Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 5 November 2025

Time: 2.00 pm – 3.45 pm

Venue: Board Room, Hengrave House and via Microsoft Teams

www.torbayandsouthdevon.nhs.uk

TorbayAndSouthDevonFT
@TorbaySDevonNHS

Working with you, for you

Council of Governors

05/11/2025 14:00 - 15:45

Torbay and South Devon NHS Foundation Trust

Agenda Topic			Presenter	Time	Page
Cover Sheet					1
1.	Opening matters		Chair	14:00-14:05	
	1.1	Chairman's welcome and apologies for absence: Kate Lissett (Liz Thomas deputising)	Chair		
	1.2	Declarations of interest	Chair		
2.	Business from previous Council of Governors' meeting		Chair	14:05-14:10	4
	2.1	Minutes of Council of Governors' meeting held on 6 August 2025	Chair		4
	2.2	Matters arising not covered elsewhere on the agenda	Chair		
3.	Business Reports			14:10-14:40	14
	3.1	Chairmans Report (verbal)			
	3.2	Lead Governor Update (verbal)	Lead Governor		
	3.3	Chief Executive's Report (Verbal - see report in Private CoG papers)	CEO		
	3.4	Membership Committee Chair's Report	MC Chair		14
	3.5	Governor Observer Exception Reports (verbal)	GO Governors		
4.	Strategy			14:40-15:20	15
	4.1	SEND Report	Chief Nurse		15
	4.2	Cardiology update (verbal)	Deputy Medical Director		

	4.3	Out of Date Supplies Wastage (Verbal)	IDOF		
5.	Governance		DCG	15:20-15:30	21
	5.1	Report of the Director of Corporate Governance and Trust Secretary	DCG		21
6.	Governor Engagement			15:30-15:35	37
	6.1	Governor Communications Log	Chair		37
7.	Information Items		DCG		43
	7.1	Governor Calendar and Information items			43
8.	Closing Matters			15:35-15:40	
	8.1	Any Other Business	Chair		
	8.2	Close of meeting -at the close of the meeting a Private CoG will be held			
	8.3	Date of Next Meeting - 2.00 pm, Wednesday 4 February 2026			

Torbay and South Devon NHS Foundation Trust

MINUTES OF THE PUBLIC COG MEETING

HELD ON 6 AUGUST 2025 AT 2 PM

VIA MS TEAMS

Governors Present:

Karen Barry	KB	Val Browning	VB
Dave Cawley	DC	Loveday Densham	LD
James Hartley	JH	Eileen Engelmann	EE
Michael Joyce	MJ	Richard Keeling	RK
John Kiddey	JK	Alison Meadows	AM
Andrew Postlethwaite	AP	Alison Ramon	AR
Julie Spinks	JS	Andrew Stilliard	AS
David Thomas	DT	Lee Thomas	LT
Louise Winfield	LW	Radia Woodbridge	RW
Ged Yardy	GY		

Directors Present:

Chris Balch	Chairman	CB
Martin Beaman	Vice-Chair/Non-Executive Director	MB
Liz Edwards-Smith	Non-Executive Director	LES
Mark Greaves	Non-Executive Director	MG
Paul Richards	Senior Independent Director/Non-Executive Director	PR
Chris Saxby	Non-Executive Director	CS
Siân Walker-McAllister	Non-Executive Director	SWM
Joe Teape	Chief Executive Officer	JT
Emily Long	Director of Corporate Governance and Trust Secretary	EL
Simon Tapley	Interim Chief Strategy and Planning Officer (for item 3.4)	ST

In Attendance:

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 those present to the Council of Governors meeting.

Apologies for absence were received from the following Governors: Joanna Bowtell; John Nutley; and James Osben. Apologies were also received from: Ash Ghadiali, Non-Executive Director; Adel Jones, Chief Operating Officer; Kate Lissett, Chief Medical Officer; and Robert Williams, Non-Executive Director.

1.2 Declarations of Interest

No declarations of interest were received.

2. BUSINESS FROM PREVIOUS COUNCIL OF GOVERNORS MEETINGS

2.1 Minutes of the meetings held on 7 May 2025

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

2.2 Matters arising not covered elsewhere on the agenda

The following was discussed:

a) Governor Expenses Policy

Following approval of the Governor Expenses Policy at the CoG meeting held in May, concern had been raised by Governors that the amendments to the Policy had not been made clear to the CoG, in that payment of expenses for travel to meetings that were not statutory or required by the Trust, ie CoG Priorities and Governor Only meetings, would no longer be paid. Governors felt that, given the small amount of expenses that were paid to Governors, and that the changes had not been made clear at the meeting, the Policy should be further amended to include payment of expenses for attendance at CoG Priorities and Governor Only meetings. It was also suggested that if expenses were not paid for some meetings, Governors would decide not to attend in person. The payment of expenses also ensured that anyone who might be struggling financially had the opportunity to attend meetings in person as they knew they would be paid for the cost of their travel.

CoG were reminded that the document had been presented with track changes so that any amendments were clearly marked, and that removal of payments for those meetings was to support the Trust in meeting its financial targets.

Governors were also reminded that they were only statutorily required to attend the quarterly formal CoG meetings and that there had been mixed feedback received around attendance at CoG Priorities and Governor Only meetings given many governors had full time jobs and other commitments, making it difficult for them to attend meetings other than the quarterly CoG meetings.

The CoG approved amendments to the Governor Expenses Policy to reinstate payments for attendance at CoG Priorities and Governor Only meetings, with immediate effect.

Any payments that had been refused would now be paid. The updated Policy would be presented to the CoG meeting in November for formal approval. **Action: EL/SF**

b) Attendance at CoG by a Clinician

Concern was raised that a clinician did not attend the CoG on a regular basis, especially given the recent concerns in respect of the Cardiology test of change, and particularly as the CoG only met formally four times a year. This was acknowledged and it was agreed the Chief Medical Officer would be invited to attend CoG meetings on a regular basis in the future. It was also agreed Cardiology would be a standing item on the agenda for future meetings. **Action: SF**

c) Transcription of Meeting Minutes

Assurance was sought that AI (Microsoft CoPilot) would not be used to produce minutes of this meeting. SF provided assurance that AI would not be used.

3. BUSINESS REPORTS

3.1. Chairman's Report

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

a) Resignations - Geoff King, Teignbridge Governor, had stood down from his role since the last meeting. Siân Walker-McAllister has also taken the decision to stand down as a Non-Executive Director when her term of office came to an end at the end of August.

b) Merger of Devon and Cornwall ICBs – work was taking place to understand the process of transition to the new ICB for Devon and Cornwall. It was hoped the new organisation would provide a different dynamic for the wider system.

c) Well-Led Review – Governors were reminded that the Trust had commissioned a well-led review. Feedback received suggested the Trust was governance-heavy in terms of the number of committees it currently had, and the amount of information provided to those committees. Once the report had been finalised it would be shared with Governors.

3.2 Lead Governor Update

Thanks were expressed to SWM for her support and championing of Governors during her tenure.

Governors were asked if they wished to continue with the monthly coffee morning teams meetings. They were reminded that these meetings had been established during Covid when face to face meetings were not being held and only three governors attended the last meeting. It was agreed to stand these meetings down with immediate effect. **Action: KH**

3.3 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:

a) Executive Updates

James Corrigan and Jess Piper had been appointed to Interim Chief Finance Officer and Interim Chief People Officer roles. Backfill was in the process of being arranged to support them.

b) Business Planning

- **Finance** – at Month 3 the Trust was on plan to deliver its year-end financial target, but more work was needed to be undertaken to secure delivery.
- **Performance** – the Trust was performing well compared to its peers; however areas that required improvement were cancer care and diagnostics, with recovery work taking place in both these areas.
- **Workforce** – a plan to improve culture in the Trust was in the process of being developed and would be shared with Governors once finalised. As part of the work to manage the Trust's financial challenge, a headcount reduction had been agreed. Actions to deliver this target included vacancy management; launch of the Mutually Agreed Resignation Scheme; overtime management; an administration review alongside the Epic implementation; and a senior management review.
- **Strategy** – the NHS 10 Year Plan had been launched and a presentation on this would be provided later in the meeting.

- **Leadership** – as previously reported, early feedback had been received following the Well-Led review.
- **Adult Social Care** – the Trust was working with Torbay Council to review the adult social care model for Torbay to ensure it was efficient. This work would help inform the future of the Trust's partnership with the Council.
- **National Neighbourhood Health Pilots** – the Trust had put in a bid to support pilots.
- **NHS Oversight Framework** – NHS England (NHSE) had issued an updated framework with five ratings, rather than the previous four. Trusts had been issued with ratings however, following significant feedback to NHSE around the methodology used to calculate the ratings, a further review was taking place before Trusts were issued with new scores. The main driver which would affect the Trust's score was its financial position.

The following questions were asked:

AR – who analyses the data?

JT – the data was provided by Trusts and analysed by NHSE.

AR - was only quantified data used?

JT – the majority of data was quantified, however some qualitative data was used, for example Staff Survey scores. JT would like to see more qualitative data used, for example to gain a better understanding of what it was like as a patient to be cared for in the Trust. JT will provide a guide on how the scores were developed once it was available. **Action: JT**

- **Industrial Action** – more doctors went on strike than in 2024 and more activity had needed to be stood down. Patients affected were being rebooked as a priority.

The following question was asked:

AS – were additional costs incurred to manage the industrial action, for example paying consultants to cover the gap in resident doctors?

JT – Action was taken to ensure the Trust was safe, with the necessary level of cover in place. Trusts across Devon had agreed the rates to the paid to consultants for acting down and JT provided assurance that the British Medical Association rates for acting down were not paid. It should be noted that consultants do not wish to undertake additional work and receive additional payment as it impacts on the amount of tax they pay. Consultants are also keen to have resident doctors working in the Trust and training for their future roles.

- **Peninsula Acute Sustainability Programme (PASP) -** The PASP had been established to seek to identify better ways of working for services across the peninsula that were considered to be fragile: stroke; oral and maxillofacial surgery, orthopaedics; dermatology; children's surgery; cardiology; sarcoma; urology; and gynaecology. An example was work taking place to ensure there was a 24/7 mechanical thrombectomy service in Plymouth, and a single on call service for all stroke physicians across Devon and Cornwall.

  It was agreed the Chief Medical Officer be asked to provide a fuller briefing at the next CoG meeting. **Action: KL**

- **Dartmouth** – it was noted the clinic would be put to auction in the autumn.

The following questions were asked:

GY – who are the Trust's most important strategic partners and who would the Trust need to work with to ensure it could deliver its role as part of the 10 Year Plan.

JT – strategic partners, in no particular order, include the new Devon and Cornwall ICB; provider colleagues; voluntary sector; local authorities; primary care; staff; and service users.

DT – what was the percentage workforce reduction the Trust was implementing, and what progress has been made?

JT – we have a plan to reduce our workforce by c450 whole time equivalent posts. C200 posts have been removed through vacancy control, leaving 250 further posts to be removed from our establishment. This equates to c4% of the Trust's workforce.

RW – in the past the Trust has relied heavily on the use of agency staff, how is it doing to reduce that spend?

JT – we have made a significant reduction in our use of agency staff, in particular the use of high cost locums, with more robust oversight when agency staff needed to be used.

- **Cardiology -** CoG were reminded that the ICB had held a public meeting where the test of change for Cardiology services was due to be discussed. Given the significant concerns raised by this Trust and other stakeholders, the paper was not discussed and the ICB said it would provide, for its August Board meeting, the evidence to support the need for change and process around clinical and public engagement and consultation. This issue was also being discussed by the Torbay Overview and Scrutiny Committee and JT said he would share those papers with the CoG. **Action: JT**

The following questions were asked:

AS – how is the Trust supporting its Cardiology team?

JT – JT has been down to see different team members including nursing and consultant staff. The Chief Medical Officer holds weekly meetings with the team and we will ensure we do all we can to ensure the team feel supported during this process.

LD – when the ICB met in July the Chief Executive for the Royal Devon University Hospitals (RDUH) was on the Board – why wasn't JT there?

JT – the ICB Board has one acute trust member to represent the acute trusts in the system and this is currently the Chief Executive for the RDUH. Before her retirement from the Trust, Liz Davenport was the acute representative for the system.

AR – it is understood the Trust's Cardiologists have prepared an alternative case for change paper – has this been received and reviewed by the Trust's management team?

JT – The paper was received at the end of last week and has been reviewed. The Cardiology team have been asked to undertake some more work on it to make it ready to be considered by the Executive Team. JT hopes it will be ready to be presented to the Trust Board in August.

AS – I note the Health Service Journal has reported that ICBs no longer need to have Chief Medical Officers or Chief Nurse positions in their organisations I hope the Devon and Cornwall ICB do not remove those posts, as it will impact on public confidence in the organisation

3.4 Fit for the Future – 10 Year Plan for the NHS

The Interim Chief Strategy and Planning Officer took the CoG through a presentation detailing the NHS 10 Year plan, the presentation included:

- The background to the need for the 10 Year Plan
- What people told the NHS: getting the care you need; seamless healthcare; fixing the basics; sickness to prevention; and great place to work.
- The vision: preserve NHS core values; transformation delivery to ensure sustainability; and reimagine delivery around – hospital to community / analogue to digital / sickness to prevention.
- How clinicians would be empowered
- Transparency and quality
- Financial reform and sustainability
- Innovation and research
- What would be delivered by 2028/29
- What this means for our NHS people by 2028/29
- High level aims from the plan
- Building our local plan (strategy)

It was noted that this work would need to be delivered by the Trust before the new hospital would be built. The Trust, however, had a good community footprint and would work with its partners in respect of neighbourhood models but there were gaps in terms of the Trust's estates and facilities.

The following questions were asked:

AS – a Torquay resident told me someone from MyCare contacted them in respect of an urgent issue offering an appointment in North Devon. Why was a Torquay resident being offered an appointment at North Devon?

LD – MyCare is actually Epic, so it's likely they were being cared for by the RDUH and so offered an appointment at North Devon.

AS – in respect of the aspiration for same day GP appointments, I have been with my GP for twenty years and have always had the same level of service, ie same day appointment if I need it.

ST - the 2004 GP contract expects GPs to provide an urgent appointment within 24 hours, but that is not always delivered by GP surgeries. It is likely to be due to surgeries not having enough doctors and nurses to provide same day appointments.

AS – I note that trusts will need to delivery 2% productivity targets, has that stared?

ST – yes it has, and it relates to more productivity with the same resources.

MJ – there is a need to ensure there is enough resource to deliver the plan, otherwise it is an aspiration, for example same day GP appointments. I am also worried that a bigger Devon and Cornwall ICB will make the people making decisions more remote from the people they represent.

DC – why should we believe that the 10 Year Plan will deliver when the last one did not?

ST – the Plan has a lot of good things in it. ST feels that discipline has been lost a little bit and the Trust needs to be more consistent in terms of delivery in certain areas. We will need to work on those areas of the Plan we can deliver – for example we will not have the capital to deliver all of the requirements of the Plan. It will also need to focus on those areas that are in our gift to influence and deliver.

3.5 Membership Committee Chair's Report

The CoG received and noted the Membership Committee Chair's Report, circulated with the agenda pack. The following was discussed:

- Governors and NEDs were asked to support the Annual Members Meeting taking place on 25 September. The event would receive a briefing on the Epic implementation.
- A further Medicine for Members event would be held in the autumn and Governors were asked to publicise this with their members.
- The Governor election process would commence in the next few months. There were a number of vacancies that would be advertised: South Hams (1); Teignbridge (3); Torbay (4); Rest of South West Peninsula (1); and staff (3).
- The need for Governors to continue to promote the Trust and membership was highlighted.
- CB reminded the CoG that, at its request, he was undertaking a review of CoG attendance and training uptake and would present his findings to a future meeting. It was suggested that as part of the election process the role of the governor was made clear to prospective candidates.

Post meeting note:

AR regrets there was an error in the Trust membership figures in the Membership Committee report. For clarification the numbers are as follows: 7,287 public members and 7,325 staff members totalling 14,612 members. Apologies for this mistake. The figures will be updated (correctly) in future CoG reports.

3.6 Governor Observer (GO) Exception Report

No updates to GO reports circulated since the last meeting were provided.

4. GOVERNANCE

4.1 Report of the Director of Corporate Governance and Trust Secretary

The CoG received and noted the report of the Director of Corporate Governance and Trust Secretary, circulated with the agenda pack

5. GOVERNOR ENGAGEMENT

5.1 Non-Executive Director Briefing

Paul Richard, Senior Independent Director and Non-Executive Director gave a short briefing to the CoG:

- Has been a NED for eight years
- After A levels started to use electronic news gathering equipment and then established a TV production company. Following that joined the NHS for around 15 years becoming involved in the birth of computing in the NHS. Since then, PR has worked for a variety of health technical companies including IBM, Tata, McKesson. PR has also been involved in development AI for Apple.
- Following his work in the private sector, PR decided to return to the NHS and joined the Trust as a NED. He currently chairs the Electronic Patient Record Implementation Board for the Devon system. PR also currently works for the Cabinet Office as a Healthcare Crown Representative.
- PR said that he was keen to work with the CoG to find a better way of working with the Trust and how improvements could be made to the way we work, including how the Trust's community could be better represented.

PR was thanked for his presentation to the CoG.

5.2 Governor Communications Log

CoG received the Governor Communications Log circulated with the agenda pack. Governors were reminded of the need to follow the agreed process to raise a Governor Question.

AS asked that when a question was raised, the question posed was answered – in the past responses did not always answer the question asked.

6. INFORMATION ITEMS

6.1 Governor Calendar and Information Items

The Governor Calendar and Information Items paper, circulated with the agenda pack, was received and noted.

7. CLOSING MATTERS

7.1 Any Other Business

No further business was discussed.

7.2 Close of meeting

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

Dates of Next Meeting: 2pm Wednesday 5 November 2025

Council of Governors
Action Tracker

No	Action	Lead	Due date	Update	Status
Meeting held on 07 August 2025					
1.	**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**	**August Update** – the Trust did work with HISW, but it was recognised it could do more work with them. Assurance was provided that this would be explored, in particular in respect of the NHS 10 Year Plan. The HISW Annual Report would be circulated to Governors. **Action: CB**	**Closed**
Meeting held on 07 August 2025					
2.	**Governor Expenses Policy** – amend policy so that it included expenses for attendance at CoG Priorities and Governor Only meetings. Amended policy to be presented to November CoG meeting.	EL/SF	**Nov 25**		**Open**
3.	**Attendance at CoG by a clinician** – Kate Lisset to be asked to be asked to attend CoG on a regular basis.	SF	**Aug 25**	**Post meeting note –** completed.	**Closed**
4.	**Lead Governor Update** – stand down governor coffee mornings.	KH	**Aug 25**	**Post meeting note –** completed.	**Closed**

5.	**NHS Oversight Framework** – share guidance on how the scores are developed.	JT	**Aug 25**		**Open**
6.	**PASP** – briefing to be provided to the next meeting.	KL	**Nov 25**		**Open**
7.	**Cardiology** – share Torbay Overview and Scrutiny papers with CoG	JT	**Aug 25**		**Open**

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

Report of the Membership Committee Chair to the Council of Governors

Meeting date:	16.10.2025
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 -**
- **Some further updates on key actions were discussed -**.

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

Please note the recommendations and actions from the Committee meeting listed above.

All Governors are encouraged to contribute to the planning of the Annual Members Meeting (AMM). Both the Annual Members Meeting and Medicine for Members were conducted both face-to-face and online.

Committee Members have been asked to declare the meetings and memberships to which they belong and report back at the next meeting. These findings will be collated to understand our collective reach and target groups for future membership expansion.

The Medicine for Members event on Tuesday, 28th October, focused on Oncology and was promoted across the community. The next Medicine for Members event is planned for next April and is expected to cover Orthopaedics, including trauma and falls.

Committee members are encouraged to become involved with their GP Patient Participation Groups as we seek to establish a closer relationship with local GPs.

Torbay and South Devon NHS Foundation Trust

Council of Governors

SEND (Special Educational Needs and Disabilities) Improvement and Assurance Report

Date of meeting	Date report produced
5th November 2025	28th October 2025

Author(s)		Report approved by	
Name and title:	Nicola McMinn	**Name and title:**	Nicola McMinn Chief Nurse
Phone:		**Date:**	28th October 2025
Email:			

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

Executive summary

This report is presented to provide assurance to the **Council of Governors** regarding the actions being taken across **Plymouth, Devon, and Torbay** to improve care, access, and outcomes for children and young people with **Special Educational Needs and Disabilities (SEND)**.

Governors have expressed concern about the challenges families face—particularly around long waits for diagnosis, access to therapy, and the quality of support across health and education. This summary highlights the key issues, the progress being made, and how health and local authority partners are working together to achieve sustainable improvement.

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

Appendices
n/a

Committees that have previously discussed/agreed the report, and outcomes of that discussion
CFHD Integrated Governance Group ICB System Quality Group

Key recommendations and actions requested
The Council of Governors is asked to: • **Note** the progress and continuing challenges across the three local areas. • **Support** ongoing system collaboration and investment to sustain improvement in waiting times, early intervention, and workforce development. • **Champion** family and community engagement, ensuring children's voices remain central to all improvement activity.

How does this report further our purpose to 'support the people of Torbay and South Devon to live well'?
Children and families have told us they want earlier identification of needs, better communication, shorter waits for assessment and therapy, and more joined-up care between education, health, and social services. The three local area improvement plans—developed jointly by councils, the NHS, and parent representatives—set out how these issues are being addressed at pace.

How does the report support the Triple Aim	
Aim	**Impact**
Population Health and Wellbeing	
Quality of services provided	
Sustainable and efficient use of resources	

Impact on BAF Objectives	
BAF Objective	**Impact**
Quality, Safety and Patient Experience	
Leadership and Governance	
Performance	

People and Culture	
Strategy and Business Intelligence	
Finance	

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

External Standards affected by this report and associated risks

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.

SEND (Special Educational Needs and Disabilities) Improvement and Assurance Report

Introduction and background

This report is presented to provide assurance to the **Council of Governors** regarding the actions being taken across **Plymouth, Devon, and Torbay** to improve care, access, and outcomes for children and young people with **Special Educational Needs and Disabilities (SEND)**.

Key Areas of Focus and Progress

1. Reducing Waiting Times and Improving Access

Across all three areas, the most urgent priority is to reduce waiting times for health services such as Speech and Language Therapy, Occupational Therapy, Community Paediatrics, Autism and ADHD assessments, and Mental Health support.

- A new **Integrated Neurodevelopmental Assessment Pathway (INAP)** is being rolled out to simplify access and increase capacity.
- Children and families are being offered **support while waiting**, including drop-in clinics, online wellbeing tools (e.g., *Kooth*), and school-based support.
- Each area now has clear oversight of service recovery plans, monitored by the **Devon Integrated Care Board (ICB)**.

2. Earlier Identification and Support

Early help and intervention are essential to prevent escalation of need.

- Local teams are using **multi-agency approaches**—bringing together education, health, and social care professionals to coordinate early support.
- The **Healthy Child Programme** is being strengthened to ensure all mandated health checks are completed and families receive consistent advice.
- Public Health and Children's Services are working together through **family hubs** to improve local access to early years support.

3. Neurodiversity and Inclusive Practice

Many improvements are centred around better support for children with Autism, ADHD, and other neurodiverse needs.

- Schools are benefiting from the **Partnership for Inclusion of Neurodiversity in Schools (PINS)** programme, helping staff understand and respond effectively to neurodiversity.
- **Navigator** roles are now in place to guide families through pathways and ensure consistent communication.

- Training is being co-produced with parents and young people to promote inclusive, neuro-affirming approaches across all health services.

4. Emotional Wellbeing and Mental Health

Access to emotional wellbeing and mental health support is expanding:

- New and enhanced services such as *Kooth* and *MyWay* provide digital counselling and early intervention.
- **Mental Health Support Teams** are now active in more schools, offering direct help to children and families.
- The **iThrive** model is being embedded to align wellbeing support across education, health, and the voluntary sector.

5. Communication and Family Experience

Families have said they need clearer, more consistent information about what support is available.

- Local areas are updating SEND and NHS websites, ensuring information is **accessible, current, and family-friendly**.
- Communication teams from health and councils are working together to provide joint updates through newsletters and online platforms.
- Feedback from parent carers is shaping ongoing service redesign.

6. Workforce and Sustainability

Improvement depends on having the right staff, training, and capacity.

- Recruitment campaigns are underway for **speech and language therapists, occupational therapists, public health nurses, and paediatricians**.
- Health professionals are receiving new training on **neurodiversity, mental health, and SEND awareness**.
- Workforce planning is being coordinated across health and education partners to ensure sustainability.

Assurance and Recommendations

- The **Devon Integrated Care Board (ICB)** provides system leadership across Plymouth, Devon, and Torbay, ensuring a consistent approach to SEND improvement.
- Delivery is supported by **Children and Family Health Devon (CFHD)**, **local NHS trusts**, and **local authorities**.
- Each area has an established **SEND Improvement Board** that includes parent representatives and monitors delivery, outcomes, and risks.
- Regular updates are provided to the **NHS Devon Board** and relevant **Local Authority Committees**.

Governors can be assured that:

- Clear, multi-agency plans are in place to address the long-standing challenges in SEND provision.
- There is now consistent leadership and oversight across the health and local authority system.
- Families are increasingly being supported while waiting, rather than left without contact or help.
- Staff training, communication, and co-production with families are strengthening trust and confidence.

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

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
5 November 2025	27 October 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:**	27 October 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

Appendices

Governor Nominations and Remuneration Committee Annual Report
Governor Expenses Policy

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, Safety and Patient Experience	All
Leadership and Governance	
Performance	
People and Culture	
Strategy and Business Intelligence	
Finance	

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. Governor starters and leavers since the last meeting

Since the last CoG meeting three Governors have resigned. John Kiddey (Torbay), James Hartley (Teignbridge), Alison Macgregor (Teignbridge) and Yvonne Paulucy (Professional Support Services).

Action: CoG to receive and note the leavers.

2. Council of Governors – 2026 Elections

2.1 The annual elections for the Council of Governors will commence in November. The seats to be contested are shown below:

Public Governor	Torbay	(5 seats)
Public Governor	Teignbridge	(4 seats)
Public Governor	South Hams	(1 seat)
Public Governor	Rest of the Southwest Peninsula	(1 seat)
Staff Governor	Medicine and Urgent Care	(1 seat)
Staff Governor	Children Family Health Devon	(1 seat)
Staff Governor	Planned Care and Surgery	(1 seat)
Staff Governor	Professional Support Services	(1 seat)

2.2 The independent election company, Civica Election Services, will, as is usual, manage the elections on the Trust's behalf.

2.3 The proposed election timetable is below:

ELECTION STAGE	DATE
Notice of election/nomination open	Tuesday, 11 Nov 2025
Nominations deadline	Tuesday, 09 Dec 2025
Summary of valid nominated candidates published	Wednesday, 10 Dec 2025
Final date for candidate withdrawal	Friday, 12 Dec 2025
Electoral data to be provided by Trust	Wednesday, 17 Dec 2025
Notice of poll published	Thursday, 08 Jan 2026
Voting packs despatched	Friday, 09 Jan 2026
Close of election	Tuesday, 03 Feb 2026
Declaration of results	Wednesday, 04 Feb 2026

2.4 The Trust will be launching its communications to members and the public using a variety of communication channels including member emails, social media, Trust website and hosting information webinars.

Action: CoG to receive and note the election report

3. Governor Nominations and Remuneration Committee – Torbay Constituency Vacancy

Due to Andrew Stilliard's three-year term of office coming to an end there is a vacancy on the Governor Nominations and Remuneration Committee for a Torbay Governor. Torbay Governors have been asked to put forward an expression of interest if they wish to join the committee, by 5pm on Monday 3rd November. The outcome of this process will be reported at the CoG on 5th November.

Action: Governors are asked to note the action taken in respect of the Governor Nomination and Remuneration Committee vacancy.

4. 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

5. Governor Expenses Policy

Following a discussion and agreement at the last Council of Governors Meeting, the Governor Expenses Policy is presented, having been amended to include expense payments for Governor attendance at CoG Priorities and Governor Only meetings.

Action: To approve the updated Governor Expenses Policy.

6. Annual Members Meeting

The Trust held its Annual Members Meeting on Thursday 25 September. The event was well-attended and positive feedback has been received on the event. Thanks are extended to all those involved in arranging the meeting and presenting on the day.

Action: CoG to receive feedback from AMM

Torbay and South Devon
NHS Foundation Trust

GOVERNORS' NOMINATION, REMUNERATION AND COMMITTEE ANNUAL REPORT

1 APRIL 2024 TO 31 MARCH 2025

1. INTRODUCTION

In line with best practice the Governors' Nominations, Remuneration and Terms of Service Committee ('the Committee') should prepare a report to the Council of Governors that sets out how the Committee has met its Terms of Reference.

1.1 The purpose of the Committee is laid down in its Terms of Reference. In summary, it oversees:

i) the evaluation of the performance of the Chairperson and Non-Executives. In fulfilling this role the Committee will make reference to the Code of Governance for Provider Trusts; Monitor/NHSE Governor Statutory Duties Guide; and NHSE Chair and Non-Executive Director (NED) Appraisal Framework and Leadership Competencies;

ii) the remuneration, allowances and other terms and conditions of the Chairperson and Non Executives; and

iii) determining and directing the process for recruitment, re-appointment or removal of the office of Chairperson and other Non-Executive Directors.

1.2 The purpose of this report is to provide assurance that the Committee has carried out its obligations in accordance with its Terms of Reference.

1.3 This Annual Report summarises the activities of the Committee for the financial year 2024/25 setting out how it has met its Terms of Reference and key priorities.

2. INFORMATION SUPPORTING OPINION

2.1 Delivery of Committee's Key Responsibilities

2.1.1 During 2024/25, the Committee has delivered the key responsibilities as set out in the Terms of Reference. Compliance with a number of the key responsibilities is evidenced by the following actions:

- Led appointment process for new NEDs
- Made recommendations to the Council of Governors on the re-appointment of NEDs whose terms of office came to an end in the reporting year
- Reviewed NED Succession Planning
- Received feedback on the output of the Chairperson and NED appraisals
- Received assurance on the NED portfolio

3. MEMBERS AND MEETINGS

3.1 During 2024-25 the Committee met formally on 6 occasions. The meetings were quorate all times.

3.2 The record of Committee attendance is shown below:

Non-Executive Director	**Number of meetings attended**
Richard Ibbotson (Chair) (until 31.05.24)	1 (1)
Chris Balch (SID until 31.05.24)(Chair) (wef 01.06.24)	6 (6)
Paul Richards (SID) (wef 01.06.24)	5 (5)
Governor	**Number of meetings attended**
Sal Aziz	4 (6)
Dave Cawley	5 (6)
Peter Milford (until 23.09.24)	3 (5)
John Smith (until 28.02.25)	2 (6)
Andrew Postlethwaite	4 (6)
Andrew Stilliard	6 (6)
Radia Woodbridge	3 (6)
Required Attendees	**Number of meetings attended**
Emily Long, Director of Corporate Governance and Trust Secretary	5 (6)

It should be noted that Alison Ramon, Governor, attended meetings in August and September to ensure meeting quoracy.

4. COMMITTEE EFFECTIVENESS

4.1 The Committee undertook a self-assessment review during the year, which concluded that the Committee has delivered the majority of its responsibilities as set out in the Terms of Reference, attendance at meetings has been quorate and the cycle of business has been completed.

4.2 Areas for action identified as part of that self-assessment of the Committee's effectiveness to identify any gaps in the Committee's workings were noted and addressed.

4.3 The Committee will undertake an annual assessment to ensure continual improvement.

5. RECOMMENDATION

The Committee is asked to review and approve the report, subject to any changes agreed in discussion, prior to its formal submission to the Council of Governors.

Chris Balch
Chair, Governor Nominations and Remuneration Committee
May 2025

Torbay and South Devon NHS Foundation Trust

Reimbursement of Expenses for Governors and Members

NovemberMay 2025
Version 6.43

Torbay and South Devon NHS Foundation Trust

Document Information

This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.

Date of Issue:	July 2007	**Next Review Date:**	November~~May~~ 2028
Version:	6.3	**Last Review Date:**	November~~May~~ 2025
Author:	Director of Corporate Governance and Trust Secretary		
Director(s) Responsible	Chairman		
Approval / Consultation Route			
Approved By:		**Date Approved:**	
Governance Board		4 July 2007	
Governance Board		21 July 2010	
Council of Governors		28 September 2011	
Board of Directors		5 October 2011	
Council of Governors		14 December 2016	
NED Appointments and Remuneration Committee		March 2019	
Council of Governors		March 2022	
Council of Governors		7 May 2025	
Council of Governors		5 November 2025	
Links or overlaps with other policies:			

Amendment History

Date	Reason for Change	Authorised
18 December 2009	Minor changes to ensure consistency of terminology. Section 2.1 referred to Health and Social Care Act 2003 now NHS Act 2006. Section 4.3, added some additional Groups/Committees.	Chairman
12 July 2010	Section 2.1 (updated to reflect new Government white paper) and section 5.2 (quarterly submissions).	Chairman
5 October 2011	Council of Governors (28 Sept) then Board of Directors approved change in mileage rate from 24p to 45p per mile. Revised section 4.3	Chairman
18 March 2019	Reviewed by Company Secretary	Chairman
February 2021	Reviewed by Company Secretary Minor changes/updates following personnel changes and titles of Committees/Groups	Chairman
March 2022	Minor changes/updates following changes in job titles	Chairman

Torbay and South Devon NHS Foundation Trust

7 May 2025	Minor Updates	Chairman
5 November 2025	Updated to include attendance at CoG Priorities and Governor Only meetings in policy	Chairman

Formatted Table

NHS
Torbay and South Devon
NHS Foundation Trust

DOCUMENT SUMMARY

This document lays down the guidelines under which Governors may be reimbursed for legitimate expenses, incurred in the course of their official duties, as governors or members of the Torbay and South Devon NHS Foundation Trust.

NHS
Torbay and South Devon
NHS Foundation Trust

INDEX

Torbay and South Devon NHS Foundation Trust

1. Policy and Audit Declaration

This policy has been drafted in accordance with the principles of significant legislation such as the European Convention on Human Rights (ECHR) 1998 (as amended), Race Relations (Amendment) Act 2000 and the Equality Act 2010. Under the Freedom of Information Act 2000, the document is classified as 'OPEN'.

2. Policy Statement

2.1 The Trust shall provide fair and appropriate reimbursement for the governors and members who participate in events and activities arranged by and for the benefit of the Trust (see introduction to section four).

2.2 This policy applies to all governors (and members under the conditions set out in the introduction of section four) asked to work with Torbay and South Devon NHS Foundation Trust.

2.3 Prospective governors may not make claims under this policy.

3. Introduction

3.1 Torbay and South Devon NHS Foundation Trust (the "Trust") is committed to the involvement of governors and members in all areas of its work whenever decisions are to be made which influence changes to the way the services are provided.

3.2 The post of governor of the Trust is voluntary, and it is a fundamental principle nationally that no governor shall receive any form of salary or remuneration for being a governor.

3.3 The policy of the Trust requires that:

a) All those acting for or on behalf of the Trust look to achieve value for money, noting that all funds apportioned to the Trust are to be applied in the achievement of public benefit for the people of Devon;
b) People contributing their views are not out of pocket for any reason as a result of participation in Trust business and in the fulfilment of their role;
c) Reimbursement practice with partner organisations for joint events is agreed, and to communicate the arrangements with participants.

4. Reimbursement

4.1 Governors participating in Trust events such as Council of Governors; CoG Priorities; and Governor Only meetings; ~~, events~~, Committees or Working Groups, as agreed or invited by the Trust, and whose expenses are not paid by another organisation, shall be entitled to claim expenses.

NHS
Torbay and South Devon
NHS Foundation Trust

4.2 Members may be entitled to claim if they have been personally requested to participate in an event by telephone call, personal letter, or personal email from a member of the Foundation Trust Office and when agreement has been made in advance for them to do so.

4.3 Expenses will only be reimbursed for the following expenditure:

i. Travel expenses by the cheapest available means to attend Council of Governors meetings, regional / national governor events, members and local constituency meetings arranged by the Trust, and where applicable, meetings of the Membership Committee, Governor Nominations and Remuneration Committee and other Board Sub-Committee meetings. Mileage allowances, including allowances for passengers, will be paid at the tax-free limit set for volunteers by HMRC.

Note: In circumstances where public transport would not be appropriate or reasonable, governors / members may claim full reimbursement for the fares incurred where the Trust's prior authorisation has been sought and granted. Copies of receipts must be attached to claims (screenshots of receipts are acceptable, e.g Ringo parking receipt). Please retain receipts for any expenses beyond mileage as you may be required by the HMRC to present them as part of your self-assessment.

ii. Parking and toll charges incurred as a direct result of attending the above meetings;

iii. Public transport to be reimbursed on provision of receipt;

iv. Subsistence allowance where the governor / member is away from their home (for a period of more than five hours during the daytime and necessarily covering the period from midday to 2.00 pm or during the evening from 5:30 pm) for the purpose of attending one of the above meetings, and where no refreshment is provided at the Trust's expense will be paid in line with Trust subsistence rates. Unless in exceptional circumstances, overnight expenses will not be paid. Periods away from home are calculated from the times of leaving and returning home;

v. Where a governor / member requires alternative transport arrangements, costs will be met, only by prior agreement;

vi. Expenses of a companion required to enable a governor / member to participate. If the attendance (including travel) exceeds five hours, and refreshments are not provided at the venue, expenses for refreshments of up to £5 can be claimed.

4.4 In accordance with NHS accounting rules all expenses (except mileage) should be submitted with receipts, and expenses should be claimed within three months. Further information should be sought from the Foundation Trust Office. .

Torbay and South Devon NHS Foundation Trust

4.5 Claimants should be aware that if they are in receipt of benefits these payments may impact upon their entitlements. This should be clarified with the local benefit agency prior to an expense claim being made.

5. Process for Reimbursement

5.1 Governors remain wholly responsible for the completion and accuracy of their claims. Claim forms are available upon request from the Foundation Trust Office.

5.2 Completed forms should be passed to the Foundation Trust Office or Corporate Governance Manager for authorisation. Claims will only be reimbursed direct to a nominated bank or building society account (the account number and sort code of which is stated on each claim) in accordance with the Trust's accounting timetable.

5.3 In the event that the appropriateness of a reimbursement is queried or disputed by the Foundation Trust Office or Corporate Governance Manager in accordance with this policy, interpretation of this policy shall be referred to the Trust Chairman for final decision.

6. Audit

6.1 Completed forms will be retained for the same period as those submitted by Torbay and South Devon NHS Foundation Trust staff.

7. Contact Details

Corporate Governance Manager/ Foundation Trust Office 01803 655705

8. Review

8.1 A review of this document will be conducted every three years or following a change to associated legislation and/or expenses rates and is the responsibility of the Director of Corporate Governance and Trust Secretary.

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Date emailed	Status
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.	Jess Piper	09.10.25	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.Breakdown of the 95 average. Number upto 30, 31-60, 61-90 and over 91 days Only looking at those over 21 days 21 - 30 days throughout time period386 21 - 30 days who didn't have an end date34 31 - 60 days throughout time period556 31 - 60 days who didn't have an end date50 61 - 90 days throughout time period209 61 - 90 days who didn't have an end date28 90+ days throughout time period265 90+ days who didn't have an end date43 	5.11.25	09.10.25	Responded
							2.What are the reasons given, eg stress, bullying, harassment, injury, etc etc What are the reasons given, e.g. stress, bullying, harassment, injury etc Can only accurately provide top level sickness reason due to most people not entering 2nd level 73.36% of Level 2 are blank Absence Reason%Count S10 Anxiety/stress/depression/other psychiatric illnesses48.67%71 S11 Back Problems1.24%2 S12 Other musculoskeletal problems6.61%16 S13 Cold, Cough, Flu - Influenza3.64%8 S15 Chest & respiratory problems2.82%2 S16 Headache / migraine5.05%3 S17 Benign and malignant tumours, cancers9.97%14 S18 Blood disorders4.43%3 S19 Heart, cardiac & circulatory problems3.50%8			
							S21 Ear, nose, throat (ENT)0.85%2 S23 Eye problems0.48%1 S25 Gastrointestinal problems1.62%5 S26 Genitourinary & gynaecological disorders1.04%4 S27 Infectious diseases1.11%1 S28 Injury, fracture4.39%7 S29 Nervous system disorders2.20%3 S30 Pregnancy related disorders1.26%3 S98 Other known causes - not elsewhere classified0.32%1 S99 Unknown causes / Not specified0.80%1 3.What intervention has been given or offered and by who. The intervention is provided by the Employee Relations team who meet on a regular basis, this could be monthly or fortnightly basis with key managers where the hotspots are identified to undertake proactive work with the team managers to ensure managers are following the Trust Attendance Management			
							policy and guidance. Additionally, the team also undertake a bespoke development session on sickness where managers are less confident. Some cases often appear on sickness data for longer periods than necessary as they maybe going through ill-health retirement or capability due to ill-health, these cases can take between 3-6 months as they go for approval at DWP which the trust has limited control. Some cases have organisational legacy elements, namely they feature parallel running of Discipline, Grievance, and long-term sickness processes 4.How many are repeat sickness leave , same person more than twice in 12 months say. Below are the number of individuals who have had more than 1 episode of long term sickness in the past 12 months 			
							OccurTotal 2 187These cases are being proactively managed but have multiple complexities 3 31 4 2 5 1			

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	05.08.25	The target savings as identified in the business case are as follows: Targeting between £4.8m (do minimum) - £13.1m (do maximum) in full year effect savings from 37 projects via the following: •Tactical Negotiations – Category experts renegotiate pricing to deliver quick financial benefits. •Supplier Consolidation – Consolidate the supply-base to leverage spend for common goods/services. •Increased Competition – Run compliant tender exercises and leverage competition. •Contract Reviews – Review contractual clauses and renegotiate commercial items. •Demand Management – Identify, implement and change-manage demand reduction opportunities. •Innovation – Implement innovation to increase efficiency or productivity (e.g. digitisation, technology).	5.11.25	05.08.25	Responded
							Also to include: •Deep Specification Review. •Should-Cost Modelling. •Value Chain Transformation. •Obligations Management & Compliance. Substantial structural change to organisation model, combining all resources into a single shared service and structuring them into functional disciplines with a category management model. This includes the separation of procurement delivery (Sourcing/Order Cycle Management) from commercial development (category planning / requirements development), and separation of enabling procurement activities into specific roles to drive development of specialism – the operating model continues to be developed.			
212	29.07.25	John Kiddey	Torbay	What plans or proposals does the trust have for the future of routine blood analysis and other associated functions at The trust ?	Kate Lissett	08.08.25	The trust is part of the Peninsular Pathology network, which is developing a new model of pathology services. The model will mean that an Acute Services lab will remain on the Torbay site and provide the urgent functions required to support both safe patient care and patient flow through the trust. The exact specification is yet to be developed, and we are working with clinical teams to define both the standards required and, after this, what needs to be on this site. This will be complemented by a number (2-3) Combined Services Labs: these would be larger labs that would be able to offer the most modern automation to ensure we offer the best turnaround times, for example, in histopathology. This would be supported by digital histopathology, and for the trusts in Devon, the Devon electronic patient record. This will help address the staffing shortages across our lab teams, whilst allowing the economies of scale that allow investment in technology and the appropriate estate. These labs will provide the less urgent services.	5.11.25	08.08.25	Responded
212a	11.08.25	John Kiddey	Torbay	I was quite specific in my question about blood analysis etc and you have avoided answered it. I asked about routine analysis and you have only referred to "urgent", ignoring my question. You now refer to "developing a new model" and "larger labs" and "combined labs". Do I take it that some work will NOT be undertaken in Torbay in future? So where WILL this work be done and how many jobs will be lost in Torbay as a result of this policy? And why were Governors not told about his?	Kate Lissett		Further to your specific questions, it is not possible to answer these at the moment as there is no current proposal for change. I have provided more detail below on the work that is being undertaken to explore potential options for pathology services. As this work is at an early stage, we cannot say what work may take place where in future. Regarding your concerns about potential job losses in Torbay, our pathology colleagues are specialists, and it is not envisaged that there will be any job losses (other than natural change, such as retirement, personal development or choice). The programme outlined below aims to support staff development, attraction, and retention, supporting attractive and fulfilling careers in pathology. The Peninsula Pathology Network (which includes the four acute hospital trusts in Devon, Cornwall and the Isles of Scilly) are developing options for a more sustainable model of pathology services across the south west peninsula that helps patient pathways to be as effective and efficient as possible.	5.11.25		Responded

							The demand for pathology is increasing, as is the capability of equipment and logistics. The Peninsula Pathology Network (PPN) is working with teams across the area to explore solutions that can increase the sustainability of pathology services and positively impact other services. Across the country, many pathology services are collaborating to deliver networked services. These larger-scale solutions, including state-of-the-art equipment and logistics, use greater automation to support our skilled pathology teams. They can provide more activity and be more responsive to the needs of clinical teams and their patients. At this stage, the PPN are reviewing different options. Before any changes are proposed, all four trusts in Devon and Cornwall will need to approve a business case. Clinical quality and safety are the key drivers, and they are looking not only at hospital tests but also GP tests, supporting the shift from hospital to community.			
							The PPN have started engaging with pathology staff through initial workshops, to refine the potential options, including 'do nothing' and 'do maximum' options as benchmarks. A business case will be shared with the trust boards for consideration with the shortlisted options and a recommendation. When the four trusts agree that services should be reconfigured, a complete engagement programme would follow with staff, seeking their input into the detailed design. In preparation for the implementation of our electronic patient record, we moved successfully to the EPIC Beaker (Pathology System) last year, and this has de-risked and modernised our digital support system for pathology services. By the end of next summer, all the Devon acute trusts will be using the Epic electronic record, which will help avoid duplicate testing (a clinician will be able to easily see what tests have already been done in a different Trust), support people who use our services to have access to their records (including pathology), and enable innovation.			
							As options are still in development, we have not yet provided a detailed briefing to governors. I am attending the COG priorities in September, where it is my intention to share with governors an overview of all the work being undertaken through the Peninsula Acute Provider Collaborative (which includes the work of a number of networks, including the PPN).			
213	11.08.25	John Kiddey	Torbay	"There is currently a piece of work being undertaken by the people and education directorate to review on call payments to try and understand what arrangements are in place and what the inconsistencies there are across the organisation" The above text is a quote from Joe Teape in today's ICON news. 1. Were NEDS aware of this problem and, if so, when were they first informed? 2. How have NEDS been re-assured up to now that the management has proper understanding of the on-call payments policy?	Joe Teape	20.08.25	1. This is an operational employment matter. A briefing on outstanding employment issues was presented to the Board of Directors private meeting in July 2025 by the Chief Executive. 2. As above. 3. The message from the Chief Executive and the Staff Side Partnership Lead shared with staff on Monday 11 August 2025, identified inconsistences in our on-call policy and arrangements which are in need of addressing. There is no mention of serious failures in the past. These are operational employment issues which have been regularly discussed with Staff Side representatives through the Partnership Board over the past few years and have also been raised at the Joint Local Negotiating Committee (elected local representatives of doctors and trainee doctors who negotiate and make collective agreements with our management).	5.11.25	20.08.25	Responded
				3. Joe's message makes it very plain that there have been serious failures in the past, yet the NEDS approved a massive bonus to Joe's predecessor who was in charge of on-call payments etc, How do NEDS explain this utter failure to keep tabs on spending?			As previously advised to governors, the salaries of our Chief Executive and all other Executive Directors are set by our Nomination and Remuneration Committee. The Committee regularly reviews and aligns with the national NHS salary ranges for an organisation of our size before making recommendations. In the case of our Chief Executive's salary, the Committee makes a recommendation to the Secretary of State for Health and Social Care who, if in agreement with the recommendation, approves it. The increase in Liz Davenport's salary between 2021/22 and 2022/23 (as reported on in the Daily Mail and published in our annual report for 2022/23) was due to two main factors – the national pay rise for 2022/3 and an increase in pension contributions due to length of service. The national review body on senior salaries (SSRB) recommended a 3% uplift for very senior managers (VSMs) and Executive Senior Managers (ESMs) for 2022/3 which was approved by the Secretary of State for Health and Social Care.			

							The figures quoted by the Daily Mail also take into account pension benefits. In 2022/23 Ms Davenport's pension benefits rose due to an increase in pension contributions due to length of service. Note: of the nine non-executive directors in post in 2022/23, six are no longer in post due to either their term of office coming to an end or resigning to take up a new role (ie Richard Crompton becoming Chair of SWASFT).			
214	20.08.25	Andrew Stilliard	Torbay	What is the latest staff compliance percentage for the completion of the Trust mandatory training program	Jess Piper	08.10.25	Thank you for your enquiry and apologies for the delay in responding – below is a table which shows our Trust compliance with statutory and mandatory compliance as of September 2025. Our compliance data includes the following statutory and mandatory topics as required by the national Core Skills for Health Framework - Equality & Diversity, Fire, Health & Safety, Inclusion, Infection Control, Information Governance, Mental Capacity Act, Moving & Handling, NHS Conflict Resolution, Prevent, Resuscitation, Safeguarding Adults, Safeguarding Children, and The Oliver McGowan. Our Trust target is 85% and you will see from the table below that our overall Trust compliance is currently 85.94%. There is also a breakdown by Care Group in the table below which shows you the overall compliance for each group. Statutory and mandatory training compliance data is shared each month with the Care Groups for review, monitoring, and action. The Statutory and Mandatory Group and People Committee also monitor and review compliance. If you require any further information, please let me know.	5.11.25	08.10.25	Responded
215	17.9.25	John Nutley	CoG	The question was for information. The chair said, the CCG seems on funding and S106 funding and how it is used to support the local communities. He went on to say, there is a disconnect between the CCG and GP practices and possible the trust seeking clarity on how we can come together and make the right decisions that deliver the best results at the moment we could be spending money where its not needed or spending it in one it in one place. Secondly, I was asked what the progress towards the Channel View Surgery in Teignmouth and what is happening.	Simon Tapley					Assigned
216	18.09..25	Micheal Joyce	Teignbridge	There is, from the conversations I have and are having, a deep and growing concern on the ability of Torbay NHS Trust, to meet today's needs, let alone those of the future. How does one really address those conversations without putting one's foot in it?	Kate / Adel / Simon					Assigned
215	30.09.25	Val Browning	South Hams	Was the information passed on and have measures been implemented in order to save the Trust these huge amounts of money.	James Corrigan	06.10.25	No we've not received the question before so apologies to Val that she'd not had response from whoever she'd originally raised it with. Stock control is not a universal service across the Trust. I'm not sure from the question which store or type of stock is being referred to, but I'll assume it is medical consumables to the wards and theatres areas. We do run a dedicated service for the majority of wards and the theatres on the Torbay hospital campus. However, community hospitals, some specialist and low volume areas manage their own inventory levels within the local services, receiving some central stock where it's uneconomical to have this directly delivered by suppliers. For Torbay hospital the wards have a once-a-week scheduled checks as part of the putting away schedule which will include stock rotation where possible. However, this can be challenging due to the location, space available for adequate storage in our aged estate, the resources available, fluctuations in demand and changes in clinical practice. Local teams operate their stores day	05.11.25	06.10.25	Responded

							to day and will often move, fill trolleys and decant to clinic, treatment and escalation areas which can cause issues when stock is later returned or discarded from these areas. Theatres have a more resourced logistical support with a daily presence Monday to Friday in the main stores, as the value and number of SKUs is significantly greater. We also use supplier-maintained inventory (consignment stock) for some lines where value and usage across the size ranges requires the holding of higher value equipment that has a significant risk of never getting used. It's important to state the hospital does not run to just in time manufacturing practices its needs to provide for just in case provision and we support 24/7 working with 8am to 4pm mon-Friday excluding public holidays delivery schedules. There will always be a degree of waste. Investment in inventory management is difficult to get to the top of the agenda for healthcare against competing priorities. We have struggled to move forward our Scan4Safety			
							project due to issues with our core Finance and Procurement system development. I am more hopeful this will be able to move forward now with changes coming this coming April and this will help improve stock management practices for our medical consumables. I will follow up with a walk around with the logistics team.			
216	03.10.25	Ali Meadows	CoG	I happened to discuss a recent visit I made to ED on a Saturday afternoon. I had a medical problem that was of concern and felt it couldn't wait until the Monday morning. I was triaged fairly quickly and given orimorph for the pain. I waited for some time and then started to panic about the two people I care for at home. It seemed to coincide with not having any help available that I could call on. Therefore, I discharged myself and got a taxi home. After a discussion with fellow carers there seems to be a pattern emerging.	Adel Jones					Assigned
				An idea that was put to me is - Would it be possible if carers- instead of sitting in the waiting room for hours could be triaged and then offered an appointment time - so they could go back to their cared for? Thus relieving the carer of any anxieties - keeping the cared for as safe as possible and also germ free. Its just an idea that was brought to my attention and I said I would ask on their behalf. Any feedback would be really appreciated.						
217	06.10..25	John Nutley	Teignbridge	This is rather concerning to read Val's email and the number of supplies that are being discarded because they are out of date, which seems to be caused with the supplies not being used in rotation. This has to be down to the person in charge of the stores in not storing them in date order. I would be interested to see the log for the items being discarded and what the cost are in having to do this.	James Corrigan					Assigned

218	08.10.25	Mike Joyce	Teignbridge	I was at a Town Council planning Meeting yesterday when a planning application was discussed with regards to the development at Langford Bridge, Abbotskerswell During the discussion concern was raised as to whether the NHS was in a position to cope with this development of 33 dwellings along with the other proposed developments on the Ashburton Road . The concern was that, this development along with the many others planned for this area, appears to be going ahead without any direct consultation or input from either	Simon Tapley	20.10.25	The Trust has a dedicated team responsible for managing NHS relationships with all ten local authorities across Devon. Their role is to ensure that the NHS is represented in Local Plan processes by identifying the impacts that housing growth will have on healthcare services — both in primary care (GPs) and secondary care (hospitals). In addition to this strategic engagement, they review all new planning applications for developments of 20 dwellings or more. Where existing infrastructure capacity is insufficient, they seek developer contributions to directly mitigate the additional impact of the development on local health services. Across Devon, our team has secured £7.8 million in developer contributions, with a further £7.7 million currently subject to planning decisions. This includes contributions within Teignbridge District Council, Torbay Council and South Hams District Council where £3.6 million has been secured and an additional £3 million is awaiting planning determination.	5.11.25	20.10.25	Responded
				The Trust or the PCN's. Now it could be these matters get dealt with through the ICB and if so, what if any input through that avenue does the Trust have. I would like to be in a position to report back if at all possible.			The majority of the funds secured are for primary care infrastructure, as the ability to secure hospital contributions has been constrained following the 2023 High Court case (University Hospitals of Leicester NHS Trust v Harborough District Council) which ruled in against the hospital Trust. That decision led many planning authorities and developers to resist hospital related contributions. We have since developed a revised approach for seeking hospital-related mitigation based upon additional infrastructure requirements, which is currently being reviewed by Exeter City Council prior to sharing this with the other nine Local Authorities. In respect of the development at Langford Bridge Farm (19/00238/MAJ), TSDFT requested £398,089 on the 11th of March 2019 as a direct mitigation for the additional Hospital and Community activity that the development will create. The request was refused by Teignbridge District Council as per the officers recommendations dated 21st of January 2020.			
219		Yvonne Paulucy	Staff Governors	I would like to raise with you the adverts for Care Group Directors of Nursing as I have a number of questions. 1. Are these posts in addition to our current ADNPPs? a. If so, in an organisation under pressure to make significant savings, where, during my time as staff governor for Planned Care before moving care groups and resigning, my constituents felt our nursing and professional practice leadership to be top heavy, especially financially. How have we found an additional £270,000 per annum for these roles?						
				b. In addition, if so, how are we finding this money whilst quality, safety, improvement, and medical administration teams struggle for resource? 2. Many of our staff would consider this a change in nursing leadership structure, which I believe aligns us to UHP or RDUH? Has there been any consultation or EQIA completed for this restructure? a. If these are additional posts. Why are we aligning our structure to organisations which are bigger than our own?						
				3. Given your excellent communication and updates, why has there not been socialisation of these roles via ICON or your update before the roles were advertised?						

Torbay and South Devon NHS Foundation Trust

-Torbay and South Devon NHS Foundation Trust

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	

NHS
Torbay and South Devon
NHS Foundation Trust

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	Workforce
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:**
A&E	18 March
EPR and NHP	15 July
Fragile Services	16 September
Workforce & Staffing	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	

NHS
Torbay and South Devon
NHS Foundation Trust

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	 FPC (SA) QAC (VB)

		6 20	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	Held as required
Agenda Set by	Chair	
Governor attendance	**Governor Members Only**	
NED attendance	Senior Independent Director	
Trust Office attendance	Corporate Governance Manager	

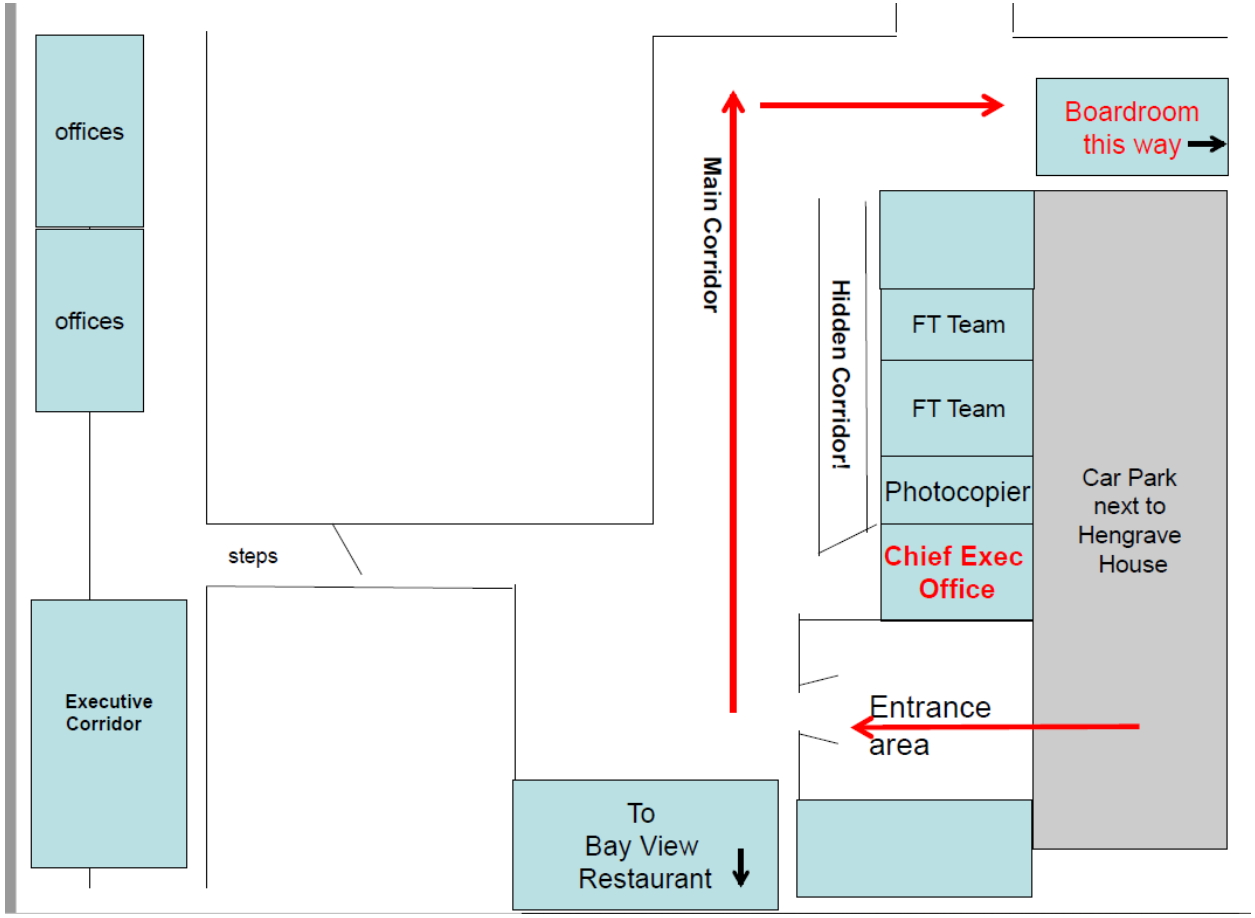
Purpose	Involvement input for performance appraisals for Chair and NEDs	
Governor obligations	Hold NEDs individually to account for performance of Board	
Additional Points		

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

People Committee
Governor Observer Report for meeting
18/08/2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Yes. Flowed well, kept to time, and actions were agreed at the conclusion of each agenda item.
Were members engaged throughout the whole meeting including contributions by NEDs?	All participants were effectively engaged and the four NEDs that were present contributed in a helpful and challenging way.
Did the meeting discuss key risks\issues or did you see a risk register?	Key risks discussed at length and noted.
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 new draft Culture Plan (incorporating standards and behaviours, engagement, and leadership) should be presented to CoG
Key issues to be escalated to the Board.	The Race and Disability Equality Action Plan, the Workforce plan and the People Performance Report were all given limited assurance approval by the committee. This means progress has to be made with timescales on actions that include sickness absence, staffing costs and appraisals. The Culture Plan and Workforce Plan are being presented to the next Board.

Torbay and South Devon
NHS Foundation Trust

Report completed by: Alison Ramon

Date: 18th August 2025

NHS
Torbay and South Devon
NHS Foundation Trust

Finance and Performance Committee
Governor Observer Report for meeting dated 18 09 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.	Last month the document pack was 400 pages, the month before 415 pages and next month 312 pages, better but still way to much to assimilate in a meeting IMHO. Other that that everything was as it should be.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 18 10 2025

NOTE: this report is not to be edited or modified without the authors permission.

Torbay and South Devon NHS Foundation Trust

People Committee
Governor Observer Report for meeting
20/10/2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	The meeting ran over time. There was too much on the agenda. Other than that it was chaired well on Liz's first meeting as Chair with good participation and flow.
Were members engaged throughout the whole meeting including contributions by NEDs?	All the NEDs contributed effectively with forensic examination of the issues and risks. They had a handle on all the subject matter and offered strong insights and suggestions.
Did the meeting discuss key risks\issues or did you see a risk register?	Key risks discussed at length and noted including the need to review risk categories in the Broad Assurance Framework (BAF).
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.	With the departure of the Freedom to Speak Up Lead there needs to be a reset regarding how staff can raise concerns with confidence and reassurance that these will be dealt with effectively. Pulse survey participation low. Mandatory and statutory refresher training will be paused between 2 Feb and 1 May for the launch of EPIC. So too will some clinical skills refresher training. Some training will continue for

Torbay and South Devon NHS Foundation Trust

	newly qualified staff and staff new to the Trust. Additional training sessions will be made available between October 25 and Feb 26 to maximise the number of staff compliant and in date with statutory and mandatory training or clinical skills
Key issues to be escalated to the Board.	There are a number of limited assurance ratings on People Directorate activities. Bank staff usage still high and sickness absence rate is a concern at over 5% Risk factor concerning delay in the update of several policies.

Report completed by: Alison Ramon

Date: 21st October 2025

Torbay and South Devon NHS Foundation Trust

Audit and Risk Committee
Governor Observer Report for meeting dated 22/10/2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Well chaired. Actions going forward were articulated clearly with the required expectations.
Were members engaged throughout the whole meeting including contributions by NEDs?	Introductions were not made at the start of the meeting. This was a hybrid meeting and it was not clear as what the representation was of attendees in the Board room. There was one NED who attended virtually who contributed throughout.
Did the meeting discuss key risks\issues or did you see a risk register?	An extensive discussion took place regarding the ongoing plans that are currently ongoing to further develop the risk maturity within the trust. Specific risks were not discussed in detail however it was identified that People risk is not given enough agenda/discussion time.
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 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: 22/10/2025……..