NHS
Torbay and South Devon
NHS Foundation Trust

MINUTES OF THE 2025 ANNUAL MEMBERS MEETING

HELD AT 4PM ON THURSDAY 25 SEPTEMBER 2025

TREC, TORBAY HOSPITAL

Present:

Professor Chris Balch	Chairman
Joe Teape	Chief Executive Officer
James Corrigan	Interim Chief Finance Officer
Julie Masci	Grant Thornton LLP
Val Browning	Lead Governor
Alison Ramon	Chair - Membership Committee
Mike Green	Chief Clinical Information Officer
Eli McCutcheon	Head of Communication and Engagement (Transformation)

Foundation Trust members, Governors, staff members and members of the public (present and via MS Teams)

In attendance:

Martin Beaman	Non-Executive Director (online)
Robert Williams	Non-Executive Director
Paul Richards	Non-Executive Director (online)
Liz Smith	Non- Executive Director
Catherine Lissett	Chief Medical Officer
Sam Wdham - Sharpe	Deputy Chief Operating Officer
Emily Long	Director of Corporate Governance and Trust Secretary
Simon Tapley	Chief Strategy & Planning Officer
Loveday Densham	Governor
Andrew Stilliard	Governor
John Nutley	Governor
Lee Thomas	Governor
Radia Woodbridge	Governor
Ali Meadows	Governor
Eileen Englemann	Governor
Mike Joyce	Governor
Richard Keeling	Governor
Andrew Postlethwaite	Governor
James Osben	Governor
Julie Spinks	Governor
Joanne Watson	Health and Care Strategy Director
Alison Evans	Unison Representative
Jane Harris	Associate Director of Communications and Partnerships
Laura Patrick	Head of Communications and Engagement
Sarah Fox	Corporate Governance Manager
Kirsty Hewett	Membership Manager (minute taker)

1. **Welcome and apologies for absence**

The Chairman welcomed those in attendance to the meeting.

Apologies for absence were received from Governors: Karen Barry, Dave Cawley, Councillor David Thomas, Louise Winfield, Councillor Ged Yardy.

Directors: Mark Greaves, Ashish Ghadiali, Adel Jones, Nicola McMinn and Chris Saxby.

Those present were reminded that the meeting was being held due to the requirement of the Trust constitution to present the Annual Report and Accounts and Auditor's findings for 2024/25 to its members.

Chairman informed the meeting that 2024/25 was his first year as Chair and the Joe Teape, Chief Executive, had only been in post for the last three weeks of 2024/25.

Chair welcomed the Lead Governor, on behalf of Council of Governors (CoG) who represents our members and the views of our wider population. Chair thanked the CoG for their contribution on behalf of our community as volunteers. He values their input and enjoys working with them.

2. **Presenting the minutes of the Annual Members Meeting held on 27 September 2024**

AMM minutes held on 27 September 2024 were approved.

3. **Lead Governor Welcome**

The Trust's Lead Governor, Val Browning, welcomed those in attendance on behalf of the Council of Governors. VB asked the meeting if there were any members of the public that were currently not members to consider joining the Trust. VB thanked the Chair of the Governor Membership Committee, who would be stepping down from her role after this meeting.

VB reflected that the last year had been very busy, Governors had attended Trust Board meetings, observed Board Sub-Committees, supported the appointment process for new Non-Executive Directors and had improved and reinstated many GP Patient Participation Groups.

The meeting was informed that Governors, as part of their role, were required to hold Non-Executive Directors to account for their performance and that of the Board of Directors. They also provided a link between members of the public and the Trust. To support this work Governors had started to visit areas in the community. In addition, the Medicine for Members events had been successful. The next Medicine for Members was being held in October focusing on Oncology.

The meeting noted the Trust membership at the end of the financial year 2024/25 both by constituency and age range; the results of public governor elections and newly appointed governors during 2024/25.

4. **Annual Report 2024/25 – Chief Executive and Chairman**

Joe Teape, the Trust's Chief Executive, thanked staff, stakeholders and volunteers for the warm welcome since joining the Trust. JT gave an overview of the Trust's Annual Report for 2024/25.

The following was highlighted to the meeting:

- Reflecting on our year (four-minute video)
- Our Challenges:
    - ❖ Financial pressures

- ❖ Recruitment and retention
- ❖ Infrastructure constraints including old buildings, IT and wiring. However there has been resilience and innovation.

- Our Achievements:
  - ❖ Working together
  - ❖ Moving care closer to home reduce admission and sustain a low bed base due to the community services we provide
  - ❖ Embracing digital transformation, preparing for the new EPR system
  - ❖ Advancing research and innovation including cancer research
  - ❖ Upgrading our estate, due to the impact on our patients
  - ❖ Working with partners to tackle the root cause of poor health with the local councils and South Devon College
  - ❖ Building a culture of compassionate leadership
- Our People:
  - ❖ Creating a great place to work, wherever you work in whatever your role
  - ❖ Largest employer with staff from over 65 nations working for our organisation
  - ❖ Widening participation and access to employment for local people:
    Apprenticeship
    Volunteer to career
    Partnership with the open University to ensure nurse placements locally
- Our Future Strategy:
  - ❖ Aligning the 10-year health plan for England
  - ❖ Strengthening leadership and teams
  - ❖ Listening and responding to our communities
- Looking ahead
  - ❖ Electronic Patient Record go live April 2026
  - ❖ Sustainable Estates Planning in the community and acute site
  - ❖ Improved access and equity across our geography – making sure everyone gets the care they need delivered by the Trust when they need it

JT summarised by saying a big thank you to staff, volunteers, governors, members and all our community partners for TSDFT and together we are building a health and care system that is fit for the future.

The meeting received and noted the Chief Executive's presentation.

5. **Annual Accounts 2024/25 – Interim Chief Finance Officer**

James Corrigan, Interim Chief Finance Officer, briefed the meeting on the Trust's financial accounts for the year 2024/25, as follows:

Headline financial numbers:

- ❖ The Trust income grew by 4.8% compared to previous year
- ❖ The cost for staff and services increased driven by inflation and demand on services

£m	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Income	499.4	559.9	601.5	644.1	695.4	728.8
Pay costs	(269.4)	(285.9)	(305.9)	(343.4)	(367.4)	(388.9)
Non-pay costs	(241.9)	(267.5)	(286.4)	(307.8)	(345.8)	(366.8)
Finance costs	(6.8)	(6.3)	(7.4)	(8.1)	(7.4)	(5.6)
Other items (e.g. impairments)	0.7	(0.3)	(0.6)	(1.9)	(1.8)	(1.0)
Surplus / (Deficit)	(18.0)	(0.1)	1.2	(17.1)	(27.0)	(33.5)

How we spent our money

- In 2024/25 the Trust spent £771.9m on; 48% was spent on staff cost, 26% on purchasing health and social care, 6% on medication, 5% on depreciation, 4% on supplies and support services and 4% on other.

Our financial performance

- The Trust had a challenging year but was continuing to invest in improvements that matter
- The Trust spent £35.5m on upgrading digital systems, hospital buildings and medical equipment
- The Trust secured an extra £19.5m to fund the new EPR system, tackle urgent infrastructure issues and to start developing better emergency care facilities

Performance and future outlook

- In 2024/25 the Trust delivered £27.9m of savings, whilst continuing to deliver quality and safe services, against the target plan of £39.9m
- Agency staff costs were reduced by 45% saving 7.4m compared to the previous year
- Despite making savings the Trust's deficit was £33.5m, which was higher than planned due to increased demand, rising costs and industrial action
- For 2025/26 the Trust had planned for a £8m deficit, including deficit support funding of £30.8m.
- In closing, the Trust was aiming for £41.5 million in efficiency and productivity improvements and working hard to reduce waiting lists and improve performance.

The meeting received and noted the report of the Chief Finance Officer.

6. **External Auditor Report – Grant Thornton**

Julie Masci, Grant Thornton (GT), gave a presentation on the findings of the external audit for the year 2024/25:

- As the Trust's external auditors, GT had two responsibilities: to provide commentary on the Trust's value for money (VFM) arrangements and consider if there were any significant weaknesses and make recommendations
- The external audit issued an unqualified opinion on 25 June 2025 for the Trust's 2024/25 financial statement and was in line with the national timetable
- GT reported that the Trust provided draft accounts in line with the national deadline and were of a good standard with supported detailed working papers.

- No adjustments were made that impacted the financial performance
- Improvements with providing information to the auditors – no difficulties or delays
- Management has made progress towards addressing the recommendations
- Improved timeliness responses received by Trust's valuer
- Small amount of minor classification and disclosure amendments were made to the financial statement

Other reporting requirements:

- Remuneration report and staff report
- Annual Governance statement
- Use of Auditor's powers

Value for money assessment:

- The National Audit Office Code of Audit Practice requires the auditor to assess arrangements under three areas:
    1. Financial Sustainability - recommendation that was raised in 2023/24 remains open. Significant weakness in arrangements for financial planning.
    2. Governance - improvement recommendation to further strengthen financial reporting to board
    3. Improving economy, efficiency and effectiveness – recommendation in 2023/24 relating to NOF4 remains open and a further improvement to strengthen contract management arrangements

Financial sustainability: significant weakness

- The Trust had developed an integrated improvement plan to coordinate financial improvement that included strengthening Cost Improvement Plan delivery overseen by the newly established Executive Oversight Group, improved accountability.
- The Trust set an agreed deficit of £8m for 2025/26

In closing the external auditor thanked the Trust for its assistance throughout the 2024 – 25 audit and asked for any questions.

Susan Colley (SC) asked whether the external auditor was subject to any influence from the Integrated Care Board (ICB)?

JM confirmed that ICB had its own appointed auditor who would look at the overview performance and service delivery and high-level governance arrangements.

SC understood the answer and asked would you share your findings with ICB if they requested the information?

JM confirmed that as part of their responsibility they would co-operate and share information if requested by other auditors. JM added if a request for information was made then they would share information as part of the protocol, but it would need to be checked by the Trust first before doing so, to ensure the Trust was comfortable to share intelligence.

SC asked would there be a cost with sharing data?

JM confirmed that auditors would co-operate between auditor teams seeking for information.

Steve Darling, Member of Parliament for Torbay stated that £41.5m seemed a sizeable chunk of savings that had increased from last year. He asked that compared to other authorities how much pressure and what risk did it leave for the organisation as a whole?

JM stated that Trust was not alone in the large-scale savings that needed to be delivered. There was huge pressure within the service, especially reflecting on the 49% increase

requirement for savings delivery which had a lot of risk attached to it, and there was a lot of work still to do. Also, part of the improvement plan they had picked up the governance area having more transparency to the Board. Including the financial risks and mitigations and how the Trust was performing and achieving against some ambitious plans.

JC added with the level of Cost Improvement Plan (CIP) are like other Trusts and it is a challenge. The plans are in place and there is a risk to deliver CIP to close the gap, and this is a challenge across the whole of the NHS.

The Office of Martin Wrigley Office MP for Teignbridge queried the identified risks and weaknesses outlined 24/25 and asked for more detail on the risks?

JC mentioned that the cost pressures in CIP and the work taking place with Torbay Council around what can we mitigate on efficiency and productivity.

Chair added for 25/26 the Trust planned its budget with the ICB. The Trust had not committed to a plan that could not be delivered. The Trust was under huge pressure to cut staff costs and currently had a voluntary redundancy scheme in place.

Andrew Stilliard noted the decrease in capital funding compared to the previous year and queried why this was the case given the condition of the Trust's estate.

JC replied that there was constraint across the country for capital funding that was available to NHS.

AS asked was it before or after this election?

JC said he did not know the answer to this question. JM confirmed her colleagues have experienced the same issues nationally.

The meeting received and noted the report of the Trust's External Auditor.

7. <u>Electronic Patient Record</u>

Mike Green, Chief Clinical Information Officer and Eli McCutcheon, Lead on Communications and engagements for Electronic Patient Record Operational Director provided a presentation on the work at the Trust in respect of Electronic Patient Records.

Key highlights were:

Our One Devon EPR

- An electronic patient record (EPR) was a digital platform that brought together all patient information in one place, including medical history, test results and prescribed medications
- Once the EPR was in place all medical information would be kept together in a single electronic record
- Clinical colleagues would then be able to see everything relating to a patient's care in real time, which would improve the quality and safety of the care provided
- Our EPR system was with Epic, which had a strong track record within the NHS.

Our EPR vision

- Introducing a single electronic patient record would transform our entire way of working - getting the right care to the right people at the right time across Devon. It would lead to safer and more efficient ways of working across our sites by bringing together all our patients' details in one place, allowing quick access for clinicians, improving efficiency and reducing the chance of errors.

Our One Devon EPR

- Epic would be introduced in April 2026 and it would completely transform how we share information and deliver care.
- Whether someone was being supported in the community, visiting their local hospital or attending a specialist clinic elsewhere in Devon, their care team would be able to access the same up-to-date information.
- Working in partnership with Royal Devon University Healthcare and University Hospitals Plymouth on our EPR project.
- UHP goes live in July 2026. so in just over 10 months we'll have a single Devon-wide patient record.

EPR timeline – currently in phase 2 and the go live date is 4 April 2026

Phase	Start Date	Finish Date	Durations
Phase 0: Pre-Work & Project Team Training	10 January 2025	28 February 2025	7 weeks
Phase 1: Workflow Walkthrough and Configuration	3 March 2025	18 July 2025	19 weeks
Phase 2: User & System Readiness	21 July 2025	23 January 2026	26 weeks
Phase 3: Training & Go-Live	26 January 2026	3 April 2026	9 weeks
TSD Go-Live!	4 April 2026	17 April 2026	2 weeks
UHP Go-Live!	10 July 2026	28 July 2026	2 weeks
Phase 4: Post-Live Support and Stabilisation	18 April 2026		

EPR staff benefits including secure and immediate access to live patient records

- Secure and immediate access to live patient records
- Clinical teams would have more time to deliver higher quality and safer care
- Administration teams would have clear workflows with all the information they need at their fingertips
- Devon-wide information sharing
- GPs and other partners would have access to some patient information via Epic Care Link.

EPR patient benefits including improved joined up care across Devon

- Improved joined-up care experience across Devon
- It would remove the need to repeat the same information to different members of staff
- Safety, with the EPR flagging up things like allergies and past interventions
- Better engagement with your care and strengthened partnership between you and your clinical team
- Families and carers can have health records shared with them, to support the health of their family member or the person they care for

EPR patient portal called MY CARE with a flexible sign-up process (patient story – video)

- MY CARE – Public campaign launching February 2026 ahead of the go live date April 2026

Questions

Mike Joyce thanked MG and said this was well overdue. MJ asked for a timeline to promote EPR to other groups that he attends in Newton Abbot.

MG said that the Trust would go live in April followed by UHP in July.

Andrew Stilliard asked if the EPR roll out included the private sector like Nuffield and Mount Stuart. How certain can we be as patients that errors will not be made?

MG confirmed that My CARE will link all clinicians to see patient records. However, Mount Stuart have their own digital records. There was a process in place to link their records using NHS number. EPIC should reduce the risk, but it will not remove human error.

Andrew Postlewaite asked whether GPs will have access to patients' results?

MG confirmed that GPs can see their patient results, but Acute hospitals won't be able to see GP records just yet, but it will happen at some point in the future. Primary care model currently being designed.

Ali Meadows asked will you be going out into the communities?

MG informed that the EPR teams will be going out to the communities and volunteer sectors.

Susie Colley asked who is picking up the cost of EPR?

MG confirmed that EPR is centrally funded with the Trust contributing to the costs.

SC will it make anyone redundant?

MG said that redundancies were not built into the business case.

SC is it cyber safe?

Yes.

SC Is it backed up on the cloud?

Yes.

SC asked how are visibly impaired patients going to manage?

MG confirmed that MY CARE has settings for users around accessibility. Plus, carers can do it on patients' behalf.

SC asked around sensitivity regarding the patient diagnosis / treatment that the patient will have access to the information

MG confirmed this must be managed sensitively. However, it is finding the balance and empowering patients to become more health literate.

Member question: Will MY CARE impact on the disabled and vulnerable patients in poverty that don't have access to IT?

MG mentioned the vision is to empower patients to be more involved in their care which would enable clinicians to have more time with the patients who do need more care. There will be IT access via local libraries for patients who don't have access to internet.

Member added what about house bound people?

MG confirmed that public facing roles like district nurses, who already dealt with house bound clients would be able to help and support.

EM added that they were recruiting digital volunteers to up skill patients to download the app MY CARE and help family or carers to have access.

Radia Woodbridge asked whether the patient data had been transferred from hospital system into EPIC?

MG confirmed that hospital clinics and staff were currently being tested through data migration – electronic system being transferred now.

RW added that some services that the community provide for the hospital – will Torbay council be able to link with the EPIC?

MG confirmed that any employee of the trust who delivered clinical care would be able to access EPIC and have retrieved EPIC training. Third party access was currently being investigated via Information Governance.

The meeting received and noted the presentation on Electronic Patient Record.

8. **Question and Answer Session**

Question asked by Susie Colley are all the invoices from Royal Devon Exeter and North Devon District Hospital into the Cardiology department or into the main accounts?

JT confirmed that the Trust had invoiced the ICB for the service it provided for the RDE and had received the money. However, it was not straight forward due to the money being held centrally.

SC added when she last met JT mentioned that he was requesting funding for the Cath labs that are in need updating – has this been actioned?

JT informed that there were teams who were working on a business case and bids for capital funds in this calendar year. This would go through our own governance first and if we need additional capital funding we would need to go outside and ask for additional funds.

Steve Darling, MP for Torbay stated that the Trust's important asset was its staff. He asked how the Trust was ensuring it was valuing staff and making sure they were avoiding burn out and fear of turnover in the modern health system. He also asked if the Trust used exit interviews?

JT thanked SD for his question. JT informed that he had seen huge demand and money squeezes including vacancy freezes. He said that the Trust was keen not to push staff and feedback from recent Staff Surveys showed that staff felt they were being pushed too hard. The Trust had plans in place to enhance its wellbeing offer to staff.

Catherine Lissett added that the Trust was considered one of the best places to work, based on feedback from medical colleagues.

Alison Evans provided assurance that were was a culture of openness and freedom to speak up with an open-door policy with concerns that come to staff side..

9. **Close of meeting**

In closing the meeting, the Chairman thanked everyone for their attendance and for the presenters contributions..