Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 11 February 2026

Time: 2.00 pm – 3.40 pm

Venue: Microsoft Teams

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Council of Governors

11/02/2026 14:00 - 15:40

Torbay and South Devon NHS Foundation Trust

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Torbay and South Devon NHS Foundation Trust

MINUTES OF THE PUBLIC COG MEETING
HELD ON 5 NOVEMBER 2025 AT 2 PM
IN THE BOARDROOM AND VIA MS TEAMS

Governors Present:

Sarah Adams	SA	Joanna Bowtell	JB
Val Browning	VB	Dave Cawley	DC
Loveday Densham	LD	Eileen Engelmann	EE
Michael Joyce	MJ	Alison Meadows	AM
John Nutley	JN	Andrew Postlethwaite	AP
Alison Ramon	AR	Julie Spinks	JS
Andrew Stilliard	AS	Lee Thomas	LT
Vincent Williams	VW	Louise Winfield	LW
Radia Woodbridge	RW	Ged Yardy	GY

Directors Present:

Chris Balch	Chair	CB
Martin Beaman	Vice-Chair/Non-Executive Director	MB
Mark Greaves	Non-Executive Director	MG
Paul Richards	Senior Independent Director/Non-Executive Director	PR
Chris Saxby	Non-Executive Director	CS
Robert Williams	Non-Executive Director	RW
Joe Teape	Chief Executive Officer	JT
Emily Long	Director of Corporate Governance and Trust Secretary	EL
Nicola McMinn	Chief Nurse	ST
Adel Jones	Chief Operating Officer	AJ
James Corrigan	Interim Chief Finance Officer	JC

In Attendance:

Sarah Fox	Corporate Governance Manager	SF
Kirsty Hewett	Membership Manager	KH

() denotes attended part of the meeting.

1.	OPENING MATTERS
1.1	**Chairman's welcome and apologies** The Chair welcomed those present to the Council of Governors meeting. Apologies for absence were received from the following Governors: Karen Barry, Councillor Richard Keeling and Councillor David Thomas.

	Apologies were also received from: Ash Ghadiali, Non-Executive Director; Kate Lissett, Chief Medical Officer; Simon Tapley, Chief Strategy and Planning Officer and Robert Williams, Non-Executive Director and Jess Piper Interim Chief People Officer.
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 6 August 2025** The Council of Governors approved the minutes of the Council of Governors' meeting held on 6 August 2025.
2.2	**Matters arising not covered elsewhere on the agenda** None were discussed.
3.	**BUSINESS REPORTS**
3.1.	**Chairman's Report** It was noted that most of the issues the Chair wished to raise with the CoG were included in the Chief Executive's report. He informed the CoG that the Chair of the Devon and Cornwall ICB cluster, John Govett, had visited the Trust earlier in the week. The visit had a strong focus on activity within community settings and included visits to both Torbay and Newton Abbot Hospitals and a meeting with Executive Directors to discuss strategy. The opportunity was taken to apprise him of the condition of the Trust's estate. JG reported that he was impressed with the facilities at Newton Abbot Hospital and that it was one of the best visits since he had taken on the role of Chair. The following Governor question was raised: *Q – Did JG explain his ICB Strategy?* A – JG did discuss his plan for change and the need to adopt processes to own the problem shared by the Devon and Cornwall system.
3.2	**Lead Governor Update** Lead Governor verbally updated CoG on: • Medicine for Members event • Patient Led Assessments of the Care Environment (PLACE) – lack of governor participation • Collaboration with Royal Devon and Exeter (RDE) Governors, in the process of arranging a meeting with the lead governor of RDE • Governor Only meeting recordings vote - SF informed CoG that fourteen governors voted for recording and only two voted against Governor Only meetings The following Governor questions were raised: *Q – Concern was raised around the apparent lack of activity at Dawlish Hospital, noted during a PLACE visit and whether the Trust had a place to increase activity?* A - There has been a relaunch of the Trust's Estates Strategy and a meeting with the care group directors on how the Trust could optimise community space and ensure it was suitable. Outpatients' Improvement Plan had also been launched including work to map out clinics and align them to clinician job plans. There was also a need to

	ensure that clinicians were not expected to travel between community sites during the working day. It needed to be noted that staffing at Dawlish Hospital was fragile. *Q – Why were consultants from Plymouth Hospital attending Kingsbridge Health centre instead of Torbay Hospital Consultants?* A – the CoG were reminded of the previous point that scheduling did not currently provide clinicians with opportunity to work at clinical sites all day without having to use NHS time to travel between sites. It was recognised that the aim was to enable community hospitals to thrive and provide care closer to home. *Q – is Kingsbridge Health Centre part of University Hospitals Plymouth or this Trust?* A – It is owned by University Hospitals Plymouth, but colleagues from both Trusts work there. J Nutley asked that a response to his governor question in respect of funding and Ashburton League of Friends was expedited. **Action: AJ**
3.3	**Chief Executive's Report** The Chief Executive presented his report, in a new format to provide more in-depth detail to the CoG. He asked CoG members to provide any feedback they had on the new format. **Action** JT asked for CoG to feedback on the new CEO report format. The CoG thanked Jane Harris for her thorough weekly briefings.
3.3	**Membership Committee Chair's Report** LD updated CoG on the key highlights from the circulated MC report: • All governors encouraged to contribute to Annual Members Meeting • Medicine for Members (MfM) Event was held in October. This event was poorly attended and the feedback received was this was due to the medical language used via promotion material. It was noted that members of the public would not understand what Oncology meant so should have used words like Cancer instead. In addition, the event had been held after the clocks had gone forward so it was very dark, which might have impacted on people's willingness to attend the meeting. • The next MfM (April 2026) was being organised for Orthopaedic linked with falls and frailty. AJ had offered to link Frailty Service doctors to help support the next MfM event to help the community to be healthier. • Committee members were asked to attend their GP Patient Participation Group (PPG) to enable stronger relationships between primary care. CB informed CoG that he attended his local PPG where 60 members were in attendance, which had a great audience to maximise membership. MJ confirmed that he chaired a PPG meeting in Newton Abbot (NA) and invited all governors to attend a NA locality meeting. JT added that there had been a push for a Staff Governor role from internal advertising due to there being four Staff Governors vacancies within; Medicine and Urgent Care, Professional Support Services, Planned Care and CHFD care groups. RW confirmed that there has been a high interest rate in staff governor roles.
3.4	**Governor Observer (GO) Exception Report** No updates to GO reports circulated since the last meeting were provided.

4.	Strategy
4.1	**SEND Report** Nicola McMinn, Chief Nurse presented the SEND report to CoG which was circulated with the agenda. The next CQC assessment would take place in eighteen months' time, and then the again in three years' time. The key highlights were: • Key Areas of Focus and Progress 1. Reducing Waiting Times and Improving Access 2. Earlier Identification and Support 3. Neurodiversity and Inclusive Practice 4. Emotional Wellbeing and Mental Health 5. Communication and Family Experience 6. Workforce and 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 was supported by Children and Family Health Devon (CFHD), local NHS trusts, and local authorities. ➢ Each area had an established SEND Improvement Board that included parent representatives and monitored delivery, outcomes, and risks. ➢ Regular updates were provided to the NHS Devon Board and relevant Local Authority Committees The following Governor questions were asked: *Q – How long is the wait to be seen by Child and Adolescent Mental Health Services (CAMHS)?* *A* **-** the longest wait to be seen by CAMHS was around four years (noting that this was not for all CAMHS clients as it depended on the service). Lengthy waits were also noted to be a national issue. *Q – what is the cost and number of SEND frequent flyers attending the Emergency Department?* A – It was noted that CAHMS patients were not frequent flyers in ED but there were frequent flyers with complex health conditions. Funding was complicated because CAMHS was funded by both the local authority and health funding. The Trust received approximately £12 million to deliver those services in Torbay and South Devon. JT added that there were different categories for wait times. **Action** NM to confirm the waiting lists for CAMHS SA provided assurance that she met colleagues from CFHD review the trajectory for the CAHMS waiting times. She added that resources had been redirected to reduce waiting list, and the bulk of the waits were now in the secondary intervention within the original pathway.
4.2	**Cardiology** JT verbally updated the CoG regarding Cardiology. The key highlights were: • The Trust were still supporting Royal Devon University Hospitals Trust (RDUH) patients who required Cardiology input. • Case for change – current position was a detailed response from the cardiology clinical team to the ICB case for change.

	• Heart Campaign – Receiving regular contacts from the Heart Campaign via Freedom of Information (FOI) or direct emails to CEO about issues relating to the frailty service and the Cath Lab Service. Update via the weekly briefings. AM fed back that finding out that the Heart Campaign knew of the virtual ward closure before governors was difficult as governors could not support the Trust when challenged on this issue. JT confirmed that it was a difficult decision to make to close the virtual wards. He added that it was difficult to be able to inform Governors of every operation decision of change that was made. AR iterated the improvement with communications via the weekly briefings. GY commended the communications, and the open letter that was professionally written. The following Governor questions were asked: Q - *can you confirm that revenue from the RDUH was coming into the Trust?* A – the Trust was paid for the services it provided to the RDUH and there was a contract in place for this work. *Q – has the Cardiology paper that has been prepared been endorsed by the Trust?* A – it was not yet endorsed by the Trust as it had not been finalised. It would be shared with Governors as soon as was practicable. *Q – When did patients from the RDUH start to use the Trust's Cath Lab?* A – Since 2023, usually one patient a day. **Action: Detail to be provided on the number of patients using the Cath Lab from RDUH - AJ** JN mentioned that he forwarded information to his Teignbridge Councillor colleagues and highlighted the key issues of cardiology patients going to Exeter. JN peers had expressed deep concern with cardiology services moving to Exeter. JT confirmed that a lot of health service changes would be taking place in the future, due to the NHS being in financial deficits, especially in Devon. AJ confirmed that the ultimate outcome was making the cardiology service safe for the whole of Devon, and she asked governors to inform her if there was anything more Executives could do to help engagements with the public. MJ informed CoG that he was concerned that the public were unaware of the recent changes and would like clarity on what information he could share. CB confirmed that the open communication with the weekly briefings would help in ensuring the right messages were shared with the public. EL informed CoG that the Heart Campaign PVC banners were causing upset within the community, highlighting a planned proposal that currently did not exist. The Trust needed the support of governors to reach out to their constituencies to inform the public. VB suggested it would be helpful if briefings were sent to all patients in the GP medical centres when there was information that needed to be shared with the public.
4.3	**Out of Date Supplies Wastage** James Corrigan, Interim Chief Finance Officer verbally updated CoG on the current position in respect of out-of-date supplies wastage.

	Key highlights were: • JC undertook a site visit to areas of concern. Issues were: • Paper based systems not electronic • Unable to understand stock levels • Supply volumes increasing levels of waste turnover • Limited team capacity • Stock cupboards too small and not secure Plan • EPIC implementation • Comms around wastage GY appreciated that expiring dates were a complex field and was pleased to hear that EPIC would have a system to manage stock. The following Governor questions were asked: Q – I left the *NHS procurement team in 2017, and the electronic system was working well then? What has changed?* A – JC was unable to answer why the electronic system was no longer fit for purpose and a manual system had to be used. *Q – as a patient I noticed there was a lot of food wastage - is there a plan to prevent this from happening?* A – a new system was being implemented to reduce food wastage. It was also highlighted that during a recent inpatient experience a Governor noticed that staff would open sterile medical equipment packages before realising they were not required. It was noted that the planned communications around wastage would include issues such as this.
5.	**GOVERNANCE**
5.1	**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. Key highlights were: • James Hartley, John Kiddey, Alison Macgregor, and Yvonne Paulucy had resigned as Governors since the last meeting. • 2026 elections are due to commence on 11 November, and the vacancies were: ➢ 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) • Governor Nominations and Remuneration Committee (GRNC) – the tenure of AS a member of the GNRC had recently ended. It was agreed to extend AS's

	tenure until the elections had taken place and then canvass the CoG for expressions of interest. CoG received the annual report for GNRC • CoG approved Governor Expenses Policy – **Approved** • CoG received positive feedback from AMM. Big thanks to the Foundation Trust Team and the Membership Committee who organised a successful event.
6.	**GOVERNOR ENGAGEMENT**
6.1	**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. Concern was raised in respect of Jhoots pharmacy supplies going into administration and how this was being communicated to the public.
7.	**INFORMATION ITEMS**
7.1	**Governor Calendar and Information Items** The Governor Calendar and Information Items paper, circulated with the agenda pack, was received and noted.
8.	**CLOSING MATTERS**
8.1	**Any Other Business** No further business was discussed.
8.2	**Close of meeting** There being no further business, the Chair declared the meeting closed at 15.22 pm.
	Dates of Next Meeting: 2 pm Wednesday 11 February 2026

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**
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**	**On agenda for approval**	**Closed**
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**	**Email sent from JT on 6.10.25**	**Closed**

6.	**PASP** – briefing to be provided to the next meeting.	KL	**Nov 25**	**Standing agenda item**	**Closed**
7.	**Cardiology** – share Torbay Overview and Scrutiny papers with CoG	JT	**Aug 25**	**Standing agenda item**	**Closed**
Meeting held on 05 November 2025					
8.	**Lead Governor update -** John Nutey requested a response to his question from Caroline Couzens AJ will chase for a response.	AJ	**Feb 26**	**Formal Governor Question**	
9.	**Chief Executive's Report –** JT requested feedback on the format and information in the new CEO Report	All governors	**Feb 26**		
10.	**SEND Report -** NM to confirm the waiting lists of CAMHS	NM	**Feb 26**		
11.	**Cardiology –** Formal Governor question from AS to request for the data on Exeter patients using the Cath Lab service**.**	AJ	**Feb 26**	**Formal Governor Question**	
Meeting held on 11 February 2026					

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

Torbay and South Devon NHS Foundation Trust

Council of Governors

Chief Executive report

Date of meeting	Date report produced
11.02.2026	30.01.2026

Author(s)		Report approved by	
Name and title:	Jane Harris, Associate Director of Communications and Partnerships	**Name and title:**	Joe Teape, Chief Executive
Phone:		**Date:**	02.02.2026
Email:	jane.harris18@nhs.net		

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

Executive summary

This report provides the Council of Governors with assurance on the handling of sensitive, confidential and/or complex issues that affect our ability to achieve our vision and purpose.

Appendices

Devon and CIOS clustering stakeholder update

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

N/A

Key recommendations and actions requested

The Council of Governors is asked to receive and note the Chief Executive's report.

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

This report provides the Council of Governors with assurance on the handling of sensitive, confidential and/or complex issues that affect our ability to achieve our vision and purpose.

How does the report support the Triple Aim

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

Impact on BAF Objectives

BAF Objective	Impact
Quality, Safety and Patient Experience	
Leadership and Governance	
Performance	
People and Culture	
Strategy and Business Intelligence	
Finance	

Risk

Risks lodged on Datix:

External Standards affected by this report and associated risks

Care Quality Commission
Terms of authorisation, NHS England licence and regulations
National policy, guidance

Report to the Council of Governors

Chief Executive Officer update
Executive summary

1. During January, we have experienced periods of extreme operational pressure and have been in OPEL 4 for 14 days and a critical incident for eight days.

2. The causes of this have been complex, related to a sustained increase in attendances, the acuity of patients presenting, high levels of respiratory viruses affecting both inpatients and colleagues and the adverse weather conditions that have impacted both our estate and admissions related to trauma.

3. Our teams have been amazing and despite all of these factors, ambulance waits for January 2026 are 47 minutes and 33 seconds. While not what we would want to achieve and worse than our performance at the end of last year, they are nowhere near the region of 1 hour and 23 seconds, which was our average in January 2025.

4. There have, however, been impacts on our population, with poorer patient experience due to longer waits in the Emergency Department (ED) and in escalation areas. Similarly, it has had an impact on colleagues who have not been able to deliver the care they wish to.

5. The longer-term approach to preventing this recurring next year is our frailty model, call before convey and a review of the virtual ward model.

Industrial action

6. The BMA resident doctors committee is balloting its members for another six months of industrial action. The current mandate expires in January.

7. The ballot ends on 02 February 2026.

8. If members ballot for further industrial action, the mandate for action would be extended to August 2026.

9. It is anticipated (although not confirmed) that the action will take place during the February half-term break, which takes place from 16-20 February 2026.

Performance dashboard

Medicine and emergency and urgent care

Emergency and urgent care

10. In December 2025, we continued to face very high demand across our urgent and emergency care services. Although we did not meet our revised trajectory of 73.6%, nor the national 78% four-hour standard, our performance improved to 70.8%, which is 2.5% better than November 2025.

11. We have previously been clear with our commissioners that, based on demand and the pressures we are managing, we did not expect to reach the 78% national standard by the end of this financial year. However, the overall direction remains

positive, especially compared with last year, despite a challenging Christmas and New Year period.

12. In December 2025, we saw 10,196 urgent and emergency care attendances, including 7,022 patients seen in our Emergency Department – the eighth consecutive month above 7,000 attendances.

13. Demand continues to grow faster than planned, with a 4.36% increase this year against a planned rise of 2%, mostly from the sickest patients (Type 1 activity has grown by 5.48%).

14. The number of people waiting more than 12 hours in the Emergency Department reduced from 549 in November 2025 to 520 in December 2025. 297 of these patients were aged over 75, which will be a key area of focus within our new frailty programme.

15. Importantly, we have now met the Recovery Support Programme (RSP) requirement of fewer than 10% of patients waiting over 12 hours for 11 consecutive months.

16. Ambulance arrivals were extremely high in December 2025, with 2,569 conveyances – a 14% increase on the same time last year.

17. Despite this, our focus on improving handovers has resulted in a significant improvement, with the average handover time falling below 30 minutes (27 minutes 05 seconds).

18. January 2026 has been more challenging due to demand pressures, and we are monitoring this closely.

19. To keep patients safe during periods of high demand, we have had to open additional escalation spaces; work is underway to fully quantify this impact.

20. A national request was made for all Trusts to reduce bed occupancy to 80% before Christmas Eve to prepare for post-Christmas surges. Although we improved flow, our final position was 86.2%, reflecting the continuing pressures following industrial action and the acuity of patients needing care.

Dawlish Minor Injuries Unit

21. NHS England has set out a national requirement that MIUs should no longer be offered as standalone services by April 2026, unless they can be enhanced to meet Urgent Treatment Centre (UTC) standards. Where this cannot happen, they will be replaced by alternative treatment pathways.

22. NHS Devon is reviewing MIUs and UTCs across Devon to ensure urgent care services are aligned with national standards and continue to meet the needs of our communities. We do not have clarity on the timescales for this at the current time.

23. Governors will be aware that over recent months we have had to, at short notice and for irregular periods, temporarily close Dawlish MIU on a number of occasions due to staffing shortages.

24. The ICB rejected our request for a temporary service closure at Dawlish Minor Injuries Unit (MIU) for operational reasons, while the longer-term future of the unit is determined.

25. Given the staffing challenges we continue to face, we are reviewing staffing levels each week. If we cannot safely run the service, we are temporarily closing the MIU for that week, updating our website and local channels promptly so people know where to go for help. At the same time, we are continuing to recruit so that we can provide more stability across all our urgent care services, including Dawlish.

26. Governors will be kept informed as this work progresses and as further decisions are made.

Cardiology

27. The South West Peninsula's Board was due to discuss the Devon cardiology case for change on 29 January 2026.

28. Originally it was planned to be discussed at the Board meeting in public but a late decision was made to move it to the Board meeting in private.

29. Our Chief Medical Officer, Kate Lissett, received a confidential copy of the draft case for change on 20 January (around 2pm) and was requested to provide comments that day. She discussed this with both myself and our Chair.

30. At the time of writing, we have no further detail re the plan for publication or communications and engagement. We have updated our governors and our colleagues and reiterated our commitment to sharing the document as soon as it is approved for publication.

31. The Heart Campaign are currently communicating with us on the replacement of one of our catheter laboratories which goes out of service in 2026/27. We have prioritised investment in the cath labs within our 2026/27 capital allocation and the replacement will form part of a two-year programme of work.

32. A business case is being developed and will be considered through our capital governance process. As governors will be aware, our capital programme is under significant pressure, with several high-risk schemes competing for limited funding. While the cath labs are prioritised, progressing this work will still involve making difficult choices elsewhere in the programme.

33. We did bid for national capital funding for the cath labs but were unsuccessful, and we will continue to explore all available external funding opportunities to reduce the level of risk we carry.

Planned care and cancer

Planned care

34. Our most recent data shows that, although we made strong progress earlier in the year, our performance levelled off as we moved into winter. We met all of our key Recovery Support Programme standards up to September 2025, but the pace of improvement has slowed, and we are monitoring this closely.

35. We continue to see rising demand. We are caring for more people than last year in both our Emergency Department and through unplanned admissions. Outpatient activity is broadly steady, and day-case activity is performing well, although elective inpatient activity is lower than planned because of increased orthopaedic trauma and earlier theatre disruption.

36. Despite these pressures, we remain on track to meet the national Elective Recovery Fund requirement, delivering 116% of our 2019/20 activity levels. This reflects improvements in how we record day-case and outpatient procedures.

37. Reducing long waits remains a key focus for us. Although we were unable to fully clear 65-week waits by the national deadline in December — due to industrial action, theatre outages and winter pressures — we have acted quickly to recover our position. We expect to clear the remaining longest waits, all within orthopaedics, by the end of March 2025.

38. To support this, we are reviewing theatre and outpatient capacity daily and have secured additional funding to increase outpatient activity in the final quarter. This will help us improve access and strengthen our recovery trajectory through the remainder of the year.

Cancer and diagnostics

39. We continue to make good progress in our cancer pathways. We met the national 28-day faster diagnosis standard in November 2025 and we remained on track to meet both of our key cancer standards again in December 2025. This is the third consecutive month of meeting our cancer trajectories and has enabled us to move out of Tier 2 oversight much earlier than expected.

40. We have identified a short-term risk to our January performance in the faster diagnosis standard because of staff absence in dermatology over Christmas. This has created a backlog, but we expect this to be cleared during January, with performance returning to target in February 2026.

41. Diagnostics remain challenging. More patients than we would want are waiting over six weeks for some tests, particularly ultrasound, DEXA and flexible cystoscopy. This is partly because demand for ultrasound has risen sharply after a regional contract change. We have an improvement plan in place and are awaiting confirmation of additional community diagnostic centre capacity, which will help us increase activity by the end of the year.

42. Overall, while diagnostics continue to be under pressure, our cancer standards are moving in the right direction, and we are working hard to protect this progress through the winter.

Families and communities

Frailty hub

43. Our new community frailty service, The Harbour, opened at Newton Abbot Community Hospital in November and is already making a real difference for older people who need urgent support. The service brings together a team of clinicians under one roof to provide specialist frailty care, diagnostics, holistic assessments and access to our frailty virtual ward, helping more people receive the right care closer to home.

44. In its first four weeks, more than 124 people have been supported by The Harbour. The team received 138 calls from care homes, the ambulance service and colleagues across our acute and community sites to check whether people could be safely cared for away from Torbay Hospital. As a result, many have been supported at home or by community services, helping to avoid unnecessary hospital admissions and improving people's experience of care.

45. Early feedback from families and colleagues has been overwhelmingly positive – including from relatives grateful that their loved one was able to receive dignified end-of-life care at home thanks to The Harbour's involvement.

46. The service continues to develop. Over the coming months, we will introduce a same-day emergency care space for people living with frailty who need urgent diagnostics or hospital interventions, offering an alternative to attending Torbay Hospital.

47. The Harbour is already helping us to deliver safer, more responsive, and more personalised care for people living with frailty, and we will continue to keep governors updated as the service grows and its impact expands.

Teignmouth Hospital

48. We are continuing to review potential options for services currently based at Teignmouth Hospital. However, the substantial backlog of maintenance work at Teignmouth poses on ongoing risk which requires careful management to ensure the safety of those using the building. Some of the current buildings are not safe for occupation and decisions will need to be made about its future. No decisions have yet been made.

49. We remain committed to ensuring that the health and wellbeing needs of the Teignmouth community are met through alternative, sustainable service models and facilities. We will engage with key stakeholders and the local community as and when there are any proposals to relocate local services from Teignmouth Community Hospital.

Adult social care in Torbay

50. In December, the Care Quality Commission (CQC) published the results of its first full assessment of Adult Social Care in Torbay under its new national inspection framework. We are pleased to share that our Adult Social Care services have been rated *Good* across all four themes, reflecting the dedication of our teams.

51. Inspectors highlighted the positive experiences of people using our services and their families, strong partnership working, and our clear focus on supporting people to stay independent at home wherever possible. They also recognised our long-standing integrated approach, effective safeguarding arrangements, and the compassion and commitment shown by our workforce.

52. There are areas we know we need to keep improving, including more timely reviews and strengthening support for people with more complex needs. The CQC noted that these are already being addressed through our ongoing improvement work.

53. This is a significant and positive milestone for adult social care in Torbay. It reflects the commitment of our staff, partners, carers and voluntary sector

colleagues who continue to work together to deliver safe, person-centred and joined-up care for our communities.

54. We are continuing our work to ensure that adult social care services in Torbay remain safe, high-quality and financially sustainable for the long term. As governors will know, we deliver adult social care on behalf of Torbay Council through a long-standing Section 75 partnership. While this model has supported joined-up care for many years, the financial context has changed significantly.

55. Demand for adult social care continues to grow, and the cost of providing support has risen sharply. Over the past three years, the cost of delivering adult social care has increased by around 48%, while the funding available has not kept pace. Our analysis shows a gap of around £35 million each year between the cost of providing care and the funding received. This position is drawn from the Trust's draft open letter on adult social care.

56. As an NHS Foundation Trust, we have a legal duty to break even. Carrying the full financial risk for adult social care — a risk that was previously shared across all partners when the agreement was first created — now places increasing pressure on our ability to invest in and protect our NHS services, from our hospitals to our community teams. Over time, the original risk-share arrangement was removed, and we now shoulder the majority of the cost pressures.

57. Because of this, our Board is reviewing the future of the Section 75 agreement to understand how we can continue to deliver safe, high-quality care in a way that is financially sustainable. We have asked our partners to reconsider entering into a risk-sharing arrangement, but this has not yet been agreed. No decisions have been made at this stage, and we continue to work closely with Torbay Council and the Integrated Care Board as we assess the options available.

58. Whatever the outcome of the review, our priority remains the same: ensuring continuity of care for the people who rely on adult social care, and supporting our staff through any future changes.

59. We will continue to keep governors updated as the work progresses, including any further steps that may need to be taken in line with our statutory responsibilities and our commitment to providing safe, effective services for our communities.

Strategic priorities and risks

Our buildings and infrastructure

Capital developments

60. While we await further progress on the New Hospital Programme for Torbay Hospital, I wanted to take the opportunity to update you on how we are continuing to actively pursue national capital funding opportunities to enhance our facilities and deliver better care environments for patients and staff.

61. As I shared with governors at October's Council of Governors meeting we have secured funding to improve theatre conditions at Torbay Hospital through a development within the lightwell. This is enabling the refurbishment of our existing day surgery and eye surgery theatres. The plans have been carefully designed to minimise disruption to planned care activity, ensuring continuity of service while we upgrade the environment.

62. The enabling works for this have now begun on level 2 and they include groundwork for the planned upgrade to our Oral and Maxillofacial Surgery (OMFS) department.

63. We've also recently secured funding to relocate the Surgical Admissions Unit to support improved patient flow and more effective pre-operative assessments.

64. These are in addition to the £14.2million capital investment in our Emergency Department and the further £2.367million we have secured from the Estates Safety Fund to reduce critical infrastructure risks at Torbay Hospital. This is in addition to the £7.3million received from the Estate Safety Fund earlier in 2025/26.

65. The additional £2.367m will be used for ventilation upgrades for cancer services, water system enhancements, fire safety improvements and roof edge protection.

66. Phase one of the redevelopment of our Emergency Department has opened with phased two planned to open shortly. Phase one included a brighter, more welcoming reception waiting area, extra triage rooms and modern offices and training spaces for staff. These changes mean patients can be seen more quickly and in a calmer environment, while staff benefit from better spaces to learn and work together.

67. Early feedback from patients and families have been overwhelmingly positive with many saying the new waiting area feels more comfortable and supportive. Staff have also praised the improvements, which will help them deliver care more efficiently and safely.

New pharmacy robot successfully installed

68. Our new automated dispensing robot was installed in our inpatient pharmacy in December month.

69. The new robot replaced one that had been in situ for 18 years, is faster and designed to work seamlessly with our new electronic patient record (EPR) when it goes live in April.

70. This means safer, more efficient dispensing and better support for patient care across our busy acute and community services.

Sale of properties and land no longer needed for healthcare

71. Before Christmas, we advised governors in confidence that we had accepted a net book value (NBV) offer for the former Dartmouth Clinic.

72. Governors will recall that towards the end of last year we revised the net book value of the site to reflect current market conditions and our responsibility to secure best value.

73. This offer is conditional on planning approval. In line with this, we continue to facilitate viewings from interested parties and remain open to further offers. If the conditional offer does not proceed, the site is scheduled to return to auction on 12 February 2026.

74. Governors may also recall that last year we received an offer from Dartmouth Community Chest to rent the site for two years while they attempted to fundraise to purchase it. The Board did not accept this offer because we have been clear with the community that the capital receipt from the sale will be reinvested directly into local services. Achieving best value from our estate is essential to ensuring we use public funds responsibly.

75. There is some local media interest in the potential sale which we are managing.

Electronic patient record update

76. Following the strong progress reported at the Annual Members' Meeting and in last month's update, work to prepare for our Epic go-live continues at pace as we move deeper into the User and System Readiness phase. This remains the longest and most intensive part of the programme, and overall assurance for Phase 2 continues to sit at "Watch", reflecting solid progress alongside a small number of areas where we are maintaining close oversight.

77. Over recent weeks we have continued to move forward on configuration, data migration and identifying our super users. Our 90-day Go-Live Readiness Assessment took place on 13 January and was extremely positive, with Epic colleagues noting strong engagement and honest reflection from our care groups and corporate teams. The active involvement of Executive colleagues sent an important signal about our collective ownership of this programme.

78. We now move to the 60-day readiness assessment on 03 February and I will provide a verbal update at the meeting.

79. As expected at this stage, there are a few key areas that require continued attention – particularly around validation and technical feasibility challenges. We have also made strong progress on training registration, with around 90% of colleagues in our operational Care Groups now booked onto at least one course, and work continues to ensure all required staff – including those in Corporate Services – are registered.

80. Other parts of the programme continue to strengthen. Device Integration has improved following the finalisation of scope and delivery of new devices. Benefits governance is fully established and emerging benefits are being tracked, with no build issues identified that would compromise delivery against our Full Business Case.

81. We are also monitoring a small number of programme-wide risks, including current recruitment controls and the impact of wider organisational and regional interdependencies. These are being actively managed.

82. Overall, we continue to progress well against our readiness milestones. As we approach the crucial final stretch towards go-live, our focus remains on supporting staff through training, addressing the areas of highest risk and sustaining the high levels of engagement, honesty and collaboration that have characterised the programme so far.

Our strategy

83. Our Board is taking a short pause to finalise our organisational strategy so we can fully reflect feedback about being clearer and more open about the challenges we face.

84. Over the next month we will refine the strategy, informed by continued Board engagement and the wider systemwide work now underway across Devon. -wide work now underway across Devon.

85. In parallel, the Board will begin deeper discussions about the future role of our organisation and our acute services, recognising that the scale of potential change will need careful engagement with clinicians and our communities.

Resident Doctors 10-point plan – national update and local position

86. The national NHS England team has provided an update on delivery of the Resident Doctor 10 Point Plan. Launched in August 2025, the programme set out rapid improvements across longstanding issues affecting Resident Doctors, and strong progress has been made nationally across all ten areas. -standing issues affecting Resident Doctors, and strong progress has been made nationally across all ten areas.

87. National highlights include improved workplace wellbeing in 167 of 189 trusts, strengthened rota transparency (92% for 12week notifications, 82% for 8week schedules, 76% for 6week rotas), full national adoption of mandatory training recognition, payroll accuracy training for over 300 colleagues, and implementation of the revised exception reporting system, which goes live nationally on 04 February. Work continues on annual leave reform, expense reimbursement times, rotation pilots, and the emerging lead employer model. -week notifications, 82% for 8-week schedules, 76% for 6-week rotas), full national adoption of mandatory training recognition, payroll accuracy training for over 300 colleagues, and implementation of the revised exception reporting system, which goes live nationally on

88. We have a clear local action plan in place, developed with our Resident Doctors and our education team.
    - progress is monitored through regular meetings with Resident Doctors
    - a quarterly update is reported to the Quality and Performance Committee
    - an annual update is presented to Board.

89. We are awaiting further guidance from NHS England on a small number of points to enable full alignment with the national framework.

90. The national expectations for Boards—annual leave, Board level leadership, and readiness for the new exception reporting system—are all being addressed through this action plan. -level leadership, and readiness for the new exception reporting system—are all being addressed through this action plan.

91. We have one unresolved local issue which relates to car parking and on-call spaces. This is being taken forward by our Resident Doctor Peer Lead and Chair of the Resident Doctors Representative Committee with our estates and facilities management team. -call spaces. This is being taken forward by

National silver award for work experience

92. Our work to support people into health and care careers has been recognised nationally by NHS England which has awarded us its Silver Award for Work Experience.

93. The award highlights the commitment of staff across the organisation who give their time to welcome work experience learners, explain their roles and help people gain a real understanding of what it's like to work in health and care.

94. Every year, colleagues from a wide range of services support school students, young adults and adults changing careers. Through everyday conversations, encouragement and the willingness to share skills, they help learners build confidence, try something new and explore future career pathways.

95. We take our responsibility as the largest employer in Torbay and South Devon really seriously, and work experience plays an important role in creating opportunities for local people who may not have considered a career in health and care.

Volunteer of the Year award finalists announced

96. Last year we launched a Volunteer of the Year Award to recognise and reward the dedication, compassion, and commitment of our 400 volunteers.

97. From offering companionship on wards and in care homes, to providing vital admin support, mentoring service users, supporting nutrition and hydration, and sharing their creativity through music, crafts and fundraising – our volunteers truly help our patients and communities thrive.

98. Our judging panel had a very difficult job or narrowing it down to four finalists who are:
    - Sam Mead, Way Finder and Administrative Transporter
    - Myles Leaman, Way Finder
    - Keith Reeves, Torbay Hospital Radio Presenter and Chairman
    - Anna Heywood, MSK Physio Torbay Admin Support

99. All finalists will be invited to attend Our People Award celebration in May and the winner will be announced at the event.

Director of Midwifery and Gynaecology invited to attend national virtual session with Chair of the Health and Social Care Committee hosted by Royal College of Midwives

100. Jo Bassett, our Director of Midwifery and Gynaecology, has been selected to join a national virtual session being hosted by the Royal College of Midwives on 10 February. The meeting is specifically for Heads and Directors of Midwifery and will be attended by Layla Moran MP in her role as Chair of the Health and Social Care Committee, supported by a member of the Committee's team.

101. Around 40 midwifery leaders from across the country are expected to take part, including colleagues from trusts currently involved in the Rapid Review linked to the ongoing Amos Investigation. Part of the session will focus on hearing directly from those organisations. The discussion will take place under the Chatham House Rule.

102. Attendance is by invitation only. Jo will brief us on any key insights arising from the session.

System and partnership updates

NHS Devon and NHS Cornwall and Isles of Scilly clustering stakeholder briefing

103. Please see the appendix for an update.

NHS Devon leadership update

104. Steve Moore stepped down as NHS Devon ICB Chief Executive on 31 January 2026, concluding more than 15 years in senior NHS leadership and two years back in his home county of Devon.

105. The ICB's Board of Directors are working with NHS England's regional team to manage a smooth transition and will begin the process to appoint an interim Chief Executive followed by recruitment to the permanent Cornwall and Isles of Scilly and Devon Cluster Chief Executive

106. Further details on interim arrangements and the recruitment process will follow. On behalf of the Board, I have extended our thanks to Steve for his contribution and wished him well for the future.

Our Torbay and South Devon NHS Charity

107. The past three months have been an exciting period for our Charity, marked by new initiatives and community engagement. Our staff lottery continues to grow, giving us a dedicated income stream for staff wellbeing projects.

108. We submitted our bid to NHS Charities Together just before Christmas and we should hear the outcome of our submission in March. We submitted a bid for circa £220,000 to support a programme to improve staff rest areas and facilities.

109. We are partnering with the organisers of the Torbay half marathon and 10k again this year to offer our supporters the opportunity to take part in this fantastic community event (and improve their health and wellbeing at the same time).

110. We have concluded the second round of our Helping Make Things Better grants and made 10 awards. [insert details of successful bids here]

111. Our first Christmas Appeal was successful with our direct mailing having a 9.2% return rate (which is almost double the average rate of return on a direct mailing campaign). The appeal enabled us to support giving every person in hospital on Christmas Day a gift, giving a small token of appreciation to the more than 1,100 colleagues who were working on Christmas Day (including night shift colleagues and colleagues on call) and to provide free car parking on Christmas Day for colleagues, patients and visitors which was much appreciated.

112. Work is well underway on our 30th anniversary event and the Charity team will ensure that governors are among the first to hear the details of this.

Our Leagues of Friends

113. We continue to work closely with our eight Leagues of Friends (Ashburton, Brixham, Dawlish, Newton Abbot, Paignton, Teignmouth, Torbay and Totnes) and are deeply grateful for their support and donations.

114. Representatives from Torbay, Totnes, Paignton and Newton Abbot Leagues of Friends joined a development session with our Torbay and South Devon NHS Charity Committee members in December to discuss how we can work better together to maximise the benefits for local people and our communities. It was a very positive session and we have agreed number of actions to take forward together including creating a shared calendar of events and activities so we can all support and amplify each others efforts.

MP engagement

115. I continue to prioritise regular engagement with our local Members of Parliament to ensure they are fully briefed on our challenges, priorities, and the needs of our communities. I meet regularly with Caroline Voaden MP and Steve Darling MP while Martin Wrigley MP prefers a more ad hoc arrangement but I always make sure to respond to his calls and emails in a timely manner. These meetings provide valuable opportunities to discuss local health and care issues, share updates on our strategic plans, and listen to the concerns and ideas of our elected representatives. Maintaining these open lines of communication helps us to advocate effectively for our services and the people we serve and ensures that our MPs are well informed and able to support our work at both local and national levels.

116. On Friday 30 January 2026 we hosted a visit from Steve Darling MP who is keenly interested in the redevelopment of our Emergency Department. It was a positive visit which was appreciated by colleagues who are working under sustained pressure.

Governor engagement

117. I continue to visit as many areas of the wider organisation as I can and it continues to be extremely valuable for me to listen to all of our teams and their views of our services and what it is like to work here. The feedback from my visits is being used to inform our planning going forward and the detail of actions we will take will be included in our plan for better care.

118. Over the past month colleagues have shared openly with me about sustained winter demand and the impact on morale as well as the uncertainty created by the review of Adult Social Care, the cardiology case for change and the pathology target operating model. Colleagues have asked for better visibility of priorities, improved real-time data and more consistent management communication

119. My twice-monthly Meet Joe sessions continue to provide a valuable opportunity to hear directly from colleagues along with my quarterly online Meet Joe session. Since the last Council of Governors meeting I have held community Meet Joe sessions at Brixham, Castle Circus and Teignmouth hospital. I also joined, participated in and/or hosted our corporate induction, senior leaders briefings and Trust Talk each month.

120. During the past month I have spent time with our adult social care colleagues and pathology colleagues as well as meeting with our medical devices team, diabetic foot service, cashiers, improvement and innovation team and spending half a shift with our labour ward. I have also joined our medical staffing committee and am meeting with all our clinical service leads one to one.

121. Along with the Chair, our Chief Medical Officer and our Chief Strategy and Planning Officer I attended a public meeting on 08 January 2026 organised by the Heart Campaign to discuss the future of Adult Social Care in Torbay and the Devon cardiology case for change. Around 150 people attended the meeting and it was also broadcast on Facebook live.

122. My routine meetings with the Integrated Care Board, NHS England, the Peninsula Acute Provider Collaborative, Torbay Council and our Council of Governors continue and provide valuable opportunities for discussion and to listen to diverse voices.

123. As ever, my many conversations with governors have been especially valuable, providing honest feedback, constructive challenge, and a direct link to the concerns and aspirations of our wider membership. These ongoing discussions with governors, alongside broader community engagement, have helped to shape our planning and decision-making, ensuring that the voices of our staff, patients, partners and governors are at the heart of everything we do.

Look forward

124. As we move into the second half of winter, our focus remains on maintaining safe and resilient services while progressing the major programmes that will shape our future.

125. Adult Social Care continues to be one of our most significant priorities. As governors know, we are undertaking a formal review of the Section 75 partnership with Torbay Council. Demand for adult social care has continued to rise sharply in recent years, and the cost of delivering these services has grown by around 48%, leaving a funding gap of approximately £35 million each year – far more than we receive to deliver the service.

126. This position is no longer financially sustainable for us to carry alone. We are therefore working closely with Torbay Council and system partners to explore all available options, including whether a different financial model is required to protect both adult social care and the wider NHS services we provide. No decisions have been made, and our priority throughout is continuity of safe, high-quality care for local people.

127. Financial sustainability remains a central challenge. With deficit funding ending in April 2026, we must deliver a balanced financial plan while continuing to meet national standards and protect frontline services. This will require difficult choices and strong partnership working across the Devon system.

128. Our Electronic Patient Record (Epic) programme continues to gather pace. Following a positive 90-day Go-Live Readiness Assessment in January 2026, we are now preparing for the 60-day assessment on 03 February, with training, data migration and readiness activities accelerating ahead of our April go-live. This is the largest digital transformation we have ever undertaken and will enable safer, more joined-up care across our acute and community services.

129. We continue to manage the pressures that winter brings. Our estate remains under significant strain, and while we continue to lobby for much-needed capital investment, we have strengthened our resilience plans to ensure our facilities remain safe and operational. This includes enhanced monitoring, prioritised

repair work and robust contingency arrangements for heating, power and water. These actions are closely aligned with clinical teams to ensure patient safety and experience remain at the forefront.

130. Across all of this work, we remain grateful to our teams, who continue to show extraordinary commitment through a very challenging period. We will keep governors updated as our plans for adult social care, financial recovery, Epic implementation and estate resilience progress.

131. Governors play a vital role in helping us achieve these priorities. We ask for your support in community engagement and advocacy, helping to share with your communities what we are doing and why and listening to feedback from members.

132. For our staff governors, your voice is essential in championing staff engagement, particularly around EPR readiness and wellbeing initiatives.

133. We also encourage governors to promote membership and charity activities.

134. Finally, your strategic insight and challenge on financial recovery, estates planning, and digital transformation will help ensure decisions reflect the needs of patients and communities.

NHS Devon

NHS Cornwall and Isles of Scilly

ICB clustering update

Stakeholder briefing – January 2026

This stakeholder briefing provides an update on NHS Cornwall and Isles of Scilly and NHS Devon's plans to come together as part of national reforms to Integrated Care Boards (ICBs).

Background information

In March 2025, the Department of Health and Social Care announced that all ICBs were required to reduce their running costs and shift to a more strategic role with some changes in responsibilities.

This required many ICBs – including NHS Cornwall and Isles of Scilly and NHS Devon – to develop plans to "cluster" with other local ICBs. 'Clustering' means that, although both ICBs will continue to exist, we will work as one – with a single Board, leadership team and staffing structure, underpinned by some decisions that will continue to go through our sovereign Boards during clustering.

The changes are part of a wider NHS reform programme, to reduce management costs and focus more money on the front line, which stemmed in part from the outputs of a review into the NHS conducted by Lord Darzi in September 2024.

Following approval of national funding for the costs of change in November 2025, ICBs were asked to develop and implement structures that meet the new running costs allocation.

Over the past few months, NHS Cornwall and Isles of Scilly and NHS Devon have been developing the proposals that build on the experience and successes of both organisations since our formation in 2022, with real opportunities to learn from each other as we start to work more closely together.

Our shared aim is to drive sustained improvement in population health outcomes across the peninsula and build the organisational capabilities described in the national Model ICB Blueprint.

To achieve this, we will put people, patients, customers and communities at the heart of all our work, and make the most of opportunities for digital, clinical and workforce innovation in designing and commissioning new care models and services, and enabling us to work differently and more efficiently within a leaner workforce.

Together through change

Update on ICB cluster leadership

Discussions regarding a shared Chief Executive Officer (CEO) for the cluster are ongoing. Steve Moore, NHS Devon's Chief Executive Officer (CEO), has been signed off work for an additional three months – our thoughts are with Steve as he focuses on his wellbeing. In the interim, Susan Bracefield continues as NHS Cornwall and Isles of Scilly's Acting CEO, while Libby Ryan-Davies is NHS Devon's Deputy CEO.

Key assurances for local partners during cluster working

- **Local funding stays in the local area:** Financial allocations remain separate during clustering, with planning continuing on existing ICB footprints
- **Local plans protected:** Each ICB will keep their own local operational delivery plans, with joint work across the Peninsula only where it benefits patients
- **Sovereign Board continues:** Each separate ICB Board will still meet at least twice a year to focus on local issues
- **Strong local governance:** Deputy Chair for each ICB, continued attendance at local committees, and statutory local government involvement maintained
- **ICB local voice in leadership:** Cluster Board includes former Cornwall and Devon independent non-executive members; and a senior role is proposed with a specific separate ICB remit
- **Neighbourhood health remains locally led:** Each ICB's neighbourhood health plans will continue to drive local priorities and have been nationally recognised, including selection for the national implementation programme in Cornwall from which the whole cluster can learn and benefit.

ICB restructuring – latest position

Nationally, all ICBs have been tasked with moving forwards with restructuring within this financial year, and a national voluntary redundancy scheme has been agreed by NHS England and HM Treasury. This requires a staff consultation on the proposed changes.

A new draft operating model

To inform the form and functions of the new proposed structure, both organisations have defined a vision, mission, purposes and goals).

Vision

- To secure sustainable, high-value health and care outcomes with and for the people and communities we serve

Mission

- To be a forward-thinking, data driven cluster that improves population health, tackles inequalities and is shaped by our customers, by creating new neighbourhood health services that integrate care and standardise excellence and through trusted strategic partnerships

Purposes

- Develop clear local strategies that address national and local priorities, implemented through robust plans
- Actively develop a vibrant, adaptive and resilient provision system capable of responding to our strategic aims
- Deliver value and quality by embedding peoples' needs and priorities in everything we do
- Be a well-led, highly capable, connected cluster where people enjoy their work and give their best

Goals for how we want to operate as a cluster

- Set clear, long-term vision to meet evolving health and wellbeing needs
- Shaped by values and customers, using population health insights and integrated data
- Empower clinical teams
- Drive continuous improvement
- Develop and nurture trusted, strong and mutually beneficial partnerships
- Be an employer of choice by investing in the skills and competencies of staff
- Act as an anchor institution

We are consulting with staff on the operating model, which is aligned to the national Model ICB Blueprint which outlines the future state for ICBs, including the role and functions they would provide – and responsibilities that would be reviewed for potential transfer to other parts of the system over time.

The Blueprint sets out that, as strategic commissioners, ICBs will focus on providing system leadership for population health, setting evidence based and long-term population heath strategy and working as healthcare payers to deliver this, maximising the value that can be created from available resources.

The detail and implementation will depend on multiple factors, including engagement and refinement with partners, the outcomes of the Model Region Blueprint, readiness to transfer and receive across different parts of the system and, in some cases, legislative change. Specific timelines have yet to be provided for these aspects, although the national timescale indicates a former merger of our ICBs from April next year.

Staff consultations launched

In December 2025, NHS Cornwall and Isles of Scilly and NHS Devon launched two joint staff consultations on a new proposed structure to meet the government's significant running cost reductions target.

This was organised into two phases to enable a senior structure to be in place first to support the implementation of the process with wider staff:

1. Executives and senior leaders (phase one)
2. All remaining staff (phase two)

The vast majority of staff employed by both organisations are affected and are being supported with information, advice and training/workshops. A voluntary redundancy (VR) scheme is also running alongside the consultation that allows colleagues to apply to leave the organisations.

The phase one consultation closed in early January, with the feedback currently being reviewed. Phase two is open until early February.

The organisations will be engaging with partners and stakeholders on ways of working once the senior leadership structure (phase one) is in place. Further information about this will be shared shortly.

What this means for partners, patients and the public

While this is a change in structure, both organisations' focus remains firmly on the health and wellbeing of our population. Their commitment to high-quality, compassionate care for people in Cornwall, the Isles of Scilly and Devon is unchanged.

The priority is to continue providing high-quality patient care and reduce waits whether that is waits for surgery, waits for an ambulance, waits to be seen in the emergency department or waits to be discharged with hospital – increasingly by providing alternatives in neighbourhoods closer to where people live.

Both organisations will continue to work in partnership with local authorities, voluntary organisations, community leaders and others to ensure that services are designed and delivered around the needs of local communities – especially those who are most vulnerable or face health inequalities.

Thank you for your ongoing support and collaboration. These changes are designed to strengthen our ability to work together – across organisations and boundaries – to provide better, more joined-up care for our population.

Partners and stakeholders will continue to be kept informed and engaged as this work progresses and our website will be kept updated on the latest details.

Torbay and South Devon NHS Foundation Trust

Report of the Membership Committee Chair to the Council of Governors

Meeting date:	22 January 2026
Report by:	Loveday Densham - 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** – Planning has begun for Thursday 24 September 2026
- **Medicine for Members -** Orthopaedic talk booked for Tuesday 28th April at 5 pm
- **Engagements stalls –** Enquiring for a membership stall at Paignton Library Hub
- **Patient Participation Groups –** Committee members chairing /attending their PPG
- **Some further updates on key actions were discussed below**.

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

Membership Engagement and Achievements

Review of the Past Year's Achievements
Over the past year, we have made significant progress in increasing our membership through enhanced community engagement. Committee members have taken an active role by attending all local Patient Participation Group (PPG) meetings, with some even chairing these sessions. This approach has provided an excellent opportunity to connect with local GPs and practice managers. Through these interactions, we have identified areas for improvement in the GP/hospital referral system and addressed challenges that patients may face when accessing our services. Furthermore, these meetings have served as a valuable means of recruiting new Trust members, as reflected in our increased membership figures and higher levels of patient participation.

Community Initiatives
During the summer, we participated in a variety of local fetes and events, such as Marldon Apple Pie Day, where we distributed membership forms and engaged with members of the public. Additionally, we set up a stand at Newton Abbot market, which enabled further direct engagement and recruitment of new members. Our presence extended to Newton hospital, where we also hosted a stand. Participation in the Cardiac Campaign, where committee members handed out membership forms, resulted in a notable increase in membership in October. We have also promoted the advantages of Trust membership through hospital radio, further raising awareness and encouraging participation.

Torbay and South Devon NHS Foundation Trust

Medicine for Members Initiative
We have now firmly established our Medicine for Members initiative. For those unfamiliar with the scheme, it involves inviting Trust members to the hospital to attend talks given by consultants on the latest developments within their specialties. Our plan is to hold two such events annually, in April and October, with consultants from all specialties at Torbay. The talk held last October on Oncology was very well received, and we are scheduled to host a session on Orthopaedics in April.

Annual Members Meeting
This year, we contributed ideas towards a new format for the Trust's annual members meeting, with several committee members assisting on the day. The positive response and increased turnout have led us to recommend maintaining the same format for the upcoming meeting in September, and discussions regarding this event are ongoing.

Plans and Objectives for the Next Year
Looking ahead, we are committed to further increasing membership. The committee has set an individual target for each member to recruit five new members between every future meeting. We are compiling a list of all societies and groups to which committee members belong, as we believe these communities will be instrumental in attracting further members and potential new governors. There are plans to contact Paignton Library with the intention of setting up a promotional stand to boost membership.

Collaboration with Other Trusts
We have also fostered links with governors from Exeter, holding a successful meeting via Teams. They have shared their experiences with their Membership Engagement Group, which has been effective for them. We intend to invite the Chair and potentially one of their Governors to our next Membership Meeting in April to share how they organise these events and to discuss any challenges they have faced.

Loveday Densham
Chair

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
11 February 2026	13 January 2026

Author(s)		Report approved by	
Name and title:	Kirsty Hewett, Membership Manager Sarah Fox, Corporate Governance Manager	**Name and title:**	Emily Long Director of Corporate Governance and Trust Secretary

Date:04.02.2026

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 rating in this report is as follows:

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

Appendices

Annex 1 - Self-Assessment Template
Annex 2 - Governor NED Appraisal Self-Assessment Template
Annex 2 - NHSE NED Appraisal Self-Assessment Template
Annex 3 – Governor Observer Protocol
Annex 4 – GNRC Terms of Reference
Annex 5 – Membership Committee Terms of Reference

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

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

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	All
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	
N/a	

Risks lodged on Datix	
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

Report of the Director of Corporate Governance and Trust Secretary

Introduction

The report provides a series of updates concerning corporate governance matters that are pertinent to the Council of Governors. These updates encompass recent developments, procedural changes, and formal processes that directly impact the functioning of the Council. The intention is to ensure that members are kept informed of key governance activities and decisions, thereby supporting effective oversight and engagement. Each update is designed to provide clarity on processes, outcomes, and responsibilities relevant to the Council of Governors.

1. 2026 Elections

1.1 The Council of Governors election process for the 2025/26 period formally concluded at 17:00 on Tuesday, 3 February. The successful candidates are:

- South Hams – Val Browning
- Torbay - Sally Allen-Gerard, Mike Blakeley, Susan Colley, Andrew Stilliard Lee Thomas
- Teignbridge - Sue Knott, Jake O'Donovan, Andrew Postlethwaite (1 vacancy remains)
- Staff Medicine and Urgent Care – Maroria Oroko
- Staff Planned Care – Olivia Bath
- Staff Professional Support services – Vicki Payne-Cater
- Staff Children Family Health Devon – 1 vacancy
- Rest of the Southwest – 1 vacancy

Action: CoG to receive and note the verbal election update.

2. Council of Governors Self-Assessment Process

2.1 The Council of Governors is requested to review the process for completing annual self-assessments, as detailed in the attached documentation (**Annex 1**). This self-assessment process is an essential part of the Council's commitment to effective governance and continuous improvement. Following the review, the Council is asked to approve the self-assessment process, thereby endorsing its implementation for the current year.

Action: CoG to receive and approve the Governor self-assessments.

3. Chair and NED Appraisals

3.1 The CoG are asked to note that the 2025/26 appraisal process for the Chair and Non-Executive Directors has commenced. Governors will be provided with an appraisal form to complete and provide feedback in respect of the Chair and each Non-Executive Director. It is understood that not all Governors will have had the same level of interaction over the year with individual Non-Executive Directors (for example Governor Observers will have had more contact with NED committee chairs) and are asked therefore to complete their assessment to the best of their knowledge.

3.2 This year, for the first time, NHSE have developed a self-assessment template for NEDs to use, based on the national Leadership Competency Framework. It is therefore suggested NEDs are asked to complete this one

and not the one used in previous years (developed by Governors) as there would be some duplication. Both are attached as **Annex 2.**

3.3 As we did last year, a feedback session will then be arranged for Governors to review, moderate and agree the Council of Governors' collective view, before passing the information onto the Chair for Non-Executive Director appraisals and the Senior Independent Director for the Chair's appraisal.

Action required: To note the Chair and NED Appraisals Process is due to commence

4. Appointment of Lead Governor and Deputy Lead Governor

4.1 CoG will recall that Val Browning took up the position of Lead Governor on in May 2025 for a one-year term, alongside Loveday Densham as Deputy Lead Governor.

4.2 Ahead of the next term, CoG members are asked to submit expressions of interest for either the Lead Governor or Deputy Lead Governor roles to the FT Office by 5pm on Friday 27 February 2026 by email to the Foundation Trust inbox.

4.3 Should there be more Governors submitting expressions of interest than there are vacancies for either position, an election will be held by secret ballot, in accordance with the Trust's standard procedures, at the meeting of the CoG on Wednesday 13 May 2026.

Action Required: Expressions of interest to be sought for the Lead Governor and Deputy Lead Governor by 5 pm on Friday 27 February 2026.

5. Governor Observer Protocol

5.1 The Governor Observer Protocol **(Annex 3)** has been updated and a version with tracked changes is attached for consideration.

Action Required: To review and approve updated Governor Observer Protocol.

6. Governor Observers for Board Sub-Committees

6.1 The annual review and renewal of the Governor Observer roles on Board committees is scheduled to take place in Quarter 1 of the 2026/27 financial year. This process ensures that Governor representation on key committees remains current and reflects the ongoing engagement and contribution of Governors within the organisation. Governors should be aware of this forthcoming refresh and consider their involvement with the various committees to support effective governance and oversight.

Governor observers are required for:

- Quality and People Committee
- Finance and Operations Committee
- Audit and Risk Committee
- Charity Committee

6.2 Governors are invited to discuss and confirm their agreed approach to the refresh of these positions for 2026/27.

Action required: To note the annual refresh of Governor Observers for Board Committees is due in March 2026 and to agree a process.

7. Governor Nomination and Remuneration Committee ToR

7.1 It is proposed that the CoG reviews and formally agrees the Terms of Reference for the Governor Nomination and Remuneration Committee (GNRC) (**Annex 4**). Governors are requested to consider the current ToR, discuss any necessary amendments, and confirm their approval to ensure the committee continues to operate effectively and in line with the organisation's requirements. The Terms of Reference have previously been reviewed and approved by the Board of Directors.

Action required: To review and approve the GNRC Terms of Reference.

8. Membership Committee ToR

8.1 It is proposed that the CoG reviews and formally agrees the Terms of Reference for the Membership Committee (**Annex 5**). Governors are requested to consider the current ToR, discuss any necessary amendments, and confirm their approval to ensure the committee continues to operate effectively and in line with the organisation's requirements. The Terms of Reference have previously been reviewed and approved by the Membership Committee.

Action required: To note and agree Membership Committee ToR

Annex 1

CoG Annual Effectiveness Review

2026

This survey provides a structured framework for self-assessment, helping review the role, function, and effectiveness of the Council of Governors. Your honest feedback will guide future improvements.

* Required

1. Are you clear about your roles and responsibilities as a Governor? *

- ◯ Yes
- ◯ No
- ◯ Maybe

2. Is the administrative support provided to the Council appropriate and effective? *

- ◯ Yes
- ◯ No
- ◯ Maybe

Annex 1

3. Does the membership and size of the Council remain fit for purpose? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

4. Do the number of constituencies of Governors on the Council allow for effective representation of all stakeholders? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

5. Do you receive sufficient high-quality information about Trust activities to enable you to hold the NEDs to account? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

6. Is the Council of Governors well chaired and managed? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Annex 1

7. Does the Council have open, constructive discussions between its members, focusing on relevant issues? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

8. Does the Trust encourage open and honest communication between the Council and Board members? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

9. Are you properly engaged in the strategic direction of the Trust? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

10. As a member of the Council, do you feel like a valued part of the organisation? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Annex 1

11. Do Council meetings focus on issues that are relevant to you? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

12. Do you receive regular information from the Trust that helps you understand the general business of the organisation? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

13. Is the level of participation of NEDs at Council meetings appropriate? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

14. By being part of the Council, do you feel you make a meaningful contribution to TSDFT and the communities it serves? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

Annex 1

15. Does the Council represent the diversity of its staff and the local population? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

16. Is the Council informed of any issues that could cause public interest before they become a risk? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

17. Does the Council receive training or have issues explained to support understanding of topics? *

- ◯ Strongly agree
- ◯ Agree
- ◯ Neutral
- ◯ Disagree
- ◯ Strongly disagree

18. Please provide any additional comments on your answers above. *

Annex 2

Torbay and South Devon NHS Foundation Trust

NON EXECUTIVE DIRECTOR APPRAISAL

SELF-ASSESSMENT FEEDBACK TEMPLATE

NAME: xxx

NEDs are asked to complete the self-assessment template detailed below.

Criteria	Response
Contribution to the vision and strategies of the Trust	
Oversight and challenge of operational performance	
Ensuring the effective use of financial, human and physical resources in the delivery of services	
Ensuring the maintenance of high standards of conduct across the Trust's area of responsibility	
Role in challenging, influencing and helping the executive delivery the Trust's priorities	
Ensuring effective leadership for the benefit of patients and the health of the local community	
Detail of visits to Trust premises and engagement with staff	

Working with you, for you

Annex 2

Board Member Appraisal Preparation

This form is optional and editable and should be adapted dependent on the role. Alternatively, organisations may wish to develop their own appraisal forms, incorporating the principles of the Board Member Appraisal Framework. Please refer to the Board Member Appraisal Guidance for further details on how to use this form.

Appraisee name	
Role	
Organisation	
Appraisal reference period	
Date	

Part 1: Reflection review utilising the Leadership Competency Framework:

Domain 1: Driving high quality, sustainable outcomes

What good looks like:

The Board Member personally seeks out and acts on performance feedback and review, and continually build their own skills and capability.

The Board Member is committed to ensuring excellence in the delivery (and / or the commissioning) of high quality and safe care, including our workforce.

The Board Member seeks to ensure that their organisation demonstrates continual improvement, increases productivity and brings about better health and care outcomes with lasting change and improvement.

Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Domain 2: Setting strategy and delivering long-term transformation

What good looks like:

The Board Member personally seeks out and uses new insights on current and future trends and use evidence, research and innovation to help inform strategies.

The Board Member leads the development of strategies which deliver against the needs of people using our services, as well as statutory duties and national and local system priorities.

Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Domain 3: Promoting equality and inclusion, and reducing health and workforce inequalities

What good looks like:

As a leader, the Board Member:

- improves population health outcomes and reduce health inequalities by improving access, experience and the quality of care
- ensures that resource deployment takes account of the need to improve equity of health outcomes with measurable impact and identifiable outcomes

- reduces workforce inequalities and promote inclusive and compassionate leadership across all staff groups

Summary:

Highlighted areas of strength:

Identified opportunities to increase impact and effectiveness:

Domain 4: Providing robust governance and assurance

What good looks like:

The Board Member understands their responsibilities as a board member and how the Board works together as a unitary board to reach collective agreement on their approach and decisions.

The Board Member uses a variety of information sources and data to assure the organisation's financial performance, quality and safety frameworks, workforce arrangements and operational delivery.

The Board Member, together with the rest of the board, is visible throughout the organisation and their leadership is underpinned by the organisation's behaviours, values and standards. They are seen as a Well Led organisation and they understand the vital importance of working collaboratively.

Summary:

Highlighted areas of strength:

Identified opportunities to increase impact and effectiveness:

Domain 5: Creating and compassionate, just and positive culture

What good looks like:

The Board Member personally:

- speaks up against any form of racism, discrimination, bullying, aggression, sexual misconduct or violence, even when they might be the only voice

- challenges constructively, speaking up when they see actions and behaviours which are inappropriate and lead to staff or people using services feeling unsafe, or staff or people being excluded in any way or treated unfairly
- promotes flexible working where possible and uses data at board level to monitor impact on staff wellbeing and retention

The Board Member contributes as a leader:

- to develop a supportive, just and positive culture across the organisation (and system) to enable all staff to work effectively for the benefit of patients, communities and colleagues
- to ensure that all staff can take ownership of their work and contribute to meaningful decision making and improvement
- to improve staff engagement, experience and wellbeing in line with our NHS People Promise (for example, with reference to equality, diversity and inclusion; freedom to speak up; personal and professional development; holding difficult conversations respectfully and addressing conflict)
- to ensure there is a safe culture of speaking up for our workforce

Summary:

Highlighted areas of strength:

Identified opportunities to increase impact and effectiveness:

Domain 6: Building trusted relationships with partners and communities

What good looks like:

The Board Member is part of a board that recognises the need to collaborate, consult and co-produce with colleagues in neighbouring teams, providers and systems, people using services, our communities and our workforce.

The Board Member identifies and communicates the priorities for financial, access and quality improvement, working with system partners to align our efforts where the need for improvement is greatest.

The Board Member recognises and champions open and constructive communication with all system partners to share a common purpose, vision and strategy.

Summary:

Highlighted areas of strength:

Identified opportunities to increase impact and effectiveness:
Summary Review utilising the Leadership Competency Framework:
Summary:
Highlighted areas of strength:
Identified opportunities to increase impact and effectiveness:

Part 2: Objectives

Review of previous year

Objective (SMART format)	Summary discussion about objective	Objective outcome
		Choose an item.
		Choose an item.
		Choose an item.

Draft Objectives for the forthcoming year:

The appraisee to draft objectives for the forthcoming year in preparation for discussion and agreement with the appraiser. Please draft objectives that clearly link personal objectives to organisational priorities and are SMART.

Part 3: Development Plan

The appraisee will:

- review the highlighted areas of strength and identified opportunities to increase impact and effectiveness
- consider organisation objectives and demands
- reflect on their own growth, development and career aspirations and bring these elements together to inform their development plan.

Annex 2

Your plan for development could incorporate a blend of learning methods, for example; board development workshops, conferences/webinars, coaching/mentoring or self-directed learning.			
What	How	Why	By When

Torbay and South Devon
NHS Foundation Trust

Protocol for Governors when attending Board Sub-Committee Meetings Version 12 – February 2026

1. Introduction

1.1 This protocol has been drawn up to ensure that there is a common understanding of the role, responsibilities and actions of governor observers.

1.2 The document aims to support governors in understanding the observer role in the context of the proper function of the Board of Directors and how the Board discharges its responsibilities through the Committee structures, and how governor observers should inform the considerations of the Council of Governors (CoG) in assessing the performance of the Board of Directors; in particular the Non-Executive Directors (NEDs) who are appointed by the CoG and who chair the Board Committees that report to the Board of Directors.

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) places a duty on the Board of Directors and of each director individually, 'to act with a view to promoting the success of the corporation so as to maximise the benefits for the members of the corporation as a whole and for the public'. The overall objective of the Board of Directors is therefore to secure the long term success of the organisation in delivering high quality health and social care. This means an effective unitary board being collectively responsible for controlling the Foundation Trust, with no individual having unfettered powers of decision.

1.3 The Chairman of the Board of Directors has invited governors to attend the following Board Committees as observers:

- Audit and Risk Committee
- Charity Committee
- Finance and Operations Committee
- Quality and People Committee

1.4 Appointment of Governor Observer positions: all Governors are invited to apply for committee observer positions. Observer positions will be renewed on an annual basis in April/May each year. All applications are considered by the Lead Governor. If a single application is received this will be accepted and both the Committee Chair and the Governor are advised accordingly.

If more than one Governor expresses interest in becoming the GO for a specific Board Committee then the successful candidate chosen to be GO will be based on a vote by show of hands at the next CoG meeting. In the unlikely event of there being a tie, the Lead Governor will have the final decision.

The Trust office will send Governor observers a programme of meeting dates for the ensuing year.

1.5 ~~The Committees as listed overleaf, apart from Charitable funds, are responsible within the Trust's governance structures for monitoring some of the Key Lines of Enquiry (KLOEs) assigned to all Trusts by the Care Quality Commission (CQC). For each of these meetings, observers will be asked to report on the evidence obtained regarding the KLOEs using the proforma template provided for which the Committees are responsible. A separate template for the Charitable Funds Committee will be used by the governor observer Completed Proforma templates for all committees should be sent to the Foundation Trust Office as soon as practicable following each meeting.~~

2. Guidance on confidentiality

2.1 Apart from the public session of the Board of Directors all other meetings are held in private and some of the issues discussed may be classified as NHS CONFIDENTIAL/NHS PROTECT until reported to the public meeting of the Board of Directors. Papers for meetings of Committees should therefore be treated in accordance with Appendix 1. Governors should respect the confidentiality of any comments from the Committee Chair or other Committee members and any discussions properly not recorded in the minutes.

2.2 Governor observers must send and receive NHS CONFIDENTIAL/NHS PROTECT information via their NHS mail accounts. Governors must not forward NHS CONFIDENTIAL/NHS PROTECT from their NHS mail accounts to their personal (not secure) email accounts. General problems with NHS mail should be logged with the service desk (0300 500 7000). If calls remain unresolved, please contact the Foundation Trust Office.

2.3 Occasionally, a governor observer may be asked to leave the meeting if there are matters that require to be discussed in private session, which would include any items explicitly about an individual member of staff, a named service user, or which may be commercially sensitive. These items will be kept to the absolute minimum in the spirit of openness and transparency and will normally be grouped together at the end of the meeting, supporting papers for such agenda items will not be sent to the governor observer. It is the responsibility of the Committee chair to inform GO of confidential items which require their withdrawal in advance of the meeting.

2.4 Governor observers may be asked to leave the meeting if they have declared an interest in an item to be discussed.

3. Governor preparation

3.1 Governor observers may wish to contact the Chair and discuss their input re asking questions and/or raise any particular requirements they may have/wish to highlight e.g. hearing impairment.

3.2 Before each meeting governor observers are expected to:

- familiarise themselves with the papers sent to them either electronic or hard copy; and
- have a copy (electronic or hard copy) of the appropriate proforma/template for reporting on the meeting they are attending. Copies can be obtained from the Foundation Trust Office. A pack will be provided to each governor observer with the appropriate pro-forma and dates/times/venue of all future meetings.

4. At the meeting

4.1 The Committee terms of reference should clearly state the role of the governor observer Governor observer contributions should reflect the fact they are not Committee members and should be made through the Chair. However, Governor input is encouraged in relation to the items being discussed/presented.

5. After the meeting

5.1 ~~As detailed in 1.5 above~~ Governor observers are required to complete and return the relevant proforma template for each meeting which should include the governor observer's assessment of how the meeting was chaired and managed. Completed proforma templates should be sent to the Foundation Trust Office as soon as possible following the meeting and shared with the committee chair prior to being shared with the wider CoG. Governor observers are encouraged to add any other comments that will be of value to governors.

5.3 Governor observers should contact the Director of Corporate Governance via the Foundation Trust Office regarding any urgent governance queries/issues which cannot be captured on the proforma/template.

5.4 Governor observers should return any papers they have finished with before leaving the meeting to the Chair or meeting secretary to ensure they are shredded if the meeting is being held face to face. Any papers which are retained for reference should subsequently be disposed of by shredding or returned to the Foundation Trust Office for disposal, once they are no longer required. Papers that are emailed to Governors should not be saved on personal laptops or any other personal device.

6. Review

6.1 If continued observer status is not felt to be in the interests of an individual governor or in the interests of the Council of Governors, the observer status can be ceased by the Trust Chairman in consultation with the Council of Governors.

6.2 Feedback on the performance of Non-Executive Directors at Board Committees will contribute to their annual performance reviews with the Trust Chairman.

7. Rotation and substitution

7.1 When a Governor is unable, even at short notice, to be present at a meeting the Foundation Trust Office should be advised and every effort will be made to find a substitute from other Governors.

7.2 Providing such substitution will enable Governors to ensure they maximise the opportunities as observers across a range of different functions.

Version 12
February 2026

Appendix One

Information Classification / Protective Markings

The Trust has three classifications that may be applied to information assets:

- NHS CONFIDENTIAL;
- NHS PROTECT; and
- NHS UNCLASSIFIED.

Examples of information assets include databases, data files, paper records, system documentation, user manuals, training materials and operational support procedures.

NHS CONFIDENTIAL

Personal identifiable data should always be held confidentially, therefore the marking 'NHS CONFIDENTIAL' should be used for that kind of information, for example, patient/client's records, staff records.

Documents marked 'NHS CONFIDENTIAL' should be held securely at all times. They should be stored in a locked room or equivalently within secured electronic systems to which only authorised persons have access.

Documents not kept in a locked cabinet or transport (e.g. boot of car) should be kept out of sight of visitors or others not authorised to view them. Further information can be obtained from the Foundation Trust Office if needed.

NHS PROTECT

'NHS PROTECT' classification can be used for information that requires protection below that of 'NHS CONFIDENTIAL' and where care in handling is still necessary.

Documents marked 'NHS PROTECT should be held securely at all times. They should be stored in a locked room or equivalently within secured electronic systems to which only authorised persons have access.

Documents should be kept out of sight of visitors or others not authorised to view them. Further information can be obtained from the Foundation Trust Office if needed.

NHS UNCLASSIFIED

Documents that have no classification are considered 'NHS UNCLASSIFIED' and this does not have to be recorded on the document. Documents marked as 'NHS UNCLASSIFIED' require no level of protection.

Annex 4

NHS
Torbay and South Devon
NHS Foundation Trust

Governors' Nomination and Remuneration Committee

Terms of Reference

~~TERMS OF REFERENCE~~

Version:	2~~1~~.0
~~**Approved by:**~~	~~**Governors' Nomination and Remuneration Committee**~~
~~**Date approved:**~~	~~**n/a**~~
Approved by:	**Board of Directors / Council of Governors**
Date approved:	26 November 2025~~24 April 2024 / 01 May 2024~~
Date issued:	January 2026~~01 May 2024~~
Review date:	January 2027~~April 2025~~
Tier:	1
Relevant documentation to read in conjunction:	Governance Manual and appendices ~~Standards of Business Conduct Policy~~ Conflicts of Interest Policy Fit & Proper Persons SOP Risk Management and ~~Policy, Risk~~ Strategy Policy~~and SOP~~

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Style Definition: Comment Reference
Style Definition: Comment Text
Style Definition: Comment Subject
Style Definition: Subtitle: English (United Kingdom)
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Annex 4

NHS
Torbay and South Devon
NHS Foundation Trust

Annex 4

GOVERNORS' NOMINATIONS, REMUNERATION AND TERMS OF SERVICE COMMITTEE ('GNRC')

Terms of Reference

~~**TERMS OF REFERENCE**~~

1. Constitution

~~1.~~ The Governors' Nomination and Remuneration ~~**Authority**~~

1.1. ~~The~~ Committee (the "GNRC") has been convened under the authority ~~is constituted as a Standing Committee~~ of the Board of Directors Torbay ~~Directors (the "Board") of Torbay~~ and South Devon NHS Foundation Trust (the "Trust~~"));"~~). ~~Its constitution and terms of reference are subject~~ to whom the GNRC shall remain ~~amendment by the Board, to which it remains~~ accountable.

The Board of Directors retain the authority

~~1.2. These terms of reference may only be changed with the approval of the Board.~~

~~1.3. The Committee shall embody the principles of the NHS Constitution and the Trust's values, at all times.~~

1.2. ~~The Committee shall have the ability to delegate and establish Sub-Committees or other groups as an when required, with ultimate discretion~~ to disband the GNRC at any time in the best interests of the Trust ~~such groups.~~

~~1.4.~~1.3. This is a Tier 1 governance meeting in accordance with the Trust's governance framework ~~this provision.~~

1.4. The GNRC will adhere to, and be cognisant of the Trust values at all times.

1.5. These Terms of Reference shall be published on the Trust's intranet ~~website~~.

2. Powers

2.1. In accordance with the delegated authority outlined above, the GNRC is authorised to seek any information it requires from any member of staff, who shall be under a positive obligation to co-operate with any request made by the Committee.

2.2. The GNRC may request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary in the best interests of the Trust.

2.3. The GNRC derives its power from the Board of Directors and has no powers, other than those specifically delegated in these terms of reference.

~~2.~~3. **Purpose**

~~2.1.~~3.1. The purpose of the Committee is to advise and / or make recommendations to the Council of Governors relating to:

~~2.1.1.~~3.1.1. the evaluation of the performance of the Chair and Non-Executives. In fulfilling this role the Committee will make reference to the Code of Governance for NHS Provider Trusts; NHS England Your ~~Monitor Governor~~ Statutory Duities – A Reference ~~Duties~~ Guide for NHS Foundation Trust Governors; and NHSE Chair and NED Appraisal Framework

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Annex 4

~~2.1.2.~~3.1.2. the remuneration, allowances and other terms and conditions of the Chair~~Chairperson~~ and Non-Executives; and

~~2.1.3.~~3.1.3. determining and directing the process for recruitment, re-appointment or removal of the office of the Chair~~Chairperson~~ and other Non-Executive Directors.

~~2.2.~~3.2. The Committee will promote local level responsibility and accountability.

~~1.1.~~

~~2.3. This is a Tier 1 Committee, in accordance with the Trust's governance framework.~~

~~3.4.~~ Duties and Responsibilities

~~3.1. The~~~~In pursuance of its purpose, the~~ duties of~~delegated to~~ the GNRC~~Committee~~ are to:~~:~~

4.1.

~~3.1.1.~~4.1.1. on a regular and systematic basis monitor the performance of the Chair and other Non-Executive Directors and make reports thereon to the Council of Governors when requested to do so, or when in the opinion of the Committee the results of such monitoring ought properly to be brought to the attention of the Council of Governors;

~~3.1.2.~~ consider and make recommendations to the Council of Governors as to the remuneration and allowances and terms and conditions of the office of the Chair~~Chairperson~~ and Non-Executive Directors;

4.1.2.

~~3.1.3.~~4.1.3. consider Non Executive Directors' succession planning having regard to the Non-Executive re-appointment process every three years;

~~3.1.4.~~4.1.4. determine the processes for the selection of candidates for office of the Chair or other Non-Executive Directors of the Trust having first consulted with the Board of Directors as to these matters and having regard to such views as may be expressed by the Board of Directors.

~~3.1.5.~~ This process will include;

4.2.

~~3.1.5.1.~~4.2.1. preparing a description of the role and responsibilities

~~3.1.5.2.~~4.2.2. determining the arrangement for attracting applicants

~~3.1.5.3.~~4.2.3. conducting a selection process and other assessment arrangements

~~3.1.5.4.~~4.2.4. making a recommendation to the Council of Governors

~~3.1.6.~~4.3. engage with the Trust's workforce services to seek candidates for office and to advise on the recruitment selection process up to making a recommendation to the Council of Governors. In doing so the Committee shall

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Annex 4

be at liberty to seek open and fair advice and assistance from persons other than members of the Committee or of the Council of Governors such as external organisations recognised as experts in recruitment;

~~3.1.7.~~4.4. to make recommendations to the Council of Governors of the candidate for appointment as Chair or other Non-Executive Director, as the case may be.

~~3.1.8.~~4.5. Any other relevant matter as may arise from time to time, requiring detailed Non-Executive oversight, under the direction of the Chair~~Chairman~~.

~~**4.1. Powers**~~

~~4.1. In accordance with the delegated authority outlined above, the Committee is authorised to seek any information it requires from any member of staff, who shall be under a positive obligation to co-operate with any request made by the Committee.~~

~~4.2. The Committee may request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary in the best interests of the Trust.~~

~~4.3. The Committee derives its power from the Board and has no powers, other than those specifically delegated in these terms of reference.~~

5. Membership and attendance~~Attendance~~

5.1. The GNRC's~~Membership shall be defined by the Board under direction of the Chair; for avoidance of doubt~~ membership shall reflect those individuals outlined in Appendix 1.~~always include:~~

5.2. Other staff may be invited by the Chair to attend all or part of any meeting.

- ~~Trust Chair~~
- ~~Four Public Council Governors~~
- ~~Two Staff Governors~~
- ~~Lead Governor~~
- ~~Trust Senior Independent Director~~

~~5.2. Membership shall preferably include one Governor from each constituency however, this shall not be mandatory.~~

5.3. The Committee will be chaired by the Chair of the Trust. If the Chair is absent the Senior Independent Director will act as deputy for the Chair.

5.4. The term of office for Governor members (except Lead Governor) of the Committee shall be (3) three years. At the expiry of the Governor term of office, the Committee shall invite expressions of interest from the governor category they represent. If more than one expression of interest is received, an election will be held in which all Governors will be entitled to vote. In such circumstances, those Governors will circulate a short supporting statement. In the event of a tie the Chair will decide the Governor member. A Governor may be re-appointed to the Committee.

5.5. In discharging its responsibilities the Chief Executive of the Trust may be invited to attend the meeting of the Committee.

5.6. For the appointment of the Chair to the Trust, the Committee may seek the services of an Independent Assessor(s). The Independent Assessor will not be a member or have a vote on the Committee.

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5.7. For all appointments and matters relating to remuneration, the Committee will seek advice from the professional workforce services of the Trust and/or external professional support.

~~5.8. Unless otherwise determined by the Chair, the duration of appointments to this Committee for Governors shall be for a three-year term, with annual review; for the avoidance of doubt, no member may continue to attend following the completion of Governor term of office.~~

~~5.9.~~5.8. Devon ICS representatives may be invited to attend.

6. Attendance

6.1. A register of attendance will be maintained and the Chair of the GNRC will follow up any issues related to the unexplained non-attendance of members. Should continuing non-attendance of a member jeopardise the functioning of the GNRC , the Chair will discuss the matter with the member and, if necessary, select a substitute or replacement.

~~6.~~7. ~~Meeting~~ Administration~~, Record Keeping and Decision Making~~

~~6.1.~~7.1. The GNRC~~Committee~~ shall be supported by a nominated~~Committee~~ Secretary whose duties in this respect will include:~~, or their nominee, who shall be appointed by the Chair.~~

~~6.2. In consultation with The duties of~~ the Chair, develop~~Committee Secretary shall include, the:~~

~~6.2.1.~~a) ~~creation~~ and maintain an annual ~~maintenance of a work plan and~~ reporting schedule to the GNRC;~~;~~

~~6.2.2.~~b) Collation~~collation~~ of papers and drafting of the agenda for agreement by the Chair of the GNRC~~agendas~~;

c) Taking~~record of proceedings and decisions taken by~~ the notes~~Committee; including decisions taken in writing outside~~ of the meeting and keeping a record of matters arising and issues to be carried forward;

d) Advising on scheduled agenda items;

~~6.2.3.~~e) Agreeing and circulating ~~; with such record presented at~~ the action schedule following each meeting~~; for approval; and~~

~~6.2.4.~~f) Maintaining~~where the Committee have met, virtually or otherwise~~ a record of ~~those present and in~~ attendance. ~~should be maintained.~~

8. Meetings

8.1. Meetings will be held on the following basis:

a) Meetings will be held as required, but at least twice a year.

b) In the absence of the Chair, a Non-Executive Director shall be nominated to act as Chair;

~~6.3.~~c) Items for the agenda must be sent to the meeting administrater~~Committee Secretary~~ a minimum of five [5]~~seven (7) working~~ days prior to the meeting: urgent~~. Urgent~~ items may be raised under another~~any other~~ business;~~;~~

d) The agenda will be sent out three [3] days prior to the meeting date, together with the action schedule and other associated papers;

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Annex 4

e) An action schedule will be circulated to members following each meeting and must be duly completed and returned to the meeting administrator for circulation with the following meeting's agenda and associated papers.

f) Notwithstanding the above, a meeting may be duly convened at short notice by the Secretary at the request of the Chair to meet Trust requirements; in such event provisions 8.1c – e may be disapplied.

9. Reporting

9.1. The GNRC will provide a report in the form of a prescribed template to the Council of Governors to demonstrate that the work undertaken fulfills the purpose for which the GNRC was constituted.

9.2. The GNRC will receive reports as per the meeting work plan.

~~6.4. A decision is taken in accordance with these Terms of Reference when a quorate majority of the members indicate to each other, by any means, that they share a common view on a matter; with each Member holding one vote.~~

~~6.5. In the event of equality of votes (however communicated) in relation to a specific matter the Chair may exercise a casting vote.~~

~~7.~~10. Quorum

~~7.1.~~10.1. he quorum necessary for the transaction of business shall be four [~~(~~4]~~)~~ members; including the Chair~~,~~ or their nominated deputy. ~~At least one Non-Executive Director to be in attendance, with Governors holding the majority.~~

~~7.2.~~10.2. duly convened meeting at which a quorum is present shall be competent to ~~-~~exercise all or any of the authorities, powers and discretions vested in or ~~-~~exercisable by the GNRC~~committee~~.

~~7.3.~~10.3. eputies shall ~~not~~ be permitted for Governors; for Non-Executive members deputies may be permitted and counted towards the quorum, where such delegation mitigates a conflict of interest.

11. Review

~~8. ~~The Terms~~Frequency~~ of Reference shall be reviewed on an annual basis~~Meetings~~ and ratified~~Notice~~

~~8.1. The Committee shall meet as required at the discretion of the Chair. Meetings of the Committee shall be called~~ by the Board of Directors~~Secretary of the Committee at the request of the Chair or any of its members.~~

~~8.2.~~11.1. ~~Unless otherwise agreed, notice of each meeting confirming the venue, time~~ and Council of Governors~~date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five (5) working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time~~.

~~9. Conduct of Meetings and Conflicts of Interest~~

~~9.1. Except as outlined above, meetings shall be conducted in accordance with the provisions of the Trust's Standing Orders.~~

~~9.2. As per the Trust's Standards of Business Conduct Policy and Conflicts of Interest Policy, any potential, actual or perceived conflict of interest shall be declared and managed through the Trust's declaration procedure; noting the~~

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Annex 4

~~enhanced obligations of Executive Officers in accordance with the Trust's Fit and Proper Persons Regulations SOP.~~

~~9.3. At the commencement of any meeting, or should any potential, actual or perceived conflict arise during a meeting, the relevant Committee member must declare this and recuse themselves from any relevant decision; this shall be formally noted in the minutes of the meeting.~~

~~10.~~12. ~~Review and~~ Monitoring Effectiveness

~~10.1.~~12.1. In order that the GNRC can~~As part of the Trust's committee effectiveness review process, the Committee shall review its collective performance annually. The purpose of this review is to~~ be assured that it~~the Committee~~ is operating effectively~~at maximum effectiveness~~ in discharging its responsibilities at~~as~~ set out in these terms of reference and, if necessary, to recommend any changes to the Terms of Reference, the Chair will ensure that once a year a review of the following is undertaken and reported to the next meeting of the GNRC:~~Board.~~

12.1.1. The purpose and duties, as prescribed above, were fulfilled.

12.1.2. Appropriate level of attendance by members to ensure effective meetings was achieved.

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Appendix 1
MEMBERS AND ATTENDEES

Membership
Trust Chair
Trust Senior Independent Director
Lead Governor
Four Public Governors *
Two Staff Governors
Attendance
Director of Corporate Governance and Trust Secretary

~~10.2.~~ *Membership~~Committee~~ shall preferably include one Governor from each constituency however this shall not be mandatory~~review its Terms of Reference and membership annually~~.

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Annex 5

Torbay and South Devon NHS Foundation Trust

TERMS OF REFERENCE

Version:	**2.0**
Approved by:	**Membership Committee**
Date approved:	**n/a**
Approved by:	**Council of Governors**
Date approved:	**xxxx**
Date issued:	**xxx**
Review date:	**October 2026**
Relevant documentation to read in conjunction:	Governance Manual and appendices Standards of Business Conduct Policy Conflicts of Interest Policy Fit & Proper Persons SOP Risk Policy, Risk Strategy and SOP

Annex 5

MEMBERSHIP COMMITTEE

TERMS OF REFERENCE

1. Constitution and Authority

1.1. The Committee is constituted as a Standing Committee of the Council of Governors (the "CoG") of Torbay and South Devon NHS Foundation Trust (the "Trust"). Its constitution and terms of reference are subject to amendment by the CoG, to which it remains accountable.

1.2. These terms of reference may only be changed with the approval of the CoG.

1.3. The Committee shall embody the principles of the NHS Constitution and the Trust's values, at all times.

1.4. The Committee shall have the ability to delegate and establish Sub-Committees or other groups as an when required, with ultimate discretion to disband such groups, in accordance with this provision.

1.5. These Terms of Reference shall be published on the Trust's website.

2. Purpose

2.1. 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, specifically in relation to feeding back information about the Trust, its vision and its performance to members and the public and the stakeholder organisations that either elected or appointed them.

2.2. The Committee will provide assurance to the Council of Governors of the achievement of its objectives aligned to its workplan

2.3. The Committee will promote local level responsibility and accountability.

2.4. This is a Tier 1 Committee, in accordance with the Trust's governance framework.

3. Duties

3.1. In pursuance of its purpose, the duties delegated to the Committee are to:

3.1.1. Propose actions to ensure the Council of Governor's statutory duty in relation to engagement is met.

3.1.2. In line with Regulator guidance, the Trust's Provider Licence and the Trust's Constitution, ensure efficient mechanisms are in place for Governors to gain member and public views and feedback to the Trust.

3.1.3. Ensure effective production of membership communications.

3.1.4. Ensure membership is representative of the population served by the Trust.

3.1.5. In order to achieve these aims, the Committee will:

3.1.5.1. Regularly review the Trust's membership data by receiving and analysing reports from the Trust's membership database.

3.1.5.2. Support the production of the Trust's '*Healthy Futures'* magazine and be involved in reviewing content relating to Governors.

3.1.5.3. Work with the Membership Office to ensure Governors have the opportunity to engage with members and the public, for example:

- Surveys
- Website and social media
- Events covering relevant topics ('*medicine for members')*
- Links with GP Surgery Patient Participation Groups
- External hosted events

3.1.5.4. Develop mechanisms by which Governors can provide feedback to the Trust.

3.1.5.5. Any other relevant matter as may arise from time to time.

4. Powers

4.1. In accordance with the delegated authority outlined above, the Committee is authorised to seek any information it requires from any member of staff, who shall be under a positive obligation to co-operate with any request made by the Committee.

4.2. The Committee may request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary in the best interests of the Trust.

4.3. The Committee derives its power from the Board and has no powers, other than those specifically delegated in these terms of reference.

5. Membership and Attendance

5.1. The Membership shall be defined by the Board under direction of the Chair; for avoidance of doubt membership shall always include public, staff and appointed governors, who will self-nominate to join.

5.2. Whilst not mandatory, membership should ideally include a Public Governor from each public constituency.

5.3. A Governor shall act as Committee Chair. In their absence, one of the other Governors present shall be nominated and appointed as acting Chair for the meeting.

5.4. The following shall be invited to attend meetings of the Committee:

- Trust Secretary
- Corporate Governance Manager
- Membership Manager
- Patient Safety Specialist, Feedback and Engagement
- Diversity and Inclusion Representative
- Representative from the Communications Team.

5.5. Other members/attendees may be co-opted or requested to attend as considered appropriate.

5.6. If any member of the Committee has been disqualified from participating on an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

5.7. Unless otherwise determined by the Council of Governors, the duration of appointments to this Committee shall be for a continuous term, with annual review; for the avoidance of doubt, no member may continue to attend if they cease to be a governor.

6. Meeting Administration, Record Keeping and Decision-Making

6.1. The Committee shall be supported by a Committee Secretary, or their nominee, who shall be appointed by the Chair.

6.2. The duties of the Committee Secretary shall include, the:

6.2.1. creation and maintenance of a work plan and reporting schedule;

6.2.2. collation of papers and drafting of the agendas;

6.2.3. record of proceedings and decisions taken by the Committee; including decisions taken in writing outside of the meeting; with such record presented at the following meeting for approval; and

6.2.4. where the Committee have met, virtually or otherwise a record of those present and in attendance should be maintained;

6.3. Items for the agenda must be sent to the Committee Secretary a minimum of seven (7) working days prior to the meeting. Urgent items may be raised under any other business.

6.4. A decision is taken in accordance with these Terms of Reference when a quorate majority of the members indicate to each other, by any means, that they share a common view on a matter; with each Member holding one vote.

6.5. In the event of equality of votes (however communicated) in relation to a specific matter the Chair may exercise a casting vote.

7. Quorum

7.1. The quorum necessary for the transaction of business shall be four (4) members; including the Chair, or their nominated deputy. At least three (3) governors need to be in attendance to ensure quoracy.

7.2. A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

7.3. Deputies shall count towards the quorum.

8. Frequency of Meetings & notice

8.1. The Committee shall meet on a quarterly basis as a minimum. Meetings of the Committee shall be called by the Secretary of the Committee at the request of the Chair or any of its members.

8.2. Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed, shall be forwarded to each member of the Committee and any other person required to attend no later than five (5) working days before the date of the meeting. Supporting papers shall be sent to Committee members and to other attendees, as appropriate, at the same time.

9. Conduct of Meetings and Conflicts of Interest

9.1. Except as outlined above, meetings shall be conducted in accordance with the provisions of the Trust's Standing Orders.

9.2. As per the Trust's Standards of Business Conduct Policy and Conflicts of Interest Policy, any potential, actual or perceived conflict of interest shall be declared and managed through the Trust's declaration procedure; noting the enhanced obligations of Executive Officers in accordance with the Trust's Fit and Proper Persons Regulations SOP.

9.3. At the commencement of any meeting, or should any potential, actual or perceived conflict arise during a meeting, the relevant Committee member must declare this and recuse themselves from any relevant decision; this shall be formally noted in the minutes of the meeting.

10. Review and Monitoring Effectiveness

10.1. As part of the Trust's committee effectiveness review process, the Committee shall review its collective performance annually. The purpose of this review is to be assured that the Committee is operating at maximum effectiveness in discharging its responsibilities as set out in these terms of reference and, if necessary, to recommend any changes to the Board.

10.2. The Committee shall review its Terms of Reference and membership annually.

Torbay and South Devon NHS Foundation Trust

Council of Governors

Governor Code of Conduct

Date of meeting	Date report produced
11 February 2026	21 January 2026

Author(s)		Report approved by	
Name and title:	Kirsty Hewett, Membership Manager Sarah Fox, Corporate Governance Manager	**Name and title:**	Emily Long Director of Corporate Governance and Trust Secretary
		Date:	

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

Executive summary

The development and maintenance of a robust Code of Conduct is fundamental to ensuring that all members of the Council of Governors uphold the highest standards of integrity, professionalism, and accountability in their roles. This Code of Conduct introduces the principles and expectations that underpin the behaviour of Governors reflecting both statutory requirements and the values of the Trust. By adhering to the Code of Conduct, individuals contribute to a culture of trust and transparency, essential for delivering effective governance.

Over the past year the COG have considered a number of mechanisms to consider complaints made as to actual or perceived breaches of the Code of Conduct; particularly where such matters are subjectively assessed.

The COG concluded that they did not wish to adopt a Committee to oversee this process, instead electing to seek the Chair and Senior Independent Director (supported by the Trust Secretary) to make an assessment; however, to provide greater rigour to this process it is proposed that the Council of Governors and Board of Directors Policy of Engagement for Serious Concerns be amended to provide a more formal framework to receive such complaints (**Appendix 1**); AND that further guidance as to what constitutes a breach, be provided. To that end, we have reviewed and incorporated the examples used within the RDUH Standard Operating Procedure in this regard, shown within Appendix 1. The COG are asked to comment upon whether this governance mechanism would be acceptable to them and provide feedback as to the examples given of what constitutes a breach

of the Code of Conduct (**Appendix 2**). If agreeable, the COG are asked to approve the enclosed or alternatively to create a sub-group to revise and present back to the next meeting.

The assurance rating in this report is as follows:

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

Appendices

Council of Governors and Board of Directors Policy of Engagement for Serious Concerns - Appendix 1
COG Code of Conduct – Appendix 2

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

N/a

Key recommendations and actions requested

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

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	All
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	
N/a	

Risks lodged on Datix	
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

Unclassified

Torbay and South Devon NHS Foundation Trust

Council of ~~Governors~~Governors' and Board of ~~Directors~~Directors' Policy of Engagement for Serious Concerns

Version 2.1, issued February 2026

Unclassified

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:	April 2024	Next Review Date:	April 2027
Version:	V2.~~0~~1	Last Review Date:	February 2024
Author:	Corporate Governance Manager		
Director Responsible	Director of Corporate Governance and Trust Secretary		

Approval Route: Council of Governors and Board of Directors

Approved By:	**Date Approved:**
Council of Governors	February 2023 (V1)
Board of Directors	February 2023 (V1)
Council of Governors	February 2024 (V2)
Board of Directors	February 2024 (V2)

Links or overlaps with other policies:

- NHS England Code of Governance for NHS Provider Trusts
- Governor Code of Conduct
- NHS England Your Statutory Duties – A Reference Guide for NHS Foundation Trust Governors – updated in 2022 for system working and collaboration
- NHS England "Director-governor interaction in NHS foundation trusts – A best practice guide for boards of directors" (joint publication by PA Consulting and Monitor 2012)

We are committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): Sexual Orientation; Gender; Age; Gender Reassignment; Pregnancy and Maternity; Disability; Religion or Belief; Race; Marriage and Civil Partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.

We are committed to ensuring all services, policies, projects and strategies undergo equality analysis. For more information about equality analysis and Equality Impact Assessments please refer to the Equality and Diversity Policy.

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	New Document	Feb 23	New Document	CoG and Board of Directors
2.0	Revisions	Feb 2024	Revisions to align with Constitution/SO's & Trust policy broadly	CoG and Board of Directors
2.1	Updated	Feb 2026	Policy amended to align with the wishes of CoG	CoG and Board of Directors

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Version 2.1, issued February 2026

1. Introduction

1.1. The relationship between the Council of Governors and the Board of Directors is key to the successful delivery of the Trust's functions. The Council of Governors and Board of Directors are each committed to building and maintaining an open and constructive working relationship.

1.2. The Chair is the prime connection between the Council of Governors and Board of Directors. In addition, the Trust has well established channels for business-as-usual communications and engagement between the two bodies. Informal and frequent communication are an essential feature of a positive and constructive relationship and benefits the Trust and the services it provides.

1.3. In the limited and rare circumstances described below, where Governors have very serious concerns about the functioning of the Trust, the Council of Governors collectively or whether an individual Governor remains eligible to hold the position(for example, due to actual or perceived breaches of the Governor Code of Conduct), they may wish to invoke the formal process set out in this policy.

2. Purpose

2.1. The purpose of this policy is to describe the method by which Governors can engage with the Board of Directors in circumstances when they have serious concerns about:

2.1.1. the performance of the Board of Directors,
2.1.2. compliance with the Trust's NHS Provider Licence; or
2.1.3. other matters related to the overall wellbeing of the Trust and its collaboration with system partners.

2.2. NHS England's Code of Governance for Provider Trusts (updated in 2022) ("**Provider Code of Governance**") recommends that the Council of Governors establishes a policy of engagement to govern such situations. This policy is intended to provide clear guidance for both the Board of Directors and Council of Governors and has been approved by each respectively.

2.3. The policy is not intended to interfere with the usual methods of interaction between the Board of Directors and Council of Governors or the operation of the Trust's Freedom to Speak up: Raising Concerns (Whistleblowing) Policy[1].

3. Definitions and Interpretation

3.1. The capitalised terms and expressions defined in the Constitution apply to this policy.

3.2. The phrase "overall wellbeing of the Trust" is not defined in the Provider Code of Governance. The Trust interprets the phrase to mean the Trust's ability to deliver services in a way that fulfils its purpose, aligns with its values, creating a just and fair culture and crucially ensures compliance with the Trust's NHS Provider Licence.

3.3. The policy should be read in conjunction with the Constitution and other documents relevant to the governance of the Trust, including the Trust's NHS Provider Licence, as well as the Provider Code of Governance.

3.4. If there is any discrepancy between this policy and the National Health Service Act 2006, the Constitution or the Trust's Provider Licence, then those documents shall

[1] https://www.torbayandsouthdevon.nhs.uk/uploads/raising-concerns-policy-h30.pdf

prevail over this policy. All Governors and Directors have access to these documents and should familiarise themselves with the contents of them.

3.5. A reference to the Chair shall be read as a reference to the Senior Independent Director where the Chair is unavailable or where it would be inappropriate to engage the Chair due to reasons of conflict.

4. Application of the Policy

4.1. The policy is not intended to cover minor or technical issues which can usually be resolved via the established channels of communication between Governors and the Secretary and Chair.

4.2. The policy seeks to address very serious concerns raised by Governors which cannot be resolved in the normal manner and may be invoked in relation to the following, but non-exhaustive list of situations, outlined below:

4.2.1. a Governor's eligibility to remain appointed in accordance with the Constitution where a subjective judgement is to be made; such as an actual or perceived breach of the Governor Code of Conduct;
~~4.2.1.~~4.2.2. breakdown of communications between the Trust and its System stakeholders;
~~4.2.2.~~4.2.3. extensive breaches of the Trust's Provider Licence whether alleged or actual;
~~4.2.3.~~4.2.4. Board of Director's failure to respond adequately to findings from external regulatory bodies such as CQC or HSE of serious failings;
~~4.2.4.~~4.2.5. absence of Board of Directors oversight over significant financial or clinical risks which subsequently materialise;
~~4.2.5.~~4.2.6. breakdown of trust between the Trust and its workforce;
~~4.2.6.~~4.2.7. major operational oversights leading to loss of continuity of service;
~~4.2.7.~~4.2.8. loss of confidence of system leaders in the Board of Directors;
~~4.2.8.~~4.2.9. failure to respond to a significant transformational opportunity.

4.3. The policy is not intended for use where Governors have concerns about the performance of the Chair or any single Non-Executive Director. In these situations, Governors are referred to NHS England guidance, including the Provider Code of Governance and the Statutory Guide for Governors[2] and, ultimately, paragraph 27 of the Constitution (appointment and removal of Chair and other Non-Executive Directors).

4.4. Concerns may be raised through the application of this Policy by Governors as a whole acting collectively, by a sub-set of Governors or by Governors individually.

4.5. Where the Council of Governors as a whole is in dispute with the Board of Directors, the procedure in Annex 4 of the Constitution applies.

~~4.6. For the avoidance of doubt, Directors may not invoke this policy in relation to Governors.~~

5. Process for Engagement

5.1. Governors should first consult the Trust Secretary who will seek to resolve the concern informally and advise on the appropriateness of raising the matter with the Chair; as outlined in provision 4.1.

[2] Governors_guide_August_2013_UPDATED_NOV_13.pdf

5.2. The advice of the Trust Secretary is not binding and the Governors retain the right at all times to raise the matter with the Chair. Where it would be inappropriate to raise the concern with the Trust Secretary or the Chair, the Senior Independent Director should be approached instead.

5.3. Where the matter has not been resolved informally with the support of the Trust Secretary or where Governors have been advised to raise the concern with the Chair, the Governors may raise the concern with the Chair who will seek to resolve the matter informally. Failing that, Governors should make a request for the matter to be investigated within the terms of this policy.

5.4. The Trust shall, at its discretion, appoint one of the following to investigate the concerns ("**Investigator**"):

5.4.1. the Chair;
5.4.2. the Senior Independent Director;
5.4.3. a Nominated Officer;
5.4.4. the Trust's internal auditor; or
5.4.5. an external investigator such as a professional services firm whose costs will be paid by the Trust provided the matter is not vexatious within the meaning of the Trust's Complaints Policy[3].

5.5. The Investigator is entitled to set the detailed terms of reference but will do so in line with the overall statutory roles of the Council of Governors to:

5.5.1. hold the Non-Executive Directors to account for the performance of the Board of Directors; and
5.5.2. represent the interests of the Trust's Members and the public.

The investigation will therefore focus on the Board of ~~Director's~~Directors', and particularly the Non-Executive Directors', visibility, oversight and response to the matter raised.

5.6. The Investigator may involve Directors and Officers at their discretion. Directors who are requested to participate in an investigation shall:

5.6.1. co-operate with requests of the Investigator;
5.6.2. attend meetings and produce documents;
5.6.3. answer questions raised by the Governors which form part of the investigation; and
5.6.4. confirm decisions taken by Directors or the Board of Directors (where appropriate).

5.7. Governors who have raised the concern will be invited to submit evidence to the Investigator.

5.8. Where concerns are raised with regard to a Governor's eligibility to remain appointed, in accordance with the Constitution, the procedure set out in Appendix 2 shall be followed.

~~5.8.~~5.9. The Governors and Directors agree to respect the confidentiality of the investigation.

~~5.9.~~5.10. Whilst the investigation is ongoing, with the exception of 4.2.1 where such investigation relates to an individual Governor, the Council of Governors agrees to refrain from exercising its statutory power to require one or more of the Directors to attend a Council of Governor's meeting for the purpose of obtaining information about the Trust's performance of its functions or the Directors performance of their duties (and deciding whether or not to propose a vote on the Trust's or Director's performance) in relation to the matters under investigation.

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[3] Complaints Policy

~~5.10.~~5.11. The Investigator will review the evidence gathered and will, unless the Investigator is the Chair, report their findings to the Chair. As soon as practicable after the conclusion of the investigation, the Chair will meet with the Governors who raised the concerns to discuss the findings. The meeting has three possible outcomes:

~~5.10.1.~~5.11.1. the Governors are satisfied that their concerns were unjustified and withdraw them unreservedly. In this case no further action is required;

~~5.10.2.~~5.11.2. the Governors are satisfied that their concerns will be resolved by actions to be taken in light of the investigation or will be otherwise resolved. The Chair will write a report on the concerns and the actions taken, or to be taken, and present it to the Council of Governors in the closed section of the next Council of Governors meeting;

~~5.10.3.~~5.11.3. the matter is not resolved to the satisfaction of the Governors. The Chair will call a closed extraordinary meeting of the Council of Governors as soon as reasonably practicable to consider the matter further. That meeting may resolve to take no further action or, if two thirds of the Governors present agree the motion, the Trust shall refer the matter to NHS England or an independent arbitrator external to the Trust such as the chair of another NHS provider.

6. Distribution

6.1. This policy document will be made available on the Trust's intranet and public website.

6.2. Awareness will be raised through Equality Impact Assessment training, all ratifying committees/groups, policies and procedures training and intranet.

7. Key Contacts

7.1. For further information about this policy, contact foundationtrust.tsdft@nhs.net.

Unclassified

Torbay and South Devon NHS Foundation Trust

Appendix 1
Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)		**CoG and Board of ~~Directors~~Directors' Engagement Policy**		**Version and Date**	V2.~~0 April 24~~1 Jan26
Policy Author		Corporate Governance Manager			
An equality impact assessment (EIA) is a process designed to ensure that a policy, project or scheme does not discriminate or disadvantage people. EIAs also improve and promote equality. Consider the nature and extent of the impact, not the number of people affected.					
EQUALITY ANALYSIS: How well do people from protected groups fare in relation to the general population? ***PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below***					
Is it likely that the policy/procedure could treat people from protected groups less favorably than the general population? (see below)					
Age	Yes ☐ No☒	Disability	Yes ☐ No☒	Sexual Orientation	Yes ☐ No☒
Race	Yes ☐ No☒	Gender	Yes ☐ No☒	Religion/Belief (non)	Yes ☐ No☒
Gender Reassignment	Yes ☐ No☒	Pregnancy/ Maternity	Yes ☐ No☒	Marriage/ Civil Partnership	Yes ☐ No☒
Is it likely that the policy/procedure could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers[1]; travellers[2]; homeless[3]; convictions; social isolation[4]; refugees)					Yes ☐ No☒
Please provide details for each protected group where you have indicated 'Yes'.					
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language[5] used throughout?					Yes ☒ No☐
Are the services outlined in the policy/procedure fully accessible[6]?					Yes ☒ No☐
Does the policy/procedure encourage individualised and person-centered care?					Yes ☒ No☐
Could there be an adverse impact on an individual's independence or autonomy[7]?					Yes ☐ No☒
If 'Yes', how will you mitigate this risk to ensure fair and equal access?					
EXTERNAL FACTORS					
Is the policy/procedure a result of national legislation which cannot be modified in any way?					Yes ☐ No☒
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)					
To provide the CoG with an engagement policy when working with the Trust/Trust Board of Directors.					
Who was consulted when drafting this policy/procedure? What were the recommendations/suggestions?					
Council of Governors					
ACTION PLAN: Please list all actions identified to address any impacts					
Action			**Person responsible**		**Completion date**
n/a					
AUTHORISATION: By signing below, I confirm that the named person responsible above is aware of the actions assigned to them					
Name of person completing the form	Sarah Fox		**Signature**	*Sarah Fox*	
Validated by (line manager)	Emily Long		**Signature**	*Emily Long*	

Any issues Please contact Diversity & Inclusion Lead
For Torbay and South Devon NHS Trusts, please call 01803 656676 or email pfd.sdhct@nhs.net

[1] Consider any additional needs of carers/ parents/ advocates etc, in addition to the service user
[2] Travellers may not be registered with a GP - consider how they may access/ be aware of services available to them
[3] Consider any provisions for those with no fixed abode, particularly relating to impact on discharge
[4] Consider how someone will be aware of (or access) a service if socially or geographically isolated
[5] Language must be relevant and appropriate, for example referring to partners, not husbands or wives
[6] Consider both physical access to services and how information/ communication in available in an accessible format
[7] Example: a telephone-based service may discriminate against people who are d/Deaf. Whilst someone may be able to act on their behalf, this does not promote independence or autonomy

Version 2.1, issued February 2026

Appendix 2

PROCEDURE FOR ASSESSING BREACH OF THE GOVERNOR CODE OF CONDUCT

1. INTRODUCTION

1.1. In applying this policy, the Chair and/or Senior Independent Director together with the Trust Secretary shall first assess whether the perceived breach would be deemed as more or less serious; progressing as outlined below.

2. LESS SERIOUS BREACHES

2.1. A less serious breach may be managed through informal resolution and may be considered if there is an unintentional breach of the Code, the consequences of which do not fall within the scope of what might constitute a serious breach.

2.2. Examples of a less serious breach include but are not limited to:

2.2.1. Actions which involve another Governor or impact on the CoG only, e.g. lesser/single episode misconduct at meetings or towards Trust staff, NEDs or colleagues, minor disruptive behaviour, rudeness, disrespectful of the views of other Governors, the Chair and/or Directors;

2.2.2. Inappropriate use of email or other forms of communication, abusive language or aggressive phrasing etc.;

2.2.3. Non-attendance at two CoG meetings or development day training and persistent non-attendance without good reason and/or tendering of apologies, in accordance with the Constitution.

2.3. The primary aim is to resolve issues as quickly as possible, so that the formal business of the CoG is not disrupted and Governors maintain their activities and duties appropriately.

3. SERIOUS BREACHES

3.1. Examples of a serious breach include but are not limited to:

3.1.1. A deliberate breach of the Code;

3.1.2. Where a Governor receives two warnings within any rolling 12-month period;

3.1.3. Conduct towards any of the Trust's patients, visitors or staff which is abusive, or which adversely impacts their dignity or wellbeing and / or which is contrary to the principles of equality, diversity and inclusion;

3.1.4. A breach of the Code that is likely to bring the Trust, or the role of Governor, into disrepute;

3.1.5. Failure to manage public/media enquiries appropriately and in accordance with the Code;

3.1.6. A breach of confidentiality, including Data Protection Legislation or misuse of data received in the course of their duties as a Governor;

3.1.7. Fraud, bribery or other financial criminal activities;

3.1.8. Safeguarding issues;

3.1.9. Multiple complaints of minor breach issues.

4. PROCESS FOR MANAGING ALLEGED BREACH OF CODE OF CONDUCT / INFORMAL PROCESS

4.1. If an issue or concern arises regarding the conduct of another Governor, the concerned Governor should be clear about their complaint and the remedy required. If there has been a heated exchange or misinterpretation of facts within the CoG, the Lead Governor may intervene and require retraction of the remarks and a formal apology at the time.

4.2. Where a Governor is concerned about the behaviour of another, they should raise this directly

with that Governor. Where the complainant does not feel sufficiently confident, they may obtain support from the Lead Governor, or Deputy Lead, if appropriate.

4.3. Should support from within the CoG be inappropriate, the concerned Governor should discuss the circumstances with the Trust Secretary, who may recommend an alternative advocate. If an advocate is approached, they may only act with the express agreement of the aggrieved Governor, in both action and anticipated response.

4.4. The Lead Governor and/or the Deputy Lead will facilitate the process, with the agreement of the Director of Governance or the Chair.

4.5. Where the Governor has raised a concern and seeks a resolution which includes recognition of inappropriate behaviour and non-recurrence, this should be supported at a facilitated meeting between the two Governors (with or without an advocate present).

4.6. If both Governors accept the proposal and the concern is resolved at the meeting,

4.7. the matter is noted on the file of the challenged Governor and no further action will be taken.

4.8. Arrangements for the meeting should be agreed within five (5) working days or as soon as reasonably practicable, of the complaint being raised.

4.9. If there is no resolution at the informal meeting, where arrangements have been agreed and fulfilled, the matter will be considered through the formal process.

5. FORMAL PROCESS

5.1. Where the informal approach has failed, or the breach is considered serious, the alleged breach shall be investigated in accordance with this policy.

5.2. To avoid doubt, this provision does not apply in relation to matters listed in the Constitution which render a Governor no longer eligible hold the position of Governor where this is objective and clear as a matter of fact; for example holding a criminal conviction.

5.3. Where an allegation of a serious breach has been made an investigation shall be conducted in accordance with this policy; typically the investigation will be led by the Chair and/or the SID.

6. ALLEGED SERIOUS BREACH PROCESS

6.1. Following notification of an allegation of a serious alleged breach, which is assessed as being a potential Serious Breach, the Trust Secretary, Chair and/or the SID, together with the Lead and Deputy Lead Governor shall consider whether immediate action may be required. This may include the temporary exclusion of the Governor concerned from any meeting or temporary exclusion from their wider role. Where such action is required, the Chair will be informed of the nature of the complaint and action proposed.

7. SUSPENSION OF A GOVERNOR

7.1. Suspension is the process of placing on a Governor a requirement that they do not participate in the work of the Council of Governors, while an investigation is undertaken into the allegations reported. Suspension is a neutral act; it is neither a disciplinary action nor an assumption of guilt. A suspended Governor shall continue to be required to adhere to the Governor's Code of Conduct.

7.2. At any time, the Chair is authorised to take such interim measures as may be immediately required, including the exclusion of the Governor concerned from a meeting or suspension from duties, on the basis that such measures are necessary to:

7.2.1. enable an effective investigation to be undertaken into any concern or complaint about a Governor;

7.2.2. address or prevent any significant disruption to the effective operation of any part of the Trust;

7.2.3. manage risk to the health or well-being of any Governor, employee, volunteer or patient

of the Trust;

7.2.4. protect the reputation of the Trust; or

7.2.5. give effect to a proposal by the Council to impose a sanction on a Governor, until such times as the sanction is agreed by the Governor or the determination of an assessor has been received and notified to the Governor.

7.3. During any period of suspension from duties, the Governor is not permitted to:

7.3.1. attend or enter the Trust's premises unless he or she is doing so as a patient of the Trust, as a carer or family member of a patient of the Trust or with the consent of the Chair;

7.3.2. contact any of the Trust's Governors, employees, suppliers, volunteers or patients without the express prior permission of the Chair, other than in circumstances where any such contact is purely of a personal nature and unrelated to their position or duties as a Governor or in relation to this process; or

7.3.3. access any of the Trust's email or IT systems.

7.4. In these circumstances, any decision by the Chair to suspend a Governor from their duties shall be communicated to the Lead Governor and Deputy Lead Governor as soon as reasonably practicable and is effective when the Governor is notified either verbally or in writing. Any verbal notification shall be confirmed in writing. The Governor will be required to maintain confidentiality in regards to their suspension and the process being undertaken, save that they may disclose information about the process being followed to their Supporter, if appropriate.

7.5. The Chair shall notify the Council of Governors that an interim measure has been imposed as soon as reasonably practicable. The Chair shall not be required to explain the basis for imposing an interim measure. The Governor shall be removed from the Council of Governors' distribution lists for the period of the suspension.

7.6. In order to protect the legitimate interests of a Governor and any Complainant, the Council of Governors shall not be not be entitled to receive any further information regarding the use of this procedure in relation to any Governor until it is notified of any charge on which it is being asked to make a decision.

7.7. Notwithstanding the use of this procedure, a Governor is entitled to resign at any time. This will not prevent a full investigation of the complaint, if this is the required by the CoG.

7.8. Less serious and serious breaches and sanctions are defined by the Council of Governors.

8. COMMUNICATION

8.1. Where the Chair and/or Senior Independent Director together with the Trust Secretary consider the alleged breach meets the threshold of serious breach of the Code of Conduct, the Trust Secretary shall provide details of the complaint to the Governor and advise them that the matter will be investigated in accordance with this policy.

9. FORMAL COUNCIL OF GOVERNORS' HEARING

9.1. The investigation report, along with any comments from the Governor, shall be sent to the members of the COG in sufficient time to be read before the meeting at which it is to be discussed; the investigation report shall include a recommendation as to whether a breach has occurred for the assessment of the COG.

9.2. The CoG shall hold an extraordinary meeting in private to consider the investigation report; noting the recommendation and making a decision as to whether or not the recommendation should be accepted and the matter should be closed or whether a breach has occurred; the outcome of which would be dismissal.

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Council of Governors:

Code of Conduct for Governors

May 2024

Version 8

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:	May 2024	**Next Review Date:**	February 2027
Version:	8	**Last Review Date:**	May 2024
Author:	Director of Corporate Governance and Trust Secretary		
Director(s) Responsible	Chair		
Approval / Consultation Route			
Approved By:		**Date Approved:**	
Governance Board		4 April 2007	
Governance Board		17 April 2008	
Governance Board		20 July 2011	
Council of Governors		23 July 2014	
Council of Governors		4 November 2021	
Council of Governors		1 February 2023	
Council of Governors		1 May 2024	
Links or overlaps with other policies:			
Constitution, Standing Orders, Council of Governors Rules of Procedure, Rules of Procedure for Members Meetings.			

Amendment History

Date	Reason for Change	Authorised
March 2007	First Code of Conduct published	CoSec
13 July 2011	Nomenclature	CoSec
15 July 2014	Nomenclature e.g. Governance Board to Council of Governors	CoSec
January 2016	New logo and reference to new Trust name	CoSec
April 2019	Complete review	CoSec
October 2021	Update to reflect new job title of the Director of Corporate Governance and Trust Secretary. Paragraph 3.2 amended to reflect wording in the Trust's Constitution.	Chair
May 2024	Minor updates to reflect updated nomenclature, alignment with the Trust's Constitution, and updated Engagement Policy.	Chair

Torbay and South Devon
NHS Foundation Trust

CODE OF CONDUCT FOR GOVERNORS

1. INTRODUCTION

1.1 This code of conduct sets out the standards and behaviour that Torbay and South Devon NHS Foundation Trust (hereafter referred to as 'the Trust') expects from the Council of Governors (individually and collectively) when acting on behalf of, or representing, the Trust.

1.2 This code of conduct should be read in conjunction

with:

(a) the Trust's Constitution and licence;

(b) the Trust's policy and procedures covering conflicts of interest and counter fraud policies;

(c) the Trust's Standing Orders and Council of Governors rules of procedure;

(d) NHS England's Code of Governance for NHS Provider Trusts, and Your statutory duties: A reference guide for NHS Foundation Trust Governors; and

(e) the NHS Constitution.

2. WHY WE HAVE A CODE OF CONDUCT

2.1 The Board of Directors of the Trust has ultimate responsibility for all actions carried out by staff and committees throughout the Trust's activities. This responsibility includes the stewardship of vast public resources and the provision of healthcare services to the community.

2.2 The Board of Directors is therefore determined to ensure the organisation inspires confidence and trust amongst its patients, members, staff, partners, funders and suppliers by demonstrating integrity and avoiding any potential or real situations of undue bias or influence in the decision-making of the Trust.

2.3 The Council of Governors has an integral role in supporting the Board of Directors in promulgating those values and visions to members, patients and the public, and embedding them within the work of the Trust.

2.4 The Constitution of the Trust makes provision for Governor elections, the appointment of governors, practice and procedure of governors, and ultimately the removal of governors. This code of conduct complements the Trust's Constitution.

Torbay and South Devon
NHS Foundation Trust

3. APPOINTMENT AND TENURE

3.1 The Council of Governors is comprised of representatives elected from, and by, the public membership and the staff membership, as well as those appointed from local partner organisations such as local authorities, and universities. Appointments run for three years, after which period the Governor may be able to stand for re-election.

A Governor must be a member of the Foundation Trust in order to stand for election or appointment.

3.2 The council of governors is responsible for representing the interests of NHS foundation trust members, the public at large, and staff in the governance of the NHS foundation trust.

4. INDUCTION AND TRAINING

4.1 In order for governors to be effective in performing their legal duties and responsibilities, it is essential that individual governors, and the Council as a whole, are aware of the nature of the work of the Trust and its operating environment. In order to prepare and support governors, the Trust will provide a comprehensive induction and ongoing development opportunities. Individual governors are invited to speak to the Chair and/or Director of Corporate Governance and Trust Secretary about any further information or training needs.

4.2 Governors are expected to attend induction and training programmes, given reasonable notice, in line with any individual or collective requirements identified by the Governor or the periodic Council performance appraisal.

5. ROLE AND FUNCTION OF GOVERNORS

5.1 The Trust will provide governors with guidance outlining their specific role and responsibilities. In fulfilling their general roles and responsibilities individual governors must:

(a) adhere to the Trust's rules and policies, including the Constitution and standing orders, and support its objectives, in particular those relating to NHS Foundation Trust status and developing a successful Trust;

(b) act in the best interests of the Trust at all times;

(c) contribute to the working of the Council of Governors in order for it to fulfil its role and functions as defined in the Constitution;

(d) recognise that their role is a collective one; and

(e) support and assist the Chief Executive, as the 'accountable officer' in their responsibility to answer to NHS England, commissioners and the public.

Torbay and South Devon NHS Foundation Trust

6. CONFLICTS OF INTEREST

6.1 The Council of Governors has a legal obligation to act in the best interests of the Trust and in accordance with the Trust's Constitution and licence, and to avoid situations where there may be a potential, real or perceived, conflict of interest.

6.2 Governors should not use their position for personal advantage or seek to gain preferential treatment. Governors should be aware of, and act in accordance with, the Trust's policy and procedures on identifying and managing conflicts of interest.

6.3 Upon appointment, and at least annually, governors are invited to complete a declaration of interests form. This document must also be updated where a material change occurs. A register of interests will be maintained by the Director of Corporate Governance and Trust Secretary, and will be made available to the public, in line with the Trust's Standards of Business Conduct Policy.

6.4 Failure by a Governor to declare an interest, real or perceived, could result in the complaints process being instigated by the Trust. Depending on the circumstances and severity of the conflict, this may result in the Governor being removed from office.

7. STANDARDS OF CONDUCT

7.1 Governors are required to adhere to the highest standards of conduct in the performance of their duties. This code of conduct respects and endorses the seven principles of public life promulgated by the Nolan Committee and all governors are encouraged to perform their duties in accordance with them. The seven principles are:

(a) Selflessness
Holders of public office should take decisions solely in terms of the public interest. They should not do so in order to gain financial or other material benefits for themselves, their family, or their friends;

(b) Integrity
Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties;

(c) Objectivity
In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit;

(d) Accountability
Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;

(e) Openness
Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;

(f) Honesty
Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest;

(g) Leadership
Holders of public office should promote and support these principles by leadership and example.

7.2 In performing their roles and responsibilities, governors are encouraged to:

(a) value fellow governors, even when there are differences in opinion;

(b) be mindful of conduct which could be deemed to be unfair or discriminatory;

(c) conduct themselves in a manner which reflects positively on the Trust when attending external meetings or any other events; and

(d) seek to ensure that the membership of the constituency, or partner organisation, that elected/appointed them are properly informed and that their views are fed back to the Trust.

7.3 All governors are expected to understand, agree and promote the Trust's Diversity and Inclusion Policy in every area of their work. The Council's activities should not prejudice any part of the community on the grounds of age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex or sexual orientation.

7.4 Any actual or perceived prejudicial action, views or comments shall be investigated and dealt with in line with the complaints procedure and could result in the Governor being removed from office.

8. STAKEHOLDER ENGAGEMENT

8.1 Governors are accountable to the membership. In order to demonstrate their accountability governors are encouraged to attend events and provide opportunities to meet, talk and listen to the members, partner organisations they represent, and the public, in order to best understand their views and concerns.

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8.2 Governors may receive approaches from or to the media. The Trust is keen to work proactively with governors to promote the work of the Trust, its staff and Council of Governors. The Media and Communications Policy appended to this document sets out the correct procedure for governors to follow.

8.3 Governors should be fully aware of their representative functions and should not become personally involved in patient or public matters that ought to rightly be handled by the appropriate member of Trust staff. Governors are advised to act as a conduit for forwarding public comments and concerns to the appropriate staff member, when presented with a complaint from a member, patient or the general public.

9. VISITING THE TRUST

9.1 In fulfilling their core duties and responsibilities, governors will be expected to visit Trust property. For activities other than attending Council meetings or member events organised by the Trust, governors are requested to follow the procedure below:

(a) for group visits, arrangements will be discussed and agreed between the Chair and Director of Corporate Governance and Trust Secretary, in liaison with appropriate directors and managers; and

(b) for individual visits, the Governor should speak directly to the Director of Corporate Governance and Trust Secretary.

9.2 The Trust will make every effort to accommodate the request of the Governor, but may not always be able to agree to specific dates, times or site visits.

9.3 Personal, non-Governor related visits to Trust property are not covered by this procedure.

10. EXPENSES

10.1 The position of Governor is unremunerated, though reasonable out-of-pocket expenses are paid. Please refer to the Trust's policy on Governor expenses and how to claim for reimbursement for costs incurred on behalf of the Trust.

10.2 Further information about expenses can be gained by speaking directly to the Foundation Trust Office.

11. MEETINGS

11.1 Governors have a responsibility to attend meetings of the Council of Governors. When this is not possible they should submit an apology to the Director of Corporate Governance and Trust Secretary in advance of the meeting. Governors are expected to attend for the duration of each meeting.

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11.2 Absence from the Council of Governors meetings without good reason established to the satisfaction of the Council could result in the individual Governor being removed from office.

11.3 Non-attendance at two consecutive meetings will result in the Governor being deemed to have resigned their position, unless the grounds for absence are regarded as satisfactory by the Chair.

11.4 If a Governor would like to submit an item for inclusion in the Council's agenda, they should forward their request to the Director of Corporate Governance and Trust Secretary at least 14 working days before the meeting. Late items of an urgent nature may be added to the list of any other business, at the discretion of the Chair, in discussion with the Director of Corporate Governance and Trust Secretary.

11.5 Meetings of the Council of Governors shall be held in public, and in accordance with the standing orders. The Council of Governors may decide to hold all or part of a meeting in private in such circumstances where confidential or sensitive information needs to be discussed.

12. BOARD AND COUNCIL INTERACTION

12.1 The Council of Governors may invite any or all of the Board of Directors to attend Council meetings. Such invitations will be agreed by the Chair and facilitated by the Director of Corporate Governance and Trust Secretary.

12.2 Governors are reminded that the Council of Governors, Board of Directors and management have a common purpose: the success of the Trust and the provision of safe and high quality care to the community. As such, governors are encouraged to only use their powers of veto and removal in those circumstances where other forms of discussion and mediation have been used and not proven fruitful.

12.3 Governors should treat the Trust's directors, other employees and fellow governors with respect and in accordance with the Trust's policies.

13. MEDIATION

13.1 A mediation process is available to the Council, and individual governors, for use when there has been a breakdown of communication or trust between the governors and directors. Further information should be requested from the Chair or Director of Corporate Governance and Trust Secretary.

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13.2 Before the mediation process is instigated, the Chair, Lead Governor and / or Senior Independent Director (as appropriate) should have met in an attempt to resolve the matter.

14. NHS ENGLAND

14.1 In general, formal contact with NHS England will be via the Chair, Chief Executive or Director of Corporate Governance and Trust Secretary, as appropriate.

14.2 This does not prevent the Council of Governors nominating the Lead Governor for communications with the regulator in such instances when the usual communication line is inappropriate.

15. CONFIDENTIALITY

15.1 All governors are required to respect the confidentiality of the information they are exposed to as a result of their membership of the Council of Governors. As a member representative, sometimes dealing with difficult and confidential issues, governors are required to act with discretion and care in the performance of their role.

15.2 In situations concerning potential whistleblowing matters, governors are encouraged to adhere to the Trust's Raising Concerns at Work Policy to resolve the matter, in the first instance.

15.3 Any allegations of breaches of confidentiality will be investigated under the Complaints Policy and could result in the removal of any Governor involved in such a breach. This does not include protected disclosures as defined in the Public Disclosure Act 1998. Further information regarding whistleblowing can be found in the Trust's Raising Concerns at Work Policy or by speaking to the Director of Corporate Governance and Trust Secretary.

15.4 Guidance is provided to governors about how to deal with approaches from or to the media and related matters in Appendix 1.

16. CEASING TO BE A GOVERNOR

16.1 Governors must continue to comply with the qualifications required to hold public office throughout their period of tenure, as defined in the 'willingness to serve declaration'. Any changes that would render the Governor ineligible to serve must be forwarded to the Director of Corporate Governance and Trust Secretary.

16.2 As previously mentioned, failure to attend two consecutive meetings may result in the Governor being deemed to have resigned their position unless the grounds for absence are deemed to be satisfactory by the Chair.

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16.3 A Governor may resign their office ahead of their tenure by writing to the Director of Corporate Governance and Trust Secretary. Depending on the reasons and circumstances of the resignation, the Chair may decide to formally record those particulars in the minutes of the next Council of Governors meeting.

17. CODE NON-COMPLIANCE

17.1 In addition to this Code of Conduct, a Complaints Policy operates to cover allegations made against governors that appear to breach the spirit of the Code of Conduct or specific conditions of service. Ideally any penalties for non-compliance would never need to be applied.

17.2 Non-compliance with the Code of Conduct may result in action being taken as follows:

(a) where misconduct takes place, the Chair may be authorised to take such action as may be immediately required, including the exclusion of the person concerned from a meeting;

(b) where such misconduct is alleged, it shall be open to the Council of Governors to decide, by simple majority of those in attendance, to lay a formal charge of misconduct. In such instances it will be the responsibility of the Council of Governors to:

(i) inform the Governor in writing of the nature of the allegation of the breach, detailing the specific action or behaviour considered to be detrimental to the Trust, and inviting and considering their response within a defined timescale,

(ii) invite the Governor to address the Council in person if the matter cannot be resolved satisfactorily through correspondence,

(iii) decide, by simple majority of those present and voting, whether to uphold the charge of the breach and conduct detrimental to the Trust,

(iv) impose such sanctions as shall be deemed appropriate. Sanctions will range from the issuing of a written warning as to the Governor's future conduct and consequences, and/or the removal of the Governor from office;

(c) where the Council of Governors cannot agree on a course of action in a situation that is deemed detrimental to the Trust, the Trust has the power to remove the Governor.

17.3 Further information regarding any aspects of this Code of Conduct can be requested from the Director of Corporate Governance and Trust Secretary.

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Appendix 1

Declaration:

I, …….. (**Print Name**) agree to abide by the Code of Conduct for Governors of the Torbay and South Devon NHS Foundation Trust.

Signature: _____

Date: _____

Note: This Code of Conduct does not limit or invalidate the right of a governor or the Trust to act under the constitution.

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Appendix 2

Media and Communications Policy

1. This policy is intended to provide guidance for governors about how to deal with approaches from or to the media and related matters. The Trust is keen to work proactively with governors to promote the work of the Trust, its staff and the Council of Governors. The policy therefore sets out the correct procedure for governors to follow should they receive a call from the media or wish to publicise activities associated with, or arising from, their position as a member of the Council of Governors of the Trust.

2. The Foundation Trust recognises that the Council of Governors has a legitimate involvement in providing information to the Foundation Trust's membership and wider public. However, to ensure such messages reflect the opinion of the whole Council and are consistent with other statements made by the Foundation Trust, any statements by members of the Council of Governors must be issued through the Trust's Communications Team.

3. The Communications Team under the guidance of the Associate Director of Communications and Partnerships is proactive in protecting the reputation of the Trust and ensures that the activities of the Trust are promoted in a positive manner through radio, television and the press at both local and national levels.

4. The promotion of the work of the Council of Governors through the media will be a matter for decision by the Council of Governors.

5. With regard to communication from the press and media, governors must immediately direct all enquiries to the Communications Team who will take responsibility for providing and delivering a response.

6. All governors are expected to comply with the Trust's Social Media Policy if they identify themselves as a governor on their social media profile.

7. Under no circumstances should an individual member of the Council of Governors publish information on matters pertaining to the Trust or their role as a member of the Council without the knowledge and agreement of the Chair of Governors and the Director of Corporate Governance and Trust Secretary. This includes publishing information on social media.

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8. Any documents given or shown to governors not already in the public domain, are to be treated as confidential and therefore governors must not copy, or otherwise distribute such information without the permission of the Chair of Governors and the Director of Corporate Governance and Trust Secretary.

9. Governors who receive invitations to attend functions or meetings related to their activities as a member of the Council of Governors should advise the Foundation Trust Office.

10. Should a governor be invited to speak then he or she is requested to clear any proposed speech with the Chair or Director of Corporate Governance and Trust Secretary.

11. For invitations to give a speech or appear publicly in their role as governors that come directly to the Trust, the Foundation Trust Office will draw up a list of those who are willing to represent the Foundation Trust in this way.

12. As a matter of general principle the workings of the Foundation Trust are open and transparent. However, there may be circumstances when, in order to comply with a variety of policies, statutes and commercial confidentiality, this is not possible.

13. Therefore, should any individual member of the Council of Governors become concerned about an aspect of the Trust's activities or that of the Council of Governors they should discuss this in the first instance with the Chair or the Director of Corporate Governance and Trust Secretary who will ensure that the query is properly dealt with.

14. Should governors not be satisfied with the outcome of this process they can appeal to the Senior Independent Director who can be reached through the Director of Corporate Governance and Trust Secretary.

15. The Trust has a clear policy and procedures for responding to Freedom of Information (FOI) requests and should a governor receive such an enquiry this should be forwarded to the Director of Corporate Governance and Trust Secretary who will ensure that the correct procedure under the Trust's FOI Policy is followed.

16. Finally, governors are of course free to make statements or give interviews in connection with any non-Trust related activities they may be involved in. However, any statements or interviews given by individual members of the Council of Governors in relation to these other aspects of their personal or professional activities must not make reference to any matters pertaining to their position as a member of the Council of Governors.

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Date emailed	Status
215	17.9.25	John Nutley	Teignbridge	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.	Adel Jones	13.11.25	Dear Cllr Nutley, Further to our conversation on 13 October, I lead a small team responsible for managing NHS relationships with the ten local authorities across Devon. Our 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, we review all new planning applications for developments of 20 dwellings or more. Where existing infrastructure capacity is insufficient, we seek developer contributions to directly mitigate the additional impact of the development on local health services. Across Devon, the NHS 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, where £1.5 million has been secured and an additional £2.5 million is awaiting determination.	11.02.26	13.11.25	Responded
				Secondly, I was asked what the progress towards the Channel View Surgery in Teignmouth and what is happening.			Most of these secured funds 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). 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, which is currently being reviewed by Exeter City Council. While I cannot comment directly on Channel View Surgery in Teignmouth, I can forward your query to NHS Devon ICB colleagues if that would be helpful.			
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?	Adel Jones	13.11.25	Thank you for raising this important issue. The anticipated growth in Teignbridge that you have identified (750 new homes per year for the next decade, exclusive of conversions or care facilities) is a challenge for all public services, especially health and care. I can advise that this anticipated growth is not dissimilar to that we expect to see in South Hams and Torbay. We are acutely aware of this growth and are actively planning to meet both current and future needs. We have worked closely with Teignbridge Council throughout their Local Plan process, highlighting the impacts that planned housing growth will have on both primary and secondary care services. This collaboration should help ensure that the NHS is well-placed to secure future developer contributions to mitigate these impacts.	11.02.26	13.11.25	Responded
							National context: the Government's 10-year health plan The Government's recently launched 10-Year Health Plan for England sets out a bold and ambitious vision for the NHS. It is built around three major shifts: •From hospital to community: Expanding neighbourhood health centres, improving access to GPs and mental health support, and bringing care closer to home. •From analogue to digital: Introducing unified patient records, AI-enhanced diagnostics, and expanded NHS App functionality. •From treatment to prevention: Promoting healthy choices, expanding health coaching, and supporting early intervention. The plan also includes reforms to simplify NHS governance, reduce bureaucracy, and redirect resources to areas of greatest need—including coastal and working-class communities like ours.			
							Local strategy: Torbay and South Devon NHS Foundation Trust Locally, we are refreshing our own strategy to ensure it aligns closely with the national plan, and which will respond directly to the needs of our communities. This strategy is built around a vision of working enhancing our integrated teams to deliver digitally enabled, and person-centred care in local neighbourhoods. We ran a workshop for governors in July to listen to and capture their views and the views of their constituencies. At the heart of our strategy is a series of core initiatives that will shape how we deliver care in the years ahead. These core initiatives will be grounded in evidence, informed by local insight and focused on improving access, quality and coordination of care. Developed with input from our staff, partners, and our communities, they are designed to address the most pressing needs across our area. We look forward to keeping governors updated and engaged as each initiative takes shape.			

							Addressing public concerns We understand that incidents like the one you described—where a stroke patient experienced delays—can deeply affect public confidence. While ambulance services are commissioned separately, we are working closely with system partners to improve urgent and emergency care. Over the past 12 months, we have introduced new processes and clinical roles at our Emergency Department to reduce ambulance handover delays. As a result, average handover times have improved by 18%. We continue to work actively on further improvements and monitor our progress closely. As you may be aware, our Emergency Department undergoing a £14.2 million expansion to increase capacity and reduce waiting times, funded by the national Adult Care Transformation and Innovation Fund. The project includes building a new wrap-around extension, expanding the acute assessment unit and creating new spaces for same-day emergency care and mental health triage.			
							The goal is to improve the patient experience, enhance the working environment for staff and modernize the department's digital infrastructure. We are committed to supporting our partners to respond to patients in a timely and effective way, and to ensuring that no part of the system works in isolation. Engaging with communitiesYour role as a Local Councillor and a governor is vital in helping to bridge the gap between public perception and operational reality. We welcome questions, feedback and collaboration. We are committed to co-designing solutions with our communities and ensuring that our strategy reflects what matters most to local people.			
217	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	12.11.25	Dear Ms Meadows, Thank you for taking the time to share your recent experience at Torbay Emergency Department. We're truly sorry to hear that your visit was impacted by the time spent in the ED upon the understandable pressures of your caring responsibilities, and we hope you're now feeling better. Your feedback is invaluable. It highlights an important and often under-recognised challenge faced by carers who attend ED not only as support for others, but also when they themselves require care. We appreciate the thoughtful suggestion around offering carers a triage followed by a timed appointment, allowing them to return to those they care for while awaiting treatment. It's a compassionate idea that speaks to the real-world complexities carers face.	11.02.26	12.11.25	Responded
				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.			While the nature of emergency care means we must prioritise clinical urgency and remain responsive to rapidly changing patient needs, we are actively exploring ways to better support carers. For example, our ED team has introduced a carer lanyard to help staff identify and engage with carers more effectively. We're also reviewing whether this could be extended to carers attending as patients themselves, to help make their responsibilities more visible to staff. Unfortunately, our current digital system (Symphony) doesn't allow us to flag carer status in a way that would support a person's visibility within the ED. However, we are transitioning to the new EPIC system in April 2026, which may offer improved functionality in this area. We're hopeful this will open up new opportunities to tailor care more sensitively to individual circumstances. In the meantime, we encourage everyone, including carers, to consider NHS111 when			

				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.			For example, our ED team has introduced a carer lanyard to help staff identify and engage with carers more effectively. We're also reviewing whether this could be extended to carers attending as patients themselves, to help make their responsibilities more visible to staff. Unfortunately, our current digital system (Symphony) doesn't allow us to flag carer status in a way that would support a person's visibility within the ED. However, we are transitioning to the new EPIC system in April 2026, which may offer improved functionality in this area. We're hopeful this will open up new opportunities to tailor care more sensitively to individual circumstances. In the meantime, we encourage everyone, including carers, to consider NHS111 when unable to contact their GP out of hours or if they do not have timely capacity. Devon NHS 111 offers 24/7 clinical assessment and can either manage your care virtually or book timed appointments at Urgent Treatment Centres/OOH GPs or with your registered GPs the next day (or Monday from the weekend), helping to reduce waiting times and anxiety.			
							The NHS Quicker app also provides live updates on waiting times across Devon across Urgent and Emergency Care, which may help in planning visits and care needs. We are committed to making carers feel seen, supported, and respected. Your experience and suggestion have prompted valuable reflection, and we will continue to explore how we can improve visibility and responsiveness for carers in our services. Please don't hesitate to get in touch if you'd like to discuss this further — we'd welcome the opportunity to hear more.			
218	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	5.11.25	Item at CoG - Out of date wastage - This was discussed at CoG ,procurement are in the process of implementing Genesis as part of the move to a new finance system (ISFE2). We are also preparing wider communications to all staff to reduce waste.	11.02.26	12.11.25	Responded
219	27.10.25	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?	Nicola McMinn	12.11.25	I fully understand why, at a time when we are all working so hard to deliver savings and protect frontline services, the advertisement of three senior nursing posts could feel out of step with that ambition. I want to be absolutely clear about the purpose and the financial implications of these changes. This is not an expansion of management or an additional layer of cost. These posts replace existing ADNPP vacancies within the current nursing leadership structure, and they are being fully funded from within existing resources — primarily through a reconfiguration of the corporate nursing team, including the previously funded Deputy Chief Nurse post. There is therefore no additional financial pressure to the organisation from these appointments.	11.02.26	12.11.25	Responded
			Staff Governors	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?			The change is about strengthening our nursing leadership model, not adding to it. Our current structure was designed for a more stable and less complex time in the NHS and TSDFT. The demands on our services, our regulators' expectations, and the complexity of care we deliver across acute and community settings have all grown significantly. To maintain high standards of safety, quality, and patient experience, we need senior nursing leadership that is embedded in the Care Groups, empowered to make decisions, and equipped to provide stronger professional oversight and assurance. By uplifting the seniority of our care group nurse leaders, particularly in areas of greatest complexity and risk, we are creating a model that supports our matrons, senior nurses and community leaders more effectively — ensuring the right expertise, visibility, and accountability at every level. This aligns us with our system partners such as UHP and RDUH, while recognising that as an integrated care organisation our structure must also reflect our community footprint.			

			Staff Governors	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?			Importantly, this change was developed with our senior nurses, who were involved in shaping the job descriptions and considering how best to build leadership resilience across our care groups. No one is at risk as part of this process; it is an evolution of how we organise ourselves to provide the strongest possible professional nursing leadership. I appreciate that communication about the timing and purpose of these roles could have been clearer . I want to assure you that my commitment to open, transparent dialogue with all our nurses remains absolute. I will ensure future CNO updates and ICON communications to explain such changes more fully before they go live.			
							Ultimately, this decision is about protecting patient safety, strengthening professional nursing leadership, and ensuring we have the right capability to lead through change and challenge — not about increasing cost or management layers. It is a strategic investment in the safety, quality, and sustainability of nursing across our organisation.			
220	05.11.25	Andrew Stilliard	Torbay	How many patients are currnelty using Cath Lab from RDUH ?	Adel Jones					Assigned
221	06.11.25	Ged Yardy	South Hams	Please could you let me know what actions are planned given the verbal report of a comment that you may have made regarding improving parking arrangements at the Devon Health and Wellbeing Centre following your visit. The Dartmouth PPG based up PPG survey have requested to SHDC provide s further 4 parking spaces based upon a reconfiguration of the parking area immediately outside the HWBC.	Joe Teape - Caroline Cozens	17.12.25	Dear Ged Thank you so much for your queries regarding the parking arrangements at Dartmouth Health & Wellbeing Centre. First, please accept my apologies for the delay in responding. I am pleased to confirm that your intervention with South Hams District Council has been largely successful, insofar as the Council has agreed to implement four additional 1-hour parking spaces within the public cark park adjoining the Centre from early January, bringing the number of one-hour free spaces provided to twelve. I am aware that disabled users also wanted to access the free one-hour parking spaces and understand that the additional four free bays apply to the disabled bays to cover both issues raised. Unfortunately, longer free stays were not supported.	11.02.26	17.12.25	Responded
				The 3rd item is that the free periods be extended to 90 minutes to accommodate delayed appointments and those which for example there is a request for the patient to see a nurse after the a GP appointment. I have attached the letter from our PPG to SHDC CEO to give context In addition, that disabled parking (a second hour offered free) is aligned with the scheme for HWBC visitor for the first hour is free. Disabled parking seems to be penalised compared to able bodied parking			Thank you for your support on behalf of the Dartmouth Patient Participation Group; this is a positive example where the voice of the people and their representatives clearly make a difference. We have also separately highlighted to our Council operational contact that the free spaces are on occasion misused by dog-walkers using them while visiting the nearby fields and we will ensure that clear signage is affixed to discourage this misuse.			
222	18.11.25	Micheal Joyce	Teignbridge	Who or where am I able to find out what the Trust view is on the Local Government Review? I have just come out of a Council meeting where some concern was being expressed about boundaries and who or what are going to be the representatives on the new Unitaries or the new Neighborhood Area Committees from the NHS local boards. Of course this maybe through the ICB but it would be good to understand where we stand at present.	Simon Tapley	19.11.25	Thank you for raising this. When the Secretary of State for Housing, Communities and Local Government considers Local Government Reorganisation (LGR) proposals, they are required to consult with a range of stakeholders, including "such other persons as they consider appropriate." The NHS—particularly NHS England and local Integrated Care Boards (ICBs)—is a key consultee during this statutory consultation phase. Given this, we will be seeking assurance from the ICB for Devon that, when this consultation takes place, we will have an opportunity to actively contribute to the response. This will be important to ensure our local perspective is fully considered.	11.02.26	19.11.25	Responded

				The current Unitaries, Devon and the Districts have almost all come out with their preference. This could be 5.4.1. Or a mixture of others although I understand that in the new year Government will express a preference on those that have been submitted.			I understand that most current Unitaries and Districts have submitted their preferences and Government is expected to indicate its preferred option in the new year. In the meantime, we will follow up with the ICB to confirm their approach and how we can feed into their position. In the meantime, if you have any specific concerns or scenarios from the Council meeting that we should be aware of, please let us know so we can factor those into our discussions.			
223	18.11.25	Micheal Joyce	Teignbridge	? I have been contacted by a resident who is in pain with a hip. Been to his GP who has referred his to Pysio at NA Hospital only to find that the earliest date for appointment is the end of January 2026. Now this wait does, in my opinion, seem excessive and I am seeking an explanation as to why the long waiting list, what can, if anything be done to deal with this and who should I be contacting to discuss this further. Of course it maybe outside my remit as a Governor.	Nicola Mcminn	24.11.25	The national target is for MSK physiotherapy patients with routine needs to be seen in 12 weeks In our Trust we offer patients the chance to have an assessment using our virtual platform- this enables them to have an assessment of routine needs in 2-3 weeks However, some patients choose to opt for a face to face assessment in a department of their choice instead- the wait for this service is 8-10 weeks depending on the department they selected You may be aware our MSK recently conducted extra weekend sessions at RDUH on the request of GIRFT where I believe the waits may have been 6 months	11.02.25	24.11.25	Responded
224	25.11.25	Alison Ramon	Torbay	My complaint is that in the evening there was no where to get a hot drink never mind a meal. Why is this? Surely we can supply a vending machine with hot drinks? If there is one on site none of the staff appear to know about it . It's bad enough waiting hours to be seen in a crowded waiting room full of distressed people without the opportunity of obtaining hot refreshments. This is not a criticism of our hard working staff who are doing their best but please make the	Adel Jones	17.12.25	With the current vending machines you see around the main Torbay site we tried healthy food but it never really had a high enough uptake so the contractor reverted back to the current selling range. We haven't stopped at that though, as we do have an alternative option which we are currently exploring. Within the old cafe in Horizon and at Newton Abbot Hospital, we have a 24hr healthy food concept where we can sell sandwiches, salads, pasta pots and other healthy choices. These machines can also have meals that when purchased could be taken to a central point for heating. Additionally the display shows each product and all the Allergen information. This innovation is much better and meets current allergen, food regulations and the NHS food standards for 24hr healthy food & drink than what the current vending machines can offer. We envisage that we will manage the machines through our own Catering team who will also be able to change the healthier products on a regular basis to keep the product range interesting for patients, employees & visitors into the future.	11.02.25	17.12.25	Responded
225	26.11.25	Lee Thomas	Torbay	Wondering if you can ask the following governor questions please: Could you please seek assurance from the Trust regarding its preparedness for the emerging local outbreak of scabies, now confirmed at both South Devon College and Paignton Community College? Specifically, I would like to understand: •What assessment has been made of the potential impact on Torbay and South Devon NHS Foundation Trust services, particularly in combination with existing winter pressures? □	Nicola McMinn	02.12.25	Please find below response to the questions asked: Thank you for your email. I would firstly like to start with some assurance that there has been no declared outbreak of scabies through UKHSA or through One Devon. Please find below the answers to your questions to provide assurance: 1.What assessment has been made of the potential impact on Torbay and South Devon NHS Foundation Trust services, particularly in combination with existing winter pressures? To confirm Scabies is not a notifiable disease and there are no current outbreaks declared. Scabies is managed locally through our isolation policy and any such cases would be managed through isolation. Side room capacity is reviewed and risk assesses to ensure appropriate use at all times.	11.02.26	02.12.25	Responded
				What plans, capacity measures, or escalation procedures are in place to manage any increased demand that may arise as a result of this outbreak? •Are there any additional infection prevention and control steps being implemented across Trust sites in response? I would appreciate confirmation that the Trust is adequately prepared to respond to any surge in demand linked to this incident.			Below provides an update from UKHSA around the current situation and their actions taken: South Devon College overview: We were notified of four cases of scabies in students on 24 November 2025. We contacted the college nurse and provided verbal advice regarding the treatment of cases and contacts, exclusion guidance, and reassurance on how scabies is transmitted. This was followed up with written advice and information, including our letter to parents and the scabies factsheet. As the college is non-residential, we advised that treatment should be arranged and coordinated for individual households through primary care. We also emphasised that household contacts of the affected students must be treated at the same time to prevent re infestation.			

							On Weds 26 the school nurse reported there were now more cases - not all in the same class, spread across college. We reassured her that a GP is sometimes more likely to make a diagnosis of scabies if it is reported to be present in setting and prescribes treatment as a precaution – this does not mean all these cases are definitely scabies or that the cases are linked to each other. Advised that, given how scabies is transmitted, it would be very unlikely to spread easily across different classes in school. Trust Actions: As an action to raise awareness internally we have shared comms with the Emergency Department regarding presenting skin conditions and with our clinical teams to heighten awareness should any patients present with suspected scabies.			
							If a person is diagnoses with scabies their care will be managed either through their GP if in the community or via our medical teams if an inpatient and appropriate prophylaxis treatments undertaken as required. IPC are fully sighted on PPE processes and would support clinical areas to follow our isolation policy to reduce any spread and will oversee contact tracing with Occ Health input. 2. What plans, capacity measures, or escalation procedures are in place to manage any increased demand that may arise as a result of this outbreak? For patients in their own home advice will be provided from their GP's and treatment prescribed in the same way. Inpatients would be cared for in side rooms with appropriate PPE as per Isolation Policy. The IPC team will risk assess a patient's need for a side room to ensure those most at risk of spreading infection are isolated. Treatment would be prescribed by covering medics and contact tracing undertaking as above to ensure all those requiring active or prophylaxis treatment are done so appropriately.			
							3. Are there any additional infection prevention and control steps being implemented across Trust sites in response? As previously stated, there is no outbreak declared currently however to raise awareness comms has been shared with the Emergency Department and clinical areas to raise awareness of the potential cases seen in the community. The IPC team are aware and monitoring any cases reported and offering advice and guidance (no cases identified to date) working closely with primary care/UKHSA and Care Homes. To reassure our Isolation Policy is up to date with the most relevant evidence based guidance to manage scabies. Advice from our policy on how to manage scabies is below and teams have been signposted to this should it be required:			
							For background info: •Scabies is not a notifiable infection. It usually only spreads after skin to skin contact in close household type settings: UKHSA guidelines for the management of scabies cases and outbreaks in communal residential settings - GOV.UK •Scabies is difficult to diagnose and can look similar to other skin infections. GPs will sometimes prescribe permethrin on a precautionary basis, if they hear about other cases in a setting – this does not mean all cases have been 'confirmed' or that transmission is taking place within the setting. UKHSA are providing the following to media if they ask: "We have provided a factsheet to South Devon College with information on scabies and how to treat it.			

							"Scabies is spread through close skin contact, and anyone can get scabies – it is not caused by poor hygiene. Scabies is not usually a serious condition, but it does need to be treated. So speak to a pharmacist if you think you have it. If you have scabies, there are steps you can take to stop it spreading during treatment, including washing all bedding and clothing in the house at 60C or higher on the first day of treatment and putting clothing that cannot be washed in a sealed bag for 3 days until the mites die. Do not share bedding, clothing or towels with someone with scabies and don't have sex or close physical contact until you have completed the full course of treatment. It usually only spreads within households, residential settings or after prolonged close skin contact."			
							For further information on scabies, please visit https://www.nhs.uk/conditions/scabies/ 4.□would appreciate confirmation that the Trust is adequately prepared to respond to any surge in demand linked to this incident. The Trust is equipped to manage such cases and outbreaks, has the correct PPE and stock to manage it should this emerge.			
226	09.01.26	Mike Joyce	Teignbridge	I would like to find out as much as possible about the following and what practices, procedures and support the Trust has in place to address this condition. I am asking as I have been approached by a local resident in NA whose child has been diagnosed with it and has set up local support group. It appears from what I am learning about it, that there very little if anything from the NHS, Trust etc so I am trying to get the facts.	Nicola McMinn	22.01.26	Thank you for getting in touch and for raising this on behalf of a local family. PANS and PANDAS are terms used to describe rare situations where a child develops a sudden change in behaviour or mental health, such as anxiety, obsessive behaviours or tics. These conditions are recognised, but they are uncommon and difficult to diagnose with certainty. National guidance from the British Paediatric Neurology Association explains that there is currently limited evidence to show that treatments aimed at the immune system are helpful, and most children improve with the same psychological and mental health support used for similar conditions.	11.02.26	22.01.26	Responded
							At present, there is no specific NHS pathway for PANS or PANDAS, which is consistent across the country. If a child becomes suddenly very unwell, they are assessed by hospital paediatric teams to rule out serious illness. More commonly, children are supported through general paediatric services and/or Child and Adolescent Mental Health Services, depending on their needs. Across the NHS, we are seeing more children and young people with complex difficulties that affect their wellbeing, learning and daily life, even when tests do not show a clear physical cause. The Trust is working with commissioners and partner organisations to develop better joined-up support that focuses on a child's needs,			
							I hope this helps to clarify the position. Please be assured that the Trust recognises how challenging this can be for families and is committed to providing appropriate, safe and compassionate care.			

227	12.01.26	Lee Thomas	Torbay	My interest is in understanding how constituents can be supported to help reduce pressure on the A&E department, while still accessing the right care in the right setting and having a good patient experience — particularly given the sustained pressures the Trust has faced recently, including operating at Critical and OPEL 4 over the past week. 1. Use of Waiting Time Information to Alleviate A&E Pressures	Adel Jones	27.01.26	Supporting Access to the Right Care and Reducing Pressure on A&E We recognise the importance of supporting constituents to access the right care, in the right setting, while maintaining a positive patient experience—particularly during periods of sustained pressure, including recent escalation to OPEL 4. 1. Use of Waiting Time Information The Trust already publishes real-time urgent and emergency care waiting times, including across Minor Injury Units (MIUs), Urgent Treatment Centres (UTCs), and neighbouring hospitals within the wider Devon system, via the NHS Quicker app and the Trust website. While this is not a regulatory or Care Quality Commission requirement, it is recognised as good practice to support transparency, patient choice, and expectation-setting.	11.02.26	27.01.26	Responded
				The Trust already publishes real-time urgent and emergency care waiting times, including MIUs, UTCs, and other hospitals across the wider Devon system, via the NHS Quicker app and the Trust website. Has the Trust considered displaying this same information at the front door and within A&E waiting areas, to assess whether increased visibility at the point of arrival could help alleviate pressure on the department by encouraging appropriate redirection where clinically suitable?			Historically, the Trust has displayed live waiting-time information on patient-facing screens within the Emergency Department (ED). This was temporarily paused during the move to the new ED build. These screens are now installed, and IT colleagues are supporting the reinstatement of the live feed alongside clear explanatory information for patients and visitors. 2. Impact on Patient Flow and Demand Management While the Trust has not formally evaluated the specific impact of on-site waiting-time displays on demand or flow, making this information visible at the point of arrival is intended to support informed patient choice where clinically appropriate. Our triage team also further support the constituents choices to alternative health or care support at the point of initial assessment, and will redirect or stream them at that point of contact.			
				2. Impact on Patient Flow and Demand Management Has the Trust evaluated whether greater transparency of waiting times at the physical point of entry to A&E could: •Reduce avoidable waiting within the department •Support earlier streaming to alternative services •Improve patient flow and overall departmental resilience during peak periods			In addition to reinstating the live screens, whiteboards are being installed within the new ED waiting area to provide clear, consistent information and signposting. This will include QR codes and materials promoting NHS Quicker, Pharmacy First, NHS 111, the Mental Health Crisis Café, and the Torbay Helpline. These measures mirror the effective information previously available in the former ED environment. All of the above actions are currently being implemented, with a further estates and site walkround undertaken this afternoon (Friday 23 January 2026) to confirm completion. 3. Role of the Acute Medical Unit (AMU) The Acute Medical Unit is led by the Acute Internal Medicine (AIM) service, a specialty in its own right. AIM manages approximately 60 acute assessment beds and trolleys, alongside a 17-chair Same Day Emergency Care (SDEC) area that supports same-day pathways and return attenders.			
				If this has not been evaluated, would the Trust consider piloting on-site displays to assess their impact on demand and operational pressure? 3. AMU's Role in Relieving A&E Pressure When the Acute Medical Unit (AMU) was introduced, it was anticipated that this would help reduce pressure on A&E.			AMU operates via defined referral and admission criteria and functions as a distinct specialty pathway, rather than as an extension of ED. The primary contribution of AMU in relieving ED pressure is through the creation of safe and timely flow—supporting admission, assessment, and specialty review within four hours of ED registration and/or within one hour of AIM specialty referral from ED. This model is effective when supported by reciprocal flow is allocated from the general and acute wards, community services, and external partners, including mental health inpatient provision. Demand for acute medical services remains exceptionally high. AMU is the main entry point for wider medical admissions and also provides physical health support to other specialties. The increasing acuity, complexity, frailty, and social need within the local population has lengthened overall length of stay across the organisation, creating back-pressure into assessment areas, including AMU.			
				•Is AMU currently functioning as a distinct admission pathway, or as part of the A&E flow? •Is AMU experiencing similar levels of demand and capacity pressure? •Has the Trust reviewed whether AMU has delivered the intended relief to A&E, and how this aligns with wider demand-management measures?			The AIM service operates within a robust governance framework, with close oversight by the clinical and operational triumvirate. Demand trends, pathway effectiveness, and outcomes are continually reviewed, and AIM remains a key stakeholder in recovery planning and organisational business cycles. It is important to recognise that real-world demand and complexity have exceeded the original assumptions used when the unit was designed. As a result, the Trust has been actively redesigning and evolving the AMU model over the past two years to ensure it remains responsive and effective in the current environment. They continue to sustain positive referral pathways with primary care and PPG CareCo, whilst building relationships and extending referral routes and pathways to a wider group of external professionals, including SWAST, The Frailty Harbour and community teams.			

228	14.01.26	Ged Yardy	South Hams	What provision does TSDFT make for CAB and what plans does the trust have to support their services to help avoid preventable admissions and delayed discharges?	Simon Tapley					Assigned
229	22.01.26	Mike Joyce	Teignbridge	1. What Sec106 monies has the Trust received in 2024/25 and 2025/26 2. If they have received any monies, what was it spent on or earmarked for 3. What outstanding S106 monies is the Trust waiting on and the projects they are for 4. What S106 monies has been refused to the Trust on application and the reasons given	Adel Jones					Assigned

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ALL Governor Meetings 2026

- 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 10am 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.
- 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**
8 January	12.30 pm	Boardroom
5 March	12.30 pm	Boardroom
7 May	12.30 pm	Boardroom
2 July	12.30 pm	Boardroom
3 September	12.30 pm	Boardroom
5 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	11 February MS Teams only	
Governor attendance	**Statutory Attendance**	March	
Exec & NED attendance	Yes	April	
Trust Office attendance	Yes	13 May	
Time	2pm – 4pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	July	
Minutes	Required	12 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	11 November MS Teams only	
Additional Points		December	

Membership Committee Meetings (4 a year)		Dates	Presentation
Chaired by	Membership Committee Chair	22 January	
Agenda Set by	Chair	February	
Governor attendance	**Only Governors who are on the Membership Committee attendance is required**	March	
Exec & NED attendance	No	23 April	
Trust Office attendance	Yes	May	
Time	10am – 12pm	June	
Venue	Via MS Teams	23 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.	22 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	20 January	Robotic Surgery
Agenda Set by	Lead Governor and Chair	February	
Governor attendance	**Voluntary Attendance**	17 March	SWAST
Exec & NED attendance	Voluntary	April	
Trust Office attendance	Yes	19 May	NED Session
Time	2.30pm – 4.30pm	June	
Venue	Boardroom, Hengrave House, Torbay Hospital	21 July	A&E
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	15 September	Finance
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	17 November	Carers

	Members and wider Public are received and responded to as required		
Additional Points	Priority sessions should where practical be linked to the Priorities set by the CoG and agreed by the Board	December	

Presentations – SIX Priorities 2026	**Date of Meeting: TBC**
Robotic Surgery	January
SWAST	March
NED session	May
A&E	July
Finance	September
Carers	November

Governor Only Meetings (6 a year)		**Dates**	**Presentations**
Chaired by	Lead Governor and deputy Lead Governor	January	
Agenda Set by	Lead Governor	17 February	
Governor attendance	**Voluntary Attendance**	March	
NED attendance	No	21 April	
Trust Office attendance	Only if requested	May	
Time	2:30 pm to 4:30 pm Summer 4.15 pm – 6.15pm	16 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	18 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.	20 October	
Governor Obligations	Enables collective working	November	
Additional Points	Can be held in community settings if requested.	15 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 TBC
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

Governor Observer Reports from the Board Level Sub Committee Meetings		**Dates**	**Committee (Governor Initials)**
Observed by	Nominated Governor for each Committee	January 22 28 27	 Audit and Risk (ARC) (AR) Finance and Operations (FOC) (DC) Quality and People (QPC)(VB)
Governor attendance	**Nominated Governors as available**	February 24 25	 QP (VB) FOC (DC)
Report	Circulated via monthly email to all Governors and available in MS Teams channel	March 4 24 25	 Charitable Funds Committee (CFC) (LD) QPC (VB) FOC (DC)
Description	Observations	April 28 29 30	 QPC (VB) FOC (DC) AR (AR)
Purpose	Assessing the NEDs performance	May 26 27 28	 QPC FOC ARC
Additional Points	New Governor observers decided to start in May.	June 17 23 24 25	 CFC QPC FOC ARC
Governor Obligations	Hold NEDs individually to account for performance at each Committee	July 28 29 30	 QPC FOC ARC
		August 25 26	 QPC FOC
		September 22	 QPR

		26	FOC
		October 27 28 29	 QPR FOC ARC
		November 24 25	 QPR FOC
		December 9 15 OR 22 16 OR 23	 CFC QPR FOC

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

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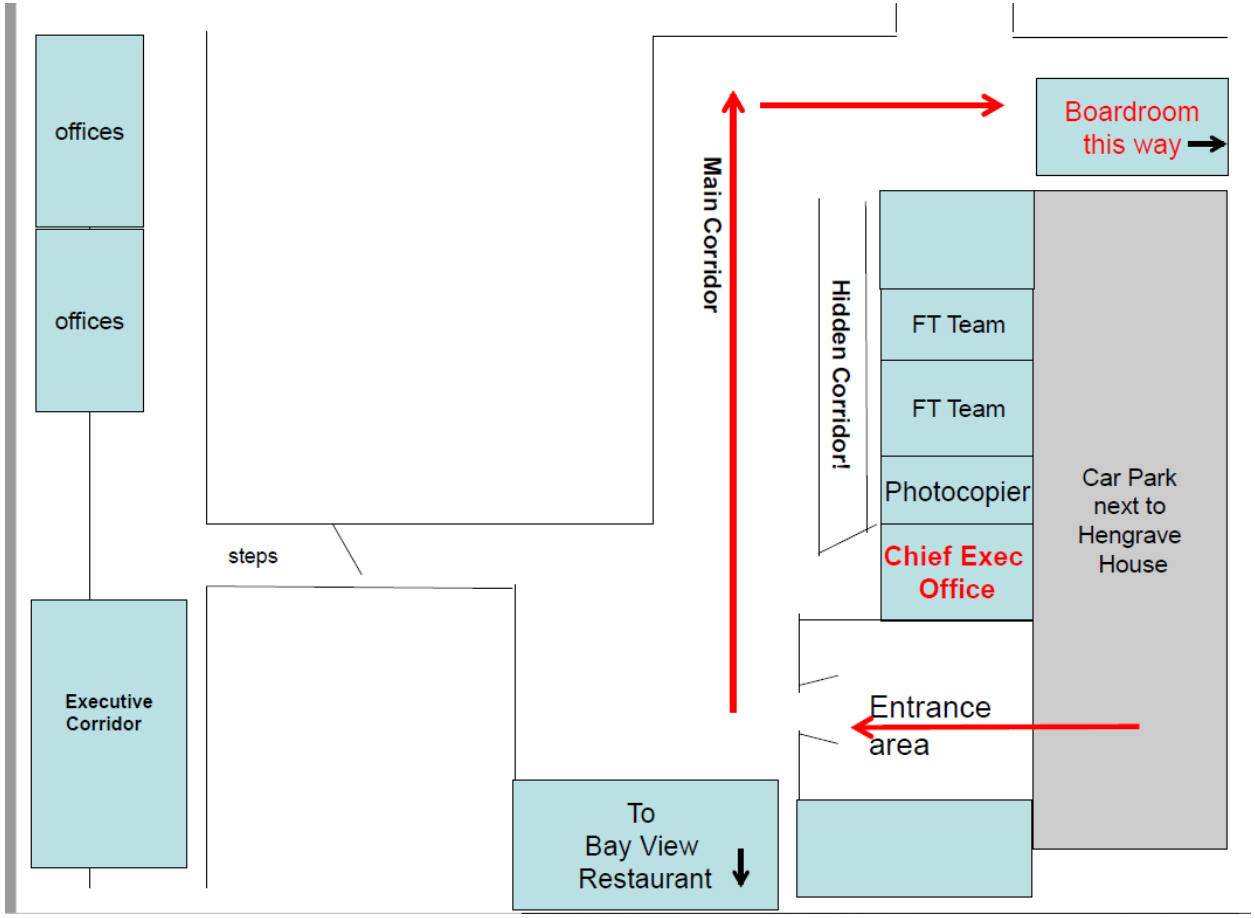
MAP TO LOCATE BOARDROOM WITHIN HENGRAVE HOUSE, TORBAY HOSPITAL, TQ2 7AA



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Governor Observer Report - Quality Assurance Committee
Meeting dated 14.09.2025

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	This meeting was well chaired.
Were members engaged throughout the whole meeting including contributions by NEDs?	Yes – members were engaged throughout the whole meeting and no one member dominated the proceedings.
Did the meeting discuss key risks\issues or did you see a risk register?	Yes - a number of key issues were discussed and yes I saw a risk register
If there was an action log, was this discussed and updated?	Yes – discussed and updated
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	I would have liked the Medical Director to have been present at the meeting as there were issues discussed that I felt would have been enhanced by her expertise. However, the Deputy Medical Director was in attendance.
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	Concern about financial position impacting clinical staffing levels and thus having an impact on quality. In particular this may affect non-clinical administration roles such as medical secretaries and ward clerks – these roles will still be essential just performed in a different way once Epic is introduced trust-wide next Easter.
Key issues to be escalated to the Board.	No items for escalation to the Board but the Chair of QAC report to the Board will highlight the concerns around any reduction in roles that directly support clinical staff.

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Report completed by: Loveday Densham, Deputy Lead Governor/Torbay

Date: 14.09.2025

Torbay and South Devon NHS Foundation Trust

Quality Assurance Committee
Governor Observer Report for meeting dated 17.11.2025

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

Torbay and South Devon NHS Foundation Trust

W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? W3: Is there a culture of high-quality, sustainable care? W5: Are there clear and effective processes for managing risks, issues and performance? W6: Is appropriate and accurate information being effectively processed, challenged and acted on? W8: Are there robust systems and processes for learning, continuous improvement and innovation?	
Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Well chaired and very good meeting.
Were members engaged throughout the whole meeting including contributions by NEDs?	There was full engagement and full commitment.
Did the meeting discuss key risks\issues or did you see a risk register?	Yes .
If there was an action log, was this discussed and updated?	yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	No
<u>Key issues to be escalated to the Board.</u>	Mental Health Patients taking up beds. Further discussions with DPT and ICB required with regard to ligature risks and challenges they present. Recent neo natal deaths.

Report completed by: Val Browning …

Date: 17.11. 2025…

NHS
Torbay and South Devon
NHS Foundation Trust

Finance and Performance Committee
Governor Observer Report for meeting dated 19 11 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.	See below
After this meeting some CT Scanners failed again. Twice now I have asked about them as they definitely come under the heading of "Finance and Performance" I asked about their planned life and replacement policy, noting also that I witnessed a new one a couple of years back. However today (26 Jan 26) I have not had an answer to my actual questions.	
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 26 01 2026

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 dated 15/12/25

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Liz is a very warm and inclusive Chair. She asked for my feedback which was a nice touch. The meeting overran slightly and an item on appraisal deferred. The agenda will need careful management when the Quality and People committees combine in future even if meetings will be more frequent.
Were members engaged throughout the whole meeting including contributions by NEDs?	Everyone contributed. There were three other NEDs in attendance and all asked a range of probing questions and offered suggestions. There was only one ED present.
Did the meeting discuss key risks\issues or did you see a risk register?	Risks were discussed and limited assurances highlighted. 5.14% sickness absence rate and concerns about the reasons- mental health and MSK. 10.92 % staff turnover (due in part to TUPE figures re Torbay Pharmaceuticals). There has also been a spike in Employee relations cases.
If there was an action log, was this discussed and updated?	Not a log as such but a range of actions noted.
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No

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Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	The reduction in the WTE(workforce) figure is not on target with a negative impact on pay costs. EVA (Employee Virtual Assistant) phase 1 to be launched in June 26. Will transform HR and payroll services but there are cost and capacity considerations alongside EPIC roll out.
Key issues to be escalated to the Board.	Recruitment control re WTE. GMC survey report on Trainee doctors was good but concerns in some supervisory clinical areas inc Obs/Gynae, Trauma/Othopedics, Cardiology. Staff networks and cultural insights groups are up and running successfully.

Report completed by: Alison Ramon

Date: 15 December 2025

Torbay and South Devon NHS Foundation Trust

Audit and Risk Committee
Governor Observer Report for meeting
21/01/2026

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	It was excellently chaired. The Chair ran the meeting smoothly and to time. He ensured everyone contributed and he had an engaging style.
Were members engaged throughout the whole meeting including contributions by NEDs?	There were 3 other NEDs at the meeting, all of whom made significant contributions to each agenda item. They challenged on issues appropriately.
Did the meeting discuss key risks\issues or did you see a risk register?	Key risks discussed at length and noted including the ratings on assurances.
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.	There is only limited assurance with Freedom to Speak Up actions. These need to be followed up with People Directorate.
Key issues to be escalated to the Board.	It is hoped the new committee structure will be more efficient and aligned in terms of information sharing. There needs to be a risk review with over a quarter of risks on the register having not been updated. Larger risks like the tower block need to be prioritised. There should be a push to move a number of assurances from a limited rating to a satisfactory rating including the one concerning robust governance mechanisms.

Report completed by: Alison Ramon

Date: 23rd January 2026

Torbay and South Devon NHS Foundation Trust

Quality Assurance Committee
Governor Observer Report for meeting dated 27.01.2026

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

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W2: Is there a clear vision and credible strategy to deliver high-quality sustainable care to people, and robust plans to deliver? W3: Is there a culture of high-quality, sustainable care? W5: Are there clear and effective processes for managing risks, issues and performance? W6: Is appropriate and accurate information being effectively processed, challenged and acted on? W8: Are there robust systems and processes for learning, continuous improvement and innovation?	
Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Well chaired despite the lengthy Agenda
Were members engaged throughout the whole meeting including contributions by NEDs?	NED's were fully engaged.
Did the meeting discuss key risks\issues or did you see a risk register?	Yes
If there was an action log, was this discussed and updated?	yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	No
Key issues to be escalated to the Board.	NONE

Report completed by: Val Browning

Date: 31.01.2026