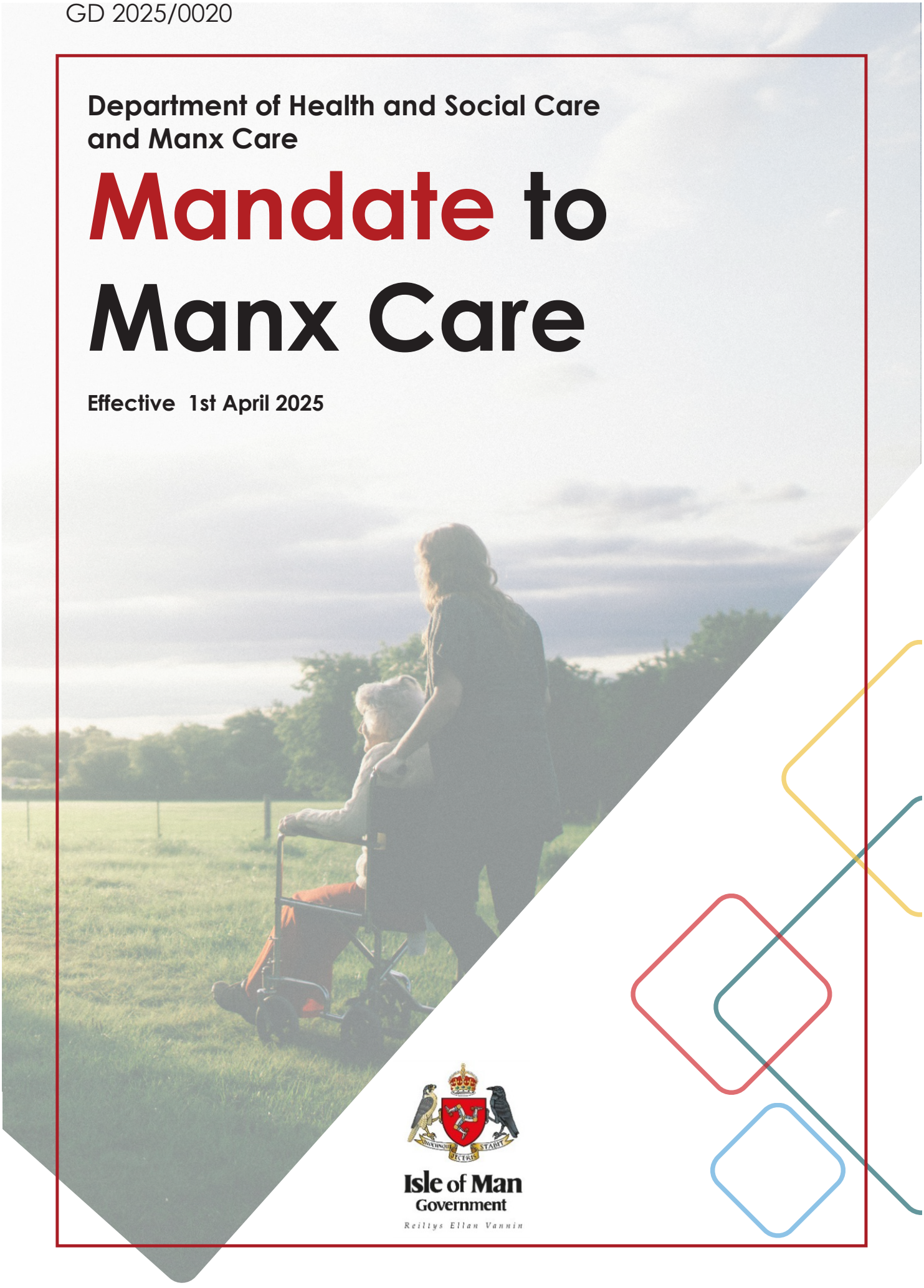
GD 2025/0020

Department of Health and Social Care and Manx Care

Mandate to Manx Care

Effective 1st April 2025



Isle of Man Government

Reiltys Ellan Vannin

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1. Ministerial Foreword

This is my first mandate as Health and Social Care Minister. I know that in 2024-25, there was a lot of public interest in our Island's health and care the Mandate to Manx Care aims to clearly inform the public about the available funding and the health and care services that can be provided with that funding.

Priorities for 2024-25 and Beyond

The Mandate for 2024-25 set out five priorities for our health and care system. These, remain unchanged for 2025-26:

1. Fully Integrated Health and Care Services
2. Early Intervention, Prevention, and Childhood Experience
3. Safe, Appropriate, and Consistent Care
4. Planning for Future Population Needs
5. Governance, Compliance, and Accountability

We have made good progress on these priorities over the past year. However, many actions are part of long-term projects that need time to bring about changes and have a positive impact on everyone using these services.

Focus for 2025-26

In 2025-26, we will ensure that we are providing safe, good quality, efficient services which represent the best value for money for the taxpayers.

We will ask Manx Care to drive productivity, efficiency and transformation to deliver the same levels of service within the budget available. But we will also make changes by focusing a larger proportion of funding and investment in transformation in four key areas to ensure our services can be effective, efficient and sustainable in the long-term. These areas are:

1. Changing our services so that people can access care closer to home and continue to live independently in their homes as long as safely possible.
2. Increasing the availability and accessibility of community services,

especially access to GPs and Dentists.

3. Ensuring hospital care, when needed, is delivered in the most efficient and effective way.
4. Modernising our services to provide earlier support and to focus on preventing or delaying health and care issues.

This may mean that you will be directed to a service which is different than you are used to, or you may be seen by a different health or care professional. We also recognise that driving productivity and efficiency takes time and may result initially in waiting lists for some areas of non-urgent care increasing and this will be closely monitored by the Department. This Mandate, and the Manx Care Operating Plan, aim to be transparent about these changes. We hope through this transparency, and better communication over the next 12 months, we will address concerns you may rightly have and reassure you that the changes being made are to improve your experience and achieve the same results.

2. Purpose of the Mandate

The Department of Health and Social Care (the "Department") is responsible for health and social care services on the Isle of Man and is accountable to Tynwald. This document commissions Manx Care to provide these services and explains how Manx Care's performance is monitored. Details on how this is done, and the legal basis, are in Appendix 1.

The Mandate outlines what the Department expects from Manx Care as the provider of Health and Social Care services on the Isle of Man.

The Mandate and supporting Service Specifications set the service levels and quality standards Manx Care must deliver. Manx Care may also commission services from other appropriate organisations, both on and off the Island. Detailed requirements for individual services are in the Service Specifications, available on the Isle of Man Government website.

This plan describes how Manx Care will meet the Mandate's requirements and deliver core services within the available budget.

This Mandate is shorter and more concise than previous years because it has been drafted for the first time alongside the Manx Care Operating Plan. Together, these documents outline the vision and plan for the delivery of quality health and care services on the Isle of Man.

3. Statutory Requirements

This Mandate shall be effective from and including 1 April 2025 and shall continue until and including the 31 of March 2026 or such time as another Mandate is laid.

The Mandate fulfils the statutory obligations of the Department of Health and Social Care set by section 14 (1) of the Manx Care Act 2021 ('the Act'). The definitions set out at page 10 of this Mandate and within the Interpretation Act 2015 apply to the interpretation of this document. Schedule 2 of the Act specifies what the Mandate must contain.

Manx Care must ensure adherence to all other legal and statutory duties as prescribed in the relevant Isle of Man legislation, regulations, directions, orders and codes. In case of discrepancy between that legislation and this document, the law shall take precedence.

The ways in which the parties interact during both the creation of the Mandate and Operating Plan, and throughout the year for assurance and risk, are detailed in Appendix 1.

4. Financial Direction

Manx Care must exercise its functions effectively, efficiently and economically as set out in the Act (Section 20) and ensure that the **total revenue budget of £361.8 million is not exceeded.** This includes a 2% efficiency target.

Manx Care is responsible for allocating the budget to make sure that the Mandated Services, listed in Appendix 2 are provided efficiently according to the agreed specifications. However, this year, the Department expects to see a greater proportion of the budget being spent on primary care and community services to reflect the objectives set by the Department.

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

Manx Care will provide the Department with a plan for Cost Improvement Programme **prior to commencement of the service year** and must also take appropriate measures to ensure it does not overspend its budget, continuing to work with the Department to assess the policy, political and reputational risks of any such measures that it feels necessary to take during the course of the service year to remain within budget. This will be monitored through the Performance Framework agreed between the Department and Manx Care.

In allocating the revenue budget for 2025-26, the Department has agreed with Manx Care assumptions around items which are not considered to be within Manx Care's baseline operating costs and a further £10 million is available within a contingency budget held by DHSC to mitigate the impact of identified cost pressures. This funding will be subject to strict controls to ensure it is used effectively and appropriately.

Manx Care does not hold a capital budget but will act as the client representative for the capital programme assigned to the Department, in line with the principles set out in any strategy or policy set out by the Department.

The Department has submitted to the Treasury a plan for the 2025-26 capital programme, which has been shared with Manx Care and will be further confirmed as each scheme passes the milestones of the Treasury approvals process. The key programmes for the coming year are:

1. The respite facility for adults with learning disabilities at Radcliffe Villas (for which the total spend was approved by Tynwald in January 2025);
2. A 5-year programme to replace 'end of life' radiology equipment;
3. Improvements to the containment laboratory at Nobles Hospital;
4. A replacement Ambulance Station in Douglas;
5. Reconfiguration of the Emergency Department at Nobles Hospital; and
6. Decisions on vacant or aging properties at Reayrt Ny Baie, Cummal Mooar and Eastcliffe.

The Department plans to further clarify the roles and responsibilities for capital projects this year and asks Manx Care to help with this work, along with other Government Departments. When a new or significantly changed, property is added to the estate portfolio, Manx Care should make sure the costs of the services provided are included in financial planning for future years as soon as possible. This will help avoid delays in starting operations once the building is ready.

5. Strategic Direction

Manx Care will continue to deliver the services as listed in Appendix 2 (with service changes where specified) which form the statutory and essential services required within the baseline budget. In addition, improvements and key priorities are detailed in this section.

The priorities detailed here are intended to support Our Island Plan and are designed to be incremental in nature. For each area of priority, the Department has set out the desired long-term outcomes and the specific related objectives in this Service Year, and beyond where possible. Manx Care sets out in its Operating Plan how it intends to deliver those. It is acknowledged that some of the longer-term outcomes are not solely in the gift of Manx Care and are likely to require collaborative working across Government and the wider community.

The Department's long-term vision under each priority has not changed significantly since the previous year. Year on year the Mandate document continues to define what is achievable within the financial envelope available.

i. Priority 1 - Fully Integrated Health and Care Services

The Department's ambition is for all patients and service users to feel they are treated equally by one system that provides the same level of care, in the most appropriate setting, every time. The focus will be on community services, providing support and making treatment decisions as early as possible, in partnership with patients, service users and those who support them. Hospital admissions should be avoided whenever possible, and hospital stays should be as short as safely possible.

The Department has asked Manx Care to protect those elements of the Urgent and Emergency Integrated Care (UEIC) Programme that have already been established. Manx Care should demonstrate in 2025-26 that with continued investment in these services, performance in the Emergency Department and subsequent Inpatient Setting is maintained without further investment.

In 2025-26, this means a shift in the balance of funding from secondary to primary care to drive services in the community appropriately. This will include understanding which services can be supported, or delivered, through collaborative working via strategic partnerships and the Third Sector. This will ensure that time spent in hospitals, both inpatient and outpatient, is done in the most efficient way and that people access hospital services only when needed.

The Department sets the following objectives for Manx Care in 2025-26:

Objective 1: Deliver improvement in the consistency, availability and accessibility of services in local communities, including GP and dental services.

This should include a key focus on opportunities for shared care in the management of long-term conditions and following discharge from inpatient settings.

> **Measures:** There will be a reduction in waiting times for appointments in the community during the service year (which may be with a GP, Nurse or Allied Health Professional, such as physiotherapists, dieticians and first contact practitioners). Patient feedback will demonstrate increasing public confidence in the ability to obtain an appropriate appointment.

Objective 2: Deliver improvement in 'out of hours' services to provide an effective patient response. This means that services will be accessed through a single 'front door' where patients can be directed to the most appropriate care, eventually through an immediate centralised booking system. An integrated response should support primary care emergency work in a way which is timely, efficient and affordable and supports good service user outcomes.

Measures: It is expected that there will be no decline in Emergency Department waiting time performance against that achieved during 2024-25 (detailed further in Appendix 3).

Objective 3: Continue to drive work to understand the cost of care to enable decisions about how and where it is best delivered – through methods such as activity-based costing (ABC) and other methods as considered appropriate.

Measures: In the coming years, Manx Care must demonstrate increasing accuracy in forecast spend per annum versus outturn. Information shared with Public Health will be able to identify cohorts of the population who require the costliest interventions, thus driving the prevention agenda.

ii. Priority 2 - Early Intervention, Prevention and Childhood Experience

The Department's ambition is for support and care to be provided at the earliest possible point and that everyone can make informed choices about their care through education and accessible information, supporting Public Health's ambition to make healthy choices, easy choices.

The mental health and wellbeing of the Island's population is paramount, particularly the very young and very elderly and the focus will continue

to be on the promotion of initiatives which give people opportunities to access support at an earlier stage, in partnership with the Third Sector as appropriate.

In 2025-26 the established and planned locality hubs will be a key feature, not just delivering health and care services but becoming a holistic way to bring services into local communities. Wherever possible, investment in local communities should drive standards and availability of care and support that manage demand in hospital settings.

The Department, Manx Care and Public Health will continue to work collaboratively to understand where preventative measures can drive longer term efficiencies. Work to implement the Thrive model (see Glossary) should be maintained and protected by Manx Care, as part of ensuring that all mental health services are cost-effective and meet the needs of the Island's population. It is acknowledged that the previously mandated adult ADHD pathway will need to be reconsidered to focus on treatment and support rather than new diagnoses. Furthermore, the previously mandated new programme for diabetic retinopathy will not be fully implemented during this service year but work is ongoing with Public Health to understand the cost and benefit of all potential new programmes.

The Department sets the following objectives for Manx Care in 2025-26:

Objective 4: Ensure Locality Hubs in the four regions of the Island are embedded consistently and consider the delivery of health and care services equally, moving away from a solely medical way of delivering care. Services should have a focus on empowering and upskilling communities to improve outcomes and reduce the likelihood of need for clinical intervention, and include services established within the existing wellbeing partnerships.

Measures: Manx Care will report an increase in the proportion of community appointments being delivered by Nurses and Allied Health Practitioners such as Physiotherapists, Dietitians and First Contact Practitioners (see Glossary for further explanation) rather than by General Practitioners.

Objective 5: Prioritise early intervention and prevention initiatives that are low cost or cost neutral. Continue planning for more expensive preventative initiatives to ensure we understand the impact of these services. This includes working with the Department and Public Health to evaluate new or significantly changed screening and vaccination programmes.

Measures: Manx Care will report to the Department through its Transformation Monitoring and Oversight Group (TMOG) papers on early intervention and prevention initiatives, followed up at the Monthly Mandate Development Meetings.

Objective 6: Strengthen role as corporate parent and develop initiatives which support all children being placed appropriately, and in line with their care plan, first time, with appropriate access to physical, mental and social care support throughout. Take active steps to listen to the voices of children in care and support their needs when they leave care.

Measures: At least 90% of looked after child reviews will involve participation or contribution by the looked after child (where the child is of sufficient maturity) - as detailed in Appendix 3. Manx Care will support the work already underway to amplify the voices of children in care.

iii. Priority 3 – Safe, Appropriate and Consistent Care

The Department's ambition is to ensure that Health and Care services represent best possible value for money while delivering quality care, so that they are sustainable for the future and able to accommodate fluctuations in demand without compromising safety or quality of services. Service Users' experience of accessing care should be understood and used to drive service delivery improvements for the future. Patients accessing secondary care services should be clear about their intended pathway through open communication.

In 2025-26 the Department asks Manx Care to continue to engage with external, and peer, reviews, in an open and transparent way, to promote learning and drive service improvements. Recommendations arising from reviews should be finalised based on suitability of the Island context and the funding available to meet standards but also be realistic and achievable.

Manx Care has the autonomy to configure its services in the best ways it sees fit to drive productivity and this includes (but is not limited to) community services, hospital wards, operating theatres, minor injuries and out of hours services. However, there should be a continued focus on the availability and accuracy of data and management information to support decision-making across the system.

The Department acknowledges that there may be an increase in elective waiting times this year whilst clinical validation work to ensure the waiting lists are accurate and therefore improve productivity is completed but asks Manx Care to protect the work already undertaken to meet and maintain cancer waiting times in line with the faster diagnostic standard (FDS).

In areas where it is appropriate to do so, it is envisaged that patients will initiate follow-up outpatient appointments (PIFU). This will mean that in the longer term, overall 'DNA' rates will show a decreasing trend during

2025-26, together with improved clinic and theatre utilisation continuing to be demonstrated in performance reporting. Where hospital care is required, strong and visible leadership should ensure that patients are engaged with their care and discharge planning.

Digital innovation is critical, and the Department acknowledges the continued increasing costs of maintaining current systems and the need to accelerate work on the "Manx Care Record" but recognises the time for development means continued remediation to existing systems is required in 2025-26.

The Department sets the following objectives for Manx Care in 2025-26:

Objective 7: Implement cost neutral elements of care pathway work which do not require additional recurrent funding, to be agreed through the Transformation Committee.

> **Measures:** There will be a reduction in the numbers of medically optimised patients awaiting discharge from secondary care settings.

Objective 8: Continued implementation of the previously agreed work to implement NICE Technology Appraisals (TAs).

> **Measures:** Project implementation audits will be provided via the Mandate assurance process, supported by periodic audit of treatment and procedure usage, to be defined by Manx Care.

Objective 9: Accelerated development of a Manx Care Record and digital remediation work to maintain existing digital systems in the interim.

Objective 10: Drive clinical validation of all outpatients waiting lists to ensure that those waiting are waiting for the correct type of service. Work with tertiary providers off island to ensure that clinical follow-up pathways are agreed and adhered to. Continue to assess where tertiary provision is

necessary, repatriating any patients who could safely be treated locally.

Measures: Manx Care will be able to demonstrate productivity standards met in outpatient and theatre settings, in line with Getting It Right First Time (GIRFT) standards. It is anticipated that around 10% less outpatient follow-up capacity will be needed across all specialties.

iv. Priority 4 – Planning for Future Population Needs

The Department's ambition is that care should be delivered primarily in the home or in settings that closely resemble the home environment, ensuring that individuals receive support in the most familiar and comfortable surroundings as possible. This approach prioritises the "home first" philosophy, aiming to maintain independence and enhance well-being by providing care were people feel most at ease, for as long as feasible.

In 2025-26 the Department asks Manx Care to deliver a shift in baseline budget (of approximately £6m) from secondary to primary care to facilitate this approach but recognises that transformation investment will need to be directed towards innovations which support this, such as digital options and telemedicine for people to manage their care from home.

Manx Care should continue to work with Public Health to provide primary and secondary care activity and diagnostic data. This will support modelling and design of future services based on projected population demography and clinical need.

The Department sets the following objectives for Manx Care in 2025-26:

Objective 11: Support initiatives which enable a 'home first' approach, such as intermediate care and virtual wards, to become embedded. Transformation funding will support development and implementation of initiatives, that Manx Care will drive through changes to existing budget allocation.

Objective 12: Prevent readmission to hospital through integrated frailty services led in primary care.

Measures: Rates of readmission to hospital will demonstrate stability during the first six months of the 2025-26 service year, with a reduction thereafter.

v. Priority 5 – Governance, Compliance and Accountability

In 2025-26 the Department asks Manx Care to continue to work in ways which assess and minimise risk, particularly in areas such as information security. Focus remains on maintaining a safe and stable workforce, whilst minimising reliance on agency staff overall.

There should be continued priority for developing timely and accurate data and evidence, routinely used to guide all areas of decision making.

In areas where transformative work has already successfully taken place, Manx Care should ensure that financial and other reporting is configured in such a way as to ensure that there is no duplication of service. It is anticipated that work on a new ledger system, with Treasury colleagues, will support improvement during 2025-26.

The Department sets the following objectives for Manx Care in 2025-26:

Objective 13: Further drive in reduction of costs in management and administration, strengthening efficiencies to deliver effective and safe services with a robust and resilient workforce.

Measures: Financial records will demonstrate a reduction of approximately £500k on the previous financial year in administration and management costs at Noble's Hospital.

Objective 14: Ensure that the workforce is appropriate to meet demand,

understand where there are areas for development and opportunity to maximise skills and productivity through job planning. Workforce modelling will be underpinned by accurate baseline data.

Objective 15: Use contracts to drive performance and efficiency through management and provision of data, particularly evaluating where contracting of third parties can strengthen delivery in Social Care, or where contract uplifts present the biggest financial risk.

Objective 16: Continue to work with the Department to understand where offering private services would be of most benefit to patients.

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 and detailed further in the Mandate Framework. Section 30 of the Act and detailed further in the Mandate Framework.

Defined terms and abbreviations

For the purposes of this Mandate 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
ABC	Activity Based Costing identifies activities in an organisation and assigns a cost to each.
Act	Manx Care Act 2021
ADHD	Attention Deficit Hyperactivity Disorder
AHP	Allied Health Professions, these are recognised roles that deliver safe and effective care for service users across health and care. These include Physiotherapists, Paramedics, Radiographers, Occupational Therapists and Dieticians.
Cost Improvement Programme	Cost Improvement Programme - series of cost reduction strategies which aim to identify and implement measures to achieve cost savings and efficiency improvements while maintaining or enhancing the quality of services.
Department	The Department of Health and Social Care
DNA	Did Not Attend
FDS	Faster Diagnostic Standard – patients will receive a diagnosis or all-clear for cancer within 28 days of referral for diagnostic testing
GIRFT	Getting It Right First Time
Government / Government Departments	The Departments, Statutory Boards e.g. Communications & Utilities Regulatory Authority, Gambling Supervision Commission, Isle of Man Financial Services Authority, Isle of Man Office of Fair Trading, Isle of Man Post Office, Manx Care, Manx Utilities Authority, Public Sector Pensions Authority and Offices which form the Isle of Man Government.

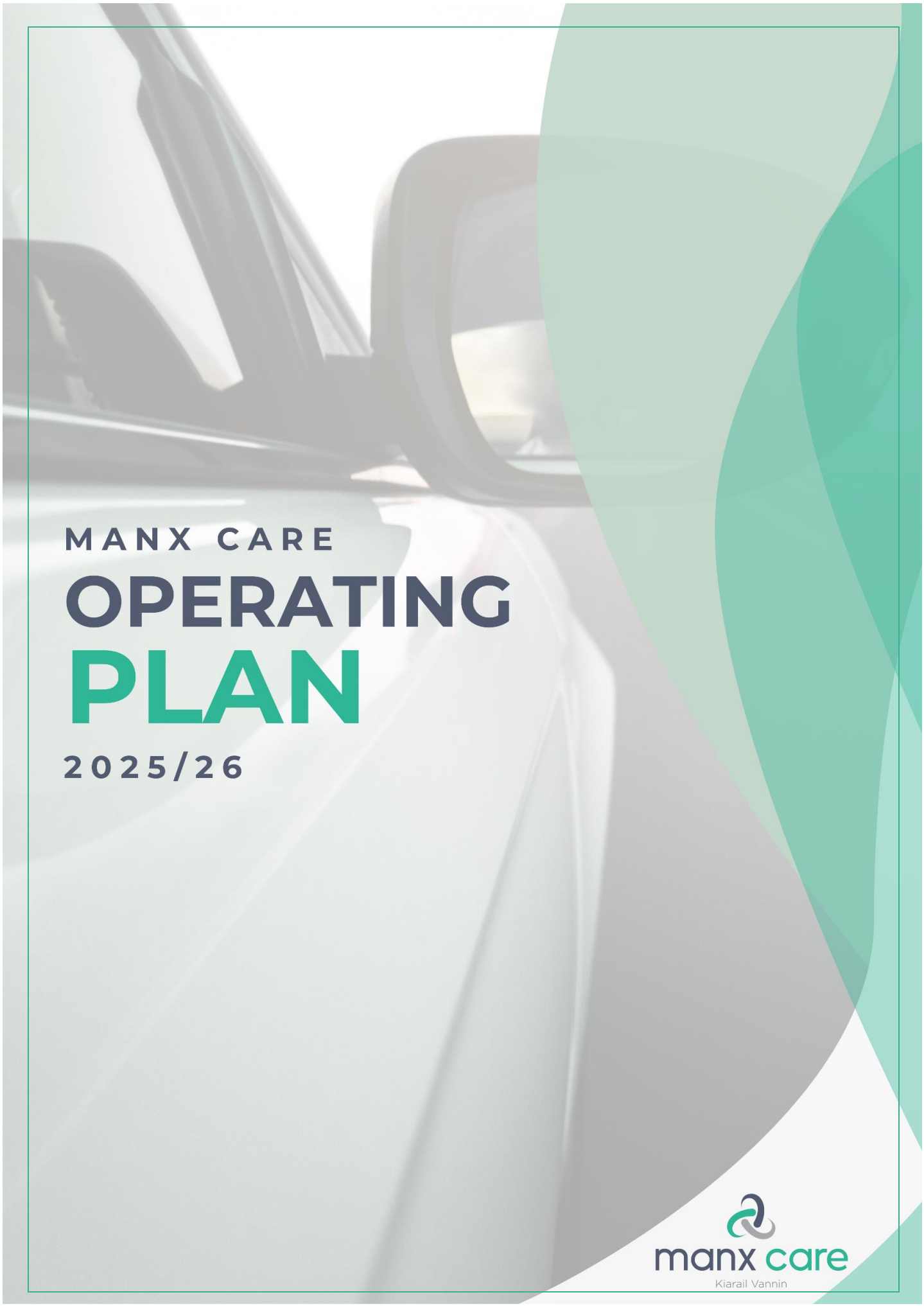
Health and Care Transformation Programme	The programme established to deliver the 26 recommendations from the Independent Health and Social Care Review3
JCVI	Joint Committee on Vaccinations and Immunisations
Locality Hubs & wellbeing partnerships	Community based hubs that provide holistic services, including health and care advice, social support and wellbeing activities.
Mandate	This document, the Mandate for Manx Care set by the Department, as required by the Manx Care Act, as amended in accordance with the Act
Mandate Service	A service that Manx Care is required to provide by this document the Mandate
Mandate Framework	A set of indicators agreed by the Department and Manx Care to monitor the health and social care outcomes for Service Users. Formerly called the Oversight Framework
Manx Care	The organisation providing health and care services as established by the Manx Care Act
Manx Care Record	Overarching digital care record that provides appropriate staff from all parts of health and care with access to key data from each relevant system used in the delivery of care
MCALS	Manx Care Advice and Liaison Service – a confidential service which seeks to resolve problems, provides advice and points people in the right direction to get the help they need.
NICE TA	NICE Technology Appraisals – recommendations on the use of new and existing medicines
Operating Plan	A strategic document outlining Manx Care's intentions, priorities and plans for delivering health and social care services.
Our Island Plan	The vision set out by the Isle of Man Government
Outcome	A benefit 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
Patient	An individual to whom, or in relation to whom, a health service or social care service is provided
PIFU	Patient Initiated Follow-Up

Public Health	Public Health Isle of Man
Service User	An individual to whom, or in relation to whom, a health service or social care service is provided
Service Year	The period which ordinarily starts on the 01 April and ends on the 31 March in each year that Mandated Services are provided
Third Sector	Organisations which are neither private sector nor public sector
TMOG	Transformation Monitoring and Oversight Group
Thrive Model	Is the system already in place in the UK which focuses on prevention and early intervention of mental health issues
Transformation / Transformation Programme	See Health and Care Transformation Programme
UEIC	Urgent and Emergency Integrated Care

Version Control

Version	Date	Author	Notes
0.1	20/09/2024	Head of Mandate	Establish document – skeleton
0.2	02/12/2024	Head of Mandate	First combined Mandate and Operating Plan
0.3	10/12/2024	Head of Mandate	Reformat to concise style following joint workshop
0.4	11/12/2024	Head of Mandate	Develop Key Strategic Priorities
0.5	12/12/2024	Head of Mandate	Add Principles Heading
0.6	23/12/2024	Head of Mandate	
0.7	30/12/2024	Head of Mandate	Operating Plan received - edits for alignment
0.8	10/01/2025	Head of Mandate	Amendments following B2B Workshop
0.9	20/01/2025	Head of Mandate	
0.10	21/01/2025	Exec Dir Strategy and Policy Head of Mandate	
0.11	27/01/2025	Head of Mandate	
0.12	05/02/2025	Head of Mandate	
0.13	06/02/2025	Mandate Performance Manager	Formatting, font, margin / bullet point consistency, and completion of defined terminology table
0.14	10/02/2025		Resolve comments from Director of Operations – motorsport, total revenue

0.15	13/02/2025	Head of Mandate	Plain English review
0.16	14/02/2025	Exec Dir Policy & Strategy	Re-frame following Board to Board feed-back
0.17	24/02/2025	Mandate Performance Manager	Updated following Min-ister JPW feedback
1.00	27/02/2025	Head of Mandate	Feedback from Council of Ministers, convert to PDF for ROB



MANX CARE

OPERATING PLAN

2025/26

manx care

Kiarail Vannin

Contents

Manx Care Operating Plan 2025/26

Introduction

The Operating Plan (the Plan) is a detailed response to the 2025/26 Mandate from the Department of Health and Social Care (DHSC), as required by the Manx Care Act (2021). The DHSC delivers a Mandate to Manx Care that details the Government's objectives and requirements for the Island's health and care services for the year ahead. The Mandate sets out the services that must be provided by Manx Care, the amount of funding DHSC will allocate for the provision of those services and the service levels and quality standards that must be complied with. A 'one system' approach has been taken towards the development of both the Mandate and the Operating Plan for 2025/26 to ensure that delivery aligns with the baseline funding allocation.

For the 2025/26 service year, Manx Care has developed the Plan to outline the activities that we will undertake to support an agreed system-wide approach to the Island's health, social care and mental health delivery. As we approach the new service year, we recognise the need to deliver more due to increasing demand with rising costs, all within the baseline funding allocation. The core services that Manx Care will deliver, and any changes planned for this year are set out in Appendix 2.

Difficult decisions will need to be taken in order to deliver within the set baseline funding allocation. We recognise that Manx Care is not the only Government Statutory Board/Department experiencing these significant pressures.

Throughout 2024/25, we have come together as system leaders across health and social care to consider the options for responding to the significant financial challenge of prioritising and delivering the Island communities' health and care services within a **£361.8 million** baseline funding allocation. This will require delivering services which meet quality and safety standards at substantially lower cost with rigorous prioritisation applied, and a drive for productivity and efficiency. A core element to ensure successful delivery of the Plan will be a challenging and robust cash out financial recovery programme and enhanced delivery of productivities and efficiencies, specifically within delivery of hospital services.

These steps alone will not cover the potential gap, and innovation is required across the system to deliver within the baseline funding allocation. While the same level of service can be prioritised and delivered in areas such as social care and mental health, innovation and transformation of our service delivery will be required in order to avoid any constraint in activity levels, particularly in elective care. We will reduce the use of additional funds for bank and agency cover wherever possible, using the planned weekly activities to support all the work undertaken for both elective and non-elective care. This will take time to deliver as the staff need to be supported to make this move. Combined with this will be the review of patients waiting on lists, ensuring that their wait remains relevant, that their referral reason hasn't changed or that they can be effectively discharged due to a change in circumstances. This will reduce the number of patients waiting and therefore reduces the length of time people are waiting. In addition, using the Getting It Right First Time (GIRFT) https://gettingitrightfirsttime.co.uk/ methodology to support the running of clinics (Face to Face or Virtual), the operating theatre or other treatments lists, additional activity can be undertaken within the allocation of time at no additional cost. These steps are essential for the Island's health and care system to achieve and maintain a sustainable financial footing within the baseline funding allocation available.

The biggest area of spend is within hospital care, and whilst urgent and emergency and cancer care will always be protected, providing healthcare at the point of crisis often does not result in the best outcomes. With an ageing population, more complex health needs, and management of long-term conditions, this Plan seeks to accelerate a "home first approach" with support and investment from the Health and Care Transformation Programme to move and embed services in the community. Our key focus is on work that will make the most impact in the short term to unlock productivities and efficiencies, but also transformative actions that focus on prevention, early intervention innovation and a home first approach.

As well as setting out core service delivery in Appendix 2 and our critical priorities, which are deliverable within the baseline funding allocation, the Plan details priorities that require additional investment if they are to be delivered and/or developed in 2025/26.

Manx Care will focus on unlocking improvements and productivity within the system as we accelerate our transition to a home first approach, to meet the needs of the Island community. To succeed, we need to better align Clinical, Operational and Financial responsibilities so that the impact of any decisions undertaken can be assessed and then decided upon/communicated across these three domains.

In advancing our health and social care delivery, and addressing our financial deficit, we will:

- Be open and transparent about service options and their implications;
- Only provide services specified within the Mandate, within the agreed baseline funding allocation or where additional funding has been agreed;
- Use identified net savings to reduce our deficit;
- Review off-Island care to ensure appropriateness and value for money and ultimately bring the cost down;
- Realign our workforce to ensure it supports the home first approach and the needs of Islanders;
- Review our internal governance, performance and financial controls to ensure they are fit for purpose;
- Review with DHSC and Government our charging policies;
- Work with DHSC and Public Health colleagues to better understand the drivers of demand for health and care services.

This Plan will also be used to hold ourselves collectively accountable for delivery throughout the service year. The ways in which Manx Care and the DHSC interact during the creation of the Mandate and Plan, and throughout the year for assurance and risk, are detailed in Appendix 1.

Executive Summary: Placing People at the Heart of Care

Manx Care is proud to present its Operating Plan for 2025/26, a roadmap for delivering integrated, community-focused health and social care services that align with the needs of our Island's population. At its core is the 'home first' approach, a philosophy that prioritises supporting people to live independently in their homes and communities for as long as possible, as well as providing as much of our assessment, planning, care and support either at home or as close to a person's home as possible. This Plan reflects our commitment to empowering individuals, strengthening community networks, and delivering services in a way that promotes dignity, wellbeing, and choice. Home first requires a partnership approach to effectively and efficiently coordinate support for individuals across multiple teams that include healthcare, social care, housing and the voluntary sector.

By rebalancing resources toward community, social care, mental health and wellbeing services, delivered as close as possible to individuals, we aim to deliver meaningful change that benefits individuals, families, and the wider community. As we navigate a challenging financial landscape, this Plan outlines how we will deliver efficient, person-centred care while addressing increasing demand and cost pressures.

The Case for Change: Why 'Home First' Matters

Evidence shows that people thrive and their health and wellbeing outcomes are better when they receive care in familiar settings. The 'home first' approach focuses on improving patient and resident outcomes, speeding up access to care, providing earlier support and getting the most out of the taxpayer's pound. This approach also supports preventing avoidable hospital admissions, facilitating timely discharges, and reducing the need for long-term residential care. Beyond financial savings, this approach enhances quality of life, supports family and carer networks, and fosters a sense of belonging within local communities. Evidence shows that nine out of ten people who use home-based or reablement services maintained or improved their dependency score (a measure of the help needed with activities of daily living).

The Isle of Man faces unique demographic and social challenges, including an ageing population and an increase in the complexity of care needs. Addressing these challenges requires a bold, system-wide transformation that shifts the focus from reactive to proactive care. The 'home first' philosophy is at the heart of this transformation, ensuring that care is accessible, equitable, and tailored to individual needs.

Our Vision: Integrated Health and Social Care

Manx Care envisions a future where health and social care services are fully integrated, seamless, and person-centred. This vision is underpinned by:

- **Community-first solutions**: Investing in local services that allow individuals to access care close to home.
- **Prevention and early intervention:** Tackling issues before they escalate to improve outcomes and reduce long-term costs.
- **Partnership working:** Strengthening collaboration between statutory services, the voluntary sector and community groups; recognising the importance of corporate social responsibility to ensure organisations are ethically contributing to community health and well-being through sustainable practices, enhanced healthcare access

and initiatives tackling social health determinants (like poverty and education) to better health outcomes.

By aligning resources and efforts, we aim to deliver a care system that is both sustainable and responsive to the evolving needs of our community. More support and intervention will be available within four 'locality hubs' (essentially 'one stop shops' for an increasingly wide variety of support, such as specialist mental health support, social care, support for those recovering from illness or injury and management of long-term conditions such as diabetes). These hubs will gradually increase their scope, work across professional boundaries, and alongside voluntary and community partners to provide fully integrated care plans for each individual. The Locality Hubs will be clinically-led and aligned with our primary care practices. However, over the next 12 months, GP appointments will change so that our skilled primary care specialists utilise their time with individuals who most need them (as an example, for the management of long-term conditions via shared care agreements), thus enabling other professionals such as pharmacists to provide a wider range of support in areas such as prescribing, with the overall aim of improving access to primary care services.

In 2025/26 we will evidence the continued shift of health and care financial and people resources and interventions into community settings through the acceleration of Primary Care at Scale. This will be done through the development of locality hubs and transferring management of specialist care from hospital to GPs where appropriate, supported by shared care agreements to improve holistic care. This will be evidenced by the increasingly consistent voice from residents that they can access what they need without attending hospital. In addition to continuing to develop high quality, safe and consistent health and social care services, Manx Care, working in partnership with the DHSC, will prioritise only those transformation projects and programmes that promote and develop a home first approach, and more comprehensive locality-based support. In addition, Manx Care will prioritise those change programmes that demonstrably enable us to work within the agreed financial envelope, and those that clearly identify system resource savings (financial, human, capital and so on) as a change management outcome.

Strategic Priorities for 2025/26

This Plan is structured around five key priorities that reflect the Mandate from the DHSC:

1. **Fully Integrated Health and Care Services:** Shifting resources toward community-based care, supported by robust pathways that connect health and social care seamlessly.
2. **Early Intervention and Prevention:** Proactively addressing health and social challenges to improve outcomes and reduce pressures on services.
3. **Safe, Appropriate, and Consistent Care:** Maintaining high standards of care delivery that ensure safety and equity.
4. **Planning for Future Population Needs:** Anticipating demographic changes and aligning services to meet future demands.
5. **Governance, Compliance, and Accountability:** Strengthening oversight, transparency, and decision-making processes.

These priorities serve as the foundation for delivering services that are compassionate, efficient, and effective.

The ‘Home First’ Approach in Action

To achieve our vision, we will focus on delivering tangible initiatives that embody the ‘home first’ philosophy:

- **Locality Hubs**: Continuing access to community-based hubs that provide holistic services, including health and care advice, social support, early intervention and wellbeing activities.
- **Domiciliary and Care Homes**: supporting people to live independently in their own homes and caring for people who need substantial help and support with their personal care.
- **Reablement Services:** Providing short-term support to help individuals regain independence following illness or injury.
- **Intermediate Care**: Developing services that align with care in the community, bridging the gap between hospital and home, ensuring individuals receive appropriate care without prolonged hospital stays.
- **Carer Support:** Strengthening partnerships with the DHSC, the voluntary and third sector for carers, recognising their critical role in the health and wellbeing of loved ones, with early intervention at the forefront.

These initiatives are designed to ensure that people receive the right care, at the right time, in the right place.

Transforming the Way We Work

Realising the ‘home first’ vision requires a cultural and operational shift across the entire health and social care system. Key enablers of this transformation include:

- **Digital Innovation:** Aligned to Mandate objective 10, investing in technologies such as virtual wards, telehealth and electronic prescribing, we will support remote monitoring and care delivery.
- **Workforce Development:** Aligned to Mandate Objective 14, we will equip staff with the skills and tools needed to deliver integrated, community-focused care. More information can be found in the ‘Our People and Culture Development’ section of this document.
- **Strategic commissioning:** Aligned to Mandate Objective 15, planning appropriate health and care for the Island community.
- **Data-Driven Decision Making**: Aligned to Mandate Objective 15, we will leverage analytics to identify trends, assess needs, and target interventions effectively.
- **Collaborative Leadership:** Engaging with stakeholders across sectors, we will co-design and deliver services that reflect community needs. More information can be found in the ‘Our Strategic Partnerships’ section of this document.

This transformation represents a long-term commitment to improving outcomes, reducing inequalities, and creating a sustainable health and social care system supported through co-design of prevention and early intervention approaches with Public Health. Further details on what actions will be taken in 2025-26 to drive this shift are set out in the ‘Our Priorities’ section of this document.

Commitment to Collaboration

Manx Care recognises that no single organisation can deliver these changes alone. Collaboration is essential, and we are committed to working closely with:

- **Voluntary and Community Organisations:** Harnessing their expertise and capacity to enhance service delivery through promoting collaboration to drive value.
- **Wider Government:** Aligning efforts to address shared challenges, such as housing and public health, through strategic commissioning approaches.
- **Individuals and Families:** Actively involving service users and carers in shaping care plans and services.

Through these partnerships, we will build a network of support that empowers individuals and strengthens communities.

Addressing Financial Challenges

The financial pressures facing Manx Care require innovative and decisive action. Key strategies include:

- **Rebalancing Investments:** Aligned to Mandate Objective 1, by the end of 2025/26, we will demonstrate the further shift of investment out of acute hospital, acute inpatient mental health and residential care into home and the community.
- **Enhancing Efficiency:** Aligned to Mandate Objective 7, we will maximise productivity, streamlining processes and reducing duplication to ensure value for money through shorter, more efficient pathways.
- **Generating Additional Income:** Aligned to Mandate Objective 16, we will expand private diagnostic, elective services and commercial opportunities to supplement funding.

Despite these challenges, our focus remains firmly on delivering high-quality care that meets the needs of our community.

Conclusion: Building a Brighter Future

The 2025/26 Operating Plan, focused on acceleration of a home first approach, is a logical step in achieving better outcomes and longer-term financial sustainability in alignment with our Mission. We have laid foundations towards this approach, however the financial climate necessitates us going further and faster toward a future where health and social care services work together to support the Isle of Man's population. We are aware that there will be cultural challenges to overcome, however, by embracing the 'home first' approach, we will create a care system that prioritises independence, dignity, and community. This Plan reflects our unwavering commitment to delivering compassionate, efficient, and integrated care, ensuring that every individual has the opportunity to live well, stay well, and age well in the place they call home.

Our Mission, Vision and Values

Our Mission remains the same, which is to become the best small Island health and social care system in the world. However, we recognise that this will take longer to achieve in the current climate of financial constraints.

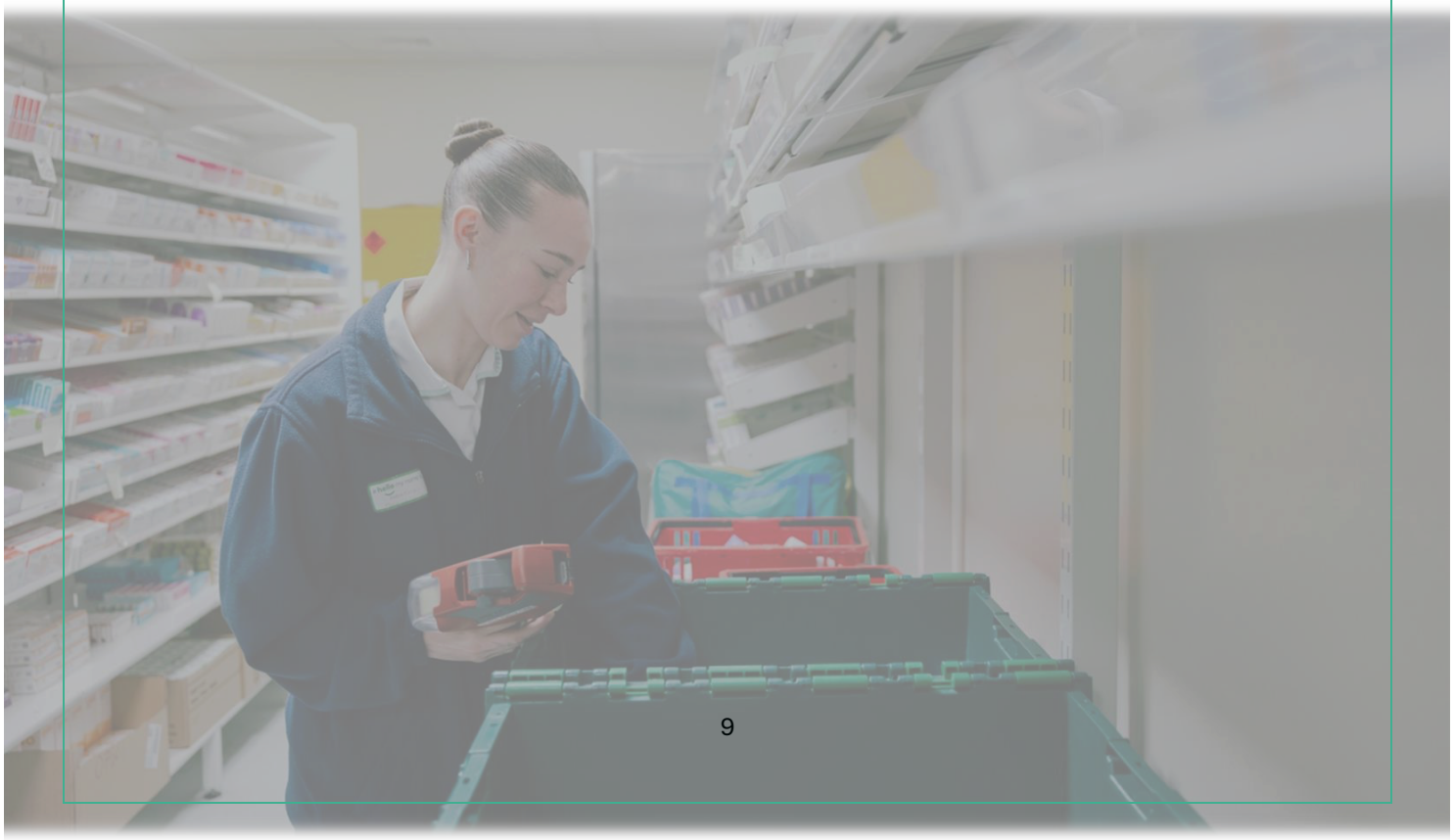
Our Vision is to meet the health and social care needs of the Island's population efficiently and effectively, and in line with accepted professional standards.

Our Care Values have been developed to help ensure that the organisation is a place where colleagues enjoy working, and that patients and service users are receiving the best possible service.

Our Care Values Framework supports positive personal development for every individual within the organisation, and is based on four CARE values of equal importance, which are:

- **C**ommitted & Passionate
- **A**ccountable & Reflective
- **R**espectful & Inclusive
- **E**xcellent & Innovative

Manx Care's Care Values help set expectations, standards and types of behaviour for all of its people. When demonstrated, these values support and drive personal development and standards of service to establish expectations for effective leadership and behaviour throughout the organisation.



Our Priorities for 2025/26

The key priority areas of delivery against the 2025/26 Mandate are as follows:

Priority 1: Fully Integrated Health and Care System

Countries with more highly developed and integrated systems of community-focused care tend to have relatively lower health care costs overall. However, financial motives are not the only reason for a home first approach. This type of approach can improve patient outcomes, maintain independence, avoid more costly hospital admissions, facilitate early discharge and reduce the number of patients referred inappropriately to specialist services. Shared Care Schemes, where a specialist doctor wishes to pass some of the patient's care, such as prescription of medication, over to a patient's general practitioner, can assist with effective chronic disease management. In support of the aim for a home first approach that focuses on early intervention rather than reacting when a situation has reached 'crisis point', Manx Care will prioritise (as far as possible in the context of a difficult financial climate), more of its budget allocation to Primary and Community Care, Social Care and Mental Health to assist in the development of its out of hospital care provision, and prioritise social care commissioning in alignment with third sector commissioning plans.

Manx Care's key areas of focus, in line with Mandate requirements and an agreed one system approach, are:

Mandate Requirement	**Manx Care Response**	**2025/26 Cost Implication**	**2025/26 Outcome**
Objective 1 - Deliver improvement in the consistency, availability and accessibility of services in local communities, including GP and dental services. This should include a key focus on opportunities for shared care in the management of long-term conditions and following discharge from inpatient settings.	We acknowledge that access to services is not currently appropriate for individuals and is leading to frustrations. We will signpost you to the right service and where appropriate move care from the hospital to GPs or community services. This will be supported by shared care agreements in 2025/26 for a range of chronic illnesses that have been diagnosed, and for which an appropriate pathway is in place to move to Primary Care. The services will build on and enact the recommendations resulting from the ongoing review	This will be delivered by a shift of budget to Primary Care for additional payment scheme for GPs. Transformation funding – subject to	Improved access to services in local communities and holistic care. Moving care closer to home and delivered by the most appropriate clinician.

	of productivity and efficiency, and will align to best practice as identified in the Getting It Right First Time (GIRFT) guidance, Royal College recommendations and Shared Care Agreements. We will initiate an Urgent, Emergency and Integrated Care (UEIC) review to drive single point of access, where a patient can call one number and be directed to the right care required. We also recognise dental access has been an issue. We will work with Public Health to undertake a dental needs assessment project approach in 2025/26. In the meantime, we will continue to use Hillside Dental Practice to allocate patients.	business case approval– will be sought as part of the existing Workforce and Culture Project. Transformation funding (UEIC) continues for 25/26 and will support this change. Baseline funding and shift of budget to Primary Care.	
Objective 2 – Deliver improvement in 'out of hours' services to provide an effective patient response. This means that services will be accessed through a single 'front door' where patients can be directed to the most appropriate care, eventually through an immediate centralised booking system. An integrated response should support primary care emergency	The UEIC model will be reviewed in 2025/26, with the aim of developing an affordable and sustainable single point of access UEIC for the Island. This will moderately increase ED attendances, although mitigations are available such as improving triaging of patients, use of Minor Injuries Units and ability to book into GP appointments from ED following clinical triage.	Baseline funding and approved Transformation funding (UEIC) continues in 2025/26.	Right care first time. Better coordination of care and reduced duplication.

work in a way that is timely, efficient and affordable, and supports good service user outcomes.			
Objective 3 - Continue to drive work to understand the cost of care, to enable decisions about how and where it is best delivered – through methods such as activity-based costing (ABC) and other methods as considered appropriate.	In 2025/26, Manx Care will support the implementation of a new ledger system to support an initial improvement in the level of understanding the cost of care. The Manx Care Record implementation is required to unlock ABC to then understand the cost of healthcare and enable decisions about how and where healthcare is best delivered.	Baseline funding. See Objective 9.	Access to accurate real-time information to transform how we plan, manage, and sustain services.

Priority 2: Early intervention, prevention and childhood experience

Improving the Island's population's health and preventing illness and disease is key to reducing health inequalities and driving longer-term efficiencies. A core key focus is required on policies that address early detection of disease and support for people taking their own action to better health through supported self-management.

Manx Care's key areas of focus, in line with Mandate requirements and an agreed one system approach, are:

Mandate Requirement	Manx Care Commissioning Intention	2025/26 Cost Implication	2025/26 Outcome
Objective 4: Ensure Locality Hubs in the four regions of the Island are embedded consistently and consider the delivery of health and care services equally, moving away from a solely medical way of delivering care. Services should have a focus on empowering and upskilling communities to improve outcomes and reduce the likelihood of need for clinical intervention, and include services established within the existing wellbeing partnerships.	Manx Care will build on work undertaken in 2024/25 to further develop locality hubs, incorporating wellbeing partnerships, into 2025/26, driving integration and care closer to home. The locality hubs are essentially 'one stop shops' which will cater for an increasingly wide variety of support, such as specialist mental health support, social care, support for those recovering from illness or injury and management of long-term conditions such as diabetes. These hubs will gradually increase their scope, work across professional boundaries, and alongside voluntary and community partners to provide fully integrated care plans for each individual. The locality hubs will be clinically-led and aligned with our primary care practices.	Baseline funding allocation (North, South and West Locality Hubs). East Locality Hub funding continues for 25/26 from Communities and Housing Board.	Improved access, right care, right place. Improve early detection and management of health and care issues.
Objective 5: Prioritise early intervention and prevention initiatives that are low cost or cost neutral. Continue planning for more expensive preventative initiatives to ensure we understand the impact of	Following approval of the Child and Adolescent Mental Health Service (CAMHS) business case in April 2024, Manx Care will continue to progress the implementation of the THRIVE Model.	Transformation funding continues in 25/26 (CAMHS).	Community protection and prevention of the outbreak of disease.

these services. This includes working with the Department and Public Health to evaluate new or significantly changed screening and vaccination programmes.	Manx Care will aim to increase the number of adults and older adults accessing Psychological Therapy services in the community. Manx Care will continue to follow Public Health policy directives on Joint Committee on Vaccinations and Immunisations (JCVI) and screening recommendations, subject to additional funding allocations for new and revised programmes. Manx Care will work with and alongside Public Health recommendations to develop the most appropriate model for vaccination delivery. The Isle of Man is not currently on par with delivery of recognised national screening programmes delivered in England. 2025/26 will see no new screening programmes introduced without investment.	Baseline funding. Treasury Contingency Funding.	
Objective 6: Strengthen role as corporate parent and develop initiatives that support all children being placed appropriately, and in line with their care plan, first time, with appropriate access to physical, mental and social care support throughout. Take active steps to listen to the voices of children in care and support their needs when they leave care.	Existing delivery of directly delivered children's and families services can be maintained in 2025/26. OFSTED reports have identified that respite/short breaks services for children with disabilities are not meeting the needs of the current, or future cohort. Further work will be undertaken to understand need and options for addressing. Autism and Looked After Children commissioned contracts due to be tendered in 2025/26. There is a	Baseline funding. Resulting Business case will be considered, with DHSC, for 26/27 financial planning. Manx Care will only issue tender awards within	Supporting children to develop, learn and thrive.

	risk that the services required will outstrip baseline budget available.	baseline funding allocation.	

Priority 3: Safe, Appropriate and Consistent Care

Manx Care will continue to drive as much productivity and efficiency as possible within all commissioned and directly delivered services, to ensure the greatest possible value to the Island's taxpayer's pound. However, productivity and efficiency alone will not drive the changes required to deliver a modern and fit for purpose health and care system for Island residents. Prioritised longer-term investment is required in new technologies and medicines to drive this change, as well as collaboration with the voluntary and third sector to support care of the frail and elderly, and those with learning disabilities in the community.

Manx Care's key areas of focus, in line with Mandate requirements and an agreed one system approach, are:

Mandate Requirement	**Manx Care Commissioning Intention**	**2025/26 Cost Implication**	**2025/26 Outcome**
Objective 7: Implement cost neutral elements of care pathway work which do not require additional recurrent funding, to be agreed through the Transformation Committee.	Manx Care will work collaboratively with the Health and Care Transformation Programme Care Pathways team to refocus support on the development of pathways that straddle Manx Care and NHS providers. These pathways will clearly lay out where each stage in the pathway takes place (such as diagnostic tests, face-to-face consultation, virtual consultation) and where the handover of care between/from Manx Care to the NHS provider and vice versa takes place, as well as the agreed period of time that each stage should take, i.e. duration between decision to transfer care to an NHS provider and the first consultation being arranged. To support the move towards shared care within our community and primary care teams, where necessary the Health and Care Pathways Team will	Transformation funding – subject to business case approval – will be sought as part of the existing Care Pathways Transformation Project. Baseline funding.	Delivery of the right care at the right time for the right patient leading to improved patient outcomes.

	ensure the rapid development of revised pathways to enable oversight for long-term conditions and ongoing management of patients within primary care at scale and our wider community service.		
Objective 8: Continued implementation of the previously agreed work to implement NICE Technology Appraisals (TAs).	Manx Care will continue to manage access to NICE TA drug therapies that are cost-saving or cost neutral, to ensure that patients are able to access these therapies that provide better management of their condition and/or have better value for the treatment costs in a long-term condition. To ensure the costs of these drugs remain under control, Manx Care and the DHSC will create a process by which approval and formal acknowledgement of the requirements can be documented throughout the year. For patients who are accessing these drugs through off-Island providers, they will be required to inform Manx Care through contractual information sharing of the prescribing of the drugs. Manx Care undertook work in 2024/25 to understand the resources and funding to expand access. Recurrent investment of £900k is required, which will increase equity of access for Isle of Man patients to benchmark at approximately 93% compliance against our English counterparts for NICE TA drugs, recommended as at 31 July 2024.	Baseline funding. Business case prepared will be considered, with DHSC, for 26/27 financial planning.	Increasing access to clinically and cost-effective drug therapies.
Objective 9: Accelerated development of a Manx Care Record and digital remediation work to maintain existing digital systems in the interim.	The Manx Care Record will deliver a new Electronic Care Record platform available to all key health and social care settings, to replace around 15 disparate systems used today. The Manx Care Record needs to be fast-tracked to unlock challenges in	Project Development funding secured to develop a detailed business case and	Patients receive consistent, co-ordinated care, with reduced duplication and

	information, productivity and patient safety. Approval of funding in this year will be essential to achieve this. Digital Remediation will address critical shortcomings in the remaining legacy systems that will continue operating alongside the Manx Care Record. Three-year Capital funding of £778k has been requested from the Strategic Asset and Capital Investment Committee (SACIC) via a business case, with approval already obtained for £1.2m of revenue funding over the same period to support this work from DHSC and Manx Care.	progress full funding approvals. Additional revenue funding approved for 25/26. Capital funding subject to Treasury approval.	supporting informed decision-making. Stabilises and secure critical digital assets.
Objective 10: Drive clinical validation of all outpatient waiting lists to ensure that those waiting are waiting for the correct type of service. Work with tertiary providers off-island to ensure that clinical follow-up pathways are agreed and adhered to. Continue to assess where tertiary provision is necessary, repatriating any patients who could safely be treated locally	The elective programme will be re-developed in 2025/26 to focus on clinical validation, waiting lists and theatre utilisation, with support from the Transformation Programme. To date, technical and administrative waiting list validation has removed over 10,000 new referrals, including those for patients no longer requiring treatment, or those inaccurately recorded in the Patient Administration System (PAS), across a large number of hospital outpatient services. No patients are removed from waiting lists without clinical oversight. During 2024/25, the waiting list validation programme has been expanded to include the validation of both new and follow-up outpatient referrals. To support the ongoing Patient Information Centre (PIC) Improvement Plan, the Hospital Patient Administration System's (PAS) data quality has been	As noted against Objective 1 Transformation Funding - subject to business case approval– will be sought as part of the existing Workforce and Culture project.	Productivity in outpatient and theatre settings.

	improved, and the new clinical validation and harm review processes have been established. This work will continue into 2025/26. The work will underline the importance of progressive waiting list and referral management, aligned to the principles of GIRFT. We will seek to limit the number of occasions where treatment can only be provided by the specialist provider, with the remainder of the pathway delivered by Manx Care teams or the patient's GP. This will reduce the activity going to NHS providers, as well as reducing reliance on off-Island travel. This initiative will also improve patient experience through being able to provide each patient with details of the pathway they are on, including waiting times between each step, location of each step and what to expect.	Shift of budget to Primary Care to reflect this.	

Priority 4: Planning for Future Population Needs

Manx Care's aim is an acceleration of our home first approach in 2025/26, with a clear plan to be developed to drive care in Primary and Community Care, Social Care and Mental Health Services.

Manx Care's key areas of focus, in line with Mandate requirements and an agreed one system approach, are:

Mandate Requirement	Manx Care Commissioning Intention	2025/26 Cost Implication	2025/26 Outcome
Objective 11: Support initiatives which enable a 'home first' approach, such as intermediate care and virtual wards, to become embedded. Transformation funding will support development and implementation of initiatives, that Manx Care will drive through changes to existing budget allocation.	Manx Care will build on transformation work undertaken in 2024/25 to embed Intermediate Care to support developing services that align with care in the community, bridging the gap between hospital and home, ensuring individuals receive appropriate care without prolonged hospital stays. This multi-disciplinary service approach is designed to rehabilitate people to help them accommodate illness or disability by learning or relearning the skills necessary for daily living. The service will support people by assessing and agreeing goals with the person, for them to work towards. The aim is to enable the person to get back to their original baseline ability, or to a new baseline, giving them as much independence as is right for them. The rehabilitation is provided within the person's own home and community or a bed based facility if necessary, for a short term period.	Shift of budget to Primary and Community Care. Transformation investment (Intermediate care) continues for 25/26. Further Transformation funding - subject to business case approval– will be sought as part of the existing Primary Care at Scale project.	Transferring more care into the community, reducing costs and making health care more accessible.
Objective 12: Prevent readmission to hospital through integrated frailty services led in primary care.	Manx Care will further work in response to delivering the Frailty and Falls Strategy, and the development of a supporting business case.	Further Transformation funding - subject to business case approval– will be sought as part of	Help patients to regain their independence, and support, avoid and reduce hospital

		the existing Primary Care at Scale project.	stays and readmissions.

Priority 5: Governance, Compliance and Accountability

Manx Care is committed to developing its workforce and continuing to minimise reliance on agency and bank staff in 2025/26. Manx Care will implement Quality and Equality Impact Assessments for all key financial and operational decisions throughout 2025/26, to minimise risk and enhance mitigation.

Manx Care's key areas of focus, in line with Mandate requirements and an agreed one system approach, are:

Mandate Requirement	**Manx Care Commissioning Intention**	**2025/26 Cost Implication**	**2025/26 Outcome**
Objective 13: Further drive in reduction of costs in management and administration, strengthening efficiencies to deliver effective and safe services with a robust and resilient workforce.	Manx Care will move the majority of its health-based services to a clinically-led structure, to put our expert clinicians at the heart of everything we do. This will be supported as far as possible by a leaner managerial support function. Project Management will be co-ordinated and aligned across Manx Care and the Transformation Programme.	Cost Improvement Programme.	Drive and enhance ability to deliver quality and safe care, and improve our patient and staff experience.
Objective 14: Ensure that the workforce is appropriate to meet demand, understand where there are areas for development and opportunity to maximise skills and productivity through job planning. Workforce modelling will be underpinned by accurate baseline data.	Documented and consistent consultant job planning will be undertaken in 2025/26 to align consultant clinical activities, duties and responsibilities to patient demand and the services required, within the funding available. Implementation of a new rostering system will also be key to not only improve financial controls but to ensure optimisation of the workforce. Continue work on people infrastructure and mandatory training in the coming year, with a strong focus on increasing compliance with this training.	Baseline funding. Transformation investment (Workforce Project) continued until March 2026.	Optimal use of specialist team member's skills for frontline care delivery.

Objective 15: Use contracts to drive performance and efficiency through management and provision of data, particularly evaluating where contracting of third parties can strengthen delivery in Social Care, or where contract uplifts present the biggest financial risk.	Manx Care will strengthen its commissioning capability to support the assessment of needs, planning and prioritising of health, social care and mental health services. Effective performance management and provision of data will drive efficiency to some degree within the constraints of existing contracts in place. An example of this will be the introduction of the Central Off-Island Referral System and Patient Tracking List validation for off-Island care. Further detail is available in the 'Our Strategic Partnerships' section of this document. It is likely that uplifts in contracts will not be to the desired levels of providers' expectations in 2025/26, which could pose risk to existing service levels currently commissioned to be delivered. This may result in reduced activity being delivered, resulting in unmet need, or financial sustainability issues for the providers themselves, some of these being key third sector or commercial entities on the Isle of Man.	Baseline funding.	Better health outcomes.
Objective 16: Continue to work with the Department to understand where offering private services would be of most benefit.	Manx Care will continue to roll out new private services (subject to DHSC approval) and increase income generation within the constraints of resource available (funded via income generation). In 2025/26, a focus will be on driving efficiencies in the provision of private diagnostics and testing to unlock further income generation. Minor procedure and day-case services will be developed across specific specialities to enhance the existing portfolio of	Baseline funding.	Income generation to reinvest in public funded health and care services.

	private services available. Manx Care will work collaboratively with the existing and emerging private sector on-Island to complement service delivery in the provision of diagnostics, testing and hiring of rooms and equipment when not in use outside of NHS time, subject to DHSC approval.		

Our Financial Planning

Manx Care's budget allocation for 2025/26 is **£361.8m**, which is a £14.8m (4%) increase. This increase is in line with the agreed funding formula and includes a 2% Cost Improvement Programme (CIP) target of £7m.

In support of our strategic aim of moving care closer to home, the share of total spend for Primary and Community Care, Social Care and Mental Health has been increased. This will allow for further development of our out-of-hospital provision – in particular dental, GP and pharmacy provision, but also in the provision of Shared Care and greater integration across the system to support the best patient experience.

This has necessitated a reduction in the budget share held by our Acute Services. Significant opportunities for improved efficiency and cost reduction have been identified and will be pursued. However, whilst essential emergency and cancer care services will be protected, some constraint in elective activity may be necessary to operate within the funding envelope. Similarly, in support of Manx Care's commitment to driving down central support costs, the total share of spend in these areas has been reduced.

Much of Manx Care's spend remains largely demand-led, volatile and difficult to predict. In particular, the costs of drug treatments, specialised packages of care and high cost off-Island specialist provision.

- Total cost of cancer treatment (£11.5m (£5m drugs))
- Cost of off-Island trauma and emergency treatment (£6m)
- High-cost, specialised Social Care placements (£3m)
- Current Secure Mental Health Court-Ordered UK placements (£1.5m)
- Specialised and highly specialised tertiary spend that would normally be commissioned differently in the UK (circa £3.5m)

Whilst general inflation is expected to remain at approximately 2%, inflation on drugs and other health-related spend is expected to remain higher. Pressure on pay continues to be an issue. Pay increases of 22% have been implemented since 2021, compared to the 9% budgeted by Treasury, with continued expectations of significant increases, especially from the medical workforce. Most recently, a cumulative pay increase of 16% has been agreed with doctors.

Spend in 2024/25 is expected to be £362.3m, which is £15.8m above budget. This is £0.5m more than the budget for 2025/26, which is an immediate cost pressure before inflation. Our budget includes a Cost Improvement Programme (CIP) Target of 2% (£7m) but we will need CIP delivery of £14.9m (4%) to meet these basic requirements.

To achieve this target, the following initiatives will be required:

- Job Planning to budget (medical, Nursing, AHP;
- Reduction in acute hospital (mental/physical) bed capacity to support and drive out of hospital sustainable care models such as intermediate care services;
- More cost-effective commissioning models in Social Care;
- Changes to prescription eligibility criteria;
- Enhanced rostering controls and oversight to further reduce bank and agency spend;
- More cost effective delivery of care in hospital and community delivered through a variety of approaches to be explored;

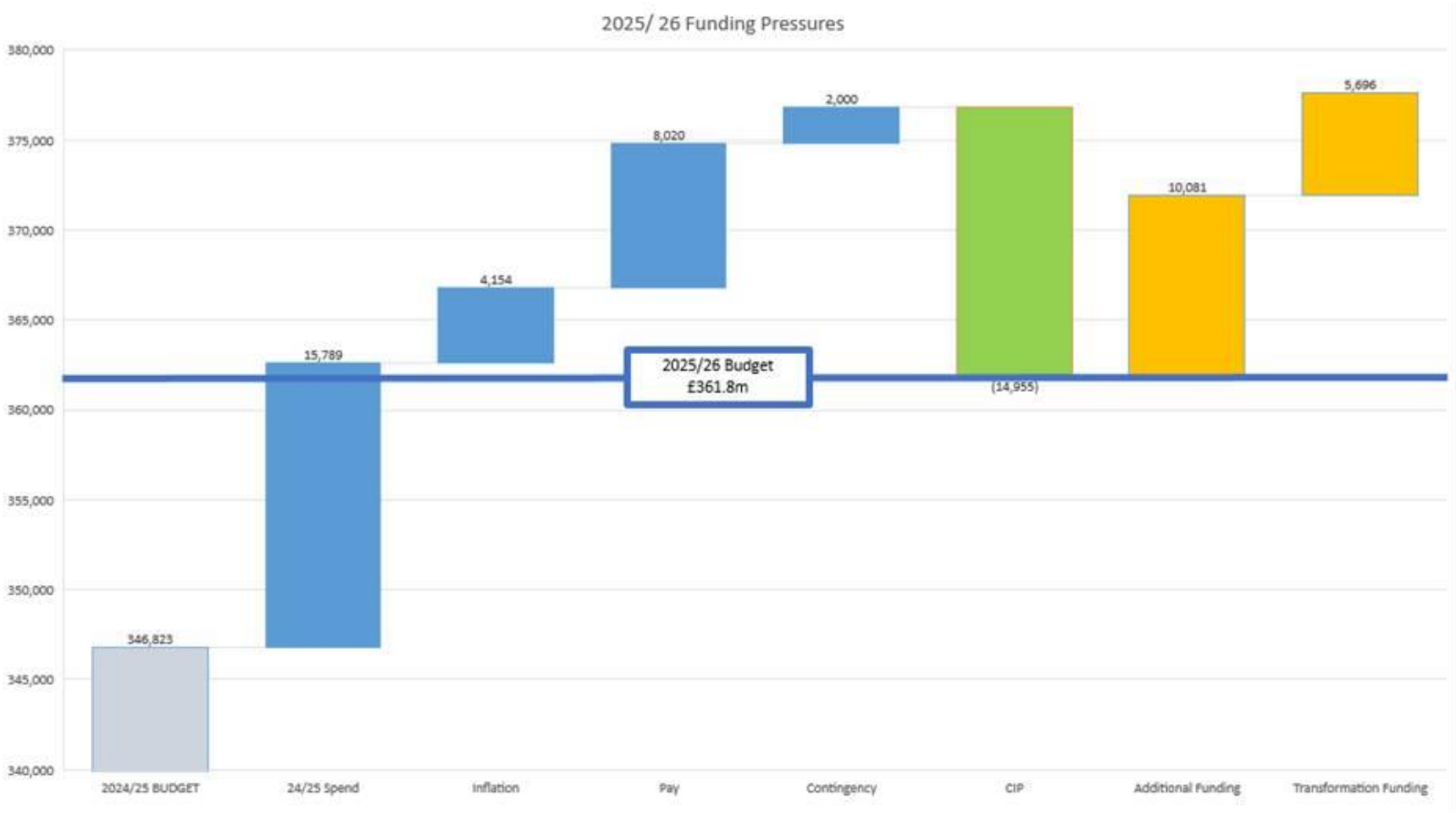
- Reduced spend on off-Island provision through greater controls and repatriating activity wherever possible;
- Reduced spend on consumables through better stock management;
- Reductions in corporate service provision;
- Increased private healthcare and commercial income to re-invest in Manx Care public health and care services.

In addition to the opportunities above, operational areas may seek to constrain activity (where appropriate to do so) in order to reduce spend further to achieve the £14.9m CIP Savings target. We will use improved efficiency and productivity in the way we do things to help absorb growth in demand as much as possible without needing further spend.

In addition to existing spending and inflation requirements, meeting the ongoing costs of growth, improvement and transformation continues to be challenging.

A number of new requirements totalling £10m are expected during 2025/26 that fall outside baseline funding. Manx Care intends to draw upon the additional £10m in Treasury Contingency funding set aside for 2025/26 to meet these requirements in year. However, the ongoing revenue requirements will need to be addressed for the financial year 2026/27.

Furthermore, an additional £5.7m is required to meet Transformation requirements – particularly relating to Primary Care at Scale and significant work in clinical validation and reductions in existing waiting list size. Transformation support will also be required to support an improved integrated urgent and emergency care model of delivery, which reduces pay costs whilst continuing to provide appropriate access for the Island community. This investment is set out against the specific mandate objective set by the Mandate.


2025/ 26 Funding Pressures
380,000
375,000
370,000
365,000
360,000
355,000
350,000
345,000
340,000
346,823
15,789
4,154
8,020
2,000
(14,955)
10,081
5,696
2025/26 Budget
£361.8m
2024/25 BUDGET
24/25 Spend
Inflation
Pay
Contingency
CIP
Additional Funding
Transformation Funding

In order to address this gap, a number of actions are necessary:

- Deprioritising spend
- Alternative Funding for new requirements
- Transformation funding
- Constraining current activity

Previous Mandates contained ambitions and requirements that will not be affordable within the financial envelope for 2025/26, so these have been deprioritised and reflected in the Mandate. These predominantly relate to responding to previous inspections and report recommendations, programme and performance management, enhanced metrics reporting, Activity Based Costing, ADHD pathways, Eye Care and NICE TA drugs.

The following are some of the new requirements that are not currently funded in the budget for 2025/26, so we will need to agree with the DHSC how best to address these needs:

- Pay and Contract costs in excess of inflationary allowance – whilst the cost of the most recent Pay Award for Doctors and expected PSC pay awards are covered by the budgeted amount, it's likely that expectations for uplifts in the coming year will be much higher than the amount funded;
- Increased cost of Non-Urgent Patient Transfer Air Service following a competitive tender exercise;
- Transition of On-Island Patient Transport services from DOI to Manx Care;
- Increased demand and service changes required to support IOM Prison;
- Cost of new Vaccination programmes introduced in 2024/25 – RSV and Shingles;
- Growth in the demand for Social Care and Mental Health Packages of care above growth funding.

Should it not be possible to find alternative funding for the above, then decisions will need to be made regarding the scope of operations for Manx Care, to ensure that it fits inside the funding envelope. This may necessitate further activity constraints above those already contained in the CIP.

We will also continue to improve and enhance our financial controls, particularly in response to the Internal Audit Report. Investment in an enhanced rostering system will improve visibility, consistency and control over our single biggest area of expenditure. A new Stock Management System will be implemented in early 2025, as will a new Off-Island Referral Management System. An improved ledger structure will be implemented during 2025 to help support better reporting and analysis capability, and support closer alignment with activity data. New Purchase to Pay and Asset Management systems are also expected to be progressed as part of wider Treasury upgrades of financial systems.

A number of capital requirements will be required to ensure that the organisation remains financially sustainable throughout the next 12 months, including:

- The replacement of a state-of-the-art MRI scanner, reducing the requirements to send patients off-Island for this diagnostic modality and ensuring that on-Island diagnostic requirements can be met;

- Endoscopy equipment replacement will require addressing in the first quarter of the financial year to ensure that endoscopy productivity can be maintained, and a repatriation of off-Island demand can be implemented from quarter 2.

- Provision of a temporary fix to the Manx Care Record, enabling better understanding of activity and performance delivery, thus unlocking the value return on money, is essential to be delivered in the first quarter of the financial year.

The financial outlook for Manx Care for 2025/26 remains challenging. However, we are fully committed to working within the agreed funding envelope and providing the highest standards of care that this allows. However, there may need to be some very difficult decisions regarding service provision in light of the pressures outlined above.

Our Quality Improvement, Leadership and Governance

Manx Care remains resolute in its commitment to providing safe, effective, and patient-centred care for the Isle of Man community. The 2025/26 Operating Plan reflects our continued focus on delivering high-quality outcomes within budget, prioritising innovations that enhance efficiency, and strengthening risk management frameworks to support sustainable service delivery.

Quality: Ensuring Safe, Effective, and High-Quality Care for the Isle of Man

Manx Care's strategic approach to quality is structured around the three core domains of **Safety, Effectiveness, and Experience,** underpinned by a robust Quality Assurance Framework (QAF). This ensures:

- A high-reliability safety culture, minimising avoidable harm and embedding ISO 31000-aligned risk management practices.
- Evidence-based clinical governance, optimising NICE standards compliance, shared care models, and population health interventions.
- A commitment to person-centred care, expanding patient engagement, equity-focused service access, and end-of-life care improvements.

The Quality, Safety, Engagement and Experience (QSE) Committee will oversee these priorities, ensuring that Board-level scrutiny, thematic quality reviews, and integrated performance monitoring drive continuous improvement.

Quality Improvement Priorities

In 2025/26, Manx Care will focus on key quality improvement domains to enhance patient safety, clinical effectiveness, and experience, ensuring value-driven care:

- **Strengthening Safety Culture** – Embedding ISO 31000-aligned risk management, reducing avoidable harm, and improving real-time safety monitoring.
- **Optimising Clinical Effectiveness** – Enhancing compliance with NICE standards, expanding shared care models, and integrating population health strategies.
- **Enhancing Patient Experience** – Strengthening patient and carer engagement, improving equity and accessibility, and advancing end-of-life care.
- **Quality Assurance and Governance** – Strengthening Board-level oversight, integrating performance monitoring, and driving system-wide learning.

These priorities will ensure high-quality, sustainable healthcare that aligns with Manx Care's strategic objectives**.**

Governance Enhancements

Aligned with the ongoing governance review, Manx Care will maintain a strategic and high-level approach to governance improvements in 2025/26. Key developments include:

- **Adopting the Matron Role**: Manx Care will introduce the Matron role as a pivotal enhancement to patient safety, quality improvement, and clinical governance. Matrons will provide visible, proactive leadership within clinical settings, fostering a culture of accountability and excellence in care delivery. This role will ensure that resources are allocated efficiently and effectively, meeting financial targets, and

driving measurable improvements in care standards, patient outcomes, and operational efficiency. Deliverables include strengthened clinical oversight, improved staff engagement, and enhanced patient and service user experience, establishing the Matron role as a cornerstone of Manx Care's commitment to high-quality, safe, and patient-centred care.

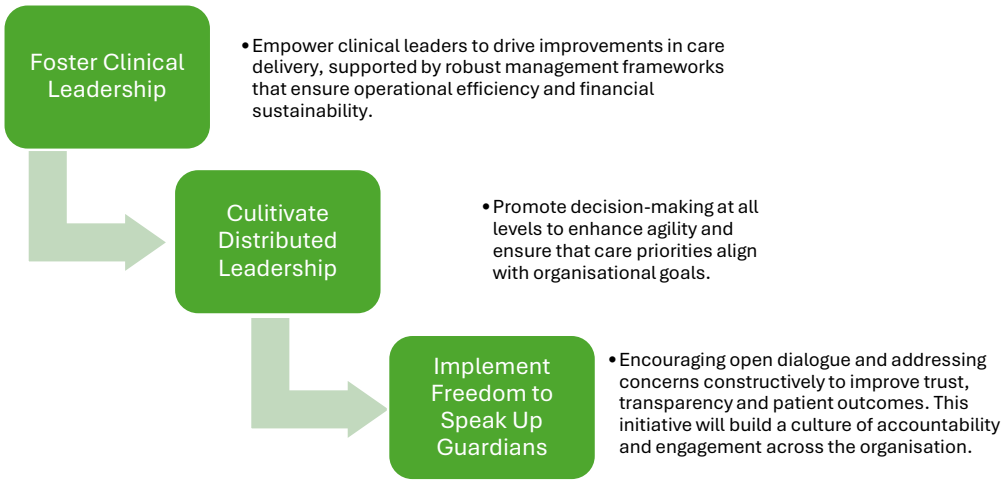
- **Streamlining Risk Categories**: Manx Care will adopt industry standard risk management principles, aligning risk categories with ISO 31000 domains: Strategic, Operational, Financial, Compliance, and Reputational. This approach will not only enhance clarity and prioritisation but also link risks directly to Manx Care's strategic objectives, ensuring that mitigation efforts support organisational goals such as improving patient safety, achieving financial sustainability, and fostering service integration. By consolidating risks into these structured categories, Manx Care will strengthen its ability to proactively manage risks while driving strategic alignment and delivering value-driven outcomes.

- **Integrated Reporting**: Manx Care will enhance and simplify its governance capabilities with clearer priorities and agreed mitigations for underperformance. This will be achieved by embedding the Integrated Performance Report (IPR) as a comprehensive, centralised dashboard for monitoring mandated metrics and key performance indicators (KPIs). The IPR will serve as a critical tool to enable informed, data-driven decision-making at all levels of the organisation, fostering transparency and accountability. This initiative will deliver improved financial oversight, streamlined reporting processes, and actionable insights to support operational excellence. By aligning the IPR with organisational priorities and strategic objectives, Manx Care will strengthen its ability to assess performance, identify trends, and implement targeted improvements to achieve value-driven care delivery.

- **Enhancing Assurance Mechanisms**: Building on assurance mechanisms currently in place, Manx Care will strengthen its oversight and accountability frameworks by implementing enhanced assurance mechanisms, focusing on thematic reviews and deep dives into high-priority areas that impact safe, high-quality care. These initiatives will provide the Board and stakeholders with robust, evidence-based assurance of performance, compliance, and risk mitigation. Deliverables will include detailed insights into systemic challenges, targeted recommendations for improvement, and measurable outcomes that reinforce organisational resilience. By aligning assurance mechanisms with strategic objectives, Manx Care will ensure continuous improvement, transparency, and confidence in its governance processes.

Leadership Development

Manx Care is transitioning to a clinical leadership model supported by quality management support, placing the patient and service user at the centre of care. Recognising the role of leadership in delivering value-driven care, Manx Care will:



Safeguarding, Complaints, and Regulatory Compliance

Manx Care's Board will continue its vigilance in safeguarding practices and regulatory compliance. The organisation will focus on efficient processes for managing complaints and ensuring adherence to Duty of Candour (DoC) regulations. Key initiatives include:

- **Efficient Complaints Management**: Enhancing efficiency in complaints management by refining workflows to ensure timely, effective, and equitable resolutions while maintaining high standards of transparency and accountability. Complaints data is already integrated into the Integrated Performance Report (IPR), enabling robust oversight of quality, safety, and compliance with Duty of Candour (DoC) regulations. Future enhancements will prioritise reducing resolution times, aligning processes with best practices, and embedding a proactive approach to complaint handling to support continuous improvement.

- **Proactive Regulatory Engagement**: In areas governed by external regulatory bodies such as CQC and OFSTED, Manx Care will proactively engage with the DHSC Registrations and Inspection Unit and stakeholders through structured and regular communication to ensure alignment with compliance standards and minimise regulatory risks. This approach will prioritise collaboration, transparency, and early identification of challenges, enabling the organisation to implement mitigations for regulatory requirements beyond its direct control while maintaining confidence in its governance frameworks.

Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) remains a cornerstone of Manx Care's governance structure, providing robust oversight of organisational risks. In 2025/26, Manx Care will:

- **Support Governance Transformation**: Align and simplify BAF processes with the outcomes of the governance review, ensuring they remain efficient, purposeful, and cost-conscious.

- **Enhance Reporting Cycles**: Synchronise BAF updates with quarterly IPR reviews to deliver a unified view of risks, performance metrics, and financial impacts, enabling timely and informed decision-making.

- **Prioritise Strategic Risks**: Direct resources toward mitigating high-priority risks, focusing on areas critical to safety, quality, and financial sustainability to drive targeted interventions and improved outcomes.

Continuous Improvement Initiatives

Manx Care's continuous improvement agenda will focus on achieving excellence while maintaining cost neutrality. All innovations and initiatives will be evaluated to ensure they are financially sustainable, enhance patient-centred care, and improve patient and service user experience.

Conclusion

Manx Care remains committed to delivering financially sustainable, safe, and high-quality care aligned with the 2025/26 Mandate and the Isle of Man Government's overarching strategic objectives. These priorities ensure the continued provision of value-driven health and social care services, fostering improved outcomes and experiences for the Isle of Man community.

Our People and Culture Development

Our people will continue to be our biggest asset in ensuring we deliver the health and care services the community needs. We need to ensure that we look after and support each other and continue to work collaboratively in order to deliver the best treatment and care in the most effective and efficient way possible. Industrial action and staff engagement remains a risk for our services, which will be addressed through building relationships with the DHSC and the Treasury.

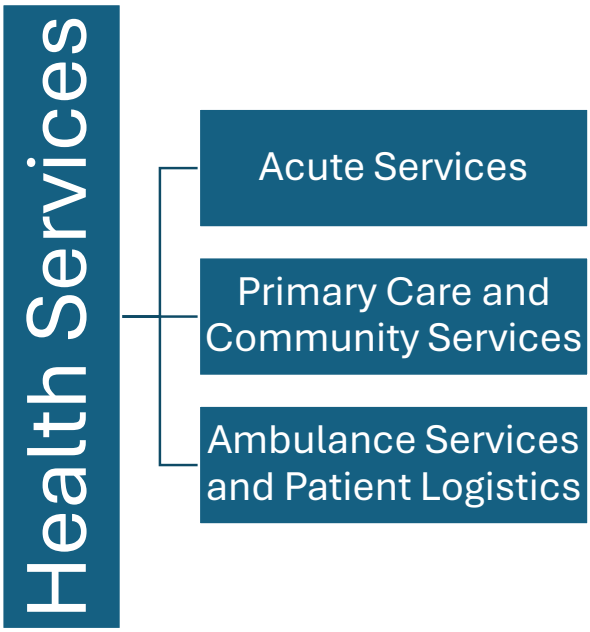
Since Manx Care's inception in 2021, we have achieved several key developments in our people space. Much of this work has focussed on building the foundations (such as the Annual Staff Survey, the CARE Awards event, the Staff Wellbeing event [both events at no cost to Manx Care], the establishment of the Equality, Diversity and Inclusion Forum and our network of People and Culture and EDI Champions). We are now looking forward to further strengthening our commitment to our colleagues and the excellent service we recognise that they continually deliver to our patients, service users, carers and families over the forthcoming service year.

Manx Care developed the initial 2023-26 strategy following colleague consultation across the organisation, and have now refreshed and updated it for the 2024-27 period, to align more closely with current challenges, both cultural and financial. The Strategy is underpinned by the following key development areas in the first year of implementation:

We will measure the success of this strategy via Staff Surveys, and by speaking with our workforce regularly through various engagement opportunities led by the Workforce and Culture Project team. We will provide updates as we progress on these ambitions.

Leadership and Management

By April 2025, Manx Care will move the majority of its health-based services to a clinically-led structure, to put our expert clinicians at the heart of everything we do, supported by a leaner, enabling managerial support function. This initiative is to drive and enhance our ability to deliver quality and safe care and improve our patient and staff experience. Our executive team will be supported by three clinical leadership teams who will oversee each of our clinical divisions:



We believe that when colleagues in every staff group have more autonomy to act, the quality and efficiency of health and care services improves. Outstanding hospitals throughout the NHS excel in widespread clinical engagement with some of the most significant improvements in patient experience being driven by clinical teams, on their own initiative.

Manx Care will focus on building its clinical leadership capability and working closely with the clinical workforce to improve morale and support clinicians to effectively lead in clinical based divisions of Manx Care. This is with particular focus on the outcomes of the BMA Culture of Care Barometer Survey and the all Staff Survey, and with the integration of community-based health and care delivery in mind. We will also continue to implement a fair and transparent approach to job planning of the consultant workforce to ensure the right care is provided at the right time for patients, and to enable a healthier work/life balance for the workforce.

Manx Care will deliver Management and Leadership Development Training with the relaunch the Manx Care Leadership Academy and the Manager's Toolkit training, forming part of its Leadership Development Strategy. Manx Care will also utilise existing relationships with UK-based organisations, such as NHS Providers, the Faculty of Medical Leadership and Management, and the King's Fund, to support the clinical leadership group and the wider Clinical Senate.

Workforce Planning, Recruitment and Retention

Manx Care will work closely with the DHSC Transformation Programme to undertake effective workforce planning and modelling across different professions using the methodology initially developed in 2024/25. This will be undertaken by continuing the delivery of individual skills audits in service areas, analysing the turnover rates and retirement profile of staff in those areas. Manx Care will focus on the retention of its current workforce and the attraction of appropriately qualified and experienced staff where gaps in skills and knowledge are identified. A programme of exit interviews and pulse surveys to

increase our understanding of retention issues and deliver change approaches in those areas where this is needed will also be undertaken.

Manx Care will build on the development of career pathways, using those already rolled out across eight professions as a model for best practice, with a constant focus on integration of services to provide the best care to its patients and service users.

During 2024/25, Manx Care has invested time and resources in building its people management infrastructure, including scoping core mandatory training modules for all colleagues and working with subject matter experts to develop a suite of role-specific mandated training across different professional groups. This work will continue in the coming year, with a strong focus on increasing compliance with this training.

Reward and Recognition

Manx Care will deliver on the actions identified in its Reward and Recognition Strategy, to find innovative ways to reward its staff using creative approaches in a financially challenging environment.

Health and Wellbeing

The overall wellbeing of colleagues is integral to organisational performance and culture. Manx Care will develop a Wellbeing Strategy and roll out a series of wellbeing events to enable its staff to be healthy and happy at work, building on the success of the event delivered in 2024/25 at no cost to Manx Care.

Embedding Our Values

It is vital to the success of our organisation that colleagues at all levels demonstrate our shared values, and ensure positive behaviours are experienced consistently across the system. In 2025/26, Manx Care will continue to embed the CARE Values, developed in consultation with staff, building on work already undertaken, by continuing to facilitate workshops including CARE for leaders, Psychological Safety, Back to Basics and Management Tool kit training.

Manx Care will continue to work closely with the Workforce and Culture Project to undertake further cultural assessments and to co-produce local action plans across a number of services, continuing with its Team of the Month award. Manx Care will focus heavily on listening to its workforce with its People and Culture Champions and Equality, Diversity and Inclusion Champions supporting the embedding of researched psychological safety, and roll out the delivery of workshops on this topic across the Workforce. Manx Care will also continue to embed the newly developed CARE-based Behaviour and Personal Development Framework, and will focus on the implementation of CARE-based Personal Development Plans for all staff.

Manx Care will deliver on the actions identified from 2024 Staff Survey results, and measure its improvement using a further workforce-wide Staff Survey in 2025. Manx Care will deliver across the actions scoped out in its Organisational Design and Delivery Plan, which will be used to implement the refreshed People, Culture and Engagement Strategy 2024/27.

Diversity and Inclusion

Manx Care will continue to support the development of its Equality, Diversity and Inclusion Forum to ensure that staff with protected characteristics have a voice within the organisation and can influence its people development and direction of travel. This in turn will bring an

improvement in service delivery, giving Manx Care a better understanding of the community it serves. Manx Care will roll out its Staff Network Framework, and recruit network leads to drive effective change, enabling all to be included. Manx Care will ensure that all decisions are underpinned with a well-thought through Equality and Quality Impact Assessment, to better enable decisions being taken with the impact on including everyone in mind.

Our Strategic Partnerships and Alliances

Off-Island Central Referrals Function

Our expenditure with NHS providers to deliver specialist services is circa £25.3m, which is 7% of Manx Care's annual budget. We recognise that, despite developments that have been made, our internal control around off-Island referrals, both in terms of referrals made to UK providers and what happens to those patients once they are within the UK 'system' is poor. As Isle of Man patients only make up a small proportion of the total number of people who are being treated in the Cheshire and Merseyside NHS system at any one time, it is not always possible to ask providers to manage our patients differently to local residents. As a result, often there is duplication with clinical investigations or unnecessary journeys for patients for clinical investigations that can be provided on-Island. It is also apparent that Manx Care patients may be onwardly referred to other specialties off-Island for diagnosis and treatment, when that same care is available within Manx Care. In 2025/26 we will be seeking providers to redress this through a revised directory of service and better contractual arrangements.

Funding was allocated during the 2024/25 budget setting process to establish an Off-Island Central Referrals Team, whose role it is to more closely manage referrals into NHS providers, as well as patient pathways once within the NHS system. During 2024, focus has been placed on developing and testing a fit for purpose IT database system that can track referrals out of the organisation to NHS providers, as well as enabling pathways to be tracked to ensure that:

- Investigations such as scans, blood tests and so on are done on the Isle of Man, and reports transmitted to the relevant NHS hospital rather than the test done off island.
- Appointments are attended via a telemedicine portal rather than face-to-face, where clinically appropriate.
- Follow-up appointments are minimised and care repatriated to Manx Care as early as possible.
- Internal referrals (i.e. referrals between departments within the NHS provider) are not permitted.

As the implementation of the new system is due to take place in the final quarter of 2024/25, staff are being recruited to the Off-Island Referrals Central Team to ensure that the service can go live from April 2025. This recruitment is for administrative staff as well as for a Clinical Care Navigator, who is able to discuss clinical aspects of cases with providers and patients, and develop care plans that ensures safe provision of specialist care.

In addition to the work that will be undertaken by the Off-Island Central Referral Team to reduce the volume of off-Island travel and volume of tertiary activity where it is appropriate to do so, the Health and Care Transformation Programme Care Pathways team will be refocussed to support the development of pathways that straddle Manx Care and NHS providers. These pathways will clearly lay out where each stage in the pathway takes place (such as diagnostic tests, face-to-face consultation, virtual consultation) and where the handover of care between/from Manx Care to the NHS provider and vice versa takes place, as well as the agreed period of time that each stage should take, i.e. duration between decision to transfer care to an NHS provider and the first consultation being arranged. The development of these pathways will seek to limit the number of NHS-delivered episodes to those where treatment can only be provided by the specialist provider, with the remainder of

the pathway delivered by Manx Care teams or the patient's GP. This will reduce the activity going to NHS providers as well as reducing reliance on off-Island travel. This initiative will also improve patient experience through being able to provide each patient with details of the pathway they are on, including waiting times between each step, location of each step, and what to expect, through communication with patients supported by MCALS.

Repatriation Initiatives

During 2025/26 the following services are planned to be repatriated to Manx Care, thanks to recruitment of substantive clinical staff, or planned future collaborations with NHS providers to allow the undertaking of some procedures on the Isle of Man. These are:

- **Cardiac Devices Service** – the insertion of less complex pacemakers was happening on the Isle of Man until 2022, however following the departure of our Consultant Cardiologist, this service was suspended and cases were referred to LHCH. The service was not able to be restarted when a replacement was appointed, as his specialism was not this particular aspect of cardiology to undertake these procedures, therefore off-Island referral continued. Discussions are ongoing with LHCH to develop a visiting service, whereby the service can be restored on-Island, supported by our highly skilled Cardiac Physiology team, who will undertake monitoring and maintenance.

- **Endoscopic Retrograde Cholangio Pancreatogram (ERCP)** – this procedure has never been undertaken on-Island as there are too few procedures per annum to maintain competence with our Gastroenterology Team. Given their urgency in many cases, Air Ambulance transport is often required, meaning that the procedure is extremely high-cost when transport and NHS tariff charges are accounted for. Agreement has been reached with Royal Liverpool Hospital for Noble's Hospital to become a spoke of their ERCP hub, with the Royal Liverpool team ensuring that our local team are able to maintain necessary activity numbers by undertaking additional procedures in Liverpool.

- **Hepatology Service** – due to a significant gap in substantive Gastroenterology Consultant cover due to a longstanding vacancy, all Hepatology patients have been referred to and managed within Royal Liverpool Hospital. Following the appointment of a substantive Consultant Gastroenterologist and Hepatology Specialist Nurse in 2024, these cases can be repatriated to Manx Care from early 2025, with limited requirement for further referrals, except in complex cases.

- **Medical Retina** – since 2015, Manx Care/DHSC has been in a contract with Aintree Hospital (now LUHFT) to deliver Age-Related Macular Degeneration (ARMD) services on-Island, under the auspices of the Aintree clinicians. Whilst this development in 2015 was revolutionary, as it avoided many older people having to regularly travel to Liverpool for treatment, the contract price was significantly higher than the corresponding NHS tariff price, and drug costs were expected to be picked up by Manx Care/DHSC. This situation has continued up until the present day, albeit with staffing almost exclusively provided by Manx Care (with the exception of the Medical Retina Consultant, who reviews the retinal images and scans remotely to determine the treatment plan, and attends the Island once a month to see complex cases). The service also does not encompass non-age related retinal problems, with these cases still expected to go to the St Paul's Eye Unit in Liverpool for treatment. The development of a standalone Medical Retina service, operated by Manx Care, utilising on-Island expertise and supplemented by off-Island clinical supervision and

oversight, would both increase the repertoire of medical retina conditions seen on-Island, thereby reducing the need for off-Island treatment, and significantly reduce the cost of the service.

- **Learning Disability and Mental Health** – work is ongoing to repatriate learning disability and mental health placements as appropriate to the Island.

Our Performance Standards

There will be an increased focus on the achievement of those areas underpinning our commitment to our 'home first' strategic principles and priorities, with an emphasis on delivering activity and services as efficiently and effectively as possible within the allocated budget.

However, many of our existing objectives and performance priorities do not fundamentally change as we move into 2025/26, but there are areas, such as elective secondary care, in which there may be a requirement to constrain activity to align with budget if required. It is therefore recognised that this has the potential for a detrimental impact to performance within those areas, including waiting list volumes and waiting times, which could increase significantly.

An initial programme of mitigations has therefore been identified to ensure that robust measures are being taken to improve our levels of efficiency and productivity under the 'fully integrated Health and Care Service' approach. A full mitigation plan with associated timescales will be shared with the DHSC during Quarter 1 of 2025/26. These mitigations will aim to fully utilise our available capacity, streamline pathways and implement recognised best operational and clinical practice within our services. These measures will include items such as:

- Wider and more consistent adoption of GIRFT operational and clinical principles and processes.
- Review of job plans, such as clinicians having 0.5 Programmed Activities (PAs) for undertaking clinical validation and 0.25 PAs for providing advice & guidance and referral management.
- Review of Procedures of Limited Clinical Effectiveness (POLCE) criteria and adherence to policy, further adoption of the wider royal college-agreed list to ensure within all specialties there are no patients cared for where outcomes are not clinically proven. The DHSC is required to review the current Isle of Man policy.
- Conversion of Follow-Up Outpatient attendances to First Outpatient attendances, to ensure that follow-up appointments are being scheduled only where appropriate as part of well-defined clinical pathways.
- Conversion of Inpatient to Daycase and Daycase to Outpatient procedures, to ensure that clinical procedures are being undertaken in the most appropriate setting.
- Improved provision and access to Out of Hospital Care, to ensure that alternative, more appropriate settings are available in the community.
- Improving referral management, a review of criteria for referrals from primary care into secondary care services, and from on-Island to off-Island services.
- The appointment of an Acute Clinical Director will provide enhanced oversight and management in the provision of acute medicine services, including clinical governance and service development.

A number of mitigating actions will also be undertaken where funding is available through the Transformation programme. These include:

- Off-Island consultant team to join on-Island colleagues for 1 or 2 days a week to identify how productivity and flow can be improved within each specialty.
- On-Island consultants to be released to review own efficiency, productivity and to review and develop robust off-Island pathways and referral criteria for their services.
- Clinical validation to be undertaken by on-Island consultants for all patients on the outpatient waiting lists.

Performance Monitoring and Reporting

Manx Care will maintain and develop a standardised set of Key Performance Indicators (KPIs) and metrics that will enable our Executive Team and Board to robustly track productivity alongside service delivery, to ensure effective key decision making.

Manx Care's performance management regime was bolstered during 2024/25, with the expansion and updated formatting of the Integrated Performance Report (IPR), which now more clearly shows the performance levels being achieved across all care groups. The IPR is available within the public domain via a dedicated webpage, which can be found at https://www.gov.im/about-the-government/statutory-boards/manx-care/integrated-performance-report.

In 2025/26, Manx Care will focus on improving the relevance and quality of the data presented in the IPR. It will continue to develop technical specifications for metrics, ensuring these include links to best practice guidance and clear definitions of what is being measured, how it is being measured and how it is reported. Additionally, Manx Care will continue to implement its Data Quality Assurance Framework, which will involve further development of the data quality policy, robust training of staff on data quality, and the establishment of additional processes to identify and resolve any data quality issues.

Although the IPR has expanded in recent years to include a broader range of metrics, the performance data currently reported by Manx Care does not yet offer as comprehensive an overview as desired. Whilst it provides adequate oversight across a range of core services, performance levels in certain areas are not yet monitored as robustly. In 2025/26 and beyond, Manx Care will work collaboratively with the DHSC to identify a more comprehensive set of performance metrics across all core services, through the co-production of Service Specifications. This suite of metrics will incorporate measures of service demand, safety, timeliness, efficiency, and service user outcomes.

It is important to note that not all of Manx Care's I.T. systems currently support automated reporting, and a significant proportion of performance reporting currently relies on manual processes. This is resource-intensive, and therefore with current resourcing there may be limitations to the number of metrics that can be reported against in the short- to medium-term.

Monthly Performance and Data Review meetings have also been introduced for each service area during 2024/25. These Review meetings focus on the financial balance and operational performance of key areas, such as access to diagnostic, elective and emergency services, cancer waiting times and the quality and completeness of the supporting data. They ensure that the factors contributing to any areas of challenging performance or poor data quality are understood, and that robust remedial action plans are enacted to address them in a timely way. This process will be maintained and further developed during 2025/26.

We will continue to publish the elective waiting list volumes and average waiting times for consultant-led services via the publicly accessible dedicated webpage: https://www.gov.im/about-the-government/statutory-boards/manx-care/patient-access-policy-and-waiting-times-reports/manx-care-waiting-times-reports/.

Significant improvements have been made with regard to the performance management of activity data undertaken by our off-Island tertiary providers. This has involved the development of more detailed activity and finance reports and forecasts, and the commencement of regular Review meetings as detailed above. These developments will

continue to be strengthened as we move into 2025/26, and will be aligned with the work of the Off-Island Central Referrals Team.

The improvements noted above reflect the investment made to date in Business Intelligence and Performance management since the establishment of Manx Care. A clear focus on data-driven discussions and decision-making has improved the use, and in turn quality, of our data and reporting, which we will continue to develop into 2025/26.

Manx Care will continue to develop data relevant to the Urgent and Emergency Integrated Care (UEIC) projects, Public Health Outcomes Framework (PHOF), Joint Strategic Needs Assessment (JSNA) Programme and other Public Health workstreams as necessary.

Key Performance Standards

The following section details some of the key performance standards that Manx Care will be able to achieve during 2025/26. These performance standards are considered by Manx Care and the DHSC to be realistic yet challenging ambitions for the coming year. They have been calculated based on the baseline funding allocation, agreed core services, expected demand, and other factors including Manx Care's current position with respect to waiting lists, staffing and infrastructure.

Where performance targets have not been set for 2025/26, this is because either: (i) the metric provides contextual information (e.g. it measures service demand or activity), (ii) data on current performance levels is not currently available for this metric, or (iii) setting a target could unduly affect practice (e.g. specifying a maximum number of serious incidents might discourage reporting). The Department and Manx Care will continue to monitor data for metrics that do not have targets.

A full list of all Key Performance Indicators (KPIs) and performance metrics for 2025/26 can be found in Appendix 3.

Primary Care and Community

Manx Care will endeavor to make it easier for people to access Primary Care services, particularly those of General Practitioners and General Dental Practitioners. The services will build on and enact the recommendations resulting from the ongoing review of productivity and efficiency, and will align to best practice as identified in the Getting It Right First Time (GIRFT) guidance, Royal College recommendations and Shared Care Agreements (subject to funding allocation).

GP and Dental	Manx Care will monitor, manage and report the number of General practice appointments, by time between booking and appointment (as a percentage), by practice. The list of GP-registered patients will be managed and validated so that the volume of registered patients does not increase by more than 4% above the Island's population figure, using the Isle of Man census data. Manx Care will monitor, manage and report the volume of patients waiting for allocation to a Dental Practice. We will ensure that the Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted will be at least 96% by year end.

Community Adult Therapy Service	Manx Care will maintain timely access to the Community Adult Therapy Service for each priority level of service user. For Priority 1 the aim is to see 85% of patients within 10 working days, for Priority 2 80% within 30 working days and for Priority 3 80% within 60 working days.

Mental Health

We will improve the depth and quality of mental health data during 2025/26 to evidence and support the expansion and transformation of mental health services, and the impact on population health, with a focus on activity, timeliness of access, equality, quality, and outcomes data. Work is ongoing to demonstrate Referral to Treatment times and patient and service user experience.

CAMHS	Manx Care will monitor, manage and report the Mental Health caseloads for each service. It should be noted that the overall caseload is significantly higher locally than you would expect within the English NHS. This is particularly evident within Child and Adolescent Mental Health Service (CAMHS), whose caseload has at times been four times higher than you would expect per 100 thousand population equivalent in England. Therefore, in alignment with the Child and Adolescent Mental Health Service (CAMHS) business case, Manx Care will continue to progress the implementation of the THRIVE Model during 2025/26.
	Manx Care will monitor, manage and report on the number of children accessing community-based support and/or psychological therapy and utilisation data for statutory services (CAMHS), and will endeavor to improve access to mental health support for children and young people aged between 0-25, through increased numbers accessing Manx Care-funded services. We will aim to increase the number of adults and older adults accessing Psychological Therapy services (low to moderate), and will endeavour to deliver an overall reduction in mental health outpatient waiting times.
Crisis Response	Manx Care will maintain response times for services supporting service users in crisis, or those requiring timely assessment, with at least 75% of referrals from the Emergency Department to the Crisis Response and Home Treatment Team (CRHTT) to be responded to within one hour. 100% of referrals from general hospital wards to the CRHTT will be responded to within 24 hours.
	100% of service users with a first episode of psychosis will be assessed by a psychiatrist within two weeks of referral.
	The organisation will aim to maintain 90% compliance with the three-day timescale for follow-up after discharge from psychiatric inpatient care.

Social Care

During 2025/26, we will continue to improve data collection, analysis and reporting via the IPR for Adult Social Care (ASC) and Children & Families Social Care (C&F) to evidence need, outcomes and better plan the future requirements of service users.

Adult Social Care	There will be continued focus on our performance in assessment completion in Adult Social Work, where our aim will be for 80% of Adult community care assessments to be completed within the agreed timescale of 28 days for all services, with the exception of Learning Disabilities, for which 80% of assessments will be completed within 42 days. We will continue to improve the percentage of Adult community care assessments being received by patients or carers, with an aim of 95% to be shared. The service will maintain 100% of service users to have a person-centered plan in place (PCP). Care home bed occupancy will be maintained at 85% or higher for Long-Term care, and at 75% or above for Short-Term care.
Children	The aim for 2025/26 is for at least 85% of Complex Needs reviews, 90% of Initial Child Protection Conferences and 90% of Looked After Children reviews to be held within timescale. It is Manx Care's intention that at least 90% of children (of age) are to be participating in, or contributing to, their child protection review, at least 90% for looked after child reviews, and that at least 79% of children (of age) are to be participating in, or contributing to, their complex review.

Elective Care

Theatres	It is our aim to increase our levels of productivity and efficiency to enable us to meet an expectation of 85% theatre utilisation, using recognised best practices such as GIRFT (Getting It Right First Time) and moving the delivery of procedures to the most appropriate settings.
Surgery	Manx Care will continue to work towards a reduction in the Did Not Attend (DNA) rate for outpatient services to 11% or less by March 2026. Manx Care will monitor, manage and report on waiting list volumes and average waiting times for secondary care services, but it is unlikely that we will be able to reduce Waiting List Volumes (WLV) in 2025/26 due to baseline funding alone. Sustained or increasing demand and available funding for elective services could potentially lead to an increase in both waiting list volumes and waiting times. To reduce the likelihood of any deterioration in elective waiting lists, Manx Care is formulating a detailed mitigation plan, which will be provided to the DHSC in Quarter 1 of 2025/26. It is anticipated that the steps proposed for inclusion in this mitigation plan, such as a programme of clinical validation, could significantly reduce waiting list volumes. Additionally, under the plan,

	Manx Care will endeavor to adopt recognised best practice in its operational and clinical delivery, such as those recommended under the GIRFT principles, across a wider range of services, to ensure that our delivery of elective care is as efficient and productive as possible. For the reasons stated above, the percentage of urgent GP referrals seen for first outpatient appointment within six weeks may be lower in 2025/26 than achieved in 2024/25. However, Manx Care will endeavour to ensure that at as high a proportion as possible of urgently referred patients are seen within the expected timescale.
Outpatient	We will look to shift the balance of outpatient activity towards first appointments or for a procedure, with the expectation that volumes of follow-up outpatient appointments will be reduced by 25% (with the exception of any cancer-related appointments). In 2025/26, we will maintain our current programme of technical and administrative waiting list validation and will continue to support the ongoing Patient Information Centre (PIC) Improvement Plan, the improvement of the Hospital Patient Administration System's (PAS) data quality and the establishment of the new clinical validation and harm review processes. The waiting list validation team will also support operational and clinical colleagues in delivery of the robust programme of clinical validation once it has been established.
Maternity, Women's and Paediatrics	Manx Care will continue to ensure that services are accessible, with a focus on Women's Health and the 0-19 Public Health Service. It is Manx Care's aim to maintain performance for all Maternity Dashboard indicators. For example: • The rate of Women who had a 3rd or 4th degree tear at delivery per 1,000 deliveries will be 3% or less. • The rate of Women with a postpartum hemorrhage of 1,500ml or more per 1,000 deliveries will be 2.6% or less. We will continue to make progress towards the national safety ambitions to reduce stillbirth, neonatal mortality, maternal mortality, and serious intrapartum brain injury. The rate of stillbirths per 1,000 births will be maintained at 4.4 or less, and the percentage of full-term babies admitted to the Neonatal Unit within 28 days of birth will be 9.6% or less. Manx Care will endeavor to maintain performance for all Obstetric, Paediatric and Gynecology indicators, and will continue to take steps to ensure that the patient Did Not Attend (DNA) rates within those services do not increase during the year.

Diagnostics

Diagnostics	In terms of access to our diagnostic services, our intention is to deliver diagnostic activity levels that support plans to address non-elective and cancer backlogs. Manx Care will monitor, manage and develop its reporting for all three diagnostic groups relating to the six-week waiting time standard: • Endoscopy • Radiology • Physiological Measurements The achievement of these diagnostic waiting time standards will be reliant on several factors, including increased productivity and timely access to diagnostic services at tertiary centres.

Urgent and Emergency Care

Emergency Department	With regard to Emergency Department (ED) performance, Manx Care will endeavor to maintain ED waiting times so that no less than 78% of patients are admitted, transferred or discharged within four hours of arrival in the department by March 2026. However, constraining and reducing elective activity could have a negative impact on this target in 2025/26 were a patient's condition to worsen and they seek emergency care instead. In addition, performance against this metric needs to take account of the clinical need for certain patient groups to be actively managed in the department beyond four hours (where it is in their clinical interest to do so). For example, this includes elderly patients at night, intoxicated patients and back pain requiring mobilisation. This is primarily due to the current lack of observation space (such as a Clinical Decision Unit) within the ED. During 2025/26, work will be undertaken to identify an alternative suite of recognised best practice metrics, such as those used in the GIRFT Summary Emergency Department Indicator Table (SEDIT) to ensure that more robust regular assessments of ED performance can be undertaken that factor in demand, capacity and flow. Our aim is for there to be a wait of no more than 20 minutes from arrival at the ED to the time of triage being undertaken. The average total time our patients spend at Noble's Hospital ED during 2025/26 will be 6 hours or less, with 5% or less of patients having a total time in ED of 12 hours or more from arrival. At most, 1.5% of patients will have a wait of 12 hours or more from a decision to admit being made to the time of their admission. To maintain patient flow within ED and Noble's Hospital, Manx Care will maintain appropriate levels of access to the new Ambulatory Assessment & Treatment Unit (AATU), will continue to monitor and maintain response times and patient DNA rates for the Manx Emergency

	Doctor Service (MEDS) and will maintain adult general and acute (G&A) bed occupancy at 89% or below. Manx Care will endeavour to keep the rate of emergency readmissions to hospital that occur within seven days of discharge to 3% or less, and those occurring within 30 days to 9% or less.
Ambulance	In terms of our Ambulance Service performance, we will aim to achieve an average Category 1 Ambulance response time of 7 minutes or less, and will seek to improve upon this in alignment with continued funding for the UEIC Transformation Programme Plan. Ambulance response time targets could be affected without continued investment in these work streams. We will continue to maintain an average response time of 18 minutes or less for Category 2 calls. We aim to keep the proportion of ambulance turnaround times that take over 60 minutes to 5% or less of the total handovers, and look to begin the robust monitoring of delays between ambulance arrivals to point of handover to ED during 2025/26 to support the management of clinical risk across the system.
Urgent & Emergency Integrated Care (UEIC)	Manx Care will commence with the performance reporting of the KPIs relating to the other UEIC projects and services under development as they become operationally active during 2025/26.

Cancer

During 2025/26, we will further develop our relationship with Cheshire & Merseyside Cancer Alliance to ensure Manx Care services continue to be aligned to areas of development within the UK NHS. We will continue the work with NHS England's National Disease Registration Service (NDRS), around the Cancer Intelligence reporting, including improved data capture of cancer staging within the Somerset Cancer Registry.

We will ensure that cancer-related waiting times across all services and specialties are publicly available, are regularly reviewed and respective performance reported against.

Faster Diagnostic Standard	Manx Care is continuing to progress developments within Cancer Services that will support consistent performance and achievement against the key performance targets for Cancer. For the Faster Diagnosis Standard (FDS) – 28 days between referral to communication of diagnosis standard, Manx Care will endeavor to ensure that by March 2026, at least 80% of patients are receiving their diagnosis or have cancer ruled out within 28 days.
31- and 62-day targets	By March 2026, our aim is that 96% of our patients will be starting their cancer treatment within 31 days of a decision to treat their cancer (Decision to Treat to Treatment (DTT)). This will enable us to achieve performance of 75% of patients starting their cancer treatment within 62 days of their urgent referral (Referral to

	Treatment (RTT)), and we will endeavor to reduce the number of cancer patients who are waiting over 62 days.

Activity Planning

The outputs of the demand and capacity and efficiency work being undertaken during 2024/25 have been used by Manx Care to inform our service delivery and workforce planning for the forthcoming year, and will be used to support productivity and efficiency reviews to ensure that we are fully utilising our available capacity.

Indicative Activity Plans (IAPs) by point of delivery (PoD) and specialty have been developed for 2025/26 for all elective consultant-led secondary care services delivered on-Island. This will enable the organisation to robustly monitor and manage levels of activity delivery to ensure that available capacity is being fully utilised within the available financial allocations.

Similar indicative annual activity plans have been delivered for activity delivered off-Island at tertiary centres (such as the Clatterbridge Cancer Centre in England), and Manx Care will report on the high-level activity and finance delivery against these plans in the IPR.

Notes on Methodology & Assumptions:

Due to the current configuration and infrastructure of the organisation's digital and financial systems, it is not currently possible to produce IAPs using an Activity Based Costing (ABC) digital system. However, alignment of the activity and finance forecast out-turns for 2024/25 has allowed the principles of ABC to be applied when determining the indicative activity plans. Manx Care will continue the development and implementation of digital ABC functionality in line with the Treasury restructure of the financial ledger system.

The following assumptions have been applied in the calculation of the IAPs:

- It is anticipated that the actual activity levels delivered within the agreed elective budget will be higher than those set out in the IAPs below, through the implementation of the mitigation plan that is being developed for Quarter 1 of 2025/26. The efficiency and productivity opportunities identified in the plan will be added to the IAP modelling as soon as available in Quarter 1.
- No growth factor has been applied to demand for the non-elective or emergency activity. This may therefore present a financial risk if demand for non-elective or emergency services were to grow.
    - However, for emergency activity, the potential impact of growth at 2% and 4.7% has been modelled in the tables below to assess and aid mitigation actions should a level of growth occur.
    - Emergency Department activity reflects an adjusted year-on-year movement to account for the opening of the Ambulatory Assessment & Treatment Unit (AATU) in April 2024/25.
    - All non-elective, emergency and cancer activity has been ring-fenced at 2024/25 FOT activity levels. This assumes that the proportion of elective activity that is cancer-related remains constant.
- To reflect a potential level of efficiency gain within outpatient services, 25% of Follow-Up outpatient attendances have been converted into first outpatient attendances for 2025/26. While this represents an improvement in access to elective services and a reduction in inappropriate follow-up appointments, it does potentially represent a reduction in overall activity, as first outpatient attendances have a higher appointment

time and cost than follow-up attendances. The conversion ratio applied is one first attendance added for every two follow-up attendances removed.

- Checks have been made to ensure that the required level of elective cancer activity can be safely delivered within the total activity volumes of the plan for each specialty.

On-Island Activity Delivery:

Indicative Activity Plans : On-Island Consultant Led Services; 2025/26

Care Group	First Outpatient Attendance	Follow Up Outpatient Attendance	Daycase procedure	Inpatient procedure	Non Elective Inpatient
Surgery, Theatres, Critical Care & Anaesthetics	13,388	12,898	3,522	774	1,886
Medicine, Urgent Care & Ambulance Service	3,858	5,644	678	78	4,722
Integrated Women's & Children's Services	2,982	3,458	207	185	2,837
Total	**20,227**	**22,000**	**4,407**	**1,037**	**9,445**

Surgery, Theatres, Critical Care & Anaesthetics

Specialty		First Outpatient Attendance	Follow Up Outpatient Attendance	Daycase procedure	Inpatient procedure	Non Elective Inpatient
103	Breast Surgery	833	1,268	50	36	8
104	Colorectal Surgery	0	0	1,144	64	48
192	Critical Care Medicine	0	0	0	1	9
330	Dermatology	1,182	920	0	0	0
120	ENT	815	574	48	89	65
100	General Surgery	2,617	2,265	312	166	1,031
130	Ophthalmology	2,459	2,594	363	3	3
140	Oral Surgery	931	965	145	7	16
215	Paediatric Ear Nose and Throat	0	0	35	7	3
171	Paediatric General Surgery	0	0	0	0	40
216	Paediatric Ophthalmology	56	26	0	0	0
217	Paediatric Oral Surgery	0	0	70	5	0
214	Paediatric Trauma and Orthopaedics	33	6	2	0	12
211	Paediatric Urology	0	0	8	0	0
191	Pain Management	377	636	0	0	0
160	Plastic Surgery	506	857	7	1	0
173	Thoracic Surgery	5	14	0	0	0
110	Trauma & Orthopaedics	2,556	1,450	141	266	430
106	Upper Gastrointestinal Surgery	0	0	504	11	0
101	Urology	1,017	1,322	693	115	207
107	Vascular Surgery	0	0	1	3	14
Total		**13,388**	**12,898**	**3,522**	**774**	**1,886**

Medicine, Urgent Care & Ambulance Service

Specialty		First Outpatient Attendance	Follow Up Outpatient Attendance	Daycase procedure	Inpatient procedure	Non Elective Inpatient
326	Acute Internal Medicine	0	0	28	7	1,903
320	Cardiology	1,082	1,156	31	4	112
304	Clinical Physiology	28	0	0	0	0
301	Gastroenterology	535	499	37	3	1
300	General Medicine	547	644	517	43	1,409
430	Geriatric Medicine	0	0	0	7	936
303	Haematology	347	857	1	1	1
361	Nephrology	294	496	9	0	4
400	Neurology	202	201	0	0	0
321	Paediatric Cardiology	0	0	0	0	3
340	Respiratory Medicine (Thoracic Medicine)	385	430	29	7	126
341	Respiratory Physiology	0	0	25	2	2
410	Rheumatology	430	1,338	0	0	0
329	Stroke Medicine	7	22	0	4	225
Total		**3,858**	**5,644**	**678**	**78**	**4,722**

Integrated Women's & Children's Services

Specialty		First Outpatient Attendance	Follow Up Outpatient Attendance	Daycase procedure	Inpatient procedure	Non Elective Inpatient
290	Community Paediatrics	0	0	0	1	1
COL	Colposcopy	289	83	0	0	0
FER	Fertility	55	121	0	0	0
502	Gynaecology	1,232	1,021	185	106	197
NEO	Neonatology	0	0	0	1	56
501	Obstetrics	415	754	0	10	818
420	Paediatrics	909	1,355	22	66	1,220
424	Well Babies	0	0	0	0	545
UGY	Urogynae	81	124	0	0	0
Total		**2,982**	**3,458**	**207**	**185**	**2,837**

Emergency Department

			With Growth @ 2%			With Growth @ 4.7%		
TFC	Site	25/26 IAP	Growth	Demand Impact	25/26 IAP w/Growth	Growth	Demand Impact	25/26 IAP w/Growth
180	Noble's	36,775	2.0%	736	37,511	4.7%	1,728	38,503
180	RDCH	8,321	2.0%	166	8,487	4.7%	391	8,712
Total		45,096		902	45,998		2,119	47,215

Off-Island Activity Delivery

Tertiary Provider Indicative Activity Plans 25/26

Summary PoD	Alder Hey	Christies	CCC	LHCH	LW	LUHFT	Mancheste	MWL	Walton	Wirral	Wrightingto	TOTAL
Devices	19	0	0	101	0	0	0	38	197	0	8	363
Diagnostics	2	30	3,901	191	9	670	40	11	101	85	17	5,058
Drugs	347	0	1,232	0	0	1,499	0	0	0	0	0	3,079
Elective - Daycase procedures	194	2	74	38	1	155	42	36	0	10	24	577
Elective - Inpatient procedures	44	2	37	41	14	104	26	24	1	31	47	371
ITU	202	0	0	287	334	498	0	0	235	0	0	1,556
Non Elective - Non Elective	26	0	17	54	1	2	0	17	38	5	0	162
Non Elective - Non Elective Non Emergency	1	0	6	128	22	15	2	0	0	0	0	172
Outpatient - First Attendance	108	8	555	111	85	379	67	83	4	55	91	1,546
Outpatient - Follow Up Attendance	552	62	4,516	105	122	1,499	139	135	9	106	343	7,588
Outpatient - Procedures	112	9	655	87	37	524	21	25	0	2	32	1,504
Excess Bed Days	1	0	133	1	5	30	1	0	0	0	33	204
Other	242	62	525	17	419	11	1	9	438	0	11	1,735
Total	**1,850**	**176**	**11,650**	**1,161**	**1,050**	**5,387**	**339**	**379**	**1,023**	**294**	**606**	**23,914**

Digital and Data

To enable the provision of high-quality health and care services, access to accurate data is essential. During the 2025/26 service year, Manx Care will continue to improve the systematic and accurate capture of data and the development of reliable reporting. Building on the delivery of the first iterations of our core datasets and associated reporting, our Performance & Business Intelligence team will continue to work in partnership with the respective service areas to review, expand and improve reporting mechanisms that underpin informed decision-making within health and care, and support the development of detailed Service Specifications.

Supported by the Transformation Programme, Manx Care will commence with the scoping and procurement phase of the Data Warehouse project during 2025/26, which is intended to bring together and house the data required to produce the core datasets into a single repository. The warehouse will ensure a more consistent, transparent and robust view of activity, quality, safety and a range of other essential outcomes and measures.

Robust clinical coding and associated reporting is essential for effective healthcare planning. Since its establishment, Manx Care has begun the process of coding clinical data for all finished Consultant episodes of care. A review into clinical coding policies and procedures was completed in 2021/22, setting out several key recommendations. Manx Care has implemented a number of recommendations in order to establish a fully comprehensive and successful clinical coding function. The work to date has ensured more efficient and timely capture, recording and output of clinical coding data for admitted patient care activity, evidenced via regular clinical coding audits. Work will continue into 2025/26.

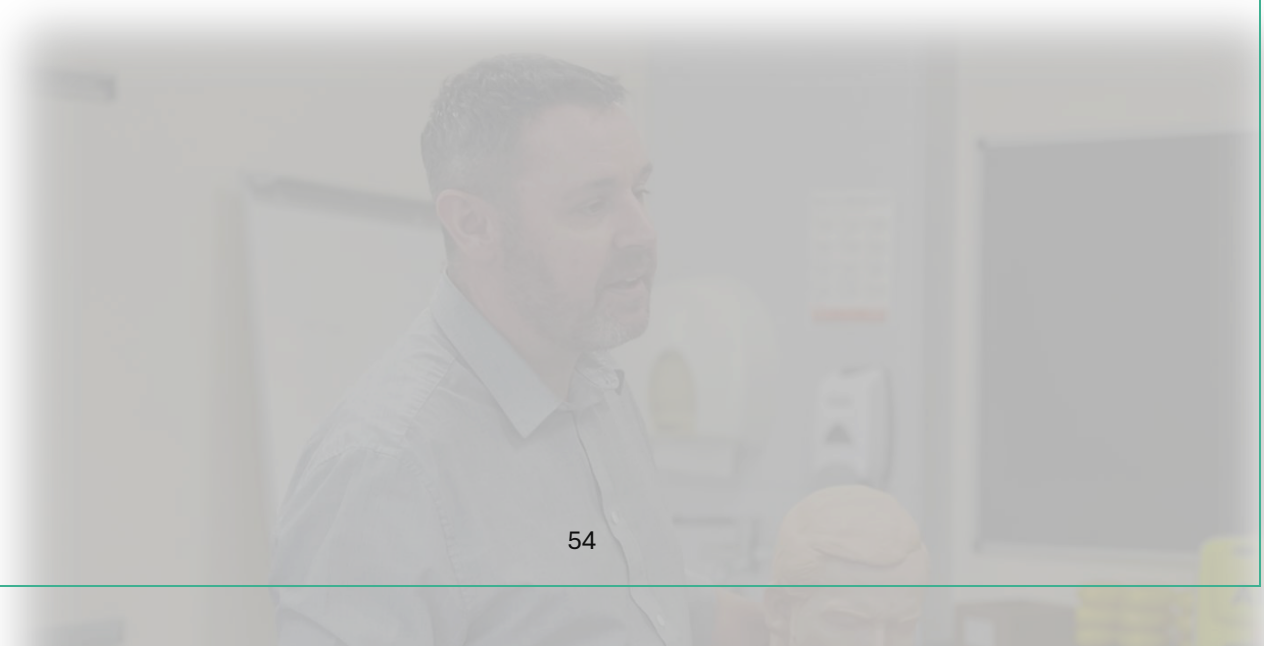
Key Enablers

The successful delivery of our plan and ensuring the financial sustainability of the Island's health and care system for the longer-term is inextricably dependent on programmes of work in a range of enabling work streams, including but not exclusive to the below:

CQC and OFSTED	Manx Care has undergone CQC and OFSTED inspections across a vast range of delivered and commissioned services since its inception. Whereas improvements based on recommendations have been made that have few to no cost implications, further improvements will likely be stalled, as they require specific funding or they relate to a Shared Service Agreement, with the service being delivered by another Department of Government.
Shared Service Agreements	Manx Care is heavily reliant on other Departments of Government for the delivery of key services such as GTS for our IT infrastructure, DHSC and DOI for estate and facilities management and patient logistics, OHR for workforce support and analytics, and the Treasury for finance services. • **Estates -** Manx Care is currently working with a health estate where a number of buildings are not fit for purpose for the delivery of modern health services, and lack regular and ongoing maintenance, resulting in care being delivered in substandard environments, and placing staff at risk of illness or injury through working in hazardous conditions. Manx Care's estate includes 10 vacant properties that continue to incur operational costs for utilities, maintenance, and security without contributing to core health and social care services. Disposing of these properties by returning them to DHSC could result in substantial cost savings. Securing funding to advance estate surveys is essential. An independent review is required to validate recommendations, covering condition surveys, Property Asset Management (PAM) assessments, and space utilisation aligned with mandated objectives. Prioritising these upgrades is crucial for effective resource allocation, risk mitigation, and alignment with strategic goals. A number of estate business cases are currently awaiting SACIC approval and are key to the delivery of our plan. • **IT infrastructure -** There is similar picture in our IT infrastructure, with a number of systems past useful life and at risk of failure, irretrievable loss of core clinical data and/or cyber threats. • **Finance -** Manx Care currently works with a paper-based invoicing system, which makes delivery of financial governance challenging due to the sheer size of the organisation, with modern health systems moving to electronic invoicing systems over a decade ago. Similarly, a new asset management system is required to properly plan and maintain our building and equipment assets.

	• **OHR –** OHR support and a properly functioning PIP system which links to the finance system, to manage the workforce establishment appropriately, is vital in an organisation with the workforce size Manx Care has. These challenges with our Shared Service Agreements lead to inefficiencies with delivery of our services, which we are unable to mitigate without intervention and significant investment from wider Government. This investment would likely not only create efficiencies in the delivery of health and social care, but also for wider public service delivery too, where there are similar infrastructure challenges to Manx Care.
Health and Social Care Legislation	Health and Social Care legislation on-Island has not historically kept pace with our counterpart jurisdictions. Further significant funding for the health and care system on-Island could be unlocked via an effective and ongoing legislative change and reform programme, particularly with policy implementation for charging aspects, taking account of inflationary pressures. For example, an additional £1.1m could be generated if dental charges and exemptions were harmonised to the equivalent NHS England policy. Further significant income could be generated from prescription charges and exemptions, which have not kept pace with equivalent NHS England policy.
Patient Logistics	As an Island jurisdiction, Manx Care is heavily reliant on the North West of England for both non-elective and elective care, which involves commissioning with providers and working with other Departments in the delivery of air services, which are extremely high cost. The publicised Air Traffic Control (ATC) challenges have had a significant effect on Manx Care, with a reliance on the HMS Coastguard for emergency transfers during the night (when the airport is closed due to lack of ATC cover, which means the fixed wing air ambulance is unable to operate). The Coastguard costs are approximately three times more expensive than the fixed wing air ambulance. As part of the Sir Jonathan Michael recommendations, a HEMS service was established to enhance our airbridge capability on-Island. This service is currently provided by GNAAS. However, due to the additional costs of insurance and additional safety equipment required for travelling over water, £250k is required per annum for these specific costs. It is unlikely that GNAAS will be able to fundraise to this level each year from the relatively small population of the Island, to cover these costs and ensure continuation of the service. Non-Urgent Patient Transfer patients generally travel by air on the North West (Liverpool) route. The North West route has been classed by Government as a strategic route, with two operators currently on the route, EasyJet, a low cost carrier and Loganair, a

	regional carrier that currently delivers the Patient Transfer Service. Loganair currently receives a subvention for operating on the North West route to ensure operations of Liverpool and Manchester routes. Without continuation of the subvention on this route funded by wider Government, a regional operator will be unable to sustain operations, which will put the Patient Transfer Service at risk of delivery. Manx Care does not have the required funding allocation to manage the subvention aspect, which is inextricably linked to the wider North West strategic route. Manx Care has circa six months of available budget to operate the Non-Urgent Patient Transfer Service in 2025/26 without intervention. Increases in airport charges and duties also impact on Manx Care finances and need to be considered when strategic air policy is developed. Following CQC recommendations, the NEPTS service is planned to be moved from the DOI to Manx Care. However, the required funding allocation of £1.2m to deliver the services is required before the service can be transferred.
Specialised Care	Specialised care has not historically been a discreet commissioning area within healthcare on the Isle of Man. The majority of the activity is commissioned within Tertiary Care, with expenditure also being incurred in Mental Health and the Noble's Hospital Pharmacy. There have therefore generally been large overspends and fluctuations in activity, specifically within Tertiary Care, where the majority of specialised care activity is incurred. Clear planning, prioritisation and funding allocation of specialised care is required as the Island's healthcare system develops in order to meet ever-growing demand and significant cost of specialised services and associated drugs.



How we will measure delivery of Our Plan

All parts of Manx Care's governance structure will have a vital role to play in delivering the Plan and in providing the necessary assurance to the DHSC.

The plan serves as a tool for monitoring and evaluation, enabling Manx Care to track progress towards its key priorities over the course of the service year. Underpinning Care Group Delivery Plans are in development, which have the detailed deliverables for each service. By setting realistic and measurable targets and milestones, the Plan allows for ongoing assessment of performance, and the identification of any areas requiring adjustment or realignment. This iterative process of monitoring and evaluation is essential for ensuring accountability and transparency within the organisation, as well as for demonstrating the effectiveness of controls to the DHSC and wider Government stakeholders.

Manx Care will undertake internal assurance of the financial position, performance, and delivery of the key priorities in 2025/26. The ongoing governance review of Manx Care will allow for robust assurance mechanisms, to understand compliance with progress.

Performance Framework

The Performance framework will be re-developed for 2025/26 to ensure appropriate management and review is in place to achieve our collective strategic and operational goals, while optimally utilising resources.

The framework provides a structured approach to managing and improving performance and will be managed across the following four primary domains:

- **Money (Financial Management)** - Ensuring budget adherence, cost control, and financial efficiency;
- **Activity (Operational Performance)** - Monitoring service delivery, patient flow, and key operational targets across health and social care;
- **People (Workforce Management)** - Ensuring adequate staffing levels, workforce productivity, and staff engagement;
- **Quality (Clinical and Patient Care Standards)** - Ensuring the highest standards of patient safety, clinical outcomes, and experience.

The main purpose of the framework will be to link direct care areas and wards to the Board of Manx Care and through to the DHSC Board.

manx care

Kiarail Vannin

Mandate Framework

Incorporating Mandate Creation and Oversight

Service Year 2025-26 and Beyond

Date:	April 2025
Version:	1.0
Status:	Final

Contents

1. Introduction

1.1 For 2025-26, the Department has streamlined the Mandate document to focus on the key strategic principles and core services for delivery. This Appendix is therefore a supporting document which describes the more formal elements of the Mandate to ensure statutory compliance.

1.2 This Framework sets out at a high level, the processes that are used to create the Mandate and Operating Plan, and to assess performance throughout the year. These will be further defined in Terms of Reference agreed between the parties.

1.3 During the service year, the governance mechanisms which support the relationship between the Department and Manx Care will be reviewed. This is likely to impact the existing process for performance management but will continue to be based on a 'no surprises' approach, establishing points of contact with clear routes of escalation.

1.4 It must be stressed that under the terms of the legislation which enshrines the operational autonomy of Mand Care internal assurance remains fully the responsibility of the Manx Care Board. The Department's oversight is purely strategic and focuses on delivering outcomes for the Island's population.

1.5 Statutory roles and responsibilities remain as defined in the Manx Care Act 2021 (the "Act") and Mandate. In the event of any inconsistency between the Act and this Framework then the Act shall take precedence.

2. Governance

2.1 This Framework is set out by the Department as an Appendix to the Mandate to Manx Care.

2.2 The Department may make future changes to the Framework from time to time and shall seek feedback from Manx Care in that event.

2.3 This document and the Mandate will be publicly available on the Department website commencing at the earliest appropriate date.

3. The Mandated Services (Appendix 2)

3.1 Mandated functions

3.1.1 Manx Care will ensure and be able to demonstrate where asked by the Department, that all 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.

3.1.2 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 from the Department in the interests of policy formulation.

3.2 Service delivery and Commissioning

3.2.1 Manx Care has autonomy in *how* it delivers the Mandated Services, which fall into one of two categories:

3.2.2 directly delivered Manx Care services; or

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

3.2.4 Manx Care shall ensure that all services, whether directly provided or commissioned:

3.2.5 are delivered in line with the financial regulations set out by The Treasury.

3.2.6 Manx Care will ensure that consideration is always given to whether services are provided locally. 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.

3.2.7 For services being commissioned Manx Care shall have a written contract 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.

3.2.8 Manx Care shall report to the Department at least quarterly on the status of their contracts and ability to comply with the requirements at 3.2.2 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 Service Specifications

3.3.1 The Service Specifications agreed upon by the Department and Manx Care will serve as a reference for quality standards, performance targets, outcomes, and best practices or clinical standards where appropriate. The Department will continue collaborating with Manx Care to review the Core Services Directory (Appendix 2) and Service Specifications in line with other strategic plans, as the Mandate, Our Island Plan, and broader government initiatives.

3.3.2 When a Service Specification exists, it will detail reporting requirements, but these should be proportionate and based on exception.

3.3.3 The service levels described will be designed to meet the needs and experiences of service users, while allowing Manx Care the autonomy to determine how these services are delivered.

3.3.4 Mandated Services and their specifications will be reviewed based on the evolving needs of the population, using sources like Joint Strategic Needs Assessments by Public Health or Census data, supported by targeted engagement.

4 Approach to Mandate Creation and Oversight

4.1 Oversight Cycle - Monitoring and Assurance

4.1.1 Monthly Mandate Development Meeting

A monthly development meeting at Officer Level (Department, Manx Care and Public Health) is used to discuss, review and agree iterative drafts of the upcoming Mandate and Operating Plan. It is also a mechanism to share performance concerns and seek assurance against strategic objectives contained within the Mandate.

4.1.2 Quarterly Mandate Performance Review Meeting

A quarterly performance meeting, politically chaired and including Chief Officers, will be a point of escalation for concerns which cannot be resolved via the monthly meetings. It will also endorse final versions of statutory documents.

4.1.3 Board approval of Mandate drafts

At least twice during the process to create each Mandate, drafts will be shared Board to Board (either during an already planned meeting, a specifically called meeting or via email) for review and / or discussion, to ensure that both Boards are fully sighted on the contents and can identify areas of challenge.

Prior to it beginning its journey to Tynwald, the Mandate will be discussed in detail at the Board-to-Board meeting, following which the Manx Care Board will provide the Department with a formal written response.

4.1.4 Service Specifications (Creation)

Service Specifications will be developed (or amended) with input from a named service lead (to be provided by Manx Care via the Monthly Mandate Development Meeting when requested). Each specification is designed to clearly describe the service that should be provided and during the process of development, Manx Care leads will identify where there may be funding or resource constraints to deliver the optimal service in full.

Drafts for approval will be shared with Manx Care via the Monthly Mandate Development Meeting, with any already identified gaps being noted at this time. Manx Care will review the specifications via their own governance processes and at, or prior to, the following Monthly Mandate Development meeting, will provide the Department with formal written confirmation of whether they agree with the service being described. Service Specifications will be ratified via the Quarterly Mandate Performance Meetings before being published on the Department's website and being formally issued to Manx Care.

Within one month of a Service Specification being published, Manx Care will be required to provide a written response to the Department detailing how it intends to meet the requirements within it. Where Manx Care cannot meet the requirements of the Service Specification, Manx Care must provide details of what the gaps are and outline how they intend to address the gap and / or what would be required to do so (i.e. resource / equipment / physical location / funding).

Manx Care is required to provide an annual return of information for each published Service Specification. The Department will provide a template for the return for each

Service Specification. On receipt of the return, the Department will review the contents and then request a meeting with Manx Care (service lead and any other representatives that Manx Care deem appropriate) to discuss the content and any required actions.

Should any amendments be required to a Service Specification (due to the service evolving, a change in strategic direction and / or a change to the requested metrics) the process for this amendment and approval, will be the same as the development of a new Service Specification.

4.1.5 Reporting from Sub-Committees of the Manx Care Board

Manx Care will provide agendas, meeting summaries and supporting papers of its Board subcommittees, appropriately redacted, to the Mandate team of the Department as a supporting assurance mechanism. Where appropriate these will be noted at the relevant equivalent Committee of the Department

4.1.6 Integrated Performance Report

Manx Care will provide its Integrated Performance Report (IPR) to the Department in a timely manner (currently the 15th working day of the month). This will contain data for the performance metrics outlined in Appendix 3.

While the report remains the product of Manx Care, and Manx Care may therefore make amendments to the content and/or format of the report during the year, any proposed changes will be discussed with the Department through the Performance Technical Group meetings – informal monthly meetings held between the Department, Manx Care and Public Health. Should Manx Care choose to remove any metrics from the IPR, and the Department still require the associated data for assurance, an alternative means of providing the Department with the data will be agreed with the Department before the metric is removed from the report.

The Department and Manx Care will work collaboratively to review existing performance metrics and identify a more complete set of performance metrics across all core services. Decisions regarding the development of data for existing or new metrics will consider any relevant best practice standards followed in other jurisdictions.

Progress with respect to the availability and quality of performance data shall be examined through the Performance Technical Group meetings.

The Department may seek to undertake validation of samples of data provided by Manx Care. The process and timeline for this will be agreed with Manx Care's Head of Performance and Business Intelligence in advance.

Personal, confidential, and sensitive information of patients and service users must be adequately protected in accordance with the Human Rights Act, Common Law Duty of Confidentiality, Data Protection Legislation, the Caldicott principles and established NHS best practice protocols, standards and procedures.

4.1.6 Health Learning and Social Policy Board (HLSPB)

The Department representative on the HLSPB will act as a conduit, feeding information from the Board and Lead Officer Group back into the monthly development meeting,

regarding wider Government initiatives. Similarly, they will take responsibility for informing that Board of the strategic themes identified through the Mandate and supporting processes.

5. Identifying Areas of Performance Concern and Providing Support

5.1 Where an emerging trend is identified that has the potential to affect delivery of outcomes or obligations and this cannot wait for a monthly or quarterly meeting, either party should request an extraordinary assurance meeting to discuss the position. Executives should use all the information available to form a judgement of any agreed remedial action or support and the monitoring frequency to be taken forward.

5.2 The response to performance concerns should be proportionate and should consider the severity of the deviation, any relevant other circumstances, mitigations already in place and the ability of Manx Care and / or the relevant service provider to deliver a recovery action plan. The nature of any action should not be punitive but supportive and outcome focused.

5.3 There are critical events where Manx Care are required to inform the Department immediately. These are defined in Regulations but should also include:-

- A Major Incident being declared within any service locations (e.g. fire, flood)
- Any Major Incident which requires Manx Care to respond as a health and care provider (e.g. Mass Casualty Incident)
- Sustained significant operational pressure at Opel 4 / REAP4
- Any 'Never Event' Incident
- Death of a patient within an inpatient setting who is detained under the Mental Health Act (death in Custody)
- Death of a 'Looked After' Child ("LAC")
- Any immediate closure of a Manx Care mandated service for any reason
- Any other Serious Incident (as described in the Serious Incident policy) where notification is deemed by the Manx Care Chief Executive Officer ("CEO") or Manx Care Executive Director to be appropriate – all other notifications will be made within the required 72 hours policy requirement.

5.4 The route of communication for events described at 5.2.3 is from Manx Care CEO (or a person acting as their Deputy in the event of absence), verbally and in writing, to the Chief Officer ("CO") of the Department (or person acting as their Deputy), within 12 hours of Manx Care becoming aware of the event.

5.5. Where any event or variation is likely to attract significant media or political interest, Manx Care are required to share the content of any press release or social media post being issued by Manx Care with sufficient advance notice to ensure that the Minister for Health and Social Care is both sighted and properly briefed. The route for communication for this is from Manx Care CEO (or a member of the Executive Team), verbally and in writing to the CO of the Department (or a member of the Executive

Team).

5.6 Where a particular service is a cause for concern and where assurance of an action plan has not already been provided, the Department may request regular meetings with the Leads of that service to assess the position and all mitigations in place. Once the concern is considered to have been mitigated, these reviews should cease however, the Department will continue to monitor performance.

5.7 The Department and Manx Care will agree an action plan to address specific areas of concern and define timescales for intended resolution, if one has not already been provided. This may be (but does not have to be) in line with any improvement recommendations set by the Care Quality Commission ("CQC") or other inspecting body. Implementation of the action plan will be the responsibility of Manx Care.

5.8 Where a performance concern cannot be resolved through initial action planning, a joint decision should be made on whether support can be provided via the Department, or another Government Department. This may take the form of funding, resource, expertise or another agreed method.

5.9 Should all the above not resolve the concern, it will be escalated Board to Board, and subsequently the Council of Ministers, for determination.

6 Disputes

6.1 Context

6.1.1 If a Dispute of any other nature arises then:

- the Department representative and Manx Care representative shall attempt in good faith to resolve the Dispute.

6.1.2 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.

6.1.3 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.

6.1.4 A Dispute Notice shall set out:

- 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.

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

- first by Partner negotiations (in accordance with 6.3);
- then, if either Partner serves a valid Escalation Notice, by the Escalation Procedure (in accordance with 6.4).

6.2 Expedited Disputes Process

6.2.1 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.

6.2.2 If the Expedited Dispute Process is to be used pursuant to the provisions of 6.2 then the following periods of time shall apply in lieu of the time periods specified in the applicable paragraphs:

a. in 6.1.4 (b), 10 Working Days.

6.2.3 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.

6.2.4 If the Partners fail to agree within 2 Working Days after the deadline has passed, the Department may set a revised deadline.

6.2.5 Any agreed extension shall have the effect of delaying the start of the subsequent stages by the period agreed in the extension.

6.2.6 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.

6.3 Partner negotiations

6.3.1 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.

6.3.2 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 6.4:

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 6.2.3 within 30 Working Days of service of the Dispute Notice.

6.4 Escalation procedure

6.4.1 If an Escalation Notice is served, the Dispute is referred to the Board-to-Board meeting for determination.

6.4.2 Where the Board-to-Board is unable to settle the Dispute, or where one or other Partner

disagrees with a determination, 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.

6.4.3 Where a Dispute is referred to the Council of Ministers it must decide which shall be the final determination and will be binding on the Partners with no further escalation available to either Party.

6.5 Recognising, celebrating and learning from successes

6.5.1 As well as considering risk, it is equally important to identify areas of good practice. When seeking and providing assurance as part of any of the mechanisms described above, positive progress will be shared so as to provide learning for the future.

7 Shared Services

7.1 Manx Care uses some shared services of Government. The aim of using shared services is to standardise processes and services so that they can be provided in a consistent and repeatable way, in high volumes, and therefore reducing costs. The benefits of using shared services can help Manx Care to operate more efficiently and effectively. However, if the shared service does not meet the expected standards, this can negatively impact Manx Care's services and its relationship with the Department.

7.2 The Board and Executive Leadership of Manx Care has a responsibility to:

- Develop and maintain the agreement in place with the shared service provider;
- Provide timely and constructive feedback to the relevant Shared Service area;
- Communicate with the Department about decisions relating to Shared Services;

7.3 If a performance concern by a Shared Service Provider (SSP) impacts Manx Care's operational service or obligations under the Mandate, the Department must be notified in writing to the Chief Officer. This notification should detail the nature of the concern and the planned steps to resolve it.

7.4 If the Board of Manx Care considers that the issues cannot be resolved directly with the shared service provider in a timely manner, the Department should be informed through a notification process by the Chief Executive Officer of Manx Care, for which a suggested template is contained in Appendix 2.

7.5 Whilst mediation of a dispute is underway, Manx Care shall take reasonable steps to address any immediate risks. Where risks fall outside Manx Care's direct control. DHSC will coordinate with the shared service provider to ensure additional mitigation support as needed.

7.6 On receipt of the notification the Department will then conduct a thorough review of the situation and, if necessary, arrange a meeting with Manx Care's operational service to understand the implications and gather further context. Alternatively, the Department may ask for/provide feedback to address any outstanding concerns.

7.7 The Department will meet with both Manx Care and the shared services provider to agree on an action plan, which will include timelines for risk mitigation actions. This plan will be reviewed at regular intervals to ensure issues are being addressed promptly and resources are appropriately allocated.

7.8 The Department will seek written agreement of the devised plan from Manx Care and these actions will be tracked at an agreed frequency through the Mandate Performance Team, ensuring continuous oversight until the performance concerns are resolved or further steps are required.

7.9 If performance concerns have been resolved to the satisfaction of all parties, the outcome will be logged by the Department.

7.10 If all negotiations and attempts to resolve the performance concern with the Shared Services Provider are exhausted and remain unresolved, the Department will escalate the issue to the Council of Ministers for direction.

7.11 If either party to the Shared Service Agreement wishes to make significant changes to the Agreement due to changing needs or other developments, and as such a proposed change cannot be agreed upon, the Department will mediate. The process will be the same as described in section 5.

8 Delivery of Private Healthcare and Commercial Opportunities

8.1 Manx Care will maintain a publicly available register of the services it offers on a private basis. Where a variation to this list is being considered including addition, amendment or removal of a private offering, Manx Care will bring details of this to the Monthly Mandate Development Meeting in the first instance, before commencing any detailed exploration or offering the service. This should include:

- Details of the scope of service to be provided
- The methodology used to prioritise this service for private offering (if new)
- Current equivalent NHS provision and associated waiting times
- Work and resources required prior to offering the service (including facilities, equipment and staff)
- Charging Model

8.2 In line with the provisions of the Act, the Department is required to give written approval of the private services being offered and the associated charging structure. Once a proposal has been worked up, it will be ratified at the Quarterly meeting and written confirmation will be provided to Manx Care (which can be in the form of minutes), at which point Manx Care can proceed with the work to offer that service privately.

9 Information governance

9.1 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.

9.2 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).

9.3 Manx Care must report monthly data to the Department against the information governance metrics detailed in Appendix 3.

9.4 Manx Care must also report against the information governance metrics detailed in Appendix 3 in its Annual Report.

9.5 Manx Care must inform the Department within 5 Working Days 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.

10 Budget Planning and Ad-hoc Business Cases

10.1 Where additional funds have been granted through Treasury outside of the annual budget cycle, or a request has been made for urgent work not specified in the Mandate (such as by the Coroner of Inquests), through an approved Business Case, the Department and Manx Care will jointly assess progress against the associated initiatives. Manx Care will provide status updates to the monthly and quarterly meetings described above at an agreed frequency against each approved Business Case, focusing on progress towards delivery of benefits and outcomes.

11 Assurance of Agreed Use of the Capital Budget

11.1 The Department will seek assurance that the capital budget is well governed and utilised, also seeking input from Treasury and the Department of Infrastructure colleagues. This shall also jointly guide the long-term strategic planning of the estate.

12 Support for wider Government initiatives

12.1 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.

12.2 Where any Government Department requires input from Manx Care when writing or implementing 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.

12.3 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 and priority order defined through the Performance Technical Group. Manx Care will then work collaboratively with all parties for Public Health to identify priority areas for improvement.

13 Implementation and Next Steps

13.1 Forward Look and Review

The Department will review the entirety of the Framework no less than annually and may seek to make changes from time to time to improve the effectiveness of the process. In that event, the Department shall seek feedback from Manx Care.

Definition of Terms

Term	Definition
Act	Manx Care Act 2021
Board-to-Board	Meetings between the Department of Health and Social Care board members and Manx Care's board members
Caldicott principles	Eight principles to ensure people's information is kept confidential and used appropriately.
Capital Assurance Reporting Group	Monthly meetings between Manx Care and the Department to evaluate the use of the Capital budget, associated processes and projects.
CEO	Chief Executive Officer
CO	Chief Officer
CQC	Care Quality Commission – the independent regulator of all health and social care services in England.
Department	The Department of Health and Social Care
Framework	The Department Mandate Framework by which will provide a clear approach to measuring performance of health and care services across the whole system
IPR	Integrated Performance Report
Island Plan	The document setting out plans to build a secure, vibrant and sustainable future for the Island.
LAC	Looked After Child
Mandate	The Mandate for Manx Care set by the Department as required by the Manx Care Act and as amended in accordance with the Act.
Never Event	The term used in the NHS to describe entirely preventable serious incidents that potentially or actually cause harm to patients or jeopardise patient safety.
NHS	National Health Service
OPEL	Operational Pressures Escalation Levels
Public Health	Isle of Man Public Health

Appendix 1 – Mandate Framework

Service Descriptions / Specifications	Documents co-written by Manx Care and the Department, detailing the Mandated Services to be delivered and containing key performance indicators.
Service Year	The period which ordinarily starts on the 1st April and ends on 31st March in each year that Mandated Services are provided.

Version Control

Version	Date	Author	Notes
V1.0	25/09/22	Head of Mandate Performance	Final version
V1.1	31/10/22	Mandate Performance Officer	Numbering corrected and version control added.
V1.2	04/04/2023	Head of Mandate Performance	Document now titled 'Mandate Framework' Complete refresh of document to align with Mandate creation
V1.3	11/04/2023	Head of Mandate Performance	Include monitoring of Transformation initiatives by DHSC (Section 8)
V1.4	28/04/2023	Head of Mandate Performance	Amend Section 5 following feedback – and correct numbering
V1.5	10/05/2023	Head of Mandate Performance	Resolve comments provided by Manx Care – various
V2.0	15/05/2023	Head of Mandate Performance	Issue final version (convert to PDF)
V2.1	14/11/2023	Head of Mandate Performance	Revisions to include private healthcare, Operating Plan, removal of inspections section, amendment to Transformation monitoring
V2.2	26/01/2024	Mandate Performance Officer	Formatting
V2.3	08/07/2024	Mandate Team	Additional of 5.13 regarding Manx Care Board response to the final Mandate Addition of 5.14 regarding Service Specifications
0.1	10/12/2024	Head of Mandate	Create 2025 version
0.2	31/12/2024	Head of Mandate	As Appendix to Mandate
0.3	06/02/2025	Mandate Performance Manager	Formatting - font/ bullets/ numbering/ margins
0.4	13/02/2025	Performance Analyst	Deletion of some IG requirements, in line with Appendix 3; minor revisions to data-related wording
0.5	17/02/2025	Mandate Performance Manager	Formatting, re-numbering, Service Specifications changed to 3.3
0.6	18/02/2025	Mandate Performance Manager	Formatting, re-numbering in section 6.1 and 6.2
1.0	28/02/2025	Head of Mandate	Final format and convert for Register of Business

Appendix 2 - Core Services

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 2025-26, in line with the expectations of the Manx Care Act 2021 (the 'Act') and the Mandate to Manx Care (the 'Mandate') effective 1 April 2025.

The Partners 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:

1. to comply with any regulation, order, direction or code of practice issued under the Manx Care Act; and / or
2. to comply with any order, direction or code of practice issued by an appropriately authorised person.

Where a Service Specification is published, it is linked below and should be used as the primary reference for service standards, with the table being used only as a point of reference. There is a significant programme of work underway to ensure that all services have a detailed specification.

It is expected that patients accessing these services will be provided with information at the point of care which gives an overview of the service and range of treatments, eligibility and contact details, together with other relevant information.

Service and Description	**Description or Specification**	**Change to Mandated Service since 2024-25 Mandate**
Corporate Services		
Advice and Liaison Service *Provide general directions, advice, and support. Help people who want to give feedback, both positive and negative, and try to resolve issues informally by working directly with the services.*	• Provide information and advice by phone and email • Offer directions and guidance • Resolve questions about care or treatment • Accept feedback • Give guidance on complaints in line with local regulations.	None.

Medicine, Urgent Care and Ambulance Service		
Hospital Inpatient and Outpatients	A central hospital facility covering inpatient and outpatient services, which may be Consultant, Nurse or AHP-led as necessary, including but not limited to:- • Consultant-led facility for triage within 12 hours of admission for onward treatment or referral (currently 'AMU') • Anticoagulation services for the entire population of the Island (some of which may be delivered in local communities) • Cardiac Services and Coronary Care • Fracture Clinic • Gastroenterology • Neurology • Respiratory Medicine • Ear, Nose and Throat • Rheumatology and Osteoporosis • Urology • Stroke Services • Renal and Nephrology • Theatres and Anaesthetics • Trauma and Orthopaedics.	All services should be subject to pathway review and consider linking to other services to ensure financial sustainability and working to approved standards of care in a truly integrated way. There is likely to be an intended reduction in numbers of outpatient clinic activity in order to prioritise clinical validation (applicable to all areas in this subheading) and also a shift in the ratio of new to follow-up appointments. The Department supports consideration of reintroduction of home dialysis services in order to mitigate increasing demand, where safe and appropriate to do so. Inpatient services should consider a 'virtual ward' approach to manage peaks in demand (as described in the Mandate document).
Air Ambulance Service (fixed wing)	Provision of transport off-Island for patients who cannot travel by scheduled means such as scheduled flight or boat, accompanied by Healthcare Staff.	None.
Same-day or Out of Hours Care and Non-Conveyance	This may include (but is not limited to):- • Ambulatory Assessment and Treatment Unit (AATU); • Emergency Doctor Service; • Hear and Treat Service; • Minor Injuries Unit; • See and Treat (Detailed below).	Manx Care are asked to review the entirety of this provision during 2025-26 and progress cost-neutral improvements, to utilise newly established UEIC services. The total offering should support emergency primary care work – which may include

		remote services or established presence within ED. There will be options for walk-in service as well as a single point of access to urgent and emergency care services (telephone triage and booking as described in the Mandate document).
Helicopter Emergency Medical Service	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.	The funding model for this service needs to be reviewed during 2025-26 to ensure that it is affordable within the allocated budget.
Road Ambulance *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.*	Pre-hospital care and ambulatory transport for the whole population for serious and life-threatening accident and illness.	None.
Non-urgent Patient Transfer Service *Provision of transport for patients 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.*	Provision of transport for patients 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.	With support from the Department, Manx Care should review these services in their current form and the funding model during 2025-26, providing any suggestions for improvement to be discussed.
See and Treat Service *Provision of a solo-crewed Rapid Response Vehicle which is dispatched to appropriate*	• Clinical assessment carried out by a Specialist Practitioner at the patient's location • Appropriate immediate treatment such as pre-hospital IV fluids and antibiotics, wound closure,	The goal is to expand this service to help manage the demand for emergency care, but this is not expected to happen during 2025-26. This service should be integrated

patients (instead of all patients receiving a dual crewed ambulance).	mobile diagnostic ultrasound and 'point of care' blood testing • Discharge or onward referral where appropriate.	with other urgent and emergency care options that focus on avoiding hospital transport, early diagnosis, and treatment.
Emergency Department *24-hour service for those who live on the Island or are covered by a Reciprocal Healthcare Arrangement and have suffered a serious accident or injury, using a triage system and prioritised by clinical need.*	Service Specification under development in parallel with UEIC implementation and review.	None.
ME/CFS and Long COVID Service (Adults 18 years and over) *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.*	ME/CFS Long COVID Service Specification	Expansion of service to under 18 cohort will not be considered during this service year. The Mandate is not for a dedicated service for ME/CFS and Long COVID but does require these patients to be cared for in the ways Manx Care considers to be most effective.
Palliative and end of life care	Meet the needs of high-quality palliative and end of life care planned to meet needs on an individual case by case basis.	The funding model for these services needs to be reviewed during 2025-26 to understand what is appropriate and sustainable.
Integrated Cancer & Diagnostic Services		
Cancer Support *Full Range of cancer support services following lifecycle from initial diagnostic assessment to treatment and support for those in remission.*	• Cancer Multi-Disciplinary Team meetings and patient tracking services • Timely cancer information support at all stages of the patient's journey • Care for Oncology and Haemato-oncology patients who require systemic anticancer therapies (SACT) and support medicines	None.

	• Specialist care (NHS) through an appropriate tertiary centre when Manx Care does not provide this service.	
Mortuary	Services for the deceased, including relative support service. Provision of a physical facility to support Coroner's post-mortem examinations.	None.
Pathology *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.*	• Blood Transfusion Service • Chemical Pathology • Haematology • Immunoserology • Microbiology • Histology • Cytology • Mortuary services / relative support services • Blood donor services.	Manx Care are asked to continue to review where diagnostic pathways may be strengthened to promote cost saving – for example in the case of allergy testing and haemochromatosis. Manx Care have proposed changes to the delivery model of the blood donor service which should continue to be progressed with Department support.
Pharmacy Service (Hospital Based, Acute)	Covering clinical (ward based), aseptic and oral dispensing, procurement and supply, oncology support, antimicrobial support.	It is likely that 'out of hours' hospital pharmacy cover will be reviewed during this service year and may be delivered in a different way or reduced.
Screening Services Delivery	Breast, bowel, and cervical cancer screening programmes with quality standards defined by Public Health Isle of Man and managed through the Screening Board.	Manx Care are asked to implement any recommendations made by the UK National Screening Committee, supported by the Department and Public Health Isle of Man. This includes decreasing the frequency of routine screening for breast and cervical cancer. The Department has asked Public Health to provide support in forecasting changes to

		screening programmes in the longer term and modelling the impact on the local population. Where a recommended change has a cost implication, a Business Case should be brought through the existing Screening Board (or alternative following the process review by Public Health).
Radiology *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.*	• General X-Ray (XR) • Fluoroscopy • Interventional Radiology • Computed Tomography (CT) scans • Magnetic Resonance Imaging (MRI) scans • Ultrasound (US) scans • Nuclear Medicine • Symptomatic Breast Imaging • Bone Densitometry (DEXA) Scans • Radiology for Children.	None.
Integrated Mental Health Services		
Community Wellbeing Service *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.*	• Support ongoing recovery from mental health illness • Promote wellbeing and self-management within local communities.	None.
Child and Adolescent Mental Health Services	• Mental health assessment and treatment for those aged 0-18.	No service change – but acknowledged model change as described in the Mandate (Thrive and early intervention).

Island-wide mental health assessment and treatment for Service Users under the age of 18, and their families.		
Community Mental Health Service for Adults	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.	None.
Community Wellbeing Services and Psychological Therapies Services		These services are unlikely to be provided in their current form and review should be linked to wider community and third sector services.
Rapid Assessment Service *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.*	• Assessment for individuals presenting in mental health crisis 24 hours a day, 365 days per year • Act as the gatekeeper for inpatient admission • Inpatients assessment to facilitate early discharge • Defined screening and triage processes that employ a multi-disciplinary approach • Ensure that individuals concerned with the criminal justice system, and presenting with acute mental health difficulties, are afforded assessed in a timely manner and that the courts are afforded accurate and evidence-based information to inform process and sentencing.	In 2024-25, it was mandated that Manx Care work with the Constabulary towards the 'right care, right person' initiative. However, the pilot of this service has not been able to show demonstrable value with a member of staff directly placed in the ESJCR. The Department will support Manx Care conversations with the Constabulary to come to agreement on the way forward, but that specific model of delivery is not mandated here.
Acute Inpatient Service *Provision of acute admission 24 hours a day, 365 days per year in respect of individuals experiencing a mental health disorder where*	• Acute admissions 24/7/365 for mental health disorders • Assessment and treatment of adults aged 18 and over • Assessment and treatment of dementia	None.

assessment and or treatment cannot be safely afforded within a community setting.	• Referral to the MHS Complex Needs Panel where appropriate • Services to children's ward where a patient under the age of 18 requires brief psychiatric inpatient admission.	
Drug and Alcohol Team *Full range of assessment, treatment and support service for people of all ages who present with substance misuse.*	• Specialist assessment, treatment and support services to people presenting with alcohol and / or drug dependency • Dedicated provision for young people (under 18 years of age).	None.
Crisis Response Home Treatment Team *Intervention for those with urgent and acute mental health needs, as well as those being discharged from an inpatient setting.*	• 24/7/365 crisis response service for adults • Offers home treatment as an alternative to hospital admission • Out of hours support • Support to people being discharged from the Inpatient Ward to enable recovery to continue at home.	None.

Older Persons Mental Health Service (over 65 years of age)
 	
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.
	• Services to people over the age of 65 with mental health needs
	• Services for people of any age with memory worries
	• Support for patients with conditions such as:
	  • Anxiety
	  • Bipolar disorder
	  • Dementia
	  • Depression
	  • Schizophrenia.
		None.

Recovery College	Range of learning experiences for those with an open mental health referral to promote self-care and	Review to consider options outside of the Manx Care financial baseline.

	techniques to promote recovery from mental health challenges.	
Integrated Primary Care & Community Services		
General Practitioner Services *General Practice and Practice Nursing for all Island Residents.*	• General medical services to the entirety of the Isle of Man population in line with the NHS Act 2001 and all associated regulations; • Minor surgery in a community setting where safe to do so;	As described in the Mandate, there should be a focus on managing long-term conditions. This includes reducing the reliance on hospital care and diagnosing conditions early. There is an urgent need for better shared care agreements for both physical and mental health long-term conditions. The Department plans to use transformation funding to support this effort.
General Dental Services	Provision of general dental services to all Island Residents and a single orthodontic service for patients under 18 who qualify.	All dental and eyecare services will be reviewed this year, with help from the Department for any needed legislative changes.
Community Dental Services *Provision of specialised dental services to patients in specific categories who require special care and / or domiciliary services which are unavailable by general dental practitioners.*	• Special Care Dentistry for patients referred by General Dental Practitioners requiring specialist care e.g. children or adults with complex disabilities or phobic patients • Acute Dentistry for patients who are not registered with a General Dental Practice.	Policy and legislative changes will likely take about 18 months, so the focus for 2025-26 should be on improving performance through current contracts and making interim changes to achieve the best outcomes. A needs assessment led by Public Health should be supported, and its results will guide future service models.
Orthodontic Services *Provision of orthodontic provision for both Primary Care and Consultant Services.*	To be developed	
General Ophthalmic Services	To be developed	

Provision of sight tests for the purpose of provision of corrective lenses, services in relation to minor eye conditions.		
Community Pharmacy Services, including:- • General Practice • Care Homes • Learning Disability Services • Community Mental Health • Offender medicines management.	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.	Consideration of Pharmacy Needs Assessment to be completed by end of 24/25. It is anticipated that savings made in hospital pharmacy will be directed to support progression of a pharmacy first model and progression of the prescribing pharmacist programme.
Community Nursing Services for Adults *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.*	• Services for housebound patients aged 16 and above • Community Parkinson's Specialist Nurse • Tissue Viability Nurse • Specialist Health Visitor for Vulnerable Adults • Continence Advice.	Manx Care should consider the use of technology and more robust digital solutions for the future, ensuring that this is an integrated service linked to an adult physical health support, intermediate care and social care.
Prison Care *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.*	https://www.gov.im/media/1385652/prison-integrated-service-specification-10.pdf	Should the prison population continue to increase, services will not be maintained in line with the published specification. Quality improvements should focus on safe prescribing and prioritising therapeutic input.
Diabetes & Endocrine Service	• Medical Diabetes Clinics • Retinal photography • Specialist endocrinology clinics	The Department asks Manx Care to assess delivery of these services to ensure that they are led in primary care wherever safe to do

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.	• Antenatal/obstetric clinics • Young Persons Clinic and transfer from paediatric services • Continuous Glucose Monitoring (CGM) Clinic • Diabetes Foot Ulcer Clinic.	so, which may include through the locality hubs.
Community Adult Therapy Service	Provision of both physiotherapy and occupational therapy services in the community to help patients to identify difficulties in their everyday life to try and find practical ways in which they can become more independent in their activities.	None.
Children's Therapy Service *Provision of physio, occupational and speech and language therapy services to children in a variety of settings.*	Paediatric Speech and Language Therapy Team • Services from birth to 18 years • Pre-school and school children assessment, review and therapy • Services for:- – Speech Development – Language Comprehension and Expression – Learning Difficulties – Voice Disorders – Stammering – Swallowing – Social Communication.	None.
Acute Therapy Service	A hospital-to-discharge service delivering physio and occupational therapy to all patients identified as needing therapy, including weekend on-call provision.	None.
Outpatient Physiotherapy Service	Provision of a range of physiotherapy services.	None.
Adult Speech and Language Service	• Assessment, diagnosis, management and advice to those who present developmental, acquired or progressive disorders of communication, including	None.

Speech and language services provided from within the hospital setting and the community including adult learning disabilities.	speech, language, fluency and / or voice; and disorders of eating, drinking, feeding and swallowing.	
Audiology Service *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.*	• Audiology clinic • Adult Hearing Aid Service • Children's Audiology.	None.
Dietetics Service *Provide assessment, diagnosis and treatment of diet and nutrition problems at an individual and Public Health level.*	• Paediatric Dietetic Clinic • Accept referrals from all healthcare professionals and self-referral for adults experiencing clinically significant unexplained weight loss.	None
Podiatry Service *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.*	• Screening and treatment of at-risk patients • Chronic and acute ulcer management • Nail surgery • Removal of corns, and other soft tissue lesions • Health promotion, education and advice • Maintenance care for chronic and irreversible foot problems.	None
Mental Health Occupational Therapy Service *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.*	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.	None

Integrated Women, Children & Family Services		
Health Visiting and school nursing *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*	**Health Visiting** • Antenatal reviews • New baby checks • 6-8 week • 3-4 month • 7-9 month • 2-2.5 years • 3.5-4 years **School Nursing** • Specialist Public Health Practitioners • Registered Nurses • Community Nursery Nurses.	It is anticipated that community services will be delivered in line with the 'locality hub' model being developed through PCAS and integrated with the wellbeing partnerships.
Maternity Services *Services that specialise in the treatment and care of women and babies during a maternity episode.*	• Antenatal services • Postnatal services • Postnatal care • Intrapartum care • Maternity theatre • Community midwifery service antenatal and postnatal.	The Department asks Manx Care to continue the work in this area to promote initiatives which will drive a safe and sustainable workforce for the future, such as locally trained Midwives. This may also include opportunities to generate income by offering student placements through relationships with partner organisations. The Department continues to support a policy decision of not offering home births as an option at this time. Parent education and aquanatal services are not considered as core services and are therefore not included here, though Manx Care may wish to offer variations of these services in order to maintain patient outcomes.

Postnatal Services *Post birth care on maternity ward physical and emotional wellbeing of mother and infant.*	• Post birth care • Infant feeding support • Newborn screening-who / bloodspot day 5 • Parent education baby care / reducing risk SIDS. • Care and monitoring of high-risk babies / extra needs – jaundice / low birth weight / iv antibiotics • Referral to perinatal mental health services are required • Advice on contraception • Commonly postnatal services.	None.
Paediatric Services	Provide care in line with best practice standards for ill and injured children.	None.
Cystic fibrosis	Provide safe and efficient care, with good outcomes, for children with Cystic Fibrosis.	None.
Long term conditions services	Safe and Effective Care and support for children with any long-term condition.	None.
Children's Ward and Outpatients *Offer assessment, investigation, diagnosis and treatment of children and young people aged from birth to 16.*	• Inpatient Paediatric Services 0-16 years • Consultant paediatrician present or readily available in the hospital 24x7 on an on-call basis • Specialist paediatricians, possibly located off-Island, available 24x7 for immediate remote advice for acute problems for all specialities, and for all paediatricians • Appropriate ward and bed provision • Outpatient paediatric services provided on a referral basis normally by General Practice.	None.
Children's Community Nursing	Provides support to children, young people and their families, which responds to local needs and prevents	None.

	hospital administration, facilities early discharge and care for children with acute, chronic, complex and palliative end of life care.	
Paediatric Oncology	Provide care for children with a cancer diagnosis (both leukaemia and solid tumours) providing advice, support and practical assistance both during and after treatment.	None.
Neonatal Services *A comprehensive, integrated service providing a safe and therapeutic environment for the treatment of premature and sick new-born babies.*	• Level 2 Care for babies born prematurely and those born at term who require specialist care • Intensive care service.	None.
Gynaecology Services *Provide both inpatient and outpatient care to women of all ages across the Isle of Man for gynaecological procedures, treatments and advice.*	• General Gynaecology Assessment and Diagnosis • Hysteroscopy • Colposcopy • Post Menopausal Bleeding • Urogynaecology • Urodynamics • Percutaneous Tibial Nerve Stimulation • Procedures Clinic • Gynaecology Oncology • Fertility Services • Early Pregnancy Assessment.	A specific menopause service is not considered a core service, though Manx Care may decide that this is the most efficient way to see those patients.
Abortion Services	Provide medical and surgical abortions on Island and commission a specialist provider to provide specialist medical abortions off Island, of for those not wishing to access local services.	None.

Sexual Health Services including Family Planning *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.*	Service Specification - Integrated Sexual Health Services	None.
Safeguarding Children	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.	None.
Infant feeding team	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.	None.
School Immunisation team	The delivery of immunisations across Community settings within schools to specific age groups to deliver the Public Health Programme.	None.
Integrated Social Care Services		
Residential Care for Older Adults	Must be accessible to older adults from 65 years onwards whose assessed needs cannot be met within their own homes.	Manx Care should continue to support conversations with the department and Treasury for all services under this heading – to understand how social security benefits

		can achieve appropriate levels of funded support across social care services. The Department and Manx Care will again review the need for residential care in the North of the Island and the best way to achieve this.
Residential care for adults with an identified Learning Disability	Support for service users to be as independent as they can be, developing skills and confidence, and meeting the needs of adults with learning disabilities and complex needs.	All learning disability services in this section will be subject to review by Manx Care during the service year, resulting in an operational strategy which aims to deliver consistent provision and achieve best value for money. The Department acknowledges that the report following a review of services for those with a learning disability is awaited during the service year. This may make recommendations for change.
Day Services for Older Adults and Adults with a Learning Disability *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.*	• Available to adults aged 18 and over with a confirmed learning disability.	
Learning Disability Supported Living *Provide varying levels of support focussed 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.*	Support packages to enable adults with a learning disability to live independently in their own homes.	

Respite Care for Older Adults and Adults with a Learning Disability *Provide carers with a break from their caring responsibilities and Service Users with an enjoyable and enriching experience.*	• Regular respite provision Emergency accommodation for Service Users experiencing a significant breakdown in their usual carer support.	
Learning Disability Supported Employment	Support Service Users to access and retain employment.	
Residential Care for Older Adults with Dementia *Offer care and support in a safe and stimulating environment for those with dementia, where their assessed needs are such that they cannot be supported to remain in their own home.*	• Residential dementia care homes 365 days per year for those aged 65 and over (unless in exceptional circumstances) who have a diagnosis of dementia • Short term respite • Step up / step down care • Good Neighbourhood Scheme	None.
Community Support Service (domiciliary care) *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.*	• Medication prompting or administration • Support with personal hygiene, washing dressing • Supporting mobility, transferring, use of hoists and various aids • Aiding continence needs • Supporting those with Dementia, Parkinson's and various other conditions • Food preparation including specialist dietary needs.	None.
Children - Safeguarding and Protection Services	Children & Families Social Work Service through Care Management and Initial Response teams; Family support service for children and families identified as having Complex Needs or who are in Need of Protection; and Safeguarding & Quality Assurance service (SQA).	None.

Corporate Parenting	https://www.gov.im/media/1385610/corporate-parenting-services-service-specification-10.pdf	None.
Children with Disabilities (Learning & Physical) and Complex Health Needs	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.	None.
Young People in the Criminal Justice System	Support decision making and smooth running of the Juvenile 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.	None.
Early Help and Support Service	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.	None.
Adult Social Work Services, including:- • **Access Services** • **Community Older Persons Services** • **Learning Disability Services** • **Safeguarding.**	A comprehensive social work service to adults with substantial physical disability illness and high levels of complexity in the community, including 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.	None.
Hospital Social Work Team	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.	It is likely that given population size and composition, a dedicated team may not be necessary, but the Department supports Manx Care to assess what a more integrated service could look like.

Wellbeing Partnerships	Single point of referral to provide co-ordinated support in local communities, bringing together both statutory services and third sector support where appropriate.	As detailed in Mandate.
Surgery, Theatres, Critical Care & Anaesthetics		
Outpatient Services	Provide surgical and medical outpatient clinics, Day Assessment Treatment Unit (DATU) and blood clinic.	Manx Care may wish to streamline or consolidate nurse-led clinics in the hospital setting in order to move towards services being provided in local communities – but in any event, Manx Care has autonomy in how outpatient services are structured.
Theatres	Deliver a wide range of general surgery, responding to a range of surgical emergencies and performing a range of elective and non-elective operations.	It is anticipated that emergency and cancer service in both inpatient and theatres will be prioritised, on the understanding that capacity for elective work will therefore be reduced in line with clinical validation of waiting lists (as described in the Mandate document). Manx Care are asked to mitigate any associated increases in waiting times as far as possible through strong governance around appointments and the measures described in the Mandate around a focus on community services.
Miscellaneous and Joint Services		
Multi-Agency Safeguarding Hub (MASH) (Contribution rather than sole responsibility)	• First point of contact for Children's Social Care enabling members of the public and professionals to raise concerns about the welfare of children • Out of hours service where there are immediate concerns about the welfare of a child	It is likely that further investment (social worker posts) to support his service will drive the aspiration for earlier intervention and reduce demand on statutory services in the longer term.

The Isle of Man Multi Agency Safeguarding Hub (MASH) brings together agencies from services that have contact with children and adults at risk to make the best possible use of their combined knowledge to keep them safe from harm.	• Domestic Abuse Screening • Response to child criminal or sexual exploitation concerns • Provision of relevant information for Court Welfare purposes • Child safety assessment following release of Prisoners	Multi-agency conversations are required to resolve the approach to funding this service.
Sexual Assault Referral Centre (contribution rather than sole responsibility) *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.*	**Isle of Man Sexual Assault Referral Centre Service Specification March 2021** is not a public document but will be provided to Manx Care with this Mandate.	It is anticipated that the service will begin to operate from purpose-built premises during 2025-26.
Vaccination and Immunisation Programmes	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.	Cost pressures relating to ongoing delivery of vaccination and immunisation programmes are known and subject to further discussion with the Treasury and Council of Ministers. For routine programmes, Manx Care will work with Public Health colleagues to understand whether a centralised location for delivery would provide best outcomes.

Appendix 3 – Performance Metrics

Development of Performance Data

Manx Care publishes performance data through the Integrated Performance Report (IPR), which is submitted monthly to the Manx Care Board and the Department. The report is also made available online at the Isle of Man Government's website.

Currently, the IPR includes data for over 225 performance metrics. Over the past four years, Manx Care has enhanced its performance reporting by introducing new metrics, creating technical specifications, and automating reporting where feasible.

In 2025/26, Manx Care will focus on improving the relevance and quality of the data presented in the IPR. It will continue to develop technical specifications for metrics, ensuring these include links to best practice guidance and clear definitions of what is being measured. Additionally, Manx Care will continue to implement its Data Quality Assurance Framework, which will involve further development of a data quality policy, robust training of staff on data quality, and the establishment of additional processes to identify and resolve any data quality issues. The IPR will only include data that is clearly justified and where quality can be reasonably assured.

Although the IPR has expanded in recent years to include a broader range of metrics, the performance data currently reported by Manx Care does not yet offer as comprehensive an overview as required. Whilst it provides adequate oversight of a range of core services, performance levels in certain areas are not yet monitored as robustly. In 2025/26 and beyond, the Department and Manx Care will identify a more comprehensive set of performance metrics across all core services, linked to the co-production of Service Specifications and consideration of latest best practice guidance. This suite of metrics will incorporate measures of service demand, safety, timeliness, efficiency, and service user outcomes.

It is important to note that not all of Manx Care's IT systems currently support automated reporting and until the Manx Care Record is fully implemented, performance reporting will rely significantly on manual processes. This is resource-intensive, and therefore with current resourcing there may be limits to the number of metrics that can be reported against in the short to medium term.

The tables below list performance metrics for which data is currently available, and data quality can be assured to a sufficient degree. Manx Care will report against these metrics in its IPR in 2025/26, though this set of metrics will be subject to review and revision throughout the year.

Performance Targets for 2025/26

The tables below detail the performance targets that Manx Care will aim to achieve during the 2025/26 Service Year. These have been determined to be realistic yet challenging targets for the upcoming year, based on Manx Care's modelling of factors including the available funding envelope, agreed core services, anticipated demand, opportunities to improve productivity and efficiency, and current performance levels. Manx Care's performance during 2025/26 will be

evaluated against these targets in its IPR and annual report, as well as in the Department's annual letter of assessment.

Where performance targets have not been set for 2025/26, this is because either: (i) the metric provides contextual information (e.g. it measures service demand or activity), (ii) data on current performance levels is not currently available for this metric, or (iii) setting a target could unduly affect practice (e.g. specifying a maximum number of serious incidents might discourage reporting). The Department and Manx Care will continue to monitor data for metrics that do not have targets.

Financial performance metrics are not included in this Appendix. The Department is currently working to identify these metrics as part of developing a more robust financial governance framework.

Best Practice Standards

Recognised best practice standards are referenced in the tables below for some metrics. These standards are recommended in international best practice guidance and are what neighbouring jurisdictions regard as being 'gold standards' of care. In some cases, these standards are specified in legislation.

Where best practice standards have not been referenced, this is because the relevant best practice guidelines do not specify numeric targets.

Not all of the best practice standards referenced in the tables below will be achievable in the Isle of Man during 2025/26 within the available funding envelope, due to various challenges. Neighbouring jurisdictions are also unlikely to achieve all these standards in the coming year. Local performance data will nevertheless be benchmarked against them where possible, to demonstrate the distance between the level of care being achieved for patients in the Isle of Man and these 'gold standards' of care. Local performance data will also be benchmarked against performance data reported by neighbouring jurisdictions, where it is meaningful to do so.

KEY:

- Interim targets or numeric best practice standards are not applicable (as explained above)

* Metric intended to be redeveloped or replaced during 2025/26

Care Quality and Safety

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Number of Serious Incidents reported	-	-	Aim to minimise. A target might discourage reporting.
Number of Never Events reported	0	0	Target represents an improvement in performance from 2024/25 level.
Number of inpatient falls with moderate or severe harm reported, per 1,000 occupied bed days	-	-	Aim to minimise. A target might discourage reporting.
Number of pressure ulcers reported, Grade 2 and above	≤ 12	-	Target represents maintenance of performance at 2024/25 level.
Medication errors with moderate or severe harm reported (number and percentage)	-	-	Aim to minimise. A target might discourage reporting.
Percentage of applications of the Duty of Candour procedure in which Duty of Candour Letter was sent within 10 days of application	≥ 80%	-	Target represents an improvement in performance from 2024/25 level.

Number of meticillin resistant Staphylococcus aureus (MRSA) bacteraemia reported	0	-	Target represents maintenance of performance at 2024/25 level.
Number of Clostridioides difficile (CDI) toxin positive infections reported*	-	-	Aim to minimise. Target to be determined once data has been broken down by hospital onset and community onset infections.
Number of confirmed cases of Pseudomonas aeruginosa	-	-	Aim to minimise.
Hand hygiene compliance rate	≥ 95%	≥ 95%	Target represents maintenance of performance at 2024/25 level.
Percentage of antibiotic prescriptions with evidence of a documented 48-to-72 hour review*	≥ 98%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of eligible patients having a Venous Thromboembolism (VTE) risk assessment within 12 hours of a decision to admit	≥ 95%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of adult patients (within general hospital) being prescribed Venous Thromboembolism (VTE) prophylaxis	≥ 95%	-	Target represents maintenance of performance at 2024/25 level.
Number of hospital deaths: Total and by service year and age band	-	-	Aim to minimise.
Percentage of eligible hospital deaths that led to a Learning from Death (LFD) review	≥ 80%	-	Target represents maintenance of performance at 2024/25 level.
Crude mortality rate	-	-	Aim to minimise.
Rate of completion of Malnutrition Universal Screening Tool (MUST) within 7 days	≥ 95%	-	Target represents maintenance of performance at 2024/25 level.
Number of breaches of mixed sex accommodation policy	0	-	Target represents maintenance of performance at 2024/25 level.

Number of formal complaints received	-	-	A target might discourage recording of complaints.
Percentage of formal complaints acknowledged within 5 days	100%	100%	Statutory requirement.
Percentage of formal complaints responded to in writing within 20 days	100%	100%	Statutory requirement.
Percentage of formal complaints not resolved within 6 months	0%	0%	Statutory requirement.
Number of formal complaints where the Health and Social Care Ombudsman Body (HSCOB) made recommendations	-	-	A target might discourage recording of complaints.
Friends and Family Test (FFT): Number of responses	-	-	Aim to maximise.
Friends and Family Test (FFT): Experience was Very Good or Good	≥ 80%	-	Target represents maintenance of performance at 2024/25 level.
Friends and Family Test (FFT): Experience was neither Good nor Poor	≤ 10%	-	Target represents maintenance of performance at 2024/25 level.
Friends and Family Test (FFT): Experience was Poor or Very Poor	≤ 10%	-	Target represents maintenance of performance at 2024/25 level.
Number of contacts received by Manx Care Advice and Liaison Service (MCALS)	-	-	A target might discourage recording of contacts.
Percentage of contacts received by Manx Care Advice and Liaison Service (MCALS) responded to on the same day	≥ 90%	-	Target represents maintenance of performance at 2024/25 level.

Urgent and Emergency Care

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Number of Emergency Department attendances	-	-	Measure of demand/activity.
Average time between arrival and triage at Noble's Hospital Emergency Department	≤ 20 minutes	≤ 15 minutes	Target represents an improvement in performance from 2024/25 level.
Average time between triage and assessment by doctor at Noble's Hospital Emergency Department*	-	-	Metric to be aligned to Manchester Triage System and associated response time standards to be applied.
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Total*	≥ 78%	≥ 95%	Target represents an improvement in performance from 2024/25 level.
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Non admitted*	-	-	Measure used for operational purposes.
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Admitted*	-	-	Measure used for operational purposes.
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Noble's Hospital*	≥ 78%	≥ 95%	Target represents an improvement in performance from 2024/25 level.

Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Ramsey & District Cottage Hospital*	≥ 78%	≥ 95%	Target represents maintenance of performance at 2024/25 level.
Average total time spent at Noble's Hospital Emergency Department	≤ 6 hours	-	Target represents maintenance of performance at 2024/25 level.
Percentage of attendances at Noble's Hospital Emergency Department with a total time in ED of over 12 hours from arrival	≤ 5%	0%	Target represents maintenance of performance at 2024/25 level.
Percentage of waits for admissions that were more than 12 hours from a decision to admit	≤ 1.5%	0%	Target represents an improvement in performance from 2024/25 level.
Percentage of Emergency Department attendances where attendee left before being seen	≤ 3%	≤ 5%	Target represents maintenance of performance at 2024/25 level.
Percentage of Emergency Department attendances that resulted in an admission: Noble's Hospital	-	-	Changes to referral pathways are underway; target to be determined once complete.
Percentage of Emergency Department attendances that resulted in an admission: Ramsey and District Cottage Hospital	-	-	Changes to referral pathways are underway; target to be determined once complete.
Number of referrals into Ambulatory Assessment & Treatment Unit (AATU): Total and by source	-	-	Measure of demand/activity.
Number of patients accepted into Ambulatory Assessment & Treatment Unit (AATU)	-	-	Measure of demand/activity.
Operational Pressures Escalation Level (OPEL) at Noble's Hospital, by levels 1-4 (days)	-	-	Measure of demand/activity and patient flow.
Emergency admissions to hospital occurring within 7 days of the most recent discharge from hospital (number and percentage)	≤ 3%	-	Target represents maintenance of performance at 2024/25 level.

Emergency admissions to hospital occurring within 30 days of the most recent discharge from hospital (number and percentage)	≤ 9%	-	Target represents maintenance of performance at 2024/25 level.
Number of patient interactions with Manx Emergency Doctors (MEDS): Total	-	-	Measure of demand/activity.
Number of patient interactions with Manx Emergency Doctors (MEDS): Overnight	-	-	Measure of demand/activity.
Number of face-to-face appointments with Manx Emergency Doctors (MEDS)	-	-	Measure of demand/activity.
Patients who arrived at Manx Emergency Doctors (MEDS) without telephoning first	-	-	Measure of demand/activity.
Number of 999 calls received by the Ambulance Service: Total and by Emergency/Routine/Urgent	-	-	Measure of demand/activity.
Ambulance response time for Category 1 calls: Average	≤ 7 minutes	≤ 7 minutes	Target represents an improvement in performance from 2024/25 level.
Ambulance response time for Category 1 calls: 90th percentile	≤ 15 minutes	≤ 15 minutes	Target represents an improvement in performance from 2024/25 level.
Ambulance response time for Category 2 calls: Average	≤ 18 minutes	≤ 18 minutes	Target represents maintenance of performance at 2024/25 level.
Ambulance response time for Category 2 calls: 90th percentile	≤ 40 minutes	≤ 40 minutes	Target represents maintenance of performance at 2024/25 level.
Ambulance response time for Category 3 calls: Average	-	-	Response time standard relates to 90th percentile, not average.

Ambulance response time for Category 3 calls: 90th percentile	≤ 2 hours	≤ 2 hours	Target represents maintenance of performance at 2024/25 level.
Ambulance response time for Category 4 calls: Average	-	-	Response time standard relates to 90th percentile, not average.
Ambulance response time for Category 4 calls: 90th percentile	≤ 3 hours	≤ 3 hours	Target represents maintenance of performance at 2024/25 level.
Ambulance response time for Category 5 calls: Average	-	-	Response time standard relates to 90th percentile, not average.
Ambulance response time for Category 5 calls: 90th percentile	≤ 3 hours	-	Target represents maintenance of performance at 2024/25 level.
Ambulance turnaround times from arrival to clear that exceeded 30 minutes (number and percentage)	≤ 35%	-	Target represents maintenance of performance at 2024/25 level.
Ambulance turnaround times from arrival to clear that exceeded 60 minutes (number and percentage)	≤ 5%	-	Target represents maintenance of performance at 2024/25 level.
Number of 999 ambulance calls dealt with by Clinical Navigator: Total and by call category	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.
Percentage of 999 ambulance calls dealt with by Clinical Navigator	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.
Number of 999 ambulance calls dealt with by Clinical Navigator, by change to call category	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.
Number of 999 ambulance calls dealt with by Clinical Navigator, by outcome	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.

Number of 999 ambulance calls dealt with by Clinical Navigator, by transport mode	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.
Number of 999 ambulance calls dealt with by Clinical Navigator, by clinical presentation	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.
Percentage of 999 ambulance calls dealt with by Clinical Navigator where double crew ambulances dispatched	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.
Percentage of 999 ambulance calls that led to a conveyance to the Emergency Department	-	-	Target to be determined based on service implementation plan, to be developed during 2025/26.

Hospital-based Care

As detailed in the 'Our Performance Standards' section of the Manx Care Operating Plan 2025/26, elective activity may need to be constrained during 2025/26. Mitigations are underway to reduce the potential impact of any such constraints on waiting list volumes and waiting times for elective care. These include recognised best practice measures to improve productivity and efficiency, such as the clinical validation of waiting lists and adoption of Getting It Right First Time (GIRFT) principles and processes across a wider scope of service areas. At the time of writing this document, the extent to which the planned mitigations will reduce the impact of activity constraints on waiting lists cannot be predicted in full. This is because, for example, the proportion of patients who will be removed from waiting lists through the clinical validation process is not yet known. For this reason, targets have not been specified against waiting list volumes and waiting times in the table below. There is however a risk that elective waiting lists may grow during 2025/26 as the mitigation plan will likely be implemented in phases; the Department and Manx Care will therefore closely monitor data reported against the metrics listed below throughout 2025/26, and appropriate targets will be identified for these metrics as soon as the progression of the mitigation plan allows.

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Number of referrals received for a first outpatient appointment, by Consultant/Nurse/Allied Health Professional	-	-	Measure of demand/activity.
Number of open referrals for first outpatient appointments: by Consultant/Nurse/Allied Health Professional	-	-	Targets to be set for waiting times once mitigation plan has progressed.
Number of unique patients awaiting a first consultant-led hospital appointment	-	-	Measure of demand/activity.
First consultant-led outpatient appointments by time between referral and appointment (percentage)	-	-	Target to be determined once mitigation plan has progressed.
Average waiting time (weeks) from referral to first outpatient appointment	-	-	Target to be determined once mitigation plan has progressed.
Maximum waiting time (weeks) from referral to first outpatient appointment	-	6 weeks	Target to be determined once mitigation plan has progressed.
Number of open referrals for daycase procedures	-	-	Targets to be set for waiting times once mitigation plan has progressed.
Daycase procedures by time between decision to treat and procedure (percentage)	-	-	Target to be determined once mitigation plan has progressed.
Average waiting time (weeks) from decision to treat to definitive treatment (daycase procedure)	-	-	Target to be determined once mitigation plan has progressed.

Maximum waiting time (weeks) from decision to treat to definitive treatment (daycase procedure)	-	6 weeks	Target to be determined once mitigation plan has progressed.
Number of open referrals for inpatient procedures	-	-	Targets to be set for waiting times once mitigation plan has progressed.
Inpatient procedures by time between decision to treat and procedure (percentage)	-	-	Target to be determined once mitigation plan has progressed.
Average waiting time (weeks) from decision to treat to definitive treatment (inpatient procedure)	-	-	Target to be determined once mitigation plan has progressed.
Maximum waiting time (weeks) from decision to treat to definitive treatment (inpatient procedure)	-	6 weeks	Target to be determined once mitigation plan has progressed.
Percentage of urgent General Practitioner referrals seen for first appointment within 6 weeks	-	≥ 85%	Target to be determined once mitigation plan has progressed.
Number of on-the-day theatre cancellations: Total	-	-	Aim to minimise.
Number of on-the-day theatre cancellations: Hospital related (clinical)	-	-	Aim to minimise. Outside of Manx Care's direct control.
Number of on-the-day theatre cancellations: Hospital related (non-clinical)	-	-	Aim to minimise.
Number of on-the-day theatre cancellations: Patient related	-	-	Aim to minimise. Outside of Manx Care's direct control.
Percentage of planned theatre sessions delivered (theatre utilisation)	≥ 85%	≥ 85%	Target represents an improvement in performance from 2024/25 level.

Number of theatre sessions delivered	-	-	To be monitored in line with target for theatre utilisation.
Number of theatre sessions cancelled	-	-	To be monitored in line with target for theatre utilisation.
Percentage of outpatient appointments where the patient did not attend: Total	≤ 11%	-	Target represents maintenance of performance at 2024/25 level. Not entirely within Manx Care's direct control.
Percentage of outpatient appointments where the patient did not attend: Consultant	≤ 13%	-	Target represents maintenance of performance at 2024/25 level. Not entirely within Manx Care's direct control.
Percentage of outpatient appointments where the patient did not attend: Nurse	≤ 6%	-	Target represents maintenance of performance at 2024/25 level. Not entirely within Manx Care's direct control.
Percentage of outpatient appointments where the patient did not attend: Allied health professional	≤ 10%	-	Target represents maintenance of performance at 2024/25 level. Not entirely within Manx Care's direct control.
Percentage of patients discharged from inpatient wards discharged at the weekend	-	-	Measure of patient flow.
Number of transfers of care that were delayed	-	-	Aim to minimise.
Adult general and acute bed occupancy rate	≤ 89%	85%	Target represents maintenance of performance at 2024/25 level.
Number of admissions, by Elective/Non-elective	-	-	Measure of demand/activity.
Number of daycase patients discharged with a length of stay of more than 0 days	-	-	Measure of potential clinical complications and data quality.
Number of inpatient patients discharged with a length of stay of 0 days	-	-	Measure of data quality.

Number of patients currently admitted with a length of stay of 7 or more days*	-	-	Target to be set once reporting aligned with international statistics.
Number of patients discharged with a length of stay of 7 or more days*	-	-	Target to be set once reporting aligned with international statistics.
Number of patients currently admitted with a length of stay of 21 or more days*	-	-	Target to be set once reporting aligned with international statistics.
Number of patients discharged with a length of stay of 21 or more days*	-	-	Target to be set once reporting aligned with international statistics.
Average length of stay, by Noble's Hospital/Ramsey & District Cottage Hospital	-	-	To be monitored in line with targets for redeveloped length of stay measures.
Number of discharges, by Noble's Hospital/Ramsey & District Cottage Hospital	-	-	Measure of patient flow.

Diagnostics and Cancer Care

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Percentage of patients receiving a diagnosis or ruling out of cancer within 28 days of referral for suspected cancer (Faster Diagnosis Standard)	≥ 80%	≥ 80%	Target represents an improvement in performance from 2024/25 level.
Percentage of patients commencing cancer treatment within 62 days of a referral for suspected cancer (Referral to Treatment Standard)	≥ 75%	≥ 75%	Target represents an improvement in performance from 2024/25 level.

Percentage of patients commencing cancer treatment within 31 days of a decision to treat (Decision to Treat to Treatment Standard)	≥ 96%	≥ 96%	Target represents an improvement in performance from 2024/25 level.
Number of referrals to cancer pathway, by Suspected cancer/Other	-	-	Measure of demand/activity.
Number of referrals to cancer pathway – Cumulative Year to Date: All referral types	-	-	Measure of demand/activity.
Number of referrals to cancer pathway – Cumulative Year to Date: Suspected cancer	-	-	Measure of demand/activity.
Number of patients waiting for first cancer outpatient appointment	-	-	To be monitored in line with above waiting time standards.
Median waiting time from referral to diagnosis or ruling out of cancer	-	-	To be monitored in line with above waiting time standards.
Number of patients on cancer Patient Tracking List (PTL): All referral types	-	-	To be monitored in line with above waiting time standards.
Number of patients on cancer Patient Tracking List (PTL): Suspected cancer	-	-	To be monitored in line with above waiting time standards.
Number of patients on cancer Patient Tracking List (PTL) awaiting first appointment: All referral types	-	-	To be monitored in line with above waiting time standards.
Number of patients waiting more than 62 days on cancer Patient Tracking List (PTL) awaiting first appointment: All referral types	-	-	To be monitored in line with above waiting time standards.
Percentage of patients waiting 6 weeks or more for a diagnostic test: Radiology*	-	≤ 1%	Reporting to be expanded to include other forms of diagnostics.
Hospital Pharmacy: Number of items dispensed (inpatient)	-	-	Measure of demand/activity.

Hospital Pharmacy: Number of items dispensed (outpatient)	-	-	Measure of demand/activity.
Hospital Pharmacy: Number of items dispensed (ward/clinic stock)	-	-	Measure of demand/activity.
Hospital Pharmacy: Number of items dispensed (aseptically)	-	-	Measure of demand/activity.
Pathology: Number of Blood Sciences requests	-	-	Measure of demand/activity.
Pathology: Number of Blood Transfusion requests	-	-	Measure of demand/activity.
Pathology: Number of Cellular Pathology requests	-	-	Measure of demand/activity.
Pathology: Number of Microbiology requests	-	-	Measure of demand/activity.

Women, Children and Families

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Number of maternity bookings	-	-	Measure of demand/activity.
Number of Maternity Ward attenders	-	-	Measure of demand/activity.
Percentage of antenatal booking appointments completed within the first 10 weeks of pregnancy	-	-	Aim to maximise.
Number of births per annum	-	-	Measure of demand/activity.
Method of delivery: Elective caesarean section (percentage)	-	-	Aim to minimise.
Method of delivery: Emergency caesarean section (percentage)	-	-	Aim to minimise.
Method of delivery: Instrumental (percentage)	-	-	Aim to minimise.

Method of delivery: Spontaneous (percentage)	-	-	Aim to maximise.
Rate of induction of labour	-	-	Aim to minimise.
Women who had a 3rd or 4th degree tear at delivery, per 1,000 deliveries	≤ 3%	≤ 3%	Target represents maintenance of performance at 2024/25 level.
Women who had a postpartum haemorrhage of 1,500ml or more, per 1,000 deliveries	≤ 2.6%	≤ 2.6%	Target represents maintenance of performance at 2024/25 level.
Stillbirths (number and rate per 1,000 births)	≤ 4.4 per 1,000 births	≤ 4.4 per 1,000 births	Target represents maintenance of performance at 2024/25 level.
Number of admissions to Neonatal Unit	-	-	Measure of demand/activity
Percentage of full-term babies admitted to Neonatal Unit within 28 days of birth	≤ 9.6%	≤ 5%	Admission to Neonatal Unit ensures an appropriate level of observation can be provided to babies when there are staff shortages.
Average length of stay in Neonatal Unit (days)	-	-	Measure of patient flow.
Neonatal mortality (number and rate per 1,000 live births)	-	-	Aim to minimise.
Number of unplanned admissions to Intensive Therapy Unit (ITU)	-	-	Aim to minimise. Measure of demand/activity.
Percentage of babies with a first feed of breastmilk (initiation rate)	-	-	Aim to maximise.
Percentage of babies being breast fed upon transfer home	-	-	Aim to maximise.
Percentage of infants receiving their New Birth Visit within 14 days of birth	-	-	Aim to maximise.

Percentage of women who were current smokers at time of pregnancy booking	-	-	Outside of Manx Care's direct control.
Percentage of women who were current smokers at time of delivery	-	-	Aim to minimise.
Number of admissions to Paediatrics	-	-	Measure of demand/activity.

Primary and Community Care

Manx Care will endeavour to make it easier for people to access Primary Care services. A reduction in waiting times for GP appointments is expected during 2025/26. With regards to dental services, the expansion of Hillside Dental Practice should see an increase in the number of patients allocated to an NHS dentist.

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
General practice appointments, by time between booking and appointment (percentage), by practice	-	-	Reduction in waiting times expected. Targets to be determined once data available in new format.
Number of general practice appointments delivered per 1,000 (weighted) patients per month	-	-	Aim to maximise.
Percentage of general practice appointments where the patient did not attend, by practice	≤ 4%	-	Target represents maintenance of performance at 2024/25 level. Not entirely within Manx Care's direct control.
Percentage of the population permanently registered with a General Practitioner (GP) practice	≤ 104%	-	Target represents maintenance of performance at 2024/25 level.

Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted, by practice	≥ 30% mid-year; ≥ 96% year-end	≥ 30% mid-year; ≥ 96% year-end	Targets included within General Dental Practitioner contracts.
Number of patients awaiting allocation to an NHS dentist: Total and by adults/children	-	-	Measure of demand/activity.
Number of additions to the NHS dental waiting list	-	-	Measure of demand/activity.
Number of patients allocated from the dental waiting list to an NHS dental practice	-	-	Increase expected.
Number of unique patients seen at NHS dental practices	-	-	Measure of demand/activity.
Allocations to dental practices, by time between patient being added to list and allocation (months)	-	-	Targets to be determined once data available in new format.
Percentage of Priority 1 referrals to Community Adult Therapy Services responded to within 10 working days	≥ 85%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of Priority 2 referrals to Community Adult Therapy Services responded to within 30 working days	≥ 80%	-	Target represents maintenance of performance at 2024/25 level.
Percentage of Priority 3 referrals to Community Adult Therapy Services responded to within 60 working days	≥ 80%	-	Target represents maintenance of performance at 2024/25 level.
Number of primary eye examinations undertaken	-	-	Measure of demand/activity.
Percentage of the population who underwent a primary eye examination	-	-	Measure of demand/activity.
Pharmacy: Number of prescriptions dispensed	-	-	Measure of demand/activity.
Pharmacy: Number of chargeable prescriptions	-	-	Measure of demand/activity.
Pharmacy: Number of exempt items	-	-	Measure of demand/activity.
Pharmacy: Number of chargeable items	-	-	Measure of demand/activity.

Mental Health Care

Manx Care will develop its mental health data during 2025/26 to evidence and support the expansion and transformation of mental health services. It is expected that an overall reduction in mental health outpatient waiting times will be demonstrated.

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Number of mental health appointments delivered	-	-	Measure of demand/activity.
Number of service users on mental health service caseload: Total	-	-	Measure of demand/activity.
Number of service users on mental health service caseload: Child & Adolescent Mental Health Services (CAMHS)	-	-	Measure of demand/activity.
Number of people awaiting a mental health service, by service*	-	-	Targets for waiting times to be set following redevelopment of metric.
Percentage of referrals from Emergency Department to the Crisis Response and Home Treatment Team (CRHTT) responded to within one hour	≥ 75%	-	Target represents maintenance of performance at 2024/25 level.
Percentage of referrals from general hospital wards to the Crisis Response and Home Treatment Team (CRHTT) responded to within 24 hours	100%	-	Target represents maintenance of performance at 2024/25 level.
Percentage of patients with a first episode of psychosis assessed by a psychiatrist within two weeks of referral	100%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of patients followed up within 3 days of discharge from psychiatric inpatient care	≥ 90%	≥ 80%	Target represents maintenance of performance at 2024/25 level.
Number of admissions (inpatient service)	-	-	Measure of demand/activity.
Average length of stay (inpatient service; days)	-	-	Measure of patient flow.

Number of inpatients with a length of stay of 0 days	-	-	Measure of patient flow.
Number of inpatients aged 18-64 with a length of stay of more than 60 days	-	-	Measure of patient flow.
Number of inpatients aged 65+ with a length of stay of more than 90 days	-	-	Measure of patient flow.

Social Care

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Number of referrals to Adult Social Work	-	-	Measure of demand/activity.
Percentage of referrals to Adult Social Care that were received within 31 days of a previous referral	-	-	Aim to minimise.
Percentage of initial Adult Social Work assessments completed within target timeframes: Total	≥ 80%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of initial Adult Social Work assessments completed within 28-day timeframe: Adult Generic	≥ 80%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of initial Adult Social Work assessments completed within 28-day timeframe: Older Person	≥ 80%	-	Target represents an improvement in performance from 2024/25 level.
Percentage of initial Adult Social Work assessments completed within 42-day timeframe: Learning Disability	≥ 80%	-	Target represents an improvement in performance from 2024/25 level.

Percentage of service users (or carers) receiving a copy of their initial Adult Social Work assessment	≥ 95%	100%	Target represents maintenance of performance at 2024/25 level.
Number of referrals to Adult Safeguarding	-	-	Measure of demand/activity.
Percentage of referrals to Adult Safeguarding that were received within 31 days of a previous referral	-	-	Aim to minimise.
Percentage of multi-agency referral forms (MARFs) completed by Adult Safeguarding*	-	-	Measure of demand/activity.
Number of discharges from Adult Safeguarding*	-	-	Measure of patient flow.
Number of referrals to Children & Families	-	-	Measure of demand/activity.
Percentage of referrals to Children and Families that were received within 12 months of a previous referral	≤ 46%	-	Target represents maintenance of performance at 2024/25 level.
Initial child protection conferences held on time (number and percentage)	≥ 90%	-	Target represents an improvement in performance from 2024/25 level.
Child protection review conferences held on time (number and percentage)	≥ 90%	-	Target represents maintenance of performance at 2024/25 level.
Complex needs reviews held on time (number and percentage)	≥ 85%	-	Target represents an improvement in performance from 2024/25 level.
Looked after children reviews held on time (number and percentage)	≥ 90%	-	Target represents maintenance of performance at 2024/25 level.
Number and percentage of child protection reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 90%	-	Target represents an improvement in performance from 2024/25 level.

Number and percentage of looked after child reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 90%	-	Target represents maintenance of performance at 2024/25 level.
Number and percentage of complex needs reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 79%	-	Target represents an improvement in performance from 2024/25 level.
Care home bed occupancy (number and percentage): Long term care	≥ 85%	-	Target represents maintenance of performance at 2024/25 level.
Care home bed occupancy (number and percentage): Short term care	≥ 75%	-	Target represents an improvement in performance from 2024/25 level.
Care home bed occupancy (number and percentage): Learning disabilities	-	-	To be monitored in line with targets for above bed occupancy metrics.
Care home bed occupancy (number and percentage): Older persons, including those with dementia	-	-	To be monitored in line with targets for above bed occupancy metrics.
Percentage of service users with a Person-Centred Plan (PCP) in place	100%	100%	Target represents maintenance of performance at 2024/25 level.

People and Governance

Metric name	**2025/26 target** (monthly unless otherwise specified)	**Best practice standard**	**Explanatory notes**
Percentage of working hours lost to staff sickness absence	≤ 6%	-	Target represents maintenance of performance at 2024/25 level.
Staff turnover rate	≤ 10%	-	Target represents maintenance of performance at 2024/25 level.
Staff vacancy rate	≤ 15%	-	Target represents an improvement in performance from 2024/25 level.
Rate of completion of mandatory training	≥ 85%	-	Target represents an improvement in performance from 2024/25 level.
Number of personal data breaches reported to the Data Protection Officer	-	-	Aim to minimise.
Number of personal data breaches reported to the Information Commissioner's Office	-	-	Aim to minimise.
Number of enforcement notices received from the Information Commissioner's Office	0	-	Target represents maintenance of performance at 2024/25 level
Number of Subject Access Requests (SAR)	-	-	Measure of demand/activity.
Number of Access to Health Record Requests (AHR)	-	-	Measure of demand/activity.
Number of Freedom of Information (FOI) Requests	-	-	Measure of demand/activity.

Number of Subject Access Requests (SARs) responded to after more than one month (or a period granted by an extension)	≤ 25	0	Statutory requirement. Target represents maintenance of performance at 2024/25 level
Number of Access to Health Record Requests (AHRs) responded to after 21 days	≤ 2	0	Statutory requirement. Target represents maintenance of performance at 2024/25 level
Number of Freedom of Information Requests (FOIs) responded to after 20 days	≤ 3	0	Statutory requirement. Target represents maintenance of performance at 2024/25 level

Other Reporting

During 2025/26, Manx Care will continue to develop its reporting on the implementation and impact of Urgent and Emergency Integrated Care (UEIC) projects. It will also continue to develop data relevant to the Public Health Outcomes Framework (PHOF), Joint Strategic Needs Assessment (JSNA) Programme and other Public Health workstreams as necessary.

Waiting list volumes and waiting times for all elective care specialties will continue to be published online monthly.