

Health and Care Transformation Programme
Creating a new Organisation to Provide Health and Social Care Services
– Manx Care

Consultation on the Manx Care Bill

1. Consultation Overview

Sir Jonathan Michael's Independent Health and Social Care Review's Final Report ('the Final Report') was unanimously approved by Tynwald in May 2019. Amongst his recommended areas to change was that the Department of Health and Social Care ('DHSC') currently sets the policy for health and social care as well as taking responsibility for delivering health and social care services. This means senior staff have a dual role and are not always focussed on delivering high quality care.

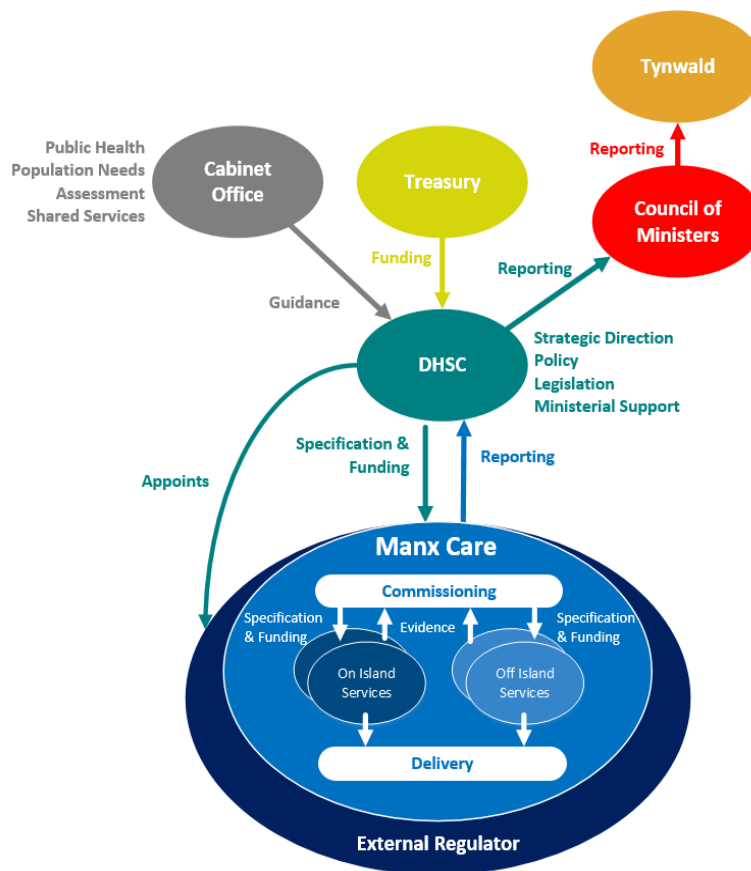
The Final Report outlined a number of key recommendations including the need for separation of operational delivery of services currently provided by the DHSC from the strategic direction setting, policy development and support for Ministers that it also provides. This recommendation requires the establishment of a new, arms-length organisation focussed on delivering health and social care services on the Island. The Final Report's recommendation on this subject is copied below:

"The setting of priorities and the development of policy in both health and social care should be separate from the delivery of services. A comprehensive governance and accountability framework should be established aligned to agreed standards and underpinned, where necessary, by legislation. A single public sector organisation, perhaps to be known as "Manx Care", should be responsible for the delivery and/or commissioning from other providers of all required health and care services."

The benefits outlined for the establishment of a separate arms-length body (proposed to be known as Manx Care) include the need for:

- a structure that provides clarity on who is responsible and accountable for the provision of care;
- the DHSC to adopt a more strategic (and less operational) role;
- senior management to focus on service developments and enhancing levels of quality as opposed to day-to-day management issues; and
- more leadership attention to strategic and operational planning and performance management.

A diagram to show how Manx Care might interact with other parts of Government, and the DHSC in particular was also contained within the report and is shown below:



In response to the Final Report, the Council of Ministers instructed the DHSC, the Treasury and the Cabinet Office to ensure implementation of the Final Report’s package of recommendations, aligned to the principle that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services.

These three Departments are now responsible to the Council of Ministers for delivering on the Transformation Programme required to deliver this package of recommendations. The Transformation Programme is being carried out by a dedicated team (the Transformation Programme Management Office ‘TPMO’) under the Chief Secretary within the Cabinet Office, working closely with the DHSC.

The Transformation Programme is made up of 14 projects including “Establish Arms-length Delivery of Health and Care Services”. This project will establish Manx Care as an arm’s length body run by a Board appointed by Government and approved by Tynwald.

It has been decided that Manx Care would be best formed as a Statutory Board, similar to other Statutory Boards under the Statutory Boards Act 1987 (examples include the Financial Services Authority, Gambling Supervision Commission, Office of Fair Trading and Manx Utilities Authority). Primary legislation is required to establish a new Statutory Board and this consultation is on the legislation that has been drafted to establish it – the Manx Care Bill.

2. Why we are consulting

The legislation being consulted on is a structural Bill drafted to establish Manx Care and implement some of the high level recommendations within the Final Report. The content of the Bill focusses on how Manx Care will be set up and the requirement for the DHSC to obtain health and social care services via a written agreement (“the Mandate”) with Manx Care.

The Bill makes reference to the current National Health and Social Care Service legislation for reference to the DHSC’s duties, which will either remain as the DHSC’s duties (for example, to promote a comprehensive health and social care service) or be discharged by Manx Care, on behalf of the Department (for example, to provide or secure provision of health and social care services).

A second Bill will be drafted to focus on National Health and Care Service reform, which will modernise the current legislation in line with recommendation 8 of the Final Report, which states that “*legislation should be introduced...in order to form a modern, comprehensive legislative framework. This legislation should address weaknesses or gaps in the current system as well as enabling the implementation of the recommendations contained in [the] Report*”. Work is ongoing on this National Health and Care Service Bill and a separate consultation on that Bill will follow.

This consultation is issued by the Health and Care Transformation Programme Management Office which is part of the Cabinet Office. A copy of the draft Manx Care Bill is attached to this document.

The closing date for comments is 17 April 2020.

Please send comments in writing and preferably on this document to:

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IM1 1EW

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3. Introduction

What is your name?

What is your address postcode?

What is your contact telephone number?

What is your email address?

Are you responding on behalf of an organisation?

Yes No

Organisation

May we publish your response?

- Yes, you can publish my response in full
 Yes, you may publish my response anonymously
 No, please do not publish my response

More information

Publish in full – your first name and surname, organisation name, along with full answers may be published on the online consultation hub (your email will not be published)

Publish anonymously – only your responses may be published on the online consultation hub (your name, organisation and email will not be published)

Do not publish – nothing will be published publically on the online hub (your response may form part of a larger summary response document)

4. Part 1 – Introductory

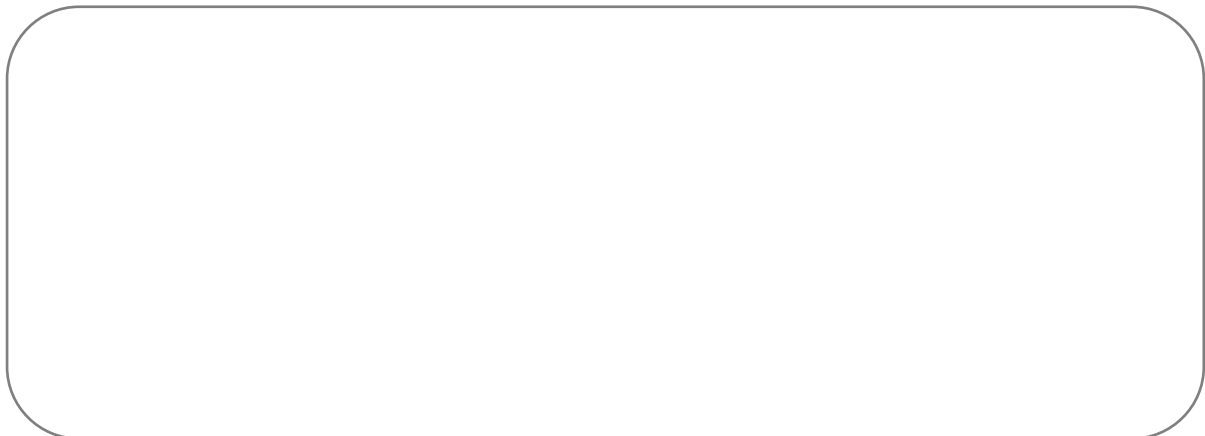
This part sets out the title of the Bill, when it will come into operation and the necessary definitions of terms used. It is anticipated that this Bill will come into operation before 1 April 2021 so that Manx Care is established at the start of a new financial year.

Manx Care will run in shadow form ahead of this date to allow for inevitable operational issues that arise from the establishment of a new organisation, which must maintain business as usual in a critical service, to be worked through and resolved.

Do you have any views on the proposed name "Manx Care"?



Do you have any other comments on this part of the Bill?



5. Part 2 – Duties and responsibilities of the Department

The DHSC will continue to have its current duties and functions and retains responsibility to Tynwald for the provision of a comprehensive health and social care service for the Isle of Man.

Whilst this may seem like nothing is changing, it will be the way in which the DHSC fulfils those responsibilities that will change as a result of this Bill. Within the Final Report, the aim was described that *"the DHSC would set priorities in an annual mandate to the delivery organisation, which would be held accountable for the expenditure and outcomes achieved. The delivery organisation would, in effect, be a 'prime contractor' in that it would hold a contract with the Department to deliver a set of services. It would deliver some services itself and, where appropriate, sub-contract delivery of others to a small number of other providers, with the same standard of care and outcomes required of them"*.

A number of new high level duties are also being established for the DHSC within this Bill. These are necessary to ensure that the split of responsibilities between the DHSC and Manx Care, as set out within the Final Report, operate effectively in practice:

- **A duty to improve the quality of services having regard to the principles of evidence based practice**
 - This will require the DHSC to ensure continuous improvement in services, including following evidence based practice when setting the strategy for the Health and Social Care Service for the Island. A similar duty will also be brought in for Manx Care and, by having it as a duty on both organisations, it should help to ensure that they are both working to achieve the same objectives for the National Health and Social Care Service;
- **A duty to promote the autonomy of Manx Care**

The inclusion of this duty is to ensure that Manx Care is able to operate autonomously as envisaged within the Final Report.
- **A duty to obtain appropriate advice from professionals**
 - Once Manx Care is established, the majority of clinical and social care service professionals will be working for Manx Care as they will be delivering services and so the DHSC will need to ensure that it has access to those professionals (though a formal agreement with Manx Care) in order that health and social care policy and strategy is suitably informed. Similarly, Public Health professionals will sit within the Cabinet Office.
- **A duty to ensure public involvement and consultation**
 - Recommendation 1 of the Final Report was that *"The Council of Ministers should formally adopt the principle that patients and service users are fully engaged in, and at the centre of, all aspects of planning and delivery of health and social care services"*. The wording surrounding this recommendation noted that this would require strengthened service user representation in all aspects of policy making. This duty requires arrangements to be put in place to ensure strengthened service user representation. Other projects within the Transformation Programme are working on how this will be set up and operate in practice, including how it should link in with Manx Care's engagement of service users in the planning and delivery of health and social care services.
- **A duty to promote education and training**

- This duty applies equally to DHSC and Manx Care. It is essential that health and social care staff are able to maintain and develop their skills whilst working on the Island. Additionally, education and training programmes are necessary for recruitment and retention of staff and can be used to build and develop the workforce.
- **A duty to reduce inequalities**
 - It was noted within the Final Report that people felt that there was inequality of care and support and inconsistent services offered for different conditions. This duty was recommended to ensure that the Department gives due consideration to the need to reduce inequalities between the people of the Isle of Man when setting health and care policy and strategy.
- **A duty of candour**
 - The Final Report called for a statutory duty of candour as part of the duty of care. This is a responsibility for practitioners and organisations providing health and social care services to disclose where breaches of safety standards or harm to individuals have occurred. This duty will apply to the DHSC and to Manx Care. In particular, it is a requirement for providers of health and social care to be open and transparent with patients, especially when things go wrong. This duty will be supported by Regulations that will outline that, where a certain threshold has been breached, specific reporting requirements need to be followed. It is similar to a duty that is in place in England, where in summary, the provider of the service where the incident had occurred must:
 - notify the service user (or someone lawfully acting on their behalf where necessary) that an incident has occurred and offer an apology;
 - advise and, if possible, agree with the service user what further enquiries are appropriate;
 - provide all information directly relevant to the incident;
 - provide reasonable support to the service user;
 - inform the service user in writing of the notification and the results of any further enquiries.

As noted above, the Department will continue to be responsible for the health and social care service. The Bill does not suggest any changes in the fundamental principles for the health and social care service and the DHSC will continue to work to the seven modern day core principles of the NHS endorsed by Tynwald, which also apply to social care services on the Island.

Do you have any comments on Part 2 of the Bill?

6. Part 3 – Manx Care and the Mandate

Manx Care

This part establishes Manx Care as a Statutory Board under the Statutory Boards Act 1987 but with some changes to how the Statutory Boards Act 1987 will apply to it. The changes have been suggested in line with the Final Report to ensure that Manx Care is operationally independent of both Government and Tynwald.

This part also sets out the function of Manx Care, which will be to discharge the duties of the DHSC in relation to provision of services in accordance with an agreement between the DHSC and Manx Care (the Mandate – see below). Manx Care will act as a prime contractor overseeing the direct provision of services from its own resources, as well as collaboratively planning and purchasing other necessary services from providers based on and off Island, including from the third sector and private sector.

The Mandate

The Mandate will be the document agreed between the DHSC and Manx Care whereby the DHSC requires Manx Care to provide a range of health and social care services to a specified standard for a certain amount of funding to address the needs of the Island’s population. This may include both state and private care.

The DHSC must keep Manx Care’s performance in achieving the requirements within the Mandate under review and has the power to issue a direction to Manx Care if it is underperforming.

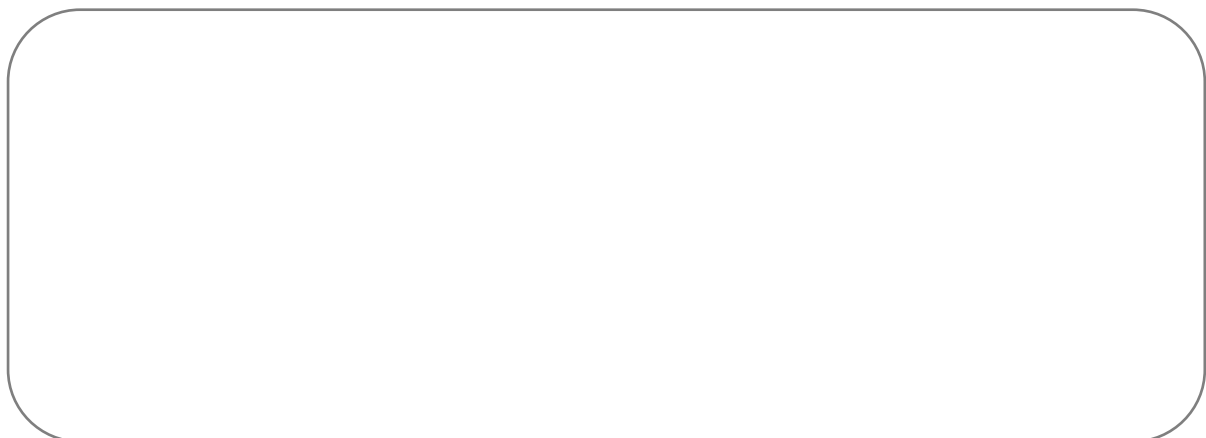
The Mandate (and any revisions to it) will be laid before Tynwald once agreed between the DHSC and Manx Care. This will be done on an annual basis.

The Bill includes a list of what should be contained within the Mandate (at Schedule 2) and there is the ability for this to be added to or changed in secondary legislation (subject to the approval of Tynwald). This is to allow the Mandate to develop in detail and sophistication over time.

All of the DHSC’s statutory duties and functions are currently under review by the Transformation Programme to ensure that the necessary duties in relation to the provision of services are delegated to Manx Care within the Mandate. This will be carried out in accordance with the Final Report which stated that *“it is imperative that Manx Care incorporates all aspects of delivery of health and care services on the Island. This means that its responsibilities should include those services delivered or commissioned by each of the current DHSC Directorates that deliver services...”*

This may also require some consequential amendments of other legislation which will be added into the Manx Care Bill following the consultation.

Do you have any comments on Part 3 of the Bill?



7. Part 4 – Manx Care’s duties

Once Manx Care is established and has been mandated to provide services on behalf of the DHSC, the following duties will apply to the way in which it delivers those services:

- **A duty as to effectiveness, efficiency etc.**
 - This duty supports the principles passed by Tynwald on 20 March 2018 which included: “*the NHS is committed to providing best value for taxpayers’ money and the most effectiveness, fair and sustainable use of finite resources*”. The section of the Final Report that focussed on current costs and models of care notes that it is important to make the system work more effectively and efficiently: including a new statutory duty is the first step towards requiring this. When considering efficiency in this context it is vital to focus on value for money rather than cost-cutting initiatives. The duty will need to be supported by further work in a number of areas, including a corporate and clinical and social care governance framework to ensure that Manx Care is run efficiently and effectively; increased data and transparency of costs and spend to enable Manx Care and the DHSC to better judge whether spend is appropriate and effective; and implementation of an integrated care system to enable better communication, efficiency and productivity. These points are being worked on by other projects within the Transformation Programme with the DHSC.
- **A duty of candour**
 - As per the duties for the DHSC under Part 2, Manx Care will have a responsibility to disclose where breaches of safety standards or harm to individuals have occurred
- **A duty as to clinical and social care governance;**
 - The second recommendation within the Final Report was for a fundamental change in the governance of health and social care. The separation of policy making from the delivery of services by creating Manx Care is the first step in this process but it will also require a clear framework of accountability against which the organisations and practitioners can be held to account for the quality of care provided. The introduction of a duty to have clinical and social care governance is essential in ensuring that this is implemented and that service users can have confidence in the care provided.
 - The Final Report also noted the need for an enhanced Corporate Governance Framework but additional legislative powers are not required to fulfil this recommendation as Manx Care, once established, will be covered by the Government’s Code of Conduct¹.
- **A duty as to improvement in quality of services;**
 - As noted above Manx Care will have a duty to improve the effectiveness, safety and quality of services provided by it and by others where it has arranged for others to provide the necessary services. In discharging this duty Manx Care must have regard to the standards set out in Regulations. It may be that Regulations are drafted to align with the Care Quality Commission’s fundamental standards², which are widely accepted standards of care such as person centred care, safety, safeguarding from abuse, food and drink, dignity and respect that service users would expect.

¹ <https://www.gov.im/media/1357797/corporate-governance-principles-and-code-of-conduct.pdf>

² <https://www.cqc.org.uk/what-we-do/how-we-do-our-job/fundamental-standards>

- **A duty as to reducing inequalities;**
 - It was noted within the Final Report that people felt that there was inequality of care and support and inconsistent services offered for different conditions. This duty was recommended as a duty for Manx Care to ensure that it gives due consideration to the ability of all service users to get access to the same standard and quality of care.
- **A duty as to promoting autonomy;**
 - Consistent with the duty for the DHSC, where Manx Care has arranged for others to deliver services that service provider must be given the ability to act autonomously.
- **A duty as to promoting education and training;**
 - It is important for those persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health and social care service to be able to maintain and develop their skills. As stated within the Final Report *“staff should, as a minimum, be able to maintain their skills on the Island”* but promoting additional training may also help drive a culture of continuous improvement and deliver a more positive and fulfilling environment in which to work.
- **A duty to promote involvement of service users;**
 - This duty is important for a modern health and social care service where service users are at the centre. The Final Report stated that *“there is a systemic lack of communication between the DHSC and the wider system, as well as within and between all health and care agencies and organisations within the system, and with the wider population, service users and carers. The people the Review spoke to called for more openness, transparency and dialogue, as well as clearer messaging.”*

Similar duties apply to service providers in England and Wales and were suggested in the Final Report as duties that should apply to Manx Care, and those that it contracts with to provide services under the Mandate, to ensure that a high quality, comprehensive health and social care service is delivered.

Do you have any comments on Part 4 of the Bill?

8. Part 5 – Functions: Additional

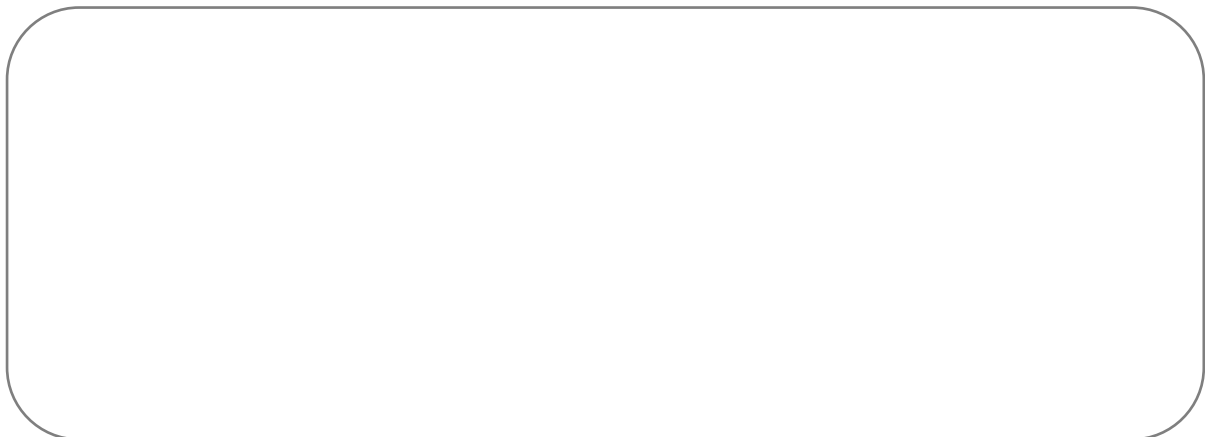
Manx Care’s function is to provide or arrange for the provision of the services contained within the Mandate.

This part of the Bill gives Manx Care the power to deliver those services in the way that it sees fit.

If Manx Care significantly fails to discharge its functions, the Council of Ministers will have the ultimate power to direct Manx Care to operate in a different way or to direct the DHSC to step in to discharge those functions or find another organisation to discharge those functions. This power would be utilised if, for example, Manx Care refused to take appropriate action or failed to act upon an inspection that highlighted a significant failure in terms of safety for an unreasonable length of time. In such an instance, the Council of Ministers could require the DHSC to provide that service itself or to bring in another provider to do so.

It is standard for the Government to have this power of direction over Statutory Boards; however, in this case it has been decided to limit the power to cases where Manx Care is failing in order to ensure that it is only used as the ultimate sanction. Additional resolution mechanisms that can be used at an earlier stage will be set out elsewhere (within the Mandate and clause 14 of the Bill).

Do you have any comments on Part 5 of the Bill?



9. Part 6 – Plans and Reports

Operating plan

Within Annex 10 to the Final Report, Sir Jonathan Michael suggested that Manx Care should demonstrate *"its accountability to its members, local people, stakeholders and the DHSC in a number of ways, including by publishing annually a commissioning plan"*. Commissioning is the process of planning, agreeing, purchasing and monitoring health and social care services. The Mandate will set out what services the DHSC believes are required to meet the needs of the population on the Isle of Man. Manx Care will be responsible for the planning, delivery and commissioning of those services. Clause 29 requires Manx Care to publish an operating plan that sets out how it intends to fulfil its responsibilities in order to comply with the Mandate.

Annual report

Recommendation 4 of the Final Report suggested that *"to increase transparency, a publicly available annual report from Manx Care should be provided to DHSC and subsequently presented to Tynwald, summarising the delivery of the health and care services on the Island"*. Clause 30 requires an annual report to be published.

Do you have any comments on Part 6 of the Bill?



10. Part 7 – Miscellaneous and Supplementary

Duty to share information

Recommendation 5 of the Final Report calls for a statutory duty of care (applicable to organisations and the individuals who deliver health or care services) to “be *agreed, implemented and maintained alongside the delivery of high value clinical governance, underpinned by legislation where necessary*”.

It was suggested that the new statutory duty of care would include:

- duty of confidentiality;
- duty to share information where appropriate to enable the delivery of safe optimal care; and
- duty of candour – a responsibility to disclose where breaches of safety standards or harm to individuals have occurred

Duty of care³ is a phrase used to describe the obligations implicit in the roles of every health and social care worker. It applies to all staff of all occupations and levels as well as students and volunteers. It is a common law duty⁴ which provides an obligation on one party to take care to prevent harm being suffered by another. Health and social care workers owe a duty of care to service users, colleagues, employers and themselves. As a result, it is not necessary to define this within the Bill.

Similarly there is a common law duty of confidentiality, which essentially means that when someone shares personal information in confidence it must not be disclosed without legal authority or justification. Again, an explicit duty of confidentiality has not been included within the Bill as to do so may limit the common law duty.

One of the key messages of Dame Fiona Caldicott’s 2013 Information Governance Review⁵, was that ‘*the duty to share information can be as important as the duty to protect patient confidentiality*’. The common law duty of care referenced above applies equally to information governance⁶ as it does to the provision of services. In terms of information governance, this duty includes both the duty of confidentiality and the duty to share information where appropriate for safe, optimal care. The duty to share has been reinforced within the Manx Care Bill.

Effective information-sharing underpins integrated working. However, it is important to note that information can be shared lawfully within the parameters of the Data Protection Act 2018 (‘DPA’). The DPA and human rights laws are not barriers to justified information sharing but provide a framework to ensure that personal information about individuals is shared appropriately; therefore, this duty to share does not override anything within the DPA and, generally, the following principles will continue to apply:

- as with the planning and delivery of services, the individual should be at the centre of decision making when considering whether or not information should be shared;
- Practitioners should be open and honest with the individual (and/or their family where appropriate) from the outset about why, what, how and with whom information will, or could be shared, and seek their agreement, unless it is unsafe or inappropriate to do so;

³ UNISON have put together a useful Duty of Care handbook -

<https://www.unison.org.uk/content/uploads/2013/06/On-line-Catalogue197863.pdf>

⁴ which is not defined in any piece of legislation instead has been developed through the courts making decisions on legal points and creating binding precedents

⁵ <https://www.gov.uk/government/publications/the-information-governance-review>

⁶ The information governance alliance has published a useful sheet on the application of the duty of care to information governance - <https://www.igt.hscic.gov.uk/Resources/The%20Duty%20of%20Care.pdf>

- where possible, information should be shared with consent and the wishes of those who do not consent to having their information shared should be respected; and
- There are circumstances where information may be shared without consent if there is a lawful reason to do so, such as where safety may be at risk; but where a practitioner shares information without consent, he/she must be mindful that an individual might not expect that information to be shared.

To effectively share information all practitioners will need to be confident of the processing conditions which allow them to store, and share, the information that they need to provide effective and efficient services. There is a separate project within the Transformation Programme specifically focussed on data, information and knowledge, which acknowledges the need for further training and guidance to be given to staff in this regard.

The other clauses in this part insert Manx Care into the Statutory Boards Act, allow the DHSC to make Regulations for the purpose of giving effect to the Manx Care Bill, brings Schedules 3 and 4 into operation which allows the DHSC to make transfer schemes to transfer its current staff, contracts for services, agreements etc. to Manx Care in order that Manx Care can continue to provide the necessary services. It also allows for those documents to be read as if they apply to Manx Care without the need for textual amendments.

Do you have any comments on Part 7 of the Bill?



11. Schedule 1 – Part 1 – Manx Care: Membership

The Final Report outlined a suggested make-up of the Manx Care Board. The Bill has followed that approach to ensure that the Board will *"have a majority of Non-Executive Directors"* and *"no political representation"*. The Bill outlines a minimum membership and allows the Board to invite other members to attend as long as there is always a majority of non-executive members. The minimum membership consists of a:

- Non-Executive Chairperson
- Non-Executive Directors
- Chief Executive
- Director of Finance
- Two or more appropriately professionally qualified persons which is likely to be any or all of the following:
 - Director of Social Care
 - Medical Director
 - Director of Nursing

The Chairperson and non-executive members will be appointed by the DHSC and approved by Tynwald. The Non-Executive Directors will be appointed in consultation with the Chairperson. The Chief Executive and Director of Finance will be appointed by the Public Services Commission in line with the normal Government appointment process for those roles. The "appropriately professionally qualified persons" will be appointed by Manx Care directly or the Public Services Commission as applicable to those roles. Whilst the appointment process is not set out within the legislation, the Establish Arm's Length Delivery of Health and Care Services Project is looking to formalise who should be on the appointment panel in each case to ensure that it is appropriate for each role.

Do you have any comments on this part of the Bill?

12. Part 2 – Organisation and Staff

This Part allows Manx Care to have staff that:

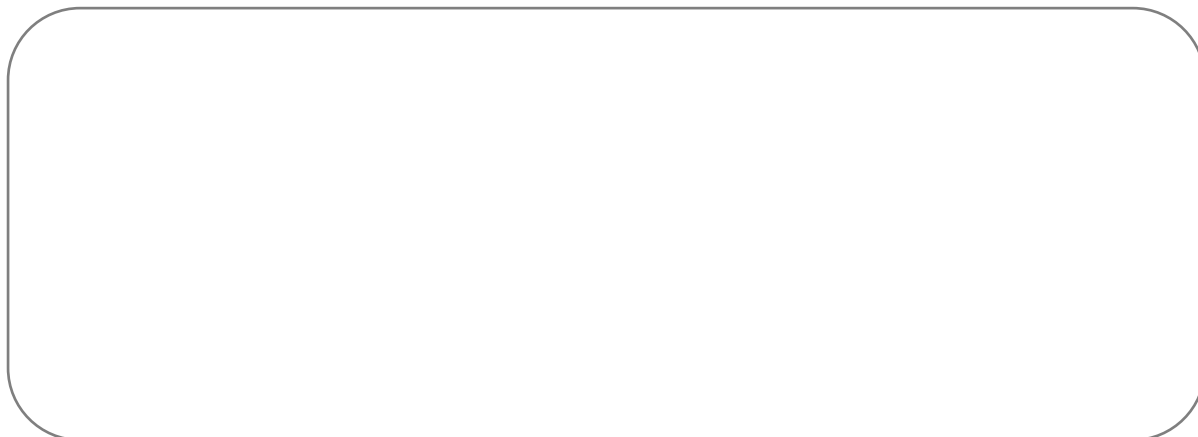
- Have been transferred to it from the DHSC, which will be those staff that are either employed by the Public Services Commission and currently stationed with the DHSC or are employed directly by the DHSC (e.g. on Manx Pay Terms and Conditions, Hospital Medical and Dental Staff and NJC Social Care);
- Are employees of the PSC and are stationed with Manx Care; and
- Are directly employed by Manx Care.

The staff transfer scheme under Schedule 4 sets out how the DHSC can transfer its current staff to be the staff of Manx Care and provides that this must be on the same terms and conditions as that staff member is currently employed.

Where there is to be a change of employer (for those staff members that are currently employed directly by the DHSC), the transfer scheme will not terminate the contract of employment of any person that is subject to the scheme. Instead, the contract of employment has effect after the transfer as if originally made between the employee and Manx Care. Manx Care will acquire all rights, powers, duties and liabilities under or in connection with the contracts of employment of transferring employees and liability for all pre-transfer acts and omissions of or in relation to the DHSC in respect of transferred employees or their contracts of appointment.

The Establish Arms-length Delivery of Health and Care Services Project within the Transformation Programme is working with staff, Trade Unions and staff representatives to consult specifically on the transfer of staff to Manx Care.

Do you have any comments on part 2 of Schedule 1 and Schedule 4 of the Bill?



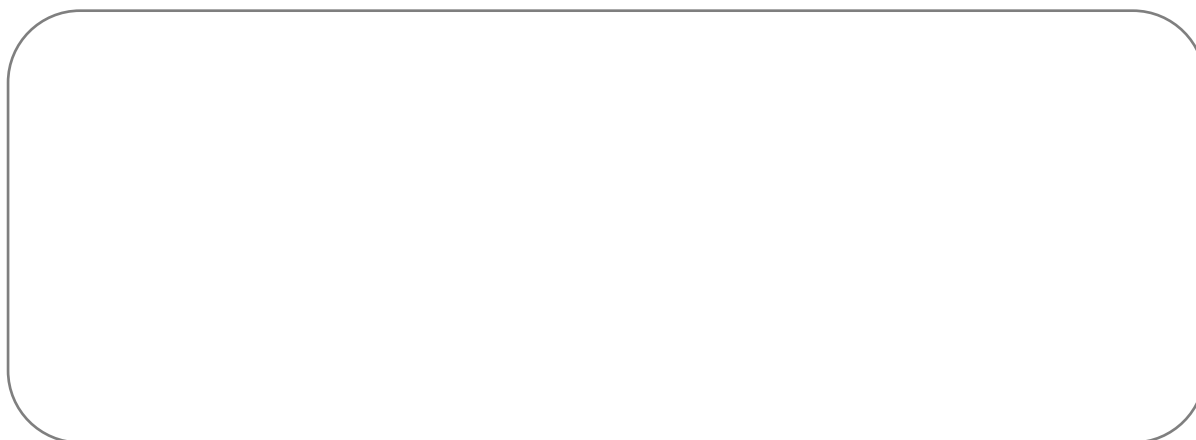
13. Part 3 – Inspections

The Final Report set out the need for an independent external quality regulator within recommendation 3: *“Services provided directly or indirectly by Manx Care should be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC”*.

It was further noted that *“there should be regular, empowered inspection of services, with an aim to maintain and further drive up standards. Where failings are identified, there should be an agreed improvement plan put in place with a timetable for it to be implemented and re-inspection within a short period to confirm that appropriate remedial action has been undertaken”*.

The Bill provides for the services provided directly or indirectly by Manx Care to be inspected regularly by independent, external quality regulators, with a report to the Manx Care Board and to the DHSC. Regulation of health and social care services serves to protect the public from harm, provide confidence in the quality of services, promote good practice and education and support a culture of continuous improvement. It can also serve to acknowledge good performance and ensure good practice is adhered to by every person involved in the system. It is an essential element of a modern health and social care system. In the event of failures being identified in the inspector’s report, timescales to remedy should be agreed between Manx Care and the DHSC and subsequent re-inspection commissioned. The DHSC is able to take appropriate steps, such as directing Manx Care to rectify the issues or appointing experts to facilitate the rectification of the issues, in the event of a failure by Manx Care to improve poor services.

Do you have any comments on this part of the Bill?



14. Schedule 2 – the Mandate

This schedule sets out what must be included in the Mandate from DHSC to Manx Care as a minimum.

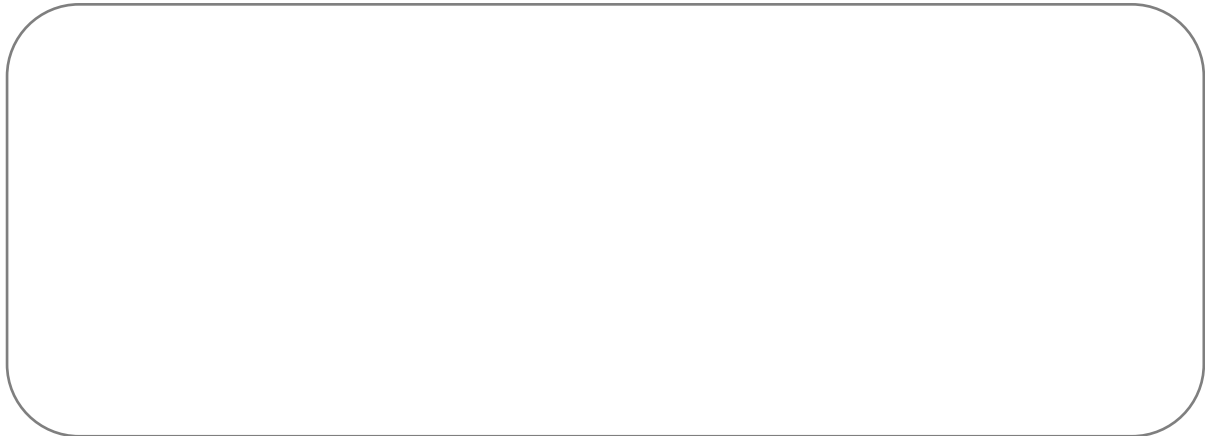
Do you have any comments on Schedule 2 to the Bill?



15. Schedule 3 – Transfer of rights and liabilities

This Schedule allows the DHSC to make a scheme to transfer its rights and liabilities to Manx Care. Manx Care will acquire all rights, powers, duties and liabilities under or in connection with the contracts transferred to it under the scheme and liability for all pre-transfer acts and omissions of or in relation to the DHSC in respect of those contracts.

Do you have any comments on Schedule 3 to the Bill?



Do you have any other feedback in relation to the Manx Care Bill that you have not provided elsewhere?

