



Isle of Man Medical Society

Executive Summary

Proposal: Reforming the Manx Care Board and Establishing a Professional Executive Committee (PEC)

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

Purpose

This proposal sets out a dual reform of Manx Care's governance framework:

1. **Restructuring the Board of Directors** to strengthen accountability, transparency, and local representation.
2. **Establishing a Professional Executive Committee (PEC)** to embed clinical leadership and operational expertise into decision-making.

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

Together, these reforms aim to deliver a governance model that is strategically robust, clinically led, and culturally responsive, ensuring Manx Care fulfils its statutory mandate under the **Manx Care Act 2021** and aligns with the Isle of Man Government's Health and Care Transformation Programme.

Key Features of the Reform

- **Board of Directors (Reformed):**
 - Chair and vice-chair to be elected Members of the House of Keys (MHKs).
 - Majority of members to be Manx residents, ensuring local accountability.
 - Balanced composition of non-executive directors (governance, finance, community) and executive directors (CEO, CFO, CMO, CNO).
 - Clear statutory responsibility for strategic oversight, compliance, and resource allocation.
- **Professional Executive Committee (PEC):**

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

 - Chair elected from local health and care professionals.
 - Membership includes clinicians (hospital, community, mental health), operational managers, and patient/community representatives.

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- Functions: clinical leadership, service redesign, commissioning, quality assurance, workforce development, risk management, and cultural improvement.
- Subcommittees: Quality & Safety, Workforce & Culture, Finance & Resources, Innovation & Transformation.
- **Governance Framework:**
 - PEC reports directly to the Board with quarterly performance reviews.
 - Annual review of terms of reference to ensure clarity and accountability.
 - Public reporting of outcomes, waiting lists, financial performance, and cultural initiatives.

Strategic Benefits

Management staff must be streamlined with at least a 60% reduction in numbers, and redeployed into clinical and clinical support roles. This restructuring will be implemented with the vision of IOMMS for Manx Care: Patient-centred, doctor-led, nurse & AHP supported, overseen by a board of Manx residents led by politicians.

- **Enhanced Accountability:** Clear separation of strategic oversight (Board) and operational/clinical leadership (PEC).
- **Improved Efficiency:** Streamlined decision-making, reduced waiting lists, and better resource allocation.
- **Cultural Renewal:** PEC acts as cultural guardian, embedding transparency, staff engagement, diversity, and patient-centred values.
- **Alignment with Transformation Programme:** Supports government priorities for integrated, high-quality care.

Legislative Changes Required

To implement these reforms, amendments to the Manx Care Act 2021 (and potentially related secondary legislation or regulations) would be required. Key changes include:

1. **Board Composition and Appointment:**
 - Statutory requirement for the Chair & vice-Chair to be elected MHKs.
 - Mandate for a majority of Board members to be Manx residents.
 - Clarification of the balance between executive and non-executive directors.

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2. **Creation of the Professional Executive Committee (PEC):**

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

- Formal recognition of the PEC as a statutory governance body reporting to the Board.
- Definition of PEC's composition, functions, and accountability mechanisms.
- Provision for patient/community representation within the PEC.

3. **Governance and Reporting Duties:**

- Requirement for quarterly PEC reports to the Board.
- Obligation for annual public reporting on performance, culture, and compliance.
- Statutory duty for the Board to review PEC's terms of reference annually.

4. **Cultural and Workforce Safeguards:**

- Embedding duties around staff engagement, diversity, inclusion, and professional development.
- Requirement for PEC involvement in senior management appointments.

5. **Regulatory Alignment:**

- Ensuring consistency with Isle of Man Government's Health and Care Transformation Programme.

Proposal for Reforming the Manx Care Board and Establishing a Professional Executive Committee (PEC)

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

1. Introduction

The Professional Executive Committee (PEC) is designed to be the statutory body through which clinical and operational expertise is embedded into Manx Care's governance. Its role is distinct but complementary to both the Board of Directors and the executive management structure:

Relationship with the Board: The Board sets the strategic direction, ensures compliance with statutory duties, and holds Manx Care accountable to Tynwald. The PEC reports directly to the

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Board on a quarterly basis, providing evidence-based recommendations, performance data, and cultural insights. This ensures that the Board's strategic oversight is informed by frontline professional leadership, while maintaining clear accountability lines.

Relationship with Executive Management: Executive management (CEO, CFO, CMO, CNO, etc.) remain responsible for day to day delivery and operational control. The PEC does not replace executive management; rather, it acts as a professional leadership forum, elected from and by health and social care professionals, which advises, challenges, and supports the executive team.

In practice, the PEC functions as a bridge: it channels the collective voice of clinicians, nurses, allied health professionals, and patient representatives into the executive decision-making process, ensuring management decisions are grounded in professional and patient centred realities.

Checks and Balances: The Board holds the executive accountable for delivery. The PEC holds the executive accountable for culture, quality, and professional standards. Together, this creates a governance triangle: Board (strategy and accountability) – Executive (delivery) – PEC (clinical/professional leadership).

The overall aim is to streamline management and make Manx Care effective and efficient, while ensuring that governance is patient centred, doctor led, nurse and AHP supported, management facilitated, and overseen by a Board with a majority of Isle of Man residents accountable to Tynwald.

The PEC is not an extra layer of bureaucracy, but a professional safeguard that strengthens both the Board's oversight and the executive's operational delivery.

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

2. Background

Manx Care, established under the Manx Care Act 2021, is responsible for delivering integrated health and social care services. While the current structure has provided stability, challenges remain in governance, culture, and operational efficiency. Reforming both the Board and the Executive Committee will:

- Clarify roles and responsibilities.
- Embed clinical expertise into decision-making.
- Improve transparency and accountability.
- Strengthen alignment with community needs and government priorities.



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3. Reform Overview

The reforms propose:

- A restructured Board of Directors, chaired by an elected Member of the House of Keys (MHK), with a majority of Manx residents to ensure local accountability.
- A Professional Executive Committee (PEC), composed of clinicians and managers, acting as the operational and clinical leadership body reporting directly to the Board.

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

- Clear governance frameworks, reporting lines, and subcommittees to ensure robust oversight.

4. Proposed Governance Structure

A. Board of Directors (Reformed)

Composition:

- Chair & Vice-Chair: MHKs (elected representatives).
- Non-Executive Directors: Independent members with expertise in governance, finance, and community engagement.
- Executive Directors: Chief Executive Officer (CEO), Chief Finance Officer (CFO), Chief Medical Officer (CMO), Chief Nursing Officer (CNO).

Responsibilities:

- Strategic vision and mission setting.
- Oversight of compliance with statutory and regulatory requirements.
- Approval of budgets and resource allocation.
- Holding the PEC accountable for delivery and performance.
- Acting as the public face of Manx Care, ensuring transparency.



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B. Professional Executive Committee (PEC)

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

Composition:

- Chair: Elected from local health and care professionals.
- **Members:**
- Clinicians: Representatives from hospital, community, and mental health services.
- Managers: Service delivery, finance, workforce, and administration leaders.
- Patient/Community Representatives: To ensure patient-centred governance.

Functions:

- Clinical leadership and evidence-based practice.
- Service redesign and commissioning.
- Quality assurance and patient safety.
- Workforce development and cultural improvement.
- Risk management and operational oversight.
- Transparent engagement with staff, patients, and the public.

Subcommittees:

- **Quality & Safety Committee.**
- **Workforce & Culture Committee.**
- **Finance & Resource Committee.**
- **Innovation & Transformation Committee.**

5. Governance Framework

- Reporting: PEC reports directly to the Board of Directors with quarterly performance reviews.
- Accountability: Clear terms of reference for both Board and PEC, reviewed annually.
- Transparency: Public reporting of outcomes, waiting lists, financial performance, and cultural improvement initiatives.
- Checks and Balances: Non-Executive Directors ensure independent oversight of PEC decisions.

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6. Alignment with Health Transformation Programme

The reforms directly support the Isle of Man Government's transformation agenda by:

- Embedding clinical leadership in governance.
- Improving efficiency and reducing waiting lists.
- Enhancing patient-centred care.
- Strengthening financial accountability.
- Driving cultural change through workforce engagement.

7. Cultural Improvement

The PEC will function as cultural guardians, ensuring:

- Staff engagement in decision-making.
- Transparent communication channels.
- Recognition and reward systems.
- Diversity, inclusion, and professional development.
- Patient-centred values embedded in all operations.

8. Potential Risks and Mitigation

- Risk of bureaucracy: Streamlined processes and clear reporting lines.
- Resistance to change: Strong change management strategy and staff engagement.
- Cost implications: Cost-benefit analysis and phased implementation.
- Professional conflicts: Balanced representation and shared decision-making.

9. Conclusion

Reforming both the Board of Directors and the Professional Executive Committee will provide Manx Care with a governance framework that is transparent, accountable, and clinically led. This dual structure ensures strategic oversight by the Board and operational excellence through the PEC, positioning Manx Care to deliver high-quality, patient-centred care for the Isle of Man community.

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Draft Legislative Clauses

****Suggested Amendments to the Manx Care Act 2021****

Clause 1 – Composition of the Board of Directors

1. Section [X] of the Manx Care Act 2021 shall be amended to read:

“The Board of Directors of Manx Care shall consist of

- (a) a Chair and Vice-Chair, who shall be an elected Members of the House of Keys.
- (b) not fewer than four and not more than eight Non-Executive Directors, the majority of whom shall be ordinarily resident in the Isle of Man.
- (c) the Chief Executive Officer.
- (d) the Chief Finance Officer.
- (e) the Chief Medical Officer.
- (f) the Chief Nursing Officer.”

2. The Chair and Vice-Chair shall be appointed by resolution of Tynwald.

3. Non-Executive Directors shall be appointed by the Department of Health and Social Care, subject to confirmation by Tynwald.

Clause 2 – Establishment of the Professional Executive Committee (PEC)

NOTE: All PEC members must be elected, not selected, to ensure democratic accountability.

1. A Professional Executive Committee (“PEC”) is hereby established as a statutory committee of Manx Care.

2. The PEC shall consist of—

- (a) a Chair, elected from among registered health and care professional’s resident in the Isle of Man.
- (b) representatives of clinicians from hospital, community, and mental health services.
- (c) operational managers responsible for service delivery, finance, and workforce.
- (d) not fewer than two patient or community representatives.



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3. The PEC shall report directly to the Board of Directors.

Clause 3 – Functions of the PEC

The PEC shall have the following statutory functions:

- (a) to provide clinical leadership and promote evidence-based practice.
- (b) to advise the Board on service redesign, commissioning, and resource allocation.
- (c) to oversee quality assurance, patient safety, and compliance with professional standards.
- (d) to develop workforce and cultural improvement strategies.
- (e) to identify and mitigate operational and clinical risks.
- (f) to engage transparently with staff, patients, and the public.

Clause 4 – Subcommittees of the PEC

1. The PEC may establish subcommittees for:

Quality & Safety,

Workforce & Culture,

Finance & Resources,

Innovation & Transformation.

2. Each subcommittee shall include both clinicians and managers and shall report to the PEC.

Clause 5 – Governance and Reporting

- 1. The PEC shall submit quarterly reports to the Board of Directors, detailing performance, outcomes, risks, and cultural initiatives.
- 2. The Board shall publish an annual report to Tynwald, incorporating the PEC's findings.
- 3. The Board shall review and approve the PEC's terms of reference annually.



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Clause 6 – Cultural and Workforce Duties

1. Manx Care shall have a statutory duty to—

- (a) engage staff in decision-making processes.
- (b) promote diversity and inclusion.
- (c) provide professional development opportunities.
- (d) ensure PEC participation in the appointment of senior management posts.

Clause 7 – Transitional Provisions

1. Existing Board members may continue in office until the reconstituted Board is appointed under Clause 1.
2. The PEC shall be constituted within six months of the commencement of this Act.



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Notes for Parliamentary Submission

These clauses can be introduced as a ****Manx Care (Governance Reform) Bill**** or as amendments to the ****Manx Care Act 2021****.

A Comparison: Current Act vs. Proposed Amendments

Area	Current Manx Care Act 2021	Proposed Reform (Draft Clauses)
Board Chair	Chair appointed by Department of Health and Social Care (DHSC).	Chair must be an elected Member of the House of Keys (MHK), appointed by resolution of Tynwald.
Board Composition	Mix of executive and non-executive directors, appointments largely determined by DHSC.	Board must include Chair (MHK), CEO, CFO, CMO, CNO, plus 4–8 Non-Executive Directors. Majority of Non-Executive Directors must be Manx residents.
Board Accountability	Accountable to DHSC, with reporting obligations to Tynwald.	Board accountable directly to Tynwald, with statutory duty to publish annual reports incorporating PEC findings.
Professional Executive Committee (PEC)	No statutory PEC: clinical input is advisory and informal.	PEC established as statutory body reporting to the Board. Chair elected from local health professionals. Membership includes clinicians, managers, and patient/community representatives.
PEC Functions	Not defined in statute.	Statutory functions: clinical leadership, commissioning, service redesign, quality assurance, workforce development, risk management, and public engagement.
Subcommittees	Board may form ad hoc committees.	PEC empowered to establish subcommittees: Quality & Safety, Workforce & Culture, Finance & Resources, Innovation & Transformation.
Reporting Duties	Board reports annually to Tynwald; internal reporting structures flexible.	PEC must report quarterly to the Board. Board must publish annual report including PEC's findings. Terms of reference reviewed annually.



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Area	Current Manx Care Act 2021	Proposed Reform (Draft Clauses)
Cultural and Workforce Duties	General duty to deliver integrated care; cultural improvement not specified.	Statutory duty to engage staff, promote diversity and inclusion, provide professional development, and involve PEC in senior management appointments.
Transitional Provisions	Existing Board continues until replaced.	Existing Board continues until reconstituted under new rules. PEC must be established within six months of commencement.

Key Takeaways for Legislators

- **Transparency:** Clear statutory duties for reporting and accountability.
- **Local Representation:** Majority Manx resident requirement ensures community voice.
- **Clinical Leadership:** PEC embeds professional expertise into governance.
- **Cultural Renewal:** Workforce and cultural duties made statutory, not optional.
- **Continuity:** Transitional provisions avoid disruption during implementation.