GD: 2026/0103

Isle of Man Government
Reiltys Ellan Vannin

Department of Health and Social Care

Assessment of Manx Care for 2025/26

Version 1
November 2026
GD No. 2026/0103

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Professor Wendy Reid, Chair, Manx Care
Dr Chris Stockport, Interim Chief Executive Officer, Manx Care

(By e-mail)

Dear Professor Reid and Dr Stockport

Assessment of Manx Care for 2025/26

In accordance with the Manx Care Act 2021, this letter contains an assessment by the Department of Health and Social Care ("the Department") of Manx Care's performance of its functions during the 2025/26 financial year.

In preparing this letter, the Department has considered assurance provided by Manx Care, the contents of Manx Care's Annual Report for 2025/26, and information gathered from other sources. This includes performance data, input from statutory bodies, audit and inspection findings, and feedback from service users and other stakeholders.

The sections of this letter provide a detailed assessment of Manx Care's financial performance, achievement of strategic objectives, achievement of wider mandated requirements, and service performance.

Reflections on 2025/26

This is my second letter of assessment as Minister for Health and Social Care. During 2025/26, the relationship between the Department and Manx Care continued to mature, with greater openness and constructive challenge between our organisations. I am grateful for the way colleagues across both organisations have approached that relationship, and for the continued commitment of Manx Care's staff and volunteers during another demanding year.

This assessment identifies meaningful progress in a number of areas, particularly community-based care, prevention and early intervention, dentistry, patient flow and elements of workforce performance. It also identifies areas where progress was insufficient. Access and waiting times remain a significant concern, several important Mandate objectives were not delivered to the extent expected, and financial balance was not achieved.

I recognise that delivery was affected by increasing demand, workforce and capacity pressures, delays in transformation funding and dependencies beyond Manx Care's direct control. Where these factors materially affected delivery, the assessment identifies them. They do not, however, remove the need for clear accountability for outcomes, the effective stewardship of public money and delivery against agreed priorities.

The overall picture is therefore one of mixed performance. There is progress on which to build, but considerable further improvement is required. My expectation is that the lessons

from 2025/26 translate into stronger delivery, earlier intervention where performance is off track and measurable improvements in access, quality, outcomes and value for money.

Key Achievements

During the 2025/26 financial year, Manx Care continued to make progress in a number of important areas.

Community-based care: Health and Care Communities continued to develop across the Island, bringing together general practice, social care and voluntary organisations to provide more joined-up care and support closer to home. This was particularly evident in the North of the Island, where staff worked hard to develop the pilot project during the preceding year. Improvements were also seen in helping people leave hospital when they were ready, with fewer delayed discharges and fewer patients spending long periods in hospital.

Mental health and prevention: Progress was made in expanding early intervention mental health support for children and young people. This included the introduction of the TALK service, which provides community-based support for young people experiencing low to moderate mental health difficulties, and the continued development of mental health support within schools. Access to community-based psychological therapies for adults also increased during the year.

Dentistry: Significant progress was made in dentistry following the introduction of the reformed dental contract, which increased NHS activity and enabled substantially more patients to be allocated to NHS dental practices. While access pressures remain, this represents an important improvement in NHS dental provision.

Ambulance response: Response times for Category 1 calls, which relate to the most serious emergencies, improved during 2025/26, with patients receiving a faster response on average than the previous year. However, the Category 1 standard was not met, and the Department's assessment also recognises the continuing pressures affecting ambulance turnaround times and the reliability of direct comparisons where call-handling time is excluded.

Areas for Improvement

While there have been positive developments, the assessment makes clear that many patients will not yet feel that services have improved to the extent they expect.

Access to care: Waiting times remain one of my biggest concerns. Many patients continued to wait too long for appointments and treatment during 2025/26. Performance against cancer waiting time standards remained below target, diagnostic waiting times increased, and access to general practice appointments remained challenging in parts of the Island. Emergency Department waiting times also increased, reflecting ongoing challenges in patient flow through the hospital. Action is being taken across these areas to improve access, although the benefits have yet to be fully realised.

The scale and duration of some waits are unacceptable. Manx Care must demonstrate that planned improvements are translating into sustained reductions in waiting times, supported by stronger productivity, effective clinical validation and clear oversight of the risk of harm to patients while they wait.

Quality and safety: Performance was mixed. There were encouraging improvements in patient feedback, infection prevention, antimicrobial stewardship and some clinical safety processes. However, the assessment also identifies areas requiring continued focus and assurance, including pressure damage, medication incidents and learning from Serious Incidents. I expect the Board to maintain clear oversight of these matters and to be able to demonstrate that learning results in timely and sustained improvements in care.

Financial performance: Financial sustainability remains a significant challenge. Manx Care ended 2025/26 with an operational deficit of £14.9 million and required a supplementary vote. This was driven by a combination of increasing demand, workforce pressures and the costs of maintaining safe and essential services. Manx Care delivered £9.9 million of efficiency savings during the year, exceeding the efficiency requirement set out in the Mandate, but these savings were not sufficient to offset wider cost pressures.

While I recognise the demand-led and structural pressures underpinning the position, an overspend of this scale cannot become an accepted feature of the system. Financial planning, forecasting, productivity and in-year corrective action must continue to strengthen so that Manx Care can demonstrate both sustainable service delivery and value for public money. There must also be clear accountability across the organisation for the delivery of agreed financial plans.

Governance and assurance: I note the Limited Assurance annual opinion reported by the Audit Advisory Division. While this did not identify a fundamental failure of governance, risk management or internal control, it reinforces the importance of strengthening assurance arrangements, improving the monitoring and closure of audit recommendations, and continuing to develop the Board Assurance Framework. I expect the Board to maintain close oversight of this work and to provide clear evidence that the required improvements have been embedded.

The Department recognises that progress against some initiatives during 2025/26 was affected by wider factors, including delays to transformation funding and dependencies on external organisations. These factors have been reflected appropriately in the detailed assessment.

Looking Ahead

As we move through the remainder of 2026/27, the Department and Manx Care will continue to work together to build on the progress made and address the areas where further improvement is needed. This includes action to reduce waiting times through waiting-list validation and improvements in productivity; strengthen urgent and emergency care through the further development of integrated urgent care pathways; and expand community-based services that support people to receive care closer to home.

Alongside this, there will be a continued focus on improving financial sustainability, strengthening workforce planning and progressing the digital developments needed to support more effective and integrated care.

The Department will expect Manx Care to demonstrate measurable progress against these priorities, supported by clear milestones, reliable performance information and timely escalation where delivery or financial performance moves off track. The focus must be not

only on developing plans, but on demonstrating that those plans are improving access, quality, productivity and outcomes for the people who rely on health and social care services.

I would like to thank the Board, staff and volunteers of Manx Care for their continued commitment throughout the year, as well as our partners across Government, the third sector and the wider community. I would also like to thank patients, service users and carers whose experiences and feedback continue to help shape improvements to health and care services across the Island.

The Department remains committed to working constructively with Manx Care, while continuing to provide the transparent challenge and oversight required to support safe, sustainable and accountable services.

Yours sincerely,

Hon. Claire Christian, MHK

Minister for Health and Social Care

1 Financial Performance

The Mandate to Manx Care for 2025/26 required the organisation to exercise its functions effectively, efficiently and economically, to operate within a total revenue budget of £361.8 million, deliver a 2% efficiency target, and support a shift in resources towards primary and community services, while maintaining appropriate financial governance and controls.

Financial Position

At the end of the financial year, Manx Care reported a gross deficit of £21.4 million prior to adjustments, reducing to approximately £11.4m with the application of £10 million of contingency funding. The operational deficit for the year was £14.9 million following the adjustments for additional Operating Plan cost pressures of £3.5 million.

This represents a variance from the approved revenue budget, requiring a supplementary vote to regularise expenditure incurred in delivering services. The outturn reflects a combination of underlying structural pressures and the requirement to maintain safe, statutory services throughout the year.

The principal drivers of the position were:

- Employee costs, with a £10.1 million adverse variance, largely attributable to the use of bank, locum and agency staff to maintain safe staffing levels;
- Other costs, with a £4.8 million adverse variance, including higher expenditure on high cost patients, tertiary care, patient transfers and supplies.

The figures above are presented on a net basis after the application of contingency funding and internal fund claims.

These pressures are largely demand-led and non-discretionary in nature, reflecting increasing service complexity, workforce constraints and the need to meet statutory obligations.

Efficiency and Cost Improvement

Manx Care delivered £9.9 million of efficiency savings during the year, exceeding the mandated 2% efficiency target (approximately £7 million).

However, the total savings requirement within the Operating Plan was £14.6 million, resulting in a £4.7 million shortfall in delivery.

Performance varied across services:

- Primary care and other out-of-hospital services over-delivered savings, contributing positively to the overall position;
- Hospital services under-delivered against their targets, particularly in areas subject to higher demand and workforce pressures.

While the mandated efficiency requirement was achieved, the overall level of savings delivered was insufficient to fully offset underlying cost and demand pressures.

Expenditure on Primary and Community Services

There is evidence of progress towards the strategic objective of strengthening out-of-hospital care:

- The Primary Care and Community Services group reported a favourable variance of £0.6 million, reflecting vacancy management and operational efficiencies;
- Out-of-hospital cost improvement schemes exceeded plan, supporting the delivery of efficiencies aligned with the strategic direction.

However, acute and hospital-based services continue to account for the majority of financial pressure, indicating that the overall balance of expenditure across the system has not yet materially shifted.

Financial Governance and Control

Financial governance arrangements were in place during the year, supported by routine financial reporting, variance analysis and monitoring of cost improvement delivery.

These processes provided visibility of key cost pressures, including workforce expenditure, tertiary care and delivery of savings plans.

The year-end position indicates that, while these arrangements enabled transparency of financial performance, they did not fully mitigate the emergence of a material overspend.

In particular:

- Forecasting and in-year financial management did not prevent deterioration in the financial position, with adverse movements emerging later in the year;
- In-year actions were not sufficient to contain expenditure within the approved budget, particularly in high-cost, demand-led areas;
- Delivery of cost improvement plans was below the level required to achieve financial balance, with a gap remaining between planned and delivered savings.

In addition, the need to include £1.8 million of capital expenditure for endoscopy equipment within the supplementary vote indicates that some capital requirements were not fully reflected within initial planning and prioritisation processes.

Overall, the year highlights the importance of continuing to strengthen:

- The robustness of financial planning and forecasting;
- The effectiveness of in-year financial management and intervention; and
- Accountability for delivery of financial plans across services.

Joint Working with the Department

Manx Care worked with the Department of Health and Social Care and Treasury throughout the year to manage financial pressures, including:

- Use of £10 million Treasury contingency funding to support high-cost and complex care;
- Use of the Department's Strategy Budget to offset expenditure.

This approach enabled transparency in the reporting and management of financial pressures, particularly where costs were demand-led and unavoidable.

However, the overall outturn indicates that:

- The level of in-year financial pressure ultimately required a supplementary vote to regularise expenditure;
- Operating Plan cost pressures (£3.5 million), although identified, were not mitigated in-year but instead reported outside the operational outturn, resulting in these costs being included as part of the supplementary vote rather than being addressed through corrective action during the financial year;
- The inclusion of capital funding for endoscopy equipment within the supplementary vote further highlights the need for stronger alignment in financial planning, prioritisation and in-year management across organisations.

Overall, joint working supported the visibility and escalation of financial pressures, but also highlights the need to further strengthen collective planning, earlier intervention and financial control to support delivery within agreed funding levels.

Capital and Wider Support

Manx Care continued to support delivery of the capital programme, with most schemes progressing as planned, although some slippage and delay were identified.

Capital investment remains important in supporting service sustainability, improving patient outcomes and reducing longer-term cost pressures.

Overall Assessment

Overall, financial performance in 2025/26 reflects a system operating under significant and sustained pressure, driven by demand, workforce challenges and the requirement to deliver safe and effective care.

- The revenue budget was exceeded, and financial balance was not achieved.
- The mandated efficiency target was met, but savings were insufficient to fully mitigate cost pressures.
- There has been progress in strengthening primary and community services, although the financial impact at system level remains limited.
- Financial governance arrangements supported transparency, but require further strengthening to support delivery of financial balance.

Financial performance is therefore assessed as partially compliant with the Mandate, with progress in efficiency delivery and service direction, alongside a continued requirement to strengthen financial control, planning and system-wide accountability.

2 Achievement of Strategic Objectives

This section details the Department's assessment of the extent to which Manx Care met strategic objectives specified in the 2025/26 Mandate and Operating Plan during the 2025/26 financial year. For each mandated objective, the Department and Manx Care agreed a set of deliverables that reflected both the objective and any relevant proposals within Manx Care's Operating Plan. This section assigns a rating to each agreed deliverable, using the following 1-5 rating scale. An overall delivery rating for each mandated objective is also given. It should be noted that deliverables do not carry equal weight.

Rating Scale



The ◆ symbol appears alongside ratings where delivery was substantially affected by factors outside Manx Care's direct control, such as delayed funding decisions or dependencies on other parties. The symbol provides context but does not alter the rating given.

Delays in Securing Transformation Funding during 2025/26

Several transformation-related deliverables within the 2025/26 Mandate were developed on the basis that funding from the Health and Care Transformation Fund would be available throughout the year. The Department submitted a funding request in July 2025 to support delivery of transformation initiatives during 2025/26. However, approval of funding was not confirmed until February 2026, following a period of review and revision during which proposals were refined to strengthen their transformational impact, align with wider financial recovery priorities, and address Treasury feedback. This included changes to the scope of some initiatives and the resubmission of funding proposals during the year.

The time required to review, refine and approve these proposals reduced the period available to implement a number of planned transformation initiatives during 2025/26 and affected progress against some transformation-related deliverables. While preparatory work continued where possible, the intended benefits of certain initiatives were not fully realised within the year.

At a Glance: Achievement of Strategic Objectives

Manx Care made good progress against some strategic objectives during 2025/26, while delivery of others was more limited. Community-based models of care continued to develop, underpinned by prevention initiatives and services designed to support people to live independently at home. Progress was also made in workforce, digital and contracting. More limited progress was achieved against objectives relating to urgent care integration, elective care improvement and cost reduction.

Objective Number	Focus of Objective	Delivery Rating
1	Improving the consistency, availability and accessibility of services in local communities, including GP and dental services.	**2**: Limited Progress
2	Improving 'out of hours' services to provide an effective patient response.	**2**: Limited Progress
3	Understanding the cost of care to enable decisions about how and where it is best delivered.	**3**: Partially Delivered
4	Consistently embedding locality hubs in the four regions of the Island.	**4**: Mostly Delivered
5	Prioritising early intervention and prevention initiatives that are low cost or cost-neutral.	**4**: Mostly Delivered
6	Strengthening role as corporate parent, with respect to placement of children, access to support, and listening to children.	**4**: Mostly Delivered
7	Implementing cost-neutral elements of care pathway work and reducing discharge delays.	**3:** Partially Delivered
8	Implementing National Institute for Health and Care Excellence Technology Appraisals (NICE TAs) that are cost-saving or cost-neutral.	**4**: Mostly Delivered
9	Developing the Manx Care Record and undertaking digital remediation work to maintain existing digital systems.	**3**: Partially Delivered

Objective Number	Focus of Objective	Delivery Rating
10	Clinically validating outpatient waiting lists, adhering to follow-up schedules, and meeting theatre productivity standards.	**2**: Limited Progress
11	Embedding of initiatives that enable a 'home first' approach, including the Intermediate Care service and virtual wards.	**4:** Mostly Delivered
12	Preventing readmission to hospital through integrated frailty services led in primary care.	**3:** Partially Delivered
13	Reducing management and administration costs at Noble's Hospital.	**2**: Limited Progress
14	Ensuring that the workforce is appropriate to meet demand through job planning.	**2**: Limited Progress
15	Using contracts to drive performance and efficiency through management and provision of data.	**3:** Partially Delivered
16	Understanding where offering private services would be of most benefit to patients.	**3:** Partially Delivered

Objective 1

Mandate Requirement

*Deliver improvement in the consistency, availability and accessibility of **services in local communities**, including GP and dental services. This should include a key focus on opportunities for shared care in the management of long-term conditions and following discharge from inpatient settings.*

There will be a reduction in waiting times for appointments in the community during the service year (which may be with a GP, Nurse or Allied Health Professional, such as physiotherapists, dieticians and First Contact Practitioners).

Patient feedback will demonstrate increasing public confidence in the ability to obtain an appropriate appointment.

Operating Plan Proposal

We will signpost you to the right service and where appropriate move care from the hospital to GPs or community services. This will be supported by shared care agreements in 2025/26 for a range of chronic illnesses that have been diagnosed, and for which an appropriate pathway is in place to move to primary care.

The services will build on and enact the recommendations resulting from the ongoing review of productivity and efficiency, and will align to best practice as identified in the Getting It Right First Time (GIRFT) guidance, Royal College recommendations and shared care agreements.

We will initiate an Urgent, Emergency and Integrated Care (UEIC) review to drive single point of access, where a patient can call one number and be directed to the right care required.

We will work with Public Health to undertake a dental needs assessment project approach in 2025/26. In the meantime, we will continue to use Hillside Dental Practice to allocate patients.

Overall Delivery Rating

2: Limited Progress

Delivery Summary

Progress was mixed in improving access to community-based services and delivering care closer to home in 2025/26. A reduction in the NHS dental waiting list improved access to routine dental care for many patients, but access to general practice appointments remained challenging and variable between practices.

During the year, a shared care service model was established to support the transfer of appropriate ongoing care from hospital services into the community. Initial shared care arrangements were implemented for a small number of patients receiving specialist mental health medications, and the governance and operational arrangements required for future expansion were developed. Plans are in place to extend the model to additional specialties during 2026/27, alongside efforts to improve consistency of access across GP and dental services, and increase the range of services delivered through Health and Care Communities.

Progress against Deliverables

Deliverable	Progress
Reduction in time between booking and general practice appointment	Overall, there was no reduction in time between booking and general practice appointment during 2025/26. For example, the proportion of general practice appointments delivered on the same day as booking remained unchanged at 35.3% in both 2024/25 and 2025/26. However, at Ramsey Group Practice, the Remote GP pilot increased the percentage of appointments delivered within 14 days of booking by 3.3%. Progress in improving access to general practice was constrained by challenges in expanding the primary care workforce, including the recruitment of additional GPs and other practitioners. **2**: Limited Progress

Increase in consistency between practices in time between booking and general practice appointment	There continued to be substantial variation between GP practices in time between booking and general practice appointment. The proportion of appointments delivered on the same day as booking varied between 20.7% and 43.4%, depending on the practice. Manx Care was unable to secure additional resource to standardise booking practices during 2025/26. **1**: Not Delivered
Increased public confidence in the ability to obtain a general practice appointment	A DHSC-led survey of 197 patients across 11 GP practices (November–December 2025) indicated that although feedback was positive overall, there was no perceived change in the ease of obtaining a general practice appointment compared with the previous year. Meanwhile, access to general practice appointments remained a top theme of Manx Care Advice and Liaison Service (MCALS) contacts. Initiatives developed during 2025/26 and being rolled out during 2026/27, including the Remote GP service and enhanced triage arrangements, are expected to improve patients' experience of GP access going forward. **2**: Limited Progress
Increase in activity delivered by salaried dental practices such as Hillside Dental Surgery	The average number of patients seen at Hillside Dental Surgery decreased from 467 per month in 2024/25 to 349 per month in 2025/26. This was due to dentist vacancies; activity began to increase toward the end of 2025/26 once the vacant posts had been filled. **1**: Not Delivered
Reduction in number of patients awaiting allocation to an NHS dentist	The number of patients awaiting allocation to an NHS dentist decreased from 6,404 on 31 March 2025 to less than 4,000 on 31 March 2026, following the introduction of a new contract with five out of seven dental contractors which increased NHS capacity. Due to issues with data capture, an accurate year-end figure was not available. **5**: Fully Delivered

Reduction in time to allocation to a dental practice	Manx Care has reported dental waiting-time information for 2025/26; however, a technical issue affecting the accuracy of the historical data means that the Department is unable to reliably assess whether waiting times reduced during the year. The issue has since been resolved and accurate waiting-time information is being reported during 2026/27. **1**: Not Delivered
Shared care agreements in place for a range of chronic illnesses, aligned to best practice where an appropriate pathway is in place to move to primary care	During 2025/26, Manx Care established a shared care service to support the safe and consistent management of patients prescribed specialist medicines within the community. Governance arrangements, operational procedures and service agreements were developed, and the model was piloted with two patients receiving specialist mental health medications. Progress was slower than anticipated because implementation depended on engagement and capacity within specialist services, with operational pressures affecting the assessment and transfer of clinically suitable patients. As a result, wider rollout across specialties remained at an early stage by year end. **3**: Partially Delivered
Support to Public Health in undertaking a dental needs assessment	Public Health did not require support from Manx Care in undertaking its dental needs assessment during 2025/26; it was awaiting the release of the England Adult Oral Health Survey and undertook an epidemiological assessment of 5-year-old children's oral health. Public Health commenced the dental needs assessment at the start of 2026/27 with support from Manx Care. **1**: Not Delivered ◆

Objective 2

Mandate Requirement

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

It is expected that there will be no decline in Emergency Department (ED) waiting time performance against that achieved during 2024/25.

Operating Plan Proposal

The UEIC model will be reviewed in 2025/26, with the aim of developing an affordable and sustainable single point of access UEIC for the Island. This will moderately increase ED attendances, although mitigations are available such as improving triaging of patients, use of Minor Injuries Units and ability to book into GP appointments from ED following clinical triage.

Overall Delivery Rating

2: Limited Progress

Delivery Summary

Several components of a more integrated urgent care system progressed during 2025/26, including further development of the Ambulatory Assessment and Treatment Unit (AATU) and work to strengthen alternative pathways to ED attendance. Development of an Emergency Department Observation Unit (EDOU) was also explored as an option for providing capacity for short-term assessment and observation outside the main ED. Pressures across urgent and emergency care continued, with more patients experiencing extended waits and increased use of the ED for non-urgent conditions. This affected patient experience and indicated wider challenges in accessing timely community-based care. Work has continued during 2026/27 to develop the urgent care model, with a focus on progressing Phase 2 of AATU and introducing a single urgent care access route.

Progress against Deliverables

Deliverable	Progress
Integrated 'out of hours' service delivered	Work progressed during 2025/26 on key elements intended to support the development of an integrated out-of-hours service, including extension of AATU pathways and associated ward reconfiguration. An EDOU was also explored as an option for short-term assessment and observation outside the main ED. Progress on the wider model, including the 'single point of access', was delayed by funding constraints and challenges securing clinical backfill. Activity levels for AATU declined slightly, partly due to staff vacancies. In 2025/26, 2,171 patients were accepted into AATU compared to 2,673 patients in 2024/25. **3**: Partially Delivered

Emergency Department waiting time performance maintained (compared to 2024/25)	Performance against ED waiting time standards worsened during the year. In 2025/26, 63.7% of patients were admitted, transferred or discharged within 4 hours of their arrival, compared to 66.5% in 2024/25 (and the target of 78%). Meanwhile, 5.6% of patients spent more than 12 hours in ED at Noble's Hospital, compared to 4.5% in 2024/25 (and the target of 5% or less). Extended waiting times in ED were driven largely by system-wide pressures, including limited space within the ED and delays in transferring patients to inpatient wards. **1**: Not Delivered
Reduction in Emergency Department attendances with non-urgent Manchester Triage System category	The percentage of ED attendances at Noble's Hospital classified as non-urgent increased from 1.1% in 2024/25 to 1.9% in 2025/26. This indicates difficulty for patients in accessing timely care through community-based services, contributing to ongoing reliance on the ED for non-urgent needs. **1:** Not Delivered

Objective 3

Mandate Requirement

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

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

Operating Plan Proposal

In 2025/26, Manx Care will support the implementation of a new ledger system to support an initial improvement in the level of understanding the cost of care.

The Manx Care Record implementation is required to unlock ABC to then understand the cost of healthcare and enable decisions about how and where healthcare is best delivered.

Overall Delivery Rating

3: Partially Delivered

Delivery Summary

Understanding of healthcare activity and costs improved during 2025/26. Better use of tertiary care data, development of demand and capacity modelling for hospital services, and work to implement a new stock and inventory management system strengthened the information available to support service planning and financial decision-making. However, forecasting accuracy did not improve, demand and capacity modelling remained incomplete, and work to fully understand the cost of care remains at an early stage. While the new stock management system provides supporting information, further work is planned during 2026/27 to improve understanding of the cost of individual services and patient care. During 2026/27, Manx Care will also continue development of demand and capacity plans to support more accurate budgeting and service planning.

Progress against Deliverables

Deliverable	Progress
Demand and capacity modelling undertaken in community and secondary care	A demand and activity modelling approach was in place for hospital services and was used to inform indicative activity plans for 2026/27, including testing the impact of potential service changes. However, capacity data and modelling remained under development, limiting the scope of the model and the modelling had not been expanded to out-of-hospital services by year end. **3**: Partially Delivered
Data produced by Off-Island Transfer Team triangulated with data supplied by NHS and provided to Divisions	Off-Island Transfer Team data was triangulated with NHS activity and finance data and shared with Divisions to strengthen oversight of tertiary activity and spend. The combined dataset supported identification of cost drivers and informed discussions on opportunities to optimise care pathways and delivery settings. **5**: Fully Delivered

Support for implementation of new ledger system	During 2025/26, Manx Care worked with Treasury to support implementation of a new stock and inventory management system. Manx Care provided operational and specialist input to support system design, configuration and implementation, helping to ensure the solution reflected healthcare requirements. This system will improve the recording and management of supplies used in patient care and provide supporting information for future work to better understand the cost of delivering services. However, achieving full activity-based costing will require additional patient-level costing solutions beyond the scope of this system. **3**: Partially Delivered ◆
Increasing accuracy in forecast spend per annum versus outturn	Accuracy in forecasting annual expenditure did not improve during the year. Forecasts increased significantly in the final quarter in response to additional expenditure pressures, including costs outside the original Mandate. The resulting difference between forecast and outturn expenditure demonstrated that forecasting arrangements require greater accuracy and earlier identification of pressures. **1:** Not Delivered
Information shared with Public Health to support identification of cohorts of the population who require the costliest interventions	Public Health did not request data from Manx Care in 2025/26 to support identification of high-cost population cohorts, as the ability to group people by their health and care needs is limited without a single patient record. **1:** Not Delivered ◆

Objective 4

Mandate Requirement

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

Manx Care will report an increase in the proportion of community appointments being delivered by Nurses and Allied Health Practitioners such as Physiotherapists, Dietitians and First Contact Practitioners rather than by General Practitioners.

Operating Plan Proposal

Manx Care will build on work undertaken in 2024/25 to further develop locality hubs, incorporating wellbeing partnerships, into 2025/26, driving integration and care closer to home. The locality hubs are essentially 'one stop shops' which will cater for an increasingly wide variety of support, such as specialist mental health support, social care, support for those recovering from illness or injury and management of long-term conditions such as diabetes. These hubs will gradually increase their scope, work across professional boundaries, and alongside voluntary and community partners to provide fully integrated care plans for each individual. The locality hubs will be clinically-led and aligned with our primary care practices.

Overall Delivery Rating

4: Mostly Delivered

Delivery Summary

Health and Care Communities continued to develop during 2025/26 through the growth of Wellbeing Partnerships, which bring together local health professionals, Government and third sector organisations to provide coordinated support to help people stay well in their communities. New frailty services and other community-based initiatives expanded the range of care available closer to home. However, development remained at different stages across the Island, and progress was constrained by estate limitations and delays to transformation funding. The planned shift towards greater use of non-GP practitioners continued, but this did not result in an increase in the proportion of appointments delivered by those staff groups by year end. Priorities for 2026/27 include further embedding Health and Care Communities and expanding the range of services delivered through community settings.

Progress against Deliverables

Deliverable	Progress
Locality hubs in the four regions of the Island embedded consistently	During 2025/26, Health and Care Communities continued to develop across all four localities through the expansion of Wellbeing Partnerships and closer integration between primary care, social care, community services and third sector organisations. Frailty clinics were established in the North and South and planned for the East and West, while the Northern locality expanded services such as social prescribing and pain management. However, Health and Care Communities remained at different stages of development across the Island and some planned developments were constrained by estate limitations and delays to transformation funding. **4**: Mostly Delivered ◆

Increase in the proportion of community appointments being delivered by Nurses and Allied Health Practitioners rather than by General Practitioners	Multidisciplinary primary care services continued to expand during 2025/26, including further rollout of Mental Health First Contact Practitioners and Physiotherapy First Contact Practitioners within GP practices. The number of appointments delivered by non-GP practitioners increased, from 166,600 in 2024/25 to 174,087 in 2025/26. However, the proportion of community appointments delivered by Nurses and Allied Health Practitioners remained unchanged at 43%, meaning the intended shift in the balance of activity away from GPs was not achieved. Variation between practices in the use of multidisciplinary roles, together with ongoing demand for GP-led appointments, limited progress against this deliverable. **2**: Limited Progress

Objective 5

Mandate Requirement

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

Operating Plan Proposal

Following approval of the Child and Adolescent Mental Health Service (CAMHS) business case in April 2024, Manx Care will continue to progress the implementation of the THRIVE Model.

Manx Care will aim to increase the number of adults and older adults accessing psychological therapy services in the community.

Manx Care will continue to follow Public Health policy directives on Joint Committee on Vaccinations and Immunisations (JCVI) and screening recommendations, subject to additional funding allocations for new and revised programmes.

Manx Care will work with and alongside Public Health recommendations to develop the most appropriate model for vaccination delivery.

The Isle of Man is not currently on par with delivery of recognised national screening programmes delivered in England. 2025/26 will see no new screening programmes introduced without investment.

Overall Delivery Rating

4: Mostly Delivered

Delivery Summary

Good progress was made during 2025/26 in prevention and early intervention, particularly through the continued development of THRIVE-aligned mental health services and increased access to community-based psychological therapies. Strong partnership working also supported delivery of the Island's vaccination programmes across community, school and care settings, helping maintain access for eligible residents. Priorities for 2026/27 include further embedding THRIVE-aligned support for children and young people and progressing future screening and vaccination initiatives with Public Health.

Progress against Deliverables

Deliverable	Progress
THRIVE model progressed in line with implementation plan for 2025/26	THRIVE-aligned services were advanced during 2025/26. Key developments included the launch of the TALK service in partnership with Isle Listen, the successful completion of the CAMHS waiting list initiative, and the placement of mental health professionals in all secondary schools. Further improvements are being taken forward through the Public Health-led Family Hubs programme. **5**: Fully Delivered
Increase in the number of adults and older adults accessing Psychological Therapy services in the community	Referrals to the Therapy Service within the Community Wellbeing Service increased from 1,494 referrals in 2024/25 to 1,807 referrals in 2025/26; a 21.0% increase. This increase demonstrates improved access to community-based psychological therapy for adults, helping individuals access support sooner and manage emerging mental health concerns. **5**: Fully Delivered

Joint working with the Department and Public Health to evaluate new or significantly changed screening and vaccination programmes	Manx Care actively participated in the Vaccination and Immunisation Strategic Commissioning Partnership (VISCP) and wider governance arrangements. This included advising on the implementation of revised vaccination programmes, although similar advice was not provided in relation to screening. Planned evaluation of new or significantly changed programmes did not progress as expected, with key Public Health-led review activity deferred to 2026/27. **3**: Partially Delivered ◆
Public Health policy directives on Joint Committee on Vaccination and Immunisation (JCVI) and screening recommendations followed, subject to additional funding allocations for new and revised programmes	Manx Care remained largely aligned with Public Health and JCVI recommendations, maintaining existing vaccination and screening programmes, although implementation of the shingles vaccination programme had not progressed at the pace set out in JCVI guidance. While new or revised programmes were not implemented during the year, significant progress was made through the VISCP governance structure, including completion of screening programme reviews, development of delivery plans, identification of resource requirements, and securing additional funding for vaccination programmes. This established the foundations for future implementation, subject to capacity and commissioning approval. **4**: Mostly Delivered

Objective 6

Mandate Requirement

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

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

Operating Plan Proposal

Existing delivery of directly delivered children's and families services can be maintained in 2025/26.

OFSTED reports have identified that respite/short breaks services for children with disabilities are not meeting the needs of the current, or future cohort. Further work will be undertaken to understand need and options for addressing.

Autism and looked-after children commissioned contracts due to be tendered in 2025/26. There is a risk that the services required will outstrip baseline budget available.

Overall Delivery Rating

4: Mostly Delivered

Delivery Summary

Progress was made during 2025/26 in strengthening support for looked-after children and care leavers. Children continued to be actively involved in decisions about their care and timely reviews were maintained. The review of respite and short-break provision also provided a clearer understanding of future service requirements. However, foster carer shortages and gaps in some care planning arrangements continued to affect the range of placement options available. In response, the Children's Services Development Plan is being updated in 2026/27 and foster carer recruitment and retention are being strengthened to reduce reliance on residential care.

Progress against Deliverables

Deliverable	Progress
Development of initiatives which support all children being placed appropriately, and in line with their care plan, first time, with appropriate access to physical, mental and social care support throughout	During 2025/26, looked-after children reviews were consistently held on time, needs assessments were carried out, and progress against care plans was monitored. There was a continued drive to recruit and retain foster carers through advertising campaigns and information sessions. However, although these activities generated interest in fostering, there remained a shortage of foster carers which impacted placement choice and stability. For example, 43% of looked-after children were living in residential care at year end compared to the service's target of 25%. Meanwhile, health assessments and dental checks were not consistently up to date, meaning it is possible that some health needs went unidentified. **3**: Partially Delivered

Steps taken to listen to the voices of children in care and support their needs when they leave care	In 2025/26, looked-after children were consistently involved in reviews (98.8% of reviews where the child was of sufficient maturity) and supported to express their views through the Independent Reviewing Officer process. Regular aftercare sessions and events were in place to support care leavers, alongside work to identify suitable housing and provide practical support as they moved towards independence. However, not all eligible young people had pathway plans in place (less than 70%). As pathway plans are a key mechanism for planning support during the transition from care to adulthood, this indicates that arrangements for preparing care leavers were not yet consistently delivered. **4**: Mostly Delivered
Review of need for respite/short breaks service for children with disabilities, and identification of options for addressing that need	Manx Care completed a review of respite and short breaks services for children with disabilities, identifying current and future service pressures and unmet need. This informed a business case for service expansion. Funding was subsequently secured for additional outreach provision and the development of further respite capacity. **5**: Fully Delivered

Objective 7

Mandate Requirement

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

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

Operating Plan Proposal

Manx Care will work collaboratively with the Health and Care Transformation Programme Care Pathways Team to refocus support on the development of pathways that straddle Manx Care and NHS providers. These pathways will clearly lay out where each stage in the pathway takes place (such as diagnostic tests, face-to-face consultation, virtual consultation) and where the handover of care between/from Manx Care to the NHS provider and vice versa takes place, as well as the agreed period of time that each stage should take, i.e. duration between decision to transfer care to an NHS provider and the first consultation being arranged.

To support the move towards shared care within our community and primary care teams, where necessary the Health and Care Pathways Team will ensure the rapid development of revised pathways to enable oversight for long-term conditions and ongoing management of patients within primary care at scale and our wider community service.

Overall Delivery Rating

3: Partially Delivered

Delivery Summary

During 2025/26, Manx Care developed integrated pathways across services, improving coordination between Manx Care and off-Island partners. In addition, improvements to hospital discharge processes substantially reduced delayed transfers of care, helping more patients leave hospital promptly and reducing unnecessary hospital stays. This improved patient flow and released capacity within the hospital system. The next phase of work is centred on embedding integrated discharge arrangements, expanding shared care models and strengthening pathways that support joined-up care across organisations.

Progress against Deliverables

Deliverable	Progress
Implementation of cost-neutral care pathways agreed through the Transformation Committee	During 2025/26, some progress was made in delivering cost-neutral care pathway improvements. Achievements included implementation of diabetes e-referrals, improvements to podiatry referral processes, and the strengthening of governance arrangements for insulin administration. However, key elements remained incomplete across several care pathways, including diabetes, cardiology and two cancer pathways. Progress was delayed by staffing and clinical engagement challenges. **3**: Partially Delivered
Development of pathways that straddle Manx Care and NHS providers	Collaboration between Manx Care and NHS providers strengthened, which supported more coordinated patient journeys. This included identifying opportunities for local diagnostics and virtual appointments, and introducing visiting specialist clinics in orthopaedics and epilepsy. While these developments supported pathway improvement, work to embed arrangements across providers remained ongoing at year end. **2**: Limited Progress

Reduction in the numbers of medically optimised patients awaiting discharge from secondary care settings	There was a reduction in the number of medically optimised patients awaiting discharge, with 81 delayed transfers of care in 2025/26 compared to 194 in 2024/25. This represents a substantial improvement and reflects more timely discharge arrangements and strengthened coordination across health and social care services. **5**: Fully Delivered

Objective 8

Mandate Requirement

Continued implementation of the previously agreed work to implement ***National Institute for Health and Care Excellence Technology Appraisals (NICE TAs)***

Operating Plan Proposal

Manx Care will continue to manage access to NICE TA drug therapies that are cost-saving or cost-neutral, to ensure that patients are able to access these therapies that provide better management of their condition and/or have better value for the treatment costs in a long-term condition. To ensure the costs of these drugs remain under control, Manx Care and the DHSC will create a process by which approval and formal acknowledgement of the requirements can be documented throughout the year. For patients who are accessing these drugs through off-Island providers, they will be required to inform Manx Care through contractual information sharing of the prescribing of the drugs.

Manx Care undertook work in 2024/25 to understand the resources and funding to expand access. Recurrent investment of £900k is required, which will increase equity of access for Isle of Man patients to benchmark at approximately 93% compliance against our English counterparts for NICE TA drugs, recommended as at 31 July 2024.

Overall Delivery Rating

4: Mostly Delivered

Delivery Summary

Manx Care continued implementation of NICE TAs during 2025/26, providing access to a range of clinically effective treatments assessed as cost-neutral or cost-saving. Progress was also made in strengthening arrangements for the governance and approval of NICE TAs, including development of a formulary and supporting framework. However, the planned approval and recording process was not fully implemented by year end. Further work during 2026/27 is focused on embedding these governance arrangements and supporting consideration of additional NICE-recommended therapies where funding and agreed priorities allow.

Progress against Deliverables

Deliverable	Progress
Provision of access to cost-saving or cost-neutral NICE TA drug therapies for eligible patients.	During 2025/26, Manx Care continued to provide access to NICE TAs for eligible patients. Assurance provided by Manx Care indicates that therapies implemented through its medicines optimisation programme were assessed locally as cost-neutral or cost-saving through comparison with existing clinically appropriate treatments. **5**: Fully Delivered
Implementation of a process for approving and recording NICE TA requirements and decisions.	Manx Care developed arrangements to support the approval and governance of NICE TAs, including work to establish a Manx Care Formulary to provide a single framework for managing and governing the use of medicines across services. A framework for managing access to NICE TAs not yet routinely commissioned was also developed. However, further assurance on affordability and governance was required before the arrangements could be fully agreed. As a result, the process was developed but not implemented by year-end. **3**: Partially Delivered

Objective 9

Mandate Requirement

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

Operating Plan Proposal

The Manx Care Record will deliver a new Electronic Care Record platform available to all key health and social care settings, to replace around 15 disparate systems used today. The Manx Care Record needs to be fast-tracked to unlock challenges in information, productivity and patient safety. Approval of funding in this year will be essential to achieve this.

Digital remediation will address critical shortcomings in the remaining legacy systems that will continue operating alongside the Manx Care Record. Three-year Capital funding of £778k has been requested from the Strategic Asset and Capital Investment Committee (SACIC) via a business case, with approval already obtained for £1.2m of revenue funding over the same period to support this work from DHSC and Manx Care.

Overall Delivery Rating

3: Partially Delivered

Delivery Summary

Some important foundations were established for the Manx Care Record, including completion of key requirements documentation and progress with digital remediation activity. However, major milestones relating to procurement and business case development were not met. As a result, many of the anticipated benefits for information sharing, patient safety and productivity have yet to be realised. During 2026/27, all parties involved are focused on progressing procurement while continuing digital remediation programmes.

Progress against Deliverables

Deliverable	Progress
Completion of requirements document covering Electronic Patient Record (EPR) solution, data archiving, data migration and associated infrastructure	The requirements documentation for the EPR solution, data archiving, migration and infrastructure was completed and reviewed by Government Transformation Services (GTS). Funding was secured to support a Project Manager to progress procurement activity, business case development and preparatory work on data migration and archiving. **5**: Fully Delivered
Formal procurement for EPR solution, data archiving, data migration and associated infrastructure	Preparatory work continued during 2025/26 to support procurement of the EPR solution and associated data archiving, migration and infrastructure requirements. This included development of the full business case, procurement documentation and consideration of the approvals and exemptions required to progress the programme. However, formal procurement did not commence during the year because the business case had not completed the necessary approval processes. **1:** Not Delivered ◆
Manx Care Record full business case ready for submission through appropriate governance process for approval	Work progressed on development of the Manx Care Record business case, with drafts prepared jointly by Manx Care and the Department. However, the business case was not sufficiently developed to complete governance approval during 2025/26. The business case subsequently progressed through governance processes in Quarter 1 of 2026/27, enabling procurement activity to begin in Quarter 2. **1:** Not Delivered ◆

Completion of replacements and upgrades as per Digital Remediation Plan	Dedicated Manx Care-funded resources were embedded within delivery teams and multiple digital remediation projects began. Good progress was made during the latter part of the year, with further work ongoing to establish a comprehensive digital asset register to support long-term management of the digital estate. **3**: Partially Delivered

Objective 10

Mandate Requirement

*Drive clinical validation of all **outpatients waiting lists** to ensure that those waiting are waiting for the correct type of service. Work with tertiary providers off island to ensure that clinical follow-up pathways are agreed and adhered to. Continue to assess where **tertiary provision** is necessary, repatriating any patients who could safely be treated locally.*

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

Operating Plan Proposal

The elective programme will be re-developed in 2025/26 to focus on clinical validation, waiting lists and theatre utilisation, with support from the Transformation Programme.

During 2024/25, the waiting list validation programme has been expanded to include the validation of both new and follow-up outpatient referrals. To support the ongoing Patient Information Centre (PIC) Improvement Plan, the Hospital Patient Administration System's (PAS) data quality has been improved, and the new clinical validation and harm review processes have been established. This work will continue into 2025/26. The work will underline the importance of progressive waiting list and referral management, aligned to the principles of GIRFT.

We will seek to limit the number of occasions where treatment can only be provided by the specialist provider, with the remainder of the pathway delivered by Manx Care teams or the patient's GP. This will reduce the activity going to NHS providers, as well as reducing reliance on off-Island travel. This initiative will also improve patient experience through being able to provide each patient with details of the pathway they are on, including waiting times between each step, location of each step and what to expect.

Overall Delivery Rating

2: Limited Progress

Delivery Summary

Progress in improving productivity and outpatient pathway management was mixed during 2025/26. Reductions in outpatient did not attend (DNA) rates improved the use of available clinical capacity and enabled more appointments to be offered to patients. However, delays in clinical validation, limited progress with reducing follow-up appointments, and theatre utilisation remaining below target meant wider improvements in elective access were not achieved. To improve access in 2026/27, Manx Care is undertaking large-scale waiting list validation, establishing a GIRFT improvement programme and increasing use of virtual and on-Island alternatives to tertiary care.

Progress against Deliverables

Deliverable	Progress
All outpatient waiting lists clinically validated	Clinical validation involves clinical review of patients awaiting an elective outpatient appointment to determine whether an appointment remains clinically appropriate. Progress with clinical validation was limited during 2025/26 due to delays in securing transformation funding. During the year, 3,166 open referrals for first outpatient appointments and 2,107 open referrals for follow-up outpatient appointments were clinically validated. This activity represented 9.7% of the clinical validation programme planned for the year. While this work contributed to a modest reduction in outpatient waiting list volumes between September 2025 and January 2026, most of the planned programme was deferred to 2026/27. **2**: Limited Progress ◆
Tertiary activity delivered to plan	Tertiary activity was above-plan in 2025/26, with 33,407 units of activity delivered during the year compared to the 24,871 planned for. In particular, tertiary providers delivered a higher volume of outpatient appointments and procedures than expected. However, this represented a reduction in tertiary activity compared to 2024/25, which saw 33,907 units of activity delivered off-Island. This reduction was achieved through analysis of off-Island activity and cost data and targeted actions to optimise care pathways and delivery settings. **2**: Limited Progress

Theatre utilisation rate of 85% or more	The theatre utilisation target of 85% or more was not met during 2025/26, with a monthly average of 80.1% compared to 80.0% in 2024/25. This was due to ongoing pressures on elective care, including staffing shortages, longer stays for patients with more complex needs, and surgical beds being used for patients requiring acute medical care. Together, these factors reduced the capacity available for planned operations. **1:** Not Delivered
Overall outpatient did not attend (DNA) rate of 11% or less	The overall outpatient DNA rate reduced during 2025/26 and consistently met the target of 11% or less. The monthly average for 2025/26 was 7.5%, compared to 9.7% in 2024/25. This was achieved through initiatives to improve attendance, including enhanced text message reminders and contacting patients before their appointments to confirm attendance or enable appointments to be rebooked and offered to other patients if no longer required. **5**: Fully Delivered
Follow-up outpatient appointments reduced by 25%	The number of follow-up outpatient appointments delivered increased by 1.7%, from 45,680 in 2024/25 to 46,463 in 2025/26. Follow-up appointments were due to be reduced as part of the GIRFT programme, but this programme did not commence during the year due to delays to associated funding. **1:** Not Delivered ◆

Objective 11

Mandate Requirement

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

Operating Plan Proposal

Manx Care will build on transformation work undertaken in 2024/25 to embed Intermediate Care to support developing services that align with care in the community, bridging the gap between hospital and home, ensuring individuals receive appropriate care without prolonged hospital stays. This multidisciplinary service approach is designed to rehabilitate people to help them accommodate illness or disability by learning or relearning the skills necessary for daily living. The service will support people by assessing and agreeing goals with the person, for them to work towards. The aim is to enable the person to get back to their original baseline ability, or to a new baseline, giving them as much independence as is right for them. The rehabilitation is provided within the person's own home and community or a bed based facility if necessary, for a short term period.

Overall Delivery Rating

4: Mostly Delivered

Delivery Summary

Good progress was made in embedding elements of the ‘home first’ approach. Intermediate Care activity increased substantially during 2025/26, helping more people avoid unnecessary hospital admission and access support within the community. Improvements in discharge arrangements and community-based support also contributed to fewer prolonged hospital stays. Telehealth services commenced during the year. However, virtual wards and electronic prescribing did not progress as planned due to funding delays and external dependencies. Further work during 2026/27 is focusing on expanding Intermediate Care, progressing virtual ward development and strengthening arrangements that support people to remain independent at home.

Progress against Deliverables

Deliverable	Progress
Intermediate Care activity to increase	Intermediate Care activity increased, with 1,212 accepted referrals in 2025/26 compared to 756 in 2024/25 (a 60.3% increase). This enabled more patients to access support that aimed to maintain independence and avoid unnecessary hospital stays. **5**: Fully Delivered
Reduction in lengths of stay in hospital (compared to 2024/25)	Lengths of stay reduced, with the total number of patients staying in hospital for more than 21 days reducing from 677 in 2024/25 to 516 in 2025/26. This reflected more effective discharge arrangements and increased use of community-based support services. **5**: Fully Delivered
Virtual wards to commence	Whilst Manx Care undertook work to progress the development of virtual wards, with plans for a combined hospital and community nursing team to support higher-acuity patients, implementation did not commence in 2025/26 due to delays in securing transformation funding. **2**: Limited Progress ◆

Telehealth to commence	Telehealth is the delivery of healthcare services remotely using digital technologies such as video calls or phone calls. In 2025/26, telehealth commenced through the Remote GP pilot service, delivered by a healthcare technology provider in partnership with Ramsey Group Practice. The service delivered an average of 444 telephone appointments per month. **5**: Fully Delivered
Electronic prescribing to commence	Delivery of electronic prescribing did not commence in 2025/26. Progress remained dependent on NHS England, NHS Electronic Prescription Service and NHS Business Services Authority timelines, with the planned pilot delayed and key software development work now expected during 2026/27. **1:** Not Delivered ◆

Objective 12

Mandate Requirement

Prevent readmission to hospital *through integrated frailty services led in primary care.*

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

Operating Plan Proposal

Manx Care will further work in response to delivering the Frailty and Falls Strategy, and the development of a supporting business case.

Overall Delivery Rating

3: Partially Delivered

Delivery Summary

Significant progress was made in developing frailty services, including expansion of Ageing Well Clinics and the introduction of Front Door Frailty. These initiatives support earlier identification and management of frailty and aim to help older people remain independent for longer. However, a reduction in hospital readmission rates was not achieved during the year, meaning the full benefits of these developments have yet to be realised. During 2026/27, work is focused on extending frailty services, implementing the next stages of the Frailty and Falls Strategy and developing more integrated, person-centred pathways for older people.

Progress against Deliverables

Deliverable	Progress
Delivery of Frailty and Falls Strategy	Good progress was made during 2025/26 in delivering the Frailty and Falls Strategy. Governance arrangements were established through the Frailty Steering Group and supporting operational groups. Ageing Well Clinics, which support older people to manage frailty and maintain independence, were expanded across the North, South and East. Front Door Frailty, a service providing early specialist assessment for frail older people attending the ED, was successfully launched in February 2026 following the recruitment of the required consultant workforce. Further work remains to complete rollout, including addressing estates constraints in the West and continued integration of falls and frailty pathways. **4**: Mostly Delivered
Development of supporting business case for Frailty and Falls Strategy	The supporting business case to the Frailty and Falls Strategy was substantially developed during 2025/26. Learning and performance data from the early operation of Front Door Frailty were used to refine the model and resource requirements. By year end, the business case was being finalised ahead of progression through the formal approval process. **4**: Mostly Delivered

Stability in hospital readmission rates during Q1-2; reduction during Q3-4	A reduction in hospital readmission rates was not achieved during 2025/26. On average, 10.6% of hospital discharges resulted in a re-admission to hospital within 30 days (compared to 10.1% in 2024/25). Therefore, while frailty services and Front Door Frailty were implemented to support improved patient outcomes, the planned reduction in readmissions had not yet been realised by year end. **1:** Not Delivered

Objective 13

Mandate Requirement

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

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

Operating Plan Proposal

Manx Care will move the majority of its health-based services to a clinically-led structure, to put our expert clinicians at the heart of everything we do. This will be supported as far as possible by a leaner managerial support function.

Project Management will be co-ordinated and aligned across Manx Care and the Transformation Programme.

Overall Delivery Rating

2: Limited Progress

Delivery Summary

Project management arrangements remained aligned with wider transformation activity, helping maintain coordination across improvement programmes. However, the objective of reducing management and administration costs at Noble's Hospital was not achieved, meaning anticipated financial efficiencies were not realised. To improve financial sustainability, Manx Care is implementing its Financial Recovery Plan and increasing its focus on productivity, efficiency and use of resources across the organisation.

Progress against Deliverables

Deliverable	Progress
Reduction of approx. £500k on 2024/25 in administration and management costs at Noble's Hospital	Manx Care was unable to demonstrate that administration and management costs at Noble's Hospital were reduced during 2025/26. **1:** Not Delivered
Project Management co-ordinated and aligned across Manx Care and the Transformation Programme	Throughout 2025/26, Manx Care staff responsible for planning and coordinating major projects continued to maintain alignment with the Health and Care Transformation Programme. This helped ensure improvement initiatives were coordinated and progressed in a consistent way, despite delays in securing key resources and uncertainty about the future of the programme. **5**: Fully Delivered

Objective 14

Mandate Requirement

*Ensure that the **workforce** is appropriate to meet demand, understand where there are areas for development and opportunity to maximise skills and productivity through job planning. Workforce modelling will be underpinned by accurate baseline data.*

Operating Plan Proposal

Documented and consistent consultant job planning will be undertaken in 2025/26 to align consultant clinical activities, duties and responsibilities to patient demand and the services required, within the funding available.

Implementation of a new rostering system will also be key to not only improve financial controls but to ensure optimisation of the workforce.

Continue work on people infrastructure and mandatory training in the coming year, with a strong focus on increasing compliance with this training.

Overall Delivery Rating

2: Limited Progress

Delivery Summary

Progress was made in 2025/26 in strengthening workforce planning foundations, including consultant job planning and improved compliance with mandatory training. This provides greater assurance that staff have the skills and oversight needed to deliver safe care. However, workforce planning arrangements and rostering system improvements remained incomplete, limiting Manx Care's ability to fully align workforce deployment with patient demand. The focus for 2026/27 includes the development of an organisation-wide workforce plan, further rollout of consultant job planning, and strengthening the use of workforce data to support service planning.

Progress against Deliverables

Deliverable	Progress
Consultant job planning completed	During 2025/26, progress was made to strengthen consultant job planning through staff workshops and the development of a more standardised review process. Job plan reviews commenced and a documented approach was established to support clinical directors in carrying out reviews. However, reviews were not completed across all consultants by year end and further work was required during 2026/27 to fully embed the process and align job planning with service demand. **2**: Limited Progress
Workforce planning framework developed	During 2025/26, work continued to develop the foundations of a workforce planning framework, including a greater focus on workforce productivity and job planning. However, limitations in workforce data held by the Office of Human Resources made it difficult to assess whether there were enough staff with the right skills in the right areas to meet the needs of patients. As a result, important elements of the framework remained incomplete at year end. **2**: Limited Progress ◆

New rostering system implemented	During 2025/26, a decision was made not to procure a new rostering system and instead to extend and optimise the existing rostering platform. A project group was established and work commenced to define the scope of enhancements and additional functionality. However, implementation of the revised approach had not been completed by year end. **2**: Limited Progress
Increase in mandatory training completion rate	The average monthly mandatory training completion rate increased from 79.0% in 2024/25 to 83.1% in 2025/26. This represents positive progress; however, performance remained below the 85% target and the level of non-compliance with mandatory training remains a concern. The introduction of a mandatory training policy for all staff, alongside divisional compliance reporting, strengthened oversight and should support further improvement. **3**: Partially Delivered

Objective 15

Mandate Requirement

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

Operating Plan Proposal

Manx Care will strengthen its commissioning capability to support the assessment of needs, planning and prioritising of health, social care and mental health services.

Effective performance management and provision of data will drive efficiency to some degree within the constraints of existing contracts in place. An example of this will be the introduction of the Central Off-Island Referral System and Patient Tracking List validation for off-Island care.

It is likely that uplifts in contracts will not be to the desired levels of providers' expectations in 2025/26, which could pose risk to existing service levels currently commissioned to be delivered. This may result in reduced activity being delivered, resulting in unmet need, or financial sustainability issues for the providers themselves, some of these being key third sector or commercial entities on the Isle of Man.

Overall Delivery Rating

3: Partially Delivered

Delivery Summary

Progress was made in 2025/26 in improving oversight and management of off-Island referrals through the introduction of a central referral process and enhanced use of data. This supports better understanding of tertiary activity and opportunities to repatriate care. However, planned clinical validation of the Off-Island Patient Tracking List was delayed. Building on the improvements made, in 2026/27 Manx Care is strengthening validation processes, increasing scrutiny of off-Island activity, and identifying further opportunities for care to be delivered virtually or on-Island.

Progress against Deliverables

Deliverable	Progress
Central Off-Island Referral System for off-Island care introduced	A centralised process for managing off-Island referrals was established during 2025/26, improving oversight of referral activity and supporting identification of opportunities to reduce unnecessary follow-up appointments and repatriate care where appropriate. **5**: Fully Delivered
Patient Tracking List validation for off-Island care introduced	Work commenced during 2025/26 to establish clinical validation processes for the Off-Island Patient Tracking List, designed to strengthen monitoring of patients awaiting off-Island care. Progress was impacted by delays in funding approval and mobilisation of the Financial Recovery Team, and this work was largely deferred to 2026/27. **2**: Limited Progress ◆
Effective contract management	Good contract management helped reduce costs by bringing maintenance services together under fewer contracts, securing better deals from suppliers, and agreeing fixed-price arrangements. Support was provided to help deliver adult social care priorities and plan future purchases. Contract activity and compliance levels remained broadly stable, but some contracts continued to operate after their formal end date, presenting a governance risk. **4**: Mostly Delivered

Objective 16

Mandate Requirement

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

Operating Plan Proposal

Manx Care will continue to roll out new private services (subject to DHSC approval) and increase income generation within the constraints of resource available (funded via income generation). In 2025/26, a focus will be on driving efficiencies in the provision of private diagnostics and testing to unlock further income generation. Minor procedure and daycase services will be developed across specific specialities to enhance the existing portfolio of private services available. Manx Care will work collaboratively with the existing and emerging private sector on-Island to complement service delivery in the provision of diagnostics, testing and hiring of rooms and equipment when not in use outside of NHS time, subject to DHSC approval.

Overall Delivery Rating

3: Partially Delivered

Delivery Summary

Private patient services began to be re-established, with the introduction of a private pathology service and development of a longer-term strategy for expansion. These developments may provide additional income streams and greater choice for patients. However, private services remained at an early stage of development and anticipated income generation had not yet been fully realised. Work during 2026/27 includes reopening private daycase activity, expanding diagnostic services available to private patients, and evaluating the impact of these developments on income generation and patient choice.

Progress against Deliverables

Deliverable	Progress
New private services delivered (with DHSC approval)	Manx Care successfully launched a new private pathology service following a pilot. Significant progress was also made towards expanding private patient services through the development of a five-year Private Patient Services Strategy and the engagement of an external consultancy to provide specialist support. However, while the foundations, governance arrangements and delivery planning were established during 2025/26, the full reopening and expansion of private patient services remained in development. **3**: Partially Delivered
Increased income generated from private services	Some additional income was generated from private services during 2025/26, including through the introduction of the private pathology service. However, private patient services remained at an early stage of development and financial review highlighted concerns that projected income figures may have been overstated and did not fully account for the costs of delivery. **3**: Partially Delivered

3 Achievement of Mandate Framework Requirements

This section assesses the extent to which requirements set out under the Mandate Framework (Appendix 1 to the 2025/26 Mandate and Operating Plan) were achieved by Manx Care during the 2025/26 financial year. The rating scale defined in the previous section (Achievement of Strategic Objectives) is used again in this section. Overall, Manx Care demonstrated strong engagement in supporting Government strategies and working with partner organisations.

Requirement	Achievement
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.	The Department and Manx Care worked together to develop climate change action plans and meet key statutory requirements, including climate reporting and climate impact assessments. Progress was made in strengthening governance and compliance arrangements, but activity mainly focused on internal operations and estates. There is currently limited evidence of wider system-wide emissions reductions and future progress will depend on the outcome of the Governance Review, as well as resource. **3**: Partially Delivered ◆
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.	During 2025/26, Manx Care supported the development and implementation of Government strategies by providing subject matter expertise and access to relevant specialist staff. This included active participation in strategic steering groups for the Autism Spectrum Condition Strategy, Carers Strategy, and Suicide Prevention Strategy, helping to inform and deliver key strategic actions. Manx Care also supported a range of cross-Government working groups, including those associated with the Community Safety Partnership and Criminal Justice Board. **5**: Fully Delivered

Where Public Health Isle of Man (or any Government Department) requires input from Manx Care when conducting needs assessments (or any similar activity where assistance from Manx Care is required), Manx Care will ensure that they provide access to the necessary subject matter experts as requested as well as any data that may be required according to agreed timescales and priority order defined through the Performance Technical Group. Manx Care will then work collaboratively with all parties for Public Health to identify priority areas for improvement.	During 2025/26, Manx Care worked collaboratively with Public Health to support needs assessments and related analytical activity by identifying appropriate subject matter experts, engaging in discussions on data requirements, and progressing requests in line with agreed priorities and timescales. However, completion of information governance reviews and robust data sharing agreements remained necessary to ensure consistent and timely access to all required data. **3**: Partially Delivered
The Board and Executive Leadership of Manx Care has a responsibility to: **• Develop and maintain the agreement in place with the shared service provider;** **• Provide timely and constructive feedback to the relevant Shared Service area;** **• Communicate with the Department about decisions relating to Shared Services.**	Manx Care continued to engage with shared service providers throughout the year and identified a number of areas where existing arrangements could be strengthened. While progress has been made in maintaining dialogue and highlighting issues, challenges remain in relation to formal agreements, performance reporting, and the availability of management information. **3**: Partially Delivered

4 Service Performance

This section examines Manx Care's performance against agreed metrics and targets during the 2025/26 financial year, drawing on data contained in Manx Care's Integrated Performance Report (IPR), Waiting Times Reports and Annual Report.

Performance metrics are reviewed and refined on an ongoing basis in order to strengthen oversight and increase focus on patient outcomes. A joint review of metrics by the Department and Manx Care during 2025/26 identified that approximately 60 metrics reported in the IPR were included mainly for operational purposes and have since been removed from the IPR and incorporated into internal performance dashboards. This section focuses on metrics most suitable for oversight reporting and does not extend to all services.

Performance targets are set for each financial year, which are informed by Manx Care's modelling of service demand and capacity and the available financial envelope, as well as best practice standards and performance levels achieved in other jurisdictions. Targets are not set for all metrics. A target may not be appropriate where: (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 were unconfirmed at the time of writing the Mandate (e.g. available funding). Metrics without targets are monitored and action is taken wherever performance levels begin to decline.

Performance Summary

Performance of services during 2025/26 was mixed. Manx Care delivered improvements in some areas of quality, safety and community-based care. Patient experience remained positive overall, Serious Incidents reduced, and several infection prevention indicators improved. Positive developments were also seen in maternity services and aspects of mental health and preventive services. Workforce indicators improved, with lower sickness absence and higher compliance with mandatory training requirements.

There was also evidence of better patient flow through the system. Delayed transfers of care reduced substantially and fewer patients experienced prolonged hospital stays. Intermediate Care activity increased, helping more people remain independent and avoid unnecessary admission.

However, timely access to care remained a significant concern. Urgent and emergency care services continued to operate under pressure. ED waiting times remained below target, while ambulance turnaround delays increased. Elective care waiting times remained high and diagnostic waiting lists continued to grow. Cancer waiting time standards were also not met.

Demand for services increased across many parts of the health and care system, including urgent care, diagnostics, mental health services and safeguarding. Workforce shortages and capacity constraints continued to affect performance and limited the pace of improvement in some areas. Access to general practice and community therapy services also remained challenging.

Data Limitations

During 2025/26, Manx Care continued to strengthen performance reporting through waiting list validation, refinement of reporting methodologies, increased automation, and development of outcome measures. However, significant data limitations remain, including incomplete elective and diagnostic waiting time reporting, exclusion of call handling time from ambulance response measures, and inconsistent documentation of methodologies. Data quality assurance arrangements continue to mature, while the absence of a single patient record and limited analytical capacity restrict benchmarking in many areas. A data development plan for 2026/27 aims to improve reporting standards and benchmarking capability. Benchmarking against NHS England performance is incorporated in this section where meaningful comparisons are possible.

Ratings

The following rating system is used in the tables of this section to indicate the extent to which performance targets were met, **for metrics that included targets**.

Rating	Description
	Performance was equal to, or exceeded the target
	Performance was 15% or less from the target*
	Performance was more than 15% from the target*

*Based on relative change percentages (which account for the size of the target)

The symbols used in the tables of this section have the following meanings:

Symbol	Description
-	Target not applicable
Unavailable	Data was not available for at least 6 months of the financial year
N/A	Data does not exist for 2024/25 because the metric was not included in the Mandate that year

Performance values reported in tables are either annual totals (where the value is a number) or monthly averages (where the value is a percentage), unless specified otherwise in the metric name, e.g. ‘average wait time’.

Care Quality and Safety

Manx Care continued to focus on patient safety, quality improvement and learning during 2025/26, with generally positive patient experience indicators alongside ongoing concerns regarding access to services.

The number of Serious Incidents reported reduced from 35 to 31, although one Never Event occurred, which was subject to a root cause analysis investigation. There were 45 falls with moderate or severe harm reported in 2025/26; data could not be converted to a rate per 1,000 occupied bed days due to data capture issues, preventing comparison with the previous year. The number of pressure ulcers and medication incidents reported increased in 2025/26 compared to 2024/25; this may reflect improved reporting practices, a genuine rise in incidence, or a combination of both. In Quarter 2 of 2026/27, 40 new air mattresses were introduced across the hospital as part of measures to reduce pressure ulcers.

Infection prevention performance improved in several areas during 2025/26, with reductions in MRSA bloodstream infections and Clostridioides difficile cases. This was accompanied by strengthened antimicrobial stewardship arrangements, which contributed to a substantial increase in the proportion of antibiotic prescriptions subject to a documented 48- to 72-hour review.

Venous Thromboembolism risk assessment performance exceeded target and there were no breaches of the mixed sex accommodation policy. Although the percentage of eligible hospital deaths undergoing a Learning from Death review decreased from 98.1% in 2024/25 to 83.2% in 2025/26, performance remained above the target of 80%.

Patient feedback remained positive overall. Friends and Family Test responses increased during the year and over 92% of respondents rated their experience as good or very good, with many praising the kindness of staff and quality of care received. Both the number of formal complaints and contacts with MCALS decreased between 2024/25 and 2025/26. Key themes of complaints and MCALS contacts included clinical treatment, delays in accessing services, values and behaviour, and communication.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of Serious Incidents reported	-	31	-	35
Number of Never Events reported	0	1		0

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of inpatient falls with moderate or severe harm reported, per 1,000 occupied bed days	-	Unavailable	-	0.4
Number of inpatient falls with moderate or severe harm reported *(substitute for above metric)*	-	45	-	Unavailable
Number of pressure ulcers reported, Grade 2 and above	≤ 144 annually	179		131
Number of medication incidents with moderate or severe harm reported	-	10	-	5
Number of methicillin resistant Staphylococcus aureus (MRSA) bloodstream infections	0	1		2
Number of Clostridioides difficile (CDI) toxin positive infections	-	18	-	29
Number of Pseudomonas aeruginosa bloodstream infections	-	5	-	1
Percentage of antibiotic prescriptions with evidence of a documented 48- to 72-hour review	≥ 98%	92.8%		79.5%
Percentage of eligible patients having a Venous Thromboembolism (VTE) risk assessment within 12 hours of a decision to admit	≥ 95%	95.9%		95.8%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of eligible hospital deaths that led to a Learning from Death (LFD) review	≥ 80%	83.2%		98.1%
Crude mortality rate	-	24.6	-	24.5
Number of breaches of mixed sex accommodation policy	0	0		0
Number of formal complaints received (directly managed and contracted services combined)	-	548	-	572
Percentage of formal complaints acknowledged within 5 days (directly managed services)*	100%	99.5%		100.0%
Percentage of formal complaints responded to in writing within 20 days (directly managed services)*	100%	94.7%		100.0%
Percentage of formal complaints not resolved within 6 months (directly managed services)*	0%	0.2%		0.0%
Number of formal complaints where the Health and Social Care Ombudsman Body (HSCOB) made recommendations	-	15	-	N/A
Friends and Family Test (FFT): Number of responses	-	18,450	-	15,274
Friends and Family Test (FFT): Experience was Very Good or Good	≥ 80%	92.4%		89.9%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Friends and Family Test (FFT): Experience was neither Good nor Poor	≤ 10%	3.0%		3.5%
Friends and Family Test (FFT): Experience was Poor or Very Poor	≤ 10%	4.6%		6.6%
Number of contacts received by Manx Care Advice and Liaison Service (MCALS)	-	8,002	-	8,202
Percentage of contacts received by Manx Care Advice and Liaison Service (MCALS) responded to on the same day	≥ 90%	93.9%		90.4%

*Data not available for contracted services

Urgent and Emergency Care

Emergency Department

Urgent and emergency care services remained under significant pressure during 2025/26. While total ED attendances fell slightly overall, attendances at Noble's Hospital ED increased by 1.5% from 32,240 in 2024/25 to 32,738 in 2025/26. These figures exclude patients attending the Minor Injuries Unit (MIU). During the year, the Ramsey and District Cottage Hospital MIU was temporarily relocated to Noble's Hospital while remedial works were undertaken at the Ramsey site. Performance against ED waiting time standards remained challenging, particularly for patients requiring admission.

Overall performance against the 4-hour standard remained below the target of 78%, at 63.7%. This compares to a rate of 74.9% achieved against this standard in England[1]. Comparisons with ED performance in England should be interpreted with caution because of differences in service configuration. Many English hospitals have Clinical Decision Units (CDUs), providing a separate setting for the continued assessment and observation of suitable patients, whereas Noble's Hospital does not currently have an equivalent facility. Consequently, patients who might move from an ED into a CDU in England may continue to be managed within the ED pathway at Noble's. This can affect reported ED performance and means that headline performance measures do not necessarily provide a direct like-for-like comparison between the two systems.

Extended waiting times in ED were driven largely by system-wide pressures, including limited space within the ED and delays in transferring patients to inpatient wards. Although average lengths of stay reduced and delayed transfers of care improved, patient flow continued to be constrained by bed availability pressures, reflected in higher bed occupancy and more days at elevated Operational Pressures Escalation Levels (OPEL). As a result, more patients waited over 12 hours from a decision to admit to transfer to a ward (14.1% in 2025/26 compared to 10.2% in 2024/25). Difficulties discharging patients remained a significant factor, including limited availability of social care placements, delays in agreeing discharge arrangements, and challenges securing care packages to support people at home.

During 2026/27, work has continued to address ED waiting times, including developing alternative pathways for patients who do not need to remain in ED, expanding the use of AATU, and improving patient flow through the hospital. This includes measures to identify delays earlier and support more timely transfer to inpatient wards where admission is required.

[1] NHS England (2026). *A&E Attendances and Emergency Admissions 2025-26*. Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/ae-attendances-and-emergency-admissions-2025-26/

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of Emergency Department attendances: Total	-	43,401	-	44,453
Average time between arrival and triage at Noble's Hospital Emergency Department (minutes)	≤ 20	24		24
Average time between triage and assessment by doctor at Noble's Hospital Emergency Department (minutes)	-	75	-	79
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Total	≥ 78%	63.7%		66.5%
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Noble's Hospital	≥ 78%	58.1%		57.8%
Percentage of Emergency Department attendances where the service user was admitted, transferred or discharged within 4 hours of their arrival: Ramsey & District Cottage Hospital	≥ 78%	99.8%		99.8%
Percentage of attendances at Noble's Hospital Emergency Department with a total time in the Emergency Department of over 12 hours from arrival	≤ 5%	5.6%		4.5%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of waits for admissions that were more than 12 hours from a decision to admit: Noble's Hospital	≤ 1.5%	14.1%		10.2%
Percentage of Emergency Department attendances that resulted in an admission: Noble's Hospital	-	19.7%	-	21.2%
Percentage of Emergency Department attendances that resulted in an admission: Ramsey and District Cottage Hospital	-	0.1%	-	0.1%
Operational Pressures Escalation Level (OPEL) at Noble's Hospital: Number of days at level 3	-	174	-	133
Operational Pressures Escalation Level (OPEL) at Noble's Hospital: Number of days at level 4	-	3	-	6
Number of patient interactions with Manx Emergency Doctors (MEDs)	-	28,526	-	28,211

Ambulance Service

Ambulance Service demand increased during 2025/26, with the number of 999 calls rising from 13,447 to 13,772. Performance against Category 1 response time standards improved, from an average of 9 minutes and 27 seconds in 2024/25 to 8 minutes and 50 seconds in 2025/26. This means the most serious 999 calls were responded to more quickly.

It should be noted that the response times reported on the Isle of Man exclude 30-60 seconds of call handling time due to data capture limitations within the inter-agency system used. Taking this into account, the actual average Category 1 response time during 2025/26 is likely to have been approximately nine-and-a-half minutes. For context, the average Category 1 response time in England during 2025/26 was approximately 8 minutes (including call handling time)[2]. Response times on the Isle of Man are influenced by the Island's geography and the need for a relatively small ambulance service to maintain coverage across the Island. This can result in longer travel distances for the nearest available crew, particularly when several incidents occur at the same time. Response time standards for Categories 2, 3 and 4 continued to be met.

The service continued to prioritise patients with the highest clinical need while establishing alternative models of care, including the Hear and Treat initiative and the planned See and Treat service, to reduce the need for conveyance and provide more appropriate responses for lower-acuity patients. The proportion of 999 calls resulting in transport to the ED remained broadly stable at 64.7%.

Performance against ambulance turnaround times at the ED worsened during the year, with 37.3% of turnarounds exceeding 30 minutes compared with 32.2% in 2024/25. These delays largely reflected wider pressures across urgent and emergency care, including ED crowding, bed availability constraints and challenges in patient flow through the hospital.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of 999 calls received by the Ambulance Service: Total	-	13,772	-	13,447

[2] NHS England (2026). *Ambulance Quality Indicators*. Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators/

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of 999 calls received by the Ambulance Service: Emergency	-	464	-	397
Number of 999 calls received by the Ambulance Service: Routine	-	11,066	-	10,370
Number of 999 calls received by the Ambulance Service: Urgent	-	1,557	-	1,667
Ambulance response time for Category 1 calls: Average (minutes:seconds)*	≤ 7:00	8:50		9:27
Ambulance response time for Category 1 calls: 90th percentile (minutes:seconds)*	≤ 15:00	16:32		18:16
Ambulance response time for Category 2 calls: Average (minutes:seconds)*	≤ 18:00	14:57		14:35
Ambulance response time for Category 2 calls: 90th percentile (minutes:seconds)*	≤ 40:00	30:47		31:24
Ambulance response time for Category 3 calls: 90th percentile (minutes:seconds)*	≤ 120:00	51:11		48:41
Ambulance response time for Category 4 calls: 90th percentile (minutes:seconds)*	≤ 180:00	133:35		116:05
Number of ambulance turnaround times from arrival to clear that exceeded 30 minutes	-	2,862	-	2,361

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of ambulance turnaround times from arrival to clear that exceeded 30 minutes	≤ 35%	37.3%		32.2%
Number of ambulance turnaround times from arrival to clear that exceeded 60 minutes	-	312	-	279
Percentage of ambulance turnaround times from arrival to clear that exceeded 60 minutes	≤ 5%	4.0%		3.8%
Percentage of 999 ambulance calls that led to a conveyance to the Emergency Department	-	64.7%	-	65.6%

*Data excludes call handling time (30-60 seconds)

Hospital-based Care

Hospital-based services continued to experience significant pressure during 2025/26. While activity increased in several areas, with more first outpatient appointments and daycase procedures delivered than in the previous year, this was not sufficient to improve access for many patients. Waiting times remained a significant concern, with average waits increasing and particularly long waits persisting in specialties including Breast Surgery, Cardiology, Clinical Physiology, Ear, Nose and Throat (ENT), Geriatric Medicine, Gynaecological Oncology, Ophthalmology, Oral Surgery, and Paediatric Neurology.

The Waiting List Validation Team helped improve the accuracy of waiting lists and supported the removal of patients who no longer required treatment – this contributed to a small reduction in outpatient waiting lists.

Manx Care continued to focus on improving productivity and making better use of available capacity. This included redesigning care pathways, expanding virtual and community-based models of care, increasing the delivery of activity on-Island that would previously have required treatment elsewhere, and reducing outpatient DNA rates. However, theatre utilisation remained below the 85% target and inpatient procedure activity fell during the year. This reflected workforce pressures, increasing patient complexity, and ongoing constraints on surgical bed capacity caused by wider demands on hospital services.

Notwithstanding these challenges, there was evidence of improvement in patient flow through the hospital. Delayed transfers of care reduced substantially and fewer patients experienced prolonged hospital stays. Stronger discharge arrangements, improved coordination between services, and greater use of integrated community support helped more patients leave hospital when medically ready, reducing pressure on inpatient capacity and creating a stronger foundation for future improvements in access and elective recovery.

Regarding data quality, it should be noted that the inability to measure referral-to-treatment waiting times (with the exception of cancer pathways) due to limitations of the current patient administration system continues to restrict oversight of performance across the full elective pathway.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of referrals received for a first outpatient appointment: Consultant	-	32,481	-	32,501

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of referrals received for a first outpatient appointment: Nurse	-	9,131	-	9,276
Number of referrals received for a first outpatient appointment: Allied Health Professional	-	10,870	-	10,240
Number of open referrals for first outpatient appointment: Consultant (at 31st March)	-	17,537	-	17,829
Number of open referrals for first outpatient appointment: Nurse (at 31st March)	-	697	-	1,809
Number of open referrals for first outpatient appointment: Allied Health Professional (at 31st March)	-	2,018	-	2,004
Number of unique patients awaiting a first consultant-led hospital appointment (at 31st March)	-	14,883	-	15,263
Average waiting time (weeks) from referral to first outpatient appointment	-	56	-	54
Maximum waiting time (weeks) from referral to first outpatient appointment (of patients still waiting on 31st March)	-	Unavailable	-	Unavailable
Number of open referrals for daycase procedures (at 31st March)	-	2,842	-	2,258

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Average waiting time (weeks) from decision to treat to definitive treatment (daycase procedure)	-	37	-	38
Maximum waiting time (weeks) from decision to treat to definitive treatment (daycase procedure) (of patients still waiting on 31st March)	-	Unavailable	-	Unavailable
Number of open referrals for inpatient procedures (at 31st March)	-	429	-	482
Average waiting time (weeks) from decision to treat to definitive treatment (inpatient procedure)	-	27	-	23
Maximum waiting time (weeks) from decision to treat to definitive treatment (inpatient procedure) (of patients still waiting on 31st March)	-	Unavailable	-	Unavailable
Number of on-the-day theatre cancellations: Total	-	182	-	181
Number of on-the-day theatre cancellations: Hospital related (clinical)	-	51	-	67
Number of on-the-day theatre cancellations: Hospital related (non-clinical)	-	75	-	70
Number of on-the-day theatre cancellations: Patient related	-	54	-	44

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of planned theatre sessions delivered (theatre utilisation)	≥ 85%	80.1%		80.0%
Percentage of outpatient appointments where the patient did not attend	≤ 11%	7.5%		9.7%
Percentage of patients discharged from inpatient wards discharged at the weekend	-	17.2%	-	19.7%
Number of transfers of care that were delayed	-	81	-	194
Adult general and acute bed occupancy rate	≤ 89%	87.8%		84.5%
Number of admissions: Elective	-	7,870	-	7,567
Number of admissions: Non-elective	-	9,302	-	9,412
Number of patients discharged with a length of stay of 7 days or more	-	1,892	-	2,282
Number of patients discharged with a length of stay of 21 or more days	-	516	-	677
Percentage of emergency admissions to hospital occurring within 7 days of the most recent discharge from hospital	≤ 3%	3.8%		3.8%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of emergency admissions to hospital occurring within 7 days of the most recent discharge from hospital	-	310	-	188
Percentage of emergency admissions to hospital occurring within 30 days of the most recent discharge from hospital	≤ 9%	10.6%		10.1%
Number of emergency admissions to hospital occurring within 30 days of the most recent discharge from hospital	-	802	-	797

Cancer Care and Diagnostics

Cancer

Cancer and diagnostic services remained under significant pressure during 2025/26 as demand for services continued to grow. Referrals to the cancer pathway increased from 5,592 to 6,216 during the year. While the number of patients awaiting a first cancer outpatient appointment reduced slightly, performance against all three cancer waiting time standards remained below target.

Performance against the Faster Diagnosis Standard improved slightly from 62.5% to 64.0% but remained well below the 80% target. This compares to a performance level of 76.3% in England[3], where there is greater diagnostic capacity. Timely diagnosis continued to be affected by limited capacity across radiology, pathology, endoscopy and tertiary diagnostic services. In addition, pathway coordination issues, including referral triage and communication between services, contributed to delays in progressing patients through the diagnostic pathway.

Performance against the 62-day referral-to-treatment standard and 31-day decision-to-treat standard declined compared with the previous year. Patients experienced delays due to constraints in diagnostic services, lengthy specialist review processes, reliance on off-Island investigations and treatment, and limited theatre capacity.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of patients receiving a diagnosis or ruling out of cancer within 28 days of referral for suspected cancer (Faster Diagnosis Standard)	≥ 80%	64.0%		62.5%
Percentage of patients commencing cancer treatment within 62 days of a referral for suspected cancer (Referral to Treatment Standard)	≥ 75%	47.1%		51.9%

[3] NHS England (2026). Cancer Waiting Times: National Time Series – Provider based. Available at: https://www.england.nhs.uk/statistics/statistical-workareas/cancer-waiting-times/

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of patients commencing cancer treatment within 31 days of a decision to treat (Decision to Treat to Treatment Standard)	≥ 96%	82.2%		85.8%
Number of referrals to cancer pathway	-	6,216	-	5,592
Number of patients waiting for first cancer outpatient appointment (at 31st March)	-	124	-	145
Median waiting time from referral to diagnosis or ruling out of cancer (days)	-	21	-	20

Diagnostics

Beyond cancer services, access to diagnostic tests across the wider health system also remained a significant concern. The proportion of patients waiting more than six weeks for a radiology diagnostic test increased from 58.3% to 68.3%. For context, the percentage of patients waiting 6 weeks or more for diagnostic radiology in England, in March 2026, was between 10% and 22% depending on the test[4]. NHS England has intensified efforts to reduce diagnostic waiting times in recent years, with the establishment of community-based facilities offering a range of diagnostic tests. On the Isle of Man, demand continued to exceed capacity, particularly within ultrasound services where recruitment difficulties persisted. A waiting list validation exercise was undertaken during the year but had limited effect on reducing the backlog. Further investment is planned during 2026/27 to support improvements in diagnostic access.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of patients waiting 6 weeks or more for a diagnostic test*	≤1%	68.3%		58.3%

*Data available for radiology only

[4] NHS England (2026). Monthly Diagnostic Waiting Times and Activity. Available at: https://www.england.nhs.uk/statistics/statistical-work-areas/diagnosticswaiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/

Women, Children and Families

Maternity Services

Maternity services experienced a small increase in births during 2025/26 and demonstrated improvement across a number of maternal and neonatal indicators. More women accessed antenatal care within the first 10 weeks of pregnancy, stillbirths reduced, and the rate of severe postpartum haemorrhage reduced. Smoking rates at both pregnancy booking and delivery also decreased, reflecting the continued impact of targeted support programmes. The proportion of infants receiving a New Birth Visit within 14 days of birth also improved. The proportion of babies receiving breastmilk as their first feed remained broadly unchanged, at 58.9%, compared to a rate of approximately 73% in England[5].

The complexity of pregnancies continued to increase, contributing to a higher rate of induction of labour. The rate of 3rd and 4th degree tears increased but remained within target. Neonatal outcomes remained positive overall, with no neonatal deaths reported, fewer unplanned admissions to intensive care, and a shorter average length of stay in the Neonatal Unit.

Significant workforce challenges persisted within maternity and neonatal services, reflecting recruitment difficulties seen internationally. Reduced neonatal cot capacity therefore remained in place and the service continued to operate as a Level 1 neonatal unit. Arrangements remained in place to identify higher-risk pregnancies early and transfer women requiring specialist care to tertiary centres off-Island where appropriate.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of antenatal booking appointments completed within the first 10 weeks of pregnancy	-	83.1%	-	68.5%
Number of births	-	589	-	568

[5] NHS England (2026). *Maternity Services dashboard*. Available at: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/maternity-services-data-set/maternity-services-dashboard

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Method of delivery: Elective caesarean section (percentage)	-	17.6%	-	29.6%
Method of delivery: Emergency caesarean section (percentage)	-	18.4%	-	N/A
Method of delivery: Instrumental (percentage)	-	10.6%	-	N/A
Method of delivery: Spontaneous (percentage)	-	42.5%	-	N/A
Rate of induction of labour	-	41.9%	-	38.0%
Percentage of women who had a 3rd or 4th degree tear at delivery	≤ 3%	1.3%		0.6%
Percentage of women who had a postpartum haemorrhage of 1,500ml or more	≤ 2.6%	0.7%		1.5%
Number of stillbirths	-	1	-	4
Number of admissions to Neonatal Unit	-	71	-	70
Percentage of full-term babies admitted to Neonatal Unit within 28 days of birth	≤ 9.6%	7.7%		6.8%
Average length of stay in Neonatal Unit (days)	-	9.7	-	14.0
Neonatal mortality (number)	-	0	-	0

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Neonatal mortality (rate per 1,000 live births)	-	0	-	0
Number of unplanned admissions to Intensive Therapy Unit (ITU)	-	1	-	4
Percentage of babies with a first feed of breastmilk (initiation rate)	-	58.9%	-	59.8%
Percentage of infants receiving their New Birth Visit within 14 days of birth	-	91.1%	-	85.9%
Percentage of women who were current smokers at time of pregnancy booking	-	6.0%	-	7.4%
Percentage of women who were current smokers at time of delivery	-	3.7%	-	6.9%

Primary and Community Care

General Practice

General practice delivered more appointments during 2025/26, with activity increasing from 341.3 to 367.8 appointments per 1,000 (weighted) patients, while the DNA rate improved and met target. However, access remained a concern. The proportion of appointments delivered on the same day as booking remained unchanged at 35.3%, and there continued to be considerable variation between practices.

Despite increased activity, patients continued to report difficulties obtaining timely appointments. Workforce pressures and challenges expanding primary care capacity limited progress. Initiatives such as remote GP services, enhanced triage arrangements and wider use of multidisciplinary teams are expected to support future improvements in access.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of general practice appointments that occurred same day as booking: Overall	-	35.3%	-	35.3%
Percentage of general practice appointments that occurred same day as booking: Ballasalla	-	39.4%	-	43.1%
Percentage of general practice appointments that occurred same day as booking: Castletown	-	27.0%	-	26.8%
Percentage of general practice appointments that occurred same day as booking: Finch Hill	-	20.7%	-	22.8%
Percentage of general practice appointments that occurred same day as booking: Hailwood	-	37.4%	-	37.2%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of general practice appointments that occurred same day as booking: Kensington	-	42.7%	-	41.1%
Percentage of general practice appointments that occurred same day as booking: Laxey	-	25.9%	-	24.7%
Percentage of general practice appointments that occurred same day as booking: Palatine	-	40.3%	-	49.3%
Percentage of general practice appointments that occurred same day as booking: Peel	-	22.8%	-	23.6%
Percentage of general practice appointments that occurred same day as booking: Ramsey	-	43.0%	-	43.9%
Percentage of general practice appointments that occurred same day as booking: Snaefell	-	43.4%	-	40.7%
Percentage of general practice appointments that occurred same day as booking: Southern Group Practice	-	34.8%	-	28.6%
Percentage of general practice appointments that occurred day 1	-	8.2%	-	7.5%
Percentage of general practice appointments that occurred days 2-7	-	22.6%	-	22.6%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of general practice appointments that occurred days 8-14	-	14.8%	-	15.6%
Percentage of general practice appointments that occurred days 15-21	-	8.5%	-	9.3%
Percentage of general practice appointments that occurred days 22-28	-	6.3%	-	6.3%
Percentage of general practice appointments that occurred after 28 days	-	6.5%	-	6.7%
Number of general practice appointments delivered per 1,000 (weighted) patients	-	367.8	-	341.3
Percentage of general practice appointments where the patient did not attend (DNA)	≤ 4%	3.8%		4.1%

Dentistry

Significant progress was made in dentistry following the introduction of the reformed dental contract. Contracted activity exceeded plan, with practices delivering all contracted Units of Dental Activity. During the year, approximately 5,400 patients were allocated to dental practices, representing a substantial increase in access to NHS dental care (the exact figure was not available). Demand for NHS dentistry nevertheless remained high. Increased public awareness of waiting list movement contributed to a rise in new requests for allocation. While access pressures persisted, the reforms established a stronger foundation for reducing waiting lists and increasing NHS dental capacity.

Manx Care's Annual Report includes dental waiting-time data for 2025/26, however a technical issue affecting the accuracy of the historical data means that the Department has shown this measure as unavailable for the purposes of this assessment. The issue has since been resolved and accurate waiting-time information is being reported during 2026/27.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted	≥ 96% year-end	100.1%		87.6%
Number of patients awaiting allocation to an NHS dentist (at 31st March): Total	-	Unavailable	-	6,404
Number of patients awaiting allocation to an NHS dentist (at 31st March): Adults	-	Unavailable	-	4,481
Number of patients awaiting allocation to an NHS dentist (at 31st March): Children	-	Unavailable	-	1,916
Number of additions to the NHS dental waiting list	-	3,381	-	2,263
Number of patients allocated from the dental waiting list to an NHS dental practice	-	~ 5,400	-	660
Monthly average number of unique patients seen at NHS dental practices	-	4,753	-	4,378
Average wait time between patient being added to dental waiting list and allocation to a practice (weeks)	-	Unavailable	-	Unavailable

Community Adult Therapy Service

Performance against Community Adult Therapy Service response time standards deteriorated across all referral priority categories, reflecting sustained demand and workforce vacancies during much of the year. Staffing levels improved towards the end of 2025/26, with the service becoming almost fully staffed, providing a stronger basis for improving access during 2026/27.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of Priority 1 referrals to Community Adult Therapy Services responded to within 10 working days	≥ 85%	62.0%		79.1%
Percentage of Priority 2 referrals to Community Adult Therapy Services responded to within 30 working days	≥ 80%	66.9%		82.8%
Percentage of Priority 3 referrals to Community Adult Therapy Services responded to within 60 working days	≥ 80%	51.5%		83.3%

Mental Health Care

Mental health services continued to experience significant demand during 2025/26. Activity increased across services, with the Child and Adolescent Mental Health Service (CAMHS) caseload rising to 2,068 service users as action was taken to improve access and reduce waiting lists. However, 499 children and young people remained awaiting an initial CAMHS assessment at year end.

Although Manx Care's Annual Report includes waiting-list figures for all mental health services, these figures do not distinguish between people awaiting initial access and those awaiting further care. They therefore do not provide a consistent measure of access to mental health services and are shown as unavailable for assessment purposes (except for CAMHS, as data on those awaiting initial access is available). Figures on patient follow-up after discharge from psychiatric inpatient care are also excluded due to known data quality issues.

Performance in urgent and crisis services remained strong. The Crisis Response and Home Treatment Team (CRHTT) exceeded response standards, and all patients experiencing a first episode of psychosis were assessed within two weeks of referral.

Mental health inpatient admissions reduced during the year. However, more people experienced extended stays in adult mental health inpatient services, with the number of patients aged 18 to 64 remaining in hospital for more than 60 days increasing from 8 to 16.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of service users on mental health service caseload: Total (at 31st March)	-	5,505	-	5,395
Number of service users on mental health service caseload: Child and Adolescent Mental Health Service (at 31st March)	-	2,068	-	1,920
Number of people awaiting a mental health service (at 31st March): Total	-	Unavailable	-	Unavailable

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of people awaiting a mental health service (at 31st March): Child and Adolescent Mental Health Service	-	499	-	Unavailable
Number of people awaiting a mental health service (at 31st March): Community Mental Health Service for Adults	-	Unavailable	-	Unavailable
Number of people awaiting a mental health service (at 31st March): Community Wellbeing Services	-	Unavailable	-	Unavailable
Number of people awaiting a mental health service (at 31st March): Drugs and Alcohol Team	-	Unavailable	-	Unavailable
Percentage of referrals from the Emergency Department to the Crisis Response and Home Treatment Team (CRHTT) responded to within one hour	≥ 75%	91.9%		89.2%
Percentage of referrals from general hospital wards to the CRHTT responded to within 24 hours	100%	100.0%		100.0%
Percentage of patients with a first episode of psychosis assessed by a psychiatrist within two weeks of referral	100%	100.0%		100.0%
Percentage of patients followed up within 3 days of discharge from psychiatric inpatient care	≥ 90%	Unavailable		97.9%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of admissions (inpatient service)	-	209	-	243
Number of inpatients aged 18-64 with a length of stay of more than 60 days	-	16	-	8
Number of inpatients aged 65+ with a length of stay of more than 90 days	-	7	-	9

Social Care

Adult Social Work

Adult Social Work continued to support people with increasingly complex needs during 2025/26. While overall referrals reduced slightly, demand within services for older people continued to increase and adult safeguarding referrals rose. Assessment timeliness improved across all services compared with the previous year following changes to assessment and support planning processes, although performance remained below target partly due to case complexity and the requirement for multidisciplinary input.

Almost all service users received a copy of their assessment and all had a Person-Centred Plan in place. Long-term care home occupancy remained above target, while recruitment challenges, particularly within dementia services, affected the availability and occupancy of short-term care beds.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of referrals to Adult Social Work	-	1,059	-	1,080
Percentage of referrals to Adult Social Care that were received within 31 days of a previous referral	-	5.5%	-	6.2%
Percentage of initial Adult Social Work assessments completed within target timeframes: Total	≥ 80%	52.9%		41.5%
Percentage of initial Adult Social Work assessments completed within 28-day timeframe: Adult Generic	≥ 80%	67.5%		48.8%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of initial Adult Social Work assessments completed within 28-day timeframe: Older Person	≥ 80%	47.4%		37.6%
Percentage of initial Adult Social Work assessments completed within 42-day timeframe: Learning Disability	≥ 80%	55.5%		38.0%
Percentage of service users (or carers) receiving a copy of their initial Adult Social Work assessment	≥ 95%	98.4%		98.3%
Care home bed occupancy rate: Long term care	≥ 85%	89.1%		88.4%
Number of care home beds available: Long term care (at 31st March)	-	227	-	260
Care home bed occupancy rate: Short term care	≥ 75%	68.0%		69.5%
Number of care home beds available: Short term care (at 31st March)	-	20	-	23
Percentage of service users with a Person-Centred Plan (PCP) in place	100%	100.0%		100.0%
Number of referrals to Adult Safeguarding	-	1,412	-	1,133
Percentage of referrals to Adult Safeguarding that were received within 31 days of a previous referral	-	14.0%	-	16.0%

Children and Families

The Children and Families Service experienced increased demand during 2025/26, with referrals rising compared with the previous year. Re-referral rates remained high despite a slight improvement compared with 2024/25. Review and audit activity has not identified concerns regarding decision-making, and understanding the factors contributing to the Island's high re-referral rate relative to the re-referral rate in England (22.6% in 2025[6]) is a focus of work during 2026/27.

Performance in safeguarding and review processes was generally positive. Child protection reviews and looked-after children reviews were completed on time in most cases, and participation by children in these reviews remained high. However, initial child protection conferences did not consistently meet target timescales, while reviews and participation rates for children with complex needs remained below target despite some improvement during the year. Staffing pressures within the Children with Disabilities Team contributed to these challenges, although performance improved towards year end.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of referrals to Children and Families	-	1,723	-	1,422
Percentage of referrals to Children and Families that were received within 12 months of a previous referral	≤ 46%	45.1%		46.9%
Percentage of initial child protection conferences held on time	≥ 90%	86.0%		92.2%
Number of initial child protection conferences held on time	-	68	-	82

[6] Department for Education (2026). *Children in need*. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/children-in-need/2025

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of child protection reviews held on time	≥ 90%	93.0%		95.1%
Number of child protection reviews held on time	-	187	-	191
Percentage of complex needs reviews held on time	≥ 85%	64.4%		61.6%
Number of complex needs reviews held on time	-	243	-	285
Percentage of looked-after children reviews held on time	≥ 90%	97.1%		95.8%
Number of looked-after children reviews held on time	-	183	-	205
Percentage of child protection reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 90%	92.1%		89.9%
Number of child protection reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	-	141	-	141
Percentage of complex needs reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 79%	54.3%		53.8%

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of complex needs reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	-	108	-	145
Percentage of looked-after child reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	≥ 90%	98.8%		99.3%
Number of looked-after child reviews held, which children participated in or contributed to (where the child was of sufficient maturity)	-	160	-	160

People and Governance

Workforce

Some workforce indicators improved during 2025/26. Sickness absence reduced from 6.3% to 5.7%, meeting the target, while mandatory training compliance increased from 79.0% to 83.1%, although it remained below the 85% target. These improvements support workforce resilience and provide greater assurance that staff have the training required to deliver safe care. Development of workforce planning arrangements remains ongoing.

Manx Care's Annual Report presents a staff turnover rate of 7.3% and vacancy rate of 14.5% for 2025/26 (both within target). These measures remain under development, however, as further refinement is required to ensure that turnover appropriately distinguishes internal staff movements and that the vacancy measure reflects funded posts. The underlying workforce data is held by the Office of Human Resources. The Department has therefore shown these metrics as unavailable for the purposes of this assessment.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Percentage of working hours lost to staff sickness absence	≤ 6%	5.7%		6.3%
Staff turnover rate	≤ 10%	Unavailable		Unavailable
Staff vacancy rate	≤ 15%	Unavailable		Unavailable
Rate of completion of mandatory training	≥ 85%	83.1%		79.0%

Information Governance

Information governance services experienced a substantial increase in demand during 2025/26. Subject Access Requests (SAR) increased from 830 to 1,315, while Access to Health Record (AHR) and Freedom of Information (FOI) requests also rose. The number of SARs responded to outside the statutory timeframe increased from 239 in 2024/25 to 542 in 2025/26. Delays reflected both increased demand and the complexity of some requests, including cases involving extensive records or requiring information from clinical and other teams alongside their existing workloads. Resourcing within the Information Governance Team has since been addressed and working practices reviewed, with a digital solution also being sought to improve workflow management.

Personal data breaches reported internally and to the Information Commissioner's Office increased during the year, although no enforcement notices were received.

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of personal data breaches reported to the Data Protection Officer	-	163	-	133
Number of personal data breaches reported to the Information Commissioner's Office	-	25	-	11
Number of enforcement notices received from the Information Commissioner's Office	0	0		1
Number of Subject Access Requests (SAR)	-	1,315	-	830
Number of Access to Health Record (AHR) requests	-	47	-	28
Number of Freedom of Information (FOI) requests	-	118	-	109

Metric name	2025/26 target	2025/26 performance	Performance rating	2024/25 performance
Number of SARs responded to after more than one month (or after a period granted by an extension)	≤ 300 annually	542		239
Number of AHRs responded to after 21 days	≤ 24 annually	19		12
Number of FOIs responded to after 20 days	≤ 36 annually	22		20



Department of Health and Social Care

Rheynn Slaynt as Kiarail y Theay

Assessment of Manx Care for 2025/26