

Public questions received for the Board meeting in public on 02 July 2026
Question from a member of the public: How will the potential downgrading of services affect the breast care unit and colonoscopy services

Answer: We understand why people are concerned about any suggestion of changes to services like breast care or colonoscopy.

To be clear, there are no current proposals to change these services, and they will continue to be provided at by the Trust within our locality.

The specific programme we are progressing relates to cellular pathology (histopathology), which is a clinical support service. It is about how we provide safe, modern laboratory facilities, not about changing where patients receive care.

More broadly, as with all NHS services, we work with partners across the system, including the ICB, to plan for the future. If any proposals that would affect clinical services were to be developed, these would go through appropriate clinical, governance and public engagement processes.

Question from a member of the public: Who will be accountable for loss of life due to delays in admission for emergency cardiac and other A&E conditions?

Answer: We recognise how serious that question is, and why people are concerned when it is framed in those terms.

Patient safety is our absolute priority, and we would not support any change that compromised safe and timely care.

There are no current proposals to change emergency cardiac or Emergency Department services at Torbay Hospital. The arrangements we are putting in place for cellular pathology are designed to support safe care, including where urgent or time-critical diagnostic support is needed.

We are accountable, individually and collectively within the NHS, for providing safe and effective care. Any future changes to services would need to demonstrate that they are clinically safe and maintain or improve outcomes for patients.

Question from a member of the public: Why are medical staff being offered voluntary redundancies when there is an acute shortage of medics?

Answer: We understand why people would question this, particularly given the pressures on staffing across the NHS.

The voluntary redundancy programme was open for all substantive employees to express an interest, but that does not mean every application could or would be supported.

The important distinction is between applying and being approved. Every application has been reviewed through a formal panel process, with decisions based on whether the role could safely reduce or change. Where a role is needed to maintain clinical

services, safe staffing, patient care or service resilience, applications have not been approved.

We are continuing to recruit and retain clinical staff where they are needed, particularly in areas where there are known workforce shortages.

The purpose of the voluntary redundancy programme is to support safe workforce redesign and financial sustainability, not to reduce clinical capacity where that would create risk for patients or services.

Question from a member of the public: Histopathology Labs at Torbay were due for refurb Feb 2026 - after huge public concern about effect on cardiac care refurb was scheduled for Sept 2026....IS THIS STILL THE CASE. Your recent press statement says " IF histopathology services are needed urgently they COULD still be provided at the Torbay sight " - surely if cardiac & cancer ops are to be done at Torbay this should read WHEN and WILL. Please clarify HOW ?

Answer: We understand why people are concerned about this, particularly given the importance of cardiac and cancer care at Torbay Hospital and the level of local interest in changes to cellular pathology services.

The refurbishment of the cardiac catheterisation laboratories at Torbay is progressing as part of our capital development programme. It is one of our priority schemes for this year and next year (it is due to conclude in September 2027), alongside other essential developments including aseptic pharmacy.

In relation to cellular pathology, also known as histopathology, our published statement explains that arrangements for any urgent and time-critical cellular pathology work needed to support care at Torbay Hospital will be built into the final operational model. It also makes clear that where cellular pathology results are needed more quickly to support clinical decisions - for example during surgery, or as part of specific cancer pathways - arrangements will be in place to ensure this can continue to happen safely and within the required timeframe.

The statement does not say that urgent histopathology services "could" be provided at Torbay. It says that urgent and time-critical cellular pathology work needed to support care at Torbay Hospital will continue to be provided through clear and agreed processes, including through the acute service laboratory on the Torbay site where this is clinically required.

These arrangements are about ensuring that clinical teams continue to have the diagnostic support they need to provide safe and timely care. They do not change where patients receive cardiac or cancer care.

Question from a public governor for Teignbridge: The tragic death of Baby Preston Davy has understandably shocked people across the country and prompted many to reflect on the importance of effective safeguarding across all public services. While I recognise that any investigations into that case are ongoing and it would be inappropriate to comment on the circumstances, it

has nevertheless raised understandable public concern about how vulnerable children are identified and protected, this is reflected in a number of queries and engagements I've had from constituents in Teignbridge.

Could the board outline what assurance it has that the Trust's safeguarding arrangements are effective in identifying children and adults at risk of abuse or neglect, ensuring concerns are escalated appropriately, and enabling timely intervention where required.

In particular:

- How does the Board satisfy itself that safeguarding policies are being consistently implemented in practice?**
- What information and assurance does the Board receive on safeguarding performance and learning?**
- How does the Trust ensure that lessons from serious incidents and safeguarding reviews, both locally and nationally, are embedded into practice?**

Given the understandable public concern that cases such as this generate, I believe it would be reassuring for the Board to explain how it gains confidence that the Trust's safeguarding arrangements are as robust and effective as possible.

Answer: We recognise the profound impact that cases like this have on families and communities, and we offer our sincere condolences to those affected.

Safeguarding is a core responsibility across all of our services, and the Board receives regular assurance that our arrangements are robust and effective. We have dedicated safeguarding professionals for both children and adults, who provide advice, oversight, supervision and support to frontline teams. Colleagues across the organisation receive safeguarding training appropriate to their role and have access to specialist advice when managing concerns.

The Board receives regular safeguarding assurance reports through its governance structures. These reports include safeguarding activity, referrals, training compliance, audits, statutory requirements, serious incidents, themes, risks, learning and any emerging concerns.

Safeguarding is overseen operationally by specialist teams and strategically through executive leadership, with the Chief Nurse holding executive responsibility.

Audit activity, case reviews, quality visits and external scrutiny provide assurance that safeguarding policies are being applied consistently in practice. Any significant safeguarding concerns are escalated through established governance processes and, where necessary, directly to executive leaders and the Board.

We have established processes to review and learn from serious incidents, safeguarding practice reviews, domestic homicide reviews, national inquiries and local safeguarding partnerships. Learning is translated into action through changes to practice, training, policies and wider quality improvement work.

We work closely with safeguarding partners, including local authorities, police, education and integrated care partners, to ensure learning is shared and acted upon across the wider system.

We promote a culture of openness and learning, focused on continuously improving how we identify, escalate and respond to safeguarding concerns.

While no organisation can ever be complacent, the Board receives regular evidence through internal oversight, external scrutiny and multi-agency working that our safeguarding arrangements are robust, and that concerns are identified, escalated and acted upon appropriately to protect vulnerable children and adults.

Question from Steve Darling MP: With regards to May 07 Board Meeting Questions, what evidence can you provide of representations to Government you have made around the increased health costs of our frail elderly population in Torbay and South Devon, within the last 6 months.

Answer: We recognise why this question is being asked, particularly given the challenges associated with an ageing population and increasing levels of frailty across Torbay and South Devon.

As we said in our response to the May Board question, we have consistently highlighted through regional and national NHS forums that Torbay and South Devon faces a distinct set of challenges in relation to age, frailty and the complexity of need within our population. This includes engagement through NHS Devon, NHS England and wider system discussions eg annual contract negotiations, discussions about estate funding etc.

We do not determine national NHS funding policy or the funding formula used to allocate resources across the country. Our role is to ensure that the needs of the population we serve are understood and reflected in planning discussions, while focusing locally on delivering safe, high-quality care and making the best possible use of the resources available to us.

We will continue to advocate for funding approaches that recognise both deprivation and the additional costs associated with supporting an older population, alongside our focus on improving services and outcomes for the people and communities we serve.

We would value the opportunity to work with local politicians on what would be an appropriate joint approach to this.

Question from Steve Darling MP: What update can you provide on how you are working towards a sustainable future for Pathology services, including Histopathology, with medics based at Torbay Hospital.

Answer: Pathology services are essential to the safe delivery of care at Torbay Hospital and we recognise the importance of involving both the specialists who deliver these services and the clinicians who rely on them in shaping their future.

Across pathology as a whole (blood science, microbiology and cellular pathology), we continue to work through the development of the Peninsula Pathology Network. This includes collaboration between clinicians, clinical scientists, biomedical scientists, support staff and operational colleagues on areas such as digital pathology, workforce planning, service resilience and opportunities to strengthen specialist expertise and support across the network.

In relation to cellular pathology (histopathology) work is underway to move to a new laboratory at Gadeon House as part of a long-term solution to the significant estates and infrastructure challenges associated with the current facility.

The focus now is on designing and implementing that future model. Consultants, clinical scientists, biomedical scientists, support staff and operational colleagues are working us to help shape how the service will operate in practice.

These discussions are informing clinical pathways, reporting arrangements, turnaround times, digital pathology, workforce planning and the arrangements needed to support urgent and time-critical care at Torbay Hospital.

A key requirement throughout this work is ensuring that the future model continues to meet the needs of both the teams delivering cellular pathology services and the clinicians who rely on those services to provide safe and effective patient care. Our objective is to deliver a pathology service that is clinically safe, sustainable and resilient for the future while continuing to support patients and clinical teams across Torbay and South Devon.

Question from Steve Darling MP: With the Trust ending the Section 75 Arrangement between Torbay Hospital and Torbay Council, assurances were made to Torbay residents that there would be continuity of care, and yet I understand that there have been problems recruiting social care workers for the ICO. Can you please confirm the numbers of social workers currently employed and in what disciplines, and what vacancies exist, and what is the average waiting time to see a social worker across different disciplines for assessments or other areas of activity.

Answer: We recognise the concern raised about social care workforce capacity and access to services, and the importance of being transparent about this information.

The ending of the Section 75 arrangements does not change our commitment to maintaining continuity of care for people who rely on adult social care services. We currently employ social workers and senior social work practitioners across a range of services including mental health, short-term triage, complex care, transitions, safeguarding and out-of-hours services.

Our current establishment for Band 6 Social Workers and Band 7 Social Work Leads/Senior Practitioners is 56.41 whole-time equivalent posts. We currently have 6.68 whole-time equivalent vacancies, primarily within our Mental Health and Complex Care teams.

Median waiting times currently stand at 19 days for Mental Health Services, 28 days for the Short Term Triage and Complex Care Service, and 21 days for Occupational Therapy assessments.

Recruitment and retention of experienced social workers remains a challenge nationally and locally, reflecting wider workforce pressures across health and social care. Despite this, we have continued to maintain social work services across our teams and are working closely with Torbay Council as part of the transition arrangements to support workforce stability and continuity of care for local people.

As previously reported, the transfer of adult social care responsibilities to Torbay Council is planned for April 2027 following the transition year. Workforce planning is a key part of that work and both organisations are committed to ensuring services remain safe and effective throughout the transition period.

Question from Steve Darling MP: Can you please confirm how much deficit support funding you had received for each of the last five years and how much is committed this year.

Answer: National Deficit Support Funding (DSF) was introduced for the 2024/25 NHS Financial planning round and was a national mechanism introduced for Trusts in deficit.

The annual DSF allocations from 2024/25 to the Trust are as follows:

2024/25 £34.1m

2025/26 £30.8m (although this was reduced to £15.4m in year given the overall financial position across the Devon system)

2026/27 £57.8m (the full £57.8m is required in year to get us to a breakeven outturn, it should be noted that this also requires us to deliver a £54.4m savings plan)

Question from Steve Darling MP: What commitments can you provide around core services remaining at Torbay Hospital, such as urgent and emergency care, cardiology, oncology, orthopaedics, surgery, maternity, gynaecology, services for children and young people, and outpatient services.

Answer: We recognise why people ask this question. Torbay Hospital matters deeply to the people and communities we serve and we understand that discussions about how NHS services may change in future can create concern about what that means for local services.

Torbay Hospital is our acute hospital and is central to the healthcare we provide across Torbay and South Devon. We continue to invest in the site and its facilities, including our recent Emergency Department redevelopment, surgical facilities, expansion of maternity triage and the refurbishment of our cardiac catheter laboratories, which remains one of our major capital priorities.

At the same time, healthcare does not stand still. Clinical practice, technology, workforce models and patient expectations continue to change. The direction set out

nationally is for more care to be provided closer to people's homes and in community settings where this is safe, effective and provides a better experience for patients. Outpatient services are a good example of this. Some outpatient appointments will always need to take place on an acute hospital site, particularly where people need specialist diagnostics, tests or procedures on the same day. But many outpatient appointments do not need to happen in a hospital setting, and over time we expect more outpatient care to be delivered differently - including through community-based clinics, digital appointments and more joined-up care closer to home. That is not about reducing care; it is about providing care in the most appropriate setting for patients.

Many of the services we provide are commissioned by NHS Devon. Decisions about the future configuration of NHS services are therefore not made by the Trust acting alone. Any significant service change would involve commissioners, providers and, where appropriate, regional and national NHS organisations, alongside public engagement and consultation where required.

The Board has an important role in advocating for the people and communities we serve. We recognise the importance of Torbay Hospital as our acute hospital and the importance of Torbay and South Devon NHS Foundation Trust as the largest employers in Torbay and South Devon. We will continue to make the case for investment in our services and estate, ensure local voices are heard and work with partners to secure high-quality, safe and sustainable services for the people we serve.

Our commitment is to continue investing in Torbay Hospital, to support care closer to home where that is right for patients, and to ensure any future decisions about services are guided by clinical safety, sustainability and the needs of our communities.