

Questions and answers from the Annual Members Meeting (30 September 2026)

Thank you to everyone who attended our Annual Members Meeting on 30 September 2026 and to those who submitted questions beforehand or asked questions during the meeting.

The questions and responses are set out below, grouped by theme.

We are still gathering the information needed to answer two questions fully and will update this document when those responses are available.

Digital access and technology

What steps are being taken to rationalise the number of online platforms for gaining access to NHS support. In addition to using Patient Access I also have to use the NHS App, My Care and Rapid Health. None of the platforms are user friendly and all tend to require repeat input of the same information.

Thank you for the question. I think many people would recognise that frustration. It can feel as though there are a lot of different digital systems in the NHS, and sometimes patients are asked to provide the same information more than once.

Some of the platforms you mention are doing similar jobs. Patient Access and the NHS App both provide access to many GP and primary care services, while Rapid Health is used by some GP practices to help patients access appointments and advice.

MY CARE is different because it provides access to information about hospital and specialist community care, including appointments, letters and other information relating to treatment.

We know people would like a more joined-up experience and work is already under way to improve this. Earlier this year, MY CARE was linked with the NHS App so that patients can use their NHS login details to access MY CARE and can access hospital appointment information through the NHS App.

There is still more to do, but the direction of travel is towards services working together more effectively so that people have a simpler experience and do not have to navigate multiple separate systems to manage their care.

Access to care and patient experience

I live in the USA. A couple years back I donated my car to the American Cancer Society. Today, I briefly read an article in the Daily Mail. I decided to read the comments and there was a cancer patient who mentioned it was hard to find parking at your hospital. My question why doesn't your hospital have a parking hotline for Cancer Patients so, they can park their car and then call hospital hotline to have an electric battery charged golf cart or tram driver pick them up and take them to the

front door of the hospital?! (When they are done with the hospital visit the golf driver takes them back to their car.) (The parking garage would have to be labeled by color and numbers and letters).

Thank you for your question and for your suggestion.

We recognise that regular hospital visits can be challenging for people undergoing cancer treatment, which is why a range of support is already available for patients attending Torbay Hospital.

Free parking is provided from diagnosis for cancer patients who are making daily or frequent visits for treatment, including surgery, radiotherapy and chemotherapy. We have designated parking spaces for patients attending radiotherapy appointments and dedicated parking outside our Breast Care Unit.

In addition, cancer patients taking part in research trials are often provided with transport as part of the study arrangements, removing the need to drive and park at the hospital. There are also several bus services that come directly onto the hospital site, helping patients and visitors access the hospital using public transport.

We are always interested in feedback about how we can continue to improve the experience of patients and visitors, and we appreciate you taking the time to share your thoughts with us.

What processes are in place for GPs and Pharmacies to report incorrect discharges and does the Trust collect this data?

GPs and community pharmacists can currently raise concerns about discharge information through a number of routes, including by contacting the clinical team involved, the relevant service, or the Trust where they identify an issue that could affect patient care.

We recognise that there are several ways of raising concerns and primary care colleagues have asked us to introduce a single point of contact for discharge summary issues. We are currently progressing this work.

Where concerns are identified as patient safety incidents, they can be recorded and investigated through our incident reporting and patient safety processes. We also have a Patient Discharge Group which reviews discharge-related information and patient experience.

We collect information about discharge-related incidents and monitor these as part of our patient safety arrangements. We also review broader measures of discharge quality and patient experience to help identify themes and opportunities for improvement.

What safeguards does the Trust have to make sure that patients are being discharged with the correct paperwork?

Discharge information is prepared and reviewed by the clinical team responsible for the patient's care before they leave hospital. That includes information about their diagnosis, treatment, medications and any follow-up arrangements.

Since introducing Epic, we now have a single electronic patient record rather than information being held across multiple separate systems. This helps ensure clinicians are working from the same patient record when discharge information is produced. Information can then be shared electronically with those involved in the patient's ongoing care.

Safe discharge depends not only on the electronic systems we use, but also on the clinical review processes carried out by the healthcare professionals responsible for a patient's care. Epic supports this process by providing a single, shared record, but clinicians remain responsible for ensuring discharge information is complete, accurate and appropriate.

We have also introduced Epic Care Link, which allows GP practices that register for access to view relevant patient information directly. This provides an additional safeguard because primary care colleagues can check information recorded within the patient's electronic record rather than relying solely on correspondence.

If concerns are identified by patients, GPs, pharmacists or our own clinicians, these can be investigated through our patient safety processes so that any errors are corrected and learning is identified.

The future of Torbay Hospital and investment in services

Why are you not doing everything in your power to keep Torbay Hospital thriving and giving them the support they need? Why are you not fighting to support the excellent staff and services they provide? This is the best care and support you can give to the community and your recent actions and 'plans' do not appear to be proactive or supportive in this respect.

Torbay Hospital remains at the heart of acute healthcare for the people of Torbay and South Devon. Every day, colleagues based there provide urgent and emergency care, planned treatment, specialist services, diagnostics, maternity care and support for local people with serious and complex health needs.

Torbay Hospital matters deeply to the people and communities we serve. We understand why people want reassurance about its future.

Hospitals remain essential for a wide range of services that can only be delivered in an acute setting.

Torbay Hospital remains part of the national New Hospital Programme and, as planning continues for our new hospital, we are also continuing to invest in our existing facilities so that patients and colleagues benefit from improvements now as well as in the years ahead. This year we completed a £14.2 million redevelopment of

our Emergency Department, expanded our maternity triage facilities and opened a new birthing pool suite. Current building projects include the refurbishment of our day theatres, the relocation of the Surgical Admission Unit from Level 7 to Level 5, and the expansion of our Oral and Maxillofacial Surgery (OMFS) department, which is due to open in January 2027.

Our two major capital priorities for this year and next are the refurbishment of our cardiac catheterisation laboratories and the development of a new aseptic pharmacy facility. These projects will help support cardiac services and the preparation of treatments, including chemotherapy, for patients across Torbay and South Devon.

We are investing in advanced medical technology. This includes the continued expansion of robotic-assisted surgery, enabling our surgical teams to use the latest technology to undertake an increasing range of procedures and helping to improve outcomes and recovery times for some patients.

We are also investing in the infrastructure that supports the hospital. This includes a new electrical substation behind the TREC building which will improve the site's electrical capacity and resilience for years to come.

What assessment does the Trust currently make of the safety of patients within the Tower Block at Torbay Hospital?

Our assessment is that the Tower Block presents risks that require active management and ongoing mitigation. We continue to review those risks and take action to reduce them, with patient safety remaining our overriding priority.

The Tower Block is an ageing building, and some of the risks associated with the building are linked to its age, design and condition. Detailed fire risk assessments have given us a clearer understanding of those risks and the challenges associated with operating services from an older building.

We are working closely with Devon and Somerset Fire and Rescue Service and specialist advisers to review those risks and identify any further action needed to continue reducing them. This includes work on fire safety arrangements, evacuation planning and other practical measures to support patient, visitor and staff safety.

While we continue to invest in maintaining the building and reducing risk wherever possible, we also continue to make the case for the long-term investment needed to provide modern healthcare facilities for future generations

Pathology services

If they will provide an update on their work to secure the long-term future of urgent pathology services at Torbay Hospital, and how they are supporting staff through other changes to pathology services across the Trust?

Thank you for your question.

Urgent and time-critical pathology services needed to support patient care at Torbay Hospital will continue to be provided on site. Those services are essential to supporting emergency and inpatient care and remain an important part of our plans for the future.

At Torbay Hospital, the cellular pathology laboratory is currently based in a temporary building that is more than 40 years old and has reached the end of its working life. Cellular pathology services help diagnose disease and support patient care, including cancer services, surgery and other specialist treatments. Moving the service to Gadeon House will provide modern facilities that are better suited to the needs of a modern pathology service.

The move relates to where the laboratory is based, not where patients receive their treatment. Patients will continue to receive cancer care, surgery and other treatments at Torbay Hospital, and arrangements will remain in place to support urgent and time-critical care.

We are also working with NHS partners on a business case exploring opportunities for blood sciences and microbiology services to support sustainable pathology services for the future. No decisions have been made about any future arrangements for these services.

We also recognise the impact that change and uncertainty can have on colleagues. Supporting pathology colleagues has been a priority throughout this work. The Chief Executive and other members of the executive team meet regularly with cellular pathology colleagues to listen to concerns, answer questions and discuss plans as they develop. We also meet with blood science and microbiology services as conversations continue around and we remain committed to keeping colleagues informed and involved.

Our pathology staff provide an excellent service for patients every day. As this work continues across cellular pathology, blood sciences and microbiology, we will continue to work closely with colleagues to ensure they are supported while we secure sustainable pathology services for the future.

Whatever decisions are taken in the future, pathology services needed to support urgent and time-critical patient care at Torbay Hospital, will continue to be provided on site.

Why have you not had any public consultation about all of this. You haven't so far. You've ignored it and so have the ICB and it really isn't fair because this affects all of Torbay and the wider areas.

We understand that this is a concern for some people. There will be no changes to where patients receive care as a result of relocating our cellular pathology laboratory. We therefore believe that a formal public consultation is not required because the proposal does not represent a substantial change to patient care.

We have shared information about the proposed move through our Board meetings in public, on our website, through our Listening to Our Communities pages and with our governors, and we will continue to do so. It is also important to stress that urgent and time-critical pathology services needed to support patient care will remain on the Torbay Hospital site.

Hospital beds, discharge and models of care

In recent History what lessons have been learnt from the strategic decisions of closing hospital patient beds within the Torbay and South Devon catchment areas? For example all the community hospital beds and especially the womens Health ward , McCallum and the essential medical ward, Simpson Ward. And please no excuses that it wasn't on your watch.

Thank you for your question. We recognise the strength of feeling about hospital beds and the importance local communities place on services that have cared for generations of families.

I would like to reassure you that Simpson Ward, McCallum Ward and our Women's Health Unit at Torbay Hospital remain open and continue to care for local people. We do recognise that how we care for people within our hospital estate has changed over the past ten years, for example, in 2017 14 dedicated gynaecology and breast surgery beds on McCallum ward were transferred to Forrest Ward. McCallum ward has changed its use several times since then and is now our short stay acute medical ward. Simpson ward cares for older people with acute medical needs and our women's health unit continues to provide gynaecology and maternity services.

Also in 2017, following a public consultation led by the then South Devon and Torbay Clinical Commissioning Group, inpatient beds closed at Dartmouth and Kingswear, Ashburton and Buckfastleigh, Bovey Tracey and Paignton hospitals. The model introduced at that time was intended to provide more care in people's homes, supported by additional community staff, intermediate care teams and short-term care-home placements rather than assuming that a hospital bed was always the best place for someone to recover.

Care has continued to evolve since those decisions were made. Treatments that previously required a lengthy hospital stay can now often be provided through day-case care, same-day emergency care, virtual wards or teams working with people in their own homes. Hospital beds remain essential for people who are acutely unwell and need the specialist care, monitoring and treatment that can only be provided in a hospital setting. However, the evidence is also clear that once people are medically stable, remaining in a hospital bed for longer than necessary can lead to loss of strength, confidence and independence, particularly for older people. Our own more recent work has found that some people occupying community hospital beds would be better supported through intermediate care at home and that many patients would prefer to recover at home where it is safe to do so.

However, the lesson is not that hospital beds are no longer needed. Hospital beds are essential for patients when they are at their sickest. Equally, a hospital bed is not always the best place for recovery once someone is medically stable, nor can beds be considered separately from the community, rehabilitation and care-at-home services that help people avoid admission and return home safely.

We know that Torbay has a low acute bed base, that demand has grown and that there remains a gap between the capacity available and the peaks in demand we experience. The lesson we have learned is not simply about the number of beds. It is about ensuring there is the right balance of hospital beds, community services and support at home to meet the needs of the population. Bed decisions cannot be considered in isolation. The real test is whether the whole pathway of care is able to provide safe, timely and effective care for patients.

Looking back, there will be different views about some of the decisions that have been made. What is important is that we continue to assess demand, listen to patients, staff and communities, and make sure we have the right capacity in the right places. We know that both hospital capacity and community capacity remain under pressure, which is why planning for future demand is such an important part of the work we are doing today.

Neighbourhoods, service change and future healthcare

As the neighbourhood model develops, what assurance can the Board give that clinical need, patient outcomes and access to care will remain the priority and that financial pressures which you've outlined today will not override clinical need when decisions are made about clinical services.

Financial pressures across the NHS are significant and we do need to reduce our costs over the coming years. However, our absolute red line is patient safety and the quality of care we provide. Any changes we make must be clinically safe, effective and support good outcomes for patients.

The purpose of neighbourhood working is not simply to save money. It is about providing more joined-up, preventative care and helping people access support earlier, before their health deteriorates and they need more intensive intervention. Many people tell us they would prefer to remain independent and receive care closer to home wherever it is safe and appropriate to do so.

Hospital care remains essential for people who are seriously unwell and need specialist treatment. Equally, we know that people can lose strength, confidence and independence if they remain in hospital longer than necessary once they are medically stable. The aim is therefore to ensure people receive the right care, in the right place, at the right time.

As neighbourhood services develop, we will continue to assess proposals against clinical evidence, patient safety, outcomes and the needs of our communities.

Financial sustainability is important, but it will not override our responsibility to provide safe and effective care.