

Next steps to securing sustainable services for the Isle of Wight

1 Introduction

- 1.1 NHS partners in Hampshire & Isle of Wight have been working together for a number of years to resolve the challenges of delivering sustainable health services for the Isle of Wight population.
- 1.2 On 31 January 2023, Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust announced plans to further strengthen their partnership to enable the provision of high quality, safe, and sustainable services to the populations they serve.
- 1.3 The first steps of this plan are to change the leadership and governance across Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust. Ongoing further support will be needed to transform the services over the coming months and years to achieve the shared system goal of sustainable, high-quality care for Isle of Wight residents.
- 1.4 This document sets out:
 - The context and case for change for Isle of Wight healthcare.
 - The strategic rationale for further development of the partnership between Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust.
 - The key risks and how they are being managed.
 - The timeline and readiness of the two Trusts for implementation.
 - The system wide approach to communication and engagement.
 - The conditions for success that need to be created together, with the Hampshire & Isle of Wight Integrated Care Board and with NHS England.

2 Context and Case for Change

- 2.1 Isle of Wight NHS Trust provides acute, community, mental health and ambulance services to a population of 140,000 people on the Isle of Wight. The Trust employs approximately 3,600 staff and in 2021/22 had a turnover of £285m. The main base for the Trust's services is St Mary's Hospital in Newport.
- 2.2 The provision of clinically and financially sustainable healthcare for the Isle of Wight has been a long-standing challenge. It has historically been recognised, and supported by several external independent reviews, that the Isle of Wight NHS Trust has an underlying deficit which includes a demonstrable "structural" recurring component owing to the unique nature of delivering essential local NHS hospital services, 24/7, to a physically isolated population of a scale significantly below that required on the mainland. The root cause of both the clinical and financial challenges are that the population served by Isle of Wight NHS Trust is too small to provide the critical mass needed to sustain high quality, efficient services. The physical isolation of the Isle of Wight adds to the challenge as it makes it more difficult for Isle of Wight NHS Trust to recruit and retain staff to provide essential local services. As a consequence, the services provided by Isle of Wight NHS Trust are sub-scale, fragile, reliant on extensive use of temporary staff, and more expensive. Addressing this fragility is key to improving clinical sustainability and to making services more affordable.

- 2.3 When Isle of Wight NHS Trust entered double special measures for financial and quality performance in 2017, the Isle of Wight NHS Trust and partners across the Hampshire & Isle of Wight system worked together to address the challenges.
- 2.4 As a system we agreed that the long-term solution lay in utilising the greater scale of mainland providers alongside strengthened leadership in the Isle of Wight NHS Trust and the development of an effective Island based health and care partnership.
- 2.5 Strategic partnerships were established between Isle of Wight NHS Trust and larger mainland providers. South Central Ambulance Service NHS Foundation Trust became the strategic partner for the Island's ambulance service, Solent NHS Trust for community and mental health services, and Portsmouth Hospitals University NHS Trust was identified as the most appropriate partner to support the delivery of acute services. Portsmouth Hospitals University NHS Trust remains the only mainland acute provider to confirm its support as an acute partner to Isle of Wight NHS Trust.
- 2.6 With the support of these partnerships and as a result of the delivery of significant internal improvements, the situation is now tangibly different to that in 2017. Isle of Wight NHS Trust was rated Good by CQC in 2021 and lifted out of SOF4 in 2022.
- 2.7 In confirming the transition of Isle of Wight NHS Trust from SOF4 to SOF3 in 2022, national and regional NHS England colleagues:
- Recognised the significant improvements that had been delivered by the Isle of Wight NHS Trust leadership team.
 - Highlighted that the transformation was based on a system solution and commended the system for achieving this.
 - Noted that the fundamental issue of sub-scale services had not disappeared and that the partnerships are not yet sufficient for the scale of change needed. Isle of Wight NHS Trust remains clinically and financially unsustainable.
 - Emphasised that strong partnerships within the system are fundamental for longer-term clinical and financial sustainability, as there is still work to do.
 - Recognised that finance remained the biggest risk and that investment will be needed to deliver the plan.
- 2.8 A support package was put in place for Isle of Wight NHS Trust to support the transition to SOF3. This recognised and included ongoing support to further develop the partnerships with mainland providers and the provision of a Financial Improvement Director to support the Trust.
- 2.9 In this context, partners across the Hampshire & Isle of Wight system have been exploring how services on the Isle of Wight could be better organised to ensure that the improvements of recent years continue, and that healthcare is made sustainable for the long-term. System level co-ordination of the delivery of the strategic plan for the sustainability of healthcare for the Isle of Wight takes place through an Oversight Group chaired by the Chief Executive of the Hampshire & Isle of Wight Integrated Care Board.

3 Strategic Rationale for further development of the partnership between Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust

- 3.1 As part of a wider strategic plan for the sustainability of Island services, a way forward has been agreed for the Isle of Wight NHS Trust's community and mental health services. A review of community and mental health services across Hampshire & Isle of Wight was undertaken in 2022 to understand how to better meet the demands of the future and how organisations might work better together to meet those demands. The review led to agreement that all community and mental health services in Hampshire & Isle of Wight (including those delivered by Isle of Wight NHS Trust) should come together into a single NHS Foundation Trust. This builds on the benefits that have been achieved through the strategic partnership between Solent NHS Trust and Isle of Wight NHS Trust described in section 2 above. The Strategic Case for the transactions to bring all community and mental health services together is being finalised for submission to NHS England in March 2023. A target date of 1 April 2024 has been set for the creation of the new Trust. For community and mental health services this provides a long-term solution to deliver sustainable care for the Isle of Wight population.
- 3.2 The Isle of Wight NHS Trust partnership with South Central Ambulance Service NHS Foundation Trust (SCAS) has delivered benefits for both Trusts. Investment has enabled alignment of IT systems, providing resilience for the Isle of Wight and additional call capacity for SCAS. SCAS support has provided expertise in EPRR (Emergency Preparedness, Resilience and Response) and supported staff development. Isle of Wight NHS Trust and the Hampshire & Isle of Wight system as a whole is now exploring how the partnership between SCAS and the Isle of Wight Ambulance Service can be further strengthened to continue to improve local services.
- 3.3 It is the Island's acute services where the clinical and financial unsustainability is most keenly felt. The Isle of Wight NHS Trust partnership with Portsmouth Hospitals University NHS Trust was formalised in 2020 and clinical teams from the two Trusts worked together to develop a clinical strategy for acute services across the two hospitals. Published in March 2020, the clinical strategy provided the foundation and principles on which services are working together across the two Trusts. Through the partnership a number of services have been supported, including stroke services, cancer and urology.
- 3.4 However, Isle of Wight acute services remain fragile and high risk and there are opportunities for efficiencies that it has not been possible to realise in the current arrangements. We have reflected on why this is and recognised that we have reached a point where the organisational, leadership and governance arrangements were preventing the two Trusts from realising the opportunities for clinical and corporate services. Organisational boundaries were constraining thinking to improve current delivery models rather than reimagining how care could be delivered in response to the challenges we face. In considering how to resolve this, the options for the future have been assessed.
- 3.5 The Boards of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust share the ambition of providing high quality, safe and sustainable care to the populations of Portsmouth, south-east Hampshire and the Isle of Wight. As described in the clinical strategy, the clinical teams in the two Trusts concluded that the best way to achieve this ambition and ensure the long-term sustainable provision of acute services is for the two Trusts to plan each clinical service and deliver them across the two hospital sites. Delivering care to a combined population of 640,000 people in Portsmouth and SE Hampshire and 140,000 people of the Island provides the greater scale needed to help tackle the root causes of the long-standing challenges of delivering healthcare solely on and for the Island. It should be noted however, the physical isolation will always remain; that is, the underlying "structural" recurring financial challenge directly associated

with the unique nature of delivering essential local NHS hospital services, 24/7, to a physically isolated population of a scale significantly below that required on the mainland.

- 3.6 The Boards of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust considered how the existing strategic partnership between the two organisations should develop to support this clinical model. Key to success is having a single accountable clinical lead for each clinical service who are responsible for leading the reshaping of services across the two sites.
- 3.7 The options to achieve this were assessed. Both Boards concluded that the current partnership arrangements needed to change to enable the clinical model to be implemented, empowering and giving accountability and authority to the single clinical leads to transform services across the two Trusts. Both Boards agreed that bringing our leadership teams and organisational strategies closer together is the only viable way forward.
- 3.8 The two Trusts already have a common Chair. We have agreed that the immediate next step is to confirm a single Chief Executive for Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust from within the existing leadership. This Chief Executive will be the Accountable Officer for both Trusts and will have a mandate to create a single Executive Team and single clinical leadership across the two, separate organisations.
- 3.9 Retaining strong, experienced site leaders in Portsmouth and on the Island is also crucial to achieving the shared ambitions. The Executive Team will include a Chief Officer for Portsmouth Hospitals University NHS Trust and a Chief Officer for Isle of Wight NHS Trust, each supported by a team of senior site directors at Queen Alexandra Hospital in Portsmouth and St Mary's Hospital in Newport.
- 3.10 These arrangements will mean that the Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust can work even more closely, with the strategic leadership and strong and experienced operational leaders to continue making progress. As well as enabling further improvements to address the fragility of clinical services, the creation of a single executive team will also enable the two Trusts to up the pace on tackling the financial challenges, in particular by creating the opportunity to deliver corporate services once across the two Trusts, supported by one agreed set of identical systems and processes, under single leadership, to maximise efficiency.
- 3.11 Other options, including merger were considered. The approach described above was selected because it provides the clarity of leadership required to drive the changes needed without the complexity and potential delay of undertaking a transaction. The Boards of the two Trusts will continue to regularly and actively review the governance of the partnership, which will evolve as the partnership itself evolves. At each review point the Boards will assess whether the governance arrangements continue to enable us to deliver our operational and strategic outcomes, or whether further changes are required. Further changes will only be made if they enable delivery of greater benefits, or delivery of benefits more quickly. At each step this approach enables the Boards to guide the partnership, choosing for the partnership arrangements to stay as-is, to unwind aspects of them, or to extend further, including towards considering merger.
- 3.12 Hampshire & Isle of Wight Integrated Care Board and NHS England have confirmed their support for the establishment of the single leadership model described above as the direction of travel and route to delivering the clinical and financial benefits that is needed to achieve a sustainable system.

4 Key risk and approach to mitigation

4.1 The risks currently being managed by the two Trusts, and the risks associated with the new leadership model have been assessed. The key risks are discussed here.

Risk	Narrative and mitigations
<p>1. Current operational performance deteriorates at Portsmouth Hospitals University NHS Trust and/or Isle of Wight NHS Trust.</p> <p>The risk that the leadership changes and the focus on establishing the new clinical, service and governance model distracts leaders and teams at Portsmouth Hospitals University NHS Trust and/or Isle of Wight NHS Trust from addressing current operational and quality performance.</p>	<p>The leadership and governance model has been designed to ensure that there is sufficient leadership capacity to deliver constitutional standards alongside strategic and organisational change.</p> <p>Alongside establishing a single Chief Executive and a single executive team for strategic leadership, robust and effective senior leadership is maintained for operational delivery at both Queen Alexandra Hospital in Portsmouth and St Mary's Hospital on the Island.</p> <p>There will be an executive director (a 'Chief Officer') responsible for each Trust who is part of the single executive team for the two Trusts. The Chief Officer for Portsmouth Hospitals University NHS Trust and the Chief Officer for Isle of Wight NHS Trust will each have a senior leadership team reporting to them which includes a site Medical Director, Director of Nursing, Finance Director, HR Director, Director of Governance/Risk and Director of Planning. Alongside the single executive team, the director-level site leadership teams in each hospital provides the capacity and capability required to continue to focus on the operational, quality and financial performance of each Trust. Each Trust will also continue to remain focussed on driving the local service improvements in urgent and emergency care and elective care at Queen Alexandra and St Mary's Hospitals, and in the local Portsmouth & SE Hampshire and Isle of Wight systems.</p> <p>Each Trust remains a separate legal entity, each with its own Board bringing non-executive scrutiny and supporting assurance of the operational, quality and financial performance of the two Trusts and of the Executive Team.</p> <p>Integrated Care Board and NHS England support will be needed for individuals impacted by the change.</p>
<p>2. Adverse financial impact.</p> <p>The risk that the current financial deficit at IWT does not improve and/or that the financial performance at one or both Trusts is impacted adversely as the new model is implemented.</p>	<p>Grip and control: As the two Trusts come together with a single leadership, aligned processes and systems will be implemented to ensure that consistent levels of grip and control are in place across Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust.</p> <p>Corporate services efficiencies: Establishing a single executive team across the two Trusts creates the opportunity to deliver corporate services once across the two hospitals, supported by one agreed set of identical systems and processes, to maximise efficiency. A change programme to manage the creation of the single corporate services will be established once the single executive team is in place from June 2023. This will outline the key delivery milestones to support the transition and the future design of these essential services. The plans will be developed</p>

	<p>in conjunction with the programme to establish the new community and mental health provider for Hampshire & Isle of Wight (see risk 4 below).</p> <p>Transitional costs: Whilst efficiencies through corporate services is the greatest opportunity to tackle the Isle of Wight NHS Trust operational deficit, it will require management resource and take time to deliver. Recognition of and funding for the transitional costs is essential as in the absence of this the scale and pace of change needed will not be deliverable.</p> <p>Recognition of structural deficit: Delivering these operational efficiencies will not solve the whole problem. Hampshire & Isle of Wight also needs to secure recurrent funding for the structural deficit – the historically recognised, externally validated component of the Isle of Wight financial challenge demonstrably related to the unique nature of delivering essential local NHS hospital services, 24/7, to a physically isolated population of a scale significantly below that required on the mainland. These costs were independently verified in 2017/18 and in 2019/20, each time confirming they represent 10% of the Isle of Wight NHS Trust cost base (£20.5m in 2019/20). This position, with the structural costs representing 10% of the cost base, is holding true for 2022/23. Neither Hampshire & Isle of Wight ICB nor Isle of Wight NHS Trust currently receive any additional cash allocation to recognise the structural deficit, despite regulatory recognition of both its existence and evidenced methodology.</p>
<p>3. Digital strategy misalignment. The risk that the digital strategies of PHU and IWT are misaligned which constrains the ability to realise the opportunities presented by digital advancement.</p>	<p>Digital transformation offers significant opportunities to improve patient care and patient experience. However, the digital strategies of Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust are not yet aligned.</p> <p>As the two Trusts begin to plan and implement a single clinical service across the two hospitals, there will be a need to shape and then implement a new, single digital strategy bringing together both local and strategic opportunities.</p> <p>The lack of available capital & revenue resources will constrain the ability of the system to realise the potential benefits.</p>
<p>4. Strategic alignment with community & mental health services transfer. The risk that any misalignment of the development of the PHU-IWT partnership and the work to create a new community & mental health services Trust adversely impacts on</p>	<p>If the significant change programmes across Hampshire and Isle of Wight were to end up misaligned during the transition period, this would impact on staff, in particular in corporate services and present a risk to the achievement of sustainable services for the Isle of Wight/the delivery of the benefits of strengthening the acute partnership. The overall strategic plan for sustainable services for the Isle of Wight is co-ordinated through the ICS Oversight Committee for the Isle of Wight programme. This Committee and its supporting groups manage the dependencies between these programmes and will need to continue in order to avoid any unintended consequences that impact the future sustainability of Island health services.</p> <p>The single executive team will include a director of Isle of Wight NHS Trust Community and Mental Health services for the</p>

services and on benefits realisation.	transition period until those services transfer to the new HIOW Trust.
<p>5. Capital constraints</p> <p>The risk that the constraints on capital availability impact on the ability of PHU and IWT to create clinically and financially sustainable services.</p>	<p>In recognition of the requirement for capital investment to enable the sustainable delivery of Island services, Isle of Wight NHS Trust was allocated £48m to support investment in additional acute capacity and in IT infrastructure.</p> <p>Further investment is likely to be required including to enable the realisation of the digital opportunities referenced above.</p>
<p>6. Stakeholder support</p> <p>Risk that there is insufficient stakeholder support for the immediate changes or for the changes required in future to ensure safe, sustainable high quality care for the Island population,</p>	<p>Ongoing communications and stakeholder management over a number of years have enabled system partners to understand the concerns and issues for stakeholders and adapt plans where appropriate to respond to those issues.</p> <p>The approach that is being pursued, to plan and deliver single clinical services across the two hospitals for the combined population of 800,000 is clinically led and enjoys strong clinical support.</p> <p>A communications and engagement strategy and plan have been developed. Our communication approach and messaging is aligned across the two Trusts and with the wider system, recognising it is one part of a larger, system wide approach to ensure sustainable services for the Isle of Wight. The communications plan is sensitive to the different audiences.</p> <p>Communication with staff and partners about the next steps in the development of the partnership began on 30 January 2023. This is a key enabler to the two Trusts and the wider system to engage with staff and partners to shape the future.</p> <p>We will continue to listen to the voices and needs of our communities and ensure they continue to be involved in the development of services and the care they receive. The joined-up communications approach ensures that the rationale, scope and impact of changes is clear and co-ordinated across the whole system of care.</p>
<p>7. Timescale for achieving sustainable Island healthcare</p> <p>Risk that there are differing expectations about the pace at which it is possible to achieve clinically and financially sustainable healthcare for the Isle of Wight population.</p>	<p>It will be important to agree realistic improvement trajectories against which progress is measured for all operational, quality and financial standards. Securing a stable position on the Island and achieving a position where there are fully sustainable services will only be delivered if all the conditions for success are in place. Financial recovery and workforce changes will take time as acknowledged in the RSP Meeting (Attachment A).</p>

5 Timeline and readiness to implement

- 5.1 The Boards of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust have worked through the key steps needed to implement the new leadership model. A transition plan is now being prepared to manage the implementation and the dependencies with other programmes.
- 5.2 The two Trusts currently have a common chair and the Boards have agreed that the immediate next step is to appoint the same Chief Executive to both Trusts from within the existing leadership. The aim is that the single Chief Executive is in post from April 2023. The Chief Executive will have a mandate to create a single executive team by June 2023, who bring coherent leadership to our clinical and corporate services across the two hospitals. Single leads for each clinical and corporate service will be identified, following which detailed planning and prioritisation for the next phase of clinical and corporate services transformation will commence.
- 5.3 During 2023/24, Isle of Wight NHS Trust will continue to provide community, mental health and ambulance services. The single executive team (as the executive directors of both Trusts) will be accountable for all of the services delivered by Isle of Wight NHS Trust until such time as the transfer of community and mental health services to the new provider (expected to be 1 April 2024). The single executive team will include a Board level director of Isle of Wight NHS Trust Community and Mental Health services for the transition period. Co-ordination will continue between system partners of all elements of the whole system plan to establish a sustainable model for services on the Isle of Wight.
- 5.4 In addition to the Chair, the two Trusts have one other non-executive director who is appointed to both Boards. To further strengthen the strategic alignment of the two Trusts, a current Isle of Wight NHS Trust non-executive director has now been appointed to the Portsmouth Hospitals University Trust Board. This model brings coherent leadership to the partnership whilst also retaining an appropriate level of challenge and independent voice for the two Trusts. In due course, the Boards will review the model and determine whether (and if so when) it is appropriate to further extend the number of NEDs appointed to both Boards. This could also happen in an evolutionary way, as current NED terms of office came to an end.
- 5.5 The governance arrangements for the new model have been developed and tested.
- The two Trusts will each continue to meet in public, once every two months. Isle of Wight NHS Trust Board meetings would be held on the Island, and Portsmouth Hospitals University NHS Trust Board meetings in Portsmouth. During 2023/24 Boards will assess how they can begin to undertake more of their business together.
 - Regular Board strategy/development sessions will be held jointly. These will focus on future strategy and the ongoing development of the partnership to ensure realisation of the benefits of working together. All Board members would be invited: the single executive team & NEDs from both Trusts, enable all Board members to continue to be engaged in setting direction.
 - Both Trusts have five Board committees: Audit/Risk; Remuneration; Quality & Performance; Finance & Infrastructure; People & Organisational Development. From April 2023, the Remuneration Committees will meet together at the same time with the same agenda (as committees in common). This will enable the committees to work together as one to support the establishment of the single executive team and site teams. During 2023/24, other committees will identify opportunities to work together.

6 Creating the conditions for success

- 6.1 Tackling the longstanding challenges of delivering high quality, safe and sustainable care for the population on the Isle of Wight is a priority that is shared by Portsmouth Hospitals University NHS Trust, Isle of Wight NHS Trust, the Hampshire & Isle of Wight Integrated Care Board and NHS England. The two Trusts will continue to work closely with the Integrated Care Board and other Hampshire & Isle of Wight partners to achieve this together.
- 6.2 Hampshire & Isle of Wight Integrated Care Board and NHS England have confirmed their support for the strategic direction set out in this paper as the best route to achieve sustainable services for the Isle of Wight population. This is welcomed by Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust and recognised as a key enabler to making progress at pace.
- 6.3 The changes to leadership and governance across Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust that are described in this paper are an important enabler but do not in and of themselves resolve the challenges of clinical and financial sustainability. Their purpose is to bring the clarity of leadership and accountability required to support and enable the transformation of clinical and corporate services that will follow.
- 6.4 With the support of Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust will now move forward to establish the new leadership model, with the first step of having a single Chief Executive in place by April 2023.
- 6.5 In parallel progress also needs to be made on creating the other conditions required for success. As was identified when Isle of Wight NHS Trust transitioned from SOF4 to SOF3, achieving the goal of sustainable services for the Isle of Wight is contingent on continued support from the Hampshire & Isle of Wight system and from NHS England. The support that will be needed to create the conditions for success is summarised here:

Area	Support required for success
1. Assurance of the governance and leadership model	The assurance of the governance and leadership model which follows national guidance is welcomed as a supportive intervention which will provide confidence to both Trusts as well as regulators that the next steps for the partnership make strategic sense, that the risks have been identified and mitigated and that the implementation plans are sound. Isle of Wight NHS Trust and Portsmouth Hospital University NHS Trust will work with the Integrated Care Board and NHS England to complete the assurance. All partners will need to work at pace over the next four weeks to enable implementation to begin with the confirmation of the single Chief Executive by April 2023.
2. Leadership support for the two Trust Boards	Ongoing coaching and advice for the two Trust Boards will be needed during the transition and as the new model is implemented. This includes support for individuals impacted by the change. As described earlier in this paper, subject matter expertise such as support to develop and subsequently implement a new digital strategy will be

	essential to realise the significant opportunities for the whole system.
3. Communications support	The further strengthening of the acute partnership is one part of a larger, system wide approach to ensure sustainable services for the Isle of Wight. System co-ordination will be needed to ensure a coherent and joined up approach, both in the immediate term and in the longer term as partners and the public continue to be involved in the development of services and the care they receive.
4. Support for the transition, timeline and improvement trajectory	Support for the transition process will be needed. Securing a stable position on the Island and achieving a position where there is improved sustainability will take time. It will be important therefore to agree realistic improvement trajectories against which progress is measured for all operational, quality, and financial standards. The transition process will involve additional revenue and capital resources. The scale and timing of the requirement will need to be developed together.
5. Working together to secure the recurrent income needed to fund Island healthcare	The costs of delivering health services on the island significantly outstrips the income provided. Whilst the new leadership model offers the opportunity to tackle the Isle of Wight NHS Trust financial deficit, it will not solve the underlying structural problem relating to the unique nature of delivering essential local NHS hospital services, 24/7, to a physically isolated population of a scale significantly below that required on the mainland. In order to create the conditions for success it is essential that we are able to confirm that the unavoidable additional 'structural' costs of delivering healthcare for the Isle of Wight have been acknowledged and that a route to fund them is being developed. Neither Hampshire & Isle of Wight Integrated Care Board nor Isle of Wight NHS Trust currently receive any additional cash allocation to recognise the structural deficit, despite regulatory recognition of both its existence and evidenced methodology. The Trusts will continue to work with the ICB to make the case for funding, with the best outcome that these structural costs are allocated additionally to the Hampshire & Isle of Wight ICB funding allocation.

7 Conclusions and next steps

- 7.1 As a system we have been working together to resolve the clinical and financial challenges of delivering health services for the Island population. Substantial progress has been made, enabled by the development of partnerships between the Isle of Wight NHS Trust and mainland providers and as a result of hard-won internal changes within the Trust.
- 7.2 Over the last twelve months, partners across the system have been exploring how services on the Isle of Wight could be better organised to ensure that the improvement of recent years continues, and that healthcare is made sustainable for the long-term. This work is part of the wider strategic plan for the sustainability of Island services that includes the recent review of community and mental health services.
- 7.3 The partnership between Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust has enabled clinical teams to work together to support a number of fragile services on the Island. On 31 January 2023, Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust announced plans to further strengthen their partnership to enable the provision of high quality, safe, and sustainable services to the populations they serve. This is the right next step to deliver the clinical and financial benefits needed to achieve a sustainable system, beginning with the appointment, from within the current leadership team, of a single Chief Executive to both Trusts.
- 7.4 In order to progress the implementation of this model:
- a) The process of regulatory assurance of the model will take place during February and March 2023, co-ordinated by the Hampshire and Isle of Wight Integrated Care Board on behalf of NHS England.
 - b) Engagement with regulators will begin in February 2023 to confirm the local, regional and national support to create the conditions for success and enable the long-term sustainability of Island healthcare.
 - c) At their meetings in public in March 2023, the Boards of the Hampshire & Isle of Wight Integrated Care Board, Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust will formally confirm support for the strategic direction, implementation and timeline for the leadership and governance changes. This will include confirming support for the next stages of the implementation plan including conditions for success for tackling the longstanding challenges of delivering high quality, safe and sustainable care for the population on the Isle of Wight.
 - d) The appointment process to confirm the single Chief Executive for Portsmouth Hospitals University NHS Trust and Isle of Wight NHS Trust will be completed, enabling the appointed individual to take up post from April 2023 and appoint the executive team by June 2023.
 - e) The underpinning service and financial assumptions agreed as part of the process of identifying support to the implementation of the new model will be incorporated into 2023/24 system and Trust operational plans.

We are on a journey of transformation which starts with the first steps of this plan to change the leadership and governance across Isle of Wight NHS Trust and Portsmouth Hospitals University NHS Trust. Ongoing further support will be needed to transform the services over the coming months and years to achieve the shared system goal of sustainable, high-quality care for Isle of Wight residents.