Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 6 August 2025

Time: 2.00 pm – 3.35 pm

Venue: Board Room, Hengrave House, Torbay Hospital and via Microsoft Teams

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Council of Governors

06/08/2025 14:00 - 15:35

Torbay and South Devon NHS Foundation Trust

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MINUTES OF THE PUBLIC COG MEETING

HELD ON 7 MAY 2025 AT 2 PM

IN THE BOARDROOM AND VIA MS TEAMS

Governors Present:

Sarah Adams	Governor	SA
Sal Aziz	Governor	SB
Joanna Bowtell	Governor	(JB)
Val Browning	Governor	VB
Dave Cawley	Governor	DC
Loveday Densham	Governor	LD
Eileen Engelmann	Governor	EE
Micheal Joyce	Governor	MJ
John Kiddey	Governor	JK
Geoff King	Governor	GK
Alison Macgregor	Governor	AM
James Osben	Governor	JO
Julie Spinks	Governor	JS
Andrew Stilliard	Governor	AS
David Thomas	Governor	DT
Lee Thomas	Governor	LT
Radia Woodbridge	Governor	(RW)
Ged Yardy	Governor	GY

Directors Present:

Chris Balch	Chairman	CB
Joe Teape	Chief Executive Officer	JT
Emily Long	Director of Corporate Governance and Trust Secretary	EL
Ashish Ghadiali	Associate Non-Executive Director	AG
Siân Walker-McAllister	Non-Executive Director	SWM
Martin Beaman	Non-Executive Director	MB
Liz Edwards-Smith	Non-Executive Director	LES
Chris Saxby	Non-Executive Director	CS

In Attendance:

Kirsty Hewett	Membership Manager and note taker	KH
Sarah Fox	Corporate Governance Manager	SF

() denotes attended part of the meeting

1. OPENING MATTERS

1.1 Chairman's welcome and apologies

The Chairman welcomed the Council of Governors. Introductions were made for new Governors and Non-Executive Directors.

Apologies were received from the following Executive Directors and Non-Executive Directors: Adel Jones and Paul Richards.

Governor apologies were received from: Karen Barry, John Nutley and Alison Ramon.

1.2 Declarations of Interest

There were none.

2. BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS MEETINGS

2.1 Minutes of the meetings held on 7 February 2025

The Council of Governors approved the minutes of the Council of Governors' meeting held on 7 February 2025.

2.2 Matters arising not covered elsewhere on the agenda

There were none.

3. BUSINESS REPORTS

3.1. Chairman's Report

The Chairman verbally reported to the Council of Governors on the following matters:

- Andrew Postlethwaite had recently stood down as Lead Governor due to ill health. The CoG wished to place on record their thanks for his support during his tenure as Lead Governor and their best wishes for his recovery.
- Ron Peart was no longer an Appointed Governor for Devon County Council as he had not been re-elected as a councillor in the recent local elections. Devon County Council would inform the Trust office at the end of May who would be their new representative for CoG.
- Sal Aziz informed the meeting that he would shortly be standing down as a Staff Governor. He had secured a new role in the Trust and would no longer be working within the Children and Families Health Devon group. There were therefore currently three Staff Governors vacances. CoG was informed of the additional cost if an election process for these vacancies was run as an additional process outside of the usual election process at the end of the year. The following question was asked:

DT What and why is there a lack of staff interest? Can you co-opt individuals like the council?

EL confirmed that the Trust was required to act in line with its Constitution, which was written in accordance with the Health Care Act. JT suggested that a change in leadership and operational pressure the Trust was resulting in low engagement, especially in respect of the Trust's staff network groups. LD mentioned the lack of support for staff to take on roles such as being a governor alongside their substantive role. CB confirmed the Trust would support staff to become Staff Governors and would, if deemed necessary, pay for the re-election to enable a full suite.

- The CoG were briefed on recent NED appointments.
- Joe Teape was welcomed to his first CoG meeting.
- Significant improvement operationally for urgent and emergency care performance was reported. The Trust had been noted as one of the top 20 improved Trusts in the country in terms of emergency care and ambulance handover times.
- The Trust remained in National Oversight Framework (NOF) 4

A further question was asked:

AS asked how much support has the Trust received from NHS England?

CB and JT confirmed support was provided from Allison Williams, who attended the Board meetings and Sophie Pallett in respect of financial aspects, both of whom were from NHS England. The Trust was also receiving support from NHS England teams who were addressing the urgent and emergency care pathways.

The Deputy Lead Governor provided the following update:

- Annie Hall's (Teignbridge) tenure as a Governor had come to an end, after nine years.
- Five new Governors had joined the Trust following the recent election process, one in South Hams and four in the Teignbridge constituencies.
- Governor attendance had improved since the last CoG and the need for regular attendance was noted.

CB thanked VB for stepping into the Lead Governor role in AP's absence.

3.2 Chief Executive's Report

The Chief Executive presented the report which had been circulated with the agenda. He briefed the Governors on the following points:

- Thanked the CoG for the warm welcome to the Trust
- Overview of JT's three priorities (our plan for this year, our future plans and our people)
- JT had agreed seven key objectives with the Chair for 2025/26:
  1. Deliver the 2025/26 plan agreed by NHS England and the Integrated Care Board (ICB)
  2. Establish, recruit and maintain an effective Executive Team
  3. Our people and promoting an organisational development strategy
  4. Refresh Trust Strategy with the Board
  5. Resource allocations across the country and invest in our services locally
  6. Innovation
  7. Addressing the Section 75 Adult Social Care contract with Torbay Council and the ICB.
- Operating plan for 2025/26 and reducing corporate cost (including progress against the exit criteria for NOF4, including how we are listening to and engaging with our staff
- Workforce challenges including working with less staff
- Progress in reducing waiting times across urgent and emergency care and planned care
- Estates issues including property disposals
- Electronic Patient Record implementation plan
- What we know about the publication of the 10-year health plan
- Progress with the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme
- Responding to the proposed Cardiology test and change which had been brought to Board
- The Trust had been informed that Integrated Care Board structures were being reconfigured. It was not expected Devon would remain as a single ICB, with a merger likely.

The following questions were asked by Governors:

AS asked what attribute increased performances and reduced the backlog for the Emergency Department and the ambulance wait times? Then can we understand why this was not done before?

JT informed the CoG support was being provided to the Trust through the Recovery Support Programme to help improve Emergency Department (ED) flow by working alongside both clinical and operational teams on the ground. The Acute Medical Unit had been reconfigured to create more space with additional beds. This was enabling better flow out from ED. In addition, McCallum Ward was now being used for patients who did not need to be admitted. These changes represent efforts to deliver continuing improvement in A&E performance.

DC asked as governors we seemed to be held away from Horizon Centre, especially regarding any finance documents, could HC be contributing to a 5 million loss a year?

JT welcomed the challenge and said he would investigate the viability of the Horizon Centre, however he believed that it contributed to the Trust's financial position given the Research Development Team was based there and the Trust received funding to support research activities. He also reminded the CoG that the Trust's reputation as a leader in research was one of the reasons it continued to be an employer of choice for many of its medical and clinical colleagues.

DC asked whether the Trust has started to address the issues raised in the Independent Financial Review Report and if so, have you had any results?

JT confirmed the Trust was in the final stages of finalising its improvement plan for the year ahead, which would be presented to the Finance and Performance Committee and then to Board. There was also a separate developmental well led review being commissioned to provide advice on further actions the Trust would need to take. It was recognised more work needed to be undertaken to improve the Trust's financial capability and capacity.

EL added that Audit and Risk Committee had commissioned an internal audit to ensure that implementation alongside financial recovery improvements were in place. Delivery would be overseen by the Audit and Finance and Performance Committees.

JT requested CoG to feed back if they felt there was a better way he could communicate with them, instead of the current Chief Executive briefings.

VB asked had any finances been retrieved for the Hospital New Build that had been put on hold?

JT confirmed that currently no money had been secured but a bid had been made for support from a national emergency fund.

VB asked when will the process for recruitment of the new Director of Finance commence?

JT confirmed the recruitment process for the Chief Finance Officer had commenced.

GY asked what is the role of Health innovation Southwest and what role will it play going forward? Which services are identified for improvement?

JT explained that all Trusts had been given efficiencies saving targets to meet by the end of the financial year, and the Trust had a savings programme in place to deliver its target. It was recognised, however, that the need to support fragile services such as Pathology might impact on this programme of work.

Action CB would answer GY question outside of this meeting. *What involvement does the Trust have with Health Innovation Southwest? If it does work with HISW what is that involvement and is it subject to the government restructuring or is it running as it was before?*

LD asked what the position is with the implementation of EPIC and is there a planned D-day for switchover? Is there an EPIC team here?

JT confirmed that EPIC would be implemented in 2026. The implementation was being supported by both colleagues from the Trust and the external EPIC team.

GK asked regarding EPIC is the Trust learning from previous mistakes?

CB confirmed that the Trust had learned from previous EPIC implementation programmes and was applying this learning to its implementation.

JK requested for the Board Reports to be reduced in size, language used is uncomprehensible and to stop using acronyms.

JK asked for assurance that long term sickness from non-medical staff will be challenged?

CB thanked JK for the Governor question highlighting the sickness issue. He explained that it had provided him with an opportunity to gain more knowledge on the issue.

AS asked if Chief People Officer sent apologies?

JT confirmed that Executive Directors would attend CoG when there was a relevant item to be discussed on the agenda which was better use of their time.

EL highlighted that CoG had previously agreed that EDs would only be required to attend if they had an item on the agenda. EL stated that if the CoG wished to change this view, she would inform the EDs.

DT challenged CoG by asking the question 'what's the outcome as a Council of Governors, how do we drive those questions that we're asking into an action plan'?

LD and AS stated that the CoG Priorities and Governor Only meetings gave the CoG opportunity to focus on areas of importance for the CoG.

DT asked a follow up why does the Board not recognise the work achieved by CoG?

AS mentioned that it has been a challenging few years for the Trust with changes in leadership roles.

GY confirmed that last year a presentation from Freedom to Speak up Guardian touched on bullying and harassment with an update to CoG to follow.

JT informed CoG that Freedom to Speak Up was debated at Board and it had been decided that there needed to be a refresh of the arrangements for FTSU to ensure they were robust. CoG would be updated once this work was completed.

GY asked for an update regarding the transaction of Old Dartmouth Hospital?

CB confirmed the sale of DH was imminent.

3.3 <u>Membership Committee Chair's Report</u>

The Membership Deputy Chair presented the report circulated with the agenda.

Key highlights received via the report were:

- Medicine for Members
- Annual Members
- Members Survey
- Membership Promotion and Engagement.

3.4 Governor Observer Exception Report

None.

4. Governance

4.1 Report of the Director of Corporate Governance and Trust Secretary

The Director of Corporate Governance briefed CoG on the report which had been circulated with the agenda. The key highlights received were:

- 2025 Election results were reported, including changes in Appointed Governors for Torbay Council and Devon Partnership Trust. It was noted that there were two vacancies, not one, for South Hams – this was a typographic error in the report.
- The appointments of Val Browning and Loveday Densham as Lead Governor and Deputy Lead Governor, respectively were **approved.**
- New Governor Observers as detailed in the report – **Approved.**
- Proposal to establish a Governor Conduct Committee – **Not Approved**. (Nine out of 16 governors agreed to stand it down.)
- Governor Question Protocol - **Approved.**
- Governors were asked to complete their Annual Declarations and return to Corporate Governance Manager.
- Governor Register of Interests – **noted.**
- Updated Governor Reimbursement of Expenses Policy – **Approved.**
- Recording of CoG Priorities and Governor Only meetings - Governors to vote. Nine out of 16 Governors in favour for the meetings to be recorded. DC content with CoG Priorities being recorded but not Governor Only due to the Chatham house rules. Description to be amended if recording GO meetings (description on meeting planner)
- DCG suggested CoG to have an informal discussion outside of the meeting to decide how they wished to proceed.

5. Update on Quality Account

5.1 Draft Quality Account 2024/25 and 2025/26 Priorities

Maria Patterson, Associate Director of Patient Safety and Quality, presented the Draft Quality Report which had been circulated with the agenda. She briefed the CoG on the content of the report, explaining that it would be presented to the Board at the end of June for final approval.

DC asked MP to clarify the table on (page 27) of the Draft Quality Report as he had concerns with the metrics?

MP confirmed the metrics were in draft and there were challenges in Surgical Receiving Unit due to the current aged estate.

MP reminded the CoG that this was a draft copy and would need further refinement before being finalised. It was agreed the CoG to forward any further questions on the draft Quality Account to be send to the FT office to obtain a response.

The CoG AGREED the recommended assurance rating and took SATISFACTORY assurance as to those matters reviewed. The CoG AGREED that completion of the Quality Account was underway and would be completed in line with statutory guidelines ready for submission on 30th June 2025.

6. PLACE Feedback

6.1 PLACE Report

Tony Hopkins, Head of Facilities Operations presented Patient-Led Assessment of the Care Environment (PLACE) Report which was circulated prior to CoG.

Key highlights were:

- The 2024 and previous actions would be checked at the next PLACE visit in 2025.
- Thanked the Governors who participated in 2024 PLACE visit.

VB mentioned a few typographic errors within the report. TP said he would ensure they were amended.

VB asked has Brixham had improvement with the wires across the roof and staircase?

TH confirmed that some improvements had been made but there were still further improvements required to fully manage the issue.

VB asked has there been any more vandalism at Brixham Hospital?

TH confirmed there had been no vandalism at the top of the hospital, but there had been some vandalism at the back of the building. Security were trying to ensure this did not continue to be an issue.

VB asked TH to check if the Torbay list of improvements is correct for 2024?

TH would check that the list is correct for 2024.

EE mentioned that having two members of the public join the assessment at Newton Abbott Hospital had provided a valuable insight.

GK asked how many improvements are listed year after year?

TH confirmed that in some cases improvements had remained on the list for several years.

GK offered funding from the Dawlish Hospital League of Friends to pay for the re-decoration at Dawlish Hospital. TH to inform Estate lead.

The CoG AGREED the recommended assurance rating and took SATISFACTORY assurance that the Workplace Team were delivering its performance and compliance obligations with the exceptions noted in the report.

7. GOVERNOR ENGAGEMENT

7.1 NED Briefing - Ashish Ghadiali and Siân Walker-McAllister

Associate Executive Director, Ashish Ghadiali, introduced himself to CoG. He outlined his background in communication and his commitment to equality, diversity and inclusion as well as environmental sustainability (NET zero). AG had been an Associate NED for six months. He acknowledged the challenges of joining the Trust in

a period of crisis and shared that he had identified what he considered to be four gaps within the Board. These included communication with patients and the rationale behind necessary changes being implemented.

Siân Walker-McAllister introduced herself to the new Governors and provided a briefing in her role as the new Chair of the People Committee, a position she had held since February. She emphasised the importance of getting the basics right, particularly through compassionate leadership. Siân had served as a Non-Executive Director (NED) for three years and had led initiatives in Adult Social Care in a professional capacity. She highlighted her mission to simplify complex issues and her passion for governance and leadership.

Key updates included:

- Focus on compassionate leadership and annual staff performance and achievement reviews.
- Update on the Section 75 currently working in partnership with Torbay Council.
- Discussion on challenges in maternity services and the importance of collaborative partnership and board accountability.

7.2 Governor Communications Log

CoG received feedback and questions from members including the Governor Communication Log circulated with the agenda.

8. INFORMATION ITEMS

8.1 Governor Calendar and Information Items

To note.

9. CLOSING MATTERS

9.1 Any Other Business

None.

9.2 Dates of 2025 Meetings – 6 August, 5 November

To note.

9.3 Close of meeting

There being no further business, the Chairman declared the meeting closed at 16.20 pm.

Council of Governors
Action Tracker

No	Action	Lead	Due date	Update	Status
Meeting held on 06 November 2024					
1.	**Lead Governor Report** – Facilities Manager to provide feedback on PLACE visits and present to CoG.	SF	Feb 25	Facilities Manager to attend a future CoG meeting after analysing the PLACE visit data which is still awaited. May: PLACE Update on agenda	**Closed**
Meeting held on 05 February 2025					
2.	**Governor Calendar and Information Items**: Dates would be updated in the Governor handbook and calendar to reflect recent changes in Board meetings and Governor coffee meetings.	SF	Mar 25		**Closed**
Meeting held on 07 May 2025					
3.	**CEO Report:** CB would answer GY question outside of this meeting. What involvement does the Trust have with Health Innovation Southwest? If it does work with HISW what is that involvement and is it subject to the government restructuring or is it running as it was before?	CB	May 25		

Actions recorded on this tracker should be grouped by meeting, with progress monitored at each subsequent meeting. Once complete the item should be marked as grey, noted by the Committee as complete and removed from the log before the following that meeting to ensure a proper auditable trail.

Torbay and South Devon NHS Foundation Trust

Council of Governors

Chief Executive's Report

Date of meeting	Date report produced
06.08.2025	24.07.2025

Author(s)		Report approved by	
Name and title:	Jane Harris, Associate Director of Communications and Partnerships	**Name and title:**	Joe Teape, Chief Executive
Phone:		**Date:**	29.07.2025
Email:	Jane.harris18@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary

To provide information on key issues to the Council of Governors.

The assurance ratings in this report are based on the outcomes of the review meetings and are as follows:

Section	Assurance (Limited/Satisfactory/ Significant)	Trend from previous report
1	Satisfactory	N/A

Committees that have previously discussed/agreed the report, and outcomes of that discussion

Discussion items discussed at Board and Board Sub-Committee level.

Key recommendations and actions requested

The Council of Governors are asked to RECEIVE and NOTE the Chief Executive's report.

The Council of Governors are asked to AGREE the recommended assurance rating and take SATISFACTORY assurance as to those matters reviewed.

How does this report further our purpose to 'support the people of Torbay and South Devon to live well'?

This report provides the Council of Governors with information on key corporate matters as well as local, system and national initiatives and developments that contribute to our vision and purpose.

How does the report support the Triple Aim

Aim	Impact
Population Health and Wellbeing	1
Quality of services provided	2
Sustainable and efficient use of resources	3

Impact on BAF Objectives

BAF Objective	Impact
Quality and Patient Experience: Personalised Care	Yes
People	Yes
Financial Sustainability and Productivity	Yes
Estates	Yes
Operations and Performance Standards	Yes
Digital and Cyber Resilience	
Building a Brighter Future	
Strategy and Transformation	Yes
Sustainability: Green Plan/ Environmental	
Equality, Diversity and Inclusion	
Provision of Community and Care Services Delivered in Partnership	Yes

Risk: Risk ID (as appropriate)

Risk	Risk ID

External Standards affected by this report and associated risks

Care Quality Commission, NHS England licence and regulations, national policy and guidance

Overall Assurance Opinion Definition The overall assurance opinion assigned to this report is based on the following definitions:

Significant	Delivery of core metrics evidenced and ahead of plan. Controls are well designed and are applied consistently. The level of risk carried is below the agreed risk appetite. Any weaknesses are minor and are considered unlikely to impair the effectiveness of controls to eliminate or mitigate any risk to the achievement of key objectives. Examples of innovation and best practice may be in evidence.
Satisfactory	Delivery of core metrics evidenced and on plan. Controls are generally sound and operating effectively. The level of risk carried is in line with the agreed risk appetite. However, there are weaknesses in design or inconsistency of application which may impact on the effectiveness of some controls to eliminate or mitigate risks to the achievement of some objectives.
Limited	Delayed-delivery of core metrics, delivery cannot be fully evidenced. The organisation is exposed to a level of risk due to this performance position and/or exceeds the agreed risk appetite. There are material weaknesses in the design or inconsistent application of some controls that impair their effectiveness to eliminate or mitigate risks to the achievement of key objectives.
No	Non-delivery of core metrics, delivery cannot be evidenced and/or is behind plan. The organisation is exposed to significant risk (due to non-compliance).There are serious, fundamental weaknesses due to an absence of controls, flaws in their design or the inconsistency of their application. Urgent corrective action is required if controls are to effectively address the risks to the achievement of key objectives.

Chief Executive's Report

Introduction and background

The Council of Governors ('COG') meetings are a key part of our governance arrangements. We maintain our usual communication programme with Governors via regular briefings, email, bespoke newsletters and a combination of virtual and face-to-face meetings.

I am also mindful of the important role that Governors provide in actively seeking feedback from members of the public and the support Governors are able to provide to us in communicating key messages.

At the previous COG meeting Governors received a high-level report on an overview of my three priorities (our plan for this year, our future plans and our people) followed by more in-depth briefing on: our operating plan for 2025/26 and reducing corporate cost (including progress against the exit criteria for National Oversight Framework 4 (NOF4)) including how we are listening to and engaging with our staff; our progress in reducing waiting times across urgent and emergency care and planned care; an update on estates issues including property disposals; an update on our Electronic Patient Record implementation plan; an update on what we know about the publication of the 10-year health plan and the latest updates from the Integrated Care System for Devon, the Devon joint forward plan and the Peninsula Acute Services Sustainability Programme

Since the last Council of Governors meeting, Governors have received briefings on the publication of the Care Quality Commission inspection reports for children's inpatient service and children's community services, our early work to develop a community frailty service, a briefing from NHS Devon on cardiology, the publication of the Torbay SEND OFSTED/CQC report, media reporting on the planned closures of over 200 health-related organisations including Healthwatch (Dash review) and the launch of the 10-year health plan for England well as receiving the regular fortnightly Governor newsletters.

While Governors have received operational briefings via the monthly Governor Network meetings, it is my intention at this Council of Governors' meeting to provide, along with my Executive colleagues, an update on the following key areas:

- an overview of my objectives (delivering our plan, ensuring a strong executive team, ensuring our people approaches are underpinned by compassionate leadership, developing a clear strategic vision for our organisation, supporting innovation and campaigning for resources) followed by more in depth briefing on:
    - our plan for better care (leadership, strategy, performance, money and people), progress against our operating plan for 2025/26 and reducing corporate costs, including how we are listening to and engaging with our staff
    - the new NHS oversight framework
    - an update on industrial action
    - our progress in reducing waiting times across urgent and emergency care and planned care
    - an update on estates issues including property disposals
    - an update on our Electronic Patient Record implementation plan

- the opportunities provided by the 10-year health plan and our early thinking on this
- the latest updates from the Integrated Care System for Devon and the Peninsula Acute Provider Collaborative.

Assurance and Recommendations

1. The Committee are asked to AGREE the recommended assurance rating and TAKE SATISFACTORY ASSURANCE as to those matters reviewed.

Section	Assurance (Limited/Satisfactory/ Significant)	Trend from previous report
1	Satisfactory	N/A

2. For information and noting with satisfactory assurance.

BUILDING A Brighter Future

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Fit for the Future: the 10-year health plan for England

Published July 2025

Building a Brighter Future

The ‘why’

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- NHS in "critical condition" (Darzi Report)
- Public satisfaction at historic lows
- Long waiting lists, low staff morale, poor outcomes
- Systemic underperformance and rising demand
- Rising health inequalities and ageing population

What people told us

- Through the 'Change NHS' engagement exercise – the biggest ever conversation about the future of the NHS - we heard about the changes people wanted to see.

- We received over a million insights from patients and staff during the engagement exercise – including thousands from seldom heard groups.

- And from many of our NHS people and stakeholders they work with. These themes included: getting the care you need, when you need it, making healthcare seamless, fixing the basics and making the NHS a great place to work.

- All of these themes, and more, are reflected in the final plan. A report that captures all of the engagement activity that supported the development of the plan will be published shortly.

- Please note: NHS Devon are finalising a report in our local engagement so we can understand the local picture – this report will be published in the next month and we will share it with you. The report will form the foundation for all the engagement and involvement we do as a system going forward.

Building a Brighter Future

What people told us

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GETTING THE CARE YOU NEED	SEAMLESS HEALTHCARE	FIXING THE BASICS	SICKNESS TO PREVENTION	GREAT PLACE TO WORK
People told us: • Access to GP and dental care is a struggle. • Waits for ambulances, A&E and essential treatment are too long. **The 10 Year Health Plan delivers:** • An end to the 8am phone queue - with thousands more GPs and a transformed NHS app. • Better dental access – with new dentists to serve NHS patients first. • Faster emergency care - allowing pre-booking through the NHS App or 111. • Care closer to home - through a new Neighbourhood Health Service.	**People told us**: • They have to repeat their medical history too often and travel extensively between appointments. • NHS departments operate in isolation rather than as a coordinated service. **The 10 Year Health Plan delivers:** • A single patient record - giving people control while ensuring every healthcare professional has their complete information. • Care built around people via integrated healthcare teams working together in communities	**People told us:** NHS systems are outdated, inefficient and time consuming. **The 10 Year Health Plan sets out how we will:** • Upgrade IT so staff spend more time with patients. • Enable appointment booking and health management on the NHS App. • Ensure systems talk to each other.	**People told us:** • The NHS should focus more on preventing illness and addressing the causes of poor health. • More support is needed for mental health and healthy lifestyles. **The 10 Year Health Plan sets out how we will:** • Invest in local health services with personalised care. • Expand school mental health support. • Increase access to free and healthier school meals. • Create the first smoke-free generation. • Improve the healthiness of food sales. • Use scientific breakthroughs to develop gene-tailored preventative treatments. • Invest in life-saving vaccine research.	**People told us:** NHS staff are overworked, undervalued, and burdened by bureaucracy. **The 10 Year Health Plan sets out how we will:** • Set new standards for flexible, modern NHS employment. • Expand training with 2,000 more nursing apprenticeships and 1,000 postgraduate posts. • Cut unnecessary mandatory training. • Empower local leadership and reduce top-down micromanagement. • Digitise records and use AI to reduce admin burden

The vision

- Preserve NHS core values – secure NHS founding principles
- Transform delivery to ensure sustainability
- Reimagine delivery around:
  - hospital to community
  - analogue to digital
  - sickness to prevention

- Read the plan at: 10 Year Health Plan for England: fit for the future - GOV.UK

Shift 1: Hospital to community

- Neighbourhood Health Service model
- Same-day GP appointments
- Multidisciplinary teams in local hubs
- Expanded community pharmacy role
- Integrated local hubs for primary, urgent and mental health care
- Investment in community diagnostics and workforce
- Capital reallocation to out-of-hospital care

Shift 2: Analogue to digital

- NHS App as a "doctor in your pocket“ and national digital front door
- Single Patient Record with patient access
- Modules: My GP, My Care, My Specialist, My Medicines
- AI tools: scribes, triage, monitoring – and automation for patient access and clinical productivity
- HealthStore to scale innovation through regulation and procurement reform

Shift 3: Sickness to prevention

- Tobacco and Vapes Bill, Anti-obesity strategy, Alcohol
- Genomic screening, data-led predictive analytics
- Mental health support in schools
- Expanded vaccination and screening programs
- Employer and local authority engagement in health
- Integrated population health services

BUILDING A Brighter Future

Empowering clinicians

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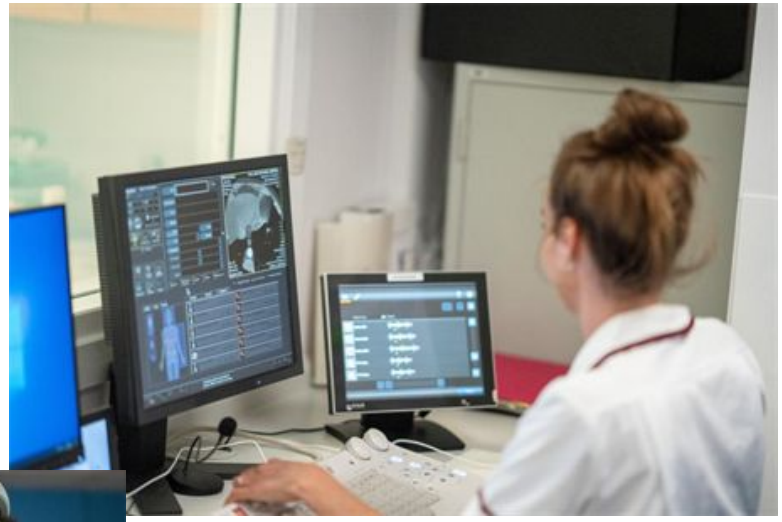
- Less admin: AI scribes, automation
- Greater scope of practice for nurses/AHPs
- Personalised development plans
- Modern training focused on AI, genomics



Transparency and quality

- League tables for providers
- Feedback loops via NHS App
- National taskforce on maternity/neonatal care
- Data-led regulation and outcomes-based pay

Financial reform and sustainability

- Shift to value-based and outcome-focused payments
- 2% annual productivity targets
- Surplus-focused planning (end of deficit bailouts)
- Local funding aligned with health need
- 5-year financial plans and capital reform

Building a Brighter Future

Innovation and research

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- Investment in AI, genomics, wearables
- New health data research infrastructure
- Expanded clinical trial capacity
- NICE to review tech efficacy/removal

What will be delivered by 2028/29

While this is a plan for the next 10 years, much of what is in the plan will be delivered more quickly than this.

HOSPITAL TO COMMUNITY	ANALOGUE TO DIGITAL	SICKNESS TO PREVENTION
• Same-day digital and telephone GP appointments will be available and calls to GPs will be answered more quickly – ending the 8am scramble. • A GP led Neighbourhood Health Service with teams organised around groups with most need. • Neighbourhood Health Centres in every community; increased pharmacy services and more NHS dentists. • Redesigning outpatient and diagnostic services. • Redesigning urgent and emergency care, allowing people to book into UEC services before attending via the NHS App or NHS 111. • People with complex needs will have the offer of a care plan by 2027 and the number of people offered a personal health budget will have doubled. • Patient-initiated follow-up will be a standard approach.	• The NHS App will be the front door to the NHS, making it simpler to manage medicines and prescriptions, check vaccine status and manage the health of your children. • 'HealthStore' to access approved health apps: Enabling innovative SMEs to work more collaboratively with the NHS and regulators. • A Single Patient Record will mean patient information will flow safely, securely and seamlessly between care providers. • Digital liberation for staff with the scale of proven technology to boost clinical productivity.	• Health Coach will be launched to help people take greater control of their health, including smoking and vaping habits later this year. • New weight loss treatments and incentive schemes to help reduce obesity. • The Tobacco and Vapes Bill will be passed, creating the first smoke-free generation. • Women will be able to carry out cervical screening at home using self-sample kits from 2026.

What this means for our NHS people by 2028/29

- It is a clear aim of this plan is to make the NHS the very best place to work – setting new standards for flexible, modern NHS employment, expanding training opportunities and reducing the burden of admin:
- A new set of Staff Standards for modern employment in the NHS will be introduced.
- The time staff need to spend on statutory mandatory training will be substantially reduced by April 2026.
- Single sign-on for NHS software will be introduced to reduce the administrative burden on staff.
- We will further liberate staff from admin and free-up time for patient care and, starting in 2027, we will roll out validated AI diagnostic tools and deploy AI administrative tools NHS-wide.
- New advanced practice models will be developed for nurses, midwives and allied health professionals.
- We'll have streamlined the NHS operating model, by reducing the number of organisations involved and simplifying decision-making.
- We will also support staff to focus on quality, working with clinicians and patients to develop a new series of 'Modern Service Frameworks' to accelerate progress in conditions where there is potential for rapid and significant improvements in quality of care and productivity.

High level aims from the plan

- A reformed NHS that delivers more for less
- Sustained improved public confidence and economic contribution
- Ensuring equity and excellence in care across all regions
- An enabler of generational transformation





High level aims from the plan for our NHS people

- More patient time, less paperwork
- Tools to improve diagnostics and outcomes
- Opportunities for leadership and innovation
- Workforce reforms tailored to support change

Building a Brighter Future

Building our local plan (strategy)

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- A plan built on clinician and patient input
- A system that works *with* you, not *around* you
- Let's lead the change and shape the NHS of the future

BUILDING A Brighter Future

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Your questions


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Thank you

Torbay and South Devon NHS Foundation Trust

Report of the Membership Committee Chair to the Council of Governors

Meeting date:	24 JULY 2025
Report by:	MC CHAIR
This report is for:	Information☒ Decision ☐
Link to the Trust's strategic objectives:	1: Safe, quality care and best experience ☐ 2: Improved wellbeing through partnership ☒ 3: Valuing our workforce ☐ 4: Well led ☐
Public or Private	Public ☒ or Private ☐

Key issues to highlight to the Council of Governors:

- **Annual Members Meeting**
- **Medicine for Members**
- **Membership Development Plan and review**
- **Membership promotion and engagement**
- **New Chair**

Key decision(s)/recommendations made by the Committee:

To note the recommendations and actions from the Committee meeting listed below. All Governors are encouraged to support membership activity including involvement in promotional events and the planning of, and attendance at, the Annual Members Meeting and Medicine for Members talks.

Annual Members Meeting (AMM)- The AMM will take place on **Thursday 25th September** in TREC at 4 p.m. In addition to the official Trust presentations on the Annual Report, Finance and Audit, the keynote speech will be on the new Electronic Patient Record (EPR) led by Chief Operating Officer Adel Jones and her team. This is a vital and topical subject with positive implications for patients. We are currently working on a promotion campaign to attract attendance.

Medicine for Members- Tuesday 28th October- This presentation by two consultants is on Oncology. Starting time in TREC is at 5pm and the talk will be followed by a Q&A session. This event will also be promoted across the community.

Both the Annual Members Meeting and Medicine for Members will be face to face and online.

Membership Development Plan and review - A plan is to be drafted shortly detailing membership committee activity proposed for the coming year together with a review of the Terms of Reference. There will be an appraisal of the committee's performance in early 2026.

Membership promotion and Engagement- The current membership figure is 7287 although this includes estimate seven thousand permanent staff members who become members automatically. With limited resources, both time and financial, there is a need to be smart in targeting activities in which to promote engagement. Committee members attended the recent Pride event and Volunteers week. Three governors have recently recorded 'promos' on hospital radio as well as appearing as guests on one of its talk shows. We aim to do more of this promotional work with Torbay Hospital

Torbay and South Devon NHS Foundation Trust

Radio as we head towards the Annual Members Meeting and the governor election season. There will be governor vacancies in both Torbay, Teignbridge, and South Hams next year so there is a need to attract interest.

Alongside support from Torbay Hospital Radio, who will help us to promote membership at its summer roadshows, we will also continue with our town centre stalls across the constituencies. This proved to be highly effective in Newton Abbot last year and one is planned for Teignmouth this October.

New Chair - I will be stepping down as Chair of the Membership Committee after the Annual Members Meeting in September. It has been a privilege. We are pleased to announce that Loveday Densham will be taking over, and we wish her the absolute best.

Torbay and South Devon NHS Foundation Trust

Council of Governors

Report of the Director of Corporate Governance and Trust Secretary

Date of meeting	Date report produced
6 August 2025	30 July 2025

Author(s)		Report approved by	
Name and title:	Kirsty Hewett, Membership Manager	**Name and title:**	Emily Long, Director of Corporate Governance and Trust Secretary
Phone:	01803 655406	**Date:**	30 July 2025
Email:	Kirsty.hewett@nhs.net		

If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

n/a

Executive summary

The report provides corporate governance updates on matters of relevance to the Council of Governors.

The assurance ratings in this report are based on the outcomes of the review meetings and are as follows:

Section	Assurance (Limited/Satisfactory/ Significant)	Trend from previous report
All	Satisfactory	N/a

Committees that have previously discussed/agreed the report, and outcomes of that discussion

n/a

Key recommendations and actions requested
The Council of Governors are asked to **AGREE** the recommended assurance rating and take **SATISFACTORY** assurance as to those matters reviewed.

How does this report further our purpose to 'support the people of Torbay and South Devon to live well'?
The report provides assurance to the Council of Governors that the Trust's governance processes ensure the Trust meets its statutory obligations which in turn support the people in its footprint to live well.

How does the report support the Triple Aim	
Aim	**Impact**
Population Health and Wellbeing	The report provides information on the work of the Council of Governors in its support of the Triple Aim.
Quality of services provided	
Sustainable and efficient use of resources	

Impact on BAF Objectives	
BAF Objective	**Impact**
Quality and Patient Experience: Personalised Care	All
People	
Financial Sustainability and Productivity	
Estates	
Operations and Performance Standards	
Digital and Cyber Resilience	
Building a Brighter Future	
Strategy and Transformation	
Sustainability: Green Plan/ Environmental	
Equality, Diversity and Inclusion	
Provision of Community and Care Services Delivered in Partnership	

Risk: Risk ID (as appropriate)	
Risk	**Risk ID**
N/a	

External Standards affected by this report and associated risks
Laws or regulations Care Quality Commission Terms of authorisation, NHS England licence and regulations National policy, guidance

Overall Assurance Opinion Definition The overall assurance opinion assigned to this report is based on the following definitions:

Significant	Delivery of core metrics evidenced and ahead of plan. Controls are well designed and are applied consistently. The level of risk carried is below the agreed risk appetite. Any weaknesses are minor and are considered unlikely to impair the effectiveness of controls to eliminate or mitigate any risk to the achievement of key objectives. Examples of innovation and best practice may be in evidence.
Satisfactory	Delivery of core metrics evidenced and on plan. Controls are generally sound and operating effectively. The level of risk carried is in line with the agreed risk appetite. However, there are weaknesses in design or inconsistency of application which may impact on the effectiveness of some controls to eliminate or mitigate risks to the achievement of some objectives.
Limited	Delayed-delivery of core metrics, delivery cannot be fully evidenced. The organisation is exposed to a level of risk due to this performance position and/or exceeds the agreed risk appetite. There are material weaknesses in the design or inconsistent application of some controls that impair their effectiveness to eliminate or mitigate risks to the achievement of key objectives.
No	Non-delivery of core metrics, delivery cannot be evidenced and/or is behind plan. The organisation is exposed to significant risk (due to non-compliance).There are serious, fundamental weaknesses due to an absence of controls, flaws in their design or the inconsistency of their application. Urgent corrective action is required if controls are to effectively address the risks to the achievement of key objectives.

Report of the Director of Corporate Governance and Trust Secretary

The report provides corporate governance updates on matters of relevance to the Council of Governors.

1. Council of Governors – Appointed Governors

Since the last meeting there have been several changes to our Appointed Governors as follows:

- Torbay Council: Hayley Tranter replaced by David Thomas
- Devon Partnership Trust Clare McAdam replaced by Sarah Adams
- Devon County Council: Ron Peart replaced by Richard Keeling
- Torbay and Devon Carers Hiliary Milner replaced by Ali Meadows

In addition, the Sal Aziz has resigned as Staff Governor for Child Family Health Devon due to a role change, meaning he no longer works in that staff group; and Geoff King has resigned from his Teignbridge Governor role.

We would like to thank our departing Governors for their support to the CoG whilst in post.

Action required: To receive and note the Council of Governors membership update.

2. Governor Nominations and Remuneration Committee Annual Report 2024/25

The CoG is required to receive the Governor Nomination and Remuneration Committee Annual Report (attached), which details the work of the Committee during 2024/25 and provides assurance that the Committee has met its terms of reference.

Action: To receive the Annual Report of the Governor Nominations and Remuneration Committee

3. Annual Members Meeting

The Council of Governors are asked to note that the Annual Members Meeting is scheduled late afternoon on 25 September 2025; preparations are being discussed with Membership Committee and a verbal update will be provided at the meeting.

Action: To note the date of the Annual Members Meeting.

4. Annual Report and Accounts 2024/25

The Annual Report and Accounts for year ended 31 March 2025 was laid before Parliament on 22 July 2025, having been approved by the Board on 25 June 2025.

5. Assurance and Recommendations

The Council of Governors are asked to **AGREE** the recommended assurance rating and take **SATISFACTORY** assurance as to those matters reviewed.

Section	Assurance (Limited/Satisfactory/ Significant)	Trend from previous report
All	Satisfactory	N/a

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Date emailed	Status
200	08.05.2025	Sal Aziz	Staff Governors	Q: On page 12 of the Quality Account it states "Work will continue within our care groups to idnetify and reduce health care inequalities." What will the trust do to ensure we also identify and reduce health inequalities that may not be more widely known by care groups or other organisations?	Nicola Mcminn	21.05.25	We are developing our reasonable adjustments response for when either we identify or individuals identify that they require reasonable adjustments to be able to access our services and the care we provide. This includes a 'flag' on our new Electronic Patient Record, training and awareness raising for our staff.	06.08.25	21.05.25	Closed
201	19.05.2025	Alison Ramon	Torbay	Is this redevelopment future proofed? By this I mean will it fit into any future redevelopment of the hospital? We don't want to find that the expensive work carried out now will be knocked down in a few years to accommodate a fresh ED unit. Have community health and other patient led groups been consulted on each stage of the project to ensure that the design suits the needs of service users?	Adel Jones	05.06.25	Thank you for the follow up questions. Your first asked about if we have future proofed the development and how it will fit into any future redevelopment of the hospital. Space is a premium of the Torbay hospital site and we are really constrained by a lack of space across most of our services, this means that many of our services run out of smaller spaces than the space standards provided by the NHS, with often inadequate space for essential things like staff welfare and office spaces. With the dates we have currently been shared by the New Hospitals Programme for our future build, we are unlikely to open an entirely new, fit for purpose ED department until the late 2030s at the earliest. This may give 15 years or more use of the modest extension we are building. After that we would repurpose the existing ED department to meet our hospital needs at the time, enabling us to vacate and demolish unsuitable spaces. Your second question asked if we have consulted with patient led groups at each stage of the project to ensure the needs of service users are met. Due to the short time we had	06.08.25	23.06.25	Closed
202	20.05.25	Alison Ramon	Torbay	The sale of Dartmouth and Kingswear Community Hospital has finally been completed . Whilst respecting the anonymity of the buyer I (and probably other governors).would like to know how much the site was sold for. Please would you provide this information?	Mark Brice	20.06.25	Proceeds for Dartmouth & Kingswear Hospital £1,250,564.	06.08.25	23.06.25	Closed
203	27.05.25	Val Browning	South Hams	What is the wait time from referral for a patient who has had a heart attack to get an ECG.	Adel Jones	28.05.25	To answer this, I will break it down into the 2 pathways to ED. Ambulance: All 999- Cat 1/2/3 disposition crews are able to undertake a 3 and 12 lead ECG for a person that is suffering from symptoms that could be aligned to a cardiac problem, such as a myocardial infarction (heart attack/MI). Often these symptoms may vary, including nausea/epigastric pain/jaw or neck pain, for which an ECG would likely be undertaken. As part of the Rapid Ambulance Assessment (RAA) process on attending the ED, the appropriate physiological observations would be repeated, included investigations such as venous bloods (cardiac enzymes- troponin) and repeat 12 lead ECG. The ambulance handover and process are monitored with key performance indicators, and the RAA/triage should be within 15 mins. Even if there is a delay, the crew remain and will be constantly monitoring their patient, and the Bronze Nurse will go out to the ambulance, a clinician if appropriate would also review or a patient would go to the cohort area with a paramedic crew and a registered nurse. If someone is having an MI or cardiac event/gross symptoms they would go into our resuscitation area, where 4 trolleys are available	06.08.25	28.05.25	Closed
							Self presenter/Walk in: From attendance and registration at the ED/UTC the patient should be assessed by an appropriately trained registered nurse within 15 mins. The above observations and investigations would be undertaken by them or the named B3 HCSW who works beside them and reviewed by a clinician if any abnormality is found. If there is a delay in Triage times, the reception directs the patient who has shared that they have chest pains to the "ECG chair" where the B3 HCSW will undertake the ECG immediately and escalated to the Triage RN or clinician. All ECG investigations, such as venous blood tests are accelerated through our laboratories to be reported on within 60 mins. Which is important if an ECG is normal, but the patient has symptoms of a MI. In that case, the venous bloods may show changes in the heart's enzymes (troponin levels are raised) which would be a Non-ST elevation MI (NSTEMI), and that person would be medically managed.			Closed
							If there is an acute MI that is actively underway and seen via the ECG and symptoms the patient would be moved to the resus area and then enact the cardiology pathway to ensure rapid access to the specialty team which will then support PCI intervention or appropriate treatment.			Closed
204	27.05.25	Michael Joyce	Teignbridge	At the last COG meeting it was stated about sickness and sickness leave and a figure of an average of 95 days was mentioned, which is, in my opinion, very high and should be a concern. 1.Break down of the 95 average. Number upto 30, 31-60, 61-90 and over 91 days 2.What are the reasons given, eg stress, bullying, harassment, injury, etc etc 3.what intervention has been given or offered and by who. 4.How many are repeat sickness leave , same person more than twice in 12 months say.	Ali Manning		chased 21/07			Assigned
205	27.05.25	Loveday Densham	Torbay	In view of the proposed necessity for financial cuts is it sensible to be advertising for a 'Chief People Officer' for the Trust as there has been adverse publicity for this name in the Press. I understand that this is a Human Resources position and would suggest that this is made clear in the advertisement.	Joe Teape	02.06.25	The role includes Human Resources in the traditional sense but has a wide portfolio including learning and development, employee relations, HR functions such as payroll, occupational health, recruitment, resourcing, staff rosters, volunteers, and also a wide remit for organisational development including culture, peoples promise, equality, diversity and inclusivity, staff wellbeing and freedom to speak up. While some roles are advertised as HR the general marketplace now looks for a colleague with wide people skills and we have so many significant issues we feel that a title reflecting the wide portfolio we need addressed is appropriate	06.08.25	02.06.25	Closed
206	05.06.25	Alison Ramon	Torbay	There is considerable concern in the community about the proposed changes to emergency cardiac care in Torbay and Exeter. I understand consideration of the proposal has been postponed by the ICB until July. In the meantime it would be helpful if the Trust could provide governors with some facts and figures that are likely to have formed part of a quality impact assessment that must have been undertaken regarding this proposal. 1. Please provide data on the numbers of patients who present at Torbay Hospital ED as a possible cardiac emergency and who then require treatment. A breakdown of those who arrive by ambulance and those	Adel Jones/Kate Lissett	28.07.25	1. Please provide data on the numbers of patients who present at Torbay Hospital ED as a possible cardiac emergency and who then require treatment. A breakdown of those who arrive by ambulance and those who arrive by other means would be appreciated. Please indicate the timescales for the figures you provide I.e. weekly, monthly or annually. . Around 25% arrive by their own transport and 75% by ambulance. Last year we had on average 140 primary PCI's but we are unable to give a full breakdown of the total number of patients who were admitted with a Cardiac emergency – this may be captured by the performance team. 2. What increase in emergency cardiac activity occurs in holiday season? PCI activity does see a small increase over the summer periods due to an increase in numbers of people visiting the region. As more heart attacks generally more common in the winter months (up to 30% increase, cold weather, winter viruses) this may mean that we don't see a huge change.	06.08.25	28.07.2025	Closed
				Please indicate the timescales for the figures you provide I.e weekly, monthly or annually. 2. What increase in emergency cardiac activity occurs in holiday season? 3. With a transfer of emergency cardiac services from Torbay to Exeter what would be the consequences on clinical staffing levels? Would specialist cardiac staff be transferred and what would happen to the care of those cardiac patients who continue to 'walk in' to the ED at Torbay? 4. How would SWASFT and the hospital trusts manage the risk resulting from further travel time for ambulance crew and the consequential impact on service delivery ?						Assigned
208	20.06.25	Andrew Stilliard	Torbay	In light of the plan to commence greater back office sharing within the local system can you inform me of what advantages were achieved by combining all Procurement across Devon. Reduction in WTE posts and annual budget savings together with any known efficiencies such as standardisation and market control.	Mark Brice		chased 21.7			Assigned
209	24.06.25	Julie Spinks	South Hams	There are rumours around Totnes that the Totnes hospital is under threat of closure. It is being talked about on social media and there is a protest planned at the hospital. I did ask at the meeting last week, at the Governor induction day, regarding the potential closure and nothing definite was disclosed. Please could you provide more details and confirm if this information is indeed, correct? Any closure would have far-reaching implications for staff and the local population, and as far as I am aware there has been no public consultation? I do feel that if proper communication was taking place with the staff, and also the Governors, then these rumours could have	Adel Jones	30.06.25	Thank you for your question. I can assure you that there is no plan or proposal for Totnes Hospital to close. As we shared with Governors in a briefing shared on 09 June 2025, we are currently exploring the benefits and feasibility of creating a community frailty service with the aim of making significant improvements in the care, experience and outcomes of frail older people and people with dementia across Torbay and South Devon. We have set up a multi-disciplinary clinical reference group who are exploring a model which could create a specialist community hub which would function as an alternative to acute hospital admission and/or attendance at the Emergency Department. This model would give frail older people and those living with dementia access to immediate clinical services, diagnostics and urgent care through a single centre of excellence where medical, therapy, nursing and voluntary sector expertise are co-located together and would include a care co-ordination function, virtual wards, frailty same day emergency	06.08.25	30.06.25	Closed
210	03.07.25	Mike Joyce	Teignbridge	Where is the money coming from and if there is new money, who is going to get it and distribute to those who need it the most to make this work.	Joe Teape / Mark Brice		chased 21.7	06.08.25		

Torbay and South Devon NHS Foundation Trust

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ALL Governor Meetings 2025

- Public Board – Bimonthly (excluding August and December) starts at 12:30 pm, all meetings are held in the Boardroom, Hengrave House and via MS Teams.
- Council of Governors – Quarterly, starts at 2pm held in the Boardroom and via MS Teams
- Membership Committee – Quarterly, starts at 2pm held Virtually via MS Teams
- CoG Priorities – Bimonthly, starts at 2.30pm, held in the Boardroom, Hengrave House and via MS Teams
- Governor Only – Bimonthly, starts at 2.30pm. Boardroom, but FT Office will look at visiting other Trust sites for these, at request of Governors.
- Governor Coffee Mornings – Monthly, starts at 10.30am, held virtually via MS Teams
- Annual Members - Once a year in September, to present the annual report.
- Governor Nominations and Remuneration Committee – Ad hoc meeting when required.

Public Board meetings - attendance voluntary at Public Session		
Date	**Time**	**Venue**
29 January	11.30 am	Boardroom
26 February	12.30 pm	Boardroom
26 March	12.30 pm	Boardroom
28 May	12.30 pm	Boardroom
30 July	12.30 pm	Boardroom
24 September	12.30 pm	Boardroom
26 November	12.30 pm	Boardroom
Governor Obligations	Governors observe NEDs contributions at Board and hold NEDs individually to account for performance of Board – (Questioning NEDs on the Trust's quality and financial performance)	

Council of Governors Meetings (4 a year)		**Dates**	**Presentation**
Chaired by	Trust Chairperson	January	
Agenda Set by	Lead Governor and Chair	05 February	
Governor attendance	**Statutory Attendance**	March	
Exec & NED attendance	Yes	April	
Trust Office attendance	Yes	07 May	
Time	2pm – 4pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	July	
Minutes	Required	06 August	
Description	Formal Statutory Council Meeting	September	
Purpose	Council of Governors are required to meet at least quarterly to ensure Governors can fulfil their statutory duties.	October	
Governor Obligations	Engagement with the Trust	05 November	
Additional Points		December	

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Membership Committee Meetings (4 a year)		Dates	Presentation
Chaired by	Membership Committee Chair	23 January	
Agenda Set by	Chair	February	
Governor attendance	**Only Governors who are on the Membership Committee attendance is required**	March	
Exec & NED attendance	No	24 April	
Trust Office attendance	Yes	May	
Time	2pm – 4pm	June	
Venue	Via MS Teams	24 July	
Minutes	Required	August	
Description	Formal Committee Meeting	September	
Purpose	The purpose of the Committee is to support Governors in fulfilling their statutory duty to represent the interests of Foundation Trust Members and the public.	23 October	
Governor Obligations	Review FT membership data to target underrepresented groups	November	
Additional Points	Governors can self-nominate to join Membership committee	December	

CoG Priorities Meetings (6 a year)		Dates	Presentations
Chaired by	Trust Chairperson	21 January	(10-year plan session)
Agenda Set by	Lead Governor and Chair	February	
Governor attendance	**Voluntary Attendance**	18 March **To include a meeting with New CX, Joe Teape, 1.30 - 2.30 in Seminar Room 7, Horizon Centre**	A&E – waiting times
Exec & NED attendance	Voluntary	April	
Trust Office attendance	Yes	20 May	Workforce & Staffing
Time	2.30pm – 4.30pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	15 July	EPR & New Hospital
Minutes	Yes, but the format may change to best suit the meeting, which may include PowerPoint slides as a record of the meeting	August	

Description	Formal meetings	16 September	Fragile Services
Purpose	Meetings set aside to allow more complex priority issues to be heard and discussed by the CoG. Enabling the NED/CoG working relationship. Facilitating NEDs or Board Executives to present to the CoG in the form of a 'seminar' on key priority topics or CoG Questions. Allowing the CoG time to ask more detailed questions.	October	
Governor Obligations	Collective working and raise individual and collective questions to ensure views of FT Members and wider Public are received and responded to as required	18 November	Finance and Performance
Additional Points	Priority sessions should where practical be linked to the Priorities set by the CoG and agreed by the Board	December	

Presentations - Priorities 2025	**Date of Meeting: TBC**
A&E	18 March
EPR and NHP	15 July
Workforce & Staffing	20 May
Fragile Services	16 September
Finance & Performance	18 November

Governor Only Meetings (6 a year)		**Dates**	**Presentations**
Chaired by	Lead Governor and deputy Lead Governor	January	
Agenda Set by	Lead Governor	18 February	
Governor attendance	**Voluntary Attendance**	March	
NED attendance	No	15 April	
Trust Office attendance	Only if requested	May	
Time	2:30 pm to 4:30 pm	17 June	
Venue	Boardroom, Hengrave House	July	
Minutes	As required, which may include a bulleted summary of the meeting or no minutes at all under the Chatham House Rule	19 August	
Description	Informal Governor **only** meetings	September	
Purpose	Regular Governor only meetings to ensure Governors can discuss and debate all relevant issues to ensure a level of collective knowledge and responsibility. The agenda may include Governor training as CPD, and reports by Governor Observers, CoG Committees and Constituency leads.	21 October	
Governor Obligations	Enables collective working	November	

Additional Points	Can be held in community settings if requested.	16 December	

Governor Coffee Mornings (12 a year)		**Dates**
Chaired by	Lead Governor	15 January
Agenda Set by	Lead and Deputy Lead Governor	19 February
Governor attendance	**Voluntary Attendance**	19 March
NED attendance	No	16 April
Trust Office attendance	No	21 May
Time	10.30am – 11.30am	18 June
Venue	Remains a Virtual Teams Meeting	16 July
Minutes	No minutes – Chatham House Rule applies	20 August
Description	Informal meeting of Governors **only**	17 September
Purpose	To enable an informal discussion about topical issues. To raise any points to be taken forward by the LG or to be raised more formally as a CoG.	15 October
Governor obligations	To facilitate informal Governor collective working	19 November
Additional Points		17 December

Annual Members' Meeting (1 a year)		**Dates**
Chaired by	Trust Chairperson	January
Agenda Set by	Membership Committee, Lead Governor, and Chair	February
Governor attendance	**Voluntary or as requested to support**	March
NED attendance	Voluntary or as requested to support	April
Trust Office attendance	Yes	May
Time	TBC	June
Venue	TREC Lecture Theatre, next to Horizon Centre, Torbay Hospital	July
Minutes	Required	August
Description	Statutory Annual Members' Meeting to receive annual report, quality report and accounts.	September Date tba
Purpose	To present to members: and the public the annual accounts and report. Including any updates on membership and Governor elections.	October
Governor Obligations	Representing FT Members and Public and Hold NEDS collectively to account for performance of Board	November
Additional Points		December

Chair and Lead Governor Meetings		**Dates**
Chaired by	Trust Chairperson	January
Agenda Set by	Chair and Lead Governor	February

Governor attendance	**Bimonthly Lead Governor and Constituency Leads. Trust CEO may also attend if available.**	March
NED attendance	No	April
Trust Office attendance	No	May
Time	As diary permits – Chair PA arranges meetings	June
Venue	Chair's Office, Hengrave House	July
Minutes	Bulleted highlights produced for CoG	August
Description	Informal meeting	September
Purpose	Regular meetings between the Chair and the LG/CLG. Providing an informal meeting where issues or questions emanating from the Governor meetings can be discussed directly with the Chair.	October
		November
Additional Points		December

Constituency Meetings		**Dates**
Chaired by	Nominated Governor in each constituency	January
Agenda Set by	Constituency Governors	February
Governor attendance	**All Constituency Governors as available**	March
NED attendance	If invited	April
Trust Office attendance	No	May
Time	As diary permits	June
Venue	Local	July
Minutes	As required, which may be bulleted highlights produced for reference	August
Description	Informal meeting	September
Purpose	To enable Governors specific time to focus time on local constituency related issues	October
		November
Additional Points	Normally held quarterly	December

PLEASE NOTE THE DATES BELOW FOR 2025/26 ARE SUBJECT TO CHANGE AND WILL BE UPDATED AS SOON AS POSSIBLE

Governor Observer Reports from the Board Level Sub Committee Meetings		**Dates**	**Committee (Governor Initials)**
Observed by	Nominated Governor for each Committee	January 22 29 29 17	 Audit Committee (AP) Finance and Performance Committee (SA) Quality Assurance Committee (VB) Building a Brighter Future (DC)
Governor attendance	**Nominated Governors as available**	February 26 26 21	 FPC (SA) People Committee (AS) BBF (DC)

Report	Circulated via monthly Newsletter to all Governors	March 25 25 6 20	 FPC (SA) QAC (VB) Charitable Funds Committee (AR) BBF (DC)
Description	Observations	April 10 24 22 17	 AC (AP) FPC (SA) PC (AS) BBF(DC)
Purpose	Assessing the NEDs performance	May 22 22 7	 AC (AP) FPC (DC) QAC (VB)
Additional Points	New Governor observers decided to start in May.	June 25 19 24 12 19	 AC FPC PC (JK) CF (LD) BBF
Governor Obligations	Hold NEDs individually to account for performance at each Committee	July 24 24 21	 AC FPC QAC
		August 21 21	 BBF FPC
		September 23 2 15 11	 FPC PC QAC CF
		October 2 23 21 16	 AC FPC PC BBF
		November 25 17	 FPC QAC
		December 18 9 11 18	 FPC PC CF BBF

Governor Nominations and Remuneration Committee (AD HOC)		**Dates**
Chaired by	Trust Chairperson	
Agenda Set by	Chair	
Governor attendance	**Governor Members Only**	

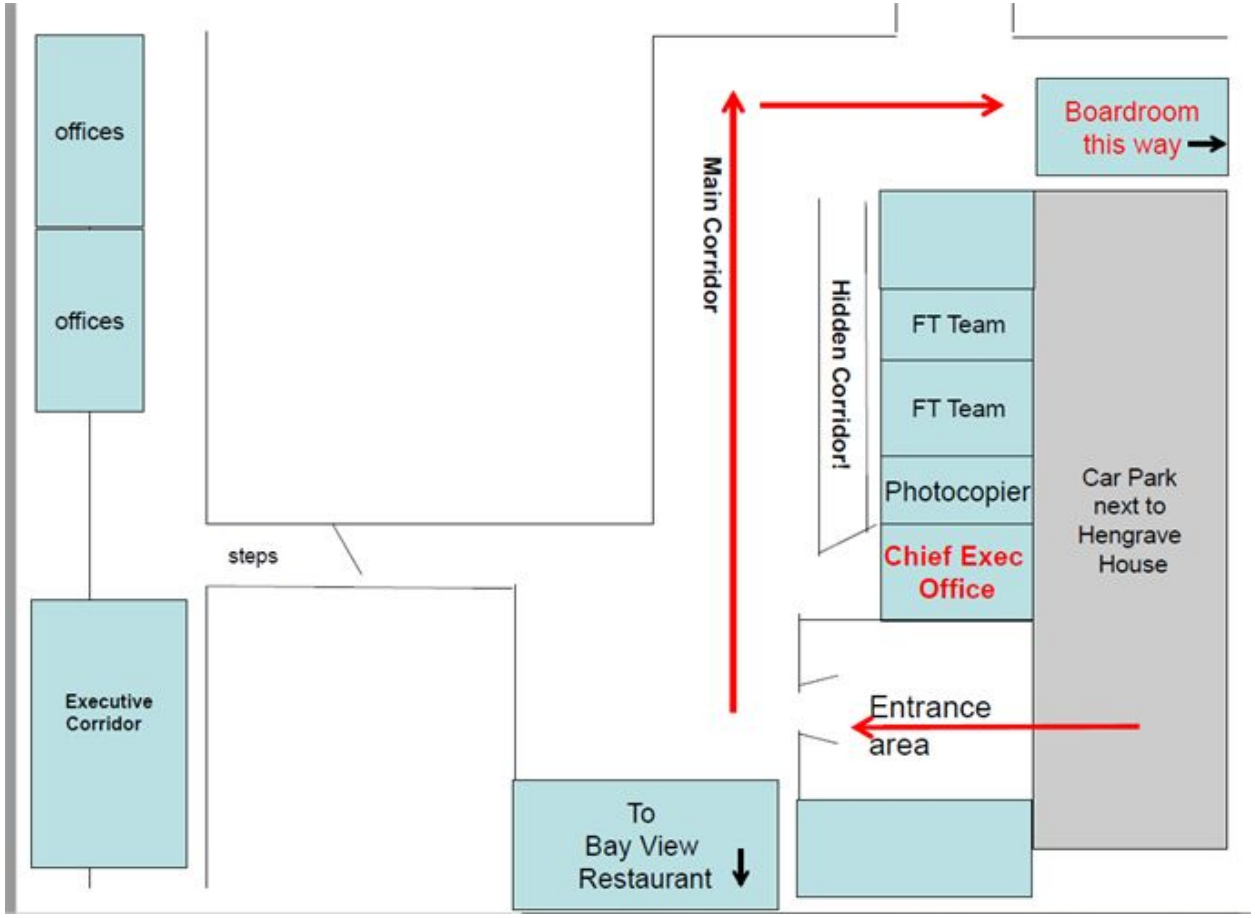
NED attendance	Senior Independent Director	Held as required
Trust Office attendance	Corporate Governance Manager	
Purpose	Involvement input for performance appraisals for Chair and NEDs	
Governor obligations	Hold NEDs individually to account for performance of Board	
Additional Points		

Summary of standing and ongoing Governor Obligations:

- Ask about CQC judgements on the quality of care at the Trust – ad hoc
- Contact Senior Independent Director – if have concerns or if direct contact is inappropriate – ad hoc
- Jointly approve amendments to Trust's constitution – ad hoc
- Approve any "significant transactions" and approve a merger, acquisition, separation or dissolution – ad hoc as required
- Appoint and, if appropriate remove the Chair. Appoint and, if appropriate remove the NEDs – ad hoc, as required
- Appoint and if appropriate remove the Trust's external auditor – ad hoc, as required
- Approve the appointment of the Chief Executive – ad hoc as required
- Decide whether the Trust's non-NHS work would significantly interfere with its purpose – ad hoc as required.
- Have their views taken account of when Trust sets its strategy.
- PLACE Assessments (October 2024) Ensure views of public are added into the annual PLACE Assessments

NHS
Torbay and South Devon
NHS Foundation Trust

MAP TO LOCATE BOARDROOM WITHIN HENGRAVE HOUSE, TORBAY HOSPITAL, TQ2 7AA



Torbay and South Devon NHS Foundation Trust

Governor Observer Report for Audit and Risk Committee Meeting dated 21.05.2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Very well chaired
Were members engaged throughout the whole meeting including contributions by NEDs?	**Full engagement and full discussions**
Did the meeting discuss key risks\issues or did you see a risk register?	Yes
If there was an action log, was this discussed and updated?	**Yes**
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	**Nothing**
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	**N/A**
Key issues to be escalated to the Board.	**Timetable with regard to Reports**

Report completed by: Val Browning

Date: 21.05.2025

Torbay and South Devon NHS Foundation Trust

Finance and Performance Committee
Governor Observer Report for meeting dated 21 05 2025

CQC KLOEs – Key Lines of Enquiry
Is it effective? E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? E2: How are people's care and treatment outcomes monitored and how do they compare with other similar services? **Is it responsive?** R1: How do people receive personalised care that is responsive to their needs? R3: Can people access care and treatment in a timely way? **Is it well led?** W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management? W5: Are there clear and effective processes for managing risks, issues and performance? W6: Is appropriate and accurate information being effectively processed, challenged and acted on?

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Yes
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes
Did the meeting discuss key risks\issues or did you see a risk register?	Yes and yes
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which *could* be included as an item for discussion at a future Governor meeting.	None.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 18 06 2025

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Torbay and South Devon NHS Foundation Trust

People Committee
Governor Observer Report for meeting dated 17/06/25

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Yes. Siân was welcoming and ensured everyone had an opportunity to speak. Summarised well. It was a packed agenda and keeping to time was challenging, but managed.
Were members engaged throughout the whole meeting including contributions by NEDs?	Everyone contributed. There were three other NEDs in attendance, and all asked a range of probing questions throughout the meeting.
Did the meeting discuss key risks\issues or did you see a risk register?	Yes some 'red rag-rated' issues were highlighted including slippage of doctor appraisals, staff sickness absence, and bank and substantive staff costs. Substantive staff budget is overspent at Month 2 this financial year by £136,000 and the specific reasons for this are being investigated.
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	The People Committee agenda for August will major on a culture report which will incorporate an EDI culture improvements update; strategic workforce planning priorities will be discussed, and this will take account of specific initiatives such

	as compassionate leadership and the people promise, It would be good for CoG to have a presentation about this later in the year.
Key issues to be escalated to the Board.	A need for the People Directorate to establish better workforce data systems to help inform decision making, analysis and time frames for improvements in the areas where there is non-compliance.

Report completed by: Alison Ramon

Date: 17 June 2025

Torbay and South Devon NHS Foundation Trust

Finance and Performance Committee
Governor Observer Report for meeting dated 18 06 2025

CQC KLOEs – Key Lines of Enquiry
Is it effective? E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes? E2: How are people's care and treatment outcomes monitored and how do they compare with other similar services? **Is it responsive?** R1: How do people receive personalised care that is responsive to their needs? R3: Can people access care and treatment in a timely way? **Is it well led?** W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? W4: Are there clear responsibilities, roles and systems of accountability to support good governance and management? W5: Are there clear and effective processes for managing risks, issues and performance? W6: Is appropriate and accurate information being effectively processed, challenged and acted on?

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Yes
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes
Did the meeting discuss key risks\issues or did you see a risk register?	Yes and yes
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which *could* be included as an item for discussion at a future Governor meeting.	None.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 02 07 2025

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Torbay and South Devon NHS Foundation Trust

(Extra-ordinary) Audit and Risk Committee
Governor Observer Report for meeting dated 24/06/2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Well chaired. A slightly contentious point during the agenda was discussed however managed with professionalism and respect to the members by the Chair.
Were members engaged throughout the whole meeting including contributions by NEDs?	NEDs were encouraged to contribute and actively engaged.
Did the meeting discuss key risks\issues or did you see a risk register?	A paper was shared detailing growing concerns. Comprehensive papers shared prior to the meeting highlighting risks and issues.
If there was an action log, was this discussed and updated?	No action log discussed.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	Nothing of concern to raise.
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	Nothing of note
Key issues to be escalated to the Board.	Nothing of note

Report completed by: Yvonne Paulucy ……

Date: 24/06/2025……..

Torbay and South Devon NHS Foundation Trust

BBF Committee
Governor Observer Report for meeting dated 3rd July 2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Yes, very well
Were members engaged throughout the whole meeting including contributions by NEDs?	**Yes it was fast moving and very engaging**
Did the meeting discuss key risks\issues or did you see a risk register?	Risk register was part of the papers presented and many risks were discussed in some depth
If there was an action log, was this discussed and updated?	**Action Log was agenda item but only partially completed**
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	**No**
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	**Building safety and general backlog of estate maintenance. Funding of essential repairs**
Key issues to be escalated to the Board.	**As above**

Report completed by: ……Andrew Stilliard……

Date: 3rd July 2025……

Torbay and South Devon NHS Foundation Trust

Quality Assurance Committee
Governor Observer Report for meeting dated 21.07.2025

CQC KLOEs – Key Lines of Enquiry
Is it safe?
S1: How do systems, processes and practices keep people safe and safeguarded from abuse?
S2: How are risks to people assessed, and their safety monitored and managed so they are supported to stay safe?
S3: Do staff have all the information they need to deliver safe care and treatment to people?
S4: How does the provider ensure the proper and safe use of medicines, where the service is responsible?
S5: What is the track record on safety?
S6: Are lessons learned and improvements made when things go wrong?
Is it effective?
E1: Are people's needs assessed and care and treatment delivered in line with current legislation, standards and evidence-based guidance to achieve effective outcomes?
E2: How are people's care and treatment outcomes monitored and how do they compare with other similar services?
E3: How does the service make sure that staff have the skills, knowledge and experience to deliver effective care, support and treatment?
E4: How well do staff, teams and services work together within and across organisations to deliver effective care and treatment?
E5: How are people supported to live healthier lives and, where the service is responsible, how does it improve the health of its population?
E6: Is consent to care and treatment always sought in line with legislation and guidance?
Is it caring?
C1: How does the service ensure that people are treated with kindness, respect and compassion, and that they are given emotional support when needed?
C2: How does the service support people to express their views and be actively involved in making decisions about their care, treatment and support as far as possible?
C3: How are people's privacy and dignity respected and promoted?
Is it responsive?
R1: How do people receive personalised care that is responsive to their needs?
R2: Do services take account of the particular needs and choices of different people?
R3: Can people access care and treatment in a timely way?
R4: How are people's concerns and complaints listened and responded to and used to improve the quality of care?
Is it well led?
W1: Is there the leadership capacity and capability to deliver high-quality, sustainable care?

Torbay and South Devon NHS Foundation Trust

W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? W3: Is there a culture of high-quality, sustainable care? W5: Are there clear and effective processes for managing risks, issues and performance? W6: Is appropriate and accurate information being effectively processed, challenged and acted on? W8: Are there robust systems and processes for learning, continuous improvement and innovation?	
Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Chair carried this meeting extremely well despite the lengthy Agenda - .468 pages
Were members engaged throughout the whole meeting including contributions by NEDs?	**There was full engagement and full commitment.**
Did the meeting discuss key risks\issues or did you see a risk register?	Yes .
If there was an action log, was this discussed and updated?	**yes**
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	**No**
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	**No**
<u>Key issues to be escalated to the Board.</u>	**Annual Fitness to Practice Report.** **Annual Infection Prevention and Control Report 2024/2025**

Report completed by: Val Browning ……

Date: 21.07.2025……