

**Minutes of the Wye Valley NHS Trust Annual General Meeting
Held on 22 September 2022
Via MS Teams**

Welcome and Introduction

Mr Russell Hardy, Chairman of the Board of Directors (Chairman), welcomed everyone to the Annual General Meeting of Wye Valley NHS Trust which was being held virtually again this year and will be uploaded onto YouTube following the meeting. The Chairman introduced himself and the Board of Directors introduced themselves.

The Chairman advised that there would be an opportunity later in the meeting to raise questions or at a later date by emailing the Chairman directly or through the Wye Valley Trust web page.

Wye Valley NHS Trust Formal Business Present:

Russell Hardy	Chairman
Glen Burley	Chief Executive
Andrew Cottom	Non-Executive Director
Lucy Flanagan	Chief Nursing Officer
Richard Humphries	Non-Executive Director
Jane Ives	Managing Director
David Mowbray	Chief Medical Officer
Katie Osmond	Chief Finance Officer
Nicola Twigg	Non-Executive Director

In attendance:

Jon Barnes	Chief Transformation and Delivery Officer
Alan Dawson	Chief Strategy and Planning Officer
Geoffrey Etule	Chief People Officer
Erica Hermon	Associate Director of Corporate Governance
Ian James	Associate Non-Executive Director
Frances Martin	Associate Non-Executive Director
Frank Myers, MBE	Associate Non-Executive Director
Andy Parker	Chief Operating Officer
Lucy Woodhouse	Clinical Project Manager and Service Lead

Apologies for Absence

Councillor Mark Dykes	Mayor of Hereford
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Christobel Hargraves
Jesse Norman
Grace Quantock

Non-Executive Director
Member Of Parliament
Non-Executive Director

Minutes of Annual General Meeting held on 21 October 2021

The Chairman proposed approval of the minutes from those present at the Annual General Meeting held on 8 July 2020. Mr Humphries (NED) proposed this and Mr Cottom (NED) seconded this.

RESOLUTION: The minutes of the meeting held on 21 October 2021 were APPROVED as a true and accurate record.

Introduction to the Annual Report 2021/22 (including highlights)

The Chief Executive (CEO) noted that this had been a very difficult year, overshadowed by the pandemic, but there were a number of positives to highlight.

The CEO advised that he will be going through a summary of our Annual Report, with the full report available on the Trust's website.

Another year of COVID – 2021/22 – The pandemic has been with us over the last year, with this being the third Annual General Meeting that we have had to hold via MS Teams. We have generally been able to manage our services but this includes some large backlogs of areas such as elective treatment. This is an issue occurring right across the NHS and care system. This has been a huge challenge for our staff but our staff have been incredibly innovative during that time. Some of the changes and innovations that we introduced during Covid will continue into the future. Some of our virtual working will also continue. All of our services are now back up and running, and in some cases, delivering more activity than pre-Covid and we are aiming to get ourselves back into a position where the NHS can treat patients more rapidly. There were national announcements today around how the NHS is going to move forward with this. We have fantastic staff, not only those that we employ in the organisation but also our colleagues in Sodexo (our PFI Partners), our volunteers and our partners across the entire system. What we present today is the work of all these people with the focus around our Herefordshire and Powys patients

Caring for our patients – This slide contains activity numbers which help to demonstrate the scale of services. For many services, these numbers exceed pre- pandemic numbers. This also helps to show the range of diversity that we have. A lot of focus is usually around hospitals and beds, but our services span across hospital and Community Services and a huge number of contacts beyond the hospital. We are very proud that we have delivered on this range of services.

Caring for our patients (2) – This slide demonstrates the pressure that the NHS has been under but despite that, we have been able to improve our performance, particularly managing Urgent Care. This is something that we spent a lot of time focussing on, particularly on ensuring that our handovers are as efficient as possible to allow ambulances back out in the community. This slide shows that 80% of ambulances waited less than 30 minutes to hand over their patients to the Emergency Department (ED). We have redesigned a lot of our Urgent Care over the last few

years, including our Pitstop Area (video on this later in the meeting). We try to focus on the higher risk patients, releasing ambulances to treat patients in an ambulatory fashion, (if suitable), so that we only admit to a bed if needed and when admitted, we try to get patients back home (or the place they call home) as quickly as possible. That statistics shows that we are ranked 52 out of 111 Trusts for our emergency activity.

Caring for our patients (3) – The other key indicator that we focus on is around access times to our services. Cancer access is obviously a really important indicator of the quality and safety of our services. We are really proud that our performance on the 2WW is among the performance of the better performing Trusts in the entire NHS (graph 1). Our 62WW cancer performance (from referral to first definitive treatment) is ranked 73 out of 131 Trusts, which is in the upper half, which we intend to improve further on in the future.

Caring for our patients (4) – For patients waiting for elective treatment, this has been quite a news story over the last couple of years. The number of patients sat on hospital waiting lists has increased dramatically as a consequence of the pause in activity due to Covid and the constraints on our capacity. We are pleased to advise that we have improved our performance for our Referral To Treatment (RTT) standard of 18 weeks for the incomplete pathways last year, moving up to 63%. This figure has improved for both our English and Welsh patients. We have also been part of the overall delivery across the NHS of not having any patients waiting more than 2 years for their operative surgery. Our objective now is to move to 78 weeks by the end of this year and then to 52 weeks the year after that. This relates to our longest waiting patients, with many of our patients being treated a lot sooner than this. This year, we have also been able to work with our colleagues across the Foundation Group who have offered mutual aid to assist with patients in Herefordshire and Powys.

Caring for our staff – Our staff are key and there are a number of statistics included in the slide around this. Our partners from Worcestershire University (present at the meeting) help us with students. We have also been working with them to develop a Medical School which is planned to open soon. There are 400 Medical Student Nurses and Midwives undertaking their training placements. Also a large amount of the budget for our CPD has been spent along with a large number of apprenticeships in place. We have trained 132 Medical Students from Birmingham and Aston Universities. One of our key objectives here is to encourage the young people of our catchment area to join the NHS and to have careers that we can fulfil locally for them. In the past, too many of our young people have gone elsewhere to train, hence the need to train them locally and keeping them local is a key objective. We have also been working on the leadership across the organisation and the Foundation Group and with our partners across the Integrated Care System. We are now looking at leadership, not just from an organisational perspective, but also from a System perspective along with the strength of the Foundation Group. Our colleagues in the Integrated Care System have helped us to change that focus.

Caring for our staff (2) – One of the things that we have developed, and are particularly proud of, is the way that we bring staff into the organisation and then develop them over time, eg the Registered Nurse Degree Apprenticeships. We are also developing apprenticeships for admin staff. We are increasingly looking at Advanced Clinical Practitioner roles which allow a lot of different professions to go beyond their normal professional boundary and the Physician Associate roles which can supplement some of the hard to recruit to areas for Consultants.

Caring for our staff (3) – We have focussed heavily throughout the pandemic on the health and wellbeing and supporting our staff which will continue beyond the pandemic. The slide refers to a number of these initiatives. The Civility Saves Lives campaign is something that we have

undertaken across the Foundation Group which recognised that just the way that we behave, support and relate to each other as team members can really affect the quality and safety of services. We also have a number of networks including BAME and Disabilities and fitness classes. These will continue to ensure that our staff are healthy and continue to feel supported and particularly supporting their mental health (we also have Mental Health First Aiders in the Trust).

Caring for our staff (4) – One of the indicators that helps to demonstrate our approach to our staff is the NHS Staff Survey. This slide includes data on the nine areas that feature in this survey. In the last survey, we were reported as being better than average in all of these areas. We are particularly pleased to see the morale and staff engagement indicators increasing. We have also been working hard to increase our establishment by increasing our international nurse recruitment. We have plans to recruit 100 nurses, with 67 arriving so far. It is very important around the way that we support and settle these staff into Herefordshire to enable them to have a long and fulfilling future with us.

Working with Partners – Over the last year we have been working hard to implement the new reforms that have been implemented across the NHS formally from July. These create Integrated Care Systems which formally create partnerships of all of the organisations that help to look after our communities and to help to ensure that we live long and fulfilling lives. We have been able to make considerable progress locally on this. We are part of the Herefordshire and Worcestershire System but we also focus within that on Herefordshire as a “Place” as we refer to it. Jane Ives, our Managing Director has led on this and Jon Barnes has stepped into a transformational role in the System. We are starting to increase the span of the influence of the organisation by working really closely with our Partners.

Delivering Integrated Care – This slide shows some of the examples of the innovations in Integrated Care. This includes the Community Integrated Response Hub and our Urgent Community Response Team (we now work to a 2 hour response for patients in the community. By responding in this fashion, we are able to prevent unnecessary admissions to hospital and keep people at home). One of the things that the CEO is particularly proud of at the Trust, is how we have integrated our leadership structure with our local Primary Care Networks and the relationships that we have with our local Primary Care and GP colleagues. This is rather a unique structure and one that the CEO is seeking to implement across the Foundation Group based on the practice that we have developed locally in Herefordshire.

Investing in our future – There have been a number of capital investments. The main one is the aspiration to remove our Hutted Wards and to create a new ward block – which we have referred to at the last two Annual General Meetings. This was discussed last year as a project and this year is finally opening. We chose to create a slightly larger facility than just replacing the Hutted Wards to create space for the future. We have created within that a Frailty 7 Day Emergency Care area which has helped to deliver the best care for our frailer, older patients but also to ensure that we can discharge them more rapidly. This has had the added benefit of ensuring that we contain and manage our Urgent Care activity within the footprint and within the specialisms that support Urgent Care to ensure that we do not cancel our elective activity. This is ensured through something we call “Operation Ring-fence” that we have implemented over the last year

Investing in our future – (1) – There are a number of other initiatives involving capital expenditure that we will see implemented over the next year. **Implementation of £4.9 million energy update** - The CEO was able to announce in the meeting that we have received a further £21 million allocation to progress our ambition to be net carbon zero ahead of other colleagues in the NHS.

Again, this is an area across our Foundation Group that Wye Valley Trust has definitely pioneered. The CEO is keen for the heat pump model to be seen in the other two Trusts. **National funding allocated for £18.5 million new Elective Surgical Hub** - The CEO thanked the Chief Strategy and Planning Officer and his team for submitting these bids which have been so successful. Two additional theatres will be built which will increase our capacity by 43%. Building works will start early next year with completion in early 2024. This occurred through us making a direct bid to the National Elective Recovery Fund.

Our focus 2022/23 – As well as the objectives that we set for this year which we did extremely well to deliver, we have objectives for the year that we are in and are currently going through a strategic refresh exercise. The strategic wheel diagram on the slide has been our guiding strategy for the last few years across Herefordshire. We are just reviewing this from a Group perspective to ensure that it continues to be up to date but also to stretch us and to be clear about the moves that we want to make over the next two to three years to help to realise that strategy. It is very much based on looking after our population with prevention being a key part of our future delivery. The slide also includes an example of a poster that we have produced containing our objectives for 2022/23, which we will track through our Board Assurance Framework during the year. We always seek to have some stretch objectives in place and always seek to make progress despite some of the challenges that we face.

The CEO thanked Jane Ives, our Managing Director who supports the CEO immensely to fulfil his role in the Group Model - we have three Managing Directors who are all exceptional and Jane has continued not only to steer the organisation forward, but is also a key player in developing the Integrated Care Strategy and focussing on the County. The CEO also thanked all of the Executive Directors and our Non-Executive Directors, and the talents that they bring to the Board, and our volunteers who continue to support the Trust in all that it does and our incredible workforce who never stop surprising us in the way that they innovate and respond, develop services and meet the needs of our local population.

The Chairman hoped that members of the public received reassurance around the delivering of the key performance measures that matter to you when you need to utilise the NHS. We are still “work in progress”, but as the CEO noted, there is real traction to the improvement in performance in the Trust and some really exciting innovations which are not just within the Trust, but also with our partners across the System. As a community, the Chairman felt that we should be proud of the way that Herefordshire are integrating the Health and Wellbeing Sector to help deliver better population health for our citizens.

Extracts from the Annual Accounts 2021/22

The Chief Finance Officer (CFO) presented the Annual Accounts for 2021/22 and the following key points were noted:

2021/22 Overview – It remains a really challenging year and we continue to be impacted by Covid. From a financial perspective, that meant that we continued with some interim financial arrangements and funding mechanisms which added some further complexity. The CFO thanked the Finance Teams and colleagues across the organisation for both navigating this regime and some of the nuances over the year, but also in supporting the completion of the Accounts process,

which is ever more complex. Financially there are three things that we need to do – two are around our capital and how much capital we spend and how much cash we spend which is linked to our responsibilities as part of the national accounts. We met those duties. From an income and expenditure perspective, our performance is measured on a rolling basis. Although we have managed to achieve a surplus in this financial year and the last financial year, on that ongoing rolling basis as an organisation with a historic and underlying deficit we are not yet meeting that standard. In terms of 2021/22, we reported an adjusted surplus of £1.5m which was better than we had planned to deliver, which is really pleasing given the challenging year that we had. We also managed to step back into some of that pre-Covid operating in terms of the requirement to deliver efficiency improvements and managed to achieve just over £3m of improvement savings during the financial year. It is not at the level that it used to be and it is not at the level that it needs to move to in coming year, but nonetheless, given the period that we had with Covid where efficiencies were not being delivered, it is a step in the right direction.

2021/22 Income and Expenditure – Our income and our expenditure went up, around £40m year on year. Our income primarily comes from our Clinical Commissioning Groups (what will now be the Integrated Care Boards), NHSE for some of the national areas and for Wye Valley particularly, a significant element of our income comes from our Welsh bodies in terms of the activity that we provide to Welsh patients. Primarily we spend our money on our staff to deliver services to our patients and on supplies and services to support that clinical activity being delivered.

Capital and Cash – We invested £18.6m in capital schemes across a number of key programmes last year: the new wards, other improvements to the estate (we have really started to tackle some of the backlog of maintenance as well as some further transformational schemes), clinical equipment (primarily MRI and other diagnostic equipment), our Digital Programme – both the transformation work around our ongoing development of our Electronic Patient Record and electronic prescribing and some our infrastructure to ensure that this remains fit for purpose as we become a more digitally mature organisation and the Energy Centre. Following the national re-financing process that we saw in 2021, our cash balance has remained healthy and supported by the surplus position and the interim Covid regime. Our cash balance at the end of the year was around £40m. In terms of our prompt payment to our suppliers, we made an improvement in the number and volume of invoices that we paid within 30 days. We are still not quite at the target level, but getting much closer and a significant improvement from where we were a couple of years ago.

Annual Audit of Accounts – In terms of the financial statements, the Accounts give a true and fair position and no significant issues were identified as part of that process. The Annual Report and the elements within it met requirements and were confirmed to be consistent with the Accounts. We found from an Audit process perspective that this was increasingly challenging. This was partly due to the increase in Audit requirements, which all organisations are experiencing as the Audit landscape becomes ever more complex, but also capacity challenges in the workforce, that both we as a Trust and our team experienced but also the Auditors experienced which did lead to some delays in the process. We have already met with the Auditors and Audit Committee members to consider how we address some of this in the future. Value For Money – On the financial sustainability element, as we do not yet meet the rolling break even duty requirement, the Auditors had to report again that a significant weakness remained, that was in place last year, but that there were no additional recommendations required in terms of our response and actions around this. There were no significant weakness identified with the Trust's arrangements regarding improving economy, efficiency and effectiveness.

Outlook for 2022/23 – As we exit the Covid period, the regime is now more akin to what it was prior to this period. There is still a national incentive scheme around recovery of elective activity and linked to the levels of the backlog that we are seeing, but what this means for the organisation

is that this increasingly challenged financial landscape and requirement to recover some of those backlogs has led to us setting a deficit plan of £6.6m. Within this, we are assuming that within that we will deliver a £11.8m cost improvement, which is around 4%, which is a significant step up from the level that we have seen through the Covid period. We are making really good progress with good engagement from our clinical and operational teams in identifying those savings and making best use of our “Herefordshire Pound”. Workforce remains a significant issue for the organisation and puts a significant pressure on our finances where we have a reliance on a temporary workforce which comes at a premium cost. Delivery of our elective activity plans has previously been discussed and we need to consider how we increase some of our productivity and maximise the capacity that we have to recover this activity and to deliver better value. Significant capital investment includes the next phase of our Digital Programme, the start of the Elective Surgical Hub and the breaking news around further investment around the energy scheme. In summary, the financial landscape remains challenging. There is a continued focus on productivity and how we recover both our financial position but also our elective performance.

Introduction to the Quality Account 2021/22

The Chief Nursing Officer (CNO) presented the Quality Account for 2021/22 and the following key points were noted:

Quality Account 2021/22 - The Quality Account is available on our website and contains a lot of information around audit, Quality Improvements, patient experience and our Quality Priorities. Many of these areas have been covered by the CEO in his introduction. We have decided this year to single out one of the areas that we are very proud of – we have singled out the Lower Limb Service which set off as a Quality Improvement Initiative during the time period that we are discussing, but is very much a Quality Priority for us moving into 2022/23. The CNO felt we were achieving well above what was expected of a Trust our size in relation to the Lower Limb Service and the national scheme that we are involved in.

The Quality Account were not subject to an Audit Opinion this year so were published and available since the end of May on our website.

Lucy Woodhouse, Clinical Project Manager and Service Lead (CPM) gave a presentation on the Lower Limb service:

Background – A proposal was put forward in October 2020 for the Trust to become one of four implementation sites. We worked with the National Wound Care Strategy Programme to implement national Lower Limb recommendations. When we put the bid forward, it was really important that we were aligned with the Trust’s wider vision, values and priorities. We also felt that it was important that the service was accessible to all patients, ie ambulatory and housebound patients. The key points for this were around early assessment, data analysis, supporting the patient with self care and education for patients and Clinicians.

Background (2) – We were successful in our bid. The other three sites were Manchester, Hull and Kent. This was a very positive achievement given that the other two sites are University Hospitals. This has meant that we are able to feed into the blueprint for lower limb management moving forward and to influence this nationally.

Evidence Based Clinical Pathways – The key to the success of the service has been having clear Clinical Pathways. There is a consistent approach regardless of who is treating the patient and ensures that we are giving the right treatment depending on the findings and appropriate onward referrals, also dependant on the findings.

Wound Management Digital System – Another exciting part of this project has been piloting the Wound Management Digital System. With Covid we have had to work differently and this is one of the innovations that has worked really well and which we will be continuing with. Historically it has been very difficult with leg ulcers and wounds to measure the impact of the treatment, eg healing rates, infection rates etc. Using the Digital System has given us granular data on how our patients are doing and showing that what we are doing is really working. This system is so detailed that it allows the nurse to know exactly what they need to do at that point of treatment for the patient. This is very powerful and motivating for the patient as it shows them that their wound is healing, even if this is not visible to the naked eye. This has enabled more virtual clinics to be held as well.

Wound Management Digital System (2) – This has enabled increased productivity as we are able to see more patients though getting patients involved in their care and using the digital technology to treat patients.

Impact – This has allowed the service to review how it is working but also to look at some of the wider service benefits. At the start of the project we undertook an audit. We found around 10% of our patients were in compression therapy which is the Gold Standard treatment. Positively, we now have 96% in compression. When we benchmark nationally, this is well above standard. The number of patients being admitted with cellulitis has decreased by 44% and we are healing 75% of all patients within 24 weeks with venous leg ulcers. When we benchmark with all the other Trusts in the country we are leading the way. Regarding our time from referral to treatment – we are seeing 75% of all patients within seven days of referral now.

Leading the way – Hereford is leading the way with lower limb care. The model has been replicated in other areas such as Shropshire, Telford and Wrekin ICS, Aneurin Bevan Wales and multiple Health Boards in Scotland. The CPM is being asked to present at various forums and to share our pathways which is a real achievement for the Trust. The team have embraced this change along with the new technology and the CPM is very proud of them.

The Chairman noted with this presentation that we are looking at different ways of using digital and virtual technology to help reach more of our citizens to deliver the health and wellbeing care that they need but also to help us to cope with the demand and capacity challenges that we have.

Proposal to adopt the Annual Report and Quality Account

The Chairman proposed approval of the Annual Report and Quality Account from those present.

Mr Myers (ANED) proposed adoption of the Annual Report and Mr Cottom (NED) seconded.

The Chairman proposed adoption of the Quality Account and Mrs Martin (ANED) seconded.

RESOLUTION: The Board **ADOPTED** the Annual Report 2021/22 and the Quality Account 2021/22.

Questions from the Public and invitations to submit supplementary questions

There were no questions raised during the meeting.

The Chairman advised that questions could be raised up to 48 hours through the Wye Valley NHS Trust after the Annual General Meeting for the Board of Directors to respond to.

Recognising the achievements of our staff

The Managing Director advised presented the Recognising the achievements of our staff and the following key points were noted:

Going the Extra Mile monthly Awards – This is a special thank you to our staff who have been awarded the Going the Extra Mile Award. These are staff who have been nominated either by patients, relatives or colleagues. We have a large number of nominations, and each month we choose a particular individual and team to be the Team or Individual of the Month. All of these staff have gone above and beyond the call of duty and really make a difference. This is just the tip of the iceberg. These are just the people that are being nominated. This is an ideal opportunity to say thank you to all of the staff that work at Wye Valley, but really importantly it is an opportunity to say thank you to all of the partners that we work with as well. We are increasingly working in partnership with all of our other colleagues and agencies across the County. The Managing Director wanted to thank in particular the team who have worked for over a decade on the Business Case and funding to get the new ward block built. This has been a very long time coming and is a delightful place for our staff to work and our patients to be cared for in. It is really state of the art and dedicated mainly to our frail and elderly population and also includes that Same Day Emergency Care service which is a different way of working which helps people to stay at home for longer. The Annual General Meeting is also an opportunity to reflect on the progress, innovation and increasingly integrated way that we are working. Over the last year, it has been a particularly outstanding year, certainly given the challenges that everybody has faced.

The Managing Director introduced a number of short videos that covered a range of different areas: Diabetes, Sleep Service, new Pain Management Service, Pit Stop in the ED and Green Energy. The Managing Director believed that we will be one of the first, if not the first Trust in the country to be completely carbon neutral with the announcement that we have had today about the next step of investment in this. This is because we have a team who are really skilled and worked really hard to make this happen.

Chairman's Award

The Chairman advised that he gave the Chairman's Award each year to recognise a particular aspect of exceptional performance or exceptional impact. The global impact of Covid has been far worse than anyone could have possibly imagined. During that time, it has been an absolute credit to all of the teams at Wye Valley in how they have responded.

The Chairman particularly wanted to celebrate a team who have been at the absolute forefront of the challenges. Infection Prevention and Control has played a vital role in the nation and the Trust's fight against the impact of Covid-19. Whether this is from the more basic hand washing and social distancing to the more stringent infection prevention and control measures implemented in our hospitals and other NHS settings to help protect patients and staff. Even though we are starting to ease out of those restrictions, the importance of being concerned about the risks of Covid-19 are still very key.

Ensuring that our staff have been adequately protected with relevant PPE, the screening arrangements for patients arriving for appointments, helping to keep patients staying in hospital protected from Covid and enabling visitors to return as quickly as possible – all of the responsibility as well as responding to the changes in national guidelines for what was the most appropriate protocol, all of that has fallen on the shoulders of our Infection Prevention Team.

The Chairman wanted to celebrate not just the general Infection Prevention Team in the Trust, but in particular wanted to celebrate the leadership of it. We have without doubt benefited from the specialist knowledge of our Consultant Microbiologists, Alison Johnson and Rebecca Bamber and the expertise and support from our Lead Nurse for Infection Prevention, Laura Weston. They have worked incredible hours, month in and month out and have helped to save many lives by their work and ensured that the risks of Covid were minimised throughout. Alison, Rebecca and Laura win the Chairman's Award for 2022.

The Chairman noted that this will be the last Annual General Meeting for two Non-Executive Colleagues, Chris Hargraves and Richard Humphries who are retiring after many years of service to the Wye Valley Trust Board. Both were incredibly welcoming to both the CEO and the Chairman when they first joined the Trust and have been stalwarts of what an excellent Non-Executive Director is and the value that they can add. Chris Hargraves has Chaired the Quality Committee for a number of years and Richard Humphries is the Deputy Chairman. The Chairman wanted to put on record his thanks to both Chris and Richard and best wishes for the future.

The Chairman always wanted to thank Glen Burley, our CEO who is a fantastic example of immensely competent leadership, continually trying to innovate and find new ways of working to help the population of Herefordshire get the best healthcare that we can.

The Chairman also wanted to thank all the Non-Executive Directors and our volunteers, the Chaplaincy and the League of Friends who all have an extremely important part in terms of making Wye Valley what it is.

The year ahead is going to be a very challenging year for the NHS. As we approach the winter we are looking at a level of bed occupancy that the Chairman did not think we have seen in September before, with a very high level of demand into our ED and real challenges for our partner organisations. Members of the public can gain assurance by the way that we approach working together with our Primary Care colleagues, our Local Authority colleagues and Volunteer Organisations to try to find the best way through what is going to be a very challenging winter.