

Agenda

Chair's welcome, including apologies for absence	Professor Chris Balch, Chair					
Presenting the minutes of the Annual Members Meeting held on 27 September 2024	Professor Chris Balch					
Lead Governor welcome	Val Browning, Lead Governor					
Annual Report 2024/25	Joe Teape, Chief Executive					
Annual Accounts 2024/25	James Corrigan, Interim Chief Finance Officer					
External Auditors report	Julie Masci, Grant Thornton					
Comfort break						
Our One Devon Electronic Patient Record	Mike Green, Chief Clinical Information Officer and Kevin Pirie, EPR Operational Director					
Question and answer session	Professor Chris Balch, Joe Teape and members of the Board of Directors					
Close of meeting	Professor Chris Balch					



Your questions

Please use the cards and pens available to write any questions you may have for us.

We'll collect your questions in the comfort break and collate them ahead of the question and answer session at the end of today's event.

If you need help or support in writing your question, Jane and Laura (stand up please) can assist.

At the end of the external auditors' report there will be the opportunity for any specific questions for the external auditors. All other questions will be taken in the question and answer session at the end of the event.





Professor Chris Balch

CHAIR

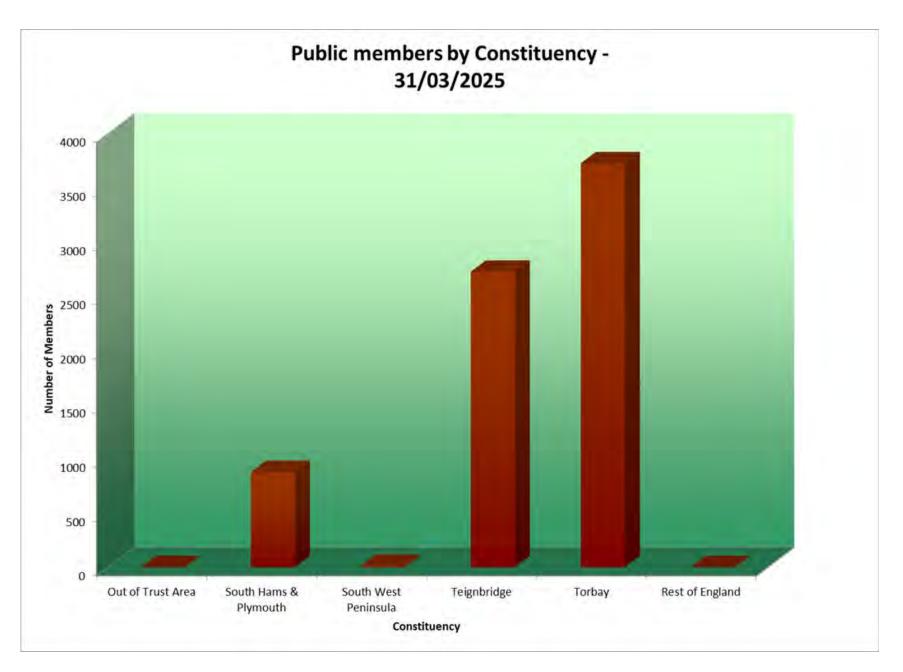


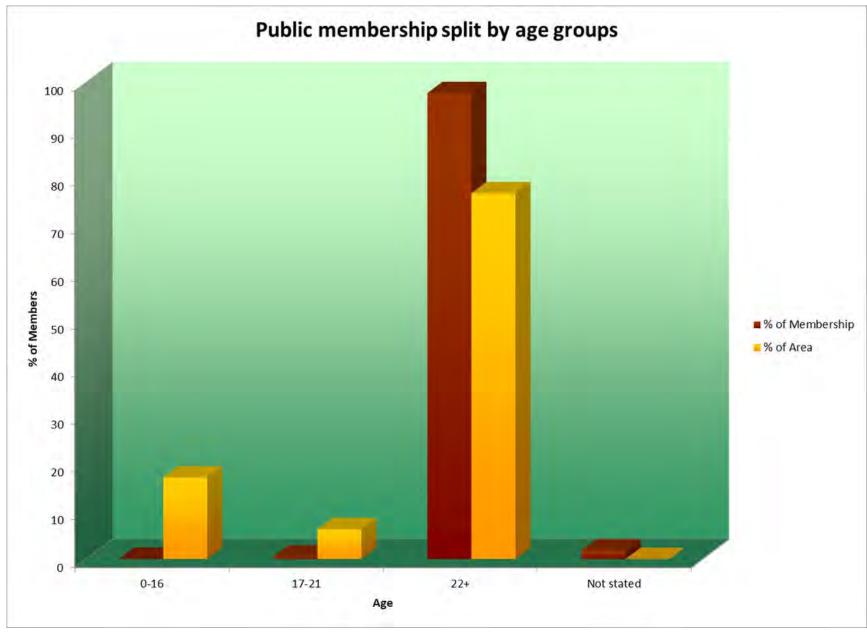


Val Browning

LEAD GOVERNOR

Our membership





Please note: out of trust area, rest of England and south west peninsula are the same category

Governor elections

The annual elections for the Council of Governors took place and the following people were elected:

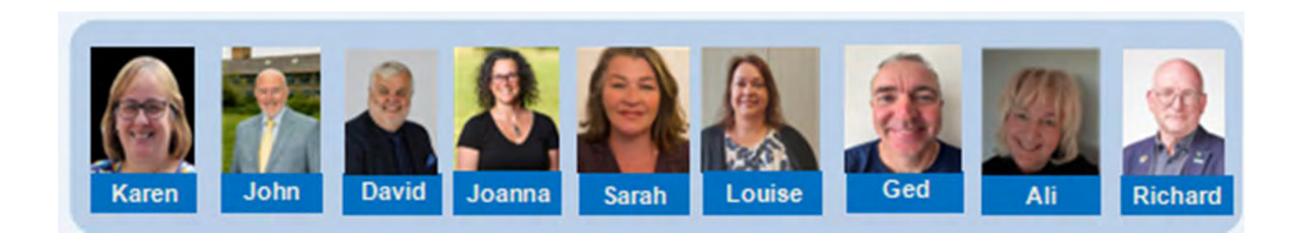
- Public governor, Teignbridge constituency: Micheal Joyce
- Public governor, Teignbridge constituency: James Osben
- Public governor, Teignbridge constituency: Alison Macgregor
- Public governor, Teignbridge constituency: Geoff King (resigned)
- Public governor, South Hams constituency: Julie Spinks
- Public governor, rest of the Southwest Peninsula: not filled



Appointed governors

Appointments were also made to a number of vacant appointed governor positions:

- Torbay Council: Councillor David Thomas
- Teignbridge District Council: Richard Keeling
- Torbay and Devon Carers: Ali Meadows
- Devon Partnership NHS Trust: Sarah Adams

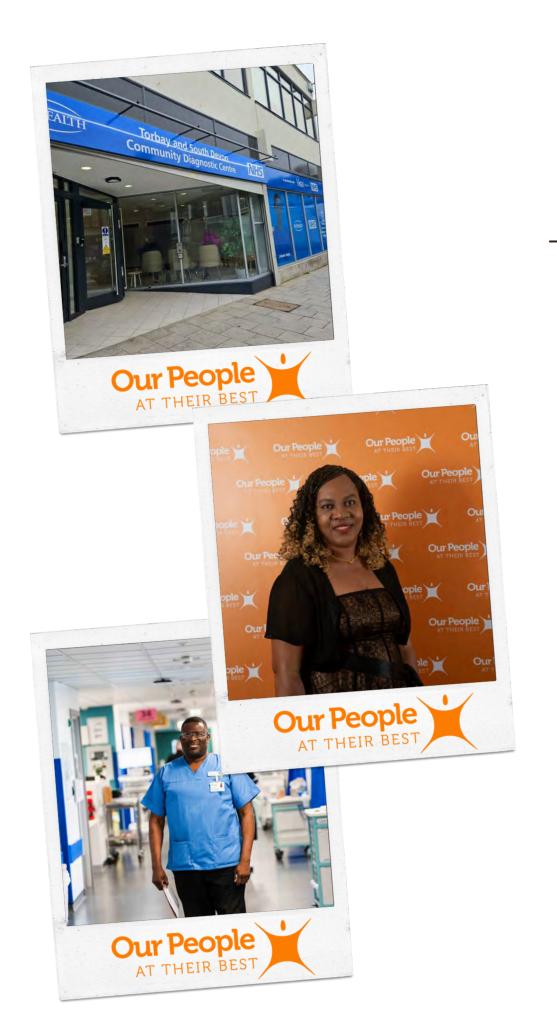






Joe Teape

CHIEF EXECUTIVE



Reflecting on our year





Challenges we face

We've faced (and continue to face) significant challenges

- financial pressures
- recruitment and retention
- infrastructure constraints (old buildings, old IT systems, old wiring)

but we've also seen remarkable resilience and innovation.



What we've achieved

WORKING TOGETHER

Moving care closer to home

Embracing digital transformation

Advancing research and innovation



What we've achieved

WORKING TOGETHER

Upgrading our estate

Working with partners to tackle the root cause of poor health

Building a culture of compassionate leadership



Our people

WORKING TOGETHER

Creating a great place to work, wherever you work and whatever your role

Largest employer in Torbay and South Devon

Widening participation and access to employment for local people:

- apprenticeships
- volunteer to career
- partnership with the Open University to guarantee nursing placements locally



Our future strategy

WORKING TOGETHER

Aligning with the 10-year health plan for England

Strengthening leadership and teams

Listening and responding to our communities



Looking ahead

WORKING TOGETHER

- Electronic patient record go live in April 2026
- Sustainable estates planning in our communities and on our acute site
- Improved access and equity across our geography

We will be open and honest about our challenges and constraints.

We will focus on what matters most - safe care and a better future.



Your commitment and support are deeply appreciated and never taken for granted.

A big thank you to our staff and volunteers, governors and members and our community partners.





James Corrigan

INTERIM CHIEF FINANCE OFFICER

Headline finance numbers

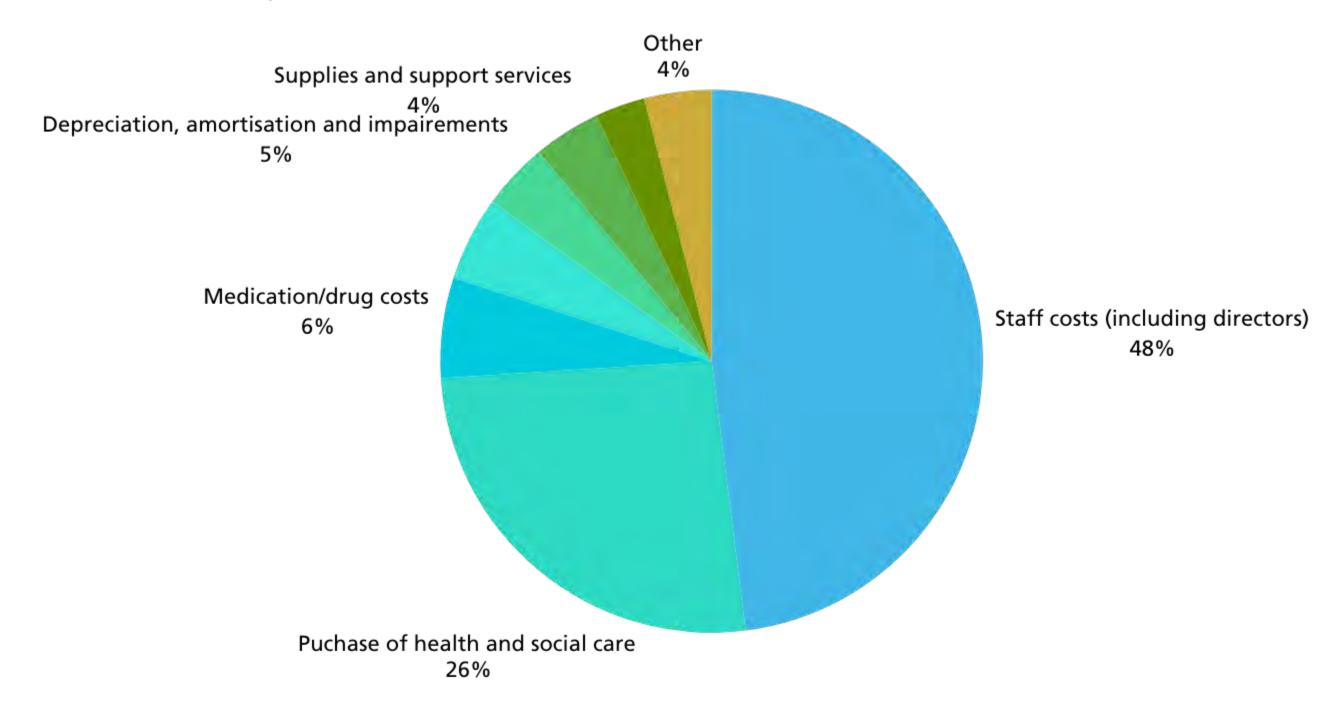


£m	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Income	499.4	559.9	601.5	644.1	695.4	728.8
Pay costs	(269.4)	(285.9)	(305.9)	(343.4)	(367.4)	(388.9)
Non-pay costs	(241.9)	(267.5)	(286.4)	(307.8)	(345.8)	(366.8)
Finance costs	(6.8)	(6.3)	(7.4)	(8.1)	(7.4)	(5.6)
Other items (e.g. impairments)	0.7	(0.3)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

- Our income grew by 4.8% compared to last year
- However, costs for staff and services increased by 5.9% and 6.1%, driven by inflation and more people needing care.

How we spent our money

In 2024/25 we spent £771.9m.



Our financial performance



	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25
Surplus / (deficit) for the year *	(£18.0m)	(£0.1m)	£1.2m	(£17.1m)	(£27.0m)	(£33.5m)
Capital expenditure	£18.0m	£36.4m	£38.0m	£45.2m	£48.9m	£35.5m
Cash balance (31 March	£10.1m	£45.4m	£39.3m	£34.7m	£41.3m	£26.7m

^{*}System performance measure excluding the net cost of donated income, expenditure, PFI remeasurement and the impact of the revaluation of buildings and land

- This year has been challenging for everyone, but we're continuing to invest in improvements that matter to you
- We spent £35.5 million on upgrading digital systems, hospital buildings, and medical equipment
- We secured an extra £19.5 million to fund a new electronic patient record system, tackle urgent infrastructure issues, and start developing better emergency care facilities.

Performance and future outlook



- We saved £27.9 million in 2024/25, though our target was £39.9 million.
- Agency staff costs were reduced by 45%, saving £7.4 million compared to last year.
- Despite these savings, our deficit was £33.5 million, which is higher than planned, mainly due to increased demand, rising costs and industrial action.
- For 2025/26, we're planning for an £8 million deficit after receiving £30.8 million in support funding.
- We're aiming for £41.5 million in efficiency and productivity improvements, and working hard to reduce waiting lists and improve performance.







Torbay and South Devon NHS Foundation Trust

External Audit Presentation to Annual Members Meeting

25 September 2025



Overview

There are two key aspects to our role:

- Provide an opinion on the Trust's financial statements
- Provide commentary on the Trust's Value for Money arrangements and consider if there are any significant weaknesses and make recommendations



1 Financial statements audit

Financial Statements audit

We issued an unqualified opinion on the Trust's 2024-25 financial statements on 25 June 2025.

The opinion on the financial statements was issued in line with the national timetable.

Grant Thornton provides an independent opinion on whether the Trust's financial statements:

- give a true and fair view of the financial position of the Trust as at
 31 March 2025 and of its expenditure and income for the year ended
- have been properly prepared in accordance with international accounting standards as interpreted and adapted by the Department of Health and Social Care Group Accounting Manual 2024-25
- have been prepared in accordance with the requirements of the National Health Service Act 2006.

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Financial Statements audit

The Trust provided draft accounts in line with the national deadline. Draft financial statements were of a good standard and supported by detailed working papers.

- No adjustments were made that impacted the financial performance.
- In the prior year we reported a number of areas where we experienced delays or difficulties in obtaining evidence and explanations to support the audit. Over the course of the current year's audit, we encountered no such difficulties with requests for information being obtained in a timely manner.
- Management has made progress towards addressing our recommendations evidenced by the reduced level of findings reported.
- The timeliness of responses received from the Trust's valuer were much improved.
- A small number of minor classification and disclosure amendments were made to the financial statements submitted for audit.

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Other reporting requirements

Other information

- We are required to give an opinion on whether the other information published together with the audited financial statements (including the Annual Report), is materially inconsistent with the financial statements or our knowledge obtained in the audit.
- No inconsistencies were identified.

Remuneration Report and Staff Report

 The specified parts of the Remuneration Report and the Staff Report have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2024-25 (FT ARM).

Annual Governance Statement

- We are required to consider whether the Annual Governance Statement included in the Trust's Annual Report does not comply with the guidance issued by NHS England, or is misleading or inconsistent with the information of which we are aware from our audit.
- We have nothing to report in this regard.

Use of Auditor's powers

- We did not make a referral under Schedule 10 paragraph 6 of the National Health Service Act 2006. We do not consider that any unlawful expenditure has been made or planned for.
- We did not issue a report in the Public Interest with regard to arrangements at the Trust.

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2 Value for Money assessment



Value for Money assessment

Under the National Health Service Act 2006, we are required to be satisfied whether the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. The National Audit Office (NAO) Code of Audit Practice ('the Code'), requires us to assess arrangements under three areas:

Financial Sustainability

Governance

Improving economy, efficiency and effectiveness

Arrangements for ensuring the Trust can continue to deliver services. This includes planning resources to ensure adequate finances and maintain sustainable levels of spending over the medium term (3-5 years).

Arrangements for ensuring that the Trust makes appropriate decisions in the right way. This includes arrangements for budget setting and management, risk management, and making decisions based on appropriate information.

Arrangements for improving the way the Trust delivers its services. This includes arrangements for understanding costs and delivering efficiencies and improving outcomes for service users.

Value for Money assessment - findings

Financial
S us tainability

Significant weakness in arrangements for financial planning was identified due to the adverse outturn position for 2024-25, under delivery of the savings target, and weaknesses in the arrangements to deliver savings in 2024-25.

The key recommendation we raised in 2023-24 remains open.

Governance

Our work did not identify any areas of significant weakness.

We raised an improvement recommendation to further strengthen financial reporting to the Board.

Improving economy, efficiency and effectiveness

Our work did not identify any areas of significant weakness. The improvement recommendation we raised in 2023-24 relating to enhanced oversight of NOF4 metrics remains open. We raised a further improvement recommendation to strengthen contract management arrangements.

Financial sustainability: Significant weakness

The Trust delivered a 2024-25 outturn deficit of £33.5m, an adverse variance of £19.9m against the planned deficit of £13.6m.

Under delivery of £12.0m against the planned efficiency target, with under delivery of £21.7m against recurrent efficiencies had a significant impact on the adverse outturn in 2024-25 and on the scale of savings challenge taken forward into the 2025-26 financial plan.

External reviews during 2024-25 identified risks and weaknesses relating to the Trust's arrangements to deliver the cost improvement programme (CIP).

The Trust has developed an Integrated Improvement Plan to co-ordinate financial improvement and includes actions to strengthen CIP delivery overseen by the newly established Executive Oversight Group. New CIP handbook developed in 2025-26.

The Trust set an agreed deficit plan of £8.0m for 2025-26. The plan requires delivery of £41.5m efficiencies (£32.8m planned recurrently), compared with the £27.9m delivered in 2024-25 (£10.2m recurrent). This is a substantial increase in planned savings (49%) against the context of under delivery in 2024-25 and represents a key risk to the financial plan.

MAIN ENTRANCE

We conducted our audit in accordance with: International Standards on Auditing (UK), the Code of Audit Practice (2024) published by the National Audit Office, and applicable law.

We are independent of the Trust in accordance with applicable ethical requirements, including the Financial Reporting Council's Ethical Standard.

We express our thanks to the Trust for its assistance throughout the 2024-25 audit.





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Comfort break

We will be collecting and collating your questions during the break.

The question and answer session will take place after the session on our One Devon Electronic Patient Record.









Our One Devon EPR

MIKE GREEN

Chief Clinical Information Officer

KEVIN PIRIE

Electronic Patient Record Operational Director





Our One Devon EPR

- An electronic patient record (EPR) is a digital platform that brings together all patient information in one place, including medical history, test results and prescribed medications.
- Currently, records are stored in different locations, including paper-based notes and multiple digital systems. Once the EPR is in place, all medical information will be kept together in a single electronic record.
- Clinical colleagues will then be able to see everything relating to a patient's care in real time, which helps improve the quality and safety of the care we provide.
- Our EPR system is with Epic, which has a strong track record within the NHS.







Our EPR vision

Introducing a single electronic patient record will transform our entire way of working - getting the right care to the right people at the right time across Devon. It will lead to a 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

- We'll be introducing Epic in April 2026 and it will completely transform how we share information and deliver care.
- Whether someone is being supported in the community, visiting their local hospital or attending a specialist clinic elsewhere in Devon, their care team will be able to access the same up-to-date information.
- We've been 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

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

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





EPR patient benefits

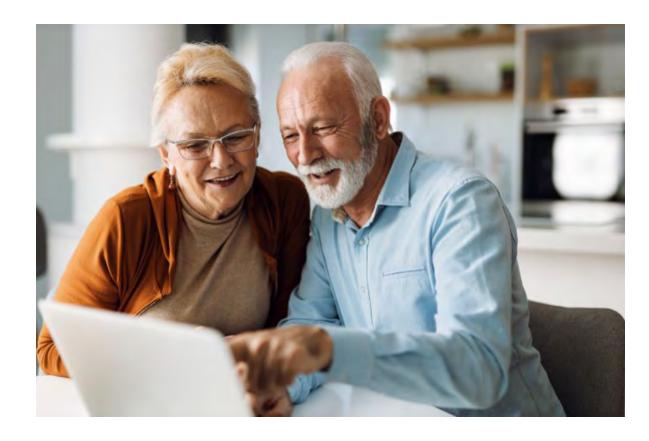
- Improved joined-up care experience across Devon
- You won't have to remember your medical history or repeat the same information to different members of staff
- Safety, with the EPR flagging up things like allergies and past interventions
- Better engagement with your care and strengthened partnership 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

- Our new patient portal, called MY CARE, will be easy to access via a webpage and an app
- Patients will be able to view appointment reminders, test results,
 visit summaries and much more
- Proxy access will enable families and carers to see all the information they need to support those they care for
- There will be a public campaign launching around February 2026 to get people signed up ahead of our go-live.







MY CARE

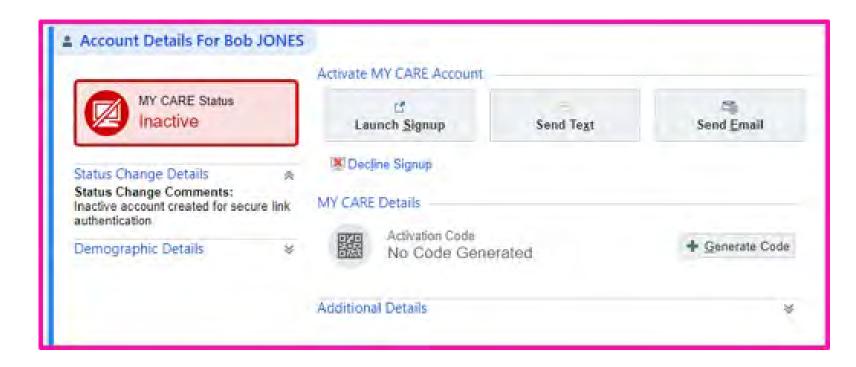
- Royal Devon has been using MY CARE for five years with over 170,000 patients signed up and over 70,000
 patients logging in each month via a web browser or an app on their mobile device
- Patients have told us that the top four things they like about MY CARE are:
 - * Getting their test results
 - * Appointment information
 - * Getting information more quickly
 - * Ease of use.
- MY CARE is a key enabler of:
 - * Better patient experience and engagement
 - * Reduction in printing and posting
 - * Reduction in missed appointments
 - * Increased clinic utilisation.
- There is a patient helpline for technical and access issues

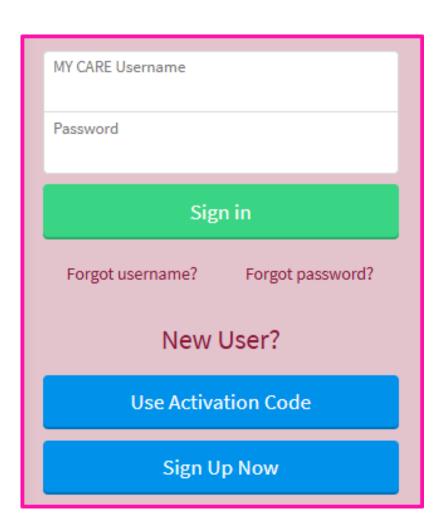




Flexible sign up process

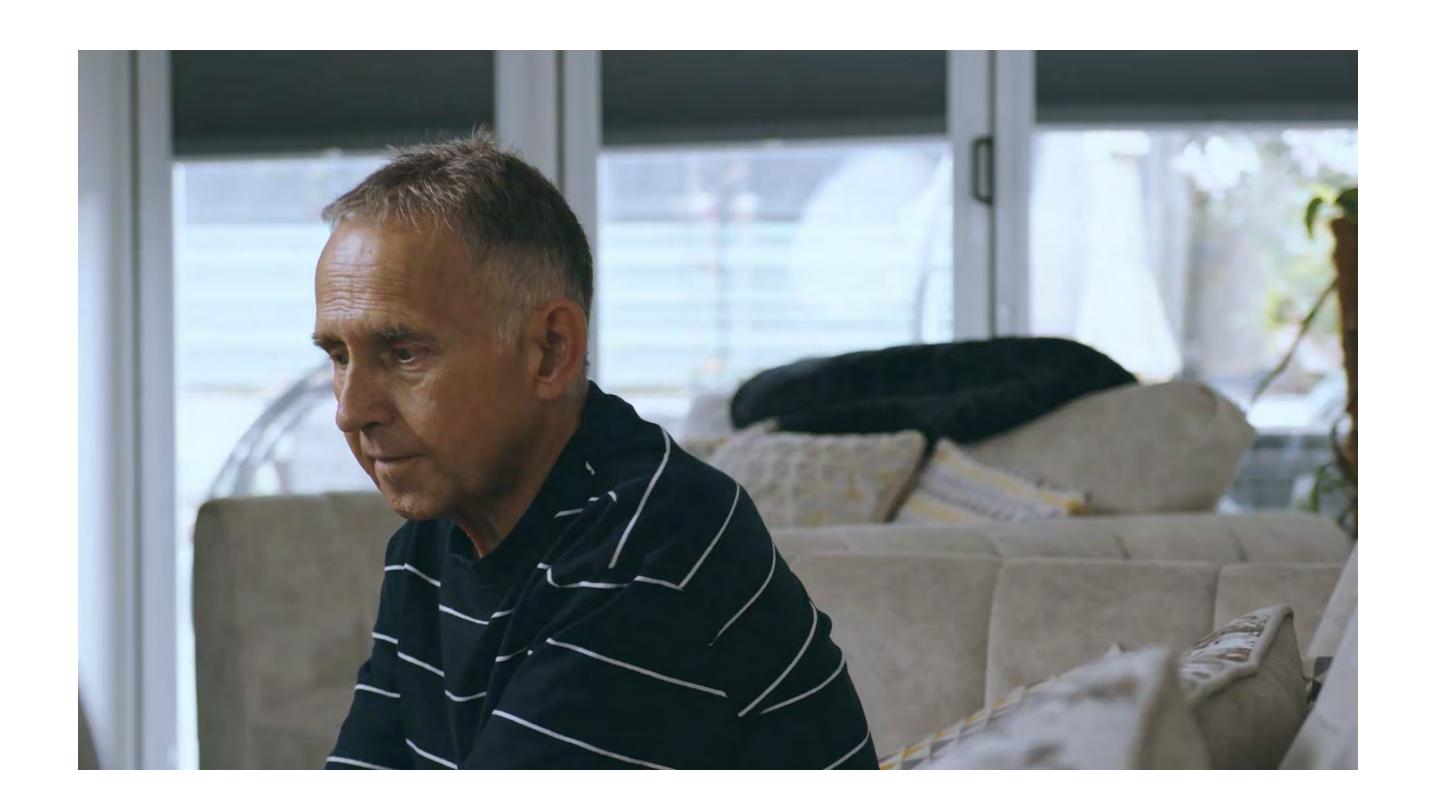
- Self-sign up
- Activation code sign up
- Instant Activation Link(via text or email sent by staff)
- In Clinic/Hospital sign up







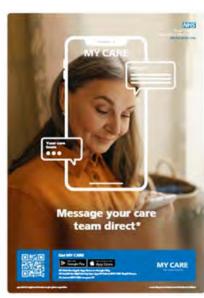
Patient story



MY CARE promotion plan

- Visual campaign around our sites banners, posters, digital screens, leaflets
- Social media campaign featuring our patient videos and stories
- Engagement in the community
- Clinical staff recommendation (all will be trained in MY CARE)
- Our partners Healthwatch, Councils, Voluntary sector partners
- Media work
- Digital volunteers
- Please help us spread the word!

















our annual report summary document.

You can also sign up to become a member, if you're not already.

Visit https://www.torbayandsouthdevon.nhs.uk