

Mandate Framework

Incorporating Mandate Creation, Performance Oversight and Assurance

Service Year 2024-25 and Beyond

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1. Introduction

- 1.1 Since the separation of the Department of Health and Social Care (the “Department”) from Manx Care, the mechanisms used to create the Mandate to Manx Care (the Mandate) and seek assurance of performance and progress have evolved as the systems and organisations have matured.
- 1.2 This Framework seeks to align creation of the Mandate to Manx Care with oversight and assurance of system performance and progress against the active Mandate, whilst seeking to keep the administrative reporting burden on Manx Care to a minimum where possible.

2. Purpose and Principles

- 2.1 The Mandate Framework (the ‘Framework’) will provide a clear approach to assessing performance of health and care services across the whole system, whilst respecting the operational independence and autonomy of individual organisations.
- 2.2 The Framework is based on a ‘no surprises’ approach, establishing points of reference for performance and assurance with clear routes of escalation. Internal assurance remains the responsibility of the Manx Care Board, whilst the Department’s oversight aims to be transparent and focused on delivering outcomes for individuals, organisations and the Island’s population as a whole.
- 2.3 The Framework seeks to align the strategic priorities defined within Our Island Plan, the Department’s Annual Plan, the work of wider Government and the Mandate, against the operational priorities of Manx Care.
- 2.4 Statutory roles and responsibilities remain as defined in the Manx Care Act 2021 (the ‘Act’) and Mandate to Manx Care. In the event of any inconsistency between the Act and this Framework then the Act shall take precedence.

3. Governance

- 3.1 This Framework is set out by the Department under the Mandate to Manx Care.
- 3.2 The Department may make future changes to the Framework from time to time and shall seek feedback from Manx Care in that event.
- 3.3 This document and the Mandate will be publicly available on the Department website commencing at the earliest appropriate date.

4. The Mandated Services

Service Specifications agreed between the Department and Manx Care shall act as a point of reference for quality standards, performance targets, outcomes and links to best practice or clinical standards where appropriate. The Department will continue to work with Manx Care to review the Service Directory and Service Descriptions against all other relevant strategic plans, such as the Mandate, Our Island Plan and work of wider Government.

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- 4.1 Where an agreed Service Specification exists, it will detail reporting requirements, but these should be proportionate and based on exception.
- 4.2 Service Levels detailed within the above will be structured to reflect the needs and experiences of the service users, without constraining Manx Care's autonomy in how these are delivered.
- 4.3 Mandated Services and their associated specifications will be reviewed according to evolving needs of the population, which may be gathered through a number of sources such as Joint Strategic Needs Assessments conducted by Public Health or Census data, supported by target engagement.

5. Approach to Mandate Creation and Oversight

5.1 Oversight Cycle - Monitoring and Assurance

5.1.1 Monthly Development Meeting

A monthly development meeting at Officer Level (Department, Manx Care, Public Health and Transformation) will discuss, review and agree as follows:

- i. The current position against current strategic objectives and associated actions as defined through the Mandate, Island Plan and work of wider Government. The basis of this discussion will be the section of the Manx Care Operating plan described at Section [2.1.4] of the Mandate to Manx Care 2024-25. Manx Care are expected to come prepared to discuss any exceptions, additions or variations to the planned activities which support strategic Mandate objectives
- ii. Emerging risks (including financial) which may affect delivery of Mandate objectives, supported by the Integrated Performance Report and Manx Care Financial Report
- iii. Draft any changes or variances to Mandate objectives for review by the quarterly Mandate Performance Review meeting and subsequent Tynwald approval
- iv. Share early drafts of the Mandate, Operating Plan, Annual Report, Letter of Assessment, new or emerging Strategy or Policy documents
- v. 'Horizon scanning' for any emerging strategic priorities, supported by information gathered by Public Health through population health activity such as Joint Strategic Needs Assessment
- vi. Discuss proposals made by Manx Care for any new or amended private service offering or commercial opportunity (described below at Section [6])
- vii. Review and feedback on any proposed new or amended service specifications prepared by the Department
- viii. Discuss the impact of change requests relating to transformation projects in implementation and make a recommendation to the quarterly Mandate Performance Review meeting

5.1.2 Quarterly Performance Review Meeting

A quarterly performance meeting, politically chaired and including Chief Officers, will:

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- i. Review and approve drafts and final versions of the Mandate to Manx Care, as well as closures or variances during the service year where they arise
- ii. Endorse final versions of the Operating Plan, Annual report and Letter of Assessment
- iii. Endorse new and revised service specifications received from the monthly development group
- iv. Receive any performance escalations from the monthly meetings

5.1.3 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 (Quality, Safety and Engagement).

5.1.4 Integrated Performance Report (IPR)

Manx Care will provide its Integrated Performance Report to the Department in a timely manner (currently the 15th working day of the month). Raw data may be provided in the interim but this shall not replace the need for the IPR.

Manx Care will take into consideration any requests made by the Department for additions or amendments to metrics contained in its Integrated Performance Report, through an informal monthly meeting between the Manx Care Head of Performance, Head of Business Intelligence and the Department's Commissioning and Performance Analyst. This meeting shall take into consideration information from other relevant jurisdictions and prioritise requests for data made to support the Mandate to Manx Care and those made by Public Health. The Action Logs from these meetings, as well as the plan for new and validated metrics, will be provided to the monthly meeting described above.

5.1.5 Health Learning and Social Policy Board

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.

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

5.1.7 Personal, confidential, and sensitive information of patients and service users must be adequately protected at all times 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.

5.2 **Identifying Areas of Concern and Providing Support**

5.2.1 Where an emerging trend is identified that has the potential to affect delivery of outcomes or obligations and this cannot wait for a monthly or quarterly meeting, either party should request an extraordinary assurance meeting to discuss the

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position. Executives should use all the information available to form a judgement of any agreed remedial action or support and the monitoring frequency to be taken forward.

- 5.2.2 The response to performance concerns should be proportionate and should take into account the severity of the deviation, any relevant other circumstances, mitigations already in place and the ability of Manx Care and / or the relevant service provider to deliver a recovery action plan. The nature of any action should not be punitive but supportive and outcome focused.
- 5.2.3 There are critical events where Manx Care are required to inform the Department immediately. These will be defined in Regulations but should also include:-
- A Major Incident being declared within any service locations (e.g. fire, flood)
 - Any Major Incident which requires Manx Care to respond as a health and care provider (e.g. Mass Casualty Incident)
 - Sustained significant operational pressure at Opel 4/REAP4
 - Any 'Never Event' Incident
 - Death of a patient within an inpatient setting who is detained under the Mental Health Act (death in Custody)
 - Death of a 'Looked After' Child ('LAC')
 - Any immediate closure of a Manx Care mandated service for any reason
 - Any other Serious Incident (as described in the SI policy) where notification is deemed by the Manx Care CEO or Manx Care Executive Director to be appropriate – all other notifications will be made within the required 72 hours policy requirement.
- 5.2.4 The route of communication for events described at 5.2.3 is from Manx Care CEO (or a person acting as their Deputy in the event of absence), verbally and in writing, to the CO of the Department (or person acting as their Deputy), within 12 hours of Manx Care becoming aware of the event.
- 5.2.5 Where any event or variation is likely to attract significant media interest, Manx Care are required to share the content of any press release or social media post being issued by Manx Care. The route for communication for this is from Manx Care CEO (or a member of the Executive Team), verbally and in writing to the CO of the Department (or a member of the Executive Team).
- 5.2.6 Where a particular service is cause for concern and assurance of an action plan has not already been provided, the Department may request regular meetings with the Leads of that service to assess the position and all mitigations in place. Once the concern is considered to have been mitigated, these reviews should cease however, the Department will continue to monitor performance.
- 5.2.7 The Department and Manx Care will agree an action plan to address specific areas of concern and define timescales for intended resolution, if one has not already been provided. This may be (but does not have to be) in line with any

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improvement recommendations set by the CQC or other inspecting body. Implementation of the action plan will be the responsibility of Manx Care.

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

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

5.3 Recognising, celebrating and learning from successes

5.3.1 As well as considering risk, it is equally important to identify areas of good practice. When seeking and providing assurance as part of any of the mechanisms described above, Authors are encouraged to share positive progress so as to provide learning for the future.

6. Delivery of Private Healthcare and Commercial Opportunities

6.1 Manx Care will maintain a publicly available register of the services it offers on a private basis. Where a variation to this list is being considered including addition, amendment or removal of a private offering, , Manx Care will bring details of this to the Monthly 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

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

7. Budget Planning and Adhoc Business Cases

7.1 Where additional funds have been granted through Treasury outside of the annual budget cycle, or a request has been made for urgent work not specified in the Mandate (such as by the Coroner of Inquests), through an approved Business Case, or through the Department's Improvement Fund process, 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

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above at an agreed frequency against each approved Business Case, focusing on progress towards delivery of benefits and outcomes.

8. Assurance of Agreed Use of the Capital Budget

8.1 The Department will seek assurance that the capital budget is well governed and utilised through a monthly Capital Assurance Reporting Group, which also includes representation from Treasury and the Department of Infrastructure colleagues.

8.2 This Group shall also jointly guide the long-term strategic planning of the estate, in line with its Terms of Reference (Capital Assurance Group Terms of Reference).

9. Monitoring of Transformation Projects

9.1 Responsibility

9.1.1 The responsibility for the delivery of the 26 recommendations within the Independent Review of the Isle of Man Health and Care System (2019) sits within the Health and Care Transformation (HCT) Programme, formerly part of the Cabinet Office but now under the remit of the Department. The HCT project team holds responsibility for undertaking service and system redesign with partners, this is then costed and set out within a Business Case (BC). Once the BC is approved for funding and implementation (including the identification of resource and related funding required to support implementation) the responsibility for implementation of the BC transfers to Manx Care and lies primarily (although not always) within the Manx Care PMO.

9.1.2 The process detailed in this section allows for:

- Monitoring of implementation progress, against the approved Care Pathway BC initiatives, implementation plans and agreed financial envelope including longer term funding plans
- Reporting of implementation progress, from Manx Care to the Department
- Management of any changes required to the BC, which surface during the implementation phase.

9.2 Monitoring

9.2.1 The monitoring process will;

- Focus on the implementation of the design initiatives, benefits and financials against the agreed timeline as described within the approved BC
- Use metrics and deliverables which are relevant and proportional
- Whenever possible use data that is already available and easy to access.

9.2.2 A formal handover template will be used to document the handover.

9.3 Reporting

- 9.3.1 Implementation metrics and deliverables (for each BC within the implementation phase) will be reported by Manx Care monthly to the Department, on a template proposed by Manx Care in line with existing reporting mechanisms. This is currently agreed as being the monthly Transformation Oversight Group report for deliverables and the Integrated Performance Report (IPR) for metrics, plus exception reporting as needed, which may include regular reporting against a detailed project plan, dependency map, risk register or other configuration item.

9.4 Change Request

- 9.4.1 Change requests will be completed each time Manx Care need to request a change to the delivery of the approved BC (due to, for example, new intelligence surfacing during implementation) AND this is likely to have a significant impact on the BC outcomes (which could include the timeline, benefits realisation, cost, service delivery model etc.).
- 9.4.2 The definition of significant will be agreed between Manx Care and the Department at the start of the Monitoring Process for each project, during the handover process.
- 9.4.3 The change request format will be at the discretion of Manx Care but must include a description of the reasons for the change request and anticipated financial, timeline and or delivery impact, an appraisal of the options considered with associated risks and the recommended course of action.
- 9.4.4 All change requests will be discussed during a short exception meeting, arranged by the Department on receipt of the change requests.
- 9.4.5 The Department will then decide on the preferred course of action through the monthly and quarterly meetings described in this Framework.
- 9.4.6 The Department will concentrate on the finance, timing and benefits realisation which will require monitoring over time and will be the focus of the discussions and information sharing between Manx Care and the Department.

9.5 Close of Implementation Monitoring

- 9.5.1 When the individual BC implementation phase has completed and the changes are incorporated into business as usual, Manx Care will identify this key stage has been reached and provide evidence to support this, recommending that implementation monitoring ceases and moves within the standard mandate process, agreeing any change / reduction to monitoring metrics.
- 9.5.2 The Department will review this request and (if in agreement) will be a signatory on the closing document and provide a high level update to Treasury, confirming business as usual has been achieved.

10. Implementation and Next Steps

10.1 Forward Look and Review

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

Definition of Terms

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

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

Version Control

Version	Date	Author	Notes
V1.0	25/09/22	Head of Mandate Performance	Final version
V1.1	31/10/22	Mandate Performance Officer	Numbering corrected and version control added.
V1.2	04/04/2023	Head of Mandate Performance	Document now titled 'Mandate Framework' Complete refresh of document to align with Mandate creation
V1.3	11/04/2023	Head of Mandate Performance	Include monitoring of Transformation initiatives by DHSC (Section 8)
V1.4	28/04/2023	Head of Mandate Performance	Amend Section 5 following feedback – and correct numbering
V1.5	10/05/2023	Head of Mandate performance	Resolve comments provided by Manx Care – various
V2.0	15/05/2023	Head of Mandate Performance	Issue final version (convert to PDF)
V2.1	14/11/2023	Head of Mandate Performance	Revisions to include private healthcare, Operating Plan, removal of inspections section, amendment to Transformation monitoring
V2.2	26/01/2024	Mandate Performance Officer	Formatting Updated contents page Amendment to final version