Climate Change Adaptation Plan Summary

Bath & North East Somerset, Swindon and Wiltshire Hospitals Group

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Report Information

Title: Climate Change Adaptation Plan Summary for the Bath and North East Somerset, Swindon and Wiltshire Hospitals Group

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Disclaimer: This report represents the independent advice commissioned from Sustainability West Midlands and partners and not necessarily that of the funders.

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About Sustainability West Midlands

Sustainability West Midlands (SWM) was established in 2002 as an independent, not-for-profit company and our purpose is to help the West Midlands become more sustainable, greener and fairer for all.

Our vision is that the West Midlands is leading in contributing to the national target of Net Zero greenhouse gas emissions by 2050 whilst addressing health inequality and driving inclusive growth. We monitor the West Midlands Sustainability 2030 Roadmap which acts as a framework that all organisations based or operating in the region can use to help them make changes to their activities in the knowledge that they will contribute to wider regional ambition.

SWM's support our members and other local stakeholders in the public, private and third sectors to implement these changes by enabling them to demonstrate innovation and leadership and provide opportunities to collaborate and celebrate success.

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Image 1. Staff in scrubs at Salisbury Hospital ©SFT

Foreword from Chief Executive Officer

Image 2. Cara Charles-Barks, Chief Executive, BSW Hospitals Group

Climate adaptation plans are essential strategies for reducing the impact of climate change on communities, economies, and ecosystems. As global temperatures rise and weather patterns become more unpredictable, these plans help organisations work together to proactively address potential challenges rather than react to disasters after they occur.

One of the primary values of climate adaptation plans is their ability to reduce vulnerability. By identifying potential climate hazards such as flooding, organisations can invest in redesigning infrastructure to withstand extreme weather. These proactive measures help mitigate the long-term costs associated with climate change, such as damage to property or loss of services.

Moreover, the NHS has a duty to play its part in reducing climate change and enabling more sustainable development. These plans ensure that we work as part of our communities to develop in a way that considers future climate risks, leading to smarter urban planning, energy-efficient buildings, and better resource management. This not only helps reduce environmental impact but also ensures that our populations can benefit from economic growth in an inclusive and resilient manner.

I am pleased to be able to support our first joint adaptation plan and look forward to working closely with colleagues as we learn, work and improve together.

Cara Charles-Barks

Chief Executive

Great Western Hospitals NHS Foundation Trust, Royal United Hospitals Bath NHS Foundation Trust, Salisbury NHS Foundation Trust

1 Introduction and background

It is essential that the NHS in England adapts to a changing climate, minimising impacts on public health and the healthcare system from more frequent and intense flooding, intense and prolonged heatwaves, longer periods of drought, and an increase in extreme events such as storm surges.

As a result, a climate change adaptation plan has been developed by Sustainability West Midlands (SWM) to support Royal United Hospitals Bath NHS Foundation Trust (RUH), Great Western Hospitals NHS Foundation Trust (GWH) in Swindon and Salisbury NHS Foundation Trust (SFT), the three Trusts that together make up the BSW Hospitals Group (also referred to as 'The Group'), and sit within the broader Bath and North East Somerset (B&NES), Swindon and Wiltshire (BSW) Integrated Care System (ICS). The Group recognises the importance of this issue and has commissioned SWM to support them to better understand, manage, and prepare for extreme weather events and an increasing likelihood and severity of these in future.

Multiple resources have been published as part of this project, namely:

- A Climate Projections Report, detailing how the climate is likely to change in this area.
- A Risk and Vulnerability Mapping Report, highlighting areas that could be particularly vulnerable to climate hazards in the area including flood maps of key sites.
- An Adaptation Maturity Assessment, assessing the 'adaptive capacity' of the three Trusts using the Climate Adaptation Framework for NHS organisations in England.
- A methodology, detailing the full process for the development of this adaptation plan.
- A Climate Change Adaptation Plan, collating the information from the rest of the resources and providing an adaptation action plan for the three Trusts in The Group.

This document provides a summary of the adaptation plan to enable relevant individuals and teams across The Group and beyond to support the delivery of adaptation in the area.

The scope of this project

This adaptation plan is for the three Trusts that make up The Group. Work is already underway on adaptation elsewhere in the BSW ICB area (shown in Figure 1), including an adaptation delivery plan that was published by Wiltshire Council early 2025. Whilst The Group works within and with the rest of the ICS and beyond, the analyses and recommendations in the Adaptation Plan are tailored specifically to the three Trusts. Specific sites considered within the adaptation plan are listed in Table 1, with justification of this selection in Section 1.4 of the full Adaptation Plan.

All this being said, there are many learnings to be had from this adaptation plan and the process of its development for other organisations. It is encouraged that anyone looking at their own risks, impacts, and potential activities relating to climate change, particularly in the context of health and healthcare delivery, using the Adaptation Plan as an exemplar.

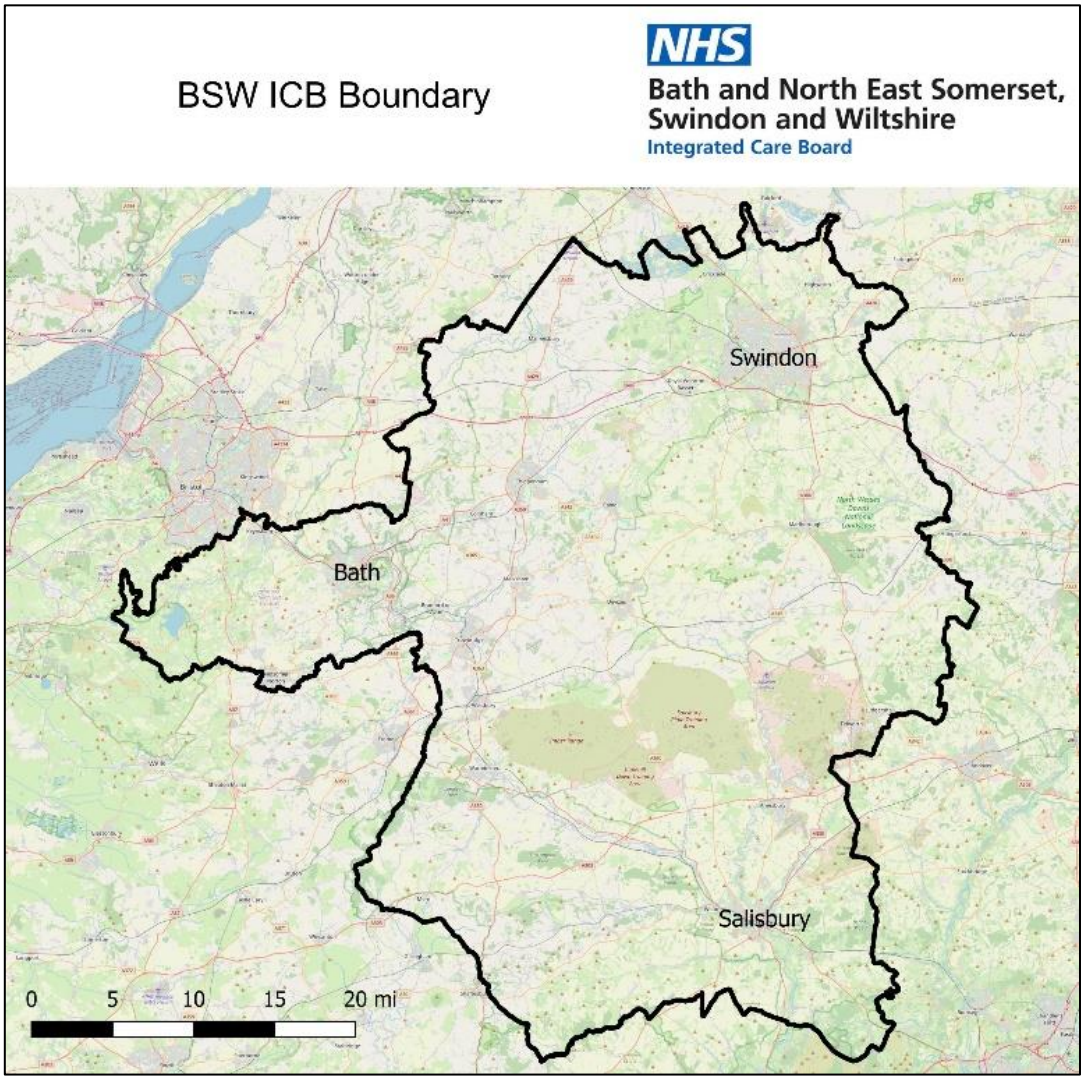

Figure 1. Map of the BSW ICB area used for. Boundary in black. Source: ONS Integrated Care Boards.

Table 1. List of the sites within the three Trusts that were considered within the adaptation plan.

Salisbury – Salisbury Hospital (SFT) NHSFT	Bath - Royal United Hospitals (RUH) NHSFT	Swindon – Great Western Hospital (GWH) NHSFT
Salisbury District Hospital (main site)	Royal United Hospitals Bath (main site)	Great Western Hospital Swindon (main site)
South Newton Hospital	Sulis Hospital Bath	Eldene Health Centre
		West Swindon Health Centre
	Riverside Health Centre Bath	Swindon Health Centre
		The Orbital Offices, North Swindon Health Centre

2 Risks from climate change in The Group

Several exercises have been carried out in the process of developing the Adaptation Plan to understand the risks posed by climate change at a local level. These include:

- Climate change projections providing an overview of the current climate and how the climate may change in the BSW area in the short-, medium-, and long-term future.
- Flood risk mapping for sites within The Group.
- An initial look at people's vulnerability contextualised with high temperatures and flood risk.

To see the full details, results, and methodologies for these activities, see the Climate Risk and Vulnerability Mapping report and the Climate Projections Report (available upon request).

Table 2 shows an overview of the projected changes for various climate factors in Bath, Swindon and Salisbury in the medium and long term.

The main takeaway from these projections is that, much like the rest of England, we are likely to see hotter, drier summers and warmer, wetter winters across the whole of the BSW area. Just how severe these changes will be varies slightly across the BSW area, and depends partly on current climatic variations, but a significant change in weather and climate will be felt everywhere in the coming decades.

Table 2. Projected changes in various climatic factors compared to the baseline period (1981-2000) for Bath, Swindon and Salisbury. Source of data: UKCP18, Met Office.

Area	Bath		Swindon		Salisbury	
	Medium-term (2°C by 2040s)	End of Century (4°C by 2100s)	Medium-term (2°C by 2040s)	End of Century (4°C by 2100s)	Medium-term (2°C by 2040s)	End of Century (4°C by 2100s)
Average winter temperature (°C)	+1.43	+2.91	+1.33	+2.78	+1.29	+2.80
Average summer temperature (°C)	+2.17	+4.51	+2.21	+4.57	+2.22	+4.63
Average summer precipitation (mm)	-16.47%	-31.26%	-17.39%	-30.84%	-14.66%	-34.04%
Average winter precipitation (mm)	+7.54%	+19.53%	+10.16%	+18.83%	+10.91%	+20.94%
Annual number of days above 25°C (days/yr)	+19.65	+52.29	+23.59	+57.78	+24.56	+59.49
Annual number of nights above 20°C (days/yr)	+0.17	+3.19	+0.17	+3.50	+0.12	+2.79
Drought Severity Index	+4.40	+9.92	+4.37	+8.12	+4.54	+5.61

Flood risk mapping alongside evidence gained from engaging with stakeholders has been used to highlight the key areas of flood risk across the three Trusts' sites. Table 3 to Table 5 list the key sites where actions to address flood risk should be considered for each of the three Trusts, ordered by importance based on the severity and immediacy of flood risk.

Table 3. Key areas of flood risk at SFT sites, summarised from the flood risk analysis.

Salisbury Hospital NHSFT		
Areas at medium- to high-risk currently	Car parks and some roads at Salisbury District Hospital (main site).	Nearby to South Newton site.
Areas at low-risk currently	Central building internally at Salisbury District Hospital (main site).	
Areas at medium-high risk by 2040s	Central building and North building internally at Salisbury District Hospital (main site).	

Table 4. Key areas for flood risk at RUH sites, summarised from flood risk analysis.

Royal United Hospitals NHSFT			
Areas at medium-high risk currently	Certain car parks and walkways at RUH (main site).	Access routes (roads) into the Sulis Hospital site.	Riverside Health Centre internally and externally.
Areas at low risk currently	A significant portion of the Main Building, Emergency Department, and Princess Anne Wing at RUH (main site).		
Areas at low risk by 2040s	Sulis Hospital internally.		

Table 5. Key areas for flood risk at GWH sites, summarised from flood risk analysis.

Great Western Hospitals NHSFT			
Areas at medium-high risk currently	Courtyards around the main building (main site).	Marlborough Road and the A419 leading up to the site (main site).	Car park and pedestrian paths at West Swindon Health Centre.
Areas at low risk currently	Car parks and access points around the building at Orbital Offices.		
Areas at medium-high risk by 2040s	More severe and disruptive surface water flooding in the car parks and access points around the building at Orbital Offices.		
Areas at low risk by 2040s	Flooding internally in the main building (main site).		

Flood risk maps should be consulted as specific adaptation projects are being planned and implemented, alongside any records of climate change impacts that have since been developed, to ensure flood management and resilience measures are being carried out in the most at risk/ effective locations. This information can also be used by teams such as Estates and Facilities when planning any site developments across the three Trusts to ensure flood risk has been sufficiently considered.

Figures 2 and 3 start to highlight locations in the BSW area that The Group should explore further with respect to understanding their exposure and vulnerability to climate risks. The maps show potential 'climate impact hotspots' for public health, but remember that this information is a simplified view of vulnerability; there are many other factors to consider such as the location of care homes, and existing relationships with health and social care providers.

A climate change risk assessment has been developed, available in the Adaptation Plan, to bring together all the information collected during this project to produce a list of risks and impacts to Community Health and Clinical and Non-Clinical services. Any team or department within the three Trusts can use the climate change risk assessment to help understand their risks from climate change and/or include relevant risks into their own general risk assessments.

Below are some headline examples of how climate hazards can result in impacts to health and healthcare delivery.

- **High temperatures and heatwaves** will disproportionately impact individuals with pre-existing conditions, and can cause health issues relating to dehydration (e.g. heatstroke, kidney stones, urinary tract infections).
- **High night-time temperatures** will cause sleep disruption, impacting the body's ability to recover and have relief from higher daytime temperatures.
- **Milder winters** can lead to increased survival rates of pests and diseases and the migration of new diseases to England such as malaria or Dengue Fever, and higher temperatures exacerbate the impacts of air pollution, therefore increasing the occurrence of respiratory conditions such as asthma and COPD.
- Whilst we may experience **reduced heating needs** in the winters as they become milder, consideration for whether our homes and healthcare settings are suited for higher temperatures can help reduce energy and financial costs as cooling demands in the summer increase. Increasing drought conditions can also strain water supplies impacting availability and cost for homes and healthcare settings alike.
- **More frequent and intense rainfall events** during winter months can overwhelm drainage systems, flood roads and properties, and impact farmland affecting food security. Already weak infrastructure such as some of the older building stock on hospital sites could be damaged further by heavier rain and high winds, and appearances in Acute Hospital settings such as A&E and surgery increase during extreme weather due to impacts such as road traffic accidents and slips, and trips and falls in wet, windy, or icy conditions.

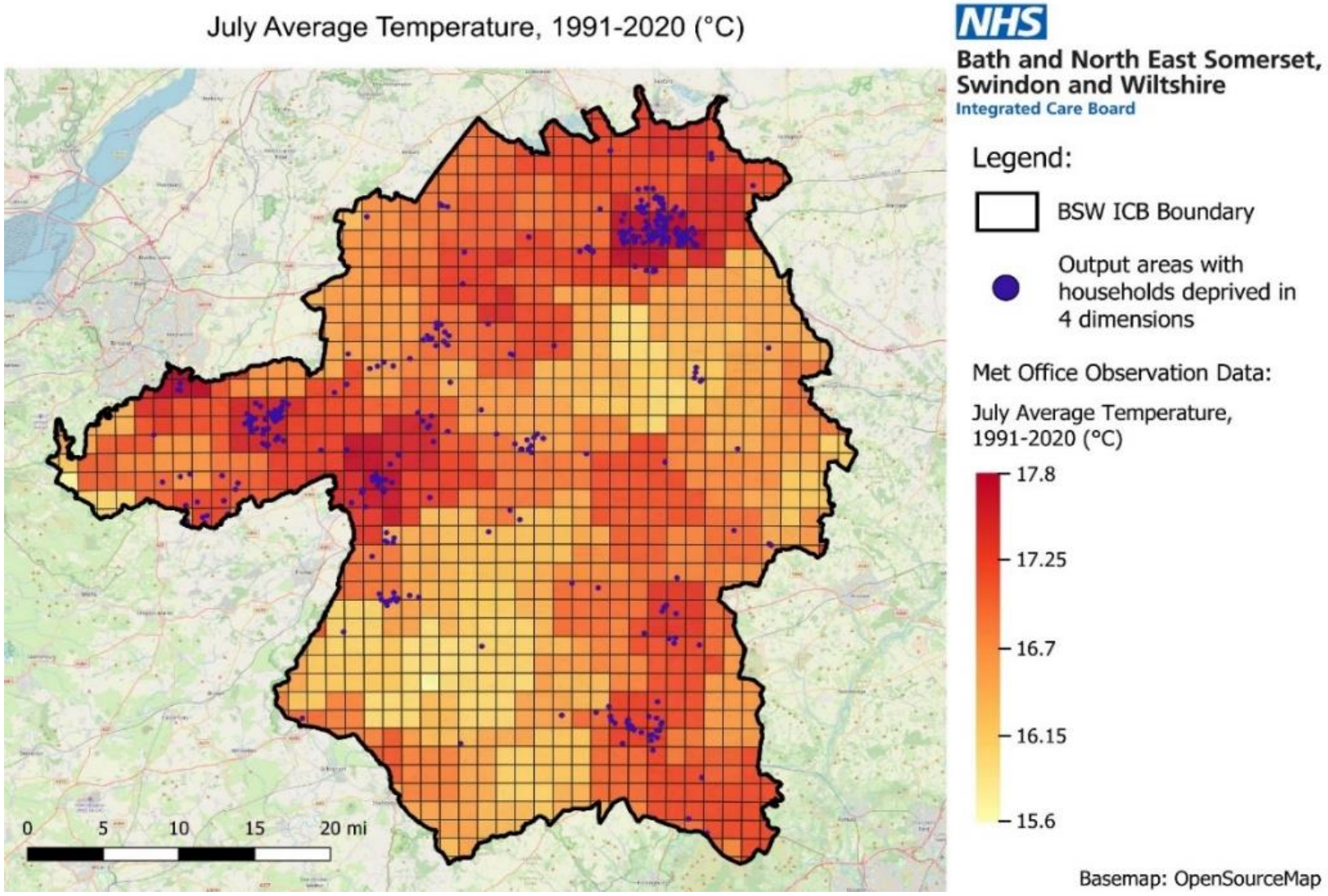

Figure 2. Map of the BSW ICB boundary showing average temperature (July) from 1991 to 2020 overlaid with locations where indices of deprivation relating to housing, employment, health, and education are high. Maps created in QGIS by SWM.

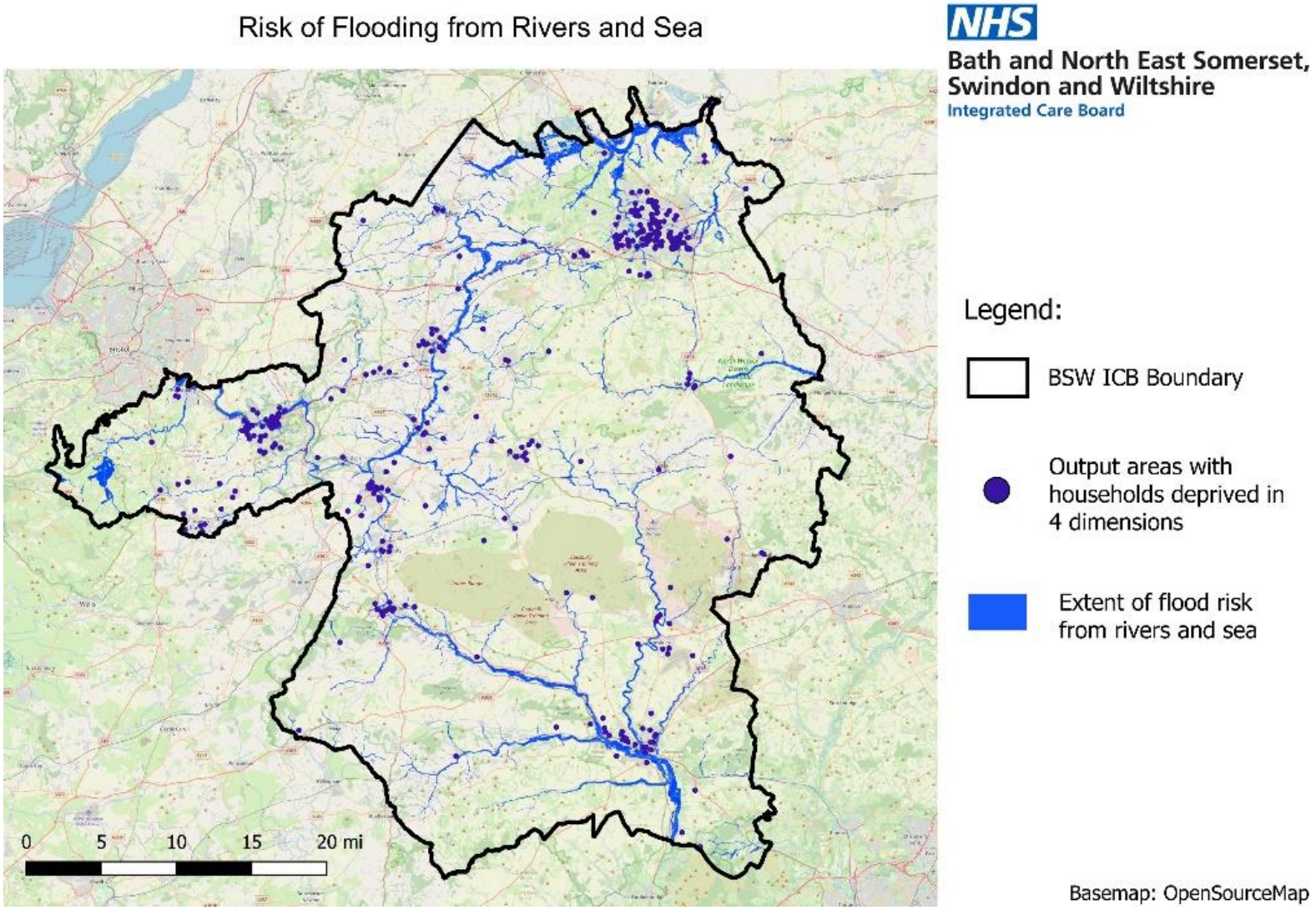

Figure 3. Map of the BSW ICB boundary showing the areas currently at risk of flooding from rivers and surface water, overlaid with locations where indices of deprivation relating to housing, employment, health, and education are high. Maps created in QGIS by SWM.

3 Adaptation progress

All three Trusts have already started to deliver some adaptation, if not strategically. The full Adaptation Plan includes a selection of case studies of adaptation measures that have/ are currently being implemented in the three Trusts, and the Adaptation Maturity Assessment Report details the current level of capability within each of the three Trusts to effectively deliver adaptation, recognising that having an adaptation plan alone is not enough to ensure its delivery, but strategic components such as governance systems, funding and resource allocation, and organisation-wide understanding of the risks posed from climate change are all essential components to ensure effective adaptation. Table 6 shows the current adaptation maturity scores assigned to each of the three Trusts.

Table 6. Maturity score for the four capabilities in the climate adaptation framework for each of the three Trusts.

Trust / Capability	GWH	SFT	RUH
Understanding the Challenge	Intermediate	Intermediate	Starting
Organisational Culture & Resources	Starting	Intermediate	Intermediate
Planning & Implementation	Intermediate	Advanced	Starting
Working Together	Intermediate	Intermediate	Intermediate

4 Headline actions for implementation

A full action plan can be found in the Adaptation Plan, laying out the strategic actions recommended for The Group to enable adaptation at the three Trusts, and highlighting areas of focus for adaptation measures for specific Trusts, locations, or departments, based on the information collected during this project. Each action has been assigned a priority level, as shown in Table 7, based on a range of factors including resource intensity and urgency of the risk addressed.

Table 7. Priority levels used in adaptation action plan.

Priority Code	Priority description
VH-I	Very High and Immediate
VH	Very High
H	High
M	Medium

Appendix 1 of the full Adaptation Plan also includes two further tables to support the action plan:

1. **Example measures for delivering adaptation** – this table provides a list of more specific practical measures. The Group will need to use the actions in the main action plan to be able to appraise this list of suggested measures and determine which are appropriate for The Group to start delivering.
2. **Measures to embed in emergency planning** – we recognise that many adaptation measures will cross over with emergency planning, despite adaptation's focus on reducing risk rather than addressing it. This table provides a list of suggested adaptation measures (as per point 1 above) that will be easily (or may already be) integrated into Emergency Planning procedures.

The rest of this section presents the highest priority actions from the action plan, split into themes.

Governance and Strategy

Very High-Immediate Priority

1. Develop a Climate Adaptation Working Group for The Group.
2. Appoint a Climate Change Adaptation Lead Officer.
3. Integrate climate risk into board and department level risk registers.

Very High Priority

4. Include climate change risks in templates/ guidance/ requirements for project level risk assessments across The Group.
5. Incorporate adaptation into existing strategies and procedures.

Resource

Very High-Immediate Priority

1. Confirm who is responsible for the delivery of adaptation actions.
2. Identify financing options and funding sources suitable for adaptation option implementation.
3. Carry out an exercise to identify and secure other resources for adaptation.

Very High Priority

4. Formalise adaptation roles and responsibilities across functions.

Data, Monitoring and Evaluation

Very High-Immediate Priority

1. Develop an appraisal process for selecting and prioritising from an emerging set of adaptation options.
2. Update this Action Plan annually and set up a monitoring framework.

Very High Priority

3. Use a range of mapping activities to identify locations that should be prioritised for adaptation measures.
4. Use the five-yearly ERIC reporting survey to identify priority locations for adaptation.
5. Use data on climate change impacts on systems and processes to guide adaptation prioritisation.
6. Develop an approach to capturing data to monitor the impacts of extreme weather events and guide adaptation planning.

Working Together

Very High-Immediate Priority

1. Map out external stakeholders to engage with.

Very High Priority

2. Engage with external organisations to drive adaptation planning and reduce duplication of efforts.
3. Collaborate with external partners to deliver adaptation.

People, Communications and Engagement

Very High-Immediate Priority

1. Ensure relevant staff sign up for weather warnings.
2. Identify existing climate change communications being disseminated by the Trusts and external partner organisations.

Very High Priority

3. Develop an internal communications strategy and action plan focused on climate change risks and resilience.
4. Develop an external communications and engagement strategy for climate change and public health collaboratively with The Group and partners in the LRF and wider ICS.
5. Carry out consultations and stakeholder engagement to plan effective adaptation measures.
6. Ensure key staff undergo basic training on climate change risks and adaptation.
7. Provide training and develop resources for senior management to gain board-level buy-in for adaptation.
8. Carry out team specific workshops to build climate awareness and carry out adaptation planning.
9. Create and disseminate awareness-raising resources for general staff to support behaviour-related adaptation measures.

Suppliers and Procurement

Very High-Immediate Priority

1. Conduct a review of external suppliers and their climate change resilience.

Very High Priority

2. Create an engagement plan for working with external suppliers on their climate resilience.
3. Develop procurement guidelines or requirements to enhance supply chain resilience.

Built Environment

Very High-Immediate Priority

1. Include specifications for drainage systems cognisant of an increased frequency and intensity of rainfall.

Very High Priority

2. Prioritise locations that are critical for essential services for adaptation and resilience measures.
3. Include specifications, guidance, and requirements for addressing climate change adaptation in building designs.

At-home treatment and remote working

Very High-Immediate Priority

1. Ensure consideration of extreme weather cognisant of climate change is included in community emergency plans.

5 Next steps and recommendations

The Action Plan, and the engagement and analysis that informed it, is just the first step in ensuring that The Group can adapt to climate change. SWM can support with the actions included, especially in a catalysing role to ensure action takes place, but cannot enforce the actions or resource them.

It is therefore hugely important that the recommendations included below are applied as soon as possible, to put The Group in a position to take forward the actions in the Adaptation Plan. Each Trust's Green Plan includes reference to the importance of climate change adaptation amongst the many other priorities for developing a more sustainable healthcare system, and guidance from Greener NHS is gradually increasing its recognition of the importance of taking action to address the impacts of our changing climate on health. As such, SWM's recommendations of next steps and principles towards successful implementation of the Adaptation Plan, are as follows.

Set up governance for adaptation

Before almost anything else in this adaptation can commence, governance for adaptation must be established within the Trusts. This is reflected in the first two actions in the action plan; setting up an adaptation working group and appointing a climate adaptation lead officer. At this stage, those assigned actions within the action plan are only recommendations and so need to be ratified and appointed formally by The Group as a matter of priority.

Image 3. Accident and Emergency Department sign at RUH main hospital © RUH

Furthermore, adaptation governance also needs to be embedded into the existing governance structure of the Trusts and the wider ICS. Oversight of the adaptation working group could, for example, form part of The Group's broader sustainability workstream and gain support from the Greener BSW group, but how this interacts with other internal and external partners to support completion of actions needs to be decided. Appendices 2 and 3 of the Adaptation Plan should be used to consider how adaptation can be embedded into decision-making processes within the NHS locally and regionally.

Identify priorities

We have provided our perspective on how each action should be prioritised for implementation in the action plan as per the categories in Table 7 (Medium to Very High-Immediate) earlier in this report. This prioritisation is based on various aspects, outlined in the full methodology. However, there will always be an element of 'informed subjectivity' about the prioritisation rating, and it may be that The Group feels that some of the lower priority actions could/should be accelerated,

and vice-versa. Other steps that could support a more detailed appraisal and re-prioritisation of actions include:

- Undertaking a more detailed review of the amount and types of resources required for each action.
    - This could include a cost-benefit analysis, but all six types of resource should be considered as per the Climate Adaptation Framework, specifically Task PI3A (Human, Physical/material, Financial, Intellectual, Information, and Monitoring). How quickly resources can be mobilised to make implementation happen is often as important as how much resource is required.
- Identifying interactivity in the action plan
    - The new Climate Change Adaptation Lead Officer should review which of the actions in the Plan interact. Implementation of some actions could influence/effect the implementation of others, and interactivity needs to be identified which could not only help deal with more than one action at the same time, but also ensure that implementation of one action does not contradict another. Analysis of these interactions is recommended and should be built into the monitoring process.

Embed adaptation

Climate adaptation is something that must be embedded into each Trusts' strategic priorities and planning; adaptation activities often enhance and support existing priorities and, equally, many outcomes may not be possible without the factoring in of climate risk into decision-making.

Appendix 3 in the full Adaptation Plan touches on some of the ways that existing national policy, and strategies for the Trusts and the ICB, relate to adaptation. SWM recommend that, as a priority, each Trust and The Group collaboratively work to integrate the findings and recommendations from the Adaptation Plan into existing strategic plans and objectives, to ensure this report is not just a standalone document and that adaptation can be fully embedded each of the Trusts' business as usual and long-term thinking.

Identify and utilise co-benefits

All three Trusts are progressing well on the implementation of Net Zero projects and activities, and this is much better resourced and supported by NHSE and central Government. Wherever possible, adaptation measures should be integrated into these activities to double the impact of the activity whilst minimising resource requirements. This would also ensure adaptation actions do not threaten to contradict Net Zero targets, or vice-versa. The same principle applies to other co-benefits such as natural environment improvement projects or public health initiatives, and to integrating climate risk into the risk registers across the three Trusts. There are many co-benefits to adaptation measures, including supporting net zero, improving air quality, cutting costs, improving business continuity, and increasing quality of care and working conditions.

Set up a Monitoring and Evaluation (M&E) process

M&E: Defining outcomes for individual actions

Image 4. Aerial view of Salisbury District Hospital ©SFT

To ensure the actions in the plan are carried out effectively, and to be able to capture progress and reflect on success and challenges for the next activity, a structured monitoring and evaluation (M&E) process needs to be developed and followed. SWM recommend developing a monitoring system, even as simple as a spreadsheet capturing how an action is progressing, or something more sophisticated building on existing techniques used across other areas of the NHS including the Plan, Do, Study Act process. It is also crucial to set up a governance mechanism for this, including who is responsible for keeping the monitoring system updated (most likely the adaptation lead officer), who from across the organisation(s) feeds into the monitoring system to update on their own progress, and how and when they do this (for example through the adaptation working group).

Unlike Net Zero, where one can often state that 'by implementing this action we are likely to save X tonnes of CO_2 or £X,' stating similar quantified targets and goals and therefore measuring success is much more difficult for adaptation. Whilst full quantification of all actions (through activities such as cost-benefit analysis) will not be feasible due to these complexities as well as time and resource, it is still important to consider what the specific outcomes are for each action, deciding 'what good looks like' in the context of The Group. This will help make the case for implementation, and allow monitoring and evaluation of whether activities are successful. Qualitative outcomes such as feedback from staff and patients and measuring co-benefits such as carbon or cost savings can also help strengthen monitoring processes and build the case for adaptation.

M&E: A review process for the whole adaptation plan

As well as specific monitoring and evaluation for individual programmes of action, SWM also recommends reviewing progress against the whole action plan at least annually, and conducting a full review of the Adaptation Plan every five years, ideally in advance of the next Green Plan update. The annual review should:

- Look at which actions have been completed.
- Review what progress has been made compared to what was expected.
- Consider whether some actions are redundant or need changing based on progress, lessons learned, or a change in circumstances compared to the previous year (for example new funding opportunities have materialised, the ICS is now developing an adaptation plan, an individual from a team has left, etc.).

The more detailed review every five years should do the same as the annual review but in more detail, to include the following:

- Review governance arrangements to ensure these are still fit for purpose (See the Climate Adaptation Framework, specifically Task OC4B, for more guidance).
- Create a report on progress so far to include in the Green Plan (see 'including adaptation in your Green Plan guidance for a template).
- Reassess each Trusts' Adaptation Capability using the Climate Adaptation Framework (see Section **Error! Reference source not found.** of the full Adaptation Plan).
- Consider reviewing some or all of the higher-level activities such as the climate projections and risk mapping, and producing new analyses such as a cost-benefit analysis.

M&E: Complete a historic impact assessment

A climate change adaptation plan should include a historic impact assessment, which can be used to bring to life the types of impacts that are being felt already by The Group and may become more frequent and/or severe with increasing climate change. This information can then be used to build the case for adaptation and could feed into monitoring and evaluation. This project has not included a historic impact assessment, in part because there is not currently a formal centralised system in place in The Group to record the impact of recent weather events on the three Trusts. However, the 'including adaptation in your Green Plan' guidance includes a template and more advice on this.

M&E: Initial step

A key first step is to agree a list of actions with partners that are going to be implemented or commenced in the first year. The remaining recommendations provide more general advice for The Group to consider to help support the implementation of the adaptation plan.

Financing adaptation

Securing appropriate financial support is critical for moving actions forward. This project will not fund adaptation activities and providing detailed information on funding sources was outside the scope of this project. To identify and secure funding for adaptation, SWM advises the following:

- Use actions from the **'Working Together' subsection of the action plan** to explore partnerships and financing options across The Group and wider region, pooling resources.
- Leverage **existing public and private funds** for actions that provide co-benefits, such as decarbonisation projects that also enhance climate resilience.
- Consider more **innovative approaches** to implementation and financing, such as working with Universities or SMEs to use the Hospitals as test beds for adaptation research projects, or working with insurance providers to reduce the risk level of sites.
- Emphasise **the cost of inaction** compared to the cost of a project when making the case for investment.
- Consider **lobbying central Government** and central NHS systems to increase investment in adaptation whenever possible, such as during consultations for new strategies.

SWM has some intelligence around funding streams and can assist with this initial identification upon request.

Non-financial resource

Delivering adaptation actions depends not only on finance but also on mobilising a broad range of other resources:

- Human (staff time, knowledge and expertise).
- Physical (equipment, infrastructure).
- Information (data, systems).

Image 5. Staff in A&E, at RUH Bath © RUH

Actions 6 to 9 in the full Action Plan touch on these resources, in particular human resource planning. Further guidance on resource can be found in the Climate Adaptation Framework, in particular Tasks OC1B and OC2A. Also, Appendix 2 in the full Adaptation Plan provides a list of departments and groups within the Trusts that SWM recommends should be involved in climate adaptation delivery, along with a brief explanation of their likely link to adaptation work.

Identifying these early on will support effective planning and delivery, ensure responsibilities are clear, and build momentum as adaptation starts to become business as usual across the organisation.

Maintaining engagement

Image 6. A nurse and physio patient at GWH © GWH

Throughout the development of the Action Plan, we have undertaken various rounds of stakeholder engagement, and we can be confident in stating that the Action Plan has been co-created, as without stakeholder input the Action Plan would likely have looked very different, less location-specific and not reflective of existing local activity.

Many individuals expressed appreciation for the opportunity to have dedicated time and space to discuss issues facing the whole of The Group with colleagues across departments and hospitals. The sustainability teams in The Group should build on this engagement quickly and ‘strike while the iron is hot’ by setting up further follow-up meetings to put together governance arrangements for adaptation and a case for resource.

SWM recommends putting together a case for more specific resource to be allocated to adaptation within certain teams that should be supported by individuals across The Group that were engaged in this project, so the sustainability teams can bring this to the Board of Trustees. The NHS as a whole is facing resource constraints, so this may seem an unlikely, or even non-essential, ask currently. However, it must be remembered that every time the hospitals and communities are

faced with weather conditions they are not prepared for, patient and staff health suffers, the infrastructure becomes less stable, and the Trusts lose money. Adapting to climate change is not a 'nice-to-have', but about becoming prepared now before all that remains is adapting to survive.

Consider carefully when using terms such as 'climate change' and 'adaptation' in engagement. For colleagues and other organisations, it can sometimes be more effective to use business language to reference how climate change impacts could affect general operations, such as profitability, disruption, staff welfare, client and customer service, liabilities, added value, winning business, loss of reputation, and insurance costs. For both internal and public communications, see Climate Outreach's Britain Talks Climate report on communicating for adaptation, which includes guidance on communicating with diverse audiences with different backgrounds, values, and needs.

Building in flexibility

We know that the broad climate trends in the BSW area are likely to be hotter, drier summers and warmer, wetter winters. We also have an indication of flood risk at the specific sites used by the three Trusts, and a good idea of the likely impacts on health and healthcare delivery. However, it is impossible to be specific about exactly what is going to happen when, due to:

- Natural weather variability year on year, driven by global weather patterns.
- The uncertainty around how much humans will continue to emit greenhouse gas emissions globally.
- Microclimatological factors.
- Changes in other factors that could affect climate impacts, such as developments and infrastructure upgrades.
- General complexity in the climate system and modelling process.

As such, it is not possible to say that 'temperatures in summer in Bath will have risen by 2.4 degrees centigrade by 2046 compared to 2024' and, therefore, it is not possible to implement adaptation actions that are backed by precise data. Not knowing exactly by when, and to what extent, we need to take action makes both implementation and making the case more challenging (see more information on the importance of monitoring and evaluation above).

To deal with this challenge, a methodology called the adaptation pathways approach can be taken when planning adaptation. This builds 'flexibility' into projects by considering multiple pathways that can be taken depending on how the climate actually changes and impacts us as we experience them rather than solely using projections. As a project progresses, regular reviews of which scenarios are becoming more or less likely, or are becoming reality, allow a shift in focus or to scale up or down adaptation responses appropriately. This can prevent continuing activities that are no longer fit for purpose as scenarios change simply because the project has been predetermined. More detail about the adaptation pathways approach can be found here, and in the Climate Adaptation Framework, specifically Tasks PI3C, PI4A, and PI4C.

Despite this uncertainty, we can say with confidence that doing something is better than doing nothing, as we know enough about the broad trends and impacts to know that the latter is not an option. ‘No regret’ options, such as improving building fabric and raising awareness of risks to patients and staff, can still be effective with a degree of uncertainty in the system.

Image 7. River Avon in flood © Leading Lights Getty Images

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