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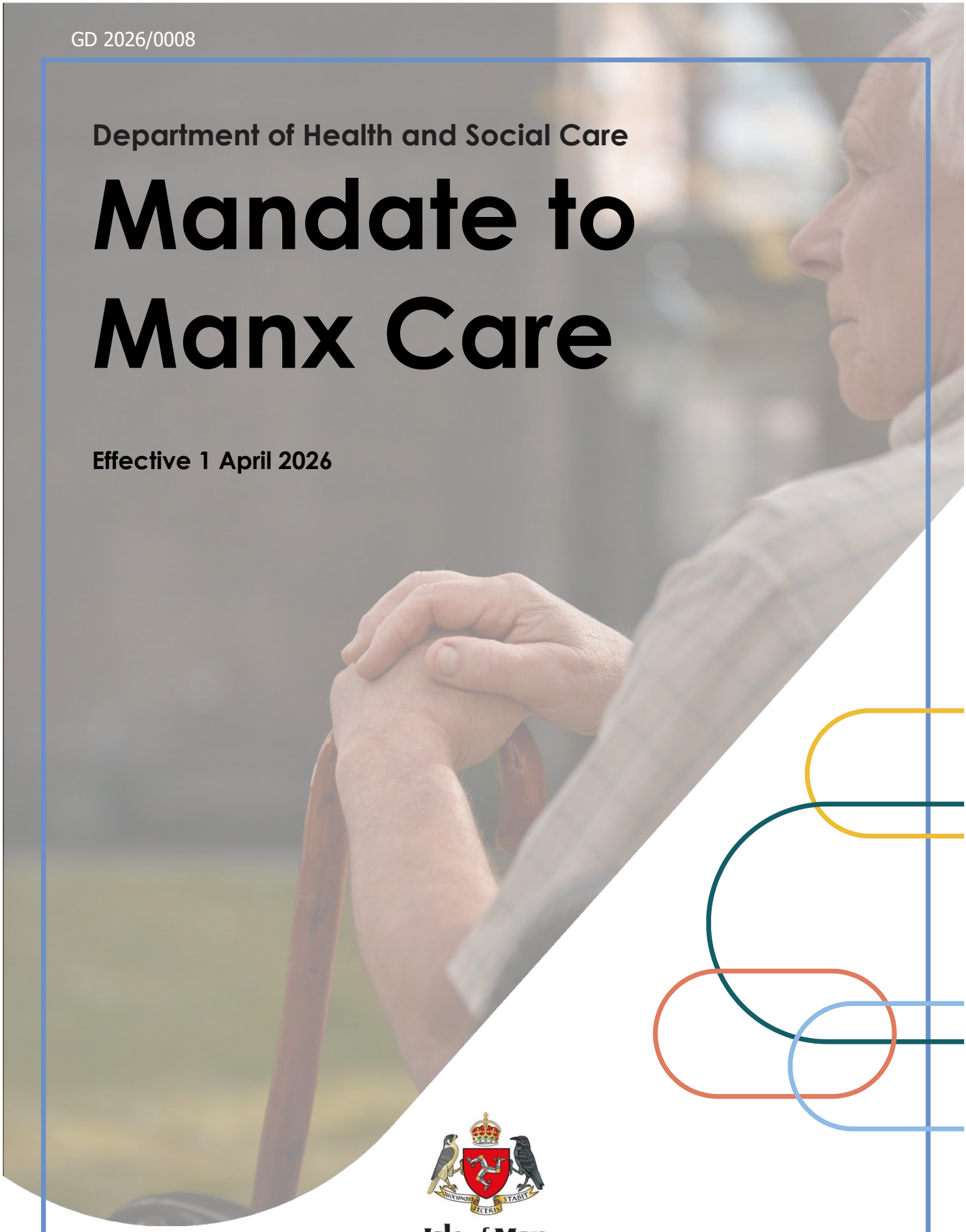
Department of Health and Social Care

Mandate to Manx Care

Effective 1 April 2026



Isle of Man Government

Reiltys Ellan Vannin

Department of Health and Social Care

Mandate to Manx Care

Effective 1 April 2026

Version 1

Contents

Foreword by the Minister for Health and Social Care

I am pleased to publish this Mandate to Manx Care for **2026/27**.

Since Manx Care's inception, each Mandate has matured in both content and process.

We have moved from a period of discovery to one of ***delivery*** – with clearer priorities, better use of data, and a stronger emphasis on assurance and accountability.

In line with our statutory duties to consult and engage meaningfully, we commenced stakeholder engagement in July 2025. We have listened carefully and incorporated feedback where appropriate and proportionate. This included two in-person sessions with young people at Castle Rushen and St Ninian's High Schools, written engagement with clinical and professional bodies such as, Isle of Man Medical Society, Isle of Man Pharmacy Contractors Association, the Health & Care Consultative Committee, Manx Care, and Public Health. Starting early has also meant that this is the first time the Mandate has been laid on the Register of Business in the same month as the Budget.

This Mandate sets the direction for how we will achieve our ambition, ensuring care is delivered responsibly, sustainably and within the resources entrusted to us, while always placing people at the heart of every decision we make.

At the forefront of this ambition is a commitment to listening. As our services become more integrated, they must also become more responsive, adaptive and centred on the voices of residents, patients and service users.

We are realistic about the pressures the system faces: workforce constraints, rising demand, and the needs of an ageing population. We also recognise the responsibilities that come with public funding. That is why this Mandate combines realistic objectives with financial discipline, and why we have strengthened our approach to governance, performance and assurance. These pressures have also compelled us to think differently - to organise services in ways that are more sustainable and better able to deliver the outcomes that matter most.

The Mandate does not seek to resolve every challenge within a single year. Instead, it sets a clear and confident direction of travel - one that supports our workforce, prioritises continued improvement and delivers meaningful, lasting progress for service users and staff.

Our shared work in 2026/27 focuses on five priorities:

1. **Safe, timely and effective care**
2. **Governance, compliance and financial accountability**
3. **'One System' – fully integrated health and social care services**
4. **Early intervention, prevention and childhood experience**
5. **Older adults and community-based care**

Alongside these priorities, the Mandate retains focus on cancer waiting times, improving access and equity to primary care, strengthening our support for carers, improving services for children with disabilities, and ensuring safe and effective care for our prison population – because a fair and compassionate system leaves no one behind. We will also continue to restore private patient services, where this is clinically safe, and does not disadvantage NHS patients.

I am deeply passionate about rebalancing our system - recognising that strong, compassionate social care is not secondary to health services, but fundamental to the wellbeing of our Island. As we move forward, our conversations, our investment and our ambition will increasingly reflect the growth, value and impact of our exceptional social care services.

Fiscal discipline underpins every commitment of this Mandate, and each priority is grounded in the reality of this year's budget as set out in the 2026/2027 Pink Book.

Manx Care remains central to this work, as reinforced by the November 2025 Governance Review. Equally vital are our partnerships across Government, including with Public Health, Office of Human Resources, the Treasury and our outstanding voluntary and community sector partners, with whom we will continue to engage with and build strong, mature and mutually beneficial relationships.

My Department and I will also continue to work closely with and listen to the Isle of Man Medical Society - a strong and respected clinical voice in our community.

Of course, our most important partnership is with our residents. We are committed to meaningful engagement with our communities and the third sector, ensuring that people's voices are not only heard, but actively shape the decisions we make.

Our Island must respond with pace and purpose to the challenges of an ageing population and increasingly complex health and social care needs. This demands a decisive shift towards prevention and early intervention, rather than reliance on costly, reactive acute care.

The development of modern, proactive mental health services for children and young people shows what is possible. By March 2027, this Mandate will further strengthen Child and Adolescent Mental Health Services (CAMHS) through expanded early intervention and reduced waiting times. Preventative approaches such as social prescribing, including exercise groups and debt advice, will continue to support both physical and mental wellbeing, delivered in close partnership with Public Health and our voluntary sector.

This Mandate also expects significant progress across our four Health and Care Communities, bringing wellbeing partnerships and community teams together to deliver local, preventative support. Manx Care will demonstrate a clear shift from hospital-based care to community provision, allowing more residents to receive effective care without unnecessary use of acute services at Noble's Hospital and Ramsey and District Cottage Hospital.

A 'Home First' approach underpins this work, promoting independence through expanded intermediate care, home rehabilitation, virtual wards and strengthened support for carers, without whom many or our residents would be unable to thrive.

To enable this transformation, we are excited to be working with Digital Isle of Man on a health and care innovation challenge, harnessing the very best of global digital and technological innovation. Alongside this, strengthening our commissioning capability (also highlighted in the 2025 Governance Review) will deliver better value for taxpayers and give us greater clarity on how every Manx pound is spent and to what effect.

This is the most significant Mandate since the creation of Manx Care in 2021. The recent Governance Review has allowed us to take stock, strengthen accountability and clarify the relationship between the Department and Manx Care. But we are under no illusion that performance is under great scrutiny, which is why this Mandate combines realistic delivery with financial discipline, with the Manx voice at its heart.

I want to place on record my thanks to everyone who has contributed to this Mandate's development and delivery: colleagues in Manx Care, our Public Health team, the Transformation and performance/assurance teams, and our partners across Treasury, the Cabinet Office, the Department of Home Affairs, and the wider public service and voluntary and community sector. I am also grateful to the Isle of Man Medical Society and to the many service users and young people who shared their views. Above all, my sincere thanks go to the staff across our health and social care services for their dedication and commitment to public service.

The pages that follow set out clear priorities and a shared direction for safe, sustainable and compassionate health and social care in 2026-2027.

Hon. Claire Christian MHK
Minister for Health and Social Care

1. Mandate Purpose

The purpose of this Mandate is to set out the strategic objectives, service expectations, the funding framework for 2026/27 and performance requirements for Manx Care for the 2026/27 financial year. In developing the Mandate, consideration has been given to the emerging findings from the Mersey Internal Audit Agency (MIAA) Governance Review of the Arm's Length Arrangements between the Department of Health and Social Care (DHSC) and Manx Care.

The report, initially debated at the December 2025 sitting of Tynwald, provides early observations and perspectives on opportunities to enhance clarity, governance, and assurance, and the Department is bringing forward its response in February 2026. Where appropriate, the Mandate incorporates preparatory actions that align with recognised good practice and support more effective operation of the current model.

The Isle of Man Government's current *Our Island Plan* is entering its final year of implementation. This Mandate aligns with the latest plans to deliver an island of health and wellbeing.

The Mandate outlines what the Department expects from Manx Care as the arm's length statutory provider of health and social care services on the Isle of Man. The plan describes how Manx Care will meet the Mandate's requirements and deliver core services to the service user within the available budget. Efficiency and cost-reduction proposals must demonstrate protection of core statutory and clinically necessary services, with any service impact assessed through the Mandate Framework.

The document commissions Manx Care to provide services and explains how Manx Care's performance, and the quality of this provision, is monitored.

Cross-Reference Rule

For clarity and to avoid misinterpretation, where the Mandate sets out a requirement relating to:

- Delivery processes, the authoritative detail is in Appendix 1.
- Service scope, the authoritative detail is in Appendix 2.
- Performance standards, the authoritative detail is in Appendix 3.

Where a requirement in this Mandate has an associated process or metric in an appendix, that appendix shall be interpreted as integral to the requirement. All appendices form part of this Mandate when laid before Tynwald.

2. Statutory Requirements

In accordance with the Manx Care Act 2021, DHSC is required to issue an annual Mandate to Manx Care. This Mandate sets out the Department's expectations for the delivery of health and social care services on the Isle of Man from 1 April 2026 to 31 March 2027.

Under Section 14(1) of the Manx Care Act 2021, the Department must produce and lay before Tynwald the annual Mandate before the start of each financial year. The Mandate must include the matters in Schedule 2 and may include other matters (s14(2)). Manx Care must seek to achieve the objectives and comply with the requirements specified (s14(4)).

This Mandate includes all matters required by Schedule 2:

(a) Objectives; (b) Services; (c-d) Funding; (e) Service levels and quality standards; (f) Information DHSC requires; (g) Requirements incl. use of shared services/service-level agreements (SLA); (h) How shared-services concerns are raised; (i) Performance assessment matters; (j) Dispute procedure; (k) Charging; (l) Department's schedule of inspections.

It also includes complaints procedures; and the steps that may be taken under the Act for failure to comply.

The Mandate is a statutory document and must be:

- Produced and laid before Tynwald.
- Set annually (s14(1)). It may be revised within the year only in accordance with s15 (with Manx Care agreement, or in exceptional circumstances), and any revision will be produced and laid with reasons (s15(3)).

In addition, the Mandate must be developed in a manner that:

- Supports transparency and accountability across the health and care system.
- Enables effective commissioning and assurance by the DHSC.
- Respects the operational independence of Manx Care while ensuring strategic alignment.

Where any inconsistency arises, primary legislation prevails. For the avoidance of doubt, this includes the Manx Care Act 2021, the National Health Service Act 2001, the Social Services Act 2011, the Children and Young Persons Act 2001, the Regulation of Care Act 2013, and any regulations or directions made under them.

Inspections

A plain-English summary of statutory duties is provided in Appendix 1 (Mandate Framework).

In accordance with Schedule 1 paragraph 7 of the Manx Care Act 2021, the Department will maintain an annual inspection schedule covering all Mandated Services. For 2026/27, the Department will apply a risk-based approach to determine inspection priorities, taking account of:

- Service performance and quality intelligence.
- Concerns or themes arising from metrics, complaints, or incidents; and
- Available inspection capacity.

An indicative forward look for 2027/28 and 2028/29 will be maintained on the same basis.

Equality Act 2017 Compliance

In delivering Mandated Services and in implementing any changes arising from this Mandate, Manx Care must comply with the Equality Act 2017, including (without limitation):

- **Section 30** – the duty not to discriminate, harass or victimise in the provision of services or in the exercise of public functions;
- **Section 21** – the duty to make reasonable adjustments for disabled persons, including provision of information in an accessible format where reasonable; and
- **Section 143** – the Public Sector Equality Duty, requiring due regard to eliminating discrimination, advancing equality of opportunity and fostering good relations.

Manx Care must ensure that proposals for service change, access pathways, transformation, cost-reduction measures or recovery actions take account of these duties and are informed by proportionate consideration of potential impacts on people with protected characteristics.
This compliance statement does not, in itself, mandate service changes. It sets out legal duties that apply to the delivery of existing and any future DHSC-approved service changes.

Public involvement and consultation

In accordance with the Manx Care Act, 2021 the Department, in conjunction with Manx Care, will ensure that people who use or may use its health and social care services are properly involved, through consultation or information, when planning, proposing changes to, or making decisions that affect how those services are delivered.

3. Mandate Deliverables

Mandate deliverables will be tracked and monitored by Manx Care and overseen by DHSC. Each deliverable will include measurable outcomes, timelines, and responsible leads. Divisions will develop business plans to support delivery, enabling Executive Directors to operate at a strategic level.

Terminology Alignment

Terms relating to delivery, performance, assurance and escalation shall be interpreted consistently across the Mandate and Appendix 1 (Mandate Framework). For the avoidance of doubt:

- "Performance concern" includes any deliverable that is off trajectory, delayed, or lacking required assurance.
- "Assurance" includes evidence, data, analysis, and governance documentation required to demonstrate delivery.
- "Milestone", "timeline" and "trajectory" refer to time-bound commitments.

Where terminology differs between this Mandate and its appendices, the interpretation that strengthens the Department's commissioning and oversight role shall apply, where consistent with the Manx Care Act 2021.

Delivery Planning Rules

Manx Care will submit detailed delivery timelines for every Mandate deliverable by 30 April 2026. Each deliverable will be categorised as follows:

A. DHSC Set Deadlines: where dates are fixed by DHSC, Manx Care must plan to these dates and identify the resourcing and sequencing required to meet them.

B. Manx Care Proposed Deadlines: where the Mandate grants Manx Care discretion to propose dates, the proposed timeline must include:

- a proposed completion date;
- a clear dependency and assumption statement;
- evidence supporting the assumption(s);
- a best/expected/worst-case delivery scenario; and
- contingencies for each scenario.

Manx Care will ensure clinical groups and relevant professional bodies are appropriately engaged in the development of the 30 April Delivery Plan where service changes are proposed. Dates that are not supported by dependency evidence will be returned for resubmission.

C. Multi-Phase Deliverables: for longer-term programmes, DHSC will set the initial milestone(s).

- Manx Care will propose subsequent milestones and sequencing to agreed submission dates.
- These rules apply to all deliverables and will be used as the basis for performance review and assurance.

All deliverables include three elements:

- Inputs: the activities Manx Care is required to carry out
- Outputs: the products and services Manx Care must provide to DHSC
- Outcomes: the measurable changes in performance or quality DHSC expects

A deliverable is only considered complete when its required inputs, outputs and outcomes have all been met unless explicitly stated otherwise.

Dependencies and Funding

For each deliverable, Manx Care must identify any material dependencies – including workforce availability, shared services performance, estates constraints, data quality, digital systems, and third-party providers – as part of its 30 April 2026 Delivery Plan.

The annual funding allocation is specified by the Department within this Mandate, in line with Schedule 2 paragraphs 1(c) of the Manx Care Act 2021. This statutory requirement sits with the Department and is not a dependency for Manx Care to declare.

Manx Care may identify funding-related operational risks where these could affect sequencing or delivery (for example, timing of access to approved funds, phasing of settlements, capital programme timing, or transitional financing flows).

Dependencies must not delay delivery unless they are declared, evidenced, and accompanied by a mitigation plan. Undeclared dependencies will not be accepted as a reason for slippage.

Default Recovery Requirement

Where a deliverable is assessed as off-trajectory or at risk of non-delivery, Manx Care must provide a short Recovery Note to DHSC within 10 working days.

The Recovery Note must include:

- The reason for slippage
- Whether the dependency was declared
- Revised dates (if required)
- Mitigations already in place

- Any support required from DHSC or Shared Services; and
- Confirmation of whether the risk requires escalation to the next Mandate governance forum.

Submission of a Recovery Note is an automatic requirement and does not constitute escalation under the Mandate Framework. Where slippage arises from funding or shared services dependencies, escalation will follow the Dispute Procedure (Sch.2 1(j)) and Shared Services concern route (Sch.2 1(h)).

PRIORITY 1: SAFE, TIMELY AND EFFECTIVE CARE

Directive: Deliver high-quality, safe and timely care by aligning activity to demand and capacity, reducing waiting times, and improving patient experience. This includes listening to service users – including children and young people – and ensuring joined-up access where health and social care pathways interact.

What this means for service users: Shorter waiting times, safer care, and capacity aligned to demand will improve patient experience and timely access to treatment.

a) Outpatient Waiting List Validation and Tertiary Pathways

- Submit a report to DHSC detailing opportunities to make outpatient pathways more efficient, including specialty-level actions to reduce re-referrals, encourage Patient Initiated Follow Up (PIFU) and improve flow.
- Clinically and administratively validate 80% of specialty waiting lists.
- Increase the number of off-Island appointments undertaken virtually or intervention delivered on-Island by 15% from the 2025/26 baseline.
- Achieve a reduction in outpatient wait times, with targets to be agreed with the DHSC by April 2026.

b) National Institute for Health and Care Excellence (NICE) Technology Appraisals

- Continue to implement all locally applicable cost-neutral NICE Technology Appraisals.
- Where funding permits, implement further NICE Technology Appraisals in accordance with a prioritised plan agreed with the DHSC.

c) Cancer Care Standards and Continuity of Business

- Performance against the three waiting time standards will be improved; the 28-day Faster Diagnosis Standard of 70% will be consistently met. This does not override an ultimate target of 80% but instead demands a pragmatic improvement based upon the current performance.
- By March 2027, 85% of patients who receive a cancer diagnosis after an urgent suspected cancer referral, referral for breast cancer symptoms, or via cancer screening, should start treatment within 62 days of that initial referral.
- Introduce a Cancer Patient Experience Survey, to better capture the experience of patients in receipt of cancer services.
- Develop and approve a Continuity of Business plan for cancer services that mitigates single-consultant risks, ensures cross-cover and escalation, and includes annual testing and review.

d) GIRFT (Getting It Right First Time)

- Establish the GIRFT programme locally, agree priority specialties, and submit an implementation plan to DHSC.
- Implement at least 10 cost-neutral GIRFT recommendations across agreed specialties, with quarterly reporting on outcomes and savings.

e) Dental Waiting Lists – Reduce and Sustain

- Manx Care will continue to support oral health in children, particularly through improved access to dentists, epidemiology surveys, and the Public Health-led Smile of Mann Programme, working collaboratively to improve oral health outcomes for children.
- Agree reduction targets with DHSC for NHS dental waiting lists (new patients and treatment pathways).
- Achieve the agreed reduction from the 2025/26 baseline and sustain performance for 12 consecutive months.

PRIORITY 2: GOVERNANCE, COMPLIANCE AND FINANCIAL ACCOUNTABILITY

Directive: Ensure robust governance, financial sustainability, transparent reporting, and effective communication. DHSC is a primary recipient of data and assurance; Manx Care will provide reports and responses in a timely manner.

What this means for service users: Clearer financial reporting, stronger governance, and timely communication mean better use of resources and more sustainable, reliable services.

a) Financial Recovery Plan

- Deliver £6m recurrent Cost Improvement Plan (CIP) savings, in addition to the 1% Cost Improvement Programme implied efficiency in the funding formula. At the achievement of the CIP, a further stretch target will be agreed with Manx Care, the result of which will be reinvested into current unfunded priorities.
- Identify and quantify the drivers of the deficit and determine the Financial Baseline (considering the impact of activity, population demographics, health inflation, Island factors, and efficiency improvements) to inform budget planning, working in collaboration with Treasury colleagues.
- Provide DHSC with a short summary of historical activity and anticipated demand for each core service, together with indicative capacity and workforce assumptions for 2026/27, recognising that final activity plans will be aligned to the confirmed budget.
- Identify In-control and Not In-control factors driving the deficit to determine the appropriate level of sustainable funding.
- Work with Treasury (via DHSC) to develop a Sustainable Health and Care Funding Model for the future.

b) Cost-of-Care Transparency

- Identify and cost a solution to understand the real cost of care – Activity Based Costing (ABC) or an agreed equivalent accounting methodology – and detailed patient cost tracking, recognising current ledger and Electronic Patient Record (EPR) limitations.
- Build a complete needs/demand plan for all services to drive a more accurate budget.

c) Governance and Assurance

- Collaborate with DHSC to deliver forthcoming recommendations from the MIAA Governance Review. DHSC will lead the implementation plan; Manx Care will provide operational input and evidence of compliance through existing governance mechanisms.

- Milestones and annual joint effectiveness reviews will be agreed and reported to DHSC.
- Continue to collaborate with DHSC on the maintenance and use of primary health care practitioner lists.

d) Workforce Planning and Engagement

- By September 2026, deliver an organisational workforce plan with proposed establishment figures that supports delivery of priority services within agreed financial limits. Manx Care and the Department will work together to ensure that staffing remains at the appropriate level. The plan will include cost benefit analysis and be undertaken in accordance with best practice guidelines, such as those produced by Royal Colleges.
- Complete annual job planning for 95% of medical staff, aligned to service demand and financial constraints; produce compliance rates and actions for non-compliance.
- Demonstrate that clinical leadership groups, professional bodies, and service-user engagement have been involved in service redesign proposals and transformation plans.

e) Data Sharing and Communications Protocols

- Agree and implement protocols with DHSC that specify: (i) DHSC as primary recipient of performance data and assurance (including human resource dashboards); (ii) timelines for responses to requests for information; and (iii) advance notice of significant public statements or publications.
- Provide DHSC with monthly Integrated Performance Reports (IPR) within 15 working days of month-end. The IPR will only include data that is clearly justified and where quality can be assured.
- Manx Care will also respond to DHSC requests for information within agreed timelines and pre-notify DHSC of public statements per the Memorandum of Understanding that is currently in development between the two parties.

PRIORITY 3: 'ONE SYSTEM' – FULLY INTEGRATED HEALTH AND SOCIAL CARE SERVICES

Directive: Integrate health and social care services to deliver a seamless experience across settings, strengthening primary and community care.

What this means for service users: Joined-up health and social care will make it easier for people to get the right help without delays, closer to home.

a) Shared Care Implementation

- Implement shared care (by medication rather than specialty) so that patients who need ongoing treatment can have their care safely managed between hospital specialists and GPs, using clear protocols and agreements.

b) Consistent Service Offer

- Manx Care will work with GP and dental services to ensure that access to services provides equity for patients. This should include expectations around booking processes, access and waiting times to improve user experience.
- Conduct an annual audit of compliance with agreed access and booking standards.

c) Urgent and Emergency Integrated Care

- Implement Phase 2 of the Ambulatory Assessment and Treatment Unit (AATU), evidenced through the provision of adequate activity data.
- Launch a Single Point of Access for urgent care.
- Achieve a reduction in urgent and emergency wait times, as detailed in Appendix 3.
- Monitor readmission rates (and the reasons) to ensure patients are discharged in a timely manner, but not prematurely.

d) Integrated Discharge Planning

- Commence adoption of the SAFER Care Bundle and criteria-led discharge, reducing lengths of stay and achieving safer, more timely discharge.
- Reduce delayed transfers of care from the main acute bed base, as detailed in Appendix 3.

e) Private Day Cases

- By 30th April 2026, outline the necessary governance, oversight, and contractual protections required to commence private day cases in at least two specialties.
- Aim for 100 complete cases by year-end with quarterly financial reporting. Submit an evaluation report to DHSC by March 2027. Any private use of hospital accommodation or services under this will proceed only with written DHSC approval, and only where both DHSC and Manx Care are satisfied that it will not significantly interfere with Manx Care's functions and will not disadvantage NHS patients (s18(5)).

f) Long-Term Vision and Estate Assessment

- Manx Care will have contributed toward a DHSC led strategy, outlining the future configuration of services.
- This will include an assessment of estate condition, compliance, utilisation, and investment needs, as well as the financial and operational implications of retaining and maintaining buildings that are no longer suitable for service delivery.
- The plan should propose a clear approach to rationalising the estate, addressing under-performing assets, and ensuring that long-term investment decisions support a coherent, efficient, and sustainable estate.
- Manx Care will align urgent and emergency care service development with relevant cross-government strategies, including the Blue Light Strategy, subject to agreed clinical models, affordability and governance approvals.

g) Health and Care Communities

- Continue to deliver Health and Care Communities, shifting appropriate services from hospital to community settings to improve timeliness and accessibility.
- By 30th June, roll out Pharmacy First across all community pharmacies on the Island, enabling individuals to access prescription only medicines to treat seven common conditions via pharmacists rather than needing a GP visit.
- Develop Key Performance Indicators (KPIs) along with activity, demand and capacity plans, with DHSC, for each Health and Care Community, to include metrics such as access, outcomes and service user experience, to drive improved quality.

PRIORITY 4: EARLY INTERVENTION, PREVENTION AND CHILDHOOD EXPERIENCE

Directive: Improve access and embed early intervention and prevention initiatives to improve population health and childhood outcomes.

What this means for service users: Early support for children will help families and prevent problems before they escalate.

a) Youth Access and Digital Booking

- Define the pathway, technical requirements and phased plan for enabling digital appointment booking for under-18s, aligned to the Manx Care Record, and deliver interim access improvements informed by youth engagement.
- Deliver an annual youth-facing communications and engagements plan covering Wellbeing Partnership Hubs, Mental Health Early Support, and community services. Include at least one co-designed awareness campaign with students.

b) Children's Services

- Produce an updated Children's Services Development Plan.
- Undertake work to explore the appropriateness of re-referrals to Children and Families, to determine if any mitigation is necessary.
- Manx Care will maintain robust safeguarding arrangements for children and young people, working in partnership with DHSC, education, justice and third-sector partners to identify risk early, respond effectively, and continuously improve safeguarding practice.

c) Improving Mental Health

- By March 2027, evidence a strengthened prevention for CAMHS through increased early-intervention activity and reduced specialist waiting times, with 2026/27 milestones set out in the Operating Plan.
- Introduce a youth mental health experience survey aligned to the Thrive model by March 2027, with baseline and annual improvement goals.
- Continue to work collaboratively with carer organisations to establish commissioned service arrangements that expand capacity and support for carers.

d) Social and Green Prescribing

- Expand social prescribing (linking people to non-medical community support such as exercise groups, debt advice, or volunteering) and green prescribing (encouraging nature-based activities like walking, gardening, or conservation) to improve physical and mental health.
- Achieve a minimum 10% increase in uptake compared to the 2025/26 baseline by March 2027.

e) Prevention Initiatives

- Manx Care will contribute to cross-government work led by DHSC and the Cabinet Office to develop and implement a homelessness health and care pathway, including appropriate access to primary, mental health and community services.
- Submit a delivery plan to DHSC, to progress prevention across primary, community, and secondary care in line with the Public Health Strategy 2025–2030, in collaboration with DHSC and Public Health.
- Include responsibilities for Nutritional Wellbeing, Suicide Prevention, and Making Every Contact Count (MECC). Prevention activity will include close partnership with voluntary and community sector (VCS) organisations and Adult Social Care teams, particularly in supporting carers and early-intervention pathways.
- By 31 March 2027, report to DHSC with evaluation and cost-benefit analysis.

f) Screening and Vaccination Alignment

- Deliver screening and immunisation services as set by the Department.
- Ensure all programme changes, improvements, and commissioning recommendations are made through the tripartite (Public Health, DHSC, and Manx Care) VISCP (Vaccinations, Immunisations Screening Commissioning Partnership) mechanism for clarity on accountability, funding, and operational readiness.
- Introduce corrective action plans for any programme falling below service specifications, with quarterly reporting to DHSC.

g) Foster Care Placement

- By 31 July 2026, submit to DHSC an assessment of foster care sufficiency covering workforce, recruitment performance, placement availability by type (short-term, long-term, emergency) and projected demand.
- Deliver a recruitment and retention improvement plan by September 2026, demonstrating how dependency on emergency-only provision will be reduced.

PRIORITY 5: OLDER ADULTS AND COMMUNITY-BASED CARE

Directive: Improve access, coordination, and quality of care for older adults, aligned with the JSNA (Joint Strategic Needs Assessment) and funded decisions from the DHSC Board, Council of Ministers, or Tynwald, enabling care in the preferred place of care and streamlined pathways.

What this means for service users: Better care for older adults – delivered closer to home – will ensure dignity, comfort, and timely support.

a) Elderly Care Improvements

- Manx Care will strengthen and standardise the palliative and end-of-life (PEOL) care pathway across hospital and community settings, ensuring timely access, clear referral routes, and coordinated delivery with key third-sector partners. Manx Care will undertake a review of the commissioning arrangements for PEOL services to determine a consistent and financially sustainable model, ensuring clarity of roles and responsibilities between statutory and key third sector provision.

b) Preferred Place of Care

- Work with DHSC to develop a plan to expand care delivery in the preferred place of care e.g. home or community setting. This will address existing barriers to introducing the Home First approach to care.
- Agree with DHSC on metrics that will measure improvements in Manx Care's ability to provide care in the preferred place.

c) Review and Streamline Care Pathways

- Submit to DHSC an outcome-focused pathway for older people for consultation and commissioning.
- Embed person-centred planning in all new cases within selected sites, with progressive rollout thereafter.

Support for Digital Innovation

Subject to funding, Manx Care will provide an implementation roadmap for the Manx Care Record, based upon the Full Business Case currently in development.

Recognising dependencies with the NHS, Manx Care will introduce Electronic Patient Prescribing and expand Virtual GP appointments.

The above is already underway, so will be a continuation of existing initiatives.

Manx Care will also actively engage with the Digital Isle of Man Innovation Challenge 2026, which positions health and social care as the focal point for technology-driven solutions. This initiative aligns with the Mandate's objectives for digital transformation and system integration. Areas of interest include:

- Advancing Virtual Care and Positive Care Journeys to improve patient experience.
- Public Health Analytics and Intelligent Engagement Systems to enable data-driven decision-making.
- Dynamic Workforce Management and Streamlined Administration to enhance productivity and operational efficiency.

Participation will include identifying pilot opportunities, support solution testing, and ensuring alignment with Manx Care's digital roadmap and the Manx Care Record.

4. Governance and Assurance

A Quality Assurance Framework (QAF) will ensure oversight through committee reporting, performance dashboards, and the operation and periodic reset of the Board Assurance Framework (BAF). Reporting will follow an established cadence comprising monthly IPRs and quarterly performance reviews against the Mandate.

To complement internal quality and performance processes, the Department and Manx Care will agree proportionate external assurance. This may include inspections, peer reviews or thematic assessment to provide independent insight and support continuous improvement. Arrangements will be aligned with the QAF and scheduled to ensure external oversight remains balanced and constructive.

Manx Care will continue strengthening service-user experience, ensuring feedback from the Manx Care Advice and Liaison Service (MCALS), complaints, compliments, surveys and other channels inform assurance and continuous improvement. In accordance with Schedule 2 paragraph 2 of the Manx Care Act 2021, Manx Care must operate an internal complaints procedure. All Section 17 providers must operate internal complaints procedures that escalate to Manx Care.

To support timely assurance, the Department and Manx Care will enable direct officer-to-officer information exchange where appropriate; detailed operational data-sharing arrangements are set out in the Mandate Framework.

Data and Information Protocols

Manx Care will provide the Department with timely, accurate and complete information to support commissioning, assurance and risk management. The IPR contains a broader set of operational and contextual indicators than those specified as Mandate KPIs. Mandate KPIs represent the subset of measures used for formal performance assessment against statutory objectives, while additional IPR indicators support operational oversight, early warning and continuous improvement.

a) Monthly Integrated Performance Report (IPR)

- Manx Care will provide the IPR within 15 working days of month-end, consistent with Appendix 1.
- The IPR will contain activity, quality, safety, workforce and operational metrics aligned to the Mandate and Performance Standards appendix.

b) Departmental Requests for Information

- Default: 10 working days. For Ministerial/Tynwald questions, DHSC may set shorter deadlines (e.g., 2–3 days) under s33, to which Manx Care will respond or explain.
- Where additional time is required, Manx Care will notify the Department promptly and propose a revised date.

c) Change Control for Metrics and Data Feeds

- Any amendments to IPR metrics, definitions, or data sources will be discussed and agreed through the Performance Technical Group, consistent with Appendix 1.
- If Manx Care proposes to remove a metric and the Department still requires the information, an alternative data feed must be agreed before removal.

d) Data Quality and Validation

- Manx Care will ensure data quality is actively managed, with issues raised and tracked through the Performance Technical Group.
- The Department may undertake sample validation of data, with methodology and timescales agreed with Manx Care's Business Intelligence leads, in line with Appendix 1.

e) Advance Notice of Public Statements

- Manx Care will give the Department advance notice of planned public statements, publications or media releases relating to Mandate performance, service changes or risks.

f) Technical and Operational Data Flows

- Detailed data-flow mechanisms, specifications and formats will be maintained through Appendix 1 (Mandate Framework) and the Operating Plan, rather than in the Mandate itself.
- Officer-to-officer operational exchanges of data and clarification will continue as required.

5. Financial Context

Subject to Tynwald approval, the funding allocated to Manx Care will be as per the Pink Book, 2026/2027. Manx Care will provide enhanced financial reporting including baseline position, expenditure to date, variance analysis, and forecast. Activity-based costing and alignment with Treasury expectations will be prioritised.

Planning assumptions for 2026/27 and beyond will take account of the Joint Strategic Needs Assessment and emerging Public Health analyses.

Financial and workforce pressures may affect the sequencing of some activity; however, expectations remain that agreed deliverables will be met unless formally re-prioritised by DHSC and Manx Care through established governance routes. Both organisations will monitor dependencies jointly and address obstacles proactively, ensuring that any required adjustments are transparent and remain aligned to strategic objectives.

To address the longstanding challenges in funding and budgetary control, Manx Care is required to continue strengthening its financial management arrangements. This includes:

- Enhanced financial reporting to the Manx Care Board and DHSC, including variance analysis, forecasting, and narrative explanation of financial performance.
- Improved internal controls and assurance mechanisms.
- Greater transparency in the link between Mandate deliverables and associated costs.

In addition, Manx Care will implement the first year of a three-year Financial Recovery Plan during 2026/27. This plan will identify the underlying drivers of financial deficit, set out corrective actions, and support long-term sustainability. Progress will be reported quarterly to DHSC and monitored through the governance framework.

6. Shared Services

The Mandate recognises that the effective delivery of health and care services is dependent on the performance of Shared Services, including HR, Estates, IT, and Finance. Performance has not consistently met operational needs in recent years.

To address this, Manx Care and DHSC will work together to strengthen oversight and accountability mechanisms for Shared Services. Performance will be monitored through SLA-backed KPIs, with escalation to Board-to-Board meetings or similar joint forums as necessary. Specific service areas will be subject to quarterly review, and improvement plans will be required where standards are not met.

Estates functions will be prioritised for immediate attention, with a focus on backlog maintenance, capital planning, and operational responsiveness.

Delivery of this Mandate will take place within the constraints of available funding, workforce capacity, and the performance of enabling functions such as Shared Services (the requirements for the latter being jointly defined).

7. Assurance Mechanisms

The Mandate will be assured through a combination of committee reporting, Executive Director updates, and performance dashboards. To strengthen this, Manx Care will implement a structured approach to risk escalation and assurance triangulation across governance committees. The BAF will be used to identify and track strategic risks, with escalation protocols ensuring timely intervention where risks exceed tolerance thresholds. Reporting cadence and data-flow mechanics are governed by Appendix 1 (Mandate Framework).

In addition, Manx Care will explore the use of peer review, clinical governance forums, and external audit mechanisms to supplement internal assurance. These will support a culture of continuous improvement, enable benchmarking against best practice, and provide independent validation of service quality and safety.

Manx Care will continue to prioritise service user experience as a key component of quality assurance and continuous improvement. MCALS plays a vital role in resolving concerns, signposting support, and capturing feedback. In addition to MCALS, the Department and Manx Care will work to strengthen mechanisms for gathering and responding to service user and carer input, including surveys, complaints data, and targeted engagement exercises.

This will support a more responsive, person-centred approach to service design and delivery, and ensure that lived experience informs strategic decision-making.

8. Failure to Comply with the Terms

If Manx Care fails to comply with this Mandate or applicable regulations/directions, the Department may, under s30(1), issue directions to rectify the failure (including time-limits, expert support, and periodic reporting – s30(2)).

If Manx Care fails to comply with a direction and the Department considers the failure significant, the Department must notify the Council of Ministers (s30(3)). The Council may direct Manx Care on how to discharge its functions and by when (s30(4)– (5)). If non-compliance persists, the Council may direct the Department or another person to discharge those functions (s30(6)).

The Council must provide reasons for any direction (s30(7)). Failure includes failure to act consistently with the Mandate, regulations, or directions (s30(8)).

9. 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.

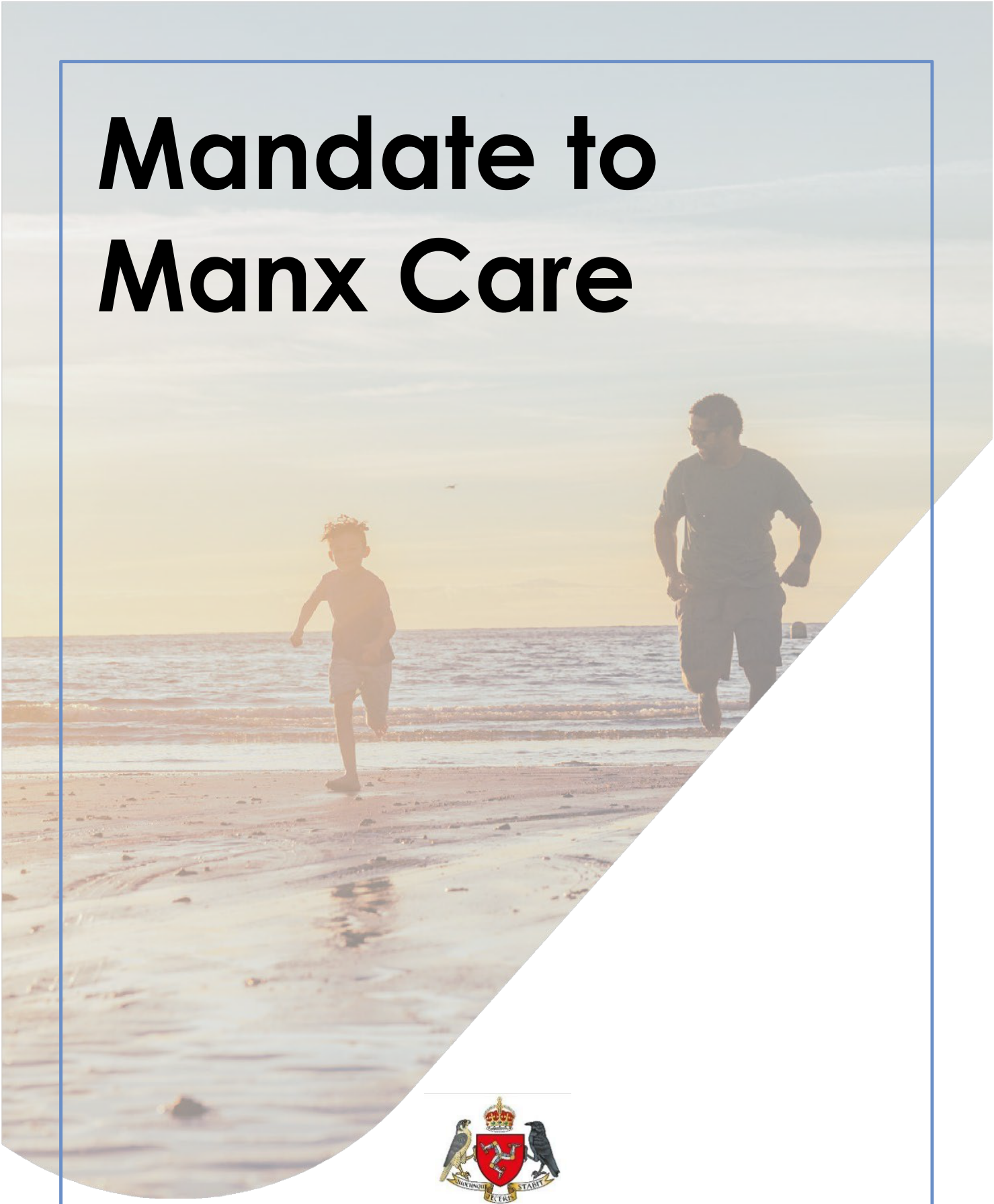
For the avoidance of doubt, verbs such as "identify", "outline", "aim", "work with", "consider", "explore" or "commence" indicate the minimum expected activity. They do not limit the requirement where the context or accompanying metrics make delivery, implementation or measurable improvement necessary to satisfy the Mandate.

Term	Meaning
ABC – Activity Based Costing	A costing methodology that identifies activities within an organisation and assigns costs to each activity based on resource consumption. In healthcare, ABC helps determine the true cost of delivering specific services or treatments.
Act	*Manx Care Act 2021* – The legislation that establishes Manx Care and sets out its statutory responsibilities and relationship with the Department of Health and Social Care (DHSC).
BAF (Board Assurance Framework)	A framework used to identify and monitor strategic risks and ensure that controls and assurances are adequate.
Department	The Isle of Man Government Department of Health and Social Care, responsible for commissioning services and providing oversight.
Electronic Patient Record	A digital system providing authorised clinicians with access to patient health information, supporting integrated care. Known locally as "Manx Care Record".
GIRFT - Getting It Right First Time.	A clinically led improvement programme that uses data and peer review to reduce unwarranted variation and improve quality.
Health and Care Communities	Place-based models of integrated care delivery operating within localities (formerly PCAS, which included locality and regional hubs).
Health and Care Transformation Programme	Programme established to deliver twenty-six recommendations from the Independent Health and Social Care Review.
IPR – Integrated Performance Report	A monthly report produced by Manx Care containing agreed performance metrics and data for assurance purposes.
KPI	Key Performance Indicators. Quantifiable measurements that track an organisation's progress toward critical business objectives.

Mandate	The annual document issued by the Department under Section 14 of the Act setting out the services, funding, performance requirements and objectives for Manx Care.
Mandated Service	A service that Manx Care is required to provide by this document the Mandate.
Mandate Framework	This sets out the processes for mandate creation, oversight, and assurance.
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 that helps resolve patient concerns and signposts support.
MECC – Making Every Contact Count	An approach where health professionals use routine interactions to promote healthy lifestyle choices.
National Institute for Health and Care Excellence (NICE) Technology Appraisals	Guidance issued by NICE on the use of medicines and technologies.
Operating Plan	A strategic document outlining Manx Care's intentions, priorities and plans for delivering health and social care services for the Mandate year.
Outcome	A measurable benefit expected from changes to a Mandated Service such as an improvement in service quality or service user experience, or a reduction in cost.
Patient / Service User	An individual to whom, or in relation to whom, a health service or social care service is provided.
PCAS	Legacy term for Primary Care at Scale, activity now sits under Health and Care Communities.
PIFU - Patient-Initiated Follow-Up	Enables patients to request follow-up appointments as needed.
Preferred Place of Care	The setting where a patient wishes to receive care, typically home or community.
Public Health	Public Health Isle of Man – The Government body responsible for population health assessment and strategic planning.
SAFER Care Bundle	A structured set of actions designed to improve discharge planning and patient flow.
Service Year	The period which ordinarily starts on the 1 April and ends on the 31 March in each year that Mandated Services are provided.
Shared Care	Collaborative approach to multiple providers working together to deliver healthcare.
Shared Services	Cross-government functions (e.g., Estates, IT, Finance, HR) supporting Manx Care and the Department.
Third Sector	Organisations which are neither private sector nor public sector.

Thrive Model	Is the system already in place in the UK which focusses on prevention and early intervention of mental health issues.
Transformation / Transformation Programme	See Health and Care Transformation Programme.
UEIC - Urgent and Emergency Integrated Care	Joined-up urgent and emergency care pathways designed to improve timeliness and outcomes.
VISCP - Vaccinations, Immunisations and Screening Commissioning Programme	A tripartite mechanism involving Public Health, DHSC, and Manx Care for screening and immunisation programmes.

Mandate to Manx Care



Isle of Man Government

Reillys Ellan Vannin

Department of Health and Social Care

Isle of Man Government
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manx care
Kiarail Vannin

Appendix 1 – Mandate Framework

Shared Appendix to the 2026/27 Mandate to Manx Care and 2026/27 Manx Care Operating Plan

This Framework sets out the processes for mandate creation, oversight, and assurance for Service Year 2026–27 and beyond.

Date: April 2026
Version: 1

Contents

1. Introduction

For 2026/27, the Department has streamlined the Mandate document to focus on the key strategic principles and mandated services for delivery. This appendix is therefore a supporting document which describes the more formal elements of the Mandate to ensure statutory compliance.

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.

Governance mechanisms will continue to support a 'no surprises' approach with clear escalation routes.

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

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

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

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

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

3. Mandated Services

3.1 Mandated Functions

Mandated services are listed in Appendix 2. 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.

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

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

- directly delivered Manx Care services; or
- services commissioned from providers external to Manx Care, on- and/or off-Island, and/or via joint ventures or partnership arrangements.

Manx Care shall ensure that all services, whether directly provided or commissioned are delivered in line with the financial regulations set out by Treasury.

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.

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.

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

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 Mandated Services Directory (Appendix 2) and Service Specifications in line with other strategic plans, as the Mandate, *Our Island Plan*, and broader government initiatives.

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

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.

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 Monthly Mandate Development Meeting

A monthly development meeting between the Department and Manx Care 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.

4.2 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.

4.3 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.

4.4 Service Specifications (Creation)

a) 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).

b) Each specification is designed to clearly describe the service that should be provide. 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.

c) 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.

d) 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.

e) Service Specifications will be ratified via the Quarterly Mandate Performance Review Meetings before being published on the Department's website and being formally issued to Manx Care.

f) 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.

g) 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).

h) 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.

i) 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.

j) 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.

4.5 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.

4.6 Integrated Performance Report

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

While the report remains the product of Manx Care, 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 mandated 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 Improvement 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.

4.7 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

Where an emerging trend in performance 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 and agree mitigations.

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.

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.

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 location (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

a) Notification of Serious Incidents, or other events deemed reportable by the Manx Care Chief Executive Officer, will be made by the Manx Care Chief Executive Officer (or Deputy) to the Chief Officer of the Department (or Deputy), in accordance with the Memorandum of Understanding between the two parties.

b) 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 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 delegated representative) at the earliest practical opportunity.

c) 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.

d) 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.

e) 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.

f) 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 Issue of a Dispute Notice

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.

If such attempts are not successful within a reasonable period, not longer than 20 working days, either Partner may issue to the other a Dispute Notice.

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.

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.

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

- first by Partner negotiations
- then, if either Partner serves a valid Escalation Notice, by the Escalation Procedure

6.2 Expedited Disputes Process

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.

If the Expedited Dispute Process is to be used pursuant then the following periods of time shall apply in lieu of the time periods specified in the applicable paragraphs: 10 working days.

Where the Expedited Dispute Process is in use and at any time it becomes clear that an applicable deadline cannot be met or has not been met, the Partners may (but shall be under no obligation to) agree in writing to extend the deadline.

If the Partners fail to agree within 2 working days after the deadline has passed, the Department may set a revised deadline.

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

If the Department fails to set such a revised deadline, then the use of the Expedited Dispute Process shall cease, and the normal time periods shall apply from that point onwards.

6.3 Partner Negotiations

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.

If either of the following situations occur, then either Partner may serve a written notice (an Escalation Notice) to invoke the Escalation Procedure:

- either Partner is of the reasonable opinion that the resolution of a Dispute by negotiation will not result in agreement; or
- the Partners have not settled the Dispute within 30 working days of service of the Dispute Notice.

7. Escalation Procedure

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

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.

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.

6.4 Recognising, Celebrating and Learning from Successes

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 to provide learning for the future.

8. Shared Services

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 reduce 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.

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

- Develop and maintain the agreement in place with the Shared Service Provider (SSP);
- Provide timely and constructive feedback to the relevant shared service area;
- Communicate with the Department about decisions relating to shared services.

8.1 If a performance concern by a 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.

8.2 If the Board of Manx Care considers that the issues cannot be resolved directly with the SSP in a timely manner, the Department should be informed through a notification process by the Chief Executive Officer of Manx Care.

8.3 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 SSP to ensure additional mitigation support as needed.

8.4 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.

8.5 The Department will meet with both Manx Care and the SSP 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.

8.6 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.

8.7 If performance concerns have been resolved to the satisfaction of all parties, the Department will log the outcome.

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

8.9 If either party to the Shared Service Agreement wishes to make significant changes to this agreement due to changing needs or other developments, and as such a proposed change cannot be agreed upon, the Department will mediate.

9. Delivery of Private Healthcare and Commercial Opportunities

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

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 Mandate Performance Review 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.

10. Information Governance

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.

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).

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

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

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.

11. Budget Planning and Ad-hoc Business Cases

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.

12. Assurance of Agreed Use of the Capital Budget

The Department will seek assurance from Manx Care 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.

13. Support for Wider Government Initiatives

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.

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.

Where Public Health (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 meetings.

Manx Care will work collaboratively with the Department of Home Affairs and wider partners on cross-government safety and risk-reduction initiatives, including participation in the Community Safety Partnership, DARAM pilot activity, and the ongoing development of RCRP and MPPA pathways where these relate to health and social care services. Manx Care will also participate in Blue Light Strategy work where relevant to shared service models or cross-government safety initiatives.

Manx Care will support cross-government work on reducing harm caused by illicit substances, particularly where this involves mental health, drug and alcohol, and social care services.

14. Implementation and Next Steps

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.

Escalation Routes Summary:

Escalation Level	**Action**
Operational	Monthly Mandate Development Meeting
Strategic	Quarterly Mandate Performance Review Meeting
Board Level	Board-to-Board Escalation

Meeting Structure & Reporting Timelines:

Meeting	**Frequency**
Mandate Development	Monthly
Performance Review	Monthly
Board-to-Board	As Required

Appendix 2 – Mandated Services Directory

Shared Appendix to the 2026/27 Mandate to Manx Care and 2026/27 Manx Care Operating Plan

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 2026/27, in line with the expectations of the Manx Care Act 2021 (the 'Act') and the Mandate to Manx Care (the 'Mandate') effective 1 April 2026.

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 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.

For each Mandated Service, Manx Care will submit a brief statement summarising demand trends, indicative activity expectations, and key workforce or capacity constraints for the forthcoming year.

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
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.
Ambulance & Patient Logistics Division	
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.
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.	Provision of urgent pre-hospital care and transport for medical, responding via 999 calls to serious illnesses or injuries, offering immediate treatment by paramedics, and taking patients to definitive hospital care
Hear & Treat and See & Treat Service Provision of a solo-crewed Rapid Response Vehicle which is dispatched to appropriate patients (instead of all patients receiving a dual-crewed ambulance).	• Telephone assessment undertaken by a qualified practitioner in the Emergency Services Joint Control Room to ascertain clinical urgency of 999 calls and provide signposting advice if call is of lower priority where ambulance dispatch is not required. • Face to face 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, mobile diagnostic ultrasound and 'point of care' blood testing • Conveyance to hospital, discharge at scene or onward referral where appropriate.

Service and Description	Description or Specification
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.	This service is currently being provided by DOI – discussions ongoing regarding potential transfer to Manx Care pending agreement of funding
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.
UNSCHEDULED CARE DIVISION	
Medicine & Urgent Care Directorate	
Hospital Inpatient and Outpatients	A central hospital facility covering inpatient and outpatient services, which may be Consultant, Nurse or *Allied Health Professional* (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 Acute Medical Unit (AMU) • Anticoagulation services for the entire population of the Island (some of which may be delivered in local communities) • Cardiology services including Cardiorespiratory Physiology and Coronary Care • Fracture and Orthopaedic Clinic • Gastroenterology • Neurology • Respiratory Medicine • Ear, Nose and Throat • Rheumatology • Critical Care Medicine • Frailty and Osteoporosis • Urology • Stroke Services • Renal and Nephrology • Theatres and Anaesthetics

Service and Description	Description or Specification
	• Trauma and Orthopaedics
Same-day or Out of Hours Care	This may include (but is not limited to): - • Ambulatory Assessment and Treatment Unit (AATU) • Manx Emergency Doctor Service • Hear and Treat Service • Minor Injuries Unit (Noble's & Ramsey) • See and Treat (Detailed below)
Palliative and end of life care	Deliver high-quality palliative and end-of-life (PEOL) care that is responsive to individual needs, supported by clear referral pathways and models of care across hospital and community settings – collaborating with key community and third sector partners to achieve this e.g. IOM Hospice and Hospice at Home. Provision will include: • Dedicated clinical expertise within Noble's Hospital. • Community-based specialist practitioners and medical staff, ensuring equitable access across all settings, including Ramsey and District Cottage Hospital (RDCH). • Alignment with national frameworks and guidance to ensureconsistent standards of care.
Integrated Cancer & Diagnostic Services Directorate	
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. • Specialist care (NHS) delivered by a specialist tertiary cancer centre for treatments not provided by Manx Care, such as Radiotherapy
Mortuary	Services for the deceased, including relative support service. Provision of a physical facility to support Coroner's post-mortem examinations.

Service and Description	Description or Specification
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 • Immunology • Microbiology • Histology • Cytology • Blood donor services.
Pharmacy Service (Hospital Based, Acute)	Covering clinical (ward based) pharmacy support, aseptic preparation, procurement and dispensary. Provision of specialist pharmaceutical support to services such as oncology, antimicrobial prescribing, critical care and mental health. Provision of Medicines Information service
Screening Services Delivery	Breast, bowel, newborn and cervical cancer screening programmes with quality standards defined by Public Health Isle of Man and managed through the Screening Board. Funding for delivery of this service is based on the current established screening programmes.
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 including CT Cardiac Angiography • Magnetic Resonance Imaging (MRI) scans • Ultrasound (US) scans • Symptomatic Breast Imaging and Breast Screening • Bone Densitometry (DEXA) Scans • Radiology for Children.
INTEGRATED MENTAL HEALTH SERVICES DIVISION	
Community Wellbeing Service A multi-disciplinary step 2 service providing a range of evidenced-based psychological interventions for individuals	Provision of: • Guided self-help

Service and Description	Description or Specification
aged 16 and over experiencing mild to moderate common mental health problems such as anxiety, depression and trauma.	• Individual therapies including Occupational Therapy (OT); Cognitive Behavioural Therapy (CBT); Humanistic Experiential Therapy; Integrative counselling; Transactional Analysis; Psychodynamic counselling, EMDR. • Therapy Groups (e.g. pre-CBT group, OT groups, sleep workshops)
Child and Adolescent Mental Health Services Island-wide mental health assessment and treatment for Service Users under the age of 18, and their families.	• Mental health assessment and treatment for those aged 0-18. • Provision of Talk Service which is a single point of access (SPA) for young people on the Isle of Man who need support with their mental health. Talk provides a referral point for all those under 18 who are looking for support with their mental wellbeing. The service has a team of professionals who can provide therapeutic. support, or make a direct referral to Child and Adolescent Mental Health Services (CAMHS) or other service partners, based on need
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.
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. • 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.

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).
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.
Mental Health Occupational Therapy Service Occupational therapy services within the Mental Health Care Group help older people maintain or regain everyday skills, supporting independence 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.

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

INTEGRATED PRIMARY, COMMUNITY & THERAPY SERVICES DIVISION	
Wellbeing Partnerships	Single point of contact with a simple referral and assessment processes where any physical, mental health or social and wellbeing needs can be determined and provided in a coordinated way.
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 assessment and or treatment cannot be safely afforded within a community setting.	• Acute admissions provided continuously (24/7/365) for mental health disorders Assessment of adults aged 18 and over requiring inpatient management. • Assessment of dementia presentations requiring inpatient management • Referral to the Mental Health Services (MHS) Complex Needs Panel where appropriate. • Provision of support for inpatients to transition to next stage in their care such as outpatient/community-based treatment or residential/nursing placement for dementia care

Service and Description	Description or Specification
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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.
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	• Support for patients with conditions such as:
	  ○ Anxiety
	  ○ Bipolar Disorder
	  ○ Dementia
	  ○ Depression
	  ○ Schizophrenia

INTEGRATED PRIMARY, COMMUNITY & THERAPY SERVICES DIVISION	
Wellbeing Partnerships	Single point of contact with a simple referral and assessment processes where any physical, mental health or social and wellbeing needs can be determined and provided in a coordinated way.

Service and Description	Description or Specification
Myalgic Encephalomyelitis (ME) / Chronic Fatigue Syndrome (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
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 • Provision of local enhanced services as defined by the commissioner (Manx Care) such as provision of minor surgery, phlebotomy and medicines optimisation
General Dental Services	Provision of general dental services to all Island Residents as defined by the National Health Service (General Dental Services) Regulations 2005
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
Orthodontic Services Provision of orthodontic provision for both Primary Care and Consultant Services.	Provision of orthodontic services to children when: • their dentition is disrupted, or • they have bite or jaw development problems, • and these are classified as Grade 4 or Grade 5 on the Orthodontic Index of Treatment Need (IOTN). This is provided by a hospital-based Consultant Orthodontist or community-based Specialist Orthodontist depending on complexity of treatment required, as determined by the Consultant.

Service and Description	Description or Specification
	Provision of orthodontic treatment for adults when: • the patient has significant functional difficulties (e.g. speaking or eating) directly caused by the orthodontic defect, and • they meet Grade 5 of the IOTN or an appropriate Index of Orthognathic Treatment Need
General Ophthalmic Services Provision of sight tests for the purpose of provision of corrective lenses, services in relation to minor eye conditions.	Provision of physical eye examinations to the population at an appropriate interval depending on age and other risk factors. Provision of enhanced optometric services such as urgent appointments for minor eye conditions, glaucoma and ocular hypertension reviews, post-operative cataract examinations and anterior 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. Provision of Pharmacy First pathways along with Minor Ailments Service to enhance treatment capabilities of community pharmacies for common conditions such as urinary tract infection, shingles and ear infection. Provision of Medicines Optimisation Services across residential and nursing care homes along with support to frailty clinic services.
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 Service including Wound Management Clinic • Continence Service • Long Term Condition Coordination service

Service and Description	Description or Specification
Offender Healthcare 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
Diabetes & Endocrine Service 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.	• Medical Diabetes Clinics • Endocrinology Clinics • Antenatal Joint Clinics for Gestational Diabetes • Young Persons Clinic including transition from Paediatric Services. • Continuous Glucose Monitoring Clinic • Diabetes Foot Ulcer Clinic.
Community Adult Therapy Service	Provision of physiotherapy and occupational therapy services in the community supports patients in identifying everyday difficulties and developing practical strategies to enhance independence in daily activities.
Sexual Assault Referral Centre (contribution rather than sole responsibility)	A 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. Manx Care will deliver the healthcare components of the Sexual Assault Referral Centre (SARC) as part of a multi-agency partnership. The 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.
Vaccination and Immunisation Programmes	Delivery of approved vaccination and booster programmes (including COVID-19) in line with Joint Committee on Vaccination and Immunisation (JCVI) guidance and under the direction and assurance of Public Health Isle of Man.
Intermediate Care	Intermediate Care is a range of time limited services, implemented following illness, injury or incident, which ensure continuity and quality of care, promote recovery, restore independence and confidence at the interface between home and acute services.

SCHEDULED CARE DIVISION	
Service and Description	**Description or Specification**
Surgery, Anaesthetics & Specialist Services Directorate	
Audiology Service	Services are provided for both adults and children, and include hearing diagnostic testing, counselling for hearing-impaired individuals, provision of digital hearing aids, balance testing, and tinnitus counselling.
Critical Care	Provision of specialised medical care for patients with life-threatening conditions who require intensive monitoring, advanced organ support, and complex interventions in an intensive care unit (ICU). In addition, High Dependency (HDU) level care will also be provided to care for those who are seriously ill but stable, or recovering from major surgery/illness, needing close observation or organ support limited to a single organ.
Integrated Women, Children & Family Services Directorate	
Health Visiting and school nursing	Service 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

Service and Description	Description or Specification
	• Coordination of School Immunisation Programme
Maternity Services Services that specialise in the treatment and care of women and babies during a maternity period.	• Antenatal services including parentcraft classes • Postnatal services • Postnatal care • Intrapartum care • Maternity theatre • Community midwifery service antenatal and postnatal.
Postnatal Services Post birth care on maternity ward physical and emotional wellbeing of mother and infant.	• Post birth care. • Infant feeding support • Newborn screening / bloodspot day 5 • Parent education baby care / reducing risk Sudden Infant Death Syndrome (SIDS) • Care and monitoring of high-risk babies / extra needs – jaundice / low birth weight / IV antibiotics • Referral to perinatal mental health services is required • Advice on contraception • Common postnatal services.
Paediatric Services	Provision of consultant-led paediatric services, covering general paediatrics and specialties including allergy, asthma, and neurology.
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 • Referral pathways for provision of specialist paediatric care at Alder Hey Hospital, either via advice and guidance or patient transfer to specialist inpatient care • Outpatient paediatric services provided on a referral basis normally by General Practice.
Children's Community Nursing	Provides support to children, young people, and their families. This service responds to local needs, helps prevent hospital admission, facilitates early discharge, and delivers care for children with acute, complex, and palliative end-of-life needs, as well

Service and Description	Description or Specification
	as the management of long-term conditions. Care is often delivered alongside other teams, such as the Children's Therapy Team.
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.
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 including visiting Gynae Oncology surgery service. • Fertility Services including off Island referral for IVF and assisted conception services. • Early Pregnancy Assessment.
Abortion Services	Provide medical and surgical abortions on Island and commission a specialist provider to provide specialist medical abortions off Island, for those not wishing to access local services.
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

Service and Description	Description or Specification
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.
Infant feeding team	Offers support to women who are pregnant or have a child, with a focus on increasing the uptake and continuation of breastfeeding across the Island's population of babies and infants. This forms part of the wider public health agenda to promote healthy weight and growth in children.
INTEGRATED SOCIAL CARE SERVICES DIVISION	
Residential Care for Older Adults	Provision of residential care across a number of locations on Island – available for individuals who are in receipt of income support as well as some access to those able to pay for their care. Includes provision of resident-centred care along with high quality hotel services and a vibrant activities programme to keep residents entertained.
Residential care for adults with an identified Learning Disability	Residential care for people with learning disabilities helps them live as independently as possible. Support focuses on building skills and confidence, giving only the help that's needed. Every care plan is person-centred, meaning it is shaped around each individual's needs and goals.
Day Services for Older Adults and Adults with a Learning Disability	Person-centred care and support enabling service users to reach their full potential through positive risk-taking and the development of self-confidence, social skills, and independence. Opportunities include regular work experience within the Café, Garden Centre, or Workshop at Tall Trees Resource Centre.
Learning Disability Supported Living	Support packages designed to help adults with learning disabilities live independently in their own homes. Assistance is offered at varying levels, focusing on developing daily living skills so that individuals can manage life in their own property within the community. The approach prioritises *supporting alongside* rather than *doing for*, empowering service users to build confidence and autonomy.

Service and Description	Description or Specification
Respite Care for Older Adults and Adults with a Learning Disability	Regular respite provision along with emergency accommodation for Service Users experiencing a significant breakdown in their usual carer support. Provide carers with a break from their caring responsibilities and Service Users with an enjoyable and enriching experience.
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
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.
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). Manx Care will continue to provide the existing Contact Centre function required to support the preparation of court reports within its current statutory remit. Longer-term arrangements for supervised or supported contact remain subject to confirmed vires and cross-government agreement.

Service and Description	Description or Specification
Corporate Parenting	https://www.gov.im/media/1385610/corporate-parenting-services-service-specification-10.pdf
Provision of physio, occupational and speech and language therapy services to children in a variety of settings.	The team work alongside children, families, carers, and education professionals to help develop children's physical, functional and communication skills. Provision of specialist therapy to children to aid recovery and rehabilitation from illness or injury.
Acute Therapy Service	A hospital-to-discharge service delivering physio and occupational therapy to all patients identified as needing therapy, including weekend and on-call provision.
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 • Removal of corns, and other soft tissue lesions • Health promotion, education and advice • Specialist care for chronic and irreversible foot problems such as patients with diabetes or circulatory problems
Outpatient Physiotherapy Service	Provision of a range of outpatient physiotherapy services delivered across several locations on the Island, such as Central Community Health Centre (CCHC), Thie Rosien and Ramsey Cottage Hospital. The service provides therapy following referral from a GP, hospital specialist or self- referral from individuals. Provision includes 1-1 treatment as well as group sessions.
Adult Speech and Language Service	Assessment, diagnosis, management, and advice for individuals with developmental, acquired, or progressive communication disorders (including speech, language, fluency, or voice), as well as difficulties with eating, drinking, feeding, and swallowing.

Service and Description	Description or Specification
Dietetics Service	• Adults and Paediatric Dietetic Services • Specialist provision including Mental Health (eating disorders), Diabetes and Renal Medicine
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.	• Out of hours service where there are immediate concerns about the welfare of a child. • Manx Care will work strategically with DHA, DHSC and partner agencies to support domestic abuse policy and service responses. • Response to child criminal or sexual exploitation concerns • Provision of relevant information for Court Welfare purposes • Child safety assessment following release of Prisoners.
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.
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. Manx Care will ensure its service planning and pathways reflect forthcoming legislative changes to Youth Court disposals. Work with DHA to support delivery of a youth justice operating model that protects the community and supports the welfare of young people.
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.
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, chronic illness and high levels of complexity living in the community. This includes 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.

Service and Description	Description or Specification
Hospital Social Work Team	Provide older adults who are inpatients within a hospital setting who have continuing care needs post-discharge to transition to an appropriate care setting that provides for the person's ongoing needs with appropriate financial support according to eligibility
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.

APPENDIX 3 – PERFORMANCE STANDARDS

Shared Appendix to the 2026/27 Mandate to Manx Care and 2026/27 Manx Care Operating Plan

Schedule 2 of the Manx Care Act 2021 requires at paragraph 1(e) that *"the Mandate must specify […] the **service levels and quality standards** which Manx Care must comply with in the exercise of its functions under this Act"*. This appendix addresses that requirement.

During 2026/27, Manx Care will report against the performance metrics detailed in this appendix in its monthly Integrated Performance Report (IPR); these metrics will be subject to review and revision throughout the year. Performance data will be interpreted alongside assurance provided to the Department for Health and Social Care (DHSC) under the Quality Assurance Framework. The DHSC will also refer to Manx Care's Waiting Times Reports and data provided to Public Health against the Public Health Outcomes Framework (PHOF).

This revised list of performance metrics updates those in Appendix 3 of the 2025/26 Mandate and Operating Plan. Following a joint review by DHSC and Manx Care, metrics considered primarily operational have been removed and several new metrics, including outcome measures, have been added. Some metrics have been amended to reflect latest best practice guidance. There may at times be some disparity between Appendix 3 and the IPR because both are live documents, serving different purposes, and subject to continual review and revision. However, both parties recognise the need to ensure consistency and alignment and remain in continual dialogue.

Performance Targets for 2026/27

The tables below detail the performance targets that Manx Care will aim to achieve during the 2026/27 service year. These have been determined to be realistic yet challenging targets for the upcoming year, based on Manx Care's modelling of service demand and

capacity and the financial envelope. Manx Care's performance during 2026/27 will be evaluated against these targets in its IPR and annual report, and in the DHSC's annual letter of assessment.

Where targets have not been set for 2026/27, this is because either: (i) setting a target could unduly affect practice (e.g. specifying a maximum number of serious incidents might discourage reporting), (ii) the metric provides contextual information (e.g. it measures service demand), or (iii) factors affecting performance are unconfirmed (e.g. available funding). Data for metrics that do not have targets will be monitored and action taken wherever performance levels begin to decline.

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 best practice standards referenced in the tables below will be achievable in the Isle of Man during 2026/27 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 levels achieved by neighbouring jurisdictions, where it is meaningful to do so.

Key:

bold text	Key Performance Indicator (KPI)
normal text	Supporting metric
*	Data development is required to enable benchmarking
-	A target/standard is not applicable, as explained above
To be determined	Target to be set in-year once factors affecting performance are confirmed (e.g. available funding)

CARE QUALITY & SAFETY

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
Number of Serious Incidents reported	-	-	Safety	1: Safe, Timely & Effective Care
Number of Never Events reported	0	0	Safety	1: Safe, Timely & Effective Care
Falls with moderate or severe harm reported (number and percentage)*	-	-	Safety	1: Safe, Timely & Effective Care
Number of pressure ulcers reported, Grade 2 and above*	-	-	Safety	1: Safe, Timely & Effective Care
Medication incidents with moderate or severe harm reported (number and percentage)*	-	-	Safety	1: Safe, Timely & Effective Care
Number of Clostridioides difficile toxin positive infections	-	-	Safety	1: Safe, Timely & Effective Care

Number of Methicillin Resistant Staphylococcus aureus (MRSA) bloodstream infections	0	-	Safety	1: Safe, Timely & Effective Care
Number of Pseudomonas aeruginosa bloodstream infections	-	-	Safety	1: Safe, Timely & Effective Care
Number of E. coli bloodstream infections	-	-	Safety	1: Safe, Timely & Effective Care
Number of Klebsiella spp bloodstream infections	-	-	Safety	1: Safe, Timely & Effective Care
Percentage of admitted patients (aged 16 and over at the time of admission) in the month who have been risk assessed for VTE on admission	≥ 95%	≥ 95%	Safety	1: Safe, Timely & Effective Care
Percentage of eligible hospital deaths that led to a Learning from Death (LFD) review	-	-	Safety	1: Safe, Timely & Effective Care
Crude mortality rate*	-	-	Quality; Safety	1: Safe, Timely & Effective Care
Number of breaches of mixed sex accommodation policy	0	0	Quality	1: Safe, Timely & Effective Care
Number of formal complaints received	-	-	Quality	1: Safe, Timely & Effective Care
Percentage of formal complaints acknowledged within 5 days	100%	100%	Compliance	2: Governance, Compliance and Financial Accountability
Percentage of formal complaints responded to in writing within 20 days	100%	100%	Compliance	2: Governance, Compliance and Financial Accountability
Percentage of formal complaints not resolved within 6 months	0%	0%	Compliance	2: Governance, Compliance and Financial Accountability

Number of contacts received by Manx Care Advice and Liaison Service (MCALS)	-	-	Quality	1: Safe, Timely & Effective Care
Percentage of contacts received by Manx Care Advice and Liaison Service (MCALS) responded to on the same day	≥ 90%	-	Access	1: Safe, Timely & Effective Care
Friends and Family Test (FFT): Number of responses	-	-	Quality	1: Safe, Timely & Effective Care
Friends and Family Test (FFT): Experience was Very Good or Good	≥ 80%	-	Quality	1: Safe, Timely & Effective Care
Friends and Family Test (FFT): Experience was neither Good nor Poor	≤ 10%	-	Quality	1: Safe, Timely & Effective Care
Friends and Family Test (FFT): Experience was Poor or Very Poor	≤ 10%	-	Quality	1: Safe, Timely & Effective Care

New metric(s) to be introduced during 2026/ 27:

Metric name	What it measures	Linked 2026/27 Mandate Priority
Number of Methicillin Sensitive Staphylococcus aureus (MSSA) bloodstream infections	Safety	1: Safe, Timely & Effective Care
Antibiotic consumption – Defined Daily Doses (DDD) per 1,000 admissions (acute general hospital)	Safety	1: Safe, Timely & Effective Care
Proportion of consumption from "Watch" and "Reserve" categories of UK-adapted WHO AWaRe index (acute general hospital)	Safety	1: Safe, Timely & Effective Care

URGENT & EMERGENCY CARE

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
Number of Emergency Department attendances	-	-	Demand; Integration	3c) Urgent & Emergency Integrated Care
Average time between arrival and triage at Noble's Hospital Emergency Department	≤ 20 minutes	≤ 15 minutes	Access	3c) Urgent & Emergency Integrated Care
Average time between triage and assessment by doctor at Noble's Hospital Emergency Department, by Manchester Triage System category	-	Immediate: 0 minutes Very Urgent: ≤ 10 minutes Urgent: ≤ 60 minutes Standard: ≤ 120 minutes Non-urgent: ≤ 240 minutes	Access	3c) Urgent & Emergency Integrated Care
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Total	≥ 82% by March 2027	≥ 95%	Access	3c) Urgent & Emergency Integrated Care
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Noble's Hospital	≥ 82% by March 2027	≥ 95%	Access	3c) Urgent & Emergency Integrated Care

Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Ramsey and District Cottage Hospital	≥ 95%	≥ 95%	Access	3c) Urgent & Emergency Integrated Care
Percentage of attendances at Noble's Hospital Emergency Department with a total time in ED of over 12 hours from arrival	< 4.5%	0%	Access	3c) Urgent & Emergency Integrated Care
Percentage of waits for admissions that were more than 12 hours from a decision to admit	< 1.5%	0%	Access; Safety	3c) Urgent & Emergency Integrated Care
Percentage of Emergency Department attendances that resulted in an admission: Noble's Hospital	-	-	Integration	3c) Urgent & Emergency Integrated Care
Percentage of Emergency Department attendances that resulted in an admission: Ramsey and District Cottage Hospital	-	-	Integration	3c) Urgent & Emergency Integrated Care
Number of patient interactions with Manx Emergency Doctors (MEDS)	-	-	Demand	3c) Urgent & Emergency Integrated Care
Number of 999 calls received by the Ambulance Service: Total and by Emergency/Urgent/Routine	-	-	Demand	3c) Urgent & Emergency Integrated Care
Ambulance response time for Category 1 calls: Average	≤ 7 minutes	≤ 7 minutes	Access	3c) Urgent & Emergency Integrated Care
Ambulance response time for Category 1 calls: 90th percentile	≤ 15 minutes	≤ 15 minutes	Access	3c) Urgent & Emergency Integrated Care
Ambulance response time for Category 2 calls: Average	≤ 18 minutes	≤ 18 minutes	Access	3c) Urgent & Emergency Integrated Care
Ambulance response time for Category 2 calls: 90th percentile	≤ 40 minutes	≤ 40 minutes	Access	3c) Urgent & Emergency Integrated Care

Ambulance response time for Category 3 calls: 90th percentile	≤ 2 hours	≤ 2 hours	Access	3c) Urgent & Emergency Integrated Care
Ambulance response time for Category 4 calls: 90th percentile	≤ 3 hours	≤ 3 hours	Access	3c) Urgent & Emergency Integrated Care
Ambulance turnaround times from arrival to clear that exceeded 30 minutes (number and percentage)*	≤ 30%	-	Efficiency	3c) Urgent & Emergency Integrated Care
Ambulance turnaround times from arrival to clear that exceeded 60 minutes (number and percentage)*	≤ 4%	0%	Efficiency	3c) Urgent & Emergency Integrated Care
Percentage of 999 ambulance calls that led to a conveyance to the Emergency Department	-	-	Integration	3c) Urgent & Emergency Integrated Care

New metric(s) to be introduced during 2026/ 27:

Metric name	**What it measures**	**Linked 2026/27 Mandate Priority**
Percentage of Emergency Department admissions occurring within 6 hours of arrival	Access; Safety	3c) Urgent & Emergency Integrated Care
Percentage of MEDS calls responded to within 2 hours	Access	3c) Urgent & Emergency Integrated Care
Ambulance handover times from arrival to clear that exceeded 15 minutes (number and percentage)	Efficiency	3c) Urgent & Emergency Integrated Care
Ambulance handover times from arrival to clear that exceeded 30 minutes (number and percentage)	Efficiency	3c) Urgent & Emergency Integrated Care

HOSPITAL-BASED CARE

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
Number of referrals received for a first outpatient appointment, by Consultant/Nurse/Allied Health Professional	-	-	Demand	1a) Outpatient Waiting List Validation; 1d) Getting It Right First Time
Number of open referrals for first outpatient appointments (prospective): by Consultant/Nurse/Allied Health Professional	-	-	Access	1a) Outpatient Waiting List Validation; 1d) Getting It Right First Time
First consultant-led outpatient appointments by time between referral and appointment (percentage)*	*To be determined April 2026*	92% of patients should wait no longer than 18 weeks for elective treatment	Access	1a) Outpatient Waiting List Validation; 1d) Getting It Right First Time
Maximum waiting time (weeks) from referral to first outpatient appointment	-	-	Access	1a) Outpatient Waiting List Validation; 1d) Getting It Right First Time
Number of open referrals for day case procedures	-	-	Access	1a) Outpatient Waiting List Validation; 1d) Getting It Right First Time

Day case procedures by time between decision to treat and procedure (percentage)*	*To be determined April 2026*	92% of patients should wait no longer than 18 weeks for elective treatment	Access	1d) Getting It Right First Time
Maximum waiting time (weeks) from decision to treat to definitive treatment (day case procedure)	-	-	Access	1d) Getting It Right First Time
Number of open referrals for inpatient procedures	-	-	Access	1d) Getting It Right First Time
Inpatient procedures by time between decision to treat and procedure (percentage)*	*To be determined April 2026*	92% of patients should wait no longer than 18 weeks for elective treatment	Access	1d) Getting It Right First Time
Maximum waiting time (weeks) from decision to treat to definitive treatment (inpatient procedure)	-	-	Access	1d) Getting It Right First Time
Percentage of planned theatre sessions delivered (theatre utilisation) - Capped	≥ 85%	≥ 85%	Efficiency	1d) Getting It Right First Time
Percentage of planned theatre sessions delivered (theatre utilisation) - Uncapped	≥ 85%	-	Efficiency	1d) Getting It Right First Time
Percentage of outpatient appointments where the patient did not attend (DNA)	≤ 8%	-	Efficiency	1d) Getting It Right First Time
Number of transfers of care that were delayed	≤ 12	-	Efficiency; Integration	3d) Integrated Discharge Planning
Adult general and acute bed occupancy rate	≤ 88%	85%	Efficiency	3d) Integrated Discharge Planning

Number of admissions, by Elective/Non-elective	-	-	Demand; Integration	3c) Urgent & Emergency Integrated Care
Number of patients discharged with a length of stay of 7 or more days: Noble's Hospital*	≤ 157	-	Efficiency; Integration	3d) Integrated Discharge Planning
Number of patients discharged with a length of stay of 7 or more days: Ramsey & District Cottage Hospital*	≤ 24	-	Efficiency; Integration	3d) Integrated Discharge Planning
Number of patients discharged with a length of stay of 21 or more days: Noble's Hospital*	≤ 37	-	Efficiency; Integration	3d) Integrated Discharge Planning
Number of patients discharged with a length of stay of 21 or more days: Ramsey & District Cottage Hospital*	≤ 18	-	Efficiency; Integration	3d) Integrated Discharge Planning
Emergency admissions to hospital occurring within 7 days of the most recent discharge from hospital (number and percentage)	≤ 4%	-	Quality; Integration	3a) Shared Care Implementation; 3d) Integrated Discharge Planning
Emergency admissions to hospital occurring within 30 days of the most recent discharge from hospital (number and percentage)	< 11%	-	Quality; Integration	3a) Shared Care Implementation; 3d) Integrated Discharge Planning
Percentage of patients discharged from inpatient wards discharged at the weekend	≥ 17%	-	Efficiency; Integration	3d) Integrated Discharge Planning

New metric(s) to be introduced during 2026/ 27:

Metric name	**What it measures**	**Linked 2026/27 Mandate Priority**
Percentage of patients discharged from inpatient wards discharged before midday	Efficiency; Integration	3d) Integrated Discharge Planning

DIAGNOSTICS & CANCER CARE

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
Number of referrals to cancer pathway, by Suspected cancer/Other	-	-	Demand	1c) Cancer Care Standards
Number of patients waiting for first cancer outpatient appointment	-	-	Access	1c) Cancer Care Standards
Percentage of patients receiving a diagnosis or ruling out of cancer within 28 days of referral for suspected cancer (Faster Diagnosis Standard)	≥ 80%	≥ 80%	Access	1c) Cancer Care Standards
Percentage of patients receiving a diagnosis or ruling out of cancer within 28 days of referral for suspected cancer, by tumour group (12-month rolling sum)	-	-	Access	1c) Cancer Care Standards

Median waiting time from referral to diagnosis or ruling out of cancer	-	-	Access	1c) Cancer Care Standards
Percentage of patients commencing cancer treatment within 62 days of a referral for suspected cancer (Referral to Treatment Standard)	≥ 85%	≥ 85%	Access	1c) Cancer Care Standards
Percentage of patients commencing cancer treatment within 62 days of a referral for suspected cancer (12-month rolling sum)	-	-	Access	1c) Cancer Care Standards
Percentage of patients commencing cancer treatment within 31 days of a decision to treat (Decision to Treat to Treatment Standard)	≥ 96%	≥ 96%	Access	1c) Cancer Care Standards
Percentage of patients commencing cancer treatment within 31 days of a decision to treat (12-month rolling sum)	-	-	Access	1c) Cancer Care Standards
Number of requests for diagnostics received*	-	-	Demand	1d) Getting It Right First Time
Percentage of patients waiting 6 weeks or more for a diagnostic test*	*To be determined April 2026*	≤ 1%	Access	1d) Getting It Right First Time

WOMEN, CHILDREN & FAMILIES

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
Percentage of antenatal booking appointments completed within the first 10 weeks of pregnancy	≥ 80%	-	Access	1: Safe, Timely & Effective Care
Number of births	-	-	Demand	1: Safe, Timely & Effective Care
Midwife to birth ratio	-	1:19	Safety	1: Safe, Timely & Effective Care
Method of delivery: Elective caesarean section (percentage)	-	-	Safety	1: Safe, Timely & Effective Care
Method of delivery: Emergency caesarean section (percentage)	-	-	Safety	1: Safe, Timely & Effective Care
Method of delivery: Instrumental (percentage)	-	-	Safety	1: Safe, Timely & Effective Care
Method of delivery: Spontaneous (percentage)	-	-	Safety	1: Safe, Timely & Effective Care
Rate of induction of labour	-	-	Safety	1: Safe, Timely & Effective Care
Percentage of women who had a 3rd or 4th degree tear at delivery	≤ 2%	-	Safety	1: Safe, Timely & Effective Care
Percentage of women who had a postpartum haemorrhage of 1,500ml or more*	≤ 1.2%	-	Safety	1: Safe, Timely & Effective Care

Number of stillbirths	-	-	Safety	1: Safe, Timely & Effective Care
Stillbirth rate per 1,000 deliveries (rolling 12 month)*	-	-	Safety	1: Safe, Timely & Effective Care
Number of admissions to Neonatal Unit	-	-	Safety	1: Safe, Timely & Effective Care
Percentage of full-term babies admitted to Neonatal Unit within 28 days of birth	-	-	Safety	1: Safe, Timely & Effective Care
Average length of stay in Neonatal Unit (days)	-	-	Quality	1: Safe, Timely & Effective Care
Neonatal mortality (number and rate per 1,000 live births)	-	-	Safety	1: Safe, Timely & Effective Care
Number of unplanned maternal admissions to Intensive Therapy Unit (ITU)	-	-	Safety	1: Safe, Timely & Effective Care
Percentage of babies with a first feed of breastmilk (initiation rate)	≥ 75%	-	Quality	1: Safe, Timely & Effective Care
Percentage of infants receiving their New Birth Visit within 14 days of birth	≥ 85%	-	Access	1: Safe, Timely & Effective Care
Percentage of women who were current smokers at time of booking	-	-	Quality	4e) Prevention Initiatives
Percentage of women who were current smokers at time of delivery	-	-	Quality	4e) Prevention Initiatives

PRIMARY & COMMUNITY CARE

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
General practice appointments, by time between booking and appointment (percentage), by practice*	*To be determined April 2026*	-	Access	3b) Consistent Service Offer
Number of general practice appointments delivered per 1,000 (weighted) patients per month	-	-	Efficiency	3b) Consistent Service Offer
Percentage of general practice appointments where the patient did not attend (DNA), by practice	≤ 4%	-	Efficiency	3b) Consistent Service Offer
Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	≥ 96% year-end	≥ 96% year-end	Efficiency	1e) Dental Waiting Lists 3b) Consistent Service Offer
Number of patients awaiting allocation to an NHS dentist: Total and by adults/children	-	-	Access	1e) Dental Waiting Lists 3b) Consistent Service Offer
Allocations to dental practices, by time between patient being added to list and allocation (weeks)*	*To be determined Quarter 2*	-	Access	1e) Dental Waiting Lists 3b) Consistent Service Offer

New metric(s) to be introduced during 2026/ 27:

Metric name	What it measures	Linked 2026/27 Mandate Priority
Percentage of people with severe mental illness who received a full physical health check in the last 12 months	Access; Quality	3a) Shared Care Implementation

MENTAL HEALTH CARE

Metric name	2026/27 target (monthly unless otherwise specified)	Best practice standard	What it measures	Linked 2026/27 Mandate Priority
Number of service users on mental health service caseload: Total and by service*	-	-	Access	1: Safe, Timely & Effective Care; 4c) Improving Mental Health
Number of people awaiting a mental health service, by service*	-	-	Access	1: Safe, Timely & Effective Care; 4c) Improving Mental Health
Percentage of referrals from Emergency Department to the Crisis Response and Home Treatment Team (CRHTT) responded to within one hour*	≥ 85%	100%	Access	1: Safe, Timely & Effective Care

Percentage of referrals from general hospital wards to the Crisis Response and Home Treatment Team (CRHTT) responded to within 24 hours	100%	100%	Access	1: Safe, Timely & Effective Care
Percentage of patients with a first episode of psychosis assessed by a psychiatrist within two weeks of referral	100%	-	Access	1: Safe, Timely & Effective Care
Percentage of patients followed up within 3 days of discharge from psychiatric inpatient care*	≥ 90%	≥ 80%	Safety	1: Safe, Timely & Effective Care
Percentage of mental health service appointments where the patient did not attend (DNA)	≤ 9%	-	Efficiency	1d) Getting It Right First Time
Number of admissions (inpatient service)	-	-	Demand; Integration	3a) Shared Care Implementation
Number of inpatients aged 18-64 with a length of stay of more than 60 days*	-	-	Quality; Integration	3a) Shared Care Implementation
Number of inpatients aged 65+ with a length of stay of more than 90 days*	-	-	Quality; Integration	3a) Shared Care Implementation

New metric(s) to be introduced during 2026/ 27:

Metric name	What it measures	Linked 2026/27 Mandate Priority
First mental health treatment appointments by time between referral and appointment (percentage), by service	Access	1: Safe, Timely & Effective Care; 4c) Improving Mental Health

Percentage of referrals to Mental Health that were received within 6 months of an existing referral	Quality; Integration	1: Safe, Timely & Effective Care 3a) Shared Care Implementation
Mental Health patient satisfaction score upon discharge, by service	Quality	1: Safe, Timely & Effective Care; 4c) Improving Mental Health

SOCIAL CARE

Metric name	**2026/27 target** (monthly unless otherwise specified)	**Best practice standard**	**What it measures**	**Linked 2026/27 Mandate Priority**
Number of referrals to Adult Social Work	-	-	Demand	1: Safe, Timely & Effective Care
Percentage of referrals to Adult Social Care that were received within 31 days of a previous referral	≤ 6%	-	Quality; Integration	1: Safe, Timely & Effective Care; 3a) Shared Care Implementation
Percentage of initial Adult Social Work assessments completed within target timeframes: Total	≥ 75%	-	Access	1: Safe, Timely & Effective Care
Percentage of initial Adult Social Work assessments completed within 28-day timeframe: Adult Generic	≥ 75%	-	Access	1: Safe, Timely & Effective Care

Percentage of initial Adult Social Work assessments completed within 28-day timeframe: Older Person	≥ 75%	-	Access	1: Safe, Timely & Effective Care
Percentage of initial Adult Social Work assessments completed within 42-day timeframe: Learning Disability	≥ 75%	-	Access	1: Safe, Timely & Effective Care
Percentage of service users (or carers) receiving a copy of their initial Adult Social Work assessment	≥ 95%	100%	Compliance	2: Governance, Compliance and Financial Accountability
Number of referrals to Adult Safeguarding	-	-	Demand	1: Safe, Timely & Effective Care
Percentage of referrals to Adult Safeguarding that were received within 31 days of a previous referral	≤ 17%	-	Quality Integration	1: Safe, Timely & Effective Care
Percentage of Adult Safeguarding planning meetings held within 5 days of referral	≥ 80%	-	Access; Compliance	1: Safe, Timely & Effective Care
Number of referrals to Children & Families	-	-	Demand	4a) Children's Services Development Plan
Percentage of referrals to Children and Families that were received within 12 months of a previous referral	≤ 41%	-	Quality; Integration	4a) Children's Services Development Plan
Initial child protection conferences held on time (number and percentage)	≥ 90%	100%	Quality; Compliance	4a) Children's Services Development Plan
Child protection review conferences held on time (number and percentage)	≥ 90%	100%	Quality; Compliance	4a) Children's Services Development Plan
Complex needs reviews held on time (number and percentage)*	≥ 85%	100%	Quality; Compliance	4a) Children's Services Development Plan

Looked after children reviews held on time (number and percentage)	≥ 90%	100%	Quality; Compliance	4a) Children's Services Development Plan
Number and percentage of child protection reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 90%	-	Quality	4a) Children's Services Development Plan
Number and percentage of complex needs reviews held, which children participated in or contributed to (where the child was of sufficient maturity)*	≥ 90%	-	Quality	4a) Children's Services Development Plan
Number and percentage of looked after child reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 90%	-	Quality	4a) Children's Services Development Plan
Care home bed occupancy (number and percentage): Long term care	≥ 85%	-	Efficiency; Access	5b) Preferred Place of Care
Care home bed occupancy (number and percentage): Short term care	≥ 75%	-	Efficiency; Access	5b) Preferred Place of Care
Percentage of adult service users with a person-centred plan in place	100%	100%	Compliance; Quality	2: Governance, Compliance and Financial Accountability; 1: Safe, Timely & Effective Care

New metric(s) to be introduced during 2026/ 27:

Metric name	What it measures	Linked 2026/27 Mandate Priority
Achievement of desired Adult Social Work outcomes by time of discharge: Fully achieved/Partially achieved/Not achieved (percentage)	Quality	1: Safe, Timely & Effective Care
Achievement of desired Making Safeguarding Personal outcomes by time of discharge: Fully achieved/Partially achieved/Not achieved (percentage)	Quality	1: Safe, Timely & Effective Care

PEOPLE & GOVERNANCE

Metric name	2026/27 target (monthly unless otherwise specified)	Best practice standard	What it measures	Linked 2026/27 Mandate Priority
Percentage of working hours lost to staff sickness absence	≤ 5%	-	Workforce	2d) Workforce planning
Rate of completion of mandatory training	≥ 85%	-	Workforce	2d) Workforce planning
Number of personal data breaches reported to the Data Protection Officer	-	-	Compliance	2: Governance, Compliance and Financial Accountability
Number of personal data breaches reported to the Information Commissioner's Office	-	-	Compliance	2: Governance, Compliance and Financial Accountability
Number of enforcement notices received from the Information Commissioner's Office	0	0	Compliance	2: Governance, Compliance and Financial Accountability

Number of Subject Access Requests (SAR)	-	-	Demand	2: Governance, Compliance and Financial Accountability
Number of Access to Health Record Requests (AHR)	-	-	Demand	2: Governance, Compliance and Financial Accountability
Number of Freedom of Information (FOI) Requests	-	-	Demand	2: Governance, Compliance and Financial Accountability
Number of Subject Access Requests (SARs) responded to after more than one month (or a period granted by an extension)	≤ 25	0	Compliance	2: Governance, Compliance and Financial Accountability
Number of Access to Health Record Requests (AHRs) responded to after 21 days	≤ 2	0	Compliance	2: Governance, Compliance and Financial Accountability
Number of Freedom of Information Requests (FOIs) responded to after 20 days	≤ 3	0	Compliance	2: Governance, Compliance and Financial Accountability

New metric(s) to be introduced during 2026/27:

Metric name	What it measures	Linked 2026/27 Mandate Priority
Staff turnover rate	Workforce	2d) Workforce planning
Staff vacancy rate	Workforce	2d) Workforce planning