

## **Public questions received for the Board meeting in public on 07 May 2026**

**Question from a member of the public:** Why is this an 'in Public' meeting and not a Public Meeting. Concerned residents would like to see the people making decisions that affect our lives. Stating the room is not big enough is an unacceptable excuse. Hire a bigger room.

**Answer:** We understand the importance that people place on being able to see how decisions are made and to engage with us.

The Board of Directors meets in public as part of its formal governance process, which allows members of the public to observe the meeting while the Board conducts its business. This is different from a public meeting, where there is broader participation.

Attendance in the room is prioritised for our governors, who represent our local communities and our staff. Alongside this, we provide access via MS Teams so that more people can attend than would be possible in a physical space alone.

We are also mindful of the financial challenges we face and the need to use our resources carefully. For that reason, we seek to make best use of our existing facilities while ensuring meetings remain accessible.

We publish our papers in advance and provide opportunities for members of the public to submit questions, and we remain committed to continuing to strengthen how we engage with our communities.

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**Question from Steve Darling MP (1/4):** Can the Board share what representations the Trust has made to senior NHS administrations over the last five years regarding the additional costs of our significantly older population and how this may not be properly considered within a national funding formula which focuses on deprivation.

**Answer:** We have consistently made the case, through regional and national forums, that Torbay and South Devon faces a distinct set of challenges, particularly in relation to age, frailty and the complexity of need within our population.

This includes contributing through system-level discussions across Devon and engaging with NHS England where opportunities arise.

At the same time, we are operating in a very challenging financial environment, with a requirement to deliver significant improvement while continuing to provide safe, high-quality care.

We will continue to advocate for funding approaches that recognise both deprivation and the additional costs associated with supporting an older population, alongside our focus locally on making best use of the resources available to us.

**Question from Steve Darling MP (2/4):** We understand that the Trust has decided to revisit its approach to Pathology to be more medic-led. Can the Board confirm whether the Trust has been locked into a deal with Gadeon House in Exeter?

**Answer:** We are progressing work on our pathology services as part of the wider Peninsula Pathology Network, including ensuring the right clinical leadership and expertise is in place to shape future services. This includes bringing clinicians together through established clinical reference groups to inform that work.

In relation to Gadeon House, the Board should be aware that we have entered into a lease arrangement with Torbay Council as freeholder, supported by time-limited capital funding from NHS England. This decision followed an options appraisal and business case and was taken through our governance arrangements on an urgent basis, reflecting the need to address significant estates safety risks associated with our current cellular pathology facilities.

The investment enables the development of safe, fit-for-purpose laboratory accommodation for cellular pathology services, while urgent and time-critical pathology services will continue to be delivered locally from Torbay Hospital.

Implementation will take place in a phased and managed way, with clinical leaders closely involved throughout, and with a continued focus on maintaining service quality, turnaround times and patient care.

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**Question from Steve Darling MP (3/4):** How did the Board consider the risk of Torbay Council undertaking a judicial review when deciding to end the Section 75 arrangement, and does this continue to be a risk to the Trust?

**Answer:** In reaching our decision on the Section 75 arrangement, we considered a full range of risks and implications, including those relating to legal challenge, and took appropriate advice as part of that process.

We have continued to work closely with Torbay Council, the Integrated Care Board and other system partners through the transition arrangements now in place.

As reflected in the Chief Executive's report, our focus throughout is on maintaining continuity of services, with no immediate changes to how people receive care, and ensuring that any future changes are carefully planned and appropriately engaged.

As a Board, we remain focused on supporting colleagues, maintaining safe, high-quality services and working constructively with partners in the best interests of the population we serve.

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**Question from Steve Darling MP (4/4):** Recognising community ‘anxiety about losing local services and the importance of transparency and early engagement’ (p.89) and ‘the importance of avoiding misinterpretation of the strategy as pre-determining service changes’ (p.90), can the Board clarify their commitment to services remaining at Torbay within their new Strategy, and can the Board provide reassurance that they will maintain A&E as a 24/7 service?

**Answer:** We recognise that colleagues, patients and our communities feel strongly about local services, and we have heard clearly the importance of being transparent and avoiding any suggestion that decisions have already been made.

Our strategy sets the overall direction for how we improve care for the 300,000 people we serve and the 6,500 people who work in our organisation. It is principles-based and does not set out specific proposals about individual services, locations or access points. There is a clear separation between agreeing the strategy and any future service change processes, which would be developed separately, with full clinical involvement and meaningful engagement with our communities.

This reflects how the strategy has been designed - to set direction and priorities, not to prescribe specific service relocations or pre-determine sites or access points.

Torbay Hospital continues to provide a 24/7 Emergency Department and there are no current plans to change this. As a Board, we remain committed to sustaining safe, high-quality services for our population, including services provided at Torbay Hospital.