Torbay and South Devon
NHS Foundation Trust

Council of Governors Meeting

Public

Date: Wednesday 13 May 2026

Time: 2.00 pm – 3.45 pm

Venue: Boardroom and via Microsoft Teams

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Public Council of Governors

13/05/2026 14:00 - 15:45

Torbay and South Devon NHS Foundation Trust

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	8.3	Date of Next Meeting - 2.00 pm, Wednesday 12 August 2026			

Torbay and South Devon NHS Foundation Trust

MINUTES OF THE PUBLIC COG MEETING
HELD ON 11 FEBRUARY 2026 AT 2 PM
VIA MS TEAMS

Governors Present:			
Sarah Adams	SA	Joanna Bowtell	JB
Val Browning	VB	Dave Cawley	DC
Eileen Engelmann	EE	Michael Joyce	MJ
Richard Keeling	RK	Alison Meadows	AM
John Nutley	JN	James Osben	JO
Alison Ramon	AR	Andrew Stilliard	AS
David Thomas	DT	Lee Thomas	LT
Vincent Williams	VW	Louise Winfield	LW
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	NM
Simon Tapley	Chief Strategy and Planning Officer	ST

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, Loveday Densham, Andrew Postlethwaite and Radia Woodbridge

	Apologies were also received from: Kate Lissett, Chief Medical Officer; Adel Jones, Chief Operating Officer; and Jess Piper, Acting 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 5 November 2025** The Council of Governors approved the minutes of the Council of Governors' meeting held on 5 November 2025.
2.2	**Matters arising not covered elsewhere on the agenda** DC asked for it to be minuted that, in his opinion, this meeting should be held face-to-face rather than via MS Teams. He also commented that he felt there was too much to discuss on the agenda. CB welcomed guidance from Governors on future CoG meeting formats.
3.	**BUSINESS REPORTS**
3.1.	**Chairman's Report** The Chair verbally updated CoG on the following. Key highlights were: • This meeting marked Alison Ramon's final CoG meeting, as her first term was coming to an end. • This was the Chair's final formal CoG meeting before the end of his tenure. He introduced Martin Beaman as the new Chair from May. MB thanked the CoG for their support and expressed his commitment to bringing his clinical skills to the role. • The Trust was preparing its second annual planning submission to NHS England. • Work continued with the ICB and PricewaterhouseCoopers (PwC UK) on developing a three-year sustainable plan. • Ongoing financial pressures and deficit position. • The Trust Board would be deciding in respect of the Adult Social Care Section 75 agreement at the Board meeting in March.
3.2	**Lead Governor Update** Lead Governor verbally updated CoG on: • Concerns regarding the low number of election candidates. • A successful introductory meeting with Royal Devon University Healthcare Governors. A further meeting was scheduled for May 2026.
3.3	**Chief Executive's Report** Joe Teape, Chief Executive Officer presented his report which was circulated within the agenda pack. Key highlights were: Executive Summary • Resident Doctors' Industrial action: Since publication, further developments had occurred, including a majority vote in favour of additional strike action, although no date had yet been confirmed.

	Performance dashboard • Medicine and emergency and urgent care • Cardiology • Planned care and cancer • Families and communities • Adult Social Care in Torbay Strategic priorities and risks • Our buildings and infrastructure • Electronic patient record update • Our strategy • Resident Doctors 10-point plan – national update and local position • National silver award for work experience • Volunteer of the Year award finalists announced • 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 System and partnership updates • NHS Devon and NHS Cornwall and Isles of Scilly clustering stakeholder Briefing • NHS Devon leadership update • Our Torbay and South Devon NHS Charity • Our Leagues of Friends • MP engagement • Governor engagement • Look forward Additionally, attached to CEO report was the ICB Cluster update stakeholder briefing. JT thanked the Governors who attended the Torbay Council Overview and Scrutiny Committee meeting and provided support at The Imperial Hotel.
3.3.1	**Cardiology Update** The Chief Executive verbally updated CoG on the ICB Cardiology Case for Change. JT reported that the ICB had not yet shared the document formally with the Trust, despite repeated requests although the document had been seen informally by the CMO. The document outlined the need for change due to rising demand, service variation and unmet standards. Public engagement would follow once it was released. There were no proposals for change at this stage as any potential change would follow from detailed engagement. Governors expressed concern about: • The lack of communication from the ICB; • The scope of possible service changes; and • The need for clearer public engagement. **Governor Questions:** **When will the ICB provide a timeline for the wider Cardiovascular Strategy to reassure the public?**

	JT agreed that clarity was needed and advised he would raise this in system meetings. JT stated the Trust was proud of its services and continued to work closely with partners, including the Royal Devon University Hospital. MB clarified that the original Case for Change focused on the movement of PPCI procedures (approximately 150 patients per year) rather than the removal of all cardiac services in Torbay. South Hams Governors raised concerns regarding transport disruption following the recent severe weather (Slapton Line closure) and its impact on access to services. **How much pressure are Trusts in Devon placing on the ICB for information?** JT advised that the ICB was currently undergoing staff consultation processes. He acknowledged their challenges but shared the CoG's concerns. **Action:** JT to email the ICB regarding the CoG concerns.
3.4	**Membership Committee Chair's Report** The CoG received and noted the Membership Committee Chair's Report that was circulated with the agenda pack. Key highlights from the circulated MC report were: • Annual Members Meeting • Medicine for Members - Orthopaedic booked for Tuesday 28th April at 5 pm • Engagements stalls • Patient Participation Groups
3.5	**Governor Observer (GO) Exception Report** DC expressed concern that issues he had raised in previous GO reports had been ignored. EL confirmed that this agenda item existed to escalate unresolved matters. She reminded Governors that the Observer role was to observe and assess NED performance. CB confirmed that all Observer reports were included in the meeting papers and that this agenda item allowed Observers to escalate items to the CoG. MB reported that the committee he chaired had only one issue raised, which was resolved via email. He expected to be informed promptly in the future should concerns arise. PR emphasised the need for a clear mechanism to escalate concerns raised through GO reports. CB noted that concerns could be considered when setting CoG priorities meeting agendas.
4.	**GOVERNANCE**
4.1	**Report of the Director of Corporate Governance and Trust Secretary** The CoG received and noted the report of the Director of Corporate Governance and Trust Secretary, circulated with the agenda pack. Key highlights were: • 2026 Election results • Council of Governors Self-Assessment Process - **Approved**

	• Chair and NED Appraisals – CoG reminded that the appraisal process would shortly commence • Appointment of Lead Governor and Deputy Lead Governor - **Expressions of interest to be sought for the Lead Governor and Deputy Lead Governor by 5 pm on Friday 27 February 2026.** Candidates would be asked to provide a written statement to be presented to the CoG meeting on 13th May 2026. **Action** Governors would be emailed by FT Office to request preferences for Lead and Deputy Lead Governor. • Governor Observer Protocol – **Approved.** • Governor Observers for Board Sub-Committees **CoG agreed for two Governors to join each committee as Governor Observers.** **Action** Governors would be emailed by the FT Office to request two Governor observers for each committee. • Governor Nomination and Remuneration Committee ToR – **Approved** • Membership Committee ToR - **Approved**
4.2	**Code of Conduct** EL presented the revised Code of Conduct and Engagement Policy, based on the RDUH model as requested by Governors, seeking approval by the CoG. Some Governors raised concerns about the process and clarity, preferring a Governor-led working group to review the document before it was presented to the CoG. MB asked for clarity on the interim process pending the revised Code of Conduct. EL confirmed that any issues would default to the DCG, and if necessary, to the Chair and SID. CB added that the final proposal would be presented at the May CoG. CB also noted that the Membership Manager had informed him of current breaches of the Code of Conduct, and each case would be handled individually. **Action:** A Governor - led meeting to be arranged for Governors to agree the Code of Conduct process and review the draft document
5.	**GOVERNOR ENGAGEMENT**
5.1	**NED Briefing - Robert Williams** Non-Executive Director, Robert Williams, briefed the CoG on the work of the Finance and Operations Committee. Key highlights were: • Approaching financial year-end • Focus on planning for the next financial year • Development session arranged for April • Despite a financially challenged system, the Trust remained on track to deliver the plan set last year • Strategy development work completed last year was supporting future financial and operational performance • Capital programmes including the Emergency Department upgrade • Digital EPR scheduled to go live in April at the end of the financial year
5.2	**Governor Communications Log**

	CoG received the Governor Communications Log circulated with the agenda pack. Governors were reminded of the need to follow the agreed process to raise a Governor Question.
6.	**INFORMATION ITEMS**
6.1	**Governor Calendar and Information Items** The CoG received the Governor Information items circulated with the agenda pack.
7.	**CLOSING MATTERS**
7.1	**Any Other Business** No further business was raised.
7.2	**Close of meeting** The Chair declared the meeting closed at 3.50 pm.
	Dates of Next Meeting: Wednesday 13 May 2026 at 2.00pm

Council of Governors
Action Tracker

No	Action	Lead	Due date	Update	Status
Meeting held on 05 November 2025					
8.	**Lead Governor update -** John Nutley requested a response to his question from Caroline Couzens AJ will chase for a response.	AJ	**Feb 26**	**Formal Governor Question**	**Closed**
9.	**Chief Executive's Report –** JT requested feedback on the format and information in the new CEO Report	All governors	**Feb 26**	**CEO new report attached.**	**Closed**
10.	**SEND Report -** NM to confirm the waiting lists of CAMHS	NM	**Feb 26**	**Information emailed.**	**Closed**
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 waiting for response. AS asked why it has taken so long to respond to the question, considering the current sensitivity. CB to chase AJ.**	**In progress**
Meeting held on 11 February 2026					
1.	**Cardiology Update -** JT to email the ICB regarding the CoG concerns.	JT	**May 26**		**Closed**
2.	**DCG Report -** Governors would be emailed by FT Office to request preferences for Lead and Deputy Lead Governor.	KH	**May 26**	**Vote at May meeting**	**Closed**

3.	**DCG Report -** Governors would be emailed by the FT Office to request two Governor observers for each committee.	KH	**May 26**		**Closed**
4.	**Code of Conduct -** A Governor - led meeting to be arranged for Governors to agree the Code of Conduct process and review the draft document	KH	**May 26**		**Closed**

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
13.05.2026	01.05.2026

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:**	06.05.2026
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

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. Over recent months we have continued to operate under sustained operational pressure, particularly across urgent and emergency care, driven by demand running well above plan, high bed occupancy and ongoing challenges with patient flow through the acute hospital.

2. Demand for urgent care remains exceptionally high, with March seeing the highest number of ambulance conveyances on record. Despite this, there have been areas of resilience, including improved average ambulance handover times and a reduction in the proportion of patients experiencing the longest waits compared with peak winter pressures.

3. Planned care has been a clear area of progress. Over the past year we have eliminated all 78-week waits, reduced 65-week waits from 141 to 47, and delivered elective activity at 114% of pre-pandemic levels, meaning more patients are receiving planned treatment sooner.

4. We successfully delivered the go-live of the electronic patient record in April, a major organisational milestone. While necessary activity reductions around go-live have temporarily affected productivity in some areas, stabilisation plans are in place and digital benefits will be a key focus moving forward.

5. Cancer and community services continue to be prioritised, with strong performance in faster diagnosis and treatment once decisions are made, and community teams delivering high levels of urgent response and reablement, supporting people to remain at home and reducing pressure on hospital services.

6. Looking ahead, our priorities are focused on stabilising services following digital transformation, continuing to reduce long waits, improving flow and discharge, and strengthening community-based alternatives to hospital care.

Industrial action

7. The most recent period of industrial action by resident doctors came at an especially demanding time for our organisation, immediately following our Epic go-live and over the Easter weekend. This combination created additional operational pressure, and it is a real credit to colleagues across our organisation that services continued to run safely and professionally throughout.

8. As planned, we put in place our established arrangements to protect patients, with senior clinical and operational leaders on site, clear oversight of risk and a continued focus on urgent and emergency care and time-critical services.

9. Locally, around 65% of resident doctors took part this period of industrial action and there were 229 appointments that needed to be rescheduled across elective ordinary, day-case, inpatient and outpatient services.

10. Direct comparison with previous rounds of industrial action is not relevant, as this period coincided with the go-live of our electronic patient record (EPR). The EPR

implementation required a different operational approach to managing activity and cancellations, and significant outpatient activity had already been reduced in advance of go-live.

11. As a result, the distribution of cancelled activity across services in this round reflects the specific operational context rather than a like-for-like change in impact compared with earlier industrial action.

12. Five patients on open cancer pathways had outpatient appointments rescheduled during this period; all were rebooked within national timeframes.

13. Despite the disruption, essential services continued to operate safely and there were no significant patient safety incidents.

14. Colleagues have worked with flexibility, with professionalism and care to minimise the impact on patients, often at short notice and under pressure. I want to recognise the collective effort across clinical, managerial and support teams during this period.

15. The BMA will ballot senior doctors in England for industrial action. Simultaneous ballots of consultants and specialist, associate specialist, and specialty (SAS) doctors will run from 11 May until 06 July 2026.

16. Industrial action is unsettling for people and colleagues alike and we recognise the disruption it causes while also respecting the rights of individuals to take action. We continue to support respectful dialogue at national level and hope to see a swift resolution between the Government and the British Medical Association.

Performance dashboard

Medicine and emergency and urgent care

Emergency and urgent care

17. Demand across urgent and emergency care remains high, with sustained pressure on both our Emergency Department and inpatient bed capacity (over 10,700 urgent care attendances in March alone). Over recent months, performance against some national standards has deteriorated, reflecting continued growth in attendances, challenges with patient flow, and the wider pressures being felt across the health and care system.

18. 12 hour waits have improved with people waiting over 12 hours decreasing to around 10% of attendances in March bringing us closer to national expectations after winter pressures.

19. Ambulance handover performance has been a particular focus and average times improved to around 31 minutes in March despite the highest number of ambulances ever conveyed to us in a single month.

20. While average handover times have improved at points, demand has remained unusually high and this has required ongoing use of escalation capacity. This brings operational and staffing challenges and reinforces the importance of working closely with ambulance and system partners.

21. Our priority remains improving flow through the hospital so patients can be assessed, admitted or discharged more quickly and safely. This includes a strong focus on discharge planning, increased early-day discharges, and embedding new ways of working following the implementation of our electronic patient record. These changes are essential not only to improving performance, but because every delay matters for people waiting for care.

Planned care, cancer, diagnostics and support services

Planned care

22. Planned care continues to show areas of progress, particularly in reducing the longest waiting times. Significant effort over the past year has reduced the number of patients waiting the longest for treatment, although some risk remains in specific specialties where demand and workforce constraints persist.

23. Over the past year we have eliminated all 78-week waits and reduced 65-week waits from 141 to 47. We have delivered 114% of elective recovery activity compared to pre-pandemic levels, with strong day-case performance and continued focus on treating the most clinically urgent patients first.

24. Activity levels were deliberately reduced around the launch of our new electronic patient record to ensure patient safety and support staff through the transition. This has temporarily slowed progress in some areas, but plans are in place to restore activity in a controlled way while continuing to prioritise cancer and clinically urgent cases.

25. Restoring capacity in a sustainable and affordable way remains a priority. This includes improving productivity within our own services, making best use of mutual aid and independent sector support where appropriate, and ensuring that improvements in performance are aligned with financial sustainability.

26. The elective surgical hub at Torbay Hospital has been formally accredited through the national Getting It Right First Time (GIRFT) Surgical Hub Accreditation Scheme, recognising that it meets a defined set of high clinical and operational standards for planned surgery.

27. The accreditation, delivered by NHS England in partnership with the Royal College of Surgeons of England and supported by the Royal College of Anaesthetists, provides independent assurance that the hub is operating safely and effectively across the whole elective pathway, including patient flow, staffing and training, clinical governance, use of facilities and theatre productivity.

28. This recognition reflects sustained effort by day-case theatres and Ophthalmology teams during a period of significant pressure. Torbay’s day-case theatres are among the strongest performers in the South West for theatre productivity, enabling more patients to receive planned surgery safely and on time while making efficient use of NHS resources.

29. Accreditation aligns with our wider elective recovery work, including increasing day-case surgery, maximising theatre utilisation and creating additional appointments, all of which support ongoing reductions in waiting times for planned care.

30. Torbay Hospital is one of 69 surgical hubs nationally to have achieved accreditation to date. While participation in the scheme is not mandatory, the national ambition is for all elective hubs to be accredited over time.

Cancer services

31. Cancer performance presents a mixed picture. Faster diagnosis has improved in several areas (in February almost 80% of patients received a diagnosis within 28 days) and remains a key focus for us. 31-day cancer treatment performance remains consistently strong (staying above 90%). However, performance against the 62-day standard and the size of the backlog remain a concern, driven predominantly by capacity constraints in a small number of high-impact services.

32. Diagnostic access and workforce availability continue to play a significant role in cancer pathways. Mitigations are in place, including targeted additional capacity, insourcing, and close oversight of referral-to-treatment pathways. Cancer and urgent cases continue to be prioritised during periods of reduced elective capacity.

33. We remain clear that timely cancer care is a core priority and recovery plans are kept under close review through clinical and executive governance.

Diagnostics

34. Diagnostic waiting times remain challenging, particularly in a small number of modalities where demand has consistently outstripped capacity. This remains a key risk both for elective and cancer pathways.

35. Diagnostic waiting times improved month-on-month, with the proportion of people waiting over six weeks reducing from 37% to around 31% by March.

36. Recovery plans are in place and include a combination of additional capacity, workforce recruitment, outsourcing where appropriate, and service redesign. Early signs of improvement are beginning to emerge in some areas, and further progress is expected as these actions take effect over the coming months.

37. Improving access to diagnostics is essential to reducing waiting times elsewhere in the system and remains a priority within our wider performance and recovery plans.

Clinical support services

38. I want to recognise an important professional achievement within our mortuary team. Mark O’Brien has been awarded Registered Scientist status by the Science Council, and Emma Acton has been awarded Registered Science Technician status.

39. Professional registration is a significant milestone. It reflects the high standards, expertise and professionalism that Mark and Emma bring to their roles and highlights the vital contribution made by the Anatomical Pathology Technology profession to the safe, compassionate and high-quality care we provide.

40. Both registrations were achieved through sustained commitment and hard work and I am particularly pleased that Mark and Emma are the first colleagues within our mortuary department to achieve these respective registrations. Their

achievements also support the continued development and recognition of their profession more widely.

Families and communities

41. Our community and family services continue to play a vital role in supporting people to live well in their communities. Demand across community services remains high, with progress being made in some areas of waiting times and flow, while challenges remain in others.

42. Urgent community response services continue to support people safely at home, working closely with system partners to avoid unnecessary hospital admissions. The service are exceeding the two-hour standard, responding within two hours to over 90% of referrals, supporting people to remain at home.

43. Community hospitals and reablement services remain important parts of this model, alongside ongoing work to improve discharge from acute care. Community hospital discharge performance is strong with around 50% of people discharged before midday, giving them plenty of time to settle in at home before the evening.

44. Reablement outcomes are positive with almost 90% of people not requiring long-term social care support after reablement, exceeding the national benchmark.

45. Community waiting lists have reduced significantly month-on-month, including a reduction in waits over 52 weeks.

46. We remain committed to working with local authority, voluntary sector and system partners to improve access, reduce inequalities and support people and families in their own communities.

Maternity services

47. Our maternity services have been successfully reaccredited at Level 3 of the UNICEF UK Baby Friendly Initiative following an independent external assessment.

48. This reaccreditation confirms that our services continue to meet UNICEF’s Baby Friendly standards, which focus on how well maternity services support infant feeding, early parent–baby relationships and parents’ confidence during pregnancy and the early days of life.

49. As part of the assessment, UNICEF assessors spoke directly with parents and staff and observed care in practice across maternity and neonatal services. The assessors’ report recognised the strong culture within our services in supporting parent–baby relationships and highlighted the consistently high quality of breastfeeding and infant feeding support provided to families.

50. The UNICEF UK Baby Friendly Initiative is widely recognised as a benchmark for evidence-based maternity care that supports babies’ health and development while respecting parents’ choices and circumstances. This reaccreditation provides independent reassurance to families in our communities about the quality of care they can expect.

51. We are proud of the professionalism, compassion and commitment of our maternity and neonatal teams in sustaining these standards and we will continue to build on this strong foundation as we look ahead to further improvement.

Allied Health Professionals

52. Angela Abbott, one of our podiatrists, has been awarded the Chief Allied Health Professional Officer's Gold Award for Excellence.

53. This is one of the highest honours for Allied Health Professionals and reflects Angela's long-standing contribution to improving foot health services, developing the podiatry workforce and shaping practice well beyond our organisation.

54. It is a fantastic recognition of Angela's leadership, commitment to patients and the impact of her work locally, regionally and nationally.

55. Formal presentation of the award will take place in due course through the national process.

56. I am delighted to share with governors that Dr Carl Edwards, Consultant Musculoskeletal (MSK) Physiotherapist, has received an invitation to attend a Royal Garden Party this month, representing the NHS in Torbay and South Devon.

57. Dr Edwards is an Allied Health Professional and holds a PhD. He was put forward for an invitation in recognition of the work he has led to improve MSK services locally, particularly through introducing new digital ways for patients to access care more easily and for services to work more effectively. This has helped people get the right support sooner and contributed to improving the experience of MSK care across Torbay and South Devon.

58. Invitations to Royal Garden Parties are rare and are regarded as a national recognition of public service. I am pleased that Dr Edwards' contribution has been recognised in this way, which also reflects the wider commitment, skill and innovation shown by colleagues across our organisation.

Community nursing

59. A community nurse who has dedicated four decades to caring for people in Torbay and South Devon has been recognised nationally with the prestigious Queen's Nurse award for her services to community nursing.

60. Jenny Piedot, a Community Epilepsy Specialist Nurse, was just 18 when she first put on her nurse's uniform. During the past 40 years, Jenny has supported hundreds of local families and children, often from early childhood into adulthood.

61. Jenny has spent the past 12 years working as a Community Epilepsy Specialist Nurse and prescriber in Torbay and previously worked as a community nurse for people with learning disabilities. In 1992 she set up the popular Saturday Club at a family centre in Newton Abbot offering respite care for children with complex care needs aged four to 18. It continues to run today.

62. The Queen's Award is awarded to nurses who demonstrate consistently high standards of patient care, leadership and a commitment to learning and

recipients join a national community benefiting from workshops, bursaries, and professional support.

Community services

63. I had great pleasure joining colleagues at Castle Circus Health Centre last month to celebrating 50 years of caring for the people of Torbay and South Devon, marking the anniversary of its opening on 31 March 1976. The centre was formally opened by the Worshipful the Mayor of Torbay, Councillor John Farrell OBE, and has been a trusted and familiar part of the town ever since. For half a century, it has supported generations of local people at every stage of their lives, evolving continually to meet changing health needs.

64. In its early years, the centre supported services such as mother and baby clinics, offering vital support to young families. Over time, the range of care delivered from Castle Circus has grown significantly.

65. Today, the building is home to a wide mix of essential community and outpatient services, including Neuropsychology, Children's Speech and Language Therapy, the Blue Badge Service, Podiatry and Orthotics, Community Dental Services and Sexual Health Services. Clinics also run for Lower Limb Therapy Services, Abdominal Aortic Aneurysm (AAA) screening, adult and paediatric Bladder and Bowel Services, foot clinics and Drug and Alcohol Services. Bringing so many services together under one roof helps ensure joined up, accessible care for people across Torbay and South Devon.

Leadership updates

66. I want to update governors on a small number of recent leadership and Board changes.

67. Last month marked the end of Professor Chris Balch's tenure as Chair. This has been a particularly challenging period for the organisation and Chris provided strong leadership, thoughtful challenge and steady support through difficult decisions.

68. Our new Chair, Martin Beaman, is well known to governors, having served as a Non-Executive Director since 2023 and Vice Chair since 2024. He brings a strong clinical background and a clear commitment to patient safety, quality and collaboration. I welcome his appointment and look forward to working with him as Chair.

69. Governors will also note that Robert Williams has stepped down as a Non-Executive Director to take up a role on the South West Peninsula Board. We are grateful for the insight and partnership focus he brought to our organisation and welcome the opportunity to continue working with him at system level.

70. There have also been changes within the Executive team. Adel Jones left us on 04 May to take up the role of Chief Operating Officer at University Hospitals Plymouth. Governors will be aware of Adel's significant contribution over more than six years, including her leadership of the Epic electronic patient record implementation. We wish her well and expect to continue working closely with her through shared system partnerships.

71. To ensure continuity, Sam Wadham-Sharpe has been appointed as Interim Chief Operating Officer and will attend Board as a non-voting member. A recruitment process for a substantive Chief Operating Officer is underway.

72. I am pleased to confirm the appointment of Jess Piper as substantive Chief People Officer. Jess brings deep organisational knowledge and a strong focus on supporting and engaging our workforce, which will be critical as we move into the next phase of strategy delivery.

73. I can confirm that, following a restructuring of our executive and senior management arrangements, Emily Long, Director of Corporate Governance and Trust Secretary, will be leaving us on 30 June 2026 to pursue new opportunities. I know governors will join me in thanking Emily for her work and commitment during her time with us, for her valued contribution as a Board member and wishing her well for the future.

74. Governors will be kept informed of leadership arrangements as recruitment and transitions progress and we remain confident in the stability and capacity of the Board and Executive team during this period.

Strategic priorities and risks

Electronic patient record go-live

75. Our new electronic patient record (EPR) is now live across our services, marking a significant milestone for both ourselves and for the wider Devon health system.

76. The new system replaces more than 100 separate clinical systems and what was the oldest patient administration system in England. It is a once in a lifetime transformation programme for our colleagues.

77. This go-live represents the culmination of many years of sustained work, planning and collaboration involving clinical teams, operational colleagues, digital and IT specialists, programme teams and system partners. It reflects a shared commitment across organisations to modernise how we deliver care and how information is used to support patients and colleagues.

78. The Devon EPR brings together patient information in a single digital record, including medications, allergies, test results, imaging, care plans and observations, enabling safer and more joined up care across different settings. The system is being implemented across three NHS Trusts:
    - Royal Devon University Healthcare NHS Foundation Trust
    - Torbay and South Devon NHS Foundation Trust
    - University Hospitals Plymouth NHS Trust (scheduled to go live in July 2026)

79. Introducing the EPR at scale has required extraordinary effort from colleagues across all parts of the organisation, both in the lead-up to go-live and during the transition period itself. Many teams have gone above and beyond to support colleagues, adapt to new ways of working and ensure that patient safety has remained paramount throughout.

80. The EPR also enables patients to access information about their hospital and specialist community care through MY CARE, complementing the NHS App and supporting greater transparency and involvement in care. People can access MY CARE online using a tablet or via a mobile phone app from the Apple App Store

or Google Play by searching for MyChart and searching for Torbay and South Devon NHS Foundation Trust. Select MY CARE to complete sign-up. From a computer, people can sign up online at mycare.exe.nhs.uk/MYCARE and follow the instructions.

81. As we move beyond go-live, our focus is firmly on stabilisation, learning and continuous improvement. We will continue to support teams, listen to feedback and ensure the system delivers the benefits intended for patients, colleagues and the wider system.

82. I want to acknowledge and thank everyone who has contributed to this programme over many years. This achievement reflects a true collective effort and a shared determination to improve care for the people we serve.

Cardiology

83. As governors have been advised, NHS Devon has confirmed that the cardiology work will now be taken forward within the wider Devon Health and Care Strategy, rather than as a standalone specialty review. This means the case for change for cardiology and cardiovascular services will be incorporated into the system's five-year commissioning plan and the developing neighbourhood health model. There are no proposed changes to the location or configuration of cardiology services at Torbay - or anywhere else in Devon - arising from this programme.

84. NHS Devon has emphasised that the strengthened prevention and early intervention work already underway, coupled with the publication of the Devon Health and Care Strategy (2025) and the new five-year commissioning plan, now provides a clear system wide direction for how acute and community services should evolve. Cardiology will therefore be considered as part of a future whole system acute reconfiguration programme, to be clinically led and aligned with the NHS Long Term Plan.

85. NHS Devon has committed to keeping local people, stakeholders and communities informed as the broader programme develops. People can find out more about the plan and sign up for a new lived experience group on the One Devon website: Cardiovascular and heart services

Capital investment programme

86. We concluded the purchase of land at the Edginswell Business Park site from Torbay Council last month.

87. The site was identified as the preferred option for future expansion, offering good accessibility, strong development potential and positive stakeholder support.

88. Securing the site has given us essential capacity to relocate key support services - such as medical electronics, patient transport, logistics and estates functions - and provide immediate relief through additional staff parking, while unlocking space on the main hospital campus for future redevelopment.

89. Phase Two of the Emergency Department redevelopment has now been completed and opened to patients and colleagues. This milestone delivers a new ambulatory care area designed to support timely assessment and treatment for people who can be safely managed without admission. The dedicated space is

already helping to improve flow, decision making and the overall experience for people requiring urgent assessment.

90. This follows the successful completion of Phase One in December 2025, which provided a new reception and waiting area, additional triage rooms and improved staff facilities. Feedback from patients and colleagues on these earlier improvements has been positive, with the new environment described as calmer and more supportive.

91. Delivering Phase Two in a live Emergency Department has required careful planning and close coordination between clinical teams, estates colleagues and our construction partners. Their work has enabled continuity of services throughout the build period and minimised disruption to patients.

92. The programme is now in Phase Three – the final stage of the redevelopment – due to complete in early summer 2026. Phase Three will provide further enhancements to supporting spaces, enabling colleagues to work more efficiently and improving the resilience of the department.

93. A significant crane lift to support the theatres redevelopment at Torbay Hospital was completed successfully at the end of March. As part of these works, Car Park A was closed for three days to allow safe installation and lifting of the new theatre modules.

94. To minimise disruption, Car Park D was reassigned for patient and public parking, supported by shuttle buses and traffic marshals throughout the works. These lifts formed part of our broader theatre refurbishment programme and the expansion of our OMFS department, enabled by recently secured capital funding.

Development of Gadeon House for the long-term provision of Cellular Pathology Services

95. Cellular Pathology is one part of our wider pathology services, which also include Blood Sciences and Microbiology. While Blood Sciences and Microbiology focus on tests such as blood analysis and the identification of infections, Cellular Pathology involves the examination of tissue and cell samples to support diagnosis and treatment, including the diagnosis of cancer and other serious diseases. These services are safety-critical and rely on specialist laboratory facilities and workforce.

96. Over several years, we have sought national support to address significant estates safety risks associated with the life-expired temporary building at Torbay Hospital, from which Cellular Pathology services have been provided. These risks include ventilation and formalin exposure and cannot be safely mitigated over the longer term. Earlier plans to address this through the creation of a new on-site asset as part of enabling works linked to the New Hospitals Programme did not progress in 2024, leaving us with an urgent requirement to secure a safe and sustainable solution.

97. In parallel, we have worked with the Peninsula Pathology Network to explore options for a more resilient and sustainable regional pathology model, including the potential for consolidated laboratory provision across the peninsula, while maintaining appropriate local service delivery.

98. In January 2026, we were advised that capital funding from NHS England was available, subject to a requirement that an affordable and deliverable solution could be implemented within the financial year, with all expenditure completed by 31 March 2026. This created a time-limited opportunity to address the longstanding safety risks associated with the current accommodation.

99. An options appraisal was presented to Executive Committee on 19 March 2026, which identified a preferred option to establish a consolidated Cellular Pathology laboratory at Gadeon House, Exeter. This includes an initial relocation of Cytology services to Royal Devon University Healthcare NHS Foundation Trust to release capacity on the Torbay site, enabling immediate mitigation of safety risks, followed by a planned move into the fully fitted laboratory at Gadeon House within an estimated 12–18 months.

100. To deliver this option, it was necessary to agree a lease arrangement and commit funding for design and fit-out works within a short timescale. A detailed business case was therefore brought to Executive Committee on 25 March 2026. Given the time-critical nature of the funding opportunity, the Chief Executive and Chair approved the proposal under our urgent decision-making arrangements on 26 March 2026, in line with our governance arrangements and standing financial instructions.

101. Appropriate due diligence was undertaken alongside executive engagement with cellular pathology colleagues and the rationale for urgency, the financial arrangements and the expected benefits were fully documented. The approach, including the landlord paying fit-out invoices directly, was agreed as a proportionate and financially compliant route to delivery, with design and cost risk remaining with us.

102. Approval was given for £4.6m of national NHS England capital funding, secured through a time-limited estates safety funding programme, to support the development of Cellular Pathology services at Gadeon House, Exeter. This funding is ring-fenced capital and cannot be used for day-to-day operational or staffing costs. The investment covers lease costs, design development and professional fees, and the fit-out of the laboratory space to create fit-for-purpose facilities. We have entered into a 15-year lease with Torbay Council, who are the freeholder of the building, with a Trust break option at 10 years.

103. Throughout the transition, maintaining service quality, turnaround times and clinical support for patients remains a core requirement. Urgent and time-critical pathology services will continue to be delivered safely from Torbay Hospital through an Acute Service Laboratory, while routine elements of the service transition in a phased and managed way. Clinical leaders are closely involved in the design and implementation of the model and risks associated with transition are being actively managed.

104. The new accommodation will provide long-term, fit-for-purpose laboratory facilities, improving staff safety, wellbeing and retention and enhancing service resilience through standardised reporting, improved workforce productivity and the use of digital pathology.

105. Equality and workforce impacts will continue to be considered as part of detailed implementation planning, with mitigations developed where required.

Progress and risk will be reported through our established governance arrangements, including to the Board of Directors in public.

Voluntary redundancy scheme

106. Like NHS organisations across Devon and the country, we are operating in a very challenging financial environment as outlined above. We have been open with our colleagues, governors and the public about the significant financial pressures facing Devon's NHS and the difficult decisions required to live within the funding available while continuing to provide safe, high-quality care.

107. Over the past three years, we have taken substantial steps to improve efficiency and reduce costs while protecting patient care. This includes working collaboratively with partners to share services and reduce duplication, introducing new ways of working, improving urgent and emergency care and investing in technology such as our new electronic patient record. Despite this progress, further savings are required to return to financial balance.

108. As with other NHS trusts, the majority of our funding is spent on staffing. For this reason, our Board has agreed to open a time limited voluntary redundancy (VR) scheme, in common with other providers locally and nationally.

109. The scheme is entirely voluntary, has been approved by NHS England and is designed to offer choice where it is safe and practical for roles to reduce or change. There is no obligation for anyone to apply, and we are not setting targets for numbers of people to leave. Applying for voluntary redundancy does not automatically mean a request will be agreed and applying does not commit either the individual or the organisation to completing the process.

110. Each application is carefully assessed on a case-by-case basis. No application will be approved if it would create an unmanageable risk to patient safety or service delivery or compromise the care we provide to our communities. Patient safety and quality of care remain our absolute priorities.

111. We recognise that decisions about voluntary redundancy are deeply personal and may feel unsettling. Support is available to all colleagues, including access to line managers, trade union representatives, wellbeing services and the Employee Assistance Programme and colleagues are encouraged to take time and seek advice before making any decisions.

112. The voluntary redundancy scheme is one part of a wider programme of work to ensure we are financially sustainable and able to continue providing safe, compassionate hospital, community and adult social care services across Torbay and South Devon. The scheme does not change our commitment to maintaining essential local services, now and in the future.

Planning for 2026/27

113. The Board approved a revised plan in March 2026 which included a Cost Improvement Programme (CIP) of £50m and a deficit plan of £62m.

114. Since this time, we have been granted £58m of deficit support funding on the condition our plan returns to break even. This means our CIP has increased to £54m.

115. Governors will know that this will be a significant challenge for us to deliver and we are refocussing our budget setting approach and governance and we will need to move at pace on the changes that will be required.

Segmentation and league table publication

116. The Quarter 3 NHS Oversight Framework (NOF) segmentation data was published online on Wednesday 18 March.

117. We remain in Segment 3, and our position in the league table has improved to joint 83rd, an uplift of four places from Quarter 2.

118. Our system partners (DPT, RDUH and UHP) have also seen largely unchanged positions.

Provider capability ratings published

119. NHS England has now published initial provider capability ratings, which assess organisational capability and leadership rather than the quality of care provided to patients.

120. We completed our self-assessment in October 2025 and assessed itself as partially compliant across areas including strategy, leadership, finance, access to services, people and culture, and compliant in relation to quality of care. The published Amber/Red rating reflects that self-assessment and the ongoing operational and financial pressures we face.

121. Since October 2025, further work has continued to address the areas identified. We remain focused on sustained improvement while continuing to provide safe, high-quality care for the population we serve.

Recovery Support Programme

122. As governors are aware, we have been supported through the NHS England Recovery Support Programme, reflecting the scale of the operational and financial challenges we face.

123. We have worked closely with NHS England to stabilise performance, strengthen grip and put in place clearer plans for improvement.

124. As a result of this progress and with continued oversight through established regional and system arrangements, we have received confirmation that we have moved out of the Recovery Support Programme.

125. This does not mark the end of our challenges, but it does reflect greater confidence in our direction, leadership and plans.

126. We remain realistic about the work still to do and will continue to focus on sustained improvement, financial recovery and delivery of safe, high-quality care for our population.

Maternity Incentive Scheme – Year 7

127. NHS Resolution has formally confirmed that, following external verification and consideration by the national Collaborative Advisory Group, we have met all ten safety actions for Year 7 of the Clinical Negligence Scheme for Trusts (CNST) Maternity Incentive Scheme.

128. This confirmation reflects the continued work of our maternity, neonatal, governance and corporate teams to embed national safety standards, demonstrate strong clinical governance, and maintain a clear focus on learning and improvement.

129. The Maternity Incentive Scheme is designed to support safer care for women, babies and families, and meeting all ten actions provides assurance that our systems, processes and leadership arrangements meet national expectations.

130. While this is a positive milestone, it does not signal an endpoint. We continue to treat maternity and neonatal safety as a priority area, with an ongoing emphasis on listening to families, supporting our colleagues and strengthening learning across the service.

Corridor Care action plan

131. Following the national corridor care event in London and receipt of the new GIRFT corridor care improvement materials, we have completed an initial review of our current arrangements and developed a consolidated action plan.

132. A dedicated multidisciplinary group - spanning operational, medical, nursing and allied health professional (AHP) leadership - has been convened to align our local actions with the enhanced GIRFT expectations, ahead of our participation in the first tranche of the national GIRFT programme, with our initial meeting scheduled for 07 April.

133. The work focuses on strengthening leadership oversight; improving staff, patient and carer experience and driving more consistent operational and clinical practice across escalation spaces. This includes updating our definitions of escalation areas, building improved reporting and audit capability into Epic, enhancing near real-time feedback mechanisms, reinforcing staffing reviews and debriefing arrangements and sharpening discharge, frailty and admission avoidance pathways.

134. This programme forms part of our Q1 2026/27 priorities and will be overseen by the Executive Committee, with assurance through the Quality and People Committee and onward to the Trust Board

Adult Social Care in Torbay

135. Following the Board decision to serve notice on the Section 75 agreement with Torbay Council we are working jointly with the Devon Integrated Care Board and Torbay Council through a Transitions Board to establish a revised partnership and manage the transition carefully. This work is being led by the Chief Strategy and Planning Officer and will be reported through Our Plan for Better Care.

136. I want to be very clear with our communities: this step does not change the care people receive. Services continue exactly as they are today, and people do not need to do anything differently. We will keep integrated working where it best serves people and align responsibilities to the appropriate statutory bodies. Throughout, we will maintain continuity of our health input to joint packages of care.

137. Serving notice allows us to take a careful and considered look at how our partnership arrangements are governed in the future. Throughout this period, our absolute focus is on maintaining safe, high-quality services and supporting our staff to continue delivering excellent care for local people. We will keep colleagues, partners and the public informed as work progresses.

138. Any future changes would be subject to appropriate planning and engagement and there will be no sudden or unplanned changes to services.

139. We recognise these arrangements have been in place for close to 20 years. Change brings uncertainty as well as opportunity. We will support our people and engage openly as plans develop and we'll update our Equality Impact Assessment as the future model takes shape.

Children and Family Health Devon (CFHD)

140. The transfer of Children and Family Health Devon (CFHD) to Devon Partnership NHS Trust took place on 01 April 2026, following the completion of the work required to ensure a safe and orderly handover of clinical, operational and governance responsibilities. Oversight of the transition has been led through the Executive Operations Group, with particular focus on workforce arrangements, commissioning alignment and clinical governance to ensure continuity of care for children, young people and families across Devon.

141. Colleagues across both organisations have worked closely together to manage the requirements of the transfer, including pathway review, activity planning and financial reconciliation. Communication with teams has been ongoing throughout and we remain grateful to colleagues for their professionalism and commitment during a period of significant change.

142. The transfer provides an opportunity to strengthen the delivery of neurodevelopmental, community paediatrics, mental health and associated services through a single specialist provider, with the intention of improving access, reducing variation and enabling a more coherent model of care for children and families.

143. We will continue to monitor transition risks through existing assurance routes and maintain close partnership working with Devon Partnership NHS Trust and the ICB as the new arrangements embed.

System and partnership updates

Local Government Review – organisational response to consultation

144. We have submitted our formal response to the Local Government Review consultation, reflecting our role as a key system partner across Torbay, Devon, Teignbridge and South Hams. In the letter, I emphasised the strength of our existing place based relationships, highlighting that our most effective work is grounded in neighbourhood level collaboration, Local Care Partnerships and wider system connections. This approach, I noted, would continue to underpin how we work with any newly formed authority.

145. Our response also underlines the importance of future arrangements being able to respond to local circumstances, including health inequalities, deprivation, and the specific challenges of rural and coastal communities. We reiterated the

vital role that local government plays in supporting employment and good work, given their significance as determinants of health.

146. While none of the proposed options are coterminous with our NHS footprint, I confirmed that this is already something we manage effectively in practice. As an organisation, we did not express a preference for any specific model but made clear our commitment to working positively and constructively with whichever authority is established, in the best interests of local people and services.

South West Peninsula Cluster Integrated Care Board – Executive Appointments Update

147. The Board notes recent senior leadership appointments across NHS Cornwall and Isles of Scilly and NHS Devon, reflecting the formal establishment of the South West Peninsula cluster and ongoing preparation for a potential merger of the two Integrated Care Boards (ICBs) next year.

148. Following a period of engagement and consultation to align leadership arrangements, Mark Hackett was appointed as Interim Cluster Chief Executive from 16 March 2026 for an initial 12-month period. Mark will lead both ICBs as a single cluster during this phase of increased alignment. He brings extensive experience of senior leadership across the NHS and wider health system, most recently as Interim Chief Executive of University Hospitals Plymouth NHS Trust, and previously as Chief Executive of Swansea Bay University Health Board and other NHS organisations.

149. In parallel, and following a robust recruitment process, appointments have been confirmed to the new cluster ICB executive team, which brings together leadership capacity from both organisations. From 01 April 2026, the cluster executive roles are:

- Chief Finance Officer – Simon Gittoes-Davies
- Chief People Officer – Patrick Weir
- Chief Place and Transformation Officer (Chief Medical Officer) – Chris Reid
- Chief Clinical Officer (Chief Nursing Officer) - Susan Bracefield
- Chief Population Health Officer – Peter Collins
- Chief Strategic Planning and Commissioning Officer – Libby Ryan-Davies
- Company Secretary – Philippa Harding

150. From April 2026, the team will begin working with partners across the cluster to deliver shared priorities, including improving population health, tackling inequalities, supporting the workforce and transforming services.

Five year commissioning plan for Devon (One Plan)

151. At the South West Peninsula Board on 26 March 2026, the One Plan for Devon, the five-year commissioning plan was agreed. Information about the One Plan including frequently asked questions is available on the One Devon website: One Plan for Devon

Changes to clinical referral guideline model for Long COVID

152. Changes have been made to the way people with symptoms of Long Covid are referred for treatment to ensure they receive the right care as quickly and safely as possible.

153. Clinicians will continue to assess each patient individually and based on their main symptoms, refer them to the service best suited to their needs. These changes are also being made by all NHS trust providers in Devon due to changes in commissioning arrangements.

154. There is no change to how people seek specialist care for Long COVID symptoms. This change is designed to improve how patients are directed through the system so they can be seen in the right place first time, while GPs continue to use their clinical judgement to make the best decisions for their patients.

Our Torbay and South Devon NHS Charity

155. Over the past few months, our Charity has continued to make a quiet but visible difference our services, shaped by the generosity of our communities and the commitment of our colleagues.

156. This includes new wallpaper on Level 2 at Torbay Hospital recognising the important role local people have played – and continue to play – in supporting Torbay Hospital, as well as new artwork being chosen with colleagues for the expanded Oral and Maxillofacial Surgery department and the relocated Surgical Admissions Unit. These may seem like small changes, but they matter to patients, families and colleagues spending long or anxious days in these spaces.

157. Our Charity also been supported by the extraordinary efforts of our own colleagues. Chloe Harries, who is a nurse in our Medical Admissions Avoidance Team and has worked with us for over 10 years, completed the London Marathon last month after months of training alongside her day job. Chloe ran in memory of her grandmother, who was cared for at Torbay Hospital. She raised over £3,000 for our Charity and was interviewed by BBC Radio Devon about why supporting the hospital mattered to her as both a nurse and a member of our Torbay and South Devon communities.

158. Through our Charity we have secured funding to establish a new support and education group for adults over 25 living with Type 1 diabetes. Our Charity has been supporting a group for people 25 and under for several years which has proved very successful. We hope this new group will prove equally successful.

159. Later this summer, our Charity will mark an important milestone with a 30th anniversary thank-you event, giving us an opportunity to recognise and thank long-standing supporters and major donors whose generosity has helped improve care and experience for thousands of patients over the past three decades.

Our Leagues of Friends

160. 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.

161. I met with representatives from Torbay, Totnes, Paignton, Ashburton, Dawlish and Newton Abbot Leagues of Friends as well as our Torbay Hospital Nurses League in March where we had a constructive conversation about the opportunities and challenges we all face and how we can work better together to maximise the benefits for local people and our communities.

MP engagement

162. 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.

Governor engagement

163. 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.

164. During my visits over recent months, a consistent theme has continued to come through: the pride colleagues feel in the care they provide, their commitment to our communities, and the practical ideas they have for how services could be improved or enhanced.

165. At the same time, some colleagues continue to describe frustration in their day-to-day experience of working in the organisation, which is also reflected in our staff survey and other feedback. Closing the gap between the pride people feel in their work and the reality of how it can feel to work here remains an important challenge for us.

166. Two messages stand out as we take forward the implementation of our organisational strategy. First, effective local leadership and line management play a critical role in shaping staff experience. Our clinical leaders and managers are closest to both the opportunities and the pressures within services, and we need to ensure they are supported, developed and clear about expectations so they can enable their teams to thrive.

167. Second, colleagues consistently tell us about the importance of autonomy, trust and the freedom to act in the best interests of patients. Many of the most effective improvements we see are driven locally, by teams who are empowered to identify problems and implement solutions. As an organisation, we need to strike the right balance between appropriate oversight and creating the conditions in which innovation and improvement can flourish.

168. My twice-monthly Meet Joe sessions continue to provide a valuable opportunity to hear directly from colleagues and in the past two months I appreciated being able to hear directly from colleagues at Kings Ash House and Newton Abbot Community Hospital. I also joined, participated in and/or hosted our corporate induction and Trust Talk in the past two months.

169. During the past two months I have spent time with our breast care team, special care baby unit, hydrotherapy service, cardiology colleagues and joined in

with our nutrition and hydration week tea parties. I was privileged to join colleagues at Castle Circus Health Centre to celebrate its 50th birthday and to spend time with the Chairs of our Leagues of Friends at our quarterly meeting.

170. It has been particularly important to me to meet regularly with colleagues from adult social care since January to listen to their concerns and hopes as we reviewed our current Section 75 partnership agreement. I am grateful to all our adult social care colleagues for their engagement, their constructive challenge and our shared continuing commitment to the people that we serve.

171. I have also been meeting regularly with pathology colleagues, along with fellow executives and senior leaders, over the past few months including meetings with blood science and microbiology colleagues as well as fortnightly meetings with histopathology (cellular pathology) colleagues as we progress a long-term solution for our routine histopathology service.

172. 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.

173. 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.

174. I am sorry that two people who were recently returned as public governors for the Torbay constituency have decided not to take up their roles and we are disappointed that they felt unable to continue at this early stage.

175. We recognise how strongly people in Torbay and across South Devon care about their local NHS services – and about Torbay Hospital in particular. Hearing local voices matters and we will continue to listen and engage openly, especially when decisions are difficult.

176. Public governors have an important role in representing the interests of members and the public and in holding our non-executive directors to account for the performance and leadership of our organisation. Torbay Hospital is a vital part of our organisation, and we also provide hospital and community services across Torbay and South Devon and adult social care services in Torbay.

177. In this instance, the two individuals were returned unopposed in the Torbay public governor election. Their decision not to take up the roles was made before the standard onboarding steps for new governors were completed (including induction, signing the governors' code of conduct, declaring interests and completing mandatory training). They had not yet attended a meeting of the Council of Governors.

178. Our Constitution sets out how vacancies among elected governors may be handled and it is for the Council of Governors to decide how to proceed. This includes options to run an election within three months, to invite the next highest

polling candidate from the most recent election to become a governor (if there is one), or – depending on the circumstances – to leave seats vacant until the next elections are held.

179. We will support the Council of Governors to follow this process, and we encourage anyone interested in becoming a public governor to consider standing when nominations open. Public governors help ensure local views are heard and play an important part in good, constructive governance.

Look forward

180. As we move into the summer months, our focus is on shifting from strategy development into delivery. With our new organisational strategy due to go to Public Board on 07 May for approval, the period ahead will be about turning shared ambition into clear priorities, practical actions and measurable progress.

181. A key priority over the coming months will be the development and delivery of the first-year delivery plan for the strategy. This will set out how our strategic priorities will be implemented in practice during 2026/27, how progress will be tracked, and how staff, governors, partners and communities will be involved. Our emphasis will be on clarity, pace and accountability, while remaining grounded in our purpose to support every person, family and community we serve to live well.

182. Working collaboratively with partners will remain central to everything we do. Many of the challenges facing health and care locally - including demand, workforce pressures and financial sustainability - cannot be addressed by the NHS alone. Over the summer we will continue to strengthen relationships with local authorities, the voluntary and community sector, and system partners across Devon, recognising that progress depends on shared responsibility and honest conversations.

183. As governors are aware, we have now given notice on Adult Social Care, including the Section 75 partnership with Torbay Council. This reflects the reality that demand and costs have increased significantly and that the current arrangements are no longer financially sustainable for the Trust to carry alone. We are working closely with Torbay Council and system partners to explore future options, with a clear focus on maintaining continuity, safety and quality of care for local people, and ensuring an orderly transition.

184. Financial sustainability remains one of our most significant challenges, particularly as deficit support comes to an end in April 2026. We are clear that sustainability cannot be achieved through financial measures alone. It is inseparable from operational performance.

185. Every number on a waiting list is a person waiting for care, and every delay has the potential to affect their health and outcomes. Improving performance is therefore fundamental to patient experience and safety, as well as to financial sustainability. Sustained operational pressure drives cost, stretches our workforce and limits our ability to invest in future services.

186. Over the summer and autumn, we will continue to focus on improving performance and productivity alongside quality and safety, supported by clear prioritisation and strong partnership working across the system.

187. Advocating for our population remains at the core of our mission. We will continue to make the case - locally, regionally and nationally - for appropriate capital investment and decisions that reflect the needs of coastal and remote rural communities, including high levels of deprivation, long-term conditions and an ageing population.

188. At the same time, we remain committed to advocating for our people. As we move beyond winter pressures, we are focusing on creating the conditions for staff to feel supported, valued and involved in shaping what comes next. This includes meaningful engagement around the strategy, continued focus on wellbeing and inclusion, and openness about the challenges and trade-offs ahead. We remain grateful for our teams who continue to show extraordinary commitment to the people we serve and to each other.

189. 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.

190. For our staff governors, your voice is essential in championing staff engagement, particularly around our strategy and wellbeing initiatives.

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

192. 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.

Torbay and South Devon NHS Foundation Trust

Council of Governors

Governance Report

Date of meeting	Date report produced
13 May 2026	1 May 2026

Author(s)		Report approved by	
Name and title:	Kirsty Hewett, Membership Manager Sarah Fox, Corporate Governance Manager	**Name and title:**	Cath Parnell Chief of Staff
		Date:	05/05/2026

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 – Governor Register of Interests
Annex 2 - Self-Assessment Feedback
Annex 3 – Draft Governor Question Protocol
Annex 4 - Draft CoG and Board of Directors Policy of Engagement for Serious Concerns

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 Trust Strategy?
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

Governance Report

Introduction

The report provides a series of updates concerning corporate governance matters that are pertinent to the Council of Governors (CoG). 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.

The report provides corporate governance updates on matters of relevance to the Council of Governors.

1. New Chair

1.1 The Council of Governors wishes to extend sincere thanks to Chris for his dedicated leadership and service as Chair. We warmly welcome Martin as the new Chair and look forward to working together under his guidance, continuing the commitment to excellence in governance and collaboration.

Action required: CoG to receive and note new chair.

2. Governor update

2.1 Following on from the last meeting Val Browning (Lead Governor) resigned on 12 February 2026. Therefore, Loveday Densham became interim Lead Governor until the annual refresh in May 2026.

2.2 Alison Ramon's term of office ended on 28 February 2026 and we would like to record our thanks to Alison for her support and guidance over the past three years.

2.3 New Governors that started their first term on 1 March 2026 are:

- Sally Allen-Gerard – Torbay Governor
- Olivia Bath- Staff governor
- Mike Blakely – Torbay Governor
- Susie Colley – Torbay Governor
- Sue Knott – Teignbridge Governor
- Vicki Payne-Cater – Staff Governor
- Maroria (Mo) Oroko – Staff Governor
- Jake O'Donovan – Teignbridge Governor

2.4 Governors who were re-elected are:

- Andrew Postlethwaite – Teignbridge Governor
- Lee Thomas – Torbay Governor

- Andrew Stilliard – Torbay Governor

2.5 Since being elected to their post, Sally Allen-Gerard and Susie Colley have tendered their resignations and stood down from their governor roles. Unfortunately, Sue Knott has also had to stand down as she has moved from the Teignbridge Constituency to the Torbay Constituency and is therefore no longer eligible to be a Governor.

Action required: CoG to receive and note the Governor updates.

3. Lead Governor and Deputy Lead Governor

3.1 Following a request for expressions of interest for the annual refresh of the Lead Governor and Deputy Lead Governor positions, two nominations were received for Lead Governor role: Dave Cawley and Loveday Densham and a vote will happen at May CoG. Only Michael Joyce put his name forward for Deputy Lead Governor, therefore, Mike will become DLG with immediate effect from 13 May 2026 for a one-year period.

Action: Governors are asked to receive, vote and approve new Lead Governor and Deputy Lead Governor.

4. Governor Observers

4.1 After February's Council of Governors meeting, expressions of interest were sought from Governors to be Governor Observers for the period of a year with effect from 1 March 2026.

The following nominations were received:

o Audit and Risk Committee	Vincent Williams
o Finance and Operations Committee	Dave Cawley
o Quality and People Committee	Andrew Postlethwaite
o Charity Committee	Mike Joyce

Governors indicated the committee they wished to observe at the point they put themselves forward and were allocated accordingly.

Action: Governors are asked to note and approve the new nominated Governor Observers for a one-year period with effect from 1 May 2026.

5. Governor Register of Interests

5.1 Governors are asked to review the attached Governor Register of Interests **(Annex 1)** and inform the Corporate Governance Manager if there are any amendments that need to be updated.

Action: CoG to receive and update the Governor Register of interests.

6. Governor Nomination and Remuneration Committee Members

6.1 Governor Nomination and Remuneration Committee have three new

members who have joined the committee: Vicki Payne- Cater, Andrew Postlethwaite and Jake O'Donovan. Governors are asked to note the new GNRC members.

Action required: CoG to note GNRC new members.

7. Council of Governors Self-Assessment Feedback

7.1 At the previous meeting the Council of Governors were requested to review and approve the process for completing annual self-assessments. This self-assessment process is an essential part of the Council's commitment to effective governance and continuous improvement. Attached to this report **(Annex 2)** is the feedback received and Governors are asked to consider how they would wish to take forward any actions resulting from this process.

Action: CoG to receive the Governor self-assessment feedback results and consider how to take forward the actions identified by the self-assessment process.

8. Governor Question Protocol

8.1 The Governor Question Protocol **(Annex 3)** has been updated as it is proposed question responses, once available, are included in the weekly briefing provided to Governors. This will ensure Governors receive responses in a more timely manner and reduce the number of emails received from the Trust Office.

Action: CoG to approve updated Governor Question Protocol.

9. Draft CoG and Board of Directors' Policy of Engagement for Serious Concerns

9.1 CoG will recall that it was agreed Governors would review the draft policy **(Annex 4)** outside of the meeting to ensure it met the needs of Governos. This work has taken place and the draft updated Policy was discussed at the recent Governor Only meeting with Governors content that it was ready to be presented to CoG for approval.

Action: Approve CoG and Board of Directors' Policy of Engagement for Serious Concerns

Torbay and South Devon NHS Foundation Trust

REGISTER OF GOVERNORS' INTERESTS AS AT 23 APRIL 2026

SOUTH HAMS PUBLIC CONSTITUENCY

Governor name	Declared interests
Dave Cawley	Director, Vavasour House (Dartmouth) Management Company Member and ex-Chairman of Dartmouth PPG
Julie Spinks	None

TEIGNBRIDGE PUBLIC CONSTITUENCY

Governor name	Declared interests
Eileen Engelmann	Volunteer for Alzheimer Association Work on a freelance basis for Atlas Remedial and Care as a mentor/coach for people living with dementia and for their carers Volunteer Mealtime Assistant – Newton Abbot Hospital
Michael Joyce	President of Newton Abbot British Legion Trustee of Newton Abbot CIO Trustee of Newton Abbot Swimming and Water Polo Club Director of Newton Abbot Security Trust Newton Abbot Community Speedwatch Co Ordinator Councillor Police Advocate Devon Association of Local Councils – Director/Vice-Chair Chair, Locality PPG
Jake O'Donovan	Former Director of Estates and Facilities, TSDFT
James Osben	Spouse works for Trust
Andrew Postlethwaite	Director – The Forensic Reconstruction Service Expert Witness in the field of Forensic Reconstructions Charted Manager with the Chartered Manager Institute Affiliated to the Chartered Society of Forensic Sciences Guest Lecturer – University of Exeter Member of Teignmouth Hospital Stakeholder Group Member of Mensa Daughter is a member of staff at Royal Devon University Healthcare NHS FT Director - VR Forensics Chair - Channel View PPG

TORBAY PUBLIC CONSTITUENCY

Governor name	Declared interests
Mike Blakeley	Executive Director, Exeter College Spouse works for Trust
Loveday Densham	None
Andrew Stilliard	Member of Reform UK Political Party
Lee Thomas	Director – Torbay Security Ltd Vice Chairman – Torbay Hospital Radio Chairman – Newton Abbot Hospital Radio Trustee – Hospital Broadcasting Association Spouse works for the Trust
Vincent Williams	Director – Gracenote Television Ltd Digital Project Manager, East Midlands Ambulance Service NHS Trust

STAFF CONSTITUENCY

Governor name	Declared interests
Olivia Bath (Planned Care)	None
Maroria Oroko (Medicine and Urgent Care)	Voluntary Educator, Centre for Bioethical Reform UK (CBRUK)
Vicki Payne-Cater (Professional Support Services)	None
Radia Woodbridge	None

APPOINTED GOVERNORS

Governor name	Declared interests
Sarah Adams (Devon Partnership Trust)	Deputy Chief Operating Officer, Devon Partnership Trust
Karen Barry (Devon ICB)	Locality Director, Devon ICB Daughter and cousin employed by Trust
Joanne Bowtell (University of Exeter Medical School)	None
Richard Keeling (Devon County Council)	Cabinet member, Devon County Council
John Nutley (Teignbridge Council)	Teignbridge District Councillor and Executive Member for Leisure, Recreation, Resorts and Tourism Member of Dartmoor National Park Authority Teignbridge District Council Representative on the Exe Estuary Management Partnership Ashburton Town Councillor Chair of Ashburton & Buckfastleigh Health & Wellbeing Centre League of Friends
Alison Meadows (Torbay/Devon Carers)	None
David Thomas (Torbay Council)	Leader, Torbay Council Owner, Gold Print Volunteer, Torbay Hospital Radio Volunteer, 4x4 LGA Peer Mentor

Louise Winfield (Plymouth University PSMD)	Daughter-in-law works for the Trust
Ged Yardy (South Hams DC)	Director Galwyn UK Ltd Councillor, South Hams District Council Councillor, Investor/shareholder – SageTech Medical Limited Member / Chair– Devon Health and Wellbeing Board Member – South Hams District Council Audit and Governance Committee Member – Dartmouth Medical Practice PPG

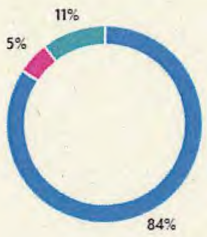
Responses Overview

Closed

Responses	Average Time	Duration
19	06:50	81 Days

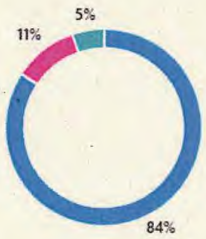
1. Are you clear about your roles and responsibilities as a Governor?

Yes	16
No	1
Maybe	2



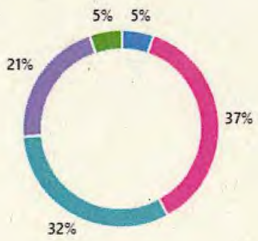
2. Is the administrative support provided to the Council appropriate and effective?

Yes	16
No	2
Maybe	1



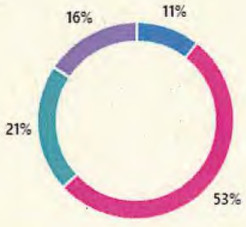
3. Does the membership and size of the Council remain fit for purpose?

strongly agree	1
Agree	7
Neutral	6
Disagree	4
strongly disagree	1



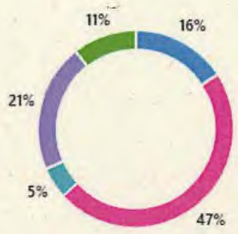
4. Do the number of constituencies of Governors on the Council allow for effective representation of all stakeholders?

strongly agree	2
Agree	10
Neutral	4
Disagree	3
Strongly disagree	0



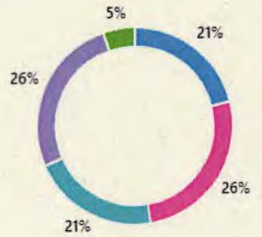
5. Do you receive sufficient high-quality information about Trust activities to enable you to hold the NEDs to account?

strongly agree	3
Agree	9
Neutral	1
Disagree	4
Strongly disagree	2



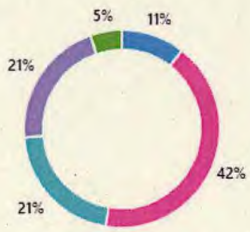
6. Is the Council of Governors well chaired and managed?

Strongly agree	4
Agree	5
Neutral	4
Disagree	5
Strongly disagree	1



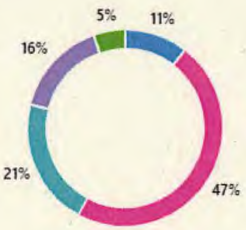
7. Does the Council have open, constructive discussions between its members, focusing on relevant issues?

Strongly agree	2
Agree	8
Neutral	4
Disagree	4
Strongly disagree	1



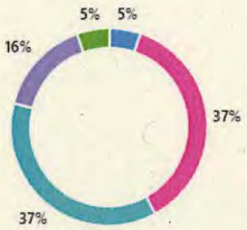
8. Does the Trust encourage open and honest communication between the Council and Board members?

Strongly agree	2
Agree	9
Neutral	4
Disagree	3
Strongly disagree	1



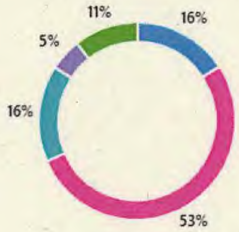
9. Are you properly engaged in the strategic direction of the Trust?

Strongly agree	1
Agree	7
Neutral	7
Disagree	3
Strongly disagree	1



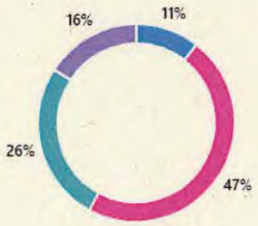
10. As a member of the Council, do you feel like a valued part of the organisation?

Strongly agree	3
Agree	10
Neutral	3
Disagree	1
Strongly disagree	2



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

Strongly agree	2
Agree	9
Neutral	5
Disagree	3
Strongly disagree	0

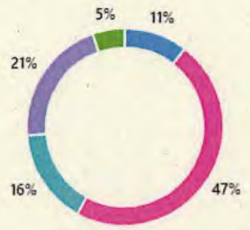


12. Do you receive regular information from the Trust that helps you understand the general business of the organisation?

Strongly agree	3
Agree	13
Neutral	2
Disagree	1
Strongly disagree	0

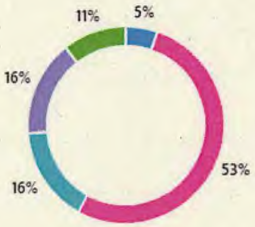
13. Is the level of participation of NEDs at Council meetings appropriate?

Strongly agree	2
Agree	9
Neutral	3
Disagree	4
Strongly disagree	1



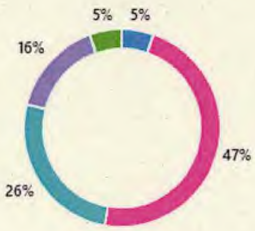
14. By being part of the Council, do you feel you make a meaningful contribution to TSDFT and the communities it serves?

Strongly agree	1
Agree	10
Neutral	3
Disagree	3
Strongly disagree	2



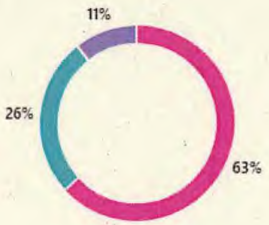
15. Does the Council represent the diversity of its staff and the local population?

Strongly agree	1
Agree	9
Neutral	5
Disagree	3
Strongly disagree	1



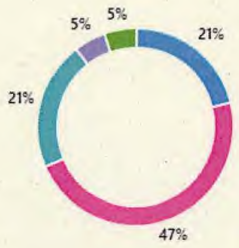
16. Is the Council informed of any issues that could cause public interest before they become a risk?

Strongly agree	0
Agree	12
Neutral	5
Disagree	2
Strongly disagree	0



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

Strongly agree	4
Agree	9
Neutral	4
Disagree	1
Strongly disagree	1



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

18
Responses

Latest Responses

"I am a new member of the Council of Governors."

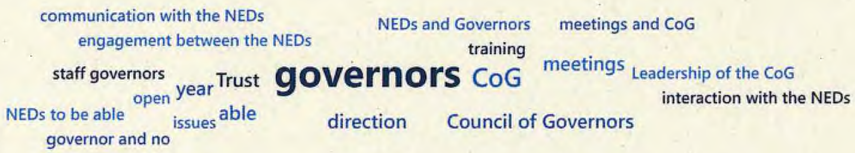
"Leadership of the CoG has been challenging. The person that steps forward to ch... "

"With no lead governor and no constituency meetings I feel isolated and unsuppo... "

...

6 respondents (32%) answered governors for this question.

Update



Please provide any additional comments on your answers above.

"Overall communication has been good. In my opinion the meetings run efficiently and meeting papers are thorough. I feel more engagement opportunities with the wider community would help governors fulfil their accountability role.

The training sessions have been helpful. At present, the training offered is designed for the Council of Governors as a whole, which is valuable. However, staff governors often have a unique perspective and set of responsibilities, and it may be beneficial to introduce specific training tailored for staff governors."

It would appear that there are enumerable boxes to tick and I question why ?

We need better communication with the NEDs - they need to be more contactable and friendly it often feels like them and us with a sharp divide.

I would appreciate being told of information that can affect myself in the instance of carer's representative so that I am able to clearly communicate with members of the public who wish to complain.

The NEDs could have a lot stronger presence in meetings and CoG is often not aware of their input other than committee work. Id like to see more engagement between the NEDs and Governors.

This being my first full year I still attempting to get my head around the various departments, communications and relevance.

Processes are very clear

"Too much time in this last year has been spent inward looking. Too much time spent on disciplinary issues. We have taken the eye off the ball.

We lack strategic direction moving forward. What has CoG achieved in the last 3 years?"

I think that the CoG is well supported and represented.

N/A

We need to have more engagement with the NEDs to be able to assess their performance and be good to see them in action at other Trust premises and to hear their open thoughts on the direction and sustainability of the Trust.

I think we need more interaction with the NEDs so that when we do their appraisals we can truthfully perform this task.

I am unable to answer the questions because I have no experience of what the Trust is doing or not doing until I get involved.

Overall, I am satisfied with the effectiveness of the Council of Governors. The environment encourages open, constructive dialogue and promotes collaborative working.

We have spent too long on issues of conduct, at the expense of real Trust issues. Hopefully new leadership will give us more direction and purpose.

"With no lead governor and no constituency meetings I feel isolated and unsupported.

After a year I still have no idea what meaningful contribution I am able to make."

Leadership of the CoG has been challenging. The person that steps forward to chair for this voluntary role needs to feel that they are supported from disrespectful vexatious repetitive allegations from other governors which undermine thier appointed position and motivation. ie poor behavior needs to be called out earlier and if a governor cannot understand that they have broken the principles then there should be the opportunity for a discussion, training and possible exclusion.

I am a new member of the Council of Governors.

Unclassified

Torbay and South Devon NHS Foundation Trust

Governor Question Protocol

Unclassified

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 2025	Next Review Date:	May 2026
Version:	V2.0	Last Review Date:	May 2028
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		May 2025 (V1)	
Links or overlaps with other policies:			
n/a			

Amendment History

Issue	Status	Date	Reason for Change	Authorised
1.0	New Document	May 2025	New Document	CoG
2.0	Revisions	May 2026	Revisions to streamline process	CoG

Governor Question Protocol

Questions to the Trust form a significant means by which Governors can fulfil their principal responsibilities of appointing and holding to account non-executive directors, representing the interests of trust members and approving significant transactions, mergers, acquisitions, separations or dissolutions. The answers provided to questions sit alongside a variety of other sources of information to which Governors have access. These include:

- Annual Members Meeting
- Quarterly Council of Governors meetings
- COG Priority meetings
- Public Board meetings and access to published Board papers
- Monthly Governors' email
- One off Governor visits to Trust facilities
- Governor observer roles on Trust Committees.

These sources enable Governors to input to annual NED appraisals and understand the challenges facing the Trust in terms of quality/safety, performance and financials and to help steer to the strategy and priorities of the Trust.

The process for asking questions, either on an individual basis or through the Council of Governors, is detailed below:

Individual Governor Question

- Individual governor question to be sent to the Lead Governor for review (to identify any themes/duplication of questions) prior to being sent to FT inbox for processing
- Once an individual question has been approved by the Lead Governor, the FT office will acknowledge receipt of the governor question/s
- Governor question to be formally logged and sent to the relevant Executive Director for answering
- ~~Answered question/s will be sent to all governors, logged on the formal question log and added to the next governor monthly email~~Answered question/s will be sent to all governors via the weekly briefing and logged on the formal question log that will be circulated via the quarterly CoG meeting

COG question

- Lead Governor to forward the governor question/s on behalf of COG to the Foundation Trust Office
- FT Office will log COG question and send to relevant Executive Director for answering
- ~~Answered question/s will be sent via email to all governors and logged on the formal question log and added to the next Governor monthly email.~~Answered question/s will be sent to all governors via the weekly briefing and logged on the formal question log that will be circulated via the quarterly CoG meeting

Governors are asked not send questions directly to Trust staff or Executive Directors outside of this process.

All questions will be answered within 20 days, unless there are extenuating circumstances and this will be communicated. If this is the case, the relevant Executive Director will provide information in terms of the reason for the delay.

There may be occasions where an urgent response is required to a question. In this case the Lead Governor or Chair will inform the FT office of the question and ask that a response is provided within 5 working days.

In order to obtain the best response to questions, governors are asked to ensure questions are kept short and are clearly articulated.

If a governor is not happy with the response to a question, the Chair will seek to resolve this issue and feedback to the Council of Governors.

Unclassified

Torbay and South Devon NHS Foundation Trust

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

Version 2.1, ~~issued~~ May~~February~~ 2026

Unclassified

Torbay and South Devon NHS Foundation Trust

Document Information

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Date of Issue:	April 2024	Next Review Date:	May 2028~~April 2027~~
Version:	V2.1	Last Review Date:	May 2026~~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)
Council of Governors	May 2026 (V2.1)
Board of Directors	June 2026 (V2.1)

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	May~~Feb~~ 2026	Policy amended to align with the wishes of CoG	CoG and Board of Directors

Version 2.1, ~~issued~~ May~~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;
4.2.2. breakdown of communications between the Trust and its System stakeholders;
4.2.3. extensive breaches of the Trust's Provider Licence whether alleged or actual;
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;
4.2.5. absence of Board of Directors oversight over significant financial or clinical risks which subsequently materialise;
4.2.6. breakdown of trust between the Trust and its workforce;
4.2.7. major operational oversights leading to loss of continuity of service;
4.2.8. loss of confidence of system leaders in the Board of Directors;
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.

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.

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

[2] Governors_guide_August_2013_UPDATED_NOV_13.pdf

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 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.

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

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.

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

[3] Complaints Policy

investigation, the Chair will meet with the Governors who raised the concerns to discuss the findings. The meeting has three possible outcomes:

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

5.11.2. 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;

5.11.3. 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.

Appendix 1

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.~~ In applying this policy, that an alleged breach of Code of Conduct has occurred with supportive factual evidence, in the first instance be notified to the Lead or Deputy Lead Governor, Chair and/or SID together with the Trust secretary who shall first assess whether the perceived breach would be deemed as more or less serious; progress 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 or vexatious behaviours~~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 written warnings regarding compliance with the Code 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 complainant ~~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 and/or Chair 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 Governor, 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 Trust Secretary~~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 attended by the Trust Secretary between the two Governors (with or without an advocate present).

4.6. If both Governors accept the proposal then the concern should be considered resolved.~~and the concern is resolved at the meeting.~~

4.7. T~~t~~he matter is noted on the file of the ~~challenged~~ Governor whom the breach has been alleged if found to be in breach, 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/SID 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 advocate~~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.

Torbay and South Devon NHS Foundation Trust

Appendix 2
Rapid Equality Impact Assessment *(for use when writing policies and procedures)*

Policy Title (and number)	**CoG and Board of Directors' Engagement Policy**	**Version and Date**	V2.1 May~~Jan~~26
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~~Cath Parnell	**Signature**	*~~Emily Long~~ Cath Parnell*

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

9.3.

Version 2.1, ~~issued~~ May~~February~~ 2026

I am pleased to have been proposed as Lead Governor because I am deeply committed to ensuring that our local health service delivers the highest standards of care for the people of Torbay, Teignbridge and South Hams. Having served as a Governor Observer, I have gained a clear and comprehensive understanding of the Trust's challenges, opportunities, and the vital role that effective governance plays in driving improvement.

I have a genuine desire to make a meaningful difference. The NHS faces unprecedented pressures, and Torbay NHS Trust is no exception. Strong leadership is essential to navigate these complexities while maintaining a relentless focus on patient safety, clinical quality, and operational performance. As Lead Governor, I would bring strong leadership to the Council of Governors, ensuring that the voice of the public and staff governors is heard clearly at the highest level and that constructive challenge is provided in a supportive yet rigorous manner.

I believe pragmatism must sit at the heart of effective governance. While we must always uphold the core values and standards of the NHS, we also need to be realistic about what is achievable within the resources and constraints we face. I am not interested in grandstanding or ideological positions; I want practical solutions that deliver real improvements for patients and staff.

I consider that delegation is important. I recognise that no single individual can or should attempt to do everything. As Lead Governor, I would build a strong, cohesive team, in order to maximise the impact of the Council of Governors.

Everything I do is driven by determination. I am not easily deterred by obstacles or setbacks. Having already demonstrated commitment by attending over 30 high level meetings as a Governor Observer, I have shown the stamina and dedication required for this role. I am prepared to invest the time and energy necessary to represent views of all governors effectively.

I am passionate about Torbay and its NHS Trust. Local people deserve a health service that listens to them, responds to their needs, and continually strives to improve. As Lead Governor, I would work tirelessly with the Chair, the Board, and fellow governors to strengthen accountability, enhance transparency, and ensure that decisions are always taken in the best interests of patients.

My combination of strong leadership, pragmatism, delegation, and determination, together with the valuable insight gained from 4 years' experience as a governor, positions me well to serve effectively as Lead Governor. I am ready to step up, provide clear direction, and help guide Torbay NHS Trust through the challenges ahead while never losing sight of our fundamental purpose: outstanding care for every patient, every time.

Thanks for reading this Dave Cawley Thursday, 30 April 2026

Application for the Role of Lead Governor

I would like to apply for the position of Lead Governor and thank you for considering me for this important role.

As many of you know, I bring considerable experience in governance. I served for seven years as a Staff Governor at RDUH and am now in my fourth year as a Public Governor at this Trust. During this time, I have worked alongside a number of Lead Governors and have developed a clear understanding of what the role requires.

In my view, two qualities are essential for a successful Lead Governor: first, the time and commitment to undertake the role properly, and second, the diplomatic and communication skills to work effectively across all parts of the organisation. Having recently retired after forty years working full-time in the NHS as a medical secretary across three trusts, I am fortunate to now have the time to dedicate fully to this position. My long career has enabled me to work closely with clinicians, administrators, Trust Boards, Chairs, Non-Executive Directors, and governors alike. I feel equally comfortable in all these settings and understand the importance of maintaining constructive, respectful relationships. I also recognise and value the outstanding administrative support provided by Sarah and Kirsty, which is essential to keeping our governance processes running smoothly.

Good communication is key to effective governance. As Lead Governor, my aim would be to unite governors, encourage collaboration, and ensure we remain focused on our shared responsibility: serving the people of Torbay.

More recently, we have become aware of concerns regarding interventional cardiology surgery remaining at Torbay. I have attended all the public meetings on this issue and have seen first-hand the strength of feeling among our constituents. Whatever our individual views, our primary responsibility is to represent and support the community. As Lead Governor, I would ensure that the voices of our constituents are clearly heard and that we continue to advocate on their behalf in a constructive and responsible manner.

Looking ahead, the introduction of EPIC will be one of the most significant developments for the Trust this year. I am very supportive of EPIC, having used it myself at Exeter since its inception there and having experienced its implementation both at RDUH and North Devon District Hospital. I am therefore familiar with the challenges that inevitably arise during such transitions. I hope to be able to support fellow governors by helping to answer questions and provide reassurance during the implementation phase. While the early months may be demanding, I am confident that, in time, staff will not wish to return to the inefficiencies of previous systems.

In summary, I bring experience, commitment, time, and a deep understanding of both clinical and administrative environments within the NHS. It has been a pleasure to serve as Deputy Governor, and it would be a privilege to serve you as Lead Governor. I would approach the role with dedication, fairness, and a firm commitment to unity, transparency, and effective communication.

Torbay and South Devon NHS Foundation Trust

Council of Governors

Public Governor Elections

Date of meeting	Date report produced
13 May 2026	07 May 2026

Author(s)		Report approved by	
Name and title:	Jane Harris – Director of Communications	**Name and title:**	Cath Parnell Chief of Staff
		Date:	07/05/2026

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

n/a

Executive summary

The report is to provide a current situation update and request Council of Governors to decide whether to run a public governor election in 2026 to fill current vacancies, or to defer elections until the next scheduled routine election cycle in 2027, noting the implications for public representation, legitimacy and governance.

The assurance rating in this report is as follows:

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

Appendices

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:

1. Decide whether to run a public governor by-election in 2026 or to defer elections until the 2027 routine cycle
2. Note the contextual uncertainty relating to potential future legislative change
3. If proceeding, authorise officers to begin preparations to run an election in line with the Trust Constitution

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 Trust Strategy?

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

Public Governor Elections

Purpose of the paper

To ask the Council of Governors to decide whether to run a public governor election in 2026 to fill current vacancies, or to defer elections until the next scheduled routine election cycle in 2027, noting the implications for public representation, legitimacy and governance.

Background

We currently have a number of vacant public governor positions across several constituencies, resulting in a reduced public voice on the Council of Governors. The current vacancies are as follows:

Public constituency	Number of vacancies	Notes
Torbay	2	Two recent resignations
Teignbridge	2	One unfilled at last election; one recent resignation
South Hams	1	Recent resignation
Rest of the South West	1	Unfilled at last election
Total	6	

As a result, multiple public constituencies do not currently have their full elected representation on the Council of Governors.

Under the Trust's Constitution, public governors are elected to represent the interests of members and the public, and the Council of Governors has a statutory role in ensuring those interests are properly represented. The Constitution allows for elections to be held to fill vacancies that arise between routine election cycles.

Our next scheduled routine election cycle is in 2027. If a by-election is not held in 2026, the above vacancies will therefore remain unfilled until 2027, resulting in a prolonged period without full public representation in several constituencies.

Context: NHS Modernisation Bill

The forthcoming King's Speech (13 May 2025) is expected to introduce an NHS Modernisation Bill, which may in due course provide clarity on the future role, structure or existence of NHS foundation trust governors.

However:

- The Bill has not yet been published
- Any legislative changes are unlikely to take effect immediately
- There is no certainty that changes, if proposed, would be implemented before 2027

The Bill therefore provides important context, but it does not change the practical decision facing the Council, which is whether to fill current vacancies now or accept that they will remain unfilled until the next election cycle.

Options for decision

The Council of Governors is asked to consider the following options:

Option 1 – Run a public governor election in 2026 (recommended)

- commence a by-election to fill existing public governor vacancies under the current Constitution
- restore and strengthen public voice and representation across affected constituencies
- demonstrate visible commitment to public accountability and engagement during a period of significant strategic delivery and system change
- if future legislative changes affect governor roles, manage any implications in line with national guidance and transitional arrangements.

This option prioritises representation, legitimacy and constitutional intent in the short to medium term.

Option 2 – Defer elections until the 2027 routine election cycle

- accept that the six current public governor vacancies will remain unfilled until 2027
- avoid the cost and administrative effort associated with running a by-election in 2026
- continue with a reduced level of public representation during this period.

This option results in a sustained absence of elected public voice across multiple constituencies for a minimum of 12–18 months.

Key considerations

In reaching a decision, Governors are asked to consider:

- Public voice and legitimacy
  With six vacancies across three public constituencies, the Council is not currently fully representative of the populations it serves, at a time when major strategic priorities and delivery plans are being progressed.
- Timescales and practicality
  Running an election typically takes up to four months once initiated. Waiting for greater legislative clarity would still leave a significant period without elected public representation.
- Constitutional responsibility
  The Constitution places strong emphasis on elected public governors representing members and the public. Allowing vacancies to remain unfilled until 2027 risks weakening this principle in practice.

- Uncertainty versus current impact
  While future legislative change remains uncertain in scope and timing, the absence of public governors is a current and tangible issue affecting the effectiveness and legitimacy of the Council.

Recommendation

The recommended approach is Option 1: to run a public governor election in 2026. Proceeding with elections ensures that public constituencies are properly represented during the period leading up to 2027, demonstrates the Council's commitment to public voice and accountability, and avoids allowing uncertainty about future legislation to create a prolonged gap in representation.

Any legislative change resulting from the NHS Modernisation Bill can be addressed when detail and timelines are known. In contrast, the impact of unfilled vacancies is immediate and visible.

Decision required

The Council of Governors is asked to:

4. Decide whether to run a public governor by-election in 2026 or to defer elections until the 2027 routine cycle
5. Note the contextual uncertainty relating to potential future legislative change
6. If proceeding, authorise officers to begin preparations to run an election in line with the Trust Constitution

Torbay and South Devon NHS Foundation Trust

Council of Governors
Quality Account 2025/26 (draft)

Date of meeting	Date report produced
13/05/2026	05/05/2026

Author(s)		Report approved by	
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If this paper needs to be presented at a private meeting, please state why and mark as CONFIDENTIAL:

Executive summary

A Quality Account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This not only tells people what we are doing to provide the best care we can but supports us to be open and transparent about the quality of our services. The quality account also helps us to identify areas where we want to improve and aids us in embedding a culture of continuous quality improvement across our organisation.

Each year we collect a large amount of information on the quality of the service we provide within three areas defined by the Department of Health and Social Care: patient safety, clinical effectiveness and patient experience. This information has been used to report on our progress against the priority areas we identified for improvement in 2025/26.

Our **quality goals and priorities for 2025/26** are shown below, progress against these priorities is discussed in detail in the quality account.

Quality goal 2024/25	Quality priority 2025/26
Continuously seek out and reduce harm:	Improve identification and management of sepsis Strengthen the quality of our mental capacity assessments (MCA)

Excellence in outcomes	Reducing waits for urgent and emergency and elective care Safe transition to an electronic patient record (EPR)
Deliver what matters most to our people	Embed PSIRF via supporting a just learning culture and sensitively engaging patients, their families and our staff
Reduce health inequalities	Seek, identify and reduce health care inequalities Embedding equality quality impact assessment (EQIA) for any service change

The Trust **Quality Goals and priorities for 2026/27** (shown below) are linked to our five signature moves:

- Ending corridor care by improving patient flow and safety in acute and community services and strengthen neighbourhood care
- Improving engagement with our communities and workforce through listening, learning and a just culture, to support continuous improvement in quality and safety
- We will use digital technology and neighbourhood-based care to improve continuity, safety- and people's ability to live well at home and avoid unnecessary hospital care.

These priorities are discussed in detail in the quality account.

The quality account also discusses our core services, highlighting progress regarding quality and safety of care and our performance against key metrics which may impact quality and safety of care.

This quality account is shared in draft with only minor formatting adjustments to be made. The deadline for publication on the Trust website and for submission to the Secretary of State being 30th June 2026.

The Quality Account will be shared with key stakeholders including the Council of Governors, Healthwatch, the Integrated Care Board, Torbay Council and Devon County Council. Comments and feedback from these key stakeholders will be invited pre-publication and included in the final published Quality Account.

The draft will be reviewed by the Audit Committee on 21st May 2026. Final approval of the Quality Account will be undertaken by the Trust Audit Committee on 24th June 2026, followed by formal ratification by the Trust Board on 25th June 2026.

The assurance ratings in this report are based on the outcomes of the review meetings and are as follows:

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

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

The draft Quality Account will be discussed at the council of governors 13th May 2026; a verbal update will be provided to Quality and Peoples Committee on 26th May via the CNO and a draft version shared for information at the Audit Committee on 28th May 2026.

Final approval of the Quality Account will be undertaken by the Trust Audit Committee on 24th June 2026, followed by formal ratification by the Trust Board on 25th June 2026.

Key recommendations and actions requested

The Council of Governors are asked to AGREE that completion of the Quality Account is underway and will be completed in line with statutory guidelines ready for submission on 30th June 2026.

The Lead Governor is invited to provide comment on the draft quality account on behalf of the Council of Governors.

The Council of Governors is asked to consider if further actions are required.

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

This report provides an overview of the Trust's progress against its core quality priorities, demonstrating our commitment to delivering high quality safe services for our population. It outlines key achievement, areas for improvement, and our ambitions for further enhancement. Progress against the clinical audit programme is also detailed, reflecting the Trust's focus on using audit outcomes to drive service improvement. The Quality Account serves as an important mechanism for reviewing and assuring our performance, supporting the organisation's aim to enable our population to live well through the consistent delivery of safe, effective and compassionate care.

How does the report support the Triple Aim

Aim	Impact
Population Health and Wellbeing	The quality and safety of our services support population well being
Quality of services provided	The quality account captured our progress against quality priorities and standards and clinical audit.

Sustainable and efficient use of resources

Impact on BAF Objectives	
BAF Objective	**Impact**
Quality and Patient Experience: Personalised Care	Quality Accounts are an important way for local NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive, and patient feedback about the care provided
People	
Financial Sustainability and Productivity	
Estates	
Operations and Performance Standards	
Digital and Cyber Resilience	
Building a Brighter Future	
Strategy and Transformation	
Sustainability: Green Plan/ Environmental	
Equality, Diversity and Inclusion	
Provision of Community and Care Services Delivered in Partnership	

Risk: Risk ID (as appropriate)	
Risk	**Risk ID**

External Standards affected by this report and associated risks
The Department of Health and Social Care requires providers to submit their final Quality Account to the Secretary of State by June 30 each year.

Overall Assurance Opinion Definition The overall assurance opinion assigned to this report is based on the following definitions:

Significant	Delivery of core metrics evidenced and ahead of plan. Controls are well designed and are applied consistently. The level of risk carried is below the agreed risk appetite. Any weaknesses are minor and are considered unlikely to impair the effectiveness of controls to eliminate or mitigate any risk to the achievement of key objectives. Examples of innovation and best practice may be in evidence.
Satisfactory	Delivery of core metrics evidenced and on plan. Controls are generally sound and operating effectively. The level of risk carried is in line with the agreed risk appetite. However, there are weaknesses in design or inconsistency of application which may impact on the effectiveness of some controls to eliminate or mitigate risks to the achievement of some objectives.
Limited	Delayed-delivery of core metrics, delivery cannot be fully evidenced. The organisation is exposed to a level of risk due to this performance position and/or exceeds the agreed risk appetite. There are material weaknesses in the design or inconsistent application of some controls that impair their effectiveness to eliminate or mitigate risks to the achievement of key objectives.
No	Non-delivery of core metrics, delivery cannot be evidenced and/or is behind plan. The organisation is exposed to significant risk (due to non-compliance).There are serious, fundamental weaknesses due to an absence of controls, flaws in their design or the inconsistency of their application. Urgent corrective action is required if controls are to effectively address the risks to the achievement of key objectives.

Quality Account 2026/27

Introduction and background

A Quality Account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This not only tells people what we are doing to provide the best care we can but supports us to be open and transparent about the quality of our services. The quality account also helps us to identify areas where we want to improve and aids us in embedding a culture of continuous quality improvement across our organisation.

It is a requirement of the Department of Health and Social Care that quality accounts are published on the Trust website and forwarded to the Department of Health and Social Care by 30th June 2026.

The committee is asked to note that the Quality Account remains a working draft at the time of submission. Robust processes are in place to ensure that all national requirements will be fully incorporated, and the final document will provide a comprehensive and accurate reflection of the Trust's quality performance and priorities.

It is intended that this quality account will be shared to the Council of governors, Healthwatch, The ICB, Torbay and Devon councils to provide comments on the quality account towards by the middle of June 2026. Final sign off of the Quality account will be undertaken by the Trust Audit Committee on 24th June and Trust Board on the 25th June 2026.

Assurance and Recommendations

Section	Assurance (Limited/Satisfactory/ Significant)	Trend from previous report
ALL	satisfactory	N/A

1. The Council of Governors is asked to AGREE satisfactory assurance that the quality account is in progress and will be completed in line with National standards ready for publication by June 30th, 2026.

Torbay and South Devon NHS Foundation Trust Quality Account 2025/26

Contents To be completed with final draft

Page

Part 1: Our Chief Executive's statement on quality

Chief Executive's Foreword

I am pleased to introduce our Quality Account for 2025/26, which reflects the care we provide, the progress we have made during the past year, and the areas where we know we must continue to improve.

Our Quality Account sets out, in an open and transparent way, how we are working to deliver safe, high-quality care for the people of Torbay and South Devon.

It has been another demanding year for our organisation and for the wider NHS. Demand for services remains high, our workforce has faced sustained pressure, and financial constraints continue to challenge how we deliver care. Despite this, I continue to be humbled by the dedication, professionalism and compassion shown by our people every day. Their commitment to patients, families and each other is what underpins everything we achieve.

Patient safety remains our highest priority. During the past year we have strengthened how we learn from incidents through the continued embedding of the Patient Safety Incident Response Framework (PSIRF), supporting a more open, fair and learning-focused culture. We have seen tangible improvements in areas such as the identification and treatment of sepsis, and we have continued to focus on reducing avoidable harm, while recognising there is more to do.

We have made progress in improving clinical outcomes, including reductions in the longest waits for planned care and continued improvement in access to cancer care, despite rising demand. We also recognise the ongoing pressures within urgent and emergency care and addressing patient flow and safety remains a clear priority for the year ahead. The £14.2 million redevelopment of our emergency department at Torbay Hospital will play a vital role in helping us to see and treat people needing urgent care quicker, improve patient experience and our colleagues' working environment.

This year also marked a significant milestone with the introduction of our new electronic patient record, Epic. This is a major change for our organisation and an important foundation for providing safer, joined-up and personalised care. We are committed to ensuring that patient safety, quality and staff support remain central as we continue to embed this system.

Delivering what matters most to our people is essential to delivering high-quality care. We continue to work to create a compassionate, inclusive and just culture where staff feel supported and able to speak up. We remain committed to addressing health inequalities and ensuring that our services are fair, accessible and responsive to the needs of our diverse communities.

This Quality Account highlights both what we are proud of and where we must remain focused. I would like to thank our people, volunteers, partners, patients and communities for their continued support and for working with us to improve care. Together, we remain committed to learning, improving and delivering the safest and best possible care for the people we serve.

Best wishes

Joe Teape
Chief Executive

Part 2: Priorities for improvement and statements of assurance from our Board of Directors

What is a quality account?

A quality account is an annual report that providers of NHS healthcare services must publish to inform the public of the quality of the services they provide. This not only tells people what we are doing to provide the best care we can but supports us to be open and transparent about the quality of our services, helps us focus on areas where we want to improve and aids us in embedding a culture of continuous quality improvement across our organisation.

Each year we collect information about the quality of the services we provide within three areas defined by the Department of Health and Social Care: patient safety; clinical effectiveness; and patient experience.

This information has been used to report on our progress against the priority areas we identified for improvement in 2025/26.

Our quality priority areas for next year, 2026/27, are also included. We have developed these in line with the CQC we statements, which are designed to put the person at the centre of their care.

2.1 Priorities for improvement 2025/26

Our quality improvement priorities for 2025/26 remained aligned with our quality goals and with our priorities for patient safety incident investigation. We have identified our improvement priorities for each of our quality goals using we statements.

Our quality goals

2.2 Quality priorities for improvement 2025/26

Figure 1: Quality priorities 2025/26

Quality Priorities 2025/26
Improve identification and management of sepsis
Strengthen the quality of our mental capacity assessments (MCA)
Safe Transition to EPR
Reducing elective and emergency care delays
Listening to our People
Reducing health inequalities
Embedding Equality Impact Assessment (EQIA)

Quality goal: We will continuously seek out and reduce harm

Priority one: Sepsis is a rare but serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death. When a person presents with symptoms that may be related to sepsis, it is crucial that key clinical interventions are initiated swiftly, in line with the national standards which are described as the sepsis bundle.

Our quality focus remains to improve our identification and management of people with sepsis to reduce the number of people in our communities who die from septic shock. We reiterated our commitment to promoting the early detection and treatment of sepsis and rolled out a sepsis audit across our organisation.

What we did and how we did

What we did

- ✓ Developed a single trust-wide sepsis policy
- ✓ Launched a trust-wide training and education programme introduction
- ✓ Agreed data collection for ongoing monitoring of compliance
- ✓ Improvement actions to support recognition and compliance of sepsis
- ✓ 2025 sepsis dashboard for all areas-in development

How we did:

We met every target we set out as part of our sepsis awareness and improvement programme. The final being the successful launch of our sepsis monitoring dashboard. Since its launch in September 2025, we have seen a sustained performance compliance for the Sepsis 6 across our acute and community in-patient areas for both adults and children. This is the first time we have been able to reliably report Sepsis 6 compliance across our organisation at both a patient and unit level. Since rolling out our sepsis policy and associated e-learning training we have seen this assurance maintained with our adult areas averaging 97% and our paediatric areas averaging 95% compliance. This is despite the continual operational demands and increasing attendance and acuity across our organisation.

Our ambition is to achieve more than 85% compliance with sepsis awareness training consistently. We are 73.8% compliant, but training was temporarily paused to support the implementation of our new electronic patient record, Epic and a full change over in our medical rotations. We will continue to support people to complete their training and achieve our compliance target once Epic is in place.

Figure 2: Compliance with Sepsis 6 bundle across all adult inpatient areas. (September 2025 – April 2026)

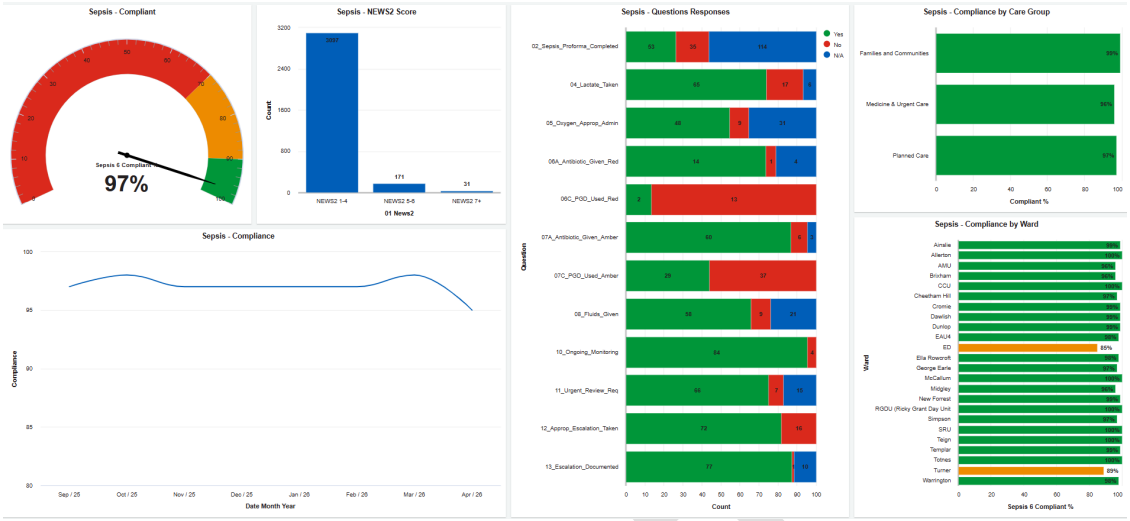
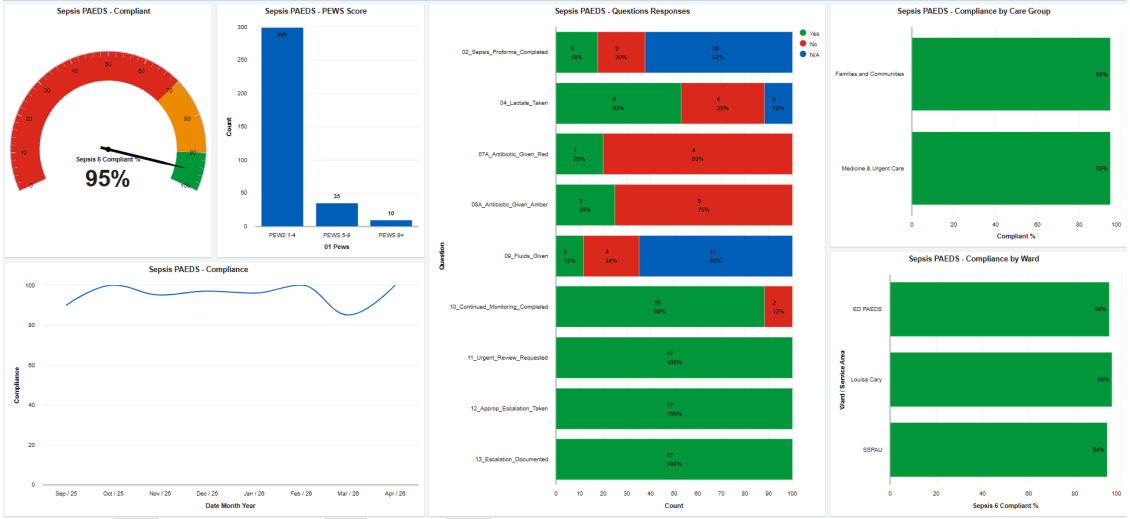


Figure 3: Compliance with Sepsis 6 bundle across all paediatric inpatient areas. (September 2025 – April 2026)



Priority two: Strengthen the quality of our mental capacity act assessments

We renewed our commitment to strengthening the quality of our Mental Capacity Act (MCA) assessments to better support our patients and enhance the quality of care.

How we did
We have taken significant steps to improve our mental capacity and Deprivation of Liberty Safeguards (DoLS) assessments.

We have strengthened our Mental Capacity Act (MCA) processes by combining the MCA assessment and Best Interest documentation into a single, integrated form, enabling a more holistic, person-centred assessment and clearer decision-making.

Our safeguarding adult and MCA leads have delivered tailored training to ward teams and provide direct support to clinical areas where DoLS are in place. This has

enhanced the quality and consistency of MCA assessments, improved the standard of reviews, and strengthened oversight of restrictive practices.

We provide regular updates to our staff through ICONews and have developed a range of accessible resources, including an MCA app and practical flowcharts, which are available as part of our MCA resource pack. A programme of MCA audits has been scheduled during the next 12 months to systematically identify areas of strong practice and those requiring targeted support and improvement. These audits form a key component of our continuous quality assurance and improvement framework.

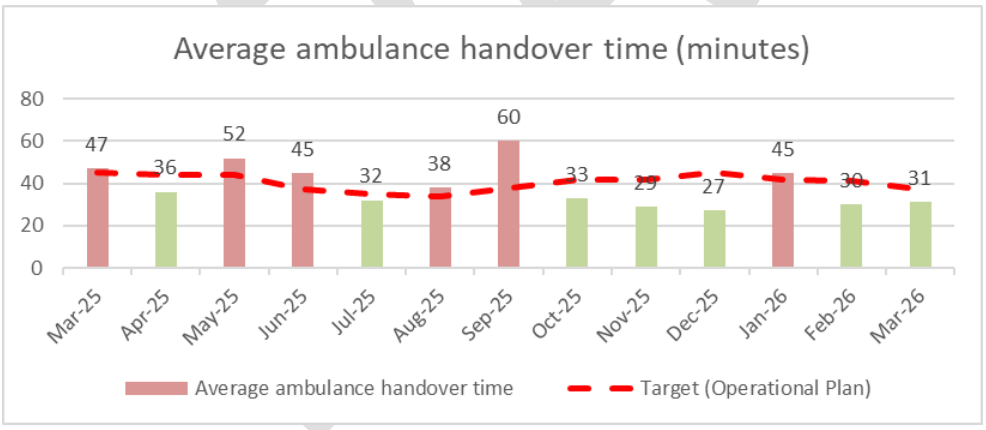
Strengthening compliance with the MCA will remain a focus for our clinical team. Our clinical teams will continue to be supported by our MCA leads to ensure decision-making is lawful, consistent and truly person-centred across all services.

Quality goal: We will continue to strive for excellence in clinical outcomes:

Priority one: We will continue to work to reduce waits for urgent and emergency care and for patients awaiting planned care or treatment.

Working with our system partners we continued to improve the quality and safety of care for patients across Devon to reduce ambulance handover delays. Devon's health and care system has seen a sustained improvement in reducing ambulance handover delays, which has resulted in a reduction in associated patient harm.(please see chart X) .

Figure 4: Average ambulance handover delays



We recognise that, in responding to system pressures and admitting people from ambulances to enable ambulances to get back on the road quickly, there has been an increase in the number of patients cared for in corridor areas. This is not the type of care we want to provide and can negatively impact patient experience, dignity and safety. Reducing corridor care will be a key quality priority for the coming year, with focused actions to improve patient flow and capacity across the system.

We have remained strongly focused on reducing long waits for planned care to improve outcomes for our population. During the past 12 months, we have reduced

the number of patients waiting for elective treatment, and the table below demonstrates this sustained improvement. We recognise that any delay to planned care can have a significant impact on patients and their quality of life, and we continue to prioritise further improvement.

We have faced challenges in the delivery of elective orthopaedic care due to sustained levels of emergency admissions. In response, we have developed and implemented mitigation plans to address these pressures, including the recruitment of additional orthopaedic consultants and targeted actions to protect elective capacity. These measures are intended to support continued progress in reducing waiting times and improving access to timely treatment for our patients.

Table 5: No of patients awaiting elective treatment 2025-2026

	March 2025	March 2026
78 weeks	7	7
65 weeks	141	47
52 weeks	931	600

Priority 2: **We will engage and collaborate to ensure we are prepared to safely transition to an electronic patient record (EPR) in April 2026.**

We launched our new One Devon electronic patient record, Epic, on 03 April 2026. Epic is a major enabler for service transformation, supporting the standardisation of clinical best practice and the delivery of safer, higher-quality care. It will be a cornerstone of our clinical quality and safety strategy, enabling more consistent, data-driven decision-making and improved continuity of care across the organisation.

Patient safety and quality have been central to our approach throughout the transition to Epic and we ensured that risks were identified and mitigated, and clinical engagement and leadership were embedded at every stage of the programme. Clinical leaders have been actively involved to support a safe and effective transition and maximised the clinical, safety, productivity and financial benefits of the system.

As part of the development of the business case, we undertook extensive staff engagement and delivered comprehensive training. Colleagues highlighted the significant challenges associated with operating multiple clinical systems and paper records, particularly for patients receiving care from more than one provider across Devon. The programme was informed by robust international evidence demonstrating that electronic patient records can improve patient safety, care quality and health outcomes.

The implementation of Epic is expected to deliver a range of benefits for patients and staff, including:

- An improved patient experience, with patients needing to tell their story only once, rather than repeating information at multiple points in their care journey
- Enhanced patient safety and outcomes through more accurate, timely information sharing and improved clinical decision-making, releasing more time for direct care
- Improved patient access to test results, appointment details and other information related to their hospital care through a single, secure platform
- Better access to information for staff, supporting more effective and informed clinical decisions
- Strengthened ability for teams to monitor patient outcomes and identify opportunities for continuous improvement
- Seamless sharing of patient information across acute and community services throughout Devon, supporting integrated care delivery.

We will continue to monitor the impact of Epic on patient outcomes, staff experience and quality of care as the system is embedded across our organisation and further integrated with the wider Devon health and care system.

Quality goal: Deliver what matters most to our people:

Priority one: We have committed to embedding PSIRF across our organisation, with a clear focus on supporting our people and fostering a just, learning culture where our people feel safe and confident to speak up if they see or experience incidents of harm. This commitment reflects our belief that learning from harm is most effective when it is compassionate, fair and focused on improvement rather than blame.

Our patient safety and people teams have worked together to progress this work, which is a key priority in Our Plan for Better Care and our wider commitment to delivering high-quality, compassionate care. This collaborative approach reflects a shared understanding that patient safety, staff wellbeing and organisational learning are intrinsically linked and must be addressed together to achieve meaningful and lasting improvement.

We are developing a robust, organisation-wide Restorative Just and Learning Culture (RJLC) programme, underpinned by a clear policy and governance framework. This will ensure a consistent, fair and transparent approach to learning from harm, incidents and concerns. The programme is designed to embed restorative and just principles across our safety and people processes, supporting a shift away from fear and blame towards openness, learning and accountability.

A core element of this work is the structured development of our leaders. Through a phased and planned approach, leaders will be equipped with the knowledge, skills and confidence to apply restorative practice in the design, implementation and evaluation of the RJLC programme. This includes supporting staff following patient safety incidents, undertaking fair and compassionate reviews, and creating psychologically safe environments in which concerns can be raised and learning is actively encouraged.

Quality goal: Reduce health inequalities:

We are committed to seeking out and reducing health care inequalities across our health and care system while continuously improving the quality of care. Work has continued within our care groups to identify and reduce health care inequalities to improve the health and wellbeing of our population. We have agreed to adopt the One Devon South Local Care Partnership's strategy to tackle health inequalities, and we will communicate this strategy widely within our organisation. Reducing health inequalities remains a core commitment, in line with the NHS values.

Embedding equality impact assessment (EQIA) in service change

EQIAs are a critical mechanism for supporting the delivery of high-quality, safe and equitable care. We are committed to ensuring all proposed service, pathway and policy changes are underpinned by a robust EQIA to ensure decisions actively consider their potential impact on different population groups. This approach supports the reduction of harm, improves health outcomes and helps address health inequalities.

During the past 12 months, we have reviewed and strengthened our EQIA process and embedded it as a core requirement within all change and transformation activity. This includes ensuring decisions about cost improvement programmes are explicitly informed by their potential impact on quality covering safety, effectiveness and experience and on health inequalities, including access, experience and outcomes.

To support consistent and effective application, we have introduced a multidisciplinary panel approach to review EQIA submissions for any service change that may impact patients or staff. The panel considers identified risks and inequalities, and where a potential adverse impact is identified, teams are required to reconsider and revise their proposals to ensure appropriate mitigation is in place.

This approach is now firmly embedded within our change processes and provides assurance that equality considerations are central to decision-making. All of our cost improvement programmes having undergone an EQIA , ensuring that financial sustainability is achieved without compromising quality or equity of care.

Quality priorities 2026/27

During the past few years, we've made significant progress to improve, integrate and strengthen our services and partnerships, but we know there is still more to do. We have invited staff, patients, carers, and residents to help shape our future direction and inform and refresh our strategy to ensure it reflects the evolving needs of our communities, our workforce, and the wider health and care system. This work builds on the foundations of our integrated care model and aligns with the ambitions set out in the NHS 10-year plan.

Our strategy for 2026-2031 details our five signature moves:

- **living well in our neighbourhoods:** working with communities to make care easy to reach and part of everyday life
- **reimagining acute and specialist care:** modernising hospital services and strengthening their links with community care, focusing specialist care where we can deliver the highest quality and safest care sustainably
- **joined-up care, every step of the way:** supporting people through every stage of their care, so transitions feel smooth and people get the right support throughout
- **smart use of technology for better care:** using digital tools and fresh thinking to make care more personal, connected and easier to access
- **caring, skilled people ready for tomorrow:** growing a compassionate, adaptable team and a positive culture, so colleagues feel valued and ready to meet changing needs.

Our quality priorities for 2026/27 are aligned with the five signature moves.

Quality priority 1

Ending corridor care by improving patient flow and safety in acute and community services and strengthen neighbourhood care

Why this is a priority
People tell us they want care that is easy to access, coordinated around their lives and delivered as close to home as possible. Avoidable admissions and delays in discharge can negatively affect people's independence, experience and outcomes.
Aim
What we will do

- Improve internal patient flow through consistent use of clinical criteria, proactive discharge planning and daily review processes
- Strengthen collaboration with community and neighbourhood services to support timely discharge and avoid unnecessary admission
- Use data and real-time insight to anticipate demand and manage capacity safely
- Ensure staff are supported to escalate risks and maintain safety and dignity during periods of pressure
- We will work with community services, primary care and voluntary sector partners to strengthen neighbourhood-based models of care, focusing on proactive support for people with long-term conditions and frailty, and on timely access to advice and treatment that can prevent hospital admission.

What success will look like

- Fewer avoidable admissions and readmissions
- Improved patient experience of access to care
- Better support to help people live well and independently

How we will measure improvement

- Reduction in emergency admissions for agreed conditions
- Reduction in average length of stay for people aged 65 and older
- Patient-reported experience of access and coordination of care

- Increase in neighbourhood care

Strategic alignment:
Living well in our neighbourhoods; joined-up care, every step of the way

Quality priority 2

Improving engagement with our communities and workforce through listening, learning and a just culture, to support continuous improvement in quality and safety.

Why this is a priority

A compassionate, skilled workforce and meaningful involvement of patients and families are essential to delivering safe, high-quality care. Staff and service users must feel confident that feedback, concerns and incidents are listened to and used constructively to improve services.

What we will do

- Create a just, learning culture where staff feel safe to report concerns and incidents and are supported to learn and improve
- Improve the quality of incident reporting and share learning with staff
- Strengthen patient, family and staff involvement in safety reviews and service improvement
- Improve staff confidence to speak up and contribute to improvement
- Make Patient Advice and Liaison Services (PALS) and other feedback mechanisms, including the Friends and Family Test (FFT), more accessible
- Improve our responsiveness to complaints
- Improve how learning from feedback and complaints is shared across the organisation

How we will measure improvement

- Increased incident reporting with improved quality of learning and action
- Improved staff survey results relating to speaking up, culture and learning
- Improved patient experience measures related to feeling listened to and involved
- Timeliness and quality of complaint responses
- Evidence of learning from feedback leading to service improvement

What success will look like

- Staff feel supported, valued and confident to speak up
- Patients and families feel listened to and involved in improving care
- Learning from incidents, complaints and feedback leads to measurable improvements in safety and experience

Strategic alignment

Caring, skilled people ready for tomorrow
Joined-up care, every step of the way

Quality priority 3
We will use digital technology and neighbourhood-based care to improve continuity, safety- and people's ability to live well at home and avoid unnecessary hospital care.

Strategic alignment:
Living well in our neighbourhoods
Smart use of technology for better care

How we will measure improvement

- Improved continuity and safety of care during transitions between services
- Reduction in delays, duplication and errors related to information sharing
- Improved staff confidence in accessing accurate, timely patient information
- Improved patient experience of coordination and communication across services
- Demonstrable improvements in agreed quality and safety indicators supported by digital tools

What we will do to achieve this

- Deliver Epic in a way that prioritises patient safety, clinical engagement and quality improvement
- Support neighbourhood and community teams to use shared digital records to proactively manage care for people with complex needs
- Improve the quality and accessibility of clinical information to support safer decision making and smoother transitions of care
- Provide training and support to staff to maximise the quality benefits of digital systems
- Use data and analytics to identify unwarranted variation and target improvement in neighbourhood-based care

2.3 Statements from our Board

Review and list of services provided by us
We are an integrated care organisation. We continue to work with and be accountable to:

- NHS England
- the Care Quality Commission
- NHS Devon Integrated Care Board and system partners
- the local authorities
- the people who use our services
- our local communities
- our people, members and governors.

A full list of our services is available on our website.

Our governance is aligned to tiers, this assists us to anchor our accountabilities, performance and risk management in a visual, accessible way. We have five primary governance tiers:

- Tier 1: The Board of Directors, its committees and the Council of Governors (corporate governance structure and legal structure)
- Tier 2: Executive governance (the most senior level of operational governance), led by our Chief Executive, we have instituted an executive committee which operates within the delegated authority of the Chief Executive.
- Tier 3: Trust senior leadership
- Tier 4: Functional leadership: care groups - reporting to tier 3.
- Tier 5: Any group or meeting reporting into tier 4.

The tiers operate in oversight and assurance terms, as well as performance management and oversight; this information flow structure is supported by our accountability portfolio, which outlines line management and executive portfolio accountability.

Our services are delivered through our care groups; these care groups are:

- Families and communities which includes adult social care
- Medicine and urgent care
- Planned care and surgery
- Children and Family Health Devon

Our governance processes ensures that our care groups hold their teams to account for quality, safety and value for money. We operate escalation reporting, whereby the standard form reports are provided by governance tier to each meeting and supplemented by any items for escalation from the tier below, or in response to a request for further review from the tier above.

Our executive committee reviews all information escalated to it as well as its own standard form reporting, agreeing the matters to be reported to the Board and board-sub-committees, whose members have agreed work plans aligned to the business assurance framework, risk map and strategic priorities for the year.

Care Quality Commission (CQC)

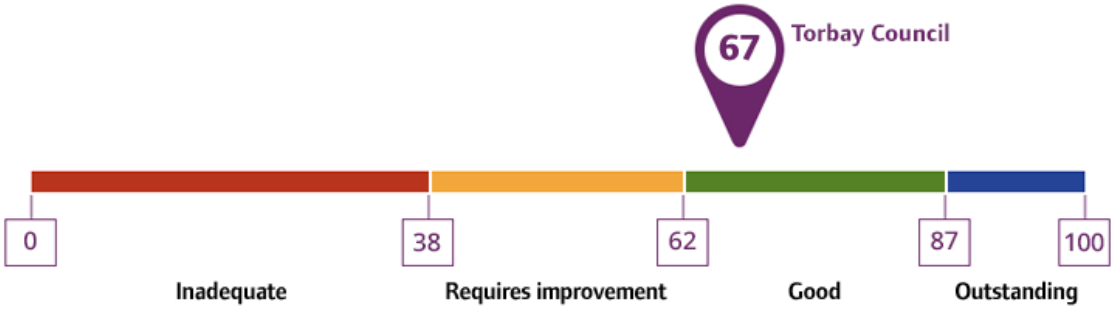
We are registered with the CQC to provide care, and our registration is to be able to deliver the following regulated activities:

- assessment or medical treatment for persons detained under the Mental Health Act 1983
- diagnostic and screening procedures
- family planning
- management of supply of blood and blood derived products
- maternity and midwifery services
- personal care
- surgical procedures
- termination of pregnancies
- transport services, triage and medical advice provided remotely
- treatment of disease, disorder or injury.

We have no conditions or restrictions attached to our registration.

Patient transport services were assessed by the CQC in July 2025 and received an overall rating of Good. During the assessment the CQC observed patient care and spoke with people using the service. People said they were well-supported, cared for and treated with dignity and respect. The inspection report can be found here.

Torbay Council's Local Authority Assessment of Adult Social Care was undertaken by the CQC in September 2025 and received an overall rating of Good. The report highlighted strong performance in co-production, integration, and person-centred care. A copy of the report can be found here



Our CQC ratings are:

Ratings	
Overall trust quality rating	Requires Improvement
Are services safe?	Requires Improvement
Are services effective?	Requires Improvement
Are services caring?	Outstanding
Are services responsive?	Requires Improvement
Are services well-led?	Requires Improvement

Our full ratings, including the core services ratings from the last inspections, can be found on the CQC's website: www.cqc.org.uk/provider/RA9

Research and innovation

There is strong evidence showing a clear link between being a research active organisation and improved patient outcomes. Through active participation in research our clinical staff stay abreast of the latest possible treatments, we expand the opportunities available to develop our colleagues and we empower and engage the people we care for. Our mission is to embed clinical research as part of core business.

Our primary research business involves recruiting into national and international multi centre commercial and non-commercial studies as part of the National Institute for Health and Care Research Delivery Network (NIHR RDN) portfolio. In 2025/26 we recruited 1,439 participants to 67 NIHR RDN portfolio studies, across our clinical specialities.

We had the highest number of NIHR recruiting studies and we are the second highest recruiting Trust to commercial studies compared to similar sized organisations across England (NIHR benchmarking data for 2025/26).

Supporting the life sciences sector is a key objective for the government. We recruited 55 participants to 21 commercial trials. Our commitment to increasing commercial research activity means that research is a vital source of externally generated income for our organisation and provides an important alternative way to fund staff, equipment, and training.

Other highlights this year include the pivotal role research is playing in how we improve our services both locally and regionally:

- We were the first site in the UK to open and the first in Europe to recruit a patient to the COPERNICUS trial (a multi-centre international clinical trial in non-small cell lung cancer (NSCLC)
- We were the first site in the UK to recruit to the MEVPRO-3 prostate cancer trial
- We were the first site in the UK to open the Rosetta breast cancer study which focuses on triple negative breast cancer
- Top recruiter for the personalised onco-gene directed NSCLC lung cancer trials SOHO-02, Krascendo and Codebreak 202
- Torbay was one of the best recruiters to cancer vaccine studies in the UK with a large proportion of cancer vaccine studies open across four subspecialties. Specifically, we are the one of the highest recruiters to the personalised bladder cancer vaccine trials V940-005 and V940-011
- We are the only NHS recruiting Trust in the South West which is taking part in a ground-breaking cancer vaccine launchpad which is a way to treat patients on cancer vaccine trials

- We have been invited to become one of only seven Preferred Partner providers in the UK by the pharmaceutical company Novo Nordisk chosen from 350 sites it works with.
- We have increased the number of specialties getting involved in research, including opening our first commercial studies in podiatry, respiratory and intensive care
- We have been the fastest recruiting site into studies across several specialties including orthopaedics and breast care
- We have been the highest recruiting sites in the UK in various months for studies in stroke care (EASE), ophthalmology (DAME), hepatology (CIRRHOCARE), and physiotherapy (REACH)
- We have taken part in research supporting the government's three shifts for healthcare:
    - From hospital to community (CIRRHOCARE using wearables for home monitoring in patients with decompensated cirrhosis)
    - From analogue to digital: the ASSIST MS trial uses artificial intelligence to enhance MRI scans to guide treatment in patients with Multiple Sclerosis (MS)
    - From sickness to prevention (PANACEA trial) using a breath test to detect upper GI cancer.

- We have streamlined our study set up processes to support the government's 150-day study set up metric, give clear oversight of our research infrastructure capacity and ensure that studies open in a timely way, improving our relationships with study sponsors and increasing our reputation and profile as a reliable and high performing clinical trials delivery site.

We continue to build our local academic capability through various training schemes in partnership with higher education institutions, Health Education England (HEE), NIHR RDN, and the local charity the Torbay Medical Research Fund (TMRF).

In 2025, the first fellow on the TMRF-funded doctoral programme completed their PhD. We have made a successful bid to the TMRF for further pre-doctoral and doctoral fellowships to continue to offer opportunities for academic development to our people. We successfully applied for one RDN Research Associateship and two RDN-funded Chief Nursing Research Fellowships, joining a growing number of research-active clinical staff. Additionally, a further 13 of our clinical colleagues have completed the NIHR Associate Principal Investigator training programme; gaining invaluable learning and the practical skills associated with leading clinical research delivery.

We held our third Nursing, Midwifery and Allied Health Professional Research conference showcasing the work being undertaken by our research delivery team as well as people across our organisation involved as users of research, active in research and research leaders.

We successfully secured £88,000 of NIHR funding for our pharmacy unit. A large proportion of this funding went towards purchasing a new isolator key to meeting the demands of a recent pharmacy audit. This will ensure we have a sufficient back up in case our main isolator goes down, providing crucial resilience for our aseptic unit.

We invested more than £15,000 into renovating a room on our icky Grant cancer day unit to support the administration of research Systemic Anti-Cancer Therapy (SACT). This room is used to treat trial and non-trial patients. The renovation including increasing the capacity from one treatment chair to two.

Operational performance
As an organisation we are no longer in special measures and are in segment 3 for performance and finance. We have collaborated with commissioners and system partners to meet the improvement targets set out by the national and regional NHS England teams and this remains a core area of focus for us for 2025/26.

Our urgent and emergency care performance

During 2025–26, we delivered a sustained programme of urgent and emergency care (UEC) recovery and improvement, aligned to national priorities and system expectations. This has been driven through our UEC recovery programme, supported by the improvement and innovation (I&I) team, and reinforced through participation in the NHS England four-hour breach sprint to March 2026.

Key improvements have focused on patient flow, with opening of the non-admitted pathway zone of our emergency department (ED), building on and supporting wider ambulatory pathways, strengthened demand and capacity management, and a sustained emphasis on reducing length of stay and exit block. These actions were a core component of our 2024/25 and 2025/26 winter plans and contributed to improved emergency department waiting times and ambulance handover performance during periods of extreme pressure. Getting It Right First Time (GIRFT)_has gone so far as acknowledging our improved handover times via the Timely Handover Process, by creating a case study applauding the improvement by more than 60% in handover times but also the collaborative work throughout the organisation via the Your Next Patient flow initiative.

Access to urgent care has been further improved through the commitment to community urgent care services via Newton Abbot’s urgent treatment centre and Totnes’ minor injuries unit, which uses a bookable appointment model, reducing avoidable emergency department attendances while supporting local access.

Alongside operational recovery, significant progress has been made during 2025/26 on the £14.2million redevelopment of our ED, which is due to be completed in spring

2026, and a the approval of a supporting clinical workforce business case to offer further clinical skill and resilience out of hours. This work integrates clinical redesign, demand and capacity modelling being driven by a new ED six-month stabilisation plan to ensure that immediate recovery actions are aligned with longer-term capital investment to support safer, more dignified and sustainable emergency care.

Stroke service performance

We were identified as an outlier for 30-day mortality following stroke, as measured by the Sentinel Stroke National Audit Programme (SSNAP), for the reporting period 2021/23. In response, we undertook a series of structured judgement reviews, which identified key contributory factors, including delays in patients reaching the stroke unit, with mean times outside the national average, and delays in being reviewed by a stroke consultant, which were also outside national targets.

Although improvements were demonstrated, we were notified that we remained an outlier for the subsequent reporting period 2023/24. In May, we were visited by Dr David Hargroves, National Clinical Director for Stroke, who subsequently wrote to us in September outlining key recommendations for improvement. A number of these recommendations aligned with work already underway regionally through the Peninsula Acute Sustainability Programme (PASP). The recommendations acknowledged improvements in thrombolysis rates, a key intervention associated with improved stroke mortality, during and following the most recent mortality reporting period, while also identifying further changes required to strengthen the overall pathway.

Work to refresh and strengthen the stroke improvement plan began immediately and remains ongoing. A whole-pathway mapping session was held with key stakeholders from across the stroke pathway, followed by further focused sessions to explore specific areas in greater detail. As a result, changes are being implemented to the stroke standard operating procedure, including the ring-fencing of beds for stroke patients. We also began using a new thrombolysis drug in line with national guidance, and further work is underway to reduce time spent in ED to maximise opportunities for patients to access thrombectomy where clinically appropriate.

At indicator level, SSNAP comprises 40 indicators across seven domains, and we are now seeing sustained improvement in many measures, with performance in line with, and in some cases exceeding, the national average. While these improvements take time to translate into overall domain scores, the most recent published SSNAP results (October–December 2025) demonstrate improvement at domain level for both George Earl and Templer stroke teams, although overall ratings remain at E and D respectively. We remain committed to continued improvement in stroke care, with a clear focus on reducing unwarranted variation and improving outcomes for patients.

Our cancer care performance

In 2025/26, we received 25,145 Urgent Suspected Cancer (USC) referrals, representing a 10% increase compared to last year (an extra 190 referrals a month), with nearly all suspected cancer tumour types contributing to this rise.

A number of factors challenged our cancer waiting times performance in 2025/26, namely industrial action and referral increases. Here is how we performed against the key national cancer standards:

28-day Faster Diagnosis Standard (FDS): This standard expects that patients receive a definitive diagnosis (either diagnosis or ruling out of cancer) within 28 days of referral. Although we ended the year ahead of the national target of 75% and achieved the FDS seven out of 12 months, the annual average was 72%. There are a few complex diagnostic pathways, which have a significant impact on the overall performance, for example urology and colorectal, which remain our focus areas both locally and regionally in 2026/27.

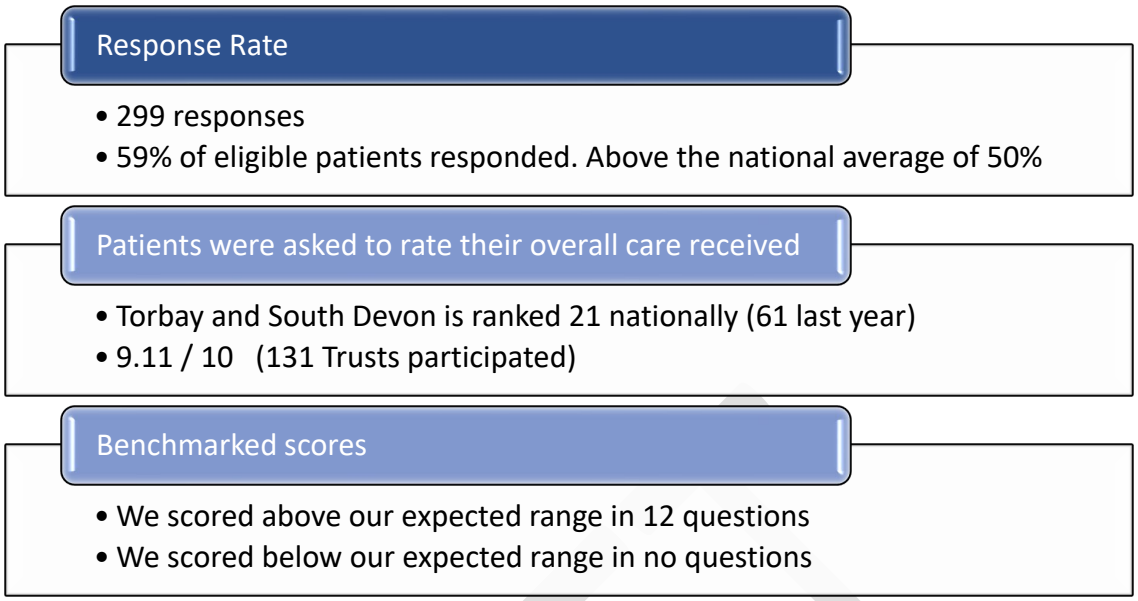
62-day referral to treatment standard: This standard measures the percentage of patients who start their first definitive treatment for cancer within 62 days of an urgent GP referral. In March 2026, the national target of increased from 70% to 75%. We treated 2,162 patients for cancer, with 68% of them having treatment within 62 days.

National Cancer Patient Experience Survey (NCPES)

The annual national patient experience survey is commissioned and run by NHS England. It surveys all adult patients with a confirmed primary diagnosis of cancer who received cancer-related treatment in the months of April, May and June 2024. The results were published in July 2025.

We were ranked 21 out of 131 organisations when our patients were asked to rate their overall care received.

Figure 6: National cancer patient experiences survey results:



Our planned care performance

As set out in our quality priorities, we remain firmly committed to reducing waiting times for elective care and improving outcomes for the people we serve. During the past year, we have continued to make steady and meaningful progress despite significant operational pressures.
All specialties have achieved further reductions in elective waiting times, reflecting the sustained efforts of our clinical and operational teams to optimise capacity, streamline care pathways and prioritise people who have waited longest. This improvement has been delivered alongside continued high demand for planned care services.
Building on the progress made in previous years, we have begun refurbishment works on two operating theatres and the construction of a new operating theatre following approved capital investment. These developments are progressing well and once completed in mid-2026/27, will provide additional surgical capacity, supporting further reductions in waiting times and improved resilience across our elective programme.

Our ophthalmology service continues to strengthen our diagnostic and treatment capability. Approval has been secured for a new ophthalmology imaging hub, with a 30-week build programme now underway. This development will significantly increase imaging capacity, enabling faster diagnosis and supporting earlier treatment for people referred to the service.

We have also secured approval for a new oral and maxillofacial surgery, restorative dental and orthodontic suite. This investment will provide modern, fit-for-purpose clinical facilities to support these high-demand services and is scheduled for completion in 2026/27, representing a major step in ensuring the long-term sustainability of specialist dental and maxillofacial care.

We will continue to focus on reducing elective waiting times as these capital developments are delivered and additional capacity becomes available. We remain committed to providing timely, high-quality elective care and to ensuring that people in our communities receive the treatment they need as quickly and safely as possible.

Community services

We have made significant progress in strengthening community services to support people to remain at home and avoid avoidable hospital admission, with a particular focus on people living with frailty.

A more integrated model of care has been developed across community services, acute care and wider system partners, enabling earlier identification of need and a more proactive, coordinated response. Central to this has been the expansion of services delivering care closer to home, including virtual wards and enhanced community response services. These models enable more people to receive timely assessment, treatment and monitoring in their own homes, reducing the need for hospital admission.

While supporting timely discharge from hospital remains important, our focus has shifted towards admission avoidance. Where hospital care is required, pathways have been strengthened to ensure people return home as soon as they are clinically able. Discharge to Assess and intermediate care services continue to play a key role in supporting recovery and rehabilitation in a home or community setting.

Urgent community response services remain central to this approach, providing rapid assessment and intervention for people at risk of deterioration. Closer working between urgent response teams, virtual wards and community services has improved coordination, consistency and continuity of care.

Access to community services has also improved through changes in how care is delivered. Increased use of digital consultations and more flexible assessment models have supported reduced waiting times and improved patient experience, alongside a continued focus on prevention and supporting independence.

There has been a renewed focus on ensuring community hospital beds are used appropriately for those with the greatest need. Strengthened multidisciplinary review processes and closer alignment with discharge and community teams have improved patient flow and reinforced delivery of care in the most appropriate setting.

Community services: quality and safety

As the complexity of care delivered in community settings has increased, we have placed a strong emphasis on ensuring services remain safe, responsive and sustainable.

Workforce models have been reviewed and strengthened, with safer staffing approaches now embedded across community hospitals and community nursing teams to better reflect patient acuity and care needs. Enhanced use of data and quality metrics has supported improved real-time oversight, enabling earlier identification and management of risk.

Demand and capacity modelling has continued to develop, providing a clearer understanding of system pressures and supporting more effective planning across community services. This is particularly important as more care is delivered outside of hospital environments, including virtual wards and home-based pathways.

Community services: innovation and supporting independence

A key area of development has been the transformation of services for people living with frailty. A dedicated frailty hub, called The Harbour, was established at Newton Abbot Community Hospital, providing a coordinated approach to assessment, urgent care and ongoing management. This model is supported by closer working between community teams, primary care and system partners, enabling more timely and consistent care.

The frailty virtual ward has also expanded, offering an effective alternative to hospital admission through multidisciplinary assessment, monitoring and treatment delivered in people's homes. This has strengthened the overall frailty pathway, with an increased emphasis on early intervention, proactive care planning and maintaining independence.

Partnership working has been integral to this progress, including collaboration with NHS Devon and South Western Ambulance Service NHS Foundation Trust to reduce avoidable conveyance to hospital and improve patient outcomes.

The use of technology-enabled care continues to grow, supporting more personalised and flexible approaches to care delivery. This includes wider use of remote monitoring and digital consultations, alongside preparation for the introduction of a new electronic patient record.

Preventing deconditioning and supporting independence has remained a key priority. Training programmes are now embedded across community services to ensure staff are equipped to support people to maintain mobility and function during periods of illness and recovery.

0-19 service

Torbay's 0–19 service had another successful year. Family Hubs were rebranded as Best Start in Life, and Torbay secured grant funding for a further three years. While

all local authorities now receive Best Start in Life funding, Torbay's role as a trailblazer site has enabled the area to secure additional funding for Best Start Healthy Babies. This will support the continued delivery of the infant feeding and perinatal infant mental health workstreams.

During the year, Torbay's public health nursing service hosted a visit from the Mission Delivery Unit which reports back to Downing Street. The service was recognised as an example of good practice, and the purpose of the visit was to gain insight into the quality of our 2.5-year health and development review. As part of the visit, we showcased the newly refurbished St Edmund's Best Start Family Hub.

A key achievement for the 0–19 service has been the integration of colleagues from Action for Children with public health nursing on to Epic. During the past year, significant work has been undertaken to develop and configure the system to meet the needs of both services. A series of engagement and training sessions has also been delivered to support people through the transition.

The introduction of the sign-in app across Best Start Family Hubs has streamlined processes and enabled faster check-in for families, while providing staff with real-time data. Since its implementation, this has resulted in a 164% increase in the unique reach of parents and carers, and a 150% increase in the reach of babies and children.

Perinatal services

Our maternity assurance arrangements remain aligned with national expectations, including the NHS England Perinatal Quality Oversight Model (2025) and the Three-Year Delivery Plan for Maternity and Neonatal Services (2023). These frameworks provide a strong foundation for the systematic monitoring of safety, quality and outcomes across maternity and neonatal services.

Following the CQC's inspection in 2023, a number of areas for improvement were identified, particularly in relation to safety and leadership. The inspection highlighted the need for strengthened oversight and more rapid progress in addressing known risks, while also recognising the commitment of our staff and several areas of good practice. These included effective safeguarding arrangements and targeted action to reduce health inequalities.

In response, we have strengthened our improvement planning and enhanced clinical leadership in maternity services. Actions have been accelerated in key areas, including triage, risk management and workforce sustainability, to support safer care and more effective oversight.

Our assurance framework also incorporates the standards set out in the Maternity Incentive Scheme (MIS) within the Clinical Negligence Scheme for Trusts (CNST). Oversight of MIS requirements is provided through the Maternity Governance and Quality Group, which ensures that learning from incidents, audits and reviews is

systematically considered and translated into improvement actions. As a result of this work, the maternity team successfully delivered all Year 7 MIS safety actions, securing the associated financial incentive for our organisation.

Key performance indicators and quality metrics are routinely reviewed through our quality and safety assurance groups and reported formally to the Board. This approach provides transparent organisational oversight, supports timely escalation of risk and ensures continued focus on improving safety, leadership and quality within maternity services

Birth rate

During 2025/26, there were 1,725 births within the service, compared with 1,672 births in 2024/25, representing a modest increase in activity.

Alongside overall birth numbers, the service continues to experience increasing complexity across pregnancy and birth care, including a high level of safeguarding activity within the community. This reflects changes in population demographics, widening health inequalities and rising clinical acuity. We are caring for a growing number of women with multiple long-term health conditions, as well as those with complex social circumstances and diverse needs, resulting in an increased requirement for enhanced surveillance and multidisciplinary support throughout the antenatal, intrapartum and postnatal period.

Demand for obstetric intervention has also increased, placing additional pressure on workforce capacity and service infrastructure. These factors continue to inform our workforce planning, service redesign and quality improvement priorities to ensure that care remains safe, responsive and equitable for women and their families.

Maternity and Neonatal Improvement Programme

The maternity service entered the Maternity Safety Support Programme (MSSP) in July 2024 following Devon’s inclusion in the national recovery support process. During the past year, we have worked closely with our national improvement adviser through the Maternity and Neonatal Improvement Programme (MNIP) to strengthen safety, governance, and leadership across maternity and neonatal services.

We have continued to receive enhanced and targeted support in 2025/26 from NHS England as part of the MatNeo improvement support team (formally the maternity safety support programme) This has enabled intensive focus on areas of improvement particularly to support a strengthening of culture and governance.

A comprehensive improvement plan has been developed jointly, setting out actions, milestones, and expected outcomes in response to concerns identified by the CQC and national bodies.

Governance and reporting arrangements have also been strengthened, including clearer escalation pathways and improved alignment with Trust-wide quality and

safety structures. This external support has provided constructive challenge and expertise, helping us to accelerate improvement and embed safer systems for the future.

Perinatal mortality rate

The graph below sets out perinatal mortality data for 2025/26. During this period, the service recorded five stillbirths, two late fetal losses and five neonatal deaths.

While there is no single nationally agreed definition of avoidable perinatal mortality, every case is reviewed with rigour, openness and sensitivity. Trends in perinatal mortality are reviewed in detail through our mortality surveillance group, and all individual cases are subject to further independent scrutiny via the Child Death Overview Panel (CDOP). This robust, two-stage review process supports:

- shared learning and continuous improvement
- identification of contributory and modifiable risk factors
- consideration of local and system context
- consistent, high-quality case review through the use of the Perinatal Mortality Review Tool (PMRT)

In addition, targeted oversight of perinatal deaths from 2025/26 has been provided by colleagues from the national perinatal improvement team, offering external assurance and expert challenge.

We continue to operate within the nationally mandated Perinatal Quality Oversight model, which provides a structured approach to monitoring safety, identifying emerging risk and supporting sustained improvement in maternity and neonatal outcomes.

This work is delivered as part of a whole-system approach through the Devon Local Maternity and Neonatal System (LMNS). We remain fully compliant with NHS England reporting requirements and actively contribute to system-wide learning and improvement, supporting safe, equitable and responsive maternity and neonatal care across Devon.

Figure 7, stillbirth, neonatal and late fetal loss data

Adult social care

During 2025/26, adult social care played a vital role in supporting people to live safely, independently and well, despite sustained demand, workforce challenges and ongoing financial pressures. Services supported more than 2,800 residents with increasingly complex needs, alongside a growing population of unpaid carers, which increased by 6.9% to 5,764 people.

A continued focus on prevention and early intervention delivered measurable benefits for people and the wider system. Safeguarding concerns reduced by 12.4% and satisfaction with services remained high, with 88% overall satisfaction and 98% positive feedback from Easy Read surveys. The reablement pilot demonstrated particularly strong outcomes, with 79% of participants regaining full independence and requiring no ongoing package of care.

Improvements at the point of access to services, strengthened hospital discharge pathways, closer partnership working with the voluntary sector and the expanding use of technology-enabled care have all supported more timely and appropriate interventions. These approaches have helped to prevent unnecessary escalation to long-term statutory support, improved flow across health and care pathways, and delivered better outcomes for people. In March 2026 our board formally gave notice on the current Section 75 agreement with Torbay Council to provide adult social care services for Torbay residents due to rising gap between the cost of delivering adult social care and the funding available each year.

There are no immediate changes to anyone's care and services will continue as they do now. We will continue to work with Torbay Council and NHS Devon to carefully transition services and our people to the council by April 2027. We remain committed to integrated working and will continue to embed strengths based, person-centred care across our services, while working closely with our partners, including the voluntary sector.

Core indicators
In addition to reporting performance against the statutory indicators for regular assessment, a range of further quality indicators are reported to our Board of Directors. The table below summarises the latest monthly performance against the selected key national indicators.

Table 2. Core Indicators

Other national and local indicators	Quality indicator	Target 2025/26	2025/26	2024/25	2023/24	2022/23	2021/22
Did Not Attend (DNA) rate (Year To Date)	Effectiveness	3.5%	5.1%	4.9%	5.0%	5.1%	5.4%
Stroke care: 90% of time spent on stroke ward (YTD)	Effectiveness	80%	76.2%	71.9%	70%	57.1%	54.8%
Two-hour urgent community Response (YTD)	Effectiveness	80%	90.4%	88.6%	95.5%	78.9%	
Mixed sex accommodation breaches of standard (YTD)	Experience	0	2138	1688	42	0	0
52-week referral to treatment incomplete pathways year end position (March snapshot)	Experience	0	607	947	1817	4427	3,199
Cancelled operations on the day of surgery (YTD)	Experience	<0.8%	0.9%	1.1%	1.3%	1.7%	1.5%
Never events (YTD)	Safety	0	2	6	0	3	0
Cancer 28-day Faster Diagnosis (YTD)	Effectiveness	75%	72.0%	78.8%	77.9%	72.1%	67.1%
Diagnostic waits greater than six weeks (March snapshot)	Effectiveness	5%	37.0%	31.8%	21.3%	31.2%	36.8%
Fractured neck of femur – time to theatre (YTD)	Effectiveness	90%	60.5%	71.%	57.1%	54.5%	78.8%

Performance plans for 2026/27

We have submitted operational plans that meet the requirements of the operating framework for 2026/27. The additional activity will be met through improved productivity across theatres and outpatients and additional funding from commissioners using the Elective Services Recovery Funding (ESRF) for activity delivered above the 2019/20 baseline.

The key 2026/27 operational performance targets are:

- improve referral to treatment waiting times with 7% improvement to 73.8% of patients waiting less than 18 weeks from referral to treatment by March 2027;
- reduce patient delays in the urgent and emergency care setting to achieve 82% of people seen within four hours by March 2027;
- improve diagnostic waits so 85% of people wait less than six weeks by March 2027
- meet the cancer standards for faster diagnosis (28 days) 80% and treatment within 62 days from urgent referral 80% by March 2027.

- Secondary uses service and **data driven quality improvement (DQIP)**

We submitted records during 2025/26 to the secondary uses service (SUS) to include in the hospital episode statistics (HES). These are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number for inpatients is shown in the charts below:

NHS number status - APC: including day cases and inpatients

Data Item	Provider Total	Provider Missing	Provider Invalid	Provider % Valid	ICB* % Valid	Region* % Valid	National % Valid
NHS No Status Indicator	102,586	0	5	100.0%	99.8%	98.2%	99.7%
NHS Number	102,586	102	0	99.9%	99.7%	99.8%	99.7%

- NHS Number Status – OPA: Outpatient Attendances:

Data Item	Provider Total	Provider Missing	Provider Invalid	Provider % Valid	ICB* % Valid	Region* % Valid	National % Valid
NHS No Status Indicator	498,222	0	0	100.0%	99.9%	98.5%	99.8%
NHS Number	498,222	87	0	100.0%	99.8%	99.9%	99.8%

The percentage of records in the published data which included the patient's valid general medical practice code was:

- Registered GP practice – APC including day cases and inpatients

Data Item	Provider Total	Provider Missing	Provider Invalid	Provider % Valid	ICB* % Valid	Region* % Valid	National % Valid
Registered GP Practice	102,586	0	41	100.0%	99.9%	100.0%	99.8%

- Registered GP practice – OPA: outpatient attendances

Data Item	Provider Total	Provider Missing	Provider Invalid	Provider % Valid	ICB* % Valid	Region* % Valid	National % Valid
Registered GP Practice	498,222	0	198	100.0%	99.7%	99.4%	99.6%

The data security and protection (DSPT) toolkit is an online self-assessment tool that allows organisations to measure their performance against the national data guardian's 10 data security standards. We met all standards during 2024/25. Our 2025/26 DSPT is due for completion 30 June 2026, we are on track to submit with Standards Met.

Clinical coding performance

An annual data security protection toolkit audit of clinical coding has been completed. The audit was completed by an NHS Digital-approved auditor. Data security and protection toolkit (DSPT) audit results are:

Table 3: Data security and protection toolkit (DSPT) audit results

Primary diagnosis (% correct)	Secondary diagnosis (% correct)	Primary procedure (% correct)	Secondary procedure (% correct)
98.62	87.46	97.45	94.35

Clinical audit

We reviewed the reports of 29 national clinical audits from 01 April 2025 to 31 March 2026. Please see Annex 4 for the actions we intend to take to improve the quality of healthcare provided.

We reviewed the reports of 40 local clinical audits from 01 April 2025 to 31 March 2026 and 15 did not require any actions. Please see Annex 4 for the actions we intend to take to improve the quality of healthcare provided.

Part 3: Our quality indicators

Patient safety

We participated in an audit undertaken by Audit Southwest to seek external assurance on our PSIRF maturity in autumn 2025. The findings indicated we had made reasonable progress in implementing the PSIRF, although full maturity has not yet been achieved. There is a strong organisational understanding of PSIRF principles however, evidence gaps limited performance in some assessment areas. Notable good practice was identified in our incident response methodology, particularly the use of the systems engineering initiative for patient safety (SEIPS) and human factors analysis, which has been proposed for inclusion in the ASW good practice guide.

During 2025/26 we sought to align patient safety activity and improvement to the following PSIRF domains:

1. Compassionate engagement and involvement

We recruited two volunteer patient safety partners, in line with NHS Standard Contract requirements, to ensure that the voices of patients and families are central to patient safety reviews and investigations

We strengthened our commitment to compassionate engagement, involvement and support for patients, families and staff affected by patient safety incidents throughout reviews and investigations

We continued to embed Martha's Rule (Call for Concern), providing patients, families and staff with 24/7 access to rapid critical care outreach review when concerns are raised, with learning from contacts used to inform safety improvement

We ensured feedback and learning from complaints is captured as valuable insight to inform a proactive safety culture and our Patient Safety Incident Response Plan (PSIRP).

We encouraged staff to share examples of good care, supporting recognition, learning and a positive patient safety culture

2. System-based approaches to learning

We continued to embed our transition to PSIRF with a strong focus on systems thinking and human factors, enabling more meaningful learning from safety incidents

We reinstated human factors training and developed plans to commence a train-the-trainer programme to build sustainable internal capability

We strengthened and embedded safety science and systems skills across teams, increasing organisational knowledge and capability

We encouraged the capture and sharing of learning from safety reviews, investigations and examples of good practice to drive system-wide improvement

We strengthened links between patient safety and quality improvement, ensuring learning from safety incidents results in sustained system change

3. Considered and proportionate responses to patient safety incidents

We made progress against our PSIRP and local and national PSIRF priorities

We revised local PSIRF priorities to include a targeted focus on escalation of care factors within maternity services, reflecting our local safety profile

We restructured the patient safety team to establish two dedicated patient safety incident investigator roles, improving proportionate and high-quality investigation capacity

We continued to professionalise safety investigations through the development of expert Patient Safety Incident Investigators (PSIIs), with ongoing review of resource levels to ensure alignment with PSIRF guidance

4. Supportive oversight, governance and improvement

We reviewed and strengthened our patient safety governance structure, ensuring clearer oversight, accountability and communication routes for safety and quality improvement

We continued to provide training for colleagues on patient safety review methodologies to support a just, learning culture

We worked closely with our information and One Devon Epic teams to ensure patient safety remained central to EPR design and decision-making, supporting safer systems and workflows

We committed to remaining responsive to national reports, guidance and inquiries, ensuring learning is integrated into local practice and improvement plans

We strengthened oversight of inquests and learning from deaths with enhanced collaboration between patient safety, inquest team and the coroner via monthly Inquest review meetings.

Our patient safety ambitions for 2026/27

During the coming year, we will build on the progress made in embedding the PSIRF to further strengthen our patient safety systems and culture. Our focus will be on maturing our PSIRF implementation, embedding proportionate, system-based responses to patient safety incidents and ensuring that learning consistently leads to sustained improvement. We will continue to strengthen

compassionate engagement with patients, families and staff affected by incidents, supported by the active involvement of patient safety partners and the continued embedding of Martha's Rule/Call for Concern.

We will further professionalise patient safety investigations through the ongoing development of expert investigators, expand human factors capability through train the trainer programmes, and continue to build safety science and systems thinking expertise across the organisation. Stronger integration between patient safety and quality improvement will remain a priority, ensuring that insights from incidents, complaints and examples of good practice directly inform service improvement. Governance and oversight arrangements will continue to be refined to support timely escalation, transparency and organisational learning, including learning from deaths.

National Safety Standards for Invasive Procedures **compliance**
Following Epic's launch, we will look to strengthen compliance with the National Safety Standards for Invasive Procedures (NatSSIPs) to reduce avoidable harm, improve consistency and ensure invasive procedures are delivered safely across all services.

Freedom to Speak Up (FTSU)

FTSU is a core component of our approach to creating a safe, inclusive and learning culture, and is recognised nationally as essential to both workforce wellbeing and patient safety. In line with the recommendations of Sir Robert Francis following the Mid-Staffordshire NHS Foundation Trust Public Inquiry, all NHS organisations are required to have effective arrangements in place to support staff to raise concerns without fear of detriment.

In October 2025, our substantive Freedom to Speak Up Guardian left and interim arrangements are in place, led by the People Promise Manager with support from the Wellbeing Facilitator. These arrangements have ensured continuity of access for staff and maintained alignment with national FTSU principles, while recognising the limitations of an interim model.

Freedom to Speak Up Guardians operate independently of management structures and act impartially to support staff to speak up. Our FTSU function retains direct access to the Chief Executive and the Board level Freedom to Speak Up Non-executive Director. Formal FTSU reports are presented to our board twice a year, providing oversight of case volumes, themes and emerging risks. Learning from FTSU is also being aligned with the work of the Patient Safety Incident Review Group (PSIRG) and the Cultural Insights Review Group (CIRG) to strengthen organisational learning and assurance.

The FTSU function works closely with senior leaders, employee relations, and patient safety teams to support an open and transparent culture in which our people feel safe and encouraged to raise concerns. We continue to submit national FTSU

data returns in line with guidance and participates in national benchmarking and assurance processes.

FTSU activity and themes

From November 2023 to December 2024, 176 concerns were raised, with primary themes including organisational culture, bullying and harassment, failure to follow processes, patient safety and staff safety.

From October 2025 to March 2026, 66 concerns were raised. These reflected persistent challenges across several areas, including inappropriate behaviours, limited psychological safety, and inconsistent leadership responses. Concerns were particularly complex where issues related to senior leaders or patient safety.

While interim FTSU arrangements maintained access for staff, this period highlighted risks relating to capacity, independence and sustainability, given the seriousness and volume of concerns being raised. National guidance emphasises the importance of well-resourced, visible- and independent FTSU arrangements, and we recognise the need to strengthen its model to meet these expectations consistently.

Analysis of concerns raised through FTSU identified recurring themes, including:

- Poor professional behaviours including bullying, harassment and, in some cases, sexual harassment
- Breakdowns in working relationships, often associated with hierarchical cultures and inconsistent leadership
- Failure to follow processes, including recruitment, acting-up arrangements and employee relations procedures
- Patient safety concerns linked to workforce pressures, lack of escalation and perceived futility in reporting
- Limited psychological safety, with staff expressing fear of speaking up, particularly where concerns involved senior leaders

A recurring issue was delayed or ineffective early resolution, with some managers lacking the capacity or confidence to address concerns promptly. In several cases, unresolved issues escalated into formal employee relations processes, which were not always progressed in a timely or consistent way.

Many colleagues contacted the FTSU Guardian in confidence seeking support to make sense of difficult experiences and concerns affecting their wellbeing and ability to provide safe care. This reinforces the vital role of FTSU not only as a reporting mechanism, but as a crucial source of cultural intelligence to inform organisational learning and improvement.

FTSU alignment with patient safety and learning

FTSU is increasingly recognised as a critical enabler of the PSIRF, providing valuable insight into emerging risks and organisational culture. Intelligence from our FTSU process informs the work of our PSIRG and the CIRG enabling triangulation of staff concerns with incident data, complaints, and staff survey findings. This integrated approach strengthens our understanding of risk and supports more effective, system-based learning and improvement.

Recent analysis has identified an increase in FTSU concerns directly related to patient safety. This reinforces the importance of clear escalation routes, effective governance oversight and timely action in response to staff concerns. We recognise that where our people feel psychologically safe to speak up, patient safety risks are more likely to be identified early, reducing the likelihood of avoidable harm.

Looking ahead

We recognise the FTSU function must be both proactive and responsive. While people can raise concerns confidently or anonymously through electronic reporting platforms, further work is required to increase the visibility, accessibility and consistent presence of the service across all sites and directorates to rebuild confidence and awareness.

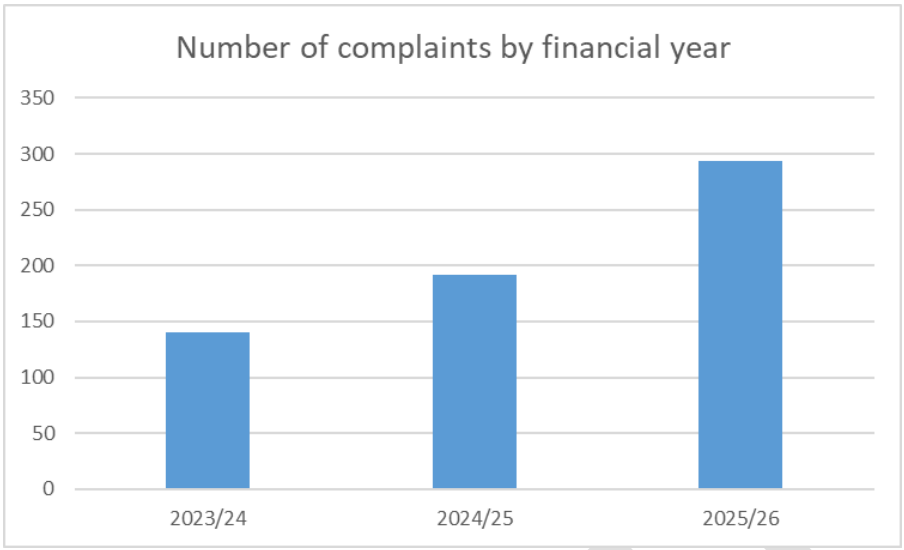
In response to the themes identified, we are developing a more structured and proactive approach to FTSU. This includes closer alignment with PSIRG and CIRG, enhanced Board-level reporting, and targeted cultural interventions in areas of higher risk. Strengthening the FTSU function is a key component- of our wider cultural improvement and patient safety strategy.

By investing in robust, independent and well-aligned FTSU arrangements, we aim to create a psychologically safe environment where people’s voices are heard, concerns are acted upon, and learning is translated into safer, higher quality care for patients.

Patient experience

The number of complaints received from 01 April 2025 to 31 March 2026 was 294 and is a marked increase on the number of complaints received in the previous two years.

Table 4: Complaint received



In 2024/25, the average number of complaints received per month was 12; in 2025/26 this increased to an average of 25 per month. This is consistent with local and national trends.

The number of concerns received during 2025/26 was 1515, which represents a 11.8% decrease in concerns recorded during the previous year (n=1717).

During 2025/26, we were unable to meet the national quality standard of three days for complaint acknowledgement due to a number of vacancies within the team. Our compliance is recorded as 28.9%. Recruiting issues have now been resolved and the team is now working at its original capacity.

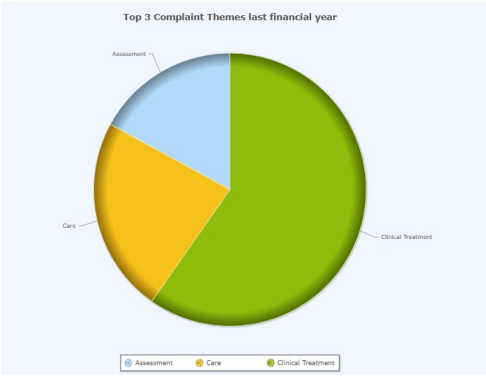
Compliance with responding to complaints within the six-month national quality standard was 92.3%% over the year 2025/26, with 14 complaints breaching this standard in this period.

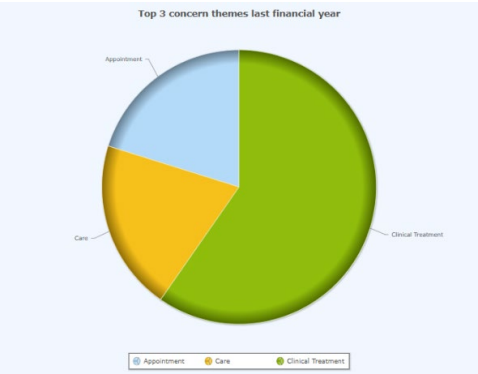
It has been recognised that these factors have contributed to the six-month breaches:

1. Complexity of complaint
2. Number of extensions requested, often reflecting operational pressure

The top three complaint themes and top three concern themes are:

Figure 9: Top 3 complaint themes 2025/26 Figure 10 Top 3 concern themes 2025/26





During 2025/26, we formally recorded 289 compliments, which is a 12% decrease compared to 2024/25.

We acknowledge that demonstrating that we are learning from complaints is sub-optimal and our focus for 2026/27 is how to share learning across all of our services.

Patient and community engagement

Through the national Change NHS campaign which launched in October 2024, more than a quarter of a million contributions were received from people across England to develop the new 10 Year Health Plan.

We supported the Devon-wide NHS 10-year plan engagement programme to support the development of the national plan while informing local priorities and pieces of work.

From November 2024 to 28 February 2025 people were invited to share their experiences, views and ideas for improving the NHS. The support received from the people and communities in Devon was fantastic and more than 3,400 pieces of individual feedback was received. Nationally 500 workshops were completed and 10% of these were completed in Devon.

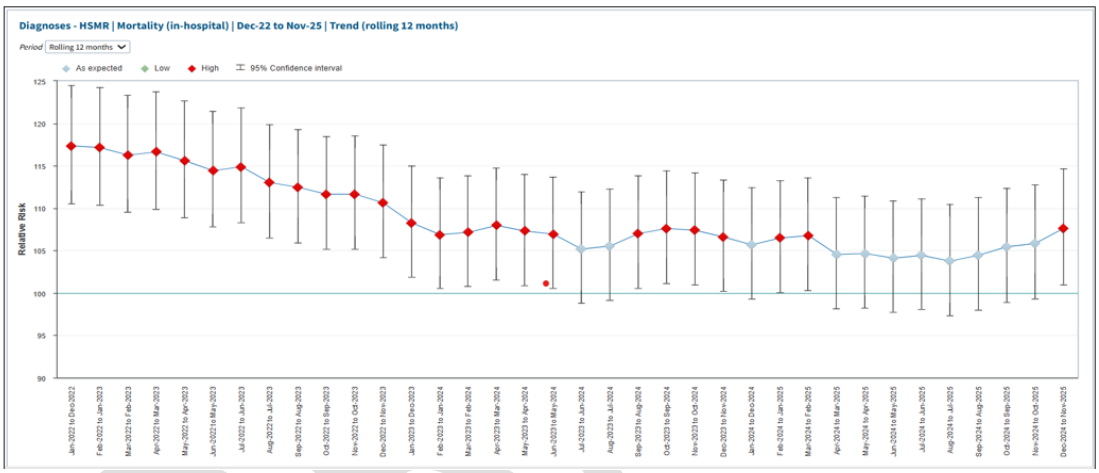
NHS Devon shared the responses partners and the public ahead of the government's publication of the 10 Year Plan last summer.

Mortality review processes

We use analysis by Telstra (Dr Foster) to process hospital episode statistics (HES) data directly from NHS Digital to inform the monthly mortality review. The Hospital Standardised Mortality ratio (HSMR) is measured from the mortality arising from a standardised 'basket' of 56 diagnoses and includes all inpatient admissions for a rolling 12-month period and is benchmarked against other providers both nationally and locally.

Work to ensure the accuracy of our clinical coding has continued during 2025/26 as we adapt to the new Elixhauser Bottle methodology. There have been significant challenges with coding resource over the last year which has impacted on our coding statistics however these are in the process of being resolved with further coder recruitment ongoing.
Our current overall HSMR is 107.6 (101-114.6) - this is higher than is statistically expected. Our non-elective HSMR is 107.8 also statistically higher than expected. Our elective HSMR is 106.8-this is within the expected range. Our current SHMI (Summary Hospital Level Mortality Indicator) is similarly within the expected range at 96.44.

The trend in HSMR has been for a fall in mortality over the last three years as is demonstrated below:



Analysis suggests that the recent increase in our HSMR statistics is likely a result of the effect of uncoded mortality data as a result of coding resource issues. As our coding resource challenges resolve it is anticipated that this will improve and our HSMR figure will fall back to within the expected range in line with previous trends. Alongside the improvement in our coding resource we will continue to closely monitor the statistics and will commission more in-depth work to analyse any specific areas of increasing mortality to ensure there are no emerging process issues behind any increase in mortality.

As part of our redesign of mortality processes, in 2025 we redesigned our mortality surveillance group which oversees our mortality processes, monitors key mortality data and commissions focused pieces of work in specific areas. A key aim is to identify any emerging mortality trends and to investigate any areas of concern.
The group has received over the last year Clinical Mortality reviews from General Surgery, Anaesthetics, Drug and Alcohol services, Care of the Elderly and Emergency Medicine. These are important in highlighting any trends in Mortality in specific areas and are a useful forum for clinical teams to raise any issues of emerging concern.

The group receives also specific mortality alerts via Telstra (Dr Foster). These are reviewed and where necessary further work is commissioned to analyse any increase in Mortality. Commissioned detailed work over the last year includes analyses of mortality in Stroke, Sepsis, Necrotising Fasciitis and Renal Medicine patients. Significant process changes and improvements in care have been made as a result of these reviews over the last year.

The work of the group is underpinned by a monthly multi-disciplinary mortality sub-group which ensures progress against workplans and works toward each quarterly surveillance group meeting. A mortality scorecard is also presented to the board of directors bi-monthly by the Chief Medical Officer.

The recent advent of our new trust EPR system (EPIC) is a major step forward for the trust. It is hoped that the new system will simplify and improve our coding processes and it has the potential to significantly improve our monitoring of Mortality data. Alongside the new EPR in time we are hoping to develop the facility to generate near real time monitoring of key mortality metrics. This will allow us to rapidly respond to any emerging areas of concern rapidly and take action where needed.

In 2025 we introduced an IT module which streamlined, simplified and improved the completion of Structured Judgement reviews as well as facilitating better central oversight of the reviews. We have continued to improve and refine this process over the last year. In total there have been 56 Structured Judgement Reviews carried out in 2025. Work continues in the education and use of this tool and in linking review outcomes to subsequent Patient Safety Investigations where required.

We have continued to monitor mortality associated with long waits in the emergency department. Our work in 2022 demonstrated a significant increase in 30-day mortality in patients waiting longer than eight hours for a bed when compared with 2019 in line with large national research studies in the UK. Subsequent work from 2022-2024 has demonstrated a significant improvement in this mortality with overall mortality now back to pre-pandemic levels, however we do still appear to have a higher rate of mortality in frail elderly patients. We are finalising our review of mortality in this group of patients for 2025 however preliminary data suggest that overall mortality has fallen back to pre-pandemic levels which is encouraging. This work has continued to drive improvements in patient flow for our non-elective patients.

We are in the final stages of development of our new Learning from Deaths Policy which will underpin our Mortality processes and ensure that we are identifying and disseminating any learning across the trust whenever possible. The policy should be published within the next few months.

The medical examiner (ME) service

Medical examiners continue to provide scrutiny of inpatient deaths in the acute and community hospitals. If any concerns are raised or potential leaning is identified the medical examiners refer this to us by raising an incident which is investigated in line with our policy. Since September 2024, all deaths in any health setting that are not

investigated by a coroner will be reviewed by NHS medical examiners, therefore for the year 2024/25, the figures presented also include deaths in the community.

Table 7: Medical examiner data

Year	Total number of deaths reviewed by medical examiners – community and acute / community hospital settings (including Rowcroft)	Community (non-hospital setting) deaths reviewed by medical examiners (excluding Rowcroft)	Number of acute / community hospital deaths reviewed by medical examiners (excluding Rowcroft)	Number of deaths referred to HM Coroner	Number of HM Coroner Inquests	Number of incidents raised following medical examiner scrutiny
2023-24	NA	NA	1395	240	132	32
2024-25	2524	1149	1316	186	60	53
2025-26	4114	1931	1381	341	109	19

Learning from lives and deaths-people with a learning disability and autistic people (LeDeR)

The Learning Disabilities Mortality Review (LeDeR) programme is a national, mandated process requiring independent case reviews following the deaths of people with learning disabilities and autistic people. All deaths involving people with a learning disability are reviewed through the LeDeR process, enabling system-wide learning to improve care, reduce health inequalities and prevent avoidable deaths.

In 2023, a revised LeDeR process was implemented, strengthening monthly engagement with the regional LeDeR team. Due to the complexity and length of LeDeR reviews, Structured Judgement Reviews (SJR) continue to be undertaken for all patients with a learning disability and/or autism who die in hospital, enabling earlier identification of learning and assurance.

Table 8: Summary of All LeDeR referrals across the ICB 2025/26

Location of death	Number of deaths	Structured Judgement	LeDeR reviews completed (with	Awaiting LeDeR

	meeting LeDeR criteria	Review (SJR) undertaken	outcomes and learning)	review outcomes
Community	4	0	0	4
Hospital	21	15	0	21

During 2024/25, the central ICB LeDeR reviewing team experienced staffing challenges which impacted the timeliness and number of completed reviews. However, there has been significant improvement during 2025/26, with 84% of LeDeR reviews now completed within six months compared to only 5% at the same point in the previous year. This improvement reflects substantial team effort and increased reviewer capacity, including the use of trained bank staff. Devon is now performing within the top 10 nationally for LeDeR review completion. The planned merger with Cornwall as part of ICB clustering arrangements may impact future performance, as Devon provides support to improve capacity across the wider system.

Completed Structured Judgement Reviews continue to provide interim assurance. Across cases reviewed, there has been no evidence identified to suggest that deaths of people with a learning disability and/or autism were avoidable. All cases where an opinion was recorded described care as adequate, good or excellent, with strong evidence of family or carer involvement, specialist input from learning disability teams, and appropriate escalation of treatment, including palliative care where required.

Learning, themes and system insights

Key themes identified from reviews include:

- Delayed discharges linked to lack of suitable placements
- Lack of clarity in care pathways across services
- Epilepsy management, including care planning and risk management
- Gaps between acute learning disability teams and community learning disability services

Alongside these findings, there were also positive examples of joined-up, person-centred practice across health and care systems, demonstrating effective multidisciplinary working and coordination.

Discussions at governance forums highlighted potential inequality gaps, particularly the under-representation of people from ethnic minority groups in LeDeR referrals. In response, work is underway to strengthen engagement with community groups, police and prison services, Disability Together partnerships, and to increase parental and family involvement, to improve awareness and representation within the programme.

Current position – 2025/26 referrals

A review of current year referrals indicates ongoing reporting and engagement with the LeDeR process, with multiple cases referred and progressing through review. No referrals have met criteria for Safeguarding Adults Reviews (TDSAP) to date.

Emerging case insights broadly reflect known themes, including complex co-morbidities (e.g. respiratory disease, epilepsy, frailty), and instances where admissions were clinically appropriate with escalation of care provided, but patients did not respond to treatment. During 2025/26 TSDFT have identified 18 deaths which have all been referred to LEDER. At this point none have been identified as requiring a focus review which is indicative that no immediate concerns have been noted.

Summary

Significant progress has been made during 2025/26, particularly in improving timeliness of LeDeR reviews and national benchmarking. While challenges remain, particularly in relation to system capacity, pathway clarity and reducing inequalities, there is clear evidence of strengthened governance, improved performance and a growing focus on embedding learning into practice across the system.

National standards

This performance overview provides information about how we have performed against agreed operational planning objectives during the year (local snapshot data).

We have seen a sustained improvement in planned care waiting times for our longest wait patients. Across urgent and emergency care performance, patient flow and bed capacity remained the main operational challenge and frequently having our emergency department and assessment units at full capacity. The four-hour standard and ambulance handover delays did not meet planned levels of performance but have seen a sustained improvement in recent months. In November 2025 we introduced the Timely Handover Protocol setting a 45-minute maximum ambulance handover, which has resulted in a significant improvement in handover times, achieving an average of 30 minutes. The improvement has shifted pressures into the department creating additional patient flow challenges. Significant estate changes in the ED will increase the majors and minors capacity.

Figure 11: RAG rated metrics against operational plan trajectory

INTEGRATED PERFORMANCE DASHBOARD OF KEY PERFORMANCE METRICS — Torbay and South Devon NHS Foundation Trust

RAG rated against monthly Operational Plan trajectory	Target March 2026	13 month trend	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26	Operational Plan trajectory Mar 2026
Oversight Framework																
Urgent and Emergency Care																
Ambulance handovers - time lost over 15 mins - Actual (hours)	1981		1268	839	1530	1159	725	943	1823	810	624	559	1283	621	755	1980
Average handover time (mins)	45 mins		47	36	52	45	32	38	60	33	29	27	45	30	31	37
Total average time in ED (hours/minutes)			05:26	04:58	05:40	05:11	04:50	04:50	05:40	05:33	05:23	05:20	06:30	06:10	06:06	No trajectory
ED attendances visit time over 12 hours (minor/major/spec/paeds)	0		615	415	688	494	457	426	655	585	549	520	918	740	734	No trajectory
Percentage of patients waiting over 12 hours in ED	6.1%		9.1%	5.7%	9.5%	7.1%	6.1%	5.8%	9.3%	8.1%	7.7%	7.4%	13.3%	11.5%	10.1%	6.1%
UEC 4-hour target (RAG against local trajectory to national target)	78%		70.1%	72.8%	70.1%	72.6%	73.5%	74.1%	68.4%	68.0%	68.3%	70.8%	67.9%	66.4%	66.6%	78.0%
% patient discharges pre-noon	33%		22.6%	22.4%	22.3%	24.1%	27.8%	23.4%	21.4%	20.1%	19.5%	19.2%	17.8%	17.1%	17.1%	33%
Elective recovery																
RTT 78 week wait incomplete pathway	0		7	4	8	8	9	16	13	16	9	9	13	8	7	0
RTT 65 week wait incomplete pathway	0		141	145	126	95	97	105	110	109	84	94	83	76	47	0
RTT 52 week wait incomplete pathway	268		931	914	805	740	615	618	615	647	607	663	604	607	600	268
RTT % Incomplete pathways <18 wks	66.8%		63.3%	61.8%	64.2%	66.2%	68.4%	68.8%	68.9%	68.0%	67.7%	66.3%	67.0%	66.8%	66.4%	66.8%
RTT Wait for first appointment <18 weeks	70.3%		70.4%	70.1%	71.7%	73.8%	74.1%	73.7%	73.0%	72.2%	71.8%	70.0%	70.4%	70.0%	69.9%	70.3%
Cancer: Faster Diagnosis Standard patients diagnosed within 28 days	80%		79.2%	75.1%	70.5%	75.1%	69.8%	60.8%	68.0%	75.1%	76.3%	78.7%	60.6%	79.7%	75.8%	80.5%
Cancer: 62-day wait for treatment (24/25 target 70%) (25/26 target 75%)	75%		74.3%	68.0%	70.2%	67.7%	62.8%	69.1%	64.0%	72.4%	73.5%	80.3%	75.2%	67.1%	66.2%	75.1%
Cancer: No of patients waiting >62 days to start treatment	138		111	133	225	223	220	257	176	132	91	119	159	177	177	138
Cancer: % of patients > 62 days to start treatment	tbc		6.0%	6.7%	7.9%	7.9%	7.0%	8.9%	7.9%	6.5%	4.5%	5.9%	7.6%	8.1%	7.2%	tbc

RAG indicator

Meeting monthly trajectory

Not meeting monthly trajectory

Our Health Equity Enabling Group (HEEG) was set up in January 2026 to provide strategic leadership and practical support to embed health equity consistently across our services. Membership comprises of colleagues from across clinical, operational, corporate and improvement functions, enabling a coordinated, whole organisation approach to reducing health inequalities. A key mechanism for delivering this work is the health inequalities dashboard which was developed to support the delivery of ourCore20PLUS5 commitments and South Local Care Partnership (LCP) health equity priorities.

The dashboard provides a single, integrated view of health inequalities across access, experience and outcomes, with a clear focus on areas where we can can take direct action to reduce unwarranted variation. By presenting timely, comparable and clinically relevant equity data, the dashboard enables HEEG members to rapidly identify where inequities exist, understand which population groups are most affected, and agree priority areas for improvement. This supports a consistent, equity-based approach to decision-making, service improvement and assurance, and enables routine, transparent reporting to our Board, committees and system partners.

Structured around six core thematic areas, the dashboard offers executive-level assurance on CORE20 and PLUS group reach, waiting list equity, adult and children's clinical priority pathways, ageing and frailty, high-intensity service use, carers, inclusion health, and the foundations of high-quality equity data. Consistent comparisons between equity cohorts and our organisation's averages, alongside the visibility of unknown categories, support targeted improvement action while strengthening data quality, including delivery of reasonable adjustments and compliance with the Accessible Information Standard.

The dashboard enables the HEEG to move beyond the identification of inequalities to clear, prioritised and measurable action. It supports the targeting of improvement activity and service redesign where inequalities are greatest or widening, and where our services are best placed to intervene, including waiting list equity initiatives, personalised care approaches and pathway improvements. Progress can be monitored over time, providing assurance on whether actions taken are leading to measurable reductions in inequality and embedding health equity within routine operational decisions, service planning and quality improvement activity.

Through the HEEG, the dashboard supports NHS England's health inequalities assurance requirements and oversight of delivery against the South LCP Health Equity Plan. It aligns equity improvement with our key priorities including waiting list equity, virtual wards, integrated urgent and emergency care, personalised support for carers, children and young people's specialist nurse models, and healthy ageing and

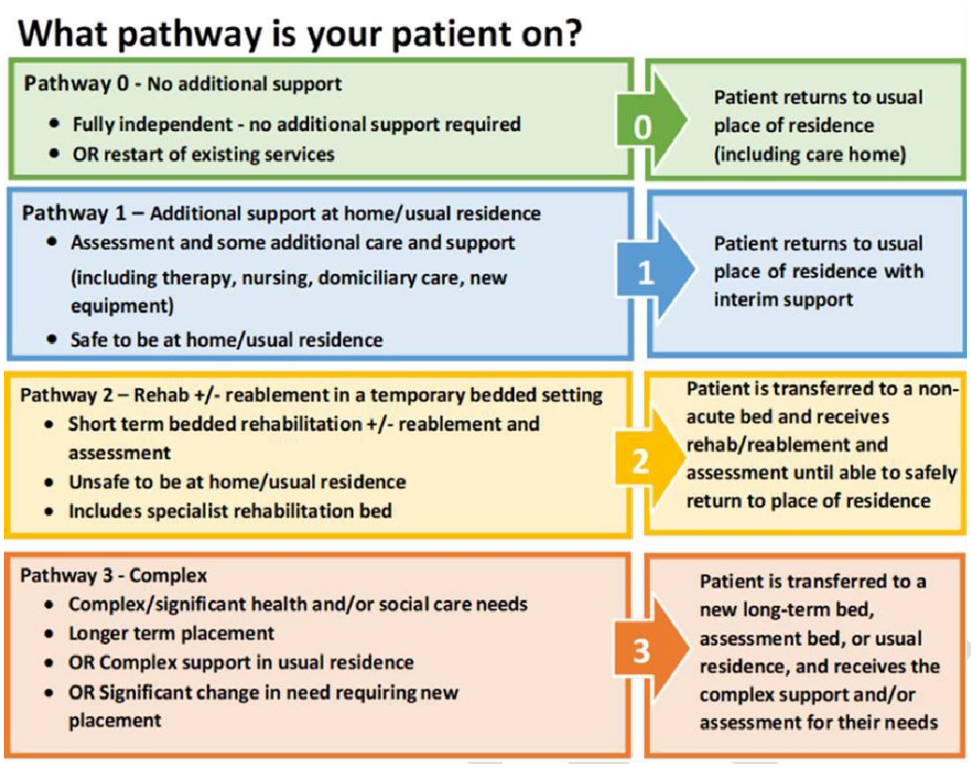
frailty programmes. Workforce and anchor institution measures are included as contextual enablers, supporting a sustainable and embedded approach to tackling health inequalities across both clinical and organisational practice.

Equality of service delivery
We maintain our approach to equality of service delivery by adhering to strict chronological booking processes in accordance with clinical prioritisation. We have a process of contacting people by telephone, as well as letter, to agree appointment dates and follow-up appointments when initial contact with people is unsuccessful. A rolling programme of clinical review and validation of longest waits is in place to identify and act as a safety net should a person's condition change or they fail to engage with offered appointments.

The Devon system is working together to ensure equitable waits are achieved and is supporting mutual aid across providers and access to the Nightingale Hospital Exeter as a system resource to support additional capacity for diagnostics, orthopaedic and ophthalmology treatments.

Complex pathway discharges
Pathways one to three are considered complex as patients require support to enable a safe discharge. The total number of people discharged through pathways one to three has remained fairly consistent throughout most of the year.

Figure 12: discharge pathways



Across the 12 months the following numbers of patients were discharged on pathways one to three.

Table 9: Percentage of patients discharged on each discharge pathway

Pathway 2025/26	% District General Hospital (DGH)	Actual DGH	% community hospitals	Actual community
0	76%	15997	9%	234
1	9%	1888	57%	1490
2	13%	2824	30%	791
3	2%	424	4%	105

(Data source E1004 Tableau Report)

Average length of stay (LOS)

The average length of stay, excluding zero-day LOS in 2025/26, on a rolling 12-month average, has improved from 7.0 days in March 2024 to 6.8 days in January 2026; this is in line with the national average (data source Dr Foster).

In 2026/27 reducing length of stay remains an ongoing key focus to support both elective and non-elective activity and as such has been recognised in improvement plans to target the longest stay patients with more frequent review and specifically centred on early morning discharge, discharges before 5pm, and at the weekend.

Annex 1: Statement of directors responsibilities for the Quality Account

The directors are required under the Health Act 2009, National Health Service (Quality Accounts) Regulations 2010 and National Health Service (Quality Account) Amendment Regulation 2011 to prepare Quality Accounts for each financial year.

The Department of Health and Social Care has issued guidance on the form and content of annual quality accounts (which incorporate the above legal requirements.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

- the Quality Account presents a balanced picture of the organisation's performance during the period covered
- the performance information reported in the Quality Account is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- the Quality Account has been prepared in accordance with Department of Health and Social Care guidance.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Joe Teape Chief Executive

Date: XX 2026

Annex 2: Quality Account engagement

We presented a briefing on the draft quality account to our Council of Governors on X 2026, providing an update on our progress against our four quality goals, sharing and discussing our revised quality goals and priorities, highlighting key priorities for our patient safety incident investigation for 2025/26.

The draft Quality Account was circulated to the organisations listed below for review and comment from[2]29 May to 16 June 2026.

- NHS Devon Integrated Care Board (ICB)
- Devon County Council Health Overview and Scrutiny Committee
- Torbay Council Health Overview and Scrutiny Committee
- Healthwatch Plymouth, Devon and Torbay

We would like to thank our partners for their review and all comments received have been included within Annex 3.

Annex 3: Statements from stakeholders and partners

Council of Governors

NHS Devon Integrated Care Board (ICB)

Torbay and South Devon NHS Foundation Trust Quality Account 2024/2025: NHS Devon Integrated Care Board commentary

Care Quality Commission (CQC) involvement:

As a commissioner, we have worked closely with the Torbay and South Devon NHS Foundation Trust during 2024/25 and will continue to do so in respect of CQC reviews undertaken, to receive the necessary assurances that actions have been taken to support continued, high-quality care. The Trust's CQC Assurance Group reporting into the Executive Quality Group monitors action plans through to completion, with the oversight of the ICB.

On review of this Quality Account, the commitment of the Torbay and South Devon NHS Foundation Trust to continually improving the quality of care is evident. The ICB looks forward to working with the Trust in the coming year, in continuing to make improvements to healthcare services provided to the people of Devon.

Health and Adult Care Scrutiny Committee

COMMENTARY ON THE TORBAY AND SOUTH DEVON NHS FOUNDATION TRUST QUALITY ACCOUNT 2024/25

TORBAY COUNCIL

healthwatch
in Devon, Plymouth and Torbay

Annex 4: National clinical audits (and number of local audits)

For the Quality Account, the National Advisory Group on Clinical Audit and Enquiries has published a list of national audits and confidential enquiries. Participation in these is seen as a measure of quality of any NHS organisation's clinical audit programme. The detail which follows relates to this list.

During 2025/26, 39 national clinical audits and three national confidential enquiries covered relevant health services that we provide.

During this period, we participated in 95% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which we were eligible to participate in.

The national clinical audits and national confidential enquiries that we were eligible to participate in during 2025/26 follows.

National audits	Eligibility	Participation
BAUS data and audit programme		
A. British audit of the investigation and referral of Women with recurrent urinary tract infection using recent guidance (BOOMERANG)	Yes	Not participating
B. Evaluating the management pathway for suspected testicular cancer referrals (EMPAST)	Yes	Yes
Breast Spine Registry	No	Not applicable
Breast and Cosmetic Implant Registry	Yes	Yes
Case Mix Programme (CMP)	Yes	Yes
Cleft Registry and Audit Network Database	No	Not applicable
Emergency Medicine QIPs (RCEM)		
A. Adolescent Mental Health	Yes	Not participating
B. Care of Older People	Yes	Not participating
C. Mental Health Self Harm	Yes	Not participating
D. Time Critical Medications	Yes	Not participating
Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	Yes	Yes
Falls and Fragility Fracture Audit Programme (FFFAP)		
A. Fracture Liaison Service Database	No	Not applicable
B. National Audit of Inpatient Falls	Yes	Yes
C. National Hip Fracture Database	Yes	Yes
Learning from lives and deaths of people with a learning disability and autistic people (LeDeR)	Yes	Yes
National Adult Diabetes Audit		
A. National Diabetes Core Audit	No	Not applicable
B. Diabetes Prevention Programme (DPP)	No	Not applicable

C. National Diabetes Footcare Audit	Yes	Yes
D. National Inpatient Diabetes Safety Audit (Harms)	Yes	Yes
E. National Pregnancy in Diabetes (NPID)	Yes	Yes
F. Transition (Adolescents and Young Adults) and Young Type 2 Audit	No	Not applicable
G. Gestational Diabetes Audit	No	Not applicable
National Audit of Cardiac Rehabilitation	Yes	Yes
National Audit of Cardiovascular Disease Prevention in Primary Care (CVDPrevent)	No	Not applicable
National Audit of Care at the End of Life (NACEL)	Yes	Yes
National Audit of Dementia (NAD)	Yes	Yes
National Audit of Eating Disorders (NAED)	No	Not applicable
National Bariatric Surgery Registry	No	Not applicable
National Audit of Metastatic Breast Cancer (NAoME)	Yes	Yes
National Audit of Primary Breast Cancer (NAoPri)	Yes	Yes
National Bowel Cancer Audit (NBOCA)	Yes	Yes
National Kidney Cancer Audit (NKCA)	Yes	Yes
National Lung Cancer Audit (NLCA)	Yes	Yes
National Non-Hodgkin Lymphoma Audit (NNHLA)	Yes	Yes
National Oesophago-Gastric Cancer Audit (NOGCA)	Yes	Yes
National Ovarian Cancer Audit (NOCA)	Yes	Yes
National Pancreatic Cancer Audit (NPaCA)	Yes	Yes
National Prostate Cancer Audit (NPCA)	Yes	Yes
National Cardiac Arrest Audit (NCAA)	Yes	Yes
National Cardiac Audit Programme (NCAP)		
A. National Adult Cardiac Surgery Audit (NACSA)	No	Not applicable
B. National Congenital Heart Disease (NCHDA)	No	Not applicable
C. National Heart Failure Audit (NHFA)	Yes	Yes
D. National Audit of Cardiac Rhythm Management (NACRM)	Yes	Yes
E. Myocardial Ischaemia National Audit Project (MINAP)	Yes	Yes
F. National Percutaneous Coronary Intervention (NAPCI)	No	Not applicable
G. The UK Transcatheter Aortic Valve Implantation Registry (TAVI)	No	Not applicable
H. Left Atrial Appendage Occlusion (LAAO) Registry	No	Not applicable
I. Patent Foramen Ovale Closure (PFOC) Registry	No	Not applicable
J. Transcatheter Mitral and Tricuspid Valve (TMTV) Registry		
National Child Mortality Database (NCMD)	Yes	Yes
National Clinical Audit of Psychosis (NCAP)	No	Not applicable

National Comparative Audit of Blood Transfusion - 2025 Major Haemorrhage Audit	Yes	Yes
National Early Inflammatory Arthritis Audit (NEIAA)	Yes	Yes
National Emergency Laparotomy Audit (NELA) A. Laparotomy B. No Laparotomy	 Yes Yes	 Yes Yes
National Joint Registry	Yes	Yes
National Major Trauma Registry	Yes	Yes
National Maternity and Perinatal Audit (NMPA)	Yes	Yes
National Neonatal Audit Programme (NNAP)	Yes	Yes
National Obesity Audit	Yes	Not participating
National Ophthalmology Database (NOD) A. National Cataract Audit B. Age-related Macular Degeneration Audit	Yes	Yes
National Paediatrics Diabetes Audit (NPDA)	Yes	Yes
National Perinatal Mortality Review Tool	Yes	Yes
National Pulmonary Hypertension Audit	No	Not applicable
National Respiratory Audit Programme a) COPD Secondary Care b) Pulmonary Rehabilitation c) Adult Asthma Secondary Care d) Children and Young Peoples Asthma Secondary Care	 Yes Yes Yes Yes	 Not participating Not participating Not participating Yes
National Vascular Registry	No	Not applicable
Out-of-Hospital Cardiac Arrest Outcomes	No	Not applicable
Paediatric Intensive Care Audit Network	No	Not applicable
Perioperative Quality Improvement Programme (PQIP)	No	Not participating
Prescribing Observatory for Mental Health UK	No	Not applicable
Sentinel Stroke National Audit Programme (SSNAP)	Yes	Yes
Serious Hazards of Transfusion UK National Haemovigilance Scheme (SHOT)	Yes	Yes
UK Cystic Fibrosis Registry	No	Not applicable
UK Interstitial Lung Disease (ILD) Registry	No	Not applicable
UK Parkinsons Audit	Yes	Yes
UK Renal Registry Chronic Kidney Disease Audit	No	Not applicable
UK Renal Registry National Acute Kidney Injury Audit	No	Not applicable

Patient outcome programme incorporating national confidential enquires	Eligibility	Participation
Child Health Clinical Outcome Review Programme (NCEPOD)	Yes	Yes

Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE)	Yes	Yes
Medical and Surgical Clinical Outcome Review Programme	Yes	Yes
Mental Health Clinical Outcome Review Programme	No	Not applicable

Reason for non-participation: -

BAUS Data and Audit Programme

A. British audit of investigation and referral of women with recurrent urinary tract infection using recent guidance (BOOMERANG) –we will not be participating due to staffing issues.

National Obesity Audit – lack of administrative capacity.

RCEM – Adolescent Mental Health, Care of Older People, Mental Health Self Harm and Time Critical Medication – we did not approve funding for these audits due to financial constraints.

Perioperative Quality Improvement Programme (PQIP) - Unable to participate due to logistical/staffing reasons.

National Respiratory Audit Programme – Adult Asthma Secondary Care/COPD/Pulmonary Rehabilitation – we did not participate due to lack of administrative capacity.

Cases submitted to clinical audits and confidential enquiries

The national clinical audits and national confidential enquiries that we participated in, and for which data collection was completed during 2025/26, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

National clinical audit and patient outcome programme incorporating National Confidential enquires	Cases submitted	% cases
BAUS Data and Audit Programme – Evaluating management pathway for suspected testicular cancer referrals (EMPAST)		
Breast and Cosmetic Implant Registry		
Case Mix Programme (CMP)	457	100
Epilepsy 12 – National Clinical Audit of Seizures and Epilepsies for Children and Young People	23	100
Falls and Fragility Fracture Audit Programme (FFFAP) B. National Audit of Inpatient Falls C. National Hip Fracture Database	 11 498	 100 100

LeDeR – Learning from lives and deaths of people with a learning disability and autistic people (previously known as Learning Disabilities Mortality Review Programme)		
National Adult Diabetes Audit A. National Diabetes Footcare Audit B. National Inpatient Diabetes Safety Audit (Harms) C. National Pregnancy in Diabetes (NPID)		
National Audit of Cardiac Rehabilitation		
National Audit of Care at the End of Life (NACEL)	60	100
National Audit of Dementia (NAD)		
National Audit of Metastatic Breast Cancer	67	100
National Audit of Primary Breast Cancer	736	100
National Bowel Cancer Audit	235	100
National Kidney Cancer Audit	152	100
National Lung Cancer Audit	241	100
National Non-Hodgkin Lymphoma Audit	91	100
National Oesophago-Gastric Cancer Audit	133	100
National Ovarian Cancer Audit	37	100
National Pancreatic Cancer Audit	128	100
National Prostate Cancer Audit		
National Cardiac Arrest Audit		
National Cardiac Audit Programme (NCAP) A. National Heart Failure Audit B. National Audit of Cardiac Rhythm Management C. Myocardial Ischaemia National Audit Project D. National Percutaneous Coronary Intervention		
National Child Mortality Database (NCMD)		
National Comparative Audit of Blood Transfusion A. National Comparative Audit of NICE Quality Standard QS138 B. National Comparative Audit of Bedside Transfusion Practice		
National Early Inflammatory Arthritis Audit (NEIAA)	64	100
National Emergency Laparotomy Audit (NELA)	159	100
National Joint Registry	393 (222 Hips/ 171 Knees)	100
National Major Trauma Registry		
National Maternity and Perinatal Audit		
National Neonatal Audit Programme (NNAP)		
National Ophthalmology Database (NOD) A. National Cataract Audit B. Age-related Macular Degeneration Audit		
National Paediatrics Diabetes Audit (NPDA)	158	100
National Perinatal Mortality Review Tool		
National Respiratory Audit Programme		

A. Children and Young Peoples Asthma secondary Care	48	100
Sentinel Stroke National Audit Programme (SSNAP)	602	100
Serious Hazards of Transfusion UK National Haemovigilance Scheme (SHOT)		
UK Parkinson's Audit	20	100

Patient Outcome Programme Incorporating National Confidential Enquires	Cases submitted	% Cases
Medical And Surgical Clinical Outcome Review Programme (NCEPOD) 1. Acute Limb Ischemia 2. Blood Sodium	1 2/6	100 33
Maternal and Newborn Infant Clinical Outcome Review Programme (MBRRACE)		

Our response to the findings of clinical audits

We reviewed the reports of 20 national clinical audits in 2025/26 and we intend to take the following actions to improve the quality of healthcare provided:

Ref	Recommendations / actions
1208 National audit of dementia round 6	
	1. Identification of patients with dementia at the time of admission should be incorporated into development of electronic patient record (EPR) so patients can be easily informed. 2. Improving screening for delirium in patients with dementia (and other at riskgroups) - staff education, embedding pathways within new EPR to prompt and facilitate this. Incorporate screening into risk assessment documentation. 3. Use of structured pain assessments for inpatients with dementia – staff education. Introduction of laminated structured pain assessments to observation trolleys. Incorporating visual pain scale into Vitalpacs and EPR if this is possible. 4. Completion of personal information document – staff education.
1282 National Paediatrics Diabetes audit (NPDA)	
40% of parents are reducing working hours or giving up work after their child is diagnosed with diabetes – Ensure we are discussing this with families and sign posting them to support.	
1299 National Lung Cancer audit (NATCAN)	
Ensure services maximise the update of lung cancer screening for people aged 55 to 74 who are at high risk of lung cancer –	

1. Explore with managers and senior leadership team regards funding for screening programme.
2. Explore avenues of funding to establish EBUS (Endobronchial Ultrasound) as a diagnostic test at Torbay Hospital.

Ensure providers have sufficient thoracic surgery capacity to accommodate the larger number of people with non-small cell lung cancer (NSCLC) who are candidates for curative surgery.

1. Continue to keep surgical resection as a focus in our MDT (Multidisciplinary Team) discussion – with screening we are already seeing an increase in lung cancer resection – this will not be reflected in our data until 2025/26.
2. New surgical colleagues are now present in Torbay all of Tuesday and are also engaging in joint clinics with the Oncology team. This has led to a smoother pathway for patients and shorted wait times. This service is impacted by staffing challenges. Derriford Thoracic Unit is currently in the process of putting together a business case for extra surgical colleagues.
3. Surgical capacity to be increased by increasing the number of theatre lists at Derriford Hospital.

Identify opportunities for increasing the proportion of people with NSCLC stage 3B-4 (PS 0-1) to have Systemic Anti-Cancer Therapy (SACT) as per NICE guidance, such as help people maintain their fitness for SACT throughout the care pathway.

1) Maintain current practice – encouraging individual patients to consider SACT and time biopsy.
2) Trust-wide – look at pre-hab to help maintain patient fitness.

Ensure NHS hospitals have the necessary resources and capacity to meet the timelines for patients to start primary treatment -

1. Aim to address diagnostic pathway delays but establishing EBUS (Endobronchial Ultrasound) at Torbay (currently and historically has been our biggest delay to the path Trust senior leadership team to urgently look at MDT room space for us to carry out our MDTs without undue time pressure.
2. Efficient MDTs with just one discussion per patient – to help encourage timely investigations and ordering of said investigations at first consult.
3. Ensure oncology teams are well supported with staff recruitment needs (screening has led to a definite increase in workload for the thoracic oncologists)
4. Continue to maintain local radiotherapy services

Ensure NHS hospitals have the necessary resources and capacity so that biomarker test results are delivered within 14 days of the test being performed, as defined in the National Optimal Lung Cancer pathway -

1. Biomarker testing is well established at Torbay and has been for more than12 months. There is a separate genomics navigator, and we have incorporated these results into patient pathway/MDT.

1311 National Audit of Seizures and Epilepsies in Children and Young People (Epilepsy 12)
1. SUDEP (Sudden Unexpected Death in Epilepsy) information provision – Documentation of SUDEP discussion for all patients. 2. ECGs (electrocardiogram) performed and documented 34% - ECGs performed, reviewed and documented for all patients presenting with seizure or sudden collapse. 3. Delay between EEG (electroencephalogram) referral and report (not clearly reflected in audit data but a known issue for our service) - Ongoing discussion with operations managers with EEG provision and costings.

1313 National Audit of Inpatient Falls (FFFAP)
1. L/S (Lying/standing) blood pressure measurements to aim for 60% for inpatient – Currently around 80% based on Fallsafe audit with 200 patients a month. The introduction of Epic will increase compliance regarding the number of patients having lying and standing blood pressure undertaken within 4 hours of admission as a mandatory field. 2. 4AT delirium for inpatients aged 65 years on admission aim for 65% on Epic - IT systems not in place currently. From April we should be able to obtain this information on admission under the dr's assessment. Repeating screening will be more challenging as can be added to nursing assessment under search but not a mandatory field. Will look to see if we can request this user change. 3. Expedite analgesia provision (national average 1:19 minutes) - Staff awareness of quicker analgesia provision post fall through, falls newsletter, post fall training and use of SBAR (Situation, Background, Assessment, Recommendation). Monitor results through NAIF (National Audit of Inpatient Falls) audit. Already added to hot debrief. Epic and NAIF will provide evidence. NAIF will add in section to acknowledge patient may 'informed decline' so results will be more accurate. 4. Falls leads attendance at AAR (After Action Review) aim for 80% - First AAR results for 2025 at 62%. Now two falls leads, aim for higher attendance. 5. NAIF audit – moderate and above – Look at new data and share at PSIRF (Patient Safety Incident Response meeting). Learn from AAR action plans and provide an overarching trust action plan with themes from moderate and above falls. 6. Quality improvement – Toilet Runway project to understand safe and effective use of ward toilets, day and night – Look into the feasibility of this project with a small working group. Obtain toilet and night falls data.

1314 National Hip Fracture Database (NHFD)
1. Increase performance in KP10 by 5% - Empty NOF (neck of femur) bed x 2 available on Ainslie.

2. Increase performance in KP12 by 5% - Achieve x 2 daily trauma lists Monday-to Friday.
3. Increase performance in KP14 by 5% - Quality improvement projects in peri-operative fluid management and analgesia protocol to limit inability to mobilise day 1 post operatively due to poor pain management or postural hypotension.

1327 National Audit of Care at the End of Life (NACEL)

1. Attending to dying persons emotional needs – particularly in community hospitals
2. Feedback to community hospitals matrons to ensure this information is cascaded to all staff. Discuss with palliative care education team to ensure this is highlighted in any teaching sessions which include care for the dying person.
3. Send email summary of NACEL audit to all Torbay/community teams

1333 National Bowel Cancer Audit Report (NATCAN)

1. Laparoscopic surgery rates – Identify which surgeons not starting cases laparoscopically.
2. Unplanned return to hospital – Identify a resident doctor to audit hospital returns to discover why this is happening.

1334 National Kidney Cancer Audit (NKCA)

1. Renal Cancer Clinical Support Nurse (CNS) - identified as essential role by Cancer Network but no funding available.
2. Improve MDT data capture
3. Recruitment of Oncologists and Urologists – Consultant posts are being advertised to recruit into vacant posts in Oncology and Urology.

1351 National Child Mortality Database Programme (NCMD) – Infants, children and young people with life limiting conditions

1. Recommendation 2 – All bereaved families allocated a key worker, most likely to be someone working in area or department in which child died. This is in progress and service development is now included in a new policy which is awaiting ratification.
2. Recommendation 3 – appropriate staff to access training in parallel planning and documenting advance care planning. Professional bodies to develop training and all appropriate staff in provider agencies to attend. Update October 2025, training in progress of development and delivery by professional bodies. Update December 2025, training sessions to be delivered but need to check all systems can access ETEP. (Treatment Escalation Plan).
3. Recommendation 4 – Advanced care planning documents easily visible and accessible – For all children who have Advance Care plans in place to have this information visible and accessible in all Trust records systems to support scheduled/unscheduled care attendances. Children's TEP has been delayed as some changes were required for modified choices to be displayed in EPIC,

requiring a software update, so implementation pushed back few months. Training videos are being created, awaiting go live date. Update December 2025 – ETEP is now live, training sessions to be scheduled.
1355 National Emergency Laparotomy Audit (NELA)
1. Specialist care for older patients and those living with frailty – Investment in Frailty services, including Geriatrician-led input for emergency laparotomy patients. 2. Critical Care bed capacity – increase in critical care capacity (from 10 to 14 operational beds). 3. Risk-adjusted 30-day mortality – MDT review of mortality cases.
1358 National Maternity and Perinatal Audit (NMPA)
1. Audit findings recognised some areas for improvement – bring findings re: cord gases and vaginal deliveries to the next meeting. 2. Joint piece of work with obstetrics and paediatrics looking at cold babies at the time of LSCS (Lower Segment Caesarean Section).
1367 National Respiratory Audit Programme (NRAP) Children and Young Peoples Asthma Secondary Care
1. Slow steroid delivery – implementation of PGD (Patient Group Direction). 2. Documentation of smoking status, technique and PAAP (Personalised Asthma Action Plan) - complete new asthma guideline. Six monthly grand round to remind residents. 3. Lack of dedicated respiratory nurse – explore funding options.
1373 Sentinel Stroke National Audit Programme (SSNAP)
1. Improve rate of patients being scanned within 20 minutes of clock start – Produce breach analysis of 20-40 minutes breaches for review. 2. Improve rate of patients being give CTA (Computed Tomography Angiography) on first imaging visit – Discuss at Neuroradiology MDT- a) Book patients at the same time b) Perform without additional conversation with radiology. 3. Reduce variability at the front door for all patients arriving with a query stroke diagnosis a) Define expectation re: patients that should go direct to CT comms/pathway drawn and communicated. b) Review PASP NOSIP (National Optimal Stroke Imaging Pathway) vs. TSDFT SOP (standard operating procedure) for imaging. c) Review workforce model for specialist stroke nursing: Extend until midnight and additionally in the morning for extra resilience. d) Review pre-alert SOP/phone guidance and 24 hour guidance. 4. Improve rate of patients being assessed by stroke skilled clinician within one hour of clock start – Scope ability to implement pre-hospital video triage. 5. Support and enable swift transfer of patients to the stroke unit post CT – implement ED clerking proforma.

6. Improve rate of patients arriving onto the stroke unit within four hours – target above national average and aim 60% -
   a) Direct to George Earle pathway – 8am-3pm unclerked.
   b) Clerking proforma as above.
   c) Explore prioritisation of patients out of hours (OOH) for clerking – education and discussion with medical registrars.
   d) Identify how EPIC will support this function out of hours.
   e) Ensure data input accurate – transfer time from ED +10 minutes.
   f) Review number and location of HASU beds; consider hyper-acute bay or increasing number of beds.
   g) Explore protocolised use of night diaries to support improved discharge planning.
7. Improve rate of patients seen by a consultant within 14 hours – Clerking proforma to support time spoken to a consultant.
8. Improve rate of patients seen by a stroke skilled nurse within four hours – Ward nurses to clearly document when the patient is greeted on the ward.
9. Improve rate of patients who were given a formal swallow assessment within 24 hours of clock start – Aim for SALT (Speech and Language Therapy) on ward each morning Monday – Friday.
10. Governance -
    a) Refresh and relaunch stroke governance/leads meeting.
    b) Regular performance report.
11. Access to analytics support for stroke performance – weekly metrics/run charts
    a) Sessions from MT/MB
    b) Production of weekly run charts
    c) Tableau
12. Roll out use of Tenecteplase (TNK) to replace Alteplase by November 2025 – Protocol written by L, hyperacute stroke book updated by H.
13. Out of hours support for reperfusion decision making- regional rota – Meeting to progress joining West of England rota no longer happen see update.
14. Out of hours support for reperfusion decision making – local solution – Identify options for local solution to this problem.
15. Mapping event to understand challenges, obstacles and opportunities – Agenda and invites – agree and source data.
16. Thrombolysis and thrombectomy –
    a) DIDO (Door-in to Door-out) process mapping review. Switch to TNK – see above.
    b) CTP (Computed Tomography Perfusion) for late window thrombolysis
17. Speech and Language Therapy -
    a) Data input for SALT to be improved.
    b) Identify a method of consistency of data input
    c) Workforce planning – calculate SALT workforce requirement for Monday-Friday morning cover on wards.
18. Workforce – rehabilitation pathway – Review and quantify therapy to Neuro Rehabilitation outliers (i.e. time not given to stroke).

1340 National Cardiac Arrest Audit
Issues affecting cardiac call bleeps – upgrade to CritCo system.
1377 UK Parkinson's Disease
1. Improve documentation of key audit markers within clinic letters – to be implemented immediately following MDT discussion, with ongoing monitoring over the next three to six months. 2. Continue targeted discussions around LPA (last power of attorney), ACP (advance care planning) and EOL (end of life) considerations for patients with more advanced Parkinson's disease or increasing care needs – standardisation using EPIC (templates/ Smartphrases) to be incorporated alongside the EPIC rollout. 3. Review and incorporate elements of Southwest Parkinson's bone health algorithm to support fracture risk assessment where appropriate – initial steps already in practice within the nurse team; further alignment to reviewed and embedded over next three to six months. 4. With the upcoming EPIC electronic patient record implementation, utilise team templates and Smartphrase functionally to standardise documentation of audit markers across consultant and nurse clinics – Advance care planning/ EOL & LPA discussions – ongoing, with reinforcement in appropriate patient groups during routine reviews over the next 3 months.
1411 National Paediatric Diabetes Audit (NPDA)
Increase in obesity levels amongst CYP (Children, Young People) in our service – We are focusing our annual review on lifestyle discussions and advice. Offering dietetic home visits, giving activity and exercise advice and reviewing BMI annually in our meetings.

We reviewed the reports of three national confidential enquiries in 2025/26 and intend to take the following actions to improve the quality of healthcare provided.

1390 MBRRACE Maternal, Newborn and Infant Clinical Outcome Review Programme – Hypertensive disorders, cardiac disease, mental health-related causes, homicide and accidents 2021-23 and morbidity findings for women living in the most deprived areas
1. NO FIGO passport – to be considered following enrolment of EPIC.
1164 Rehabilitation following Critical Illness Study (NCEPOD)
1. Educational package – to be written and delivered to all ICU (Intensive care unit) staff 2. Access to SLT – Speech and Language Therapy access for Intensive Care Unit patients, with role embedded in weekly ICU MDT. SLT access to ward patients.

1. ICU Rehab Nurse role band 6 – skilled support to support step down to ward for patient, family and ward staff. 2. Additional Physio/Fitness Instructor band 5 – embedded within ICU Rehab team. 3. Occupational Therapy support band 5 – ICU experience and embedded within ICU Rehab team. 4. Psychological support for relatives – additional funding for Rehab Psychologist.
1245 MBRRACE – Perinatal Mortality Review Tool Report (PRMT)
Attendance of a neonatal nurse at PMRTs for NND (Neonatal death) – need to include the invitation, speak to a matron for Child Health to identify a member of the nursing team to attend.

We reviewed the reports of 55 registered local clinical audits in 2025/ 26. We intend to take the following actions to improve the quality of healthcare provided in 23 of these (two audit projects were withdrawn; nine did not require any actions and 21 are still ongoing).

Ref Recommendations / actions
6863 Adherance to BTS guidelines in repeating chest radiographs in patients with Community acquired pneumonia
-The short code used by radiologists for follow-up chest X-rays in the imaging report has been changed to suggest that the clinical team make the decision about whether a repeat is warranted or not, as they have the necessary information regarding risk factors.
6869 Audit of Management of Nasal Fractures
- Nasal Fracture Management poster - to display and share with relevant staff to reinforce appropriate referral criteria. - Contact the clinic bookers to clarify the clinic booking processes for these patients
6872 Indications for plain abdominal films from the ED.
- Raise clinician awareness of iRefer indications and preference for erect chest X-ray when perforation suspected. - Share findings with MAAT team and wards
6877 Missed appointments in orthodontic clinic (DNA; did not attend)
- Design feedback questionnaire to establish possible reasons for missing appointments
6843 Assessment and Management of First Time Lateral Patellar Dislocation (FTLPD)
- Updating the online management pathway for FTLPD to reflect the new guidance - Encourage self-referral to physiotherapy at the time of presentation, included as part of the online pathway, rather than at first clinic follow-up. - A printable leaflet for patients with general information, self-directed exercises, and the physiotherapy self-referral information.

- Dissemination of the new guidance and above changes to relevant heads of our ED, minor injuries units and urgent treatment centres.
6843 Does appropriate implementation of the MUST care pathway improve with increased dietetic ward presence?
- Further MUST training for bank and temporary staff Train the new roles of support workers in carrying out the assessment
6836 Electronic record keeping - Nutrition and Dietetics Clinic and medical notes
- Review and amend how we document consent - Ensure type of diabetes i9s recorded and not assume patient has Type 1. - Teaching/ simulation with radiographers to improve quality
6849 Assessing the need for inpatient management of TLS in high risk CLL patients starting Venetoclax
-All patients with CLL should be stratified into risk categories. Younger patients with no significant comorbid conditions could be managed in the outpatient setting with close monitoring.
6857 Communication and information provision for children and young people surgical patients and parents
-Introduce standardised discharge leaflets across all surgical specialties -Staff refresher training on safety-netting language and importance of written plus verbal communication

ID	Date Requested	Governor	Constituency	Summary Description	Executive Lead	Response Date	Summary Response	C-O-G	Date emailed	Status
220	05.11.25	Andrew Stilliard	Torbay	How many patients are currently using Cath Lab from RDUH ?	Adel Jones	17.03.26	Between 01 April 2025 and 25 January 2026, 142 Royal Devon patients were treated in the Torbay and South Devon cath lab under the out of area arrangement. This included 121 inpatient transfers, reflecting the need to prioritise urgent cases and support system flow, alongside 21 elective patients. Of the 215 cases commissioned for Royal Devon patients during this period, 73 cases of capacity remain available at Torbay and South Devon. This gives scope to increase elective throughput, subject to cath lab session availability and workforce capacity. That additional elective capacity is currently being scoped with Royal Devon to support their non interventional elective workload, alongside ongoing inpatient demand. During the same period, 24 Torbay and South Devon patients received electrophysiology treatment at Royal Devon, helping to maintain access to specialist care for our population and reduce the need for further out of area referrals. Taken together, these show how capacity has been used flexibly across both organisations to support patients, manage pressure and make best use of available expertise and facilities.	13.05.26	17.03.26	Responded
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	05.05.26	Dear Ged Thank you for raising this as you rightly acknowledge this is important to our local population The CAB contributes significant value across population need and neighborhood-level service delivery As we are developing our neighborhood Health Delivery Roadmap, the role of VCSE partners—including CAB—is central to neighborhood working. We know that the CAB aligns strongly with this model through as has been described : - Providing preventative and proactive support addressing social determinants of health. - Being a core VCSE partner supporting population-level needs. - Contributing to reduced hospital attendance and improved community resilience. - Supporting personalised care and community rehabilitation models outlined in neighborhood guidelines	13.05.26	10.03.26	Responded
							As we move forward with our INT model which our local care partnership board have agreed with a strong focus on frailty, the CAB is inherently aligned with its aims and will be considered as part of our broader offer.			
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	10.04.26	We have received one developer contribution in the periods in question and that was in 2024/2025. This is from the Inglewood (White Rock/ Brixham Road) development planning permission which the agreement was dated in 2021. The payment of contributions to the local authority are often linked to development triggers, such as the development of 50% of the housing. The planning references s106 Health Contributions (P/2027/1133 as varied P/2022/0112)- and are for a Health and Wellbeing Facility in Paignton. The contribution of approximately £289,187 (may be a little more due to indexation) was paid to Torbay Council in August 2024. We have until 30 June 2029 to spend the monies and provide evidence. We are exploring opportunities to develop a new health and wellbeing facility in Paignton that could support the future delivery of local services. This work includes an early stage bid for £3m of regional capital funding. If successful, this could enable longer term options for improved facilities in Paignton, with any new development not expected to be operational until around 2029 and subject to further	13.05.26	10.04.26	Responded
230	10.02.26	Ged Yardy	South Hams	How will the social value of the transaction from the 1) sale of the old hospital and 2) of the intended sale of Zion place be used to support Health Services in and around Dartmouth. ?I know this has been answered before in relation to the old hospital, however, it would be good to have than answer to include the proceeds from Zion place transaction . The second question is What is the current status of the Zion place, is there any update please.	Adel Jones	10.04.26	The new Dartmouth Health and Wellbeing Centre on Wessex Way opened in May 2023. This development in part enabled by revenue expected to be raised from the sale of the Dartmouth Hospital on the South Embankment and Dartmouth Clinic at Zion Place. Facilities at Dartmouth Hospital were long considered non-compliant with modern healthcare requirements and following a sustained effort by a number of parties was sold in May 2025. Although Dartmouth Clinic had been assessed as an Asset of Community Value the offer from the Community Group was substantially below Book value and this encumbrance has now been lifted. With the property market flat, and to minimise the risk of retaining an empty building, the former Clinic building will be presented to Auction in March 2026, with	13.05.26	13.04.26	Responded

231	11.02.26	Mike Joyce	Teignbridge	to find out about Teddies Loving Care and if Torbay is involved with this charity, how is it assisting and who is responsible.	Nicola Mcminn	16.04.26	Teddies Loving Care (TLC) is a UK charity that provides comfort teddies to children receiving care in hospital, helping to reduce anxiety and distress during clinical encounters. The charity operates nationally on a voluntary donation basis and is commonly used by individual paediatric services within NHS hospitals. We are currently receiving support from Teddies Loving Care on Louisa Cary ward, where the arrangement is managed locally by our Play Specialist, Chris Banks. Chris acts as the point of contact with the charity and ensures that the use of teddies is appropriate, safe and compliant with infection prevention and governance requirements.Colleagues working in the Paediatric Emergency Department and other areas that support children and young people, such as the Short Stay Paediatric Assessment Unit, have expressed interest in benefiting from this support. Chris Banks will liaise with teams in those areas to share learning and explore how the arrangement on Louisa Cary ward could be applied appropriately within their services, subject to local agreement and the same governance considerations.	13.05.26	17.04.26	Responded
232	17.02.26	Lee Thomas	Torbay	Can the board confirm whether all recommendations from the independent review have now been fully implemented and how the board has gained assurance of this? What has changed in the trusts financial oversight process to ensure that emerging financial risks are identified earlier? What steps have been taken to strengthen financial accountability and ownership across the trust, particularly at budge holder level?	James Corrigan	17.02.26	All the recommendations from the Independent Review produced by Kaye Bentley, the actions from the CIP process review undertaken by NHSE region and the in year external forecast outturn review have been included in the Financial Improvement Programme within our Plan for Better Care which has monthly CEO lead assurance meetings and is reported to the Trust Board and progress on delivering the recommendations tracked and reported each month. All budgets were signed off by Care Groups at the beginning of the financial year with clear accountability arrangements put in place. Care Group performance against their Performance, Finance, Workforce and Quality and Safety metrics/targets is reviewed monthly through Executive Oversight Groups led by the executive team and assurance provided through the relevant Committees to the Trust Board.The nature of the changes in governance through the Our Plan for Better Care and improved Care Group oversight through the Executive Oversight Group meeting will ensure that the improvements are sustainable over the longer term, driving continuous improvement across the organisation.	13.05.26	18.02.26	Responded
				How confident is the board that improvements are made to be sustainable over a longer term rather than on short term measures?			I hope this answers your questions, but let me know if you need anything further			
233	25.02.26	Lee Thomas	Torbay	What measurable improvement in access to NHS dentistry should our constituents realistically expect to see in Torbay and South Devon over the next 12 months? With increasing reliance on NHS 111 for urgent dental access, what assurance do we have that patients are actually securing timely appointments after contacting 111? Given that only 5 of 25 'golden hello' recruitment posts have been filled so far, what confidence do we have that workforce shortages will not continue to limit access improvements?	ICB via Jane Harris	1.04.26	Nationally, there is on-going consideration regarding national planning measures for Dental in 2026/27. These metrics are yet to be confirmed due to imminent reform to the national NHS Dental contract, which may affect patient access: o Mandating 8.2% of contract value as Urgent Dental Care. Embedding a minimum level of urgent access into local contracts may result in more patients securing appointments nearer to home, reducing health inequalities for those who cannot travel. o We are currently awaiting detail on the complex care pathways elements of contract reform. Expected timescales can be found here. o Proposed skill mix expansion to empower providers to make best use of their existing workforce, improving availability of some treatments to patients. o Measures to financially support and embed quality improvement should also incentivise service improvements to benefit patient access.	13.05.26	13.04.26	Responded
							Locally, NHS Devon ICB and Cornwall and Isles of Scilly ICBs' procurement for new dental providers is in its final stages. Torquay and Paignton is the second largest lot, with 33,000 additional units of dental activity (UDAs) being commissioned for the area at £1.3million per annum. The specification for these services required providers to deliver a mix of general dental services, urgent care and stabilisation. Providers were also required to consider innovative service provision for vulnerable populations in their respective areas. Helplines will continue to be key priority for 26/27. NHS Devon ICB acknowledges that there remains room for improvement to ensure patients can access timely urgent dental appointments via NHS 111 and will be supporting providers to reduce variation in performance.			

							Between April 2025 and January 2026, the helpline achieved a significant reduction in call abandonment, dropping from 60.1% to 25.1%, a 35 percentage point improvement. Commissioners continue to work closely with providers to ensure improvements in call handling. More than 6000 urgent dental appointments, including stabilisation, have been offered through the service in Torbay over the last 12 months. NHS Devon's target for additional urgent dental care in 25/26 was 24,269 additional appointments. We remain committed to achieving this in 26/27. Dental workforce shortages are a key limiting factor for the South West, particularly Devon. To address this, NHS Devon has established a system-wide Dental Workforce Group to support initiatives for the NHS dental workforce. These include developing skills, engaging with NHS services and improving recruitment and retention.			
							Via this group, NHS Devon has approved funding a stand at the National Dental Conference and Show in Birmingham (15-16 May 2026) to promote Devon as a place to work. NHS Devon has also approved funding for workforce development, including postgraduate bursaries and specialist trainee support, with the funding contingent on individuals committing to a minimum period of NHS service within Devon/Cornwall and Isles of Scilly. We are working closely with the Deanery for Foundation Dentistry and Dental Therapy in NHS England's South West regional team to increase the number of foundation training practices in Devon. This will strengthen dental training capacity and sustainability of the workforce in the region. Formal contract mobilisation cannot commence until contracts have been formally awarded. However, the process was designed to minimise delay following contract award.			
							Providers were required to set out detailed mobilisation and delivery plans, including how they would recruit and retain the workforce needed, and secure appropriate premises. Plans were carefully reviewed to ensure they were realistic and achievable, and that providers are well positioned to mobilise quickly once contracts are confirmed. We will continue to work closely with providers throughout the mobilisation period and beyond to support, understand challenges, and to identify solutions. Contractual arrangements include clear expectations around activity levels and delivery, alongside proportionate performance management to support providers in meeting their contractual requirements. Some aspects of mobilisation sit outside of direct commissioner control—for example, regulatory processes such as Care Quality Commission (CQC) registration, planning and estates approvals, and wider workforce availability. These factors were considered during the procurement process, and we will work with providers to manage any associated risks.			
234	25.02.26	Lee Thomas	Torbay	Given the significance of potential changes to cardiology and cardiac surgery services for our population, can you outline how patients, communities and Governors will be meaningfully involved before decisions are finalised, and what assurances we can give constituents that access, outcomes and health inequalities have been fully assessed?	ICB via Jane Harris	1.04.26	At the South West Peninsula Joint Committee on 26 March 2026, it was agreed to bring the case for change for cardiology and cardiovascular services into the wider health and care planning as part of the One Plan for Devon, the five-year commissioning plan and neighbourhood health model. The One Plan for Devon sets out the overall direction for how health and care services in Devon will need to evolve over the next five years to meet growing demand, workforce pressures, and the needs of an ageing population. The delivery of the One plan for Devon will be supported by a detailed communications and engagement programme with many varied opportunities for involvement over the coming year. The cardiology case for change programme will not progress at this time. The latest updates can be found on the dedicated One Devon cardiology webpage.	13.05.26	13.04.26	Responded

235	03.03.26	Lee Thomas	Torbay	Are all recommendations from the Bentley review and associated reviews now formally marked as complete, or are some still in progress? If complete, what evidence or internal validation has been used to confirm full implementation? Has any independent or external validation been undertaken to assess whether the revised governance and oversight arrangements are operating effectively in practice?	James Corrigan	01.04.26	All the recommendations are complete with some ongoing such as management and assurance of CIP delivery. Full implementation has been validated through internal/external audits and tracking of recommendations through the Finance and Operations Committee and Audit Committee. Yes, the revised governance and accountability arrangements have been reviewed by NHSE regional team, External Audit and Internal Audit Financial Risks are reviewed monthly though the EOG meetings with Care Groups and across the Trust by the finance team using robust forecasting, these are reported to the Board in the monthly Finance Report and the BAF is reviewed monthly.	13.05.26	01.04.26	Responded
				What specific mechanisms are now in place to identify emerging financial risks earlier than was previously the case, and how are these reported to the Board? Given the Trust's historic challenges in delivering savings, what gives the Board confidence that these changes will deliver sustained improvement rather than short-term recovery?		01.04.26	The delivery mechanism for the savings programme is in the main assured through Our Plan for Better Care which receives monthly updates from SROs, the overall plan aims to embed sustainable change across each of its domains (Governance, Workforce, Finance, Performance and Strategy)	13.05.26	01.04.26	Responded
236	05.03.26	Micheal Joyce	Teignbridge	I was at a meeting on Wednesday and it was mentioned that Torbay NHS Trust along with many other NHS bodies have an arrangement for subsidies bus fares. As far as Torbay NHS Trust is , do we know or indeed should we, as Governors, be aware, how much this cost the Trust every year?	Jess Piper	09.03.26	As far as I am aware it must be in relation to this - Stagecoach Bus and NHS England offer all NHS Staff 10% discount on their bus travel via the Stagecoach App. NHS Employees in England are able to purchase 1 day, 7 day, 28 day, Flexi 5 and Flexi 10 tickets at a 10% discount.	13.05.26	09.03.26	Responded
237	16.04.26	Jake O'Donovan	Teignbridge	I'm currently sat in Torbay Hospital A&E and have been here for a few hours. Unfortunately, there are no facilities to get food as the vending machines aren't working. This is not great when waiting times are so long, is this something that can be looked at for the future please?"		23.03.26	Dear Mr O'Donovan, Thank you for raising this question on behalf of one of our Teignbridge residents. We have always aimed to provide patients and visitors in the Emergency Department (ED) with access to refreshments 24 hours a day through vending machines offering drinks and snacks. Following recent improvements to the ED waiting area, the vending machines had to be moved to meet fire safety requirements. Unfortunately, this has made them more difficult to access for restocking, which has affected how well they can be maintained. While this has presented a challenge, it also gives us a valuable opportunity to improve what we offer.	13.05.26	23.03.26	Responded
							We know that patients, visitors, and staff increasingly expect access to healthier food and drink options at all times of day and night. In the past, our external vending supplier has only been able to restock machines once a week due to low demand, and previous attempts to introduce healthier products through this arrangement have not been successful.			

							To address this, we are planning to introduce a new approach. This will involve removing the current vending machines and replacing them with a machine that is managed directly by our Catering team. What this means: •A wider choice of food and drinks available 24 hours a day •More healthy options, alongside some familiar snacks and drinks •The ability to regularly review and improve the range based on feedback and demand This change will allow us to provide a more reliable, flexible, and higher-quality service for everyone using the ED. We are currently waiting for confirmation of when the existing machines will be removed. Once this happens, we aim to introduce the new and improved 24-hour food and drink offer as quickly as possible. Thank you for taking the time to raise this important issue. Please be assured we are focused on resolving this matter as quickly as possible.			
238	13.04.26	Vincent Williams	Torbay	Proposed questions: 1.EPR Integration & Shared Care Record Alignment Can the Board confirm how the Epic EPR implementation will integrate with existing shared care record systems across the ICS, including data flows, interoperability standards (e.g. FHIR), and any identified gaps? 2.Operational Readiness & Clinical Workflow Impact	Adel Jones						Assigned
				What assurance has the Board received regarding frontline usability of Epic, particularly in urgent and emergency care settings, and how does this align with access to shared care records for clinicians? 3.System-Wide Integration (Including Ambulance Services) How is the Trust working with partners such as South Western Ambulance Service to ensure timely and clinically usable access to patient records (including shared care records and EPR data) at the point of care?						
239	14.04.26	Dave Cawley	South Hams	Firstly I have two questions: 1: Who are the ultimate intended recipients ? And how broadly will they be distributed and available to ? 2: Where you say "As those of you who were with us last summer will recall, governors played an important role in shaping the draft strategy during its development " I am not aware as to how and where we as governors played our part in these documents, could you elaborate on this please ?	Jane Harris	01.05.26	Our organisational strategy is intended for a broad and diverse audience, recognising that different groups will engage with it in different ways. The primary audiences are: •Our colleagues (staff) and leaders, to provide a clear sense of direction, priorities and shared principles for decision making •Governors and non executive directors, to support oversight, challenge and assurance •System partners, including the ICB, local authorities, Healthwatch and wider NHS and VCSE partners •Members of the public and other stakeholders, as a transparent statement of our strategic direction	13.05.26	01.05.26	Responded

							Subject to consideration by the Board in public, the strategy will be made openly available, with: •the full strategy, and •a shorter, more accessible summary, both published on our website. The strategy will also be actively shared through established routes, including staff communications, direct circulation to governors and briefings with partners and stakeholders. In addition, as part of taking the strategy forward, we are planning a series of community conversations over the summer, taking place in each of our five neighbourhoods, to create opportunities for local people to hear more about the strategic direction and to share their perspectives on what matters most for the future of health and care in their area.			
							Governors' involvement was earlier and formative, rather than through commenting on drafts. In other words, governors helped shape the direction and foundations of the strategy, rather than editing specific wording. In particular, governors contributed through the Council of Governors Priorities meeting and dedicated strategy workshop on 15 July 2025. That session shared our emerging thinking as well as the national and local context and included breakout sessions on two specific questions: •What are people telling you about current services – what works well and what doesn't? •What would excellent health and care services look like in five years' time?			
							Those discussions, grounded in governors' understanding of member and community perspectives, helped inform: •our purpose, •the overall direction of travel, and •the principles that now underpin the draft strategy. The draft strategy reflects those early conversations alongside what we have heard from colleagues, partners and wider system engagement since then. While governors may not see their contributions reflected as discrete or attributed sections within the document, the themes raised at that workshop shaped its overall framing and priorities.			
							This is also why we are now returning to governors at this stage, ahead of Board consideration, to invite further feedback and challenge, and why future engagement – including the planned neighbourhood based community conversations – will continue to involve and draw on governors' insights.			
240	19.04.26	Lee Thomas	Torbay	I wondered if it would be possible to clarify a few points further, mainly to help ensure there is clear and objective assurance for governors: •You noted that all recommendations are complete, with some elements ongoing. Would it be possible to provide a breakdown of which recommendations are formally signed off as complete versus those still in progress, and how "complete" has been defined?	James Corrigan					Assigned
				In terms of validation, could you clarify which internal/external audits have reviewed this work, when these took place, and whether any findings or recommendations were raised? If available, it would be helpful to understand the level of assurance provided. •You mentioned review by NHSE, Internal Audit and External Audit, did any of these provide a formal opinion or conclusion on the effectiveness of the revised governance arrangements in practice? □						

				On financial risk identification, could you outline what has specifically changed compared to previous arrangements, and whether there are defined triggers or escalation thresholds now in place? •In relation to the savings programme, are you able to share what proportion of delivery to date is recurrent versus non-recurrent, and how delivery is being assured at scheme level? •Finally, what additional assurance does the Board receive beyond routine reporting to confirm that these arrangements are operating effectively in practice?						
				I appreciate the work that has gone into strengthening these processes, having a bit more clarity on the above would really help provide confidence from a governor perspective.						
241	20.04.26	Loveday Densham	Torbay	I was approached by a constituent – a student in his early twenties. He attended ED on Thursday 9th April at 5 p.m. with a severe right sided earache, fever, deafness. After a wait of 1 ½ hours he was triaged – after a further wait of 2 ½ hours in pain he was seen by a young female doctor. At no point was he offered any painkillers and the hot tea/coffee drinks machine was still out of service. After an examination by the doctor he was told by her to return home, there was nothing they could do as he had a big build up of wax in his ear and he was to consult privately to get this removed. She explained that the hospital is not funded for audiology problems of this kind. He is now under	Adel Jones	21.04.26	Thank you for bringing this issue to our attention on behalf of your constituent. Ear wax removal is not a service provided by our hospital Audiology team. This is consistent with commissioning arrangements across many parts of the NHS, where wax removal is generally managed through primary care or via private providers. Where GP practices are not commissioned to provide this themselves, patients are often advised to access private services. This is not a recent withdrawal of a Trust service, but part of the wider commissioning model for ear care services, which is why this may not have been previously highlighted to governors. We do recognise the wider concerns raised about the experience in the Emergency Department, including comfort measures and pain relief while waiting. This general feedback has been shared with our Emergency Department leadership team for reflection and learning. As this has been raised as a governor enquiry rather than a formal complaint, we would be very happy to provide more detailed feedback directly to the individual should they wish to contact us.	13.05.26	01.05.26	Responded
241	21.04.26	Lee Thomas	Torbay	Would it be possible to submit the following, urgent governor questions please following the notice yesterday on the voluntary redundancy scheme. •Following the closure of the VR scheme on 10 May, what is the expected timeline for decisions, staff departures, and any potential move to compulsory redundancies, if required? •What level of staffing cost reduction is the Trust aiming to achieve in 2026/27 and over the coming years, and how much of this is expected to come from voluntary redundancy alone?	Joe Teape Jane Harris	01.05.26	We expect to begin making decisions on voluntary redundancy (VR) applications during May and into June, although the exact timing will depend on the volume of applications received and the time needed to assess each one properly. We recognise that this period of uncertainty is unsettling for colleagues, and that people are making deeply personal decisions about their futures.The VR scheme is an important supportive measure within our wider approach to delivering required cost savings, and it is also designed to give colleagues choice, where it is safe and appropriate to do so. Each application is being assessed carefully, with patient safety and service continuity as the overriding priorities. While our intent is to maximise the role of voluntary options, we do need to be open and honest that we cannot rule out compulsory redundancies at some point in the future if the required level of savings cannot otherwise be achieved. Any such step would only be considered after all other reasonable options had been explored. Any such step would only be considered after all other reasonable options had been fully explored.	13.05.26	01.05.26	Responded
				Can you provide a breakdown of total staffing costs over the past five years, including clinical, non-clinical and agency spend? If possible, it would also be helpful to understand this by site or care group. •During previous discussions around the implementation of Epic, it was indicated that staffing reductions would not be required. Can you clarify what has changed since then? •There is also a wider public concern, including comments from the Heart Campaign, that the ICB/NHS may be moving toward a "cottage hospital" model.			We have a savings requirement of just over 7% of our overall budget in 2026/27, reflecting the financial challenge we face. These pressures are being seen across the NHS nationally, and this work is about ensuring services remain safe and sustainable for the future, rather than short term cost cutting alone. We do not have a specific numerical target for voluntary redundancy. The level of saving achieved through VR will depend on: •who comes forward •whether applications can be approved safely •whether services can reasonably be redesigned to accommodate the change. Looking ahead, it is likely that we will continue to face savings targets over the following two years as well and VR is one of several tools available to us rather than a single solution.			

				Can you confirm whether there is any truth to that, and whether any such change is being considered in practice? More broadly, it would be helpful to understand how the Trust intends to manage any workforce reduction without increasing reliance on agency staff, and what safeguards will be in place to ensure patient safety is maintained.			A detailed breakdown of our pay bill by care group, including substantive, bank and agency spend, is attached for the past three financial years. The data shows changes in overall spend and workforce numbers across care groups over time and reflects: •growth in demand •workforce pressures •efforts to reduce agency reliance where possible •increases in substantive staffing in some areas. This context is important in understanding both the pressures we face and the steps we are taking to reduce reliance on agency staffing wherever possible. We are happy to talk through this data in more detail if that would be helpful.			
							The business case for a system wide electronic patient record has always assumed that there would be some staffing efficiencies, particularly in areas such as medical records, as processes become more digital. Wherever possible, our approach has been - and remains - to use natural turnover and redeployment, rather than redundancies. Our intention is to support colleagues through change, retaining skills and experience within the organisation wherever we reasonably can. For example, in areas where turnover is higher, our aim is to support colleagues to move into other administrative or support roles where skills are transferable and vacancies exist. What has changed more broadly since those earlier discussions around the implementation of Epic is the scale of the financial challenge now facing the NHS, which means we must look more closely and more urgently at all potential areas of cost pressure, including workforce costs.			
							There are no current proposals to move towards a "cottage hospital" model for Torbay Hospital. We understand why this concern exists locally and take it seriously. Like all parts of the NHS, the Devon health and care system is facing significant financial pressures and, in some areas, challenges around long term sustainability. Work is therefore underway, led by the ICB, to develop a clinical strategy for Devon, and we are fully engaged in that process through our Chief Medical Officer and Chief Nurse.At this stage, there are no specific proposals or models to discuss. Any future system wide models would be subject to formal clinical governance and appropriate public and stakeholder engagement.Our focus as a Trust remains clear: to safeguard services for the population of around 300,000 people we serve, ensuring that care is safe, sustainable and meets local needs. Through delivery of our own strategy, we will continue to support health and care in Torbay and South Devon, including maintaining local employment and career opportunities and our strong relationships with local colleges and universities.			
							We recognise that these decisions affect people, teams and services and they are not taken lightly. Each voluntary redundancy application is subject to a structured and consistent assessment process, which considers: •length of service, •skills criticality, •impact on patient safety and service delivery, •alignment with future service models, and •financial implications. We will not approve VR applications for roles that are critical to skills, safety or service continuity. A core part of our approach remains reducing reliance on agency staffing wherever this is possible and safe to do so. Where reductions are approved, this is alongside active workforce planning to avoid unintended knock on effects, including increased reliance on agency staff.			
242	25.04.26	Lee Thomas	Torbay	I understand that an administrative team has been relocated to a site off the main hospital campus. It has been suggested that this site may not currently be accessible for wheelchair users, including a lack of suitable access (e.g. ramps) and disabled toilet facilities. I also understand that, as a result, a member of staff has been unable to work from that location.	James Corrigan Jess Piper Sam Wadham-Sharpe					Assigned

				I appreciate that individual cases cannot be discussed, but I would welcome clarification on the broader position: •What was the rationale for relocating administrative teams off the main hospital site? •What processes are in place to ensure that any new or existing Trust sites are fully accessible to both staff and the public before they are brought into use? •Are there currently any Trust sites that are not fully compliant with accessibility requirements, and if so, what plans are in place to address this? □						
				What actions are being taken to ensure reasonable adjustments are consistently in place for staff with disabilities across all locations?						
243	18.04.26	Olivia Bath	Staff Governors	Recently, we have been informed of a voluntary redundancy scheme, which aims to reduce the administrative and clerical workforce to save money across the trust. With this in mind, is there an informed decision-making process or pre-set criteria, which will consider whether the reduction in a specific speciality's administration department is appropriate, based on the service workload demand, and will the individuals in charge of making this decision be aware of the varying demand in each speciality?	Jess Piper	01.05.26	Yes, there is a defined and informed decision making process in place to support the voluntary redundancy scheme, and decisions will not be made arbitrarily or without regard to service demand. Reductions to staffing will be considered against established criteria, rather than applied uniformly across all specialities. This includes a detailed assessment of service workload, activity levels, and operational dependency on administrative support within each speciality. The intention is to ensure that any changes remain proportionate, evidence based, and aligned to service need. Those responsible for making decisions, will have access to local intelligence and will work closely with speciality and service leaders. This ensures they are fully aware of the varying pressures, complexities, and demand profiles across different specialities, rather than relying solely on high level or comparative staffing numbers.	13.05.26	01.05.26	Responded
							Importantly, no proposals will be approved where they would create: •An unsustainable workload for remaining staff •A risk to patient care, safety, or experience •A material impact on service delivery or business continuity The scheme is designed to balance the Trust's financial responsibilities with the need to maintain safe, effective, and resilient services. All proposals will therefore be subject to appropriate review, assurance, and governance before decisions are confirmed.			

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Torbay and South Devon NHS Foundation Trust

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	

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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	30 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	CoC Workshop
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 (Cancelled)	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	

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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 24.09.26
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/DLG. Providing an informal meeting where issues or questions emanating from the Governor meetings can be discussed directly with the Chair.	October
Additional Points		November
		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 (AP) FOC (DC) ARC (VW)
Additional Points	New Governor observers decided to start in May.	June 17 23 24 25	 CFC (MJ) 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 26	 QPR FOC
		October 27 28 29	 QPR FOC ARC

		November 24 25	 QPR FOC
		December 9 15 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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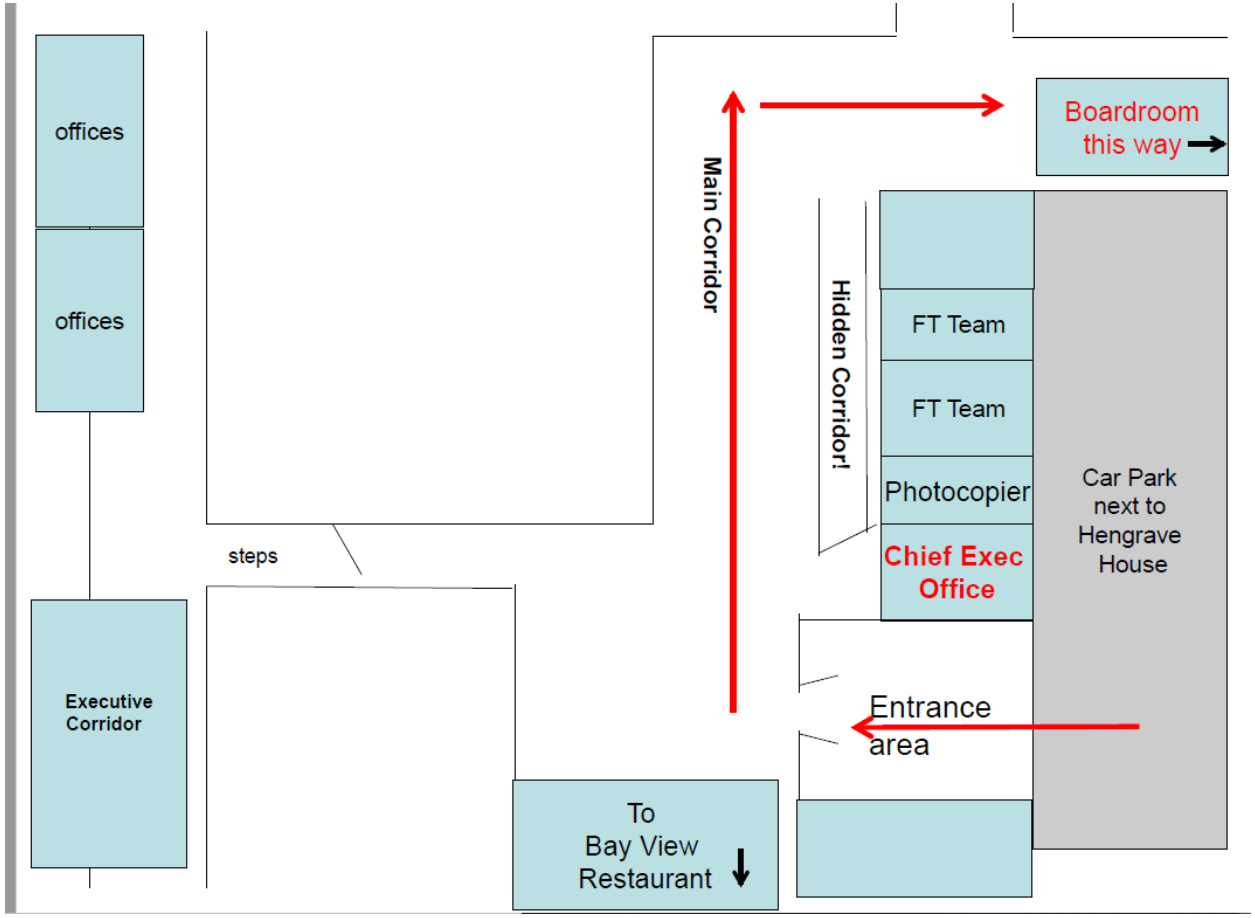
MAP TO LOCATE BOARDROOM WITHIN HENGRAVE HOUSE, TORBAY HOSPITAL, TQ2 7AA



Torbay and South Devon NHS Foundation Trust

Quality and People Committee
Governor Observer Report for meeting dated 24/02/26

Governor Observers are asked to consider the following questions:	
Question	**Comment**
Was the meeting well chaired?	Yes very. Martin is a strong , approachable and thoughtful Chair. He involved everyone. It was only the second QPC, focussing this time on the People agenda. The meeting was well paced and kept to time.
Were members engaged throughout the whole meeting including contributions by NEDs?	There were some key personnel missing but those managers who deputised did well in briefing the Committee. Most of the NEDs in attendance were very engaged and made pertinent contributions.
Did the meeting discuss key risks\issues or did you see a risk register?	Key risks on a number of issues were discussed at length, some of which are highlighted below. The risk register is still showing a number of reds (e.g cancer treatment waiting times). A risk project is being undertaken to look at red rags and ensure data analysis and scoring is accurate.
If there was an action log, was this discussed and updated?	Yes
Was there anything that concerned you about the governance of the meeting? If yes, please detail.	No
Key issues to be escalated to the CoG which could be included as an item for discussion at a future Governor meeting.	The workforce figure 6648 WTE is 238 WTE above plan. There is currently a £5.7m overspend on workforce budget. There is still a red rag on sickness absence caused mainly by MSK and mental health issues. The Trust has yet to achieve its target of 4.5% and is introducing a physical and psychological support service for

	those staff on medium to long term sickness.
Key issues to be escalated to the Board.	The Cultural Insights Review group is up and running and FTSU ambassadors feed into this. There needs to be priority given by the board to support the Restorative, Just and Learning Culture Plan that impacts all aspects of health services including patient safety, staff development etc. NEDs have been asked by senior management to support their case for an equitable stroke service across the Devon system. There is a risk that TSDFT could end up being an outlier regarding 24/7 acute stroke and thrombectomy service. Agenda for change – the forthcoming re evaluation of Band 5 nursing job descriptions will have financial implications.

Report completed by: Alison Ramon

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Date: 24 February 2026

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Torbay and South Devon NHS Foundation Trust

Finance and Operations Committee
Governor Observer Report for meeting dated 25 02 2026

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.	None.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 20 03 2026

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Torbay and South Devon NHS Foundation Trust

Quality and People Committee
Governor Observer Report for meeting dated 24 03 2026

CQC KLOEs – Key Lines of Enquiry	
Is it safe? 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? **Is it well led?** 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? 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?	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
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.	1- Risks due to site conditions are being mitigated in short term. There is increased testing for any infection that may arise from increased bacterial infection. 2- Emergency bleeps are not always getting through walls of new structures. Corrective measures will be carried out in May. Keep a watching brief on this.

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Key issues to be escalated to the Board.	As above.

Report completed by:

Andrew Postlethwaite, Public Governor (Teignbridge)

Date:

21 April 2026

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Torbay and South Devon NHS Foundation Trust

Finance and Operations Committee
Governor Observer Report for meeting dated 25 03 2026

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.	None, but these are "very" long meetings that must be "very" dificult for the NED's.
Key issues to be escalated to the Board.	None

Report completed by: Dave Cawley

Date: 23 04 2026

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