Public questions received for the Board meeting in public on 03 September 2026

Question from a member of the public: Does the Board accept that ensuring material inaccuracies about Trust services or governance must be corrected, and this should form part of its responsibility to maintain public confidence?

Answer: Yes. We agree that patients, colleagues, Governors, members and the wider public should have access to accurate information about our services, our plans and how the Trust is governed.

Scrutiny and challenge are important, and people are entitled to hold different views about the future of local health services. Our role is not to challenge those views or to arbitrate every public debate. However, where a material factual inaccuracy could cause unnecessary concern, mislead people about how to access care or create a false understanding of our services or governance, we have a responsibility to make the facts available.

Public confidence does not depend on avoiding difficult questions. It depends on answering them openly, being clear about what has and has not been decided and correcting significant misunderstandings when they arise.

Question from a member of the public: How does the Trust identify and respond to inaccurate public information where it could affect patient confidence or understanding of Trust services?

Answer: We become aware of possible inaccuracies through several routes, including questions from patients and members of the public, feedback from Governors and colleagues, correspondence, media enquiries and monitoring of public and social media discussion.

We then check the position with the relevant operational, clinical or governance leads before deciding whether a response is needed and which channel will reach the people affected most effectively. Our response should be factual, evidenced and proportionate.

A recent example involved incorrect information circulating on social media suggesting that changes to signage at Torbay Hospital's main reception meant the Emergency Department was no longer open 24 hours a day. We took immediate steps to verify the accuracy of the information and quickly published a factual clarification on Facebook (where the incorrect information was circulating) confirming that the Emergency Department remained open and accessible 24 hours a day, seven days a week. We also asked local people and partners to share the clarification, helping it reach more than 70,000 people within 48 hours and ensuring accurate information was available to the community.

We have also launched our Listening to Our Communities webpage. It brings together answers to questions we hear regularly through public Board meetings,

correspondence, community engagement and conversations with Governors and other stakeholders. Where relevant, it links people to Board papers and other published information. It will be updated as new questions arise, further information becomes available or decisions are made.

These are two different but complementary parts of our approach: responding quickly where inaccurate information could affect how people access care, while also building a trusted and accessible source of information about the wider questions our communities are asking.

Question from a member of the public Will the Board commit to publishing timely factual clarifications where inaccurate public statements on social media risk misleading patients or the wider community?

Answer: Yes, where the information is materially inaccurate and there is a genuine risk that it could mislead patients, cause unnecessary concern or affect understanding of how to access our services, we will seek to clarify the facts in a timely and proportionate way.

The response may not always take the form of a direct reply to the original social media post. Depending on the circumstances, it may be more effective to publish information through our own social media accounts, website (including our Listening to Our Communities page), a response to a public Board question or direct communication with those affected.

It would not be practical or appropriate to respond to every social media post, nor would we want to amplify inaccurate claims unnecessarily. We will therefore continue to exercise judgement about the significance of the information, the potential effect on patients and communities, the evidence available and the most effective way to respond.

The recent clarification regarding main reception signage and Emergency Department access demonstrates this approach. We acted quickly because we were concerned that inaccurate information could create confusion about access to emergency care and potentially deter people from attending when they needed urgent treatment.

Question from a member of the public: What further steps will the Board take to strengthen engagement with Governors, Trust members and the public, while reinforcing the statutory role of the Council of Governors as a key element of Trust accountability?

Answer: The Board recognises the important statutory role Governors play in representing the interests of members and the public, bringing community perspectives into the Trust and holding the Non-Executive Directors collectively to account. Governors provide an important link between the Trust and the

communities we serve, and constructive challenge is an important part of the Foundation Trust model.

We remain committed to supporting Governors in fulfilling that role and actively encourage them to engage with their members and local communities, listen to the issues that matter to local people and bring those views back into the Trust.
This year we have taken a number of practical steps to strengthen that connection. Following elections earlier this year, we have launched a second public Governor election to fill remaining vacancies and help ensure communities from across our geography continue to be represented on the Council of Governors. We have also refreshed our Governor recruitment, induction and information materials to provide greater clarity about the role and responsibilities of Governors and introduced regular Governor briefings on issues of interest to local communities.

In addition, joint visits between Governors and Non-Executive Directors to Trust services have now commenced, providing opportunities for Governors to hear directly from colleagues, better understand the challenges and opportunities facing services, and strengthen the relationship between Governors and the Board.

We have also developed our *Listening to Our Communities* webpage, bringing together answers to questions we regularly hear from patients, members, Governors and local people, and shared this resource with Governors to support their conversations with members and communities.

More broadly, we continue to look for ways to make the Trust more visible and accessible. The Board has approved a pilot to rotate Board meetings in public across our localities, making it easier for communities across Torbay and South Devon to see the Board at work, hear discussions first-hand and ask questions. We have also introduced a more proactive approach to public questions and publish responses online so information is available more widely.

In addition, this year's Annual Members' Meeting is being held as part of a wider community health event. Alongside the formal statutory meeting, there will be opportunities for members of the public to meet Governors, Board members, colleagues and partner organisations, ask questions, share their views and participate in wider conversations about the future of health and care services. Governors will also have dedicated opportunities to engage directly with members and the public during the event.

Strong accountability depends on informed engagement, constructive challenge and open communication. We believe Governors play an important role in maintaining that connection between the Trust and the communities we serve, and we will continue to support and strengthen that role.

Question from Steve Darling MP: In light of the almost 70 redundancies at Devon Partnership Trust, what impact assessment has the Trust undertaken of how this will affect services provided to the community in Torbay and South Devon?

Answer: Devon Partnership NHS Trust provides essential services for people with mental ill health across Devon, including many people in Torbay and South Devon. We also recognise that NHS organisations across Devon are facing significant financial pressures and difficult decisions are being made right across the health service.

While workforce decisions within Devon Partnership NHS Trust are a matter for their Board, we work closely together and will continue to do so. Our primary concern is ensuring that people can access the care they need, when they need it.

We know that mental health services are under significant pressure nationally and locally, and we are not complacent about the challenges that creates for patients, families and staff. We have been working with Devon Partnership NHS Trust and NHS Devon to understand these pressures and how we can collectively respond to them.

One of the challenges we collectively face is ensuring people with mental health needs can access the most appropriate care as quickly as possible. There are times when people remain in our hospital longer than they need to because they are awaiting specialist mental health care or onward placements. This is not in the best interests of patients and is something we continue to work on together as a system.

The reality is that many people rely on services provided by multiple organisations across the health and care system. That means the answer is not one organisation acting alone. It requires providers, commissioners and partners working together to ensure services remain safe, sustainable and focused on patients.

We will continue to work closely with Devon Partnership NHS Trust and NHS Devon to understand any implications of these changes and to ensure the people of Torbay and South Devon continue to receive safe, high-quality care.

Question from Steve Darling MP: How are you working to ensure that the new Lead Provider model proposed by Devon ICB in their 5 Year Commissioning Plan will not disadvantage Torbay Hospital and the community it services, and that a genuinely collaborative rather than adversarial culture is promoted within Devon?

Answer: As NHS organisations, we have a statutory duty under the Health and Care Act 2022 to collaborate with partners in the interests of patients and local communities. We are fully committed to that principle and work closely with NHS Devon, other NHS providers, local authorities, primary care and voluntary sector partners across Devon.

The One Plan for Devon includes ambitions around future commissioning and service delivery models over the next five years. However, it does not contain a detailed proposal for a specific lead provider arrangement and therefore it is not possible to assess the implications of any particular model at this stage.

Our focus is and will remain on the interests of the 300,000 people and communities we serve, and the 6,500 colleagues who work for this organisation. As any future commissioning intentions are developed into specific proposals, we will engage

constructively, to ensure the voices of Torbay and South Devon are heard and continue to advocate for the services our communities need.

We do not see collaboration and local advocacy as competing objectives. Effective partnership working depends on organisations bringing the needs and perspectives of their communities to the table and working together to find solutions. Torbay and South Devon has a long history of integrated working and strong partnerships, and we remain committed to working collaboratively with partners across Devon in the interests of the people and communities we serve.