that is expected once changes have been made to a Mandated Service such as an improvement in service quality or Service User experience, or a reduction in cost.

³ <https://www.gov.im/media/1365879/independent-health-and-social-care-review-final-report.pdf>

Term	Meaning
Oversight Framework	Means a set of indicators agreed by the Department and Manx Care to monitor the health and social care outcomes of Service Users.
Party / Partner / Partners	Means either the Department or Manx Care as the context dictates.
Personal Data	Has the meaning given to it in Article 4(1) of the ANNEX to the Data Protection (Application of GDPR) Order 2018. ⁴
Personal Data Breach	Means a security incident that has affected the confidentiality, integrity or availability of personal data
Primary Care	The first point of contact for health care for most people. It is mainly provided by GPs (general practitioners), but community pharmacists, opticians and dentists are also primary health care providers.
Primary Care at Scale	Collaboration across Manx Care and contracted Primary Care partner organisations to deliver an enhanced Primary Care service and to drive through quality and consistency of care.
Quality Indicators	Sets of values defined within the Key Performance Indicators
Reciprocal Health Agreement	Agreements between countries that cover the cost of medically necessary care.
Right of Access	An individual's right to access their personal data under GDPR
Service Level	Means a defined and agreed metric against which a service is measured by Manx Care and, where required, reported to the Department by Manx Care, including, for the purposes of the Mandate, an Oversight Framework.
Service User	Means an individual to whom, or in relation to whom, a health service or social care service is provided.
Service Specifications	Written guidelines that clarify all of the requirements of the service to be delivered.
Service Year	Means the period which ordinarily starts on the 1 st April and ends on 31 st March in each year that Mandated Services are provided.
Shared Service	Means a service that is provided centrally, and which is available to be consumed by government organisations, departments and more broadly, across the Isle of Man Government.
SLA	Service Level Agreement - Contract specifying what services one organisation or department will provide to another organisation or department.
Special Categories	Under GDPR, special categories of data include race, ethnicity, political views, religion, spiritual or philosophical beliefs, biometric data for ID purposes, health data, sex life data, sexual orientation and genetic data.
Third Sector	Organisations which are neither private sector nor public sector.

⁴ [https://www.tynwald.org.im//links/tls/SD/2018/2018-SD-0143.pdf#search=%22Data%20Protection%20\(Application%20of%20GDPR\)%20Order%202018%22](https://www.tynwald.org.im//links/tls/SD/2018/2018-SD-0143.pdf#search=%22Data%20Protection%20(Application%20of%20GDPR)%20Order%202018%22)

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Term	Meaning
Transformation Programme	See Health and Care Transformation Programme
Working Days	Means Monday to Friday, not including Bank or Public holidays.

Version Control

Version	Date	Author	Notes
0.1	01/08/2022	Mandate Team (DHSC)	First Draft
0.2	03/10/2022	Mandate Team	Schedule 1 added
0.3	15/12/2022	Mandate Performance Officer	Combine Directory and Objectives
1.0	20/12/2022	Head of Mandate Performance	First issue to Manx Care
1.1	23/12/2022	Mandate Team	Revised objectives following Manx Care and Public Health Feedback
1.2	04/01/2023	Mandate Team	Revised objectives following political feedback
1.3	06/01/2023	Government Communications Team	Insert visual aid provided by Government Comms team
2.0	24/01/2023	Head of Mandate Performance	Insert Ministers Foreword, convert to PDF
2.1	09/02/2023	Head of Mandate Performance	Council of Ministers feedback - amend section 5.4
3.0	06/06/2023	Mandate Team	New Issue - see row below

Issue 3.0 – July 2023 – Changes and Additions highlighted in red**Section 2.1.2**

This has been amended to outline the current position with regards to objectives from previous year's Mandate objectives.

Objective 1.1a Addition

Complete all currently approved activity under the agreed elective restoration and recovery programme (Phase 1 and 2), with reporting to the Department no less than quarterly on progress, associated waiting list figures and plans to maintain the position for future years including effective waiting list management, **taking into account the need to balance capacity against any anticipated increase in demand;**

Objective 1.1b Amendments and additions

Prepare a Business Case and **detailing options**, indicative ~~timeline~~ **timelines and required funding** for all remaining **the next phase of** restoration and recovery work (Phase 3), to be shared with the Department by 30th September 2023;. **This should make clear any areas where productivity and efficiency efforts alone cannot create a sustainable position**

Objective 1.6 2023-24 Addition

In respect of Objective 6 of the Mandate to Manx Care 2022-23 Mandate to Manx Care 2022- 23, establish a phased implementation plan and funding model for NICE Technology Appraisals (TAs), to be shared with the Department for discussion and agreed no later than 30th September 2023;

Objective 1.6 April 2024 and Beyond Addition

Effect the agreed implementation plan associated with NICE TAs

Objective 2.6 Addition

Further to objective 2 of the Mandate to Manx Care 2022-23, design an Independent Advocacy Service, through a phased approach and in line with a specification to be provided by the Department, procuring any elements which are affordable within the current envelope and identifying a longer term plan to cover all relevant services.

Objective 2.7 April 2024 and Beyond **Addition**
Implement the agreed plan for an Independent Advocacy Service.

Objective 3.1 **Additions**

Following approval of the Strategic Business Case and subsequent development of the detailed design work and agreement of the necessary funding, Manx Care will deliver year one (2023/24) of Primary Care at Scale rollout to the agreed plan. Immediate focus in primary care should be to build resilience and capacity across General Practitioner services and improve access for patients through the introduction of First Contact Practitioners, reporting monthly on waiting times through a redeveloped and publicly available Primary Care dataset to be agreed with the Department. Consider the work of the Wellbeing Partnerships, reviewing the need and model for the Eastern Hub;

Objective 3.4 **Addition**

In respect of Objective 8 of the Mandate to Manx Care 2022-23, identify the capital funding that would be required to implement any remaining digital options for supporting patients with long-term conditions to manage elements of their care from home;

Objective 3.5 **Addition**

In respect of Objective 11 of the Mandate to Manx Care 2022-23:-

- i. Through the work of the Immunisations Committee and an agreed service specification, ensure that all vaccinations and immunisations are delivered in line with the guidance of the Joint Committee on Vaccination and Immunisation (JCVI), with reporting against national indicators as defined in the Public Health Outcomes Framework (PHOF);
- ii. Through the work of the Screening Board, prepare gap analysis against UK standards for breast, bowel, cervical, antenatal and newborn screening programmes, with any remediation plan where applicable;
- iii. Working to a specification provided by the Department under the direction of the Screening Board, design and begin a phased implementation of a screening programme for Diabetic Retinopathy, subject to confirmation of the funding models currently being explored;
- iv. Ensure that plans are in place to take over the National Naloxone Programme, to be running in full by July 2024;
- v. Participate in the action plan associated with the Council of Ministers Response to the Social Affairs Policy review Committee Report on Oral Health in Children, co-ordinated jointly by Public Health and the Department; and
- vi. Establish a mechanism to routinely provide child measurement data for Reception and Year 6 children to Public Health, as defined in the PHOF.

Objective 3.1 April 2024 and Beyond **Addition**

Continue to implement and embed the target operating model for primary care, continuing to explore ways to build capacity and resilience across the system, reviewing the services provided through the Wellbeing Partnerships and their efficacy throughout the four geographies of the Island.

Objective 4.1.1 **Amendment**

The annual budget has now been published and the figure inserted at this clause.

Appendix 1 - Oversight Framework Requested Metrics

Metric Reference	Metric Name	Target	Mandate 21/22	Mandate 22/23	Mandate 23/24	Island Plan
Quality of Care, Access, and Outcomes						
QC 1	Number of Serious Incidents - by care group	3 (36 PA)				
QC 2	Number of Never Events	0				
QC3	Number of Inpatient Falls (per 1000 bed days)	< 6.6				
QC 4	Number of Inpatient Falls with harm (per 1000 bed days)	< 2				
QC 5	Number of medication errors	< 6 (70 PA)			Objective 2	
QC 6	Number of medication errors with harm	2 (25 PA)			Objective 2	
QC 7	Number of Grade 2 or above Hospital acquired pressure ulcers per 1000 bed days	< 5 (60 PA)				
QC 8	Number of MSRA acquired infections	0				
QC9	Hospital admissions caused by unintentional and deliberate injuries in children (aged 0-14 years)	Monitor				Yes
QC10	Number of patients with a length of stay - 0 days	Monitor		Objective 5	Objective 2	Yes
	Number of patients with a length of stay - > 7 days	Monitor		Objective 5	Objective 2	Yes
	Number of patients with a length of stay - > 21 days	Monitor		Objective 5	Objective 2	Yes
QC11	Number of patients waiting for first hospital appointment	Monitor			Objective 2	Yes
QC12	Patients waiting more than 52 weeks to start consultant-led treatment	0			Objective 2	
QC13	% of urgent GP referrals seen for first appointment within 6 weeks	85%	5.2.3		Objective 2	Yes
QC14	Number of patients in planned care exceeding 18 week RTT	0		Objective 7	Objective 1	Yes
QC15	Number of theatre cancellations on the day	Monitor		Objective 7		
QC16	Theatre utilisation	85%		Objective 7		
QC17	Did not attend rate - Hospital and GP	Monitor		Objective 7		
QC18	Number of discharges - pre 10:00	Monitor		Objective 3	Objective 2	Yes
	Number of discharges - pre 16:00	Monitor		Objective 3	Objective 2	Yes
	Number of discharges - weekend	Monitor		Objective 3	Objective 2	Yes
QC19	Delayed transfers of care	Monitor		Objective 3	Objective 2	Yes
QC20	Ambulance Category 1 response time to attend life-threatening 999 call	7 mins	5.2.1	Objective 5	Objective 2	Yes

Metric Reference	Metric Name	Target	Mandate 21/22	Mandate 22/23	Mandate 23/24	Island Plan
QC21	Ambulance Category 1 Ambulance response time to attend life-threatening 999 call at 90th Percentile	15 mins	5.2.1	Objective 5	Objective 2	Yes
QC22	Time to admin, discharge of transfer patients after arrival at ED (Nobles and Ramsey)	95% within 4 hours	5.2.2	Objective 5	Objective 2	
QC23	ED admission rate	Monitor		Objective 5		
QC24	Number of patients spending more than 12 hours in ED	Monitor		Objective 5	Objective 2	
QC25	Average number of minutes between Arrival and Triage	15 minutes		Objective 5	Objective 2	Yes
QC26	Wait time to see first Doctor in ED	< 3 hours		Objective 5	Objective 2	Yes
QC27	Emergency re-admissions within 7 days of discharge from hospital	Monitor		Objective 5		
	Emergency re-admissions within 30 days of discharge from hospital	Monitor		Objective 5		Yes
QC28	Maximum two week wait from urgent referral of suspected cancer to first outpatient appointment	93%	5.2.4	Objective 7	Objective 2	Yes
QC29	Maximum two week wait from referral of any patient with breast symptoms (where cancer is not suspected) to first hospital assessment.	93%	5.2.4	Objective 7	Objective 2	Yes
QC30	Maximum 28 days from referral for suspected cancer (via 2WW or Cancer Screening) to date of diagnosis	75%	5.2.4	Objective 7	Objective 2	Yes
QC31	Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Surgery	94%	5.2.4	Objective 7	Objective 2	Yes
	Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Drug treatment	98%	5.2.4	Objective 7	Objective 2	Yes
	Maximum 31 days from decision to treat or other appropriate date to start of second or subsequent treatment - Radiotherapy	94%	5.2.4	Objective 7	Objective 2	Yes
QC32	Maximum 62 days from referral for suspected cancer to first treatment	85%	5.2.4	Objective 7	Objective 2	Yes
QC33	Maximum 62 days from urgent referral from a Cancer Screening Programme to first treatment	90%	5.2.4	Objective 7	Objective 2	Yes
QC34	Maximum 31 days from decision to treat to first definitive treatment	96%		Objective 7	Objective 2	Yes
QC35	Number of patients waiting more than 2 weeks for diagnostic tests on an urgent or cancer pathway	Monitor	5.2.3		Objective 2	Yes
QC36	% of patients waiting 6 weeks or more for a diagnostics test - by test type	1%			Objective 2	Yes
QC37	Average caseload per Social Worker - Adult Social Care	16 to 18	5.4.1	Objective 2		
QC38	Average caseload per Social Worker - Children & Families	16 to 18	5.4.1	Objective 2		

Metric Reference	Metric Name	Target	Mandate 21/22	Mandate 22/23	Mandate 23/24	Island Plan
QC39	Number of referrals - Adult Social Care	Monitor		Objective 2		
QC40	% of re-referrals in total referrals - Adult Social Care	<15%		Objective 2		Yes
QC41	Number of referrals - Children & Families	Monitor		Objective 2		Yes
QC42	% of re-referrals in total referrals - Children & Families	<20%		Objective 2		Yes
QC43	Adult Community Care Assessment completed in agreed timescales.	80%	5.4.1			
QC44	Copy of Adult Community Care Assessment received by Patient or Carer	100%	5.4.1			
QC45	All Residential beds occupied	85-100%	5.4.2			
QC46	All Respite beds occupied	90-100%	5.4.2			
QC47	Service Users with a Person-Centred Plan in place (PCP)	95-100%	5.4.2			
QC48	Complex Needs Reviews held on time	85%	5.4.3			
QC49	Total Child Protection Conferences held on time	90%	5.4.3			
QC50	Total Initial Child Protection Conferences held on time	90%	5.4.3			
QC51	Child Protection Reviews held on time	90%	5.4.3			
QC52	Looked After Children reviews held on time	90%	5.4.3			
QC53	Pathway Plan in place	100%	5.4.3			
QC54	Children (of age) participating in, or contributing to, their Child Protection review	90%	5.4.3			
QC55	Children (of age) participating in, or contributing to, their Looked After Child review	90%	5.4.3			
QC56	Children (of age) participating in, or contributing to, their Complex Review	79%	5.4.3			
QC57	Occupancy at Ramsey – overnight stays	up to 80%	5.4.3			
QC58	Number of Safeguarding inquiries to Adult Social Care	Monitor				
QC59	Number of reported Safeguarding alerts in care homes	Monitor				Yes
QC60	Community Nursing Service response target met - Urgent / non routine	24 hours	5.4.4		Objective 3	
QC61	Community Nursing Service response target met - Routine	7 days	5.4.4		Objective 3	
QC62	West Wellbeing Contribution to reduction in ED attendance	5% per 12 months	5.4.4		Objective 3	
QC63	West Wellbeing Reduction in admission to hospital from locality	10% per 12 months	5.4.4		Objective 3	

Metric Reference	Metric Name	Target	Mandate 21/22	Mandate 22/23	Mandate 23/24	Island Plan
QC64	Clinical Assessment and Treatment Service waiting times	Urgent1: 80% in 3 days Urgent2: 80% in 5 days Soon 1: 80% in 15 days Soon 2: 80% in 30 days	5.4.4		Objective 2	
QC65	Average wait time for a GP Appointment - by Practice	Monitor	Objective 7	Objective 7	Objective 3	Yes
QC66	Average wait time for a Dentist Appointment - by Practice	Monitor	Objective 7	Objective 7	Objective 3	Yes
QC67	Patients requiring Mental Health liaison services within the ED, seen within one hour.	90%	5.3.1	Objective 5		Yes
QC68	Patients admitted to physical health wards requiring a Mental Health assessment, seen within 24 hours.	75%	5.3.1			Yes
QC69	Patients with a first episode of psychosis treated with a NICE recommended care package within two weeks of referral	75%	5.3.1			Yes
QC70	Patients with Severe Mental Illness (SMI) who received a full physical health check in Primary Care every 12 months	100%	5.3.1			Yes
QC71	People under adult mental illness specialities on a Care Programme Approach, followed up in three days of being discharged from psychiatric inpatient care.	90%	5.3.1			Yes
QC72	Total Mental Health Current Caseload	4500 - 5500	Objective 4	Objective 3		
QC73	% of Mental Health re-referrals within 6 months	<20%	Objective 4			
Leadership & Governance						
L1	Number of Data Breaches - by severity level	0		Section 7	Section 7	
L2	Number of Subject Access Requests (SAR)	Monitor		Section 7	Section 7	
L3	Number of Access to Health Record Requests (AHR)	Monitor		Section 7	Section 7	
L4	Number of Freedom of Information (FOI) Requests	Monitor		Section 7	Section 7	
L5	Number of Enforcement Notices from the ICO	0		Section 7	Section 7	
L6	Number of SAR, AHR and FOI's not completed within their target	0		Section 7	Section 7	
L7	Number of complaints received	Monitor		Section 11	Section 11	

Metric Reference	Metric Name	Target	Mandate 21/22	Mandate 22/23	Mandate 23/24	Island Plan
L8	Complaints responded to within timelines	98% acknowledged in 5 days. 98% written reply in 20 days. 0 Complaints > 6 months		Section 11	Section 11	
L9	Number of complaints escalated to Health and Social Care Ombudsman Body	Monitor		Section 11	Section 11	
People						
P1	Hours lost to staff sickness absence - by care group	4%	Objective 11	Objective 9	Objective 1	
P2	Staff turnover rate - by care group	10%		Objective 9	Objective 1	
P3	Number of staff leavers	Monitor		Objective 9	Objective 1	
P4	Number of staff on long term sickness	Monitor	Objective 11	Objective 9	Objective 1	
P5	Number of staff on disciplinary measures	Monitor		Objective 9	Objective 1	
P6	Number of suspended staff	Monitor		Objective 9	Objective 1	
P7	Completion of Mandatory Training (%)	90%	Objective 11	Objective 9	Objective 1	
Finance						
F1	Progress towards cost improvement target (% total)	1.5%	Objective 6	Section 4	Section 4	
F2	Performance against budget	Monitor	Objective 6	Section 4	Section 4	
F3	Total income (£)	Monitor	Objective 6	Section 4	Section 4	
F4	Total staff costs (£)	Monitor	Objective 6	Section 4	Section 4	
F5	Total other costs (£)	Monitor	Objective 6	Section 4	Section 4	
F6	Agency staff costs (proportion %) - by care group	Monitor	Objective 6	Section 4	Section 4	