

# Annual Members' Meeting

## 26 September 2022

Liam Coleman, Chair

# Welcome to our Annual Members' Meeting

## **Format and housekeeping**

- **This is a 2 hour meeting**
- **Please use the live chat in MS Teams for any questions but please do not include personal or confidential information**
- **We will endeavour to answer all questions tonight**
- **Please keep yourselves on mute during the call unless invited to speak**





# Our agenda for today



Great Western Hospitals  
NHS Foundation Trust

**Chair's Welcome** - Liam Coleman, Chair

**Financial Review 2021/22** - Simon Wade, Chief Financial Officer

**Review of the year 2021/22 and look ahead to the future** - Kevin McNamara, Chief Executive

- Who we are
- How we've performed over the past year
- The context we're working in – some of the key challenges we face
- How we're planning for the future – quality, infrastructure, workforce, and partnerships

**Report from the Deputy Lead Governor** - Chris Callow, Deputy Lead Governor

**Questions from members of the public** - To receive and consider any questions submitted in advance or at the meeting, through the Chair.

# Financial Review 2021/22

Simon Wade  
Chief Financial Officer

# Review of 2021/22 and look ahead to the future

Kevin McNamara  
Chief Executive

# Who we are

# Who we are

We are the only integrated provider in Bath and North East Somerset, Swindon and Wiltshire (BSW), running the Great Western Hospital, a primary care network with 2 practices caring for 30,000 patients, and adult community services in Swindon.



5,300 staff across primary, secondary and community services.



Over 400 volunteers who offer 3,500 hours of support every month.



1.2million patient contacts every year.



We have treated around 5,000 patients with confirmed or suspected Covid-19 since March 2020.



13,000 operations carried out in our Theatres in a typical year.



3,800 babies born in the last year.



Pre-Covid we saw 90,000 emergency and urgent attendances per year. This was 117,000 in 21/22.



We support 30,000 patients across primary care services

# Our Trust Board



Liam Coleman,  
Chair



Peter Hill,  
NED



Dr Nicholas  
Bishop, NED



Andy  
Copestake,  
NED



Paul Lewis,  
NED



Lizzie  
Abderrahim,  
NED



Faried  
Chopdat, NED



Helen Spice,  
NED



Sanjeen  
Payne-Kumar,  
Associate NED



Dr Claudia Paoloni,  
Associate NED



Kevin McNamara,  
Chief Executive



Jude Gray,  
Chief People  
Officer



Simon Wade,  
Chief Financial  
Officer



Lisa Cheek,  
Chief Nurse



Claire Thompson,  
Chief Improvement  
& Partnerships  
Officer



Dr Jon  
Westbrook,  
Chief Medical  
Officer



Felicity  
Taylor-Drewe,  
Chief Operating  
Officer



Naginder Dhanoa,  
Chief Digital Officer

- Our Non-Executive Directors bring a broad range of experience, and work with directors to set the Trust's strategy, providing advice and challenge to ensure standards of good governance are upheld.
- Our Executive Directors are responsible for the performance of their own specialist area, but also have collective responsibility for the Trust.
- Together we take collective responsibility for developing, monitoring and delivering the Trust's overall performance.
- We have re-shaped our Board, and this year appointed our first Chief Digital Officer, a joint role with Salisbury NHS Foundation Trust, who is leading the digital development and transformation across both Trusts.



# Our people

We have 5,384 staff (4,809 WTE) and our current vacancy rate is 7% on average.  
This equates to:

**1,082** Admin and Clerical

**482** Allied Health Professionals

**671** Medical and dental

**142** Non-clinical support

**377** Scientific, therapeutic and technical

**1,707** Registered nursing and midwifery

**923** Unregistered nursing and midwifery

72% of our staff identify as White British.

Of the 17% (916 staff) who identify as BAME, there are multiple ethnic identities.

The importance of leadership – new roles

- Chief Digital Officer
- Director of Midwifery
- AHP Lead
- International Recruitment for Midwives
- AHP Workforce Lead for Community

## Workforce challenges

- We've had significant challenges with Covid sickness. We've enhanced scrutiny of daily staffing levels.
- Emergency Department – recruitment pipeline is healthy.
- Community Nursing – pipeline healthy and skill mix review completed.
- Recruitment and Retention plans in place. for Maternity and Radiology.
- Consultant specialist (Anaesthetics, GPs, Urology, Acute Medical Unit and respiratory) recruitment action plan underway.



# How we've performed over the last year

# How we are performing

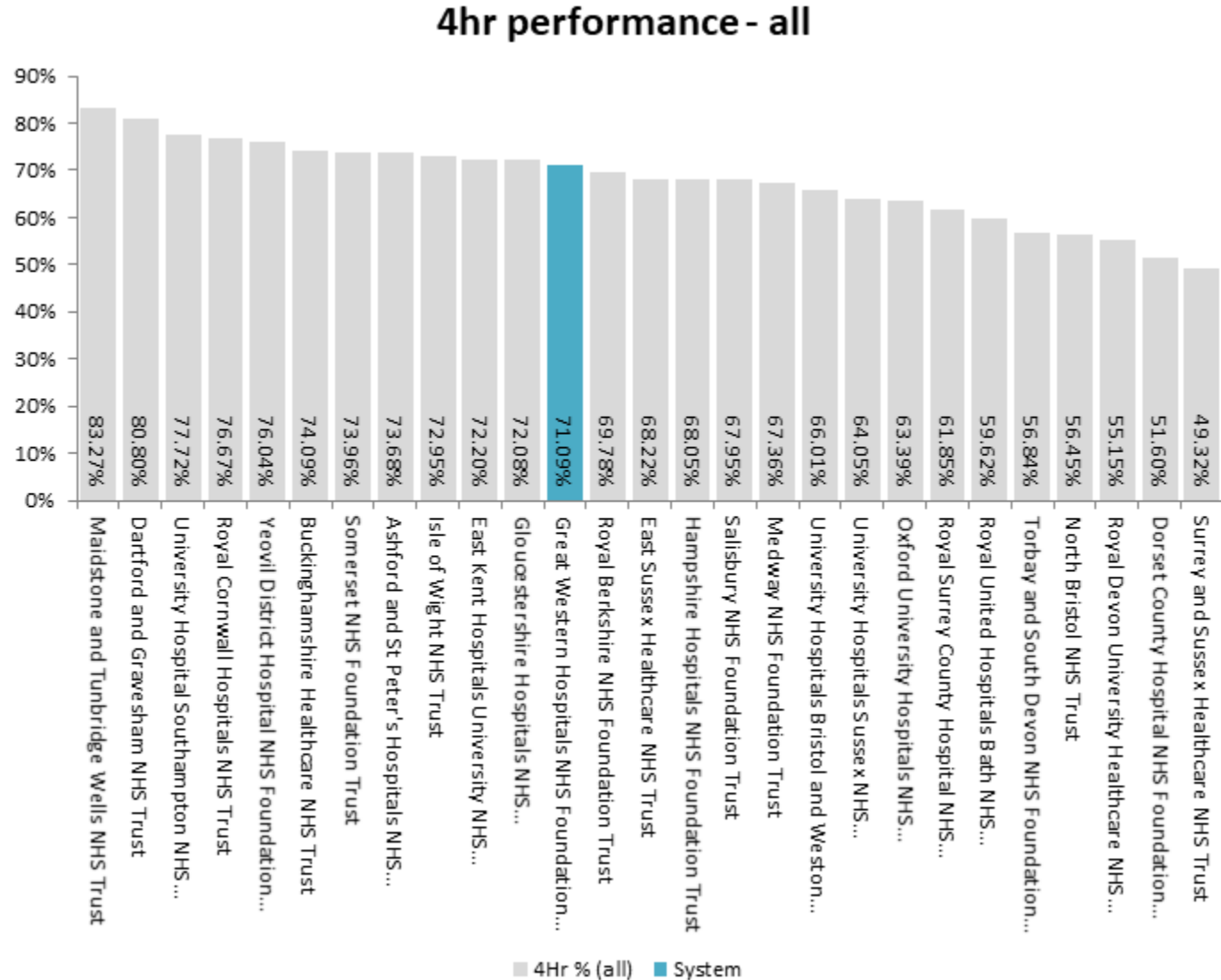
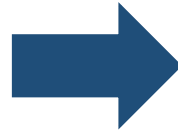
	Pre-Covid	2021-22	Now – our latest position
ED/UTC attendances	110,423	117,504	51,096 (Aug)
ED four-hour wait time, including UTC	81.28%	78.82%	76.58% (Aug)
Cancer 2 Week Wait	89.99%	84.10%	76.60% (Jul)
52 week waits	96 (end of year)	664 (end of year)	1,568 (Aug)



# 4hr performance

In recent weeks we have been as high as 20<sup>th</sup> in the country, 2<sup>nd</sup> in the South West for our four hour performance.

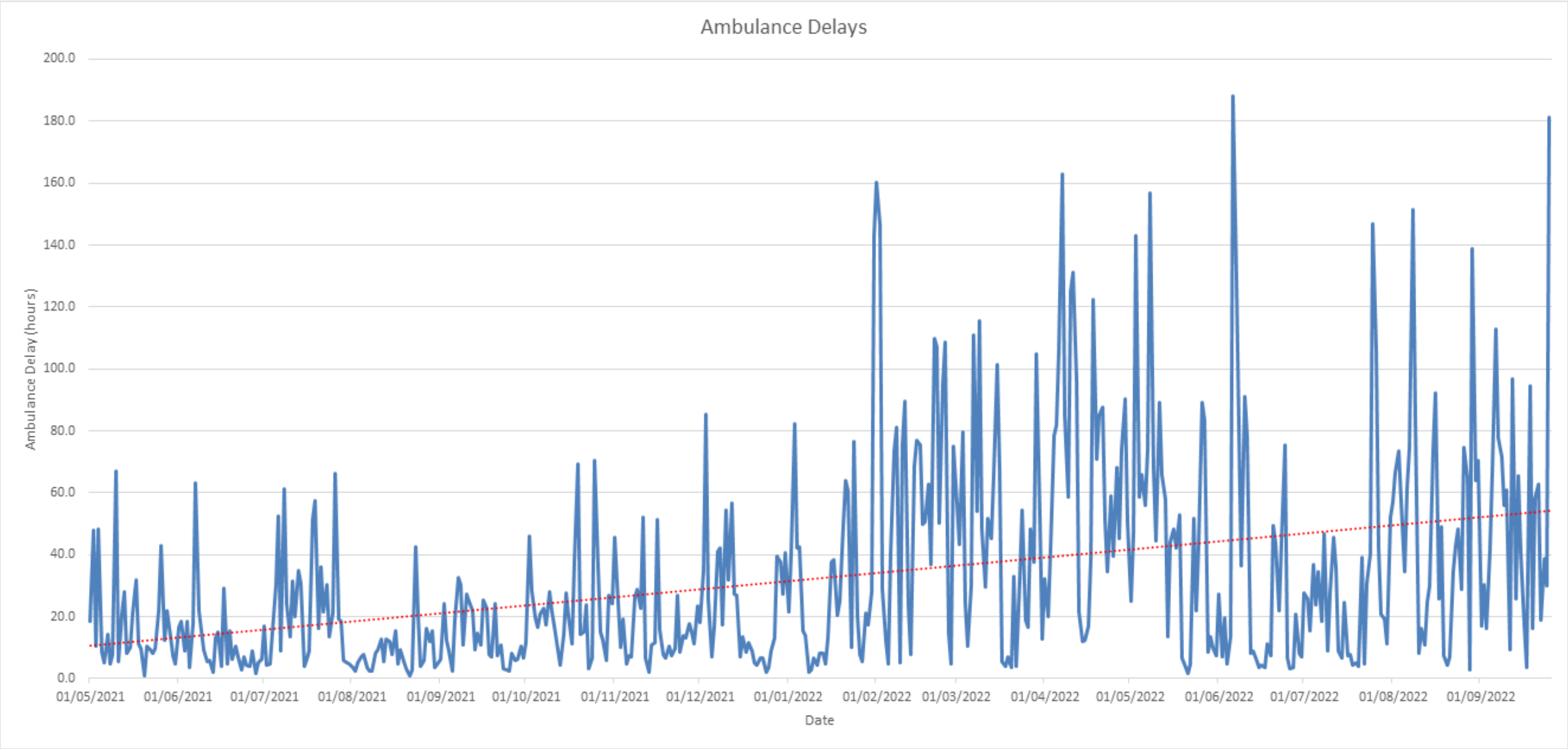
Our latest position is 47<sup>th</sup> nationally, 12<sup>th</sup> in the region.





# Ambulance handover delays

May 2021 - today

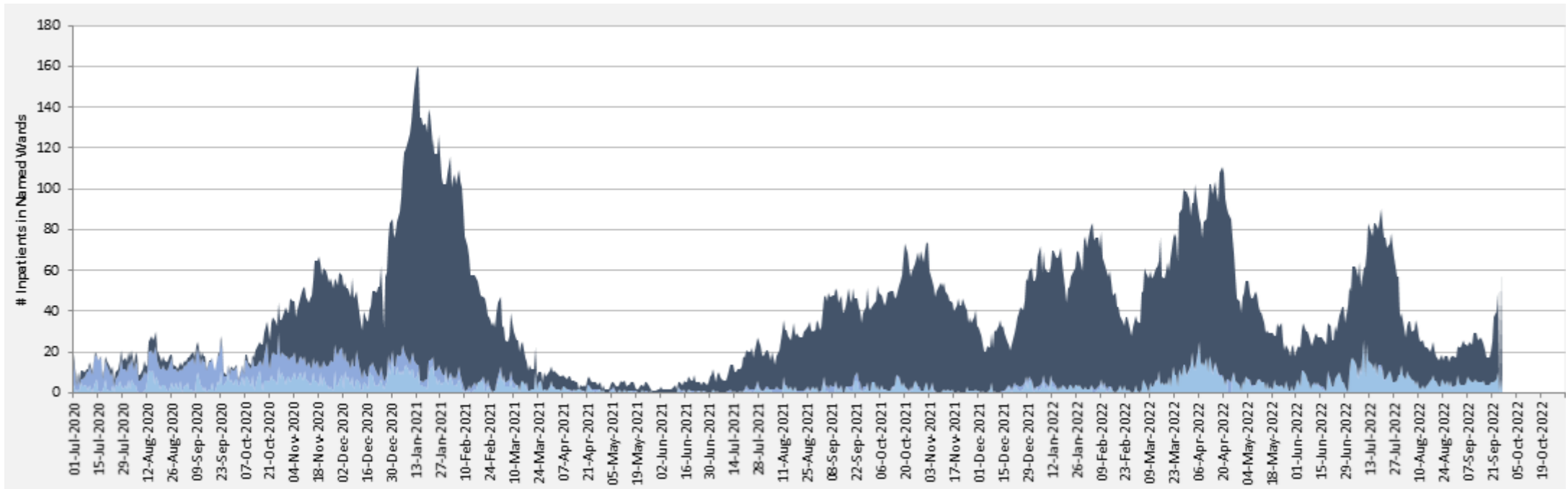


The context we're working in  
– some of the key challenges we face

# The context we're operating in

## Covid-19

- On 19 July, the peak of our most recent wave, we had 90 inpatients with Covid at GWH.
- Today we have 57 – a jump up from 17 this time last week.
- We are seeing **regular waves** of Covid, and currently expect these to be every 3 months. This is an ongoing risk, with the impact of seasonal flu an additional risk. We were the best in the South West and 8<sup>th</sup> in the country for staff flu vaccine uptake last year and another strong vaccination campaign is key.



# The context we're operating in

## Operational pressures

- The whole health and social care system is extremely busy
- **High front door attendances** – but we have seen these reduce in the last 3 months.
- High number of patients with **No Criteria to Reside** – medically fit patients who we are unable to discharge home or to social care.
- Many of our patients have been waiting a very long time but our **elective recovery** remains very challenging – reducing our waiting lists is a real priority. Work is ongoing to validate these, and also to look at how we ensure the most vulnerable people are seen much quicker.
- Our plan for 2022/23 sets out that we will achieve 104% of activity compared to 2019/20 levels. We need to do more to not only keep pace with the waiting list, but to bring it down.
- Challenges with access to **primary care** due to high demand across the system.

## Ambulance handover

**delays** impact on our flow of patients and present a risk to patients needing a 999 response.

Number of initiatives in place to help support this –

- Coordination Centre
- Liaison Officer
- New escalation area and admissions lounge
- Increased opening hours for Same Day Emergency Care
- ED Majors Clinical Navigator to ensure patients are treated in the right place, first time



# The context we're operating in

## Workforce across the system

- Both Covid and non-Covid related sickness challenging at times, but we have seen a reduction.
- On 8 July we had 412 staff sick, 162 of which had Covid. Today we have 179 off sick, 40 with Covid
- Future waves of Covid will impact on staff sickness – so vaccination programme is key.
- Continue to invest in a wide-ranging, award-winning health and wellbeing package for our staff.
- Recruitment and retention – a national challenge. NHS has 132,000 vacancies (1 in 10 posts).

## Cost of living

- Rising cost of living has far-reaching impact:
  - Service delivery
  - Pay and industrial action
  - Health inequalities
  - Capital projects
  - Real-terms budget cuts
  - Psychological impact
  - Short-term approach to funding
- We are likely to see the **health impact of the cost-of-living crisis**, which will only increase demand for our services.

## Social care and care in the community

- We are often unable to discharge patients for a range of complex reasons, including capacity in care homes.
- Impact of cost of living on social care providers is a real concern.
- The Virtual Ward and the Two-Hour Urgent Care Response service are supporting people with **complex medical needs** at home, as well as preventing people from being admitted to hospital by providing them with urgent care at home.

We are doing all of this in a challenging financial context - our revised financial deficit position now stands at £19.4m, and we need to find efficiencies of £11m in 2022/23

# Working to reduce our waiting lists

We now have more than 33,000 patients on our waiting list (compared to 19,967 pre-pandemic) and a number of initiatives have been put in place to **increase activity** and **reduce waiting times** including:



- Additional clinical sessions
- Mobile imaging vans
- BSW-wide additional operating
- Insourcing & Outsourcing in partnership with Independent Sector
- Waiting list validation
- Winter initiatives to better protect elective activity

Activity has not yet returned to pre-pandemic levels and increasing our productivity is a real focus in 2022-23.

## RTT Long Waits:

- No over 104 week waiters by July 2022. Achieved.
- No over 78 week waiters by April 2023. On Track.
- No over 65 week waiters by March 2024
- No over 52 week waiters by March 2025
- Further choice for long wait patients.

## Diagnostics

- Return to 95% delivery against 6 week standard by March 2025 (rather than 99%).

We have **invested in our diagnostic infrastructure** and work with the wider system is being progressed for community diagnostic hubs.

## Cancer

- 75% of patients diagnosed within 28 days of urgent GP referral.
- Return over 62 day waiters to pre-pandemic levels by March 2023
- Deliver around 30% more elective activity by 2024/25 than before the pandemic.

# Winter plan – our principles

Plan started earlier this year - based on 30 weeks from  
1 Sept 2022 - 31 March 2023

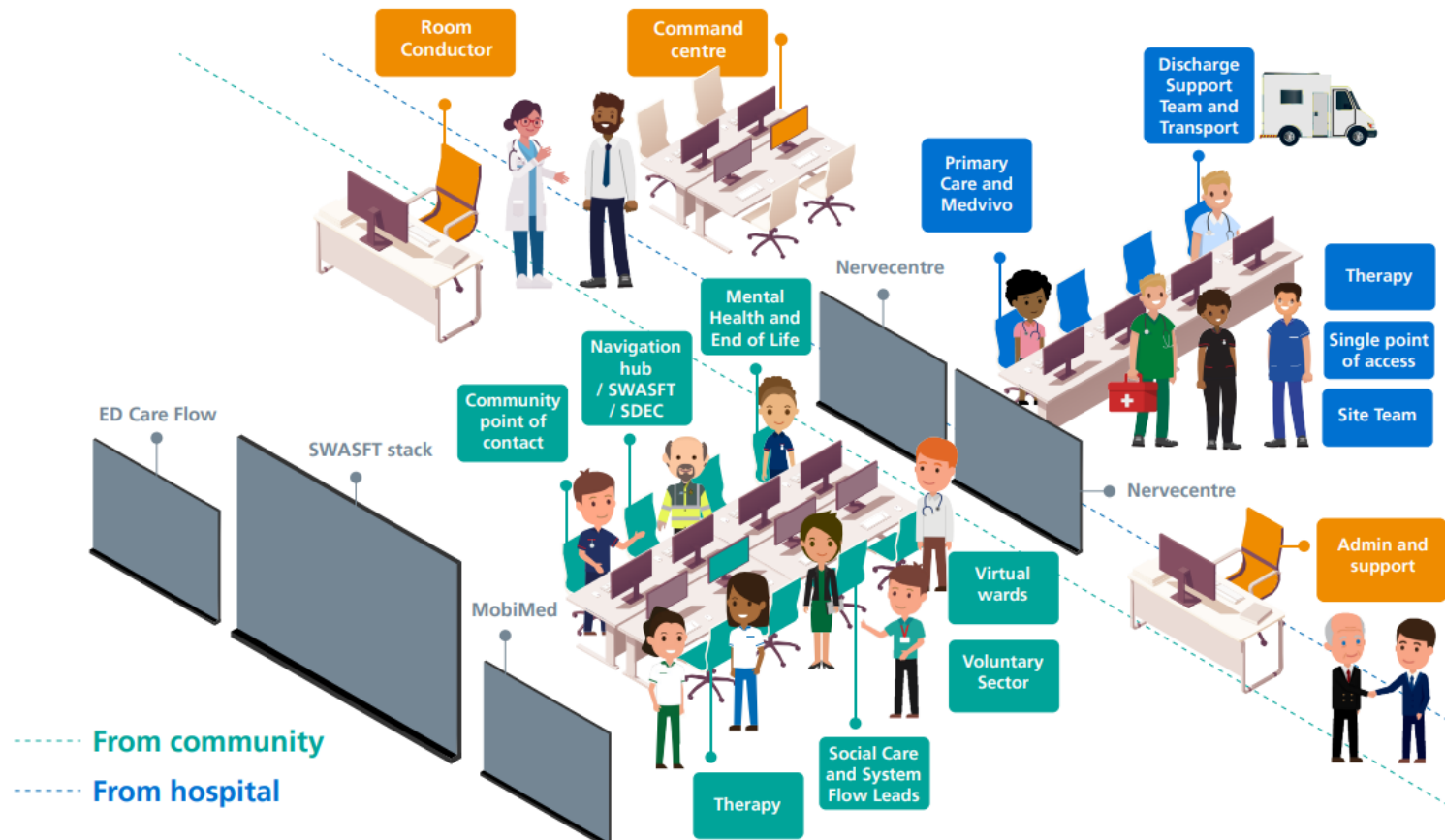
1. Winter plan must be an Integrated Care Alliance (ICA) plan with bespoke pieces of work per organisation overseen by the ICA leadership teams
2. Support our most vulnerable at their most vulnerable time
3. Maintain Elective Capacity
4. Focus on reducing demand and increasing capacity
5. Continue to embed recovery into all elements of operational & clinical care

## What we are being asked to deliver by NHS England

1. Prepare for Covid-19 variants and respiratory challenge
2. Increase capacity across all sectors to manage demand
3. Increase resilience in NHS 111 and 999 services
4. Target Category 2 response times and ambulance delays
5. Reduce crowding in A&E departments and target the longest waits in ED
6. Reduce hospital occupancy
7. Ensure timely discharge
8. Provide better support for people at home

# Swindon ICA Coordination Centre

Joint working with partners and creation of the Swindon Integrated Care Alliance Co-ordination Centre has put us in a stronger position as we head in to winter but we know this period will be extremely challenging once again.



- New coordination centre launched on 1 September in the Liden Centre at GWH.
- Centre is home to clinical call assessors, the SAFER and navigation hub, Integrated Care Alliance and community services representatives, voluntary services, transport, ambulance service, therapists, end of life, health and social care, locality leads, mental health workers and many more.
- Centre will remove organisational boundaries to enable the system to provide the **right care in the right place as quickly as possible**.



# How we're planning for the future

- Quality
- Infrastructure
- Workforce
- Partnerships

# Improving quality

- New Quality Strategy now approved and published.
- Outlines how we want to improve quality up to 2026, with four aims and eight objectives.



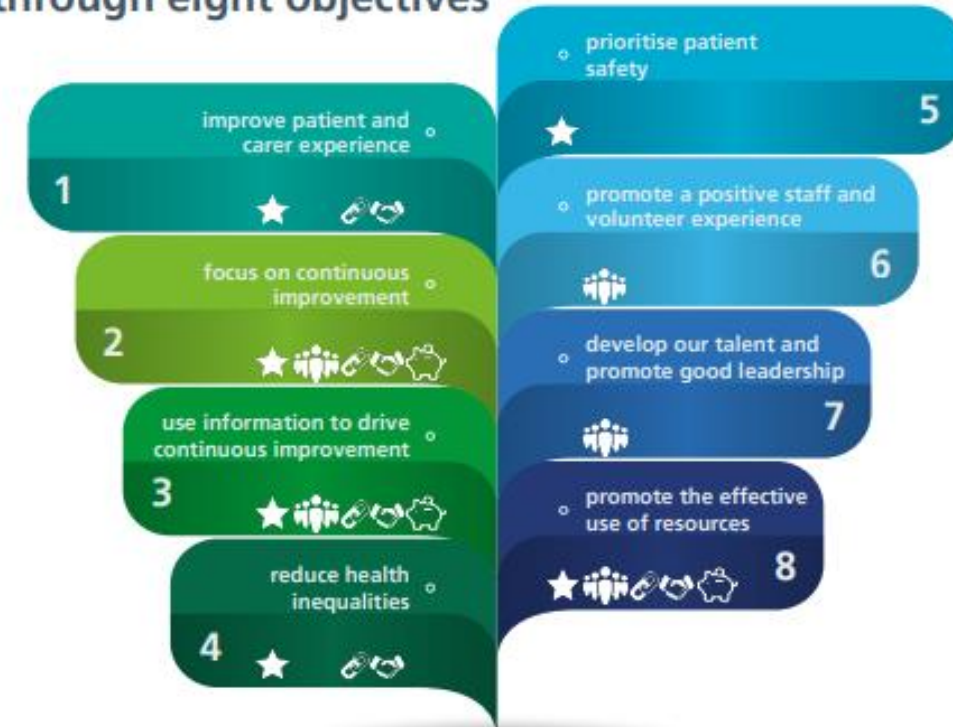
## Our strategic pillars



## Our quality aims

Deliver Great Care	Improve staff and volunteer experience	Improve population health through better patient outcomes, safety and clinical effectiveness and reducing health	Ensure value for money through improvement and efficiency
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## We'll deliver this through eight objectives



# Great Care Campaign

One year on from the launch of the Great Care Campaign, our work streams have grown from strength to strength. Here is just some of what our staff have been working on:



Great Western Hospitals  
NHS Foundation Trust

## Personalised Care



- Keeping in contact
- Mouth care
- Personal care training
- Compassionate conversations
- First Impressions Count:
  - 15 step challenge
  - Hello my name is...
  - I see you
  - Dos and don'ts for uniform

## Harm Free Care



- Patient Safety Week
- Learning Zone
- Falls:
  - Slipper bank
  - Bathroom sensors and sensor mats
- PJ Paralysis
- Meaningful activity
- Nutrition and Hydration
- Medicines safety huddles

## Environment



- Improvements to overnight stays:
  - Eye masks, quietness, lights off
- Sleep champions
- Machine settings
- Clean our Corridors
- Street monitor

## Expert Care



- P.R.I.D.E:
  - Bitesize newsletter
  - HCA Away Days
  - Clinical Practice Educators
- Matron Development:
  - Matron Away Days
  - Surveys to understand working life as a Matron
  - Leading through change
- Master classes

# Improving our infrastructure

- We place significant importance on improving our infrastructure.
- GWH was built in 2002 and consistently operates in excess of its intended design capacity – our ED was originally designed for 48,000 attendances per year.
- Swindon has one of the **fastest population growth rates** in the UK. Between 2001 (the year prior to the hospital opening) and 2031, the local population is expected to have grown by 42% with more than 11,000 new homes planned, all of which **creates added demand for services**.
- We are reconfiguring, expanding and improving our urgent and emergency care services as part of our £30m **Way Forward Programme**.
- It's not all about new buildings
  - we are working to create the **right services** to match local need now and in the future
  - we are investing to give our staff the **IT systems** they need to do their jobs effectively
  - we are **developing our workforce** to give them the skills and support they need to overcome the challenges they face.



# Improving our infrastructure: Radiotherapy

Discussions around lack of radiotherapy in Swindon led to agreement with Oxford University Hospitals NHS FT to house £18m satellite centre on our site.

The OUH Radiotherapy Centre @ Swindon was officially opened in July.

Real partnership between our Trust and OUH to make this happen, with our **Brighter Futures** charity raising around £3m through community fund-raising and securing significant donations – development would not have been possible without this funding.

Patients needing radiotherapy will no longer have to make the return journey to Oxford to access the treatment they need.



# Improving our infrastructure: UTC

- The new £15m Urgent Treatment Centre opened in July.
- Clinical navigator greets each patient and directs them to the most appropriate place for them.
- Centre has additional clinic rooms and space in adult and paediatric waiting areas, new plaster and ophthalmology rooms, and uses calming colours, a nature theme in the children's waiting area and displays artwork donated by local children, depicting their NHS hero.
- It has the Trust's first ever changing places facility for children and adults with disabilities, after this issue was raised by local group Mums on a Mission.





# Our next developments

- Planning is progressing at pace for our **new Integrated Front Door**, which will expand and co-locate a number of urgent and emergency care services across the hospital, including a bigger Emergency Department.
- Work is underway to unlock funding for projects we can build on the expansion land. This could include a private patients' unit, a sterile services facility, a Centre of Excellence for Rehabilitation and on-site accommodation.
- Our new mobile PET CT Scanner (provided by InHealth) will increase to more than once a week – meaning more people can have diagnostic treatments closer to home.



# Improving our infrastructure: Sustainability

We have pledged to become net carbon zero by 2040. So far:

- Our **new Energy Centre** provides the most sustainable means of power ever generated before at GWH. It uses air source heat pumps, a renewable technology, and doesn't burn any fossil fuels. The Energy Centre is getting Excellent ratings under the Building Research Establishment's Environmental Assessment Method which is the leading assessment method in certifying the sustainability credentials of new developments.
- At GWH in 2021-22 the mileage saved from virtual appointments and agile working is approximately equivalent to 78 times around the Earth, carbon abatement from over 20,000 trees per year, and has saved nearly 6.5 years in time spent travelling.
- Since the introduction of a reusable container system, we have significantly reduced our consumption of single-use containers by 30 tonnes (over 50,000 containers) and reduced CO2 emissions associated with sharps container consumption by 148 tonnes.
- 95% of lighting has been converted to LED lighting and all of our electricity contracts are now on 100% renewable tariffs. CHP go live next year will save us £1m in energy costs.



# Improving our infrastructure: IT

£4.8m

investment to  
improve our IT with  
two areas of focus



Essential investment in on-site IT infrastructure to address continuity and performance risks to the services supporting delivery of patient care

Progressing transition to cloud-based server infrastructure for user applications:

- Migrating from on-site to cloud where viable
- Laying foundations for future migration where not currently viable

Our IT infrastructure improvements are designed to:

- Improve safety
- Increase productivity and efficiency
- Increase resilience (cyber security)
- De-stress the organisation – we know that IT concerns are one of the biggest frustrations for our workforce.



# Giving us the skills for future challenges

- We are rolling out **Improving Together**, our new quality improvement methodology and way of working.
- This is empowering and supporting staff to make improvements in their own area.
- Staff are gaining a greater understanding of how they can **contribute to, or lead, improvements** and our new huddles are working well.
- Improving Together is the **golden thread** running through all that we do to make our Trust a safer place to receive care and a better place to work.



**Improving together**

Nicky Vilbar  
Charge Nurse on Teal Ward

**Rate My Day**

**Overview**  
A daily check of staff morale

We agreed at a team meeting to focus on boosting staff morale, but first needed a way to measure how staff were feeling.

Each team member simply posts a coloured stick into a tin at the end of their shift to reflect their experience. Staff with a poor experience are encouraged to share details on a post-it note.

Results are discussed at daily safety briefings, so that we can understand what is influencing morale and make practical changes to improve the working lives of staff. This could be anything from a new piece of equipment, to more support for new team members.

**My contribution**  
I wanted something we could use quickly, easily and which would prompt discussions. I was inspired to come up with a solution, so created this simple tool.

It's becoming useful in our daily improvement huddles and it's the first step in showing staff we are listening.

**Improving together**

Dr Sarah Bates  
Consultant Paediatrician & Neonatologist

**PERIPrem**

**Overview**  
Giving the smallest babies the biggest chance

An evidence based bundle of interventions, including delayed cord clamping and early breast milk, is delivered by doctors, nurses and midwives joining forces, to consistently provide the very best care before, during and after birth.

Mothers are informed, involved, and empowered through early conversations and a parent held passport.

PERIPrem has elevated the South West as a region of excellence in perinatal care.

**My contribution**  
I provided operational leadership, in partnership with both regional Health Science Networks and the South West Neonatal Network, to standardise care across the South West.

Through coaching teams across the region we are optimising the perinatal culture, aiming to save lives and reduce brain injury in preterm babies.

**Improving together**

Georgina Leach  
Delivery Suite Coordinator

**Emergency Documentation Holders**

**Overview**  
Making it easy to find documentation and scribe in an emergency

We document all the care we provide, and every decision we make, so that we have a true and timely record of events.

This is particularly important in an emergency, when we need to 'scribe' and follow a checklist of actions.

We can now quickly access everything we need including safety checklists, paper and pen, all in one place.

They are highly visible and consistently positioned.

This saves time, stress and has improved our documentation.

**My contribution**  
Often we couldn't find the things we needed which was frustrating.

I knew there had to be a better way, so I emailed by manager with my idea. She listened to the problem and it felt great to be trusted to implement it.

It's a small change which is making a big difference to how we work.

**Improving together**

Rachel Taylor  
Falls Specialist Nurse

**Safer Footwear**

**Overview**  
Reducing falls with safer footwear

Well-fitting footwear can reduce the risk of falling, particularly among older people.

But often patients are not wearing their slippers, or do not have well-fitting slippers or comfortable shoes with them in hospital.

An education campaign is highlighting the importance of footwear, while reminding patients and relatives to bring slippers or shoes from home.

Free slippers are also offered to patients in need.

The campaign is helping to reduce the risk of falls, injury and the need for further hospital care.

**My contribution**  
Up to one in three people aged 65 and over fall each year, so I knew that educating people about footwear could make a huge difference.

I have started training nursing and therapy teams on falls and safe footwear. I have also sourced a supply of slippers for patients who don't have any.

It's really starting conversations about footwear and what more we can do to prevent falls.

**Improving together**

Dr Sian Thomas  
Emergency Doctor

**EasyWee**

**Overview**  
Improving the experience of immobile female patients

EasyWee allows patients to pass urine while lying or sitting, reducing the pain and risk of injury from moving, while maintaining dignity.

It's fashioned by hand from a male urinal bottle with a wider opening, but there are plans to create a bespoke product which can be used more consistently across the Trust and the wider NHS.

It's a simple, sustainable and cost effective solution, which also saves staff time.

EasyWee is beneficial to all female patients unable to walk to the toilet independently.

**My contribution**  
This is a local innovation that we've been using in Swindon for years, but it isn't used consistently.

It made sense to develop the concept through a research project so that more patients and teams can benefit.

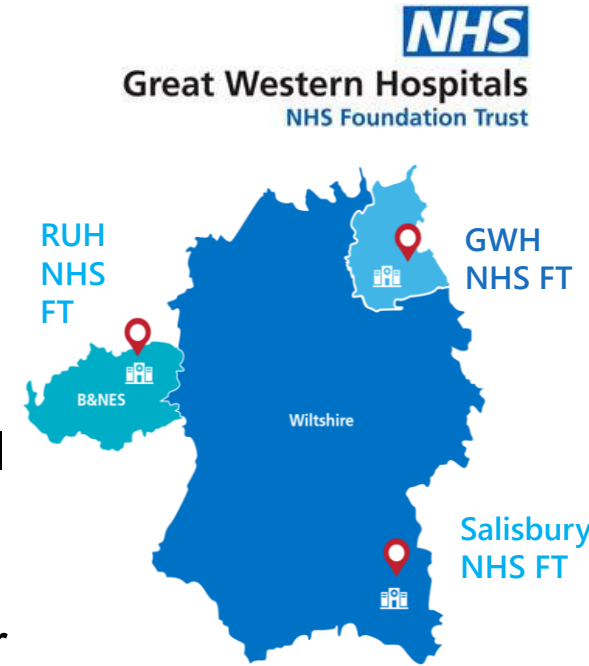
I'd love to see EasyWee used beyond the hospital setting, in patients' homes and in ambulances, for example.

# Improving partnership working

- The BSW Integrated Care Board formally came in to existence on 1 July.
- Brought together NHS, local government and voluntary sectors to deliver best possible health and care services with the resources available.
- We are working closer with our partners across the Bath and North East Somerset, Swindon and Wiltshire region, under one collaborative **Integrated Care System**, with a joint committee at place – Swindon's is chaired by Susie Kemp, CEO of Swindon Borough Council.
- This means we can share learning, support, resources and ideas with colleagues.

We work more closely with RUH and SFT as part of the **Acute Hospital Alliance**, and have set out five priorities for 2022-25:

1. Open financial approach.
2. Staff modelling methodology
3. Secondary care clinical strategy
4. Single capital strategy
5. Shared Electronic Patient Record



# Our place in the community

Our position in the community gives us an opportunity to work to reduce health inequalities and improve life chances

As an employer of choice, we're developing a strategic partnership with New College Swindon to support entry routes in to GWH. One of our first events was attended by health and social care students to discuss opportunities to work for us.

- Expand volunteer workforce
- Use apprenticeships to maximise training opportunities
- Support refugees into employment
- Provide the SEND community with inclusive opportunities

## The five areas where we can make a difference as an anchor institution

Increased weighting on social value for tenders & apply priority to prompt payment for small & local suppliers

Through **procurement** of goods and services



Through **service delivery**

- Use data to ensure we accurately understand the **protected characteristics** and deprivation profile of those we serve
- Clinical prioritisation to **support the most vulnerable**

**As an employer**



Through **bricks and mortar**

Our most recent site developments created 44 local jobs; our long term vision for our expansion land includes the creation of community assets.



Through **corporate and civic behaviours**



Linking with the civic university network and through the BSW Academy with other anchor organisations; our **sustainability plan delivers health and Net Zero**

# Developing our culture

We are committed to developing our culture, and focused on these areas:

Openness

Inclusion

Wellbeing

Leadership



This will help us to develop a  
**Just and Learning Culture**



# Moving forward

- We are **proud** of the way our teams have responded to the challenge of the past three years for our local community.
- We now face a **more complex set of challenges** for how we reduce the long-term impact the pandemic has had on our services.
- Despite that we must not convince ourselves that there are no opportunities for us to be **ambitious for the Trust and the local health and social care economy**.
- As a leadership team we are absolutely committed to **doing the best possible for the people of Swindon and Wiltshire** – and so are our teams.



# Governors' Report

Chris Callow

Deputy Lead Governor

# Membership Update

Below is a summary of the membership information as of Monday 22 August 2022:

- ✓ Public Members 5135.
- ✓ Staff Members 6677.
- ✓ Total Members **11,512 (497 less members than 2021).**

**All members are representative of the local community....there's more work to be done**

# How do governors represent you?

- ☐ Council of Governors business meetings which are held in public
- ☐ Appoint Non-Executive Directors and hold them to account for the performance of the Board
- ☐ Appoint the Trust's auditors and receive a report on the Annual Report and Accounts and also the Quality Report.

# Things we have done during 2021/22

- We re-appointed 2 Non-Executive Directors



**Liam Coleman**

Trust Chair reappointed from 1 February 2022



**Lizzie Abderrahim**

Non-Executive Director reappointed from 1 May 2022



**Andy Copestake**

Non-Executive Director reappointed from 1 July 2022



**Nick Bishop**

Non-Executive Director reappointed from 1 June 2022

- We also re-appointed the External Auditors
  - Deloitte LLP for a further 3 years

# Governor appointments in 2021/22

	Constituency/Partner Organisation	Name	Elected/ Appointed
<b>Partner Organisations</b>	Prospect Hospice	Kevin Howard	Aug-22
	Swindon Borough Council	Cllr Jennifer Jefferies Cllr Caryl Sydney-Smith	Feb-22 – Jul-22 Aug 22
	Wiltshire County Council	Cllr Nick Holder	May-22
<b>Public</b>	Swindon Constituency	Eric Shaw	Mar-22
	Swindon Constituency	Robert Hammond	Mar-22
	Swindon Constituency	Raana Bodman	Mar-22
	Wiltshire Central & Southern Constituency	Maurice Alston	Jan-21

Current vacancies

1 x West Berkshire/Oxfordshire/Gloucestershire/BANES

1 x Rest of England & Wales

1 x staff constituency – Allied Health Professionals

1 x Partner Organisations – Oxford Brookes University

# Governor involvement in events

- ❑ GWH Open Day – July 2022
- ❑ BAME Champion meetings
- ❑ NHS Conferences
- ❑ Hosting Health Talks
- ❑ PALS Health Inequalities Forum
- ❑ Various Governor Training and Workshops
- ❑ NHS Provider Governor Focus Conference
- ❑ Hospital Radio – Lead & Deputy Governor
- ❑ Active participation on Working Groups
- ❑ Questions at Council and Board Meetings





# Looking ahead

- ❑ Continue to work with the Board to challenge and support performance
- ❑ Contribute towards the development of 2022-2025 membership strategy
- ❑ Ensure the Governor model is aligned guaranteeing we are positioned correctly to fulfil the role effectively.
- ❑ Seek to understand the implications of Accountable Care Systems and the benefits to patients
- ❑ Represent local people's views to inform decision making
- ❑ Continue to be involved in increasing membership

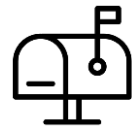
## How to contact a governor



01793 605395



Gwh.foundation.trust@nhs.net



Great Western Hospitals NHS Foundation Trust  
Marlborough Road  
Swindon  
SN3 6BB

- Thank you
- Any questions?