Torbay and South Devon
NHS Foundation Trust

Email: foi.tsdft@nhs.net
Our Ref: TSD10884

23 October 2026

Dear Sir/Madam

Request for Information

We are writing to confirm that we have now completed our search for the information you requested.

A copy of the information is below:

Freedom of Information Act 2000 – Gadeon House

Torbay Council has confirmed in its FOI response (ref. 21410301, dated 28 September 2026) that the Trust first approached the Council about leasing part of Gadeon House on 1 February 2026, that a 15-year lease began on 31 March 2026, and that the proposed use is "some type of laboratory."

The Council also states that it was not privy to any due diligence by the Trust and that the Trust has not asked it for any funding.

Please provide the following information:

1. **Planning and change of use.**
   Gadeon House is currently an office building. Has the Trust, or anyone acting on its behalf, applied to the relevant local planning authority for a change of use to laboratory use, or sought pre-application advice?

   Please provide copies of any applications, correspondence or advice received. If no application has been made, please provide any records showing how the Trust assessed the planning position before signing the lease.
   The Trust did not submit an application for change of use to laboratory use because the Trust's assessment was that the existing office use and proposed pathology laboratory use fall within the same planning use class and that a change-of-use application was therefore not required.

   Planning application 25/0538/FUL, granted on 08 August 2025, had previously been made in relation to alterations required to facilitate Royal Devon University Healthcare NHS Foundation Trust's proposed use of part of Gadeon House for laboratory purposes and related to alterations to doors, louvres and an extract chinmey. When the Trust subsequently considered Gadeon House as an option for

its cellular pathology service, the existing planning position and the building's proposed laboratory use formed part of the context in which that option was considered.

The Trust did not seek, and does not hold, pre-application advice relating to a change-of-use application. The intended use of the premises for pathology laboratory accommodation was known to the landlord before the lease was entered into.

2. **Funding of the fit-out.**

   a) **What is the estimated cost of fitting out Gadeon House as a laboratory?**
   The final cost has not yet been determined and forms part of the Full Business Case, which the Trust intends to publish once it has completed the relevant governance process.
   This information is therefore exempt from disclosure at this time under section 22 of the Freedom of Information Act 2000 (information intended for future publication).

   b) **What is the source of this funding (e.g. Trust capital, NHS England, ICB, or other), and has it been approved?**
   The Trust received £4.6 million of NHS England capital funding for the development of cellular pathology services at Gadeon House. Any additional funding required would come from the Trust's own capital allocation, subject to the appropriate approval.
   The final funding requirement forms part of the Full Business Case and is exempt from disclosure at this time under section 22 of the Freedom of Information Act 2000 for the reasons set out above.

   c) **Please provide any options appraisal, business case or other record that considered alternatives, including building a new laboratory or refurbishing existing facilities on the Torbay Hospital site, along with any records explaining why Gadeon House was preferred.**
   Please see the enclosed Cellular Pathology Options Appraisal, which considered five options, including a new modular building or other on-site solution at Torbay. The appraisal sets out the benefits and risks of the options considered and the basis for the recommended option.
   The Full Business Case remains under development and is exempt from disclosure at this time under section 22 of the Freedom of Information Act 2000 for the reasons set out above.

3. **Decision-making and transparency.**

   a) **At which meeting(s) was the decision to lease Gadeon House discussed or approved (e.g. Board, committee, executive group)? Please give the dates.**

The options for the future of cellular pathology were discussed by the Executive Committee on 19 February 2026. The Committee agreed that a further meeting would be held once the options appraisal was available.
The Cellular Pathology Options Appraisal was considered and its recommendation approved by the Executive Committee on 19 March 2026.
An urgent decision was subsequently taken by the Chief Executive and Chair on 26 March 2026, authorising the Trust to enter into the lease arrangements and commit the associated capital funding. The decision was reported to the Trust Board on 02 April 2026 and formally and retrospectively endorsed by the Trust Board on 07 May 2026.

b) **Who attended each meeting? Names and roles for senior staff and Board members, roles only for others.**
Please see the enclosed meeting minutes, which include the attendance records for the relevant meetings.

c) **Please provide the minutes and papers for those meetings.**
Please find enclosed:
- The Executive Committee minutes for 19 February 2026
- The Executive Committee minutes for 19 March 2026
- The Cellular Pathology Options Appraisal considered on 19 March 2026.

d) **Was any item taken in private session? If so, please provide any record of the reasons for not discussing it in public.**
The urgent decision taken on 26 March 2026 was reported to the Trust Board in private session on 02 April 2026. It was subsequently reported to the next scheduled meeting of the Trust Board held in public, on 07 May 2026, when the decision was formally and retrospectively endorsed. The Trust Board meets in public every two months, so 7 May was the next opportunity for the decision to be reported through a public Board meeting.

The information supplied to you continues to be protected by the Copyright, Designs and Patents Act 1988. You are free to use it for your own purposes, including any non-commercial research you are doing and for the purposes of news reporting.

If you wish to discuss any of the above, please contact us, quoting the FOI reference number above.

If you are unhappy with the way in which we have handled your request, please contact the Data Protection and Freedom of Information Lead in the first instance. If you wish to make a formal complaint, you should write to our Information Governance Team at Information Governance and Data Protection, Belmont Court, Torbay and South Devon NHS Foundation Trust, Torquay, TQ2 7AA or by email to tsdft.igteam@nhs.net

If you are not content with the outcome of your complaint or the internal review, you may apply directly to the Information Commissioner for a decision. Generally, the Information

Commissioner will only make a decision once you have exhausted the complaints and/or internal review process provided by us. The Information Commissioner can be contacted at: The Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF or through this link https://ico.org.uk/global/contact-us/

Yours sincerely,

Freedom of Information Team

Torbay and South Devon
NHS Foundation Trust

Minutes of a meeting of the Executive Committee of Torbay and South Devon NHS Foundation Trust

Held at 10:00 - 12:00 on 19th February 2026

Location: CEO office / MS Teams

[redacted]

1.	Preliminary matters:	Report	Author	Time
1.1	Welcome and Introductions, Apologies, Quoracy, Declaration of Interests	Verbal	Chair	

Attendees

Joe Teape (JT) (Chair), Simon Tapley (ST), Kate Lissett (KL), Nicola McMinn (NM), James Corrigan (JC), Jane Harris (JH), Adel Jones (AJ), Jess Piper (JP)

Vicki Payne Cater– Notes

In attendance – Vickie Gould (VG), Cath Parnell (CP), Caroline Cozens (CC), Paul Foster (PF), Antony Lowe (AL)

Apologies

Sam Wadham Sharpe, Emily Long

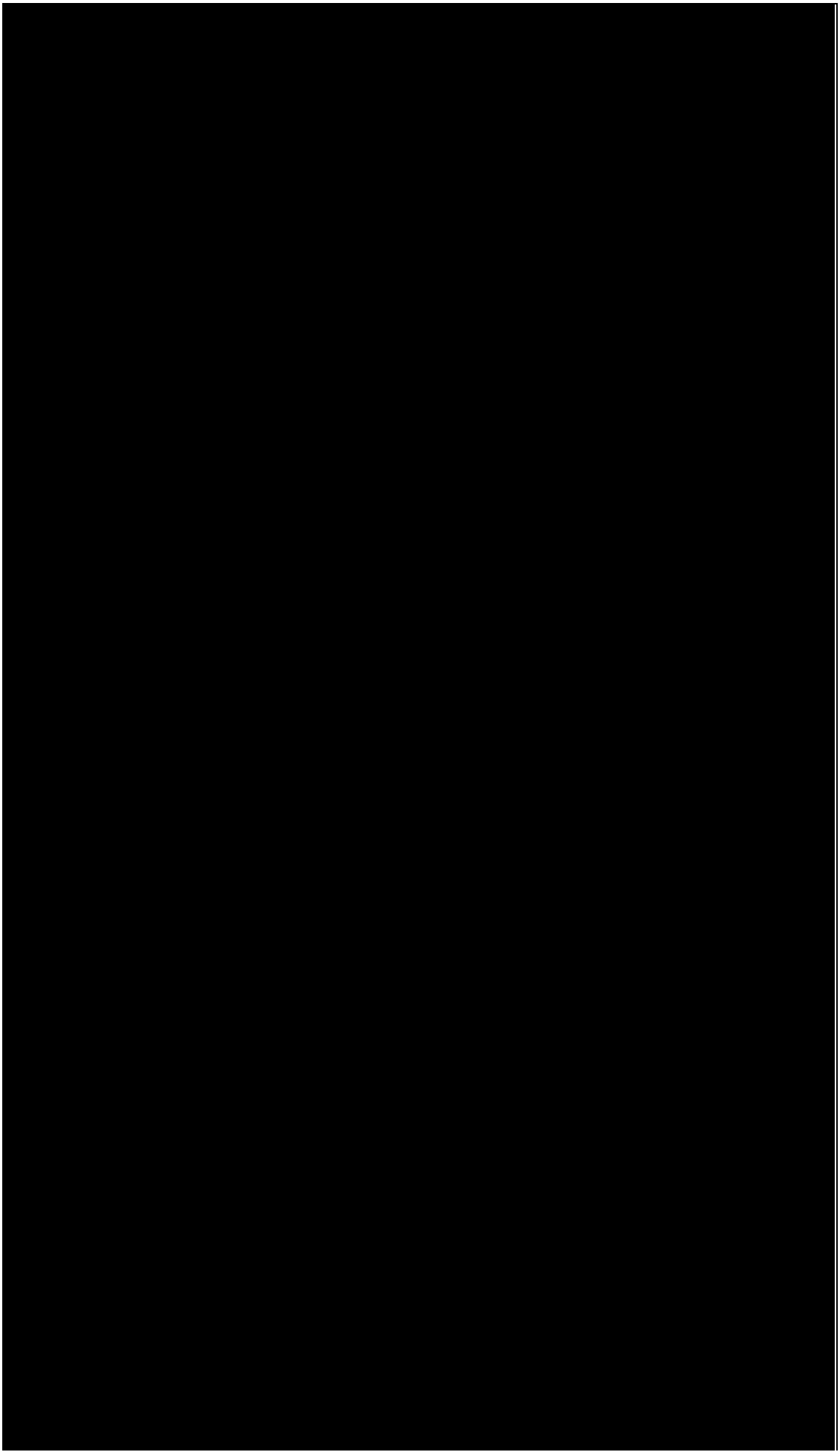
No declarations of interest raised.

[redacted]

[redacted]

2	Items for review and decision

[redacted]



[redacted]

2.10	Histopathology	Paper	Dir Capital Developments	

AL attended for this agenda item.

AJ provided a verbal update as the formal options paper not currently available due to ongoing and dynamic discussions both locally and national.

- AJ has met with the regional estates team.
- 2 or 3 main options are under consideration.
- An immediate approach needs to be clarified in line with the longer-term solution.
- Realistic timescales need to be clarified as, when worked through by AJ & CC, summer 2027 seems too optimistic from RDUH.
- The Histopathology Team currently do not support the Health and Safety rationale for needing an interim solution. The Group recognised the need to strengthen communications on the risks.
  The Group agreed that a joint governing group be convened with RDUH to ensure equal partnership in the future design and management of the programme of works.

It was noted that the Board has delegated the decision to the Executive Committee, so in the absence of a paper today, a separate meeting will be held when the paper is available.

Action – CP to arrange an Extraordinary Executive Committee to review the Histopathology options paper.

The Committee thanked AL and Ria McCoy for their continued and valued support.

3.	**Items for assurance – Taken as read – Lead Exec to raise items of note**

[redacted]

[redacted]

4.	Items for Information - Taken as read – Lead Exec to raise items of note

[redacted]

5.	Closing Matters

Torbay and South Devon
NHS Foundation Trust

Minutes of a meeting of the Executive Committee of Torbay and South Devon NHS Foundation Trust

To be held at 10:15 - 13:00 on 19th March 2026

Location: CEO office / MS Teams

[redacted]

1.	Preliminary matters:	Report	Author	Time
1.1	Welcome and Introductions, Apologies, Quoracy, Declaration of Interests	Verbal	Chair	

Attendees

Joe Teape (JT) (Chair), Simon Tapley (ST), Kate Lissett (KL), Nicola McMinn (NM), James Corrigan (JC), Jane Harris (JH), Adel Jones (AJ), Sam Wadham-Sharpe (SWS)

Vicki Payne Cater– Notes

In attendance – John Harrison, Laura Fuller, Dawn Butler

Apologies

Emily Long, Jess Piper, Cath Parnell

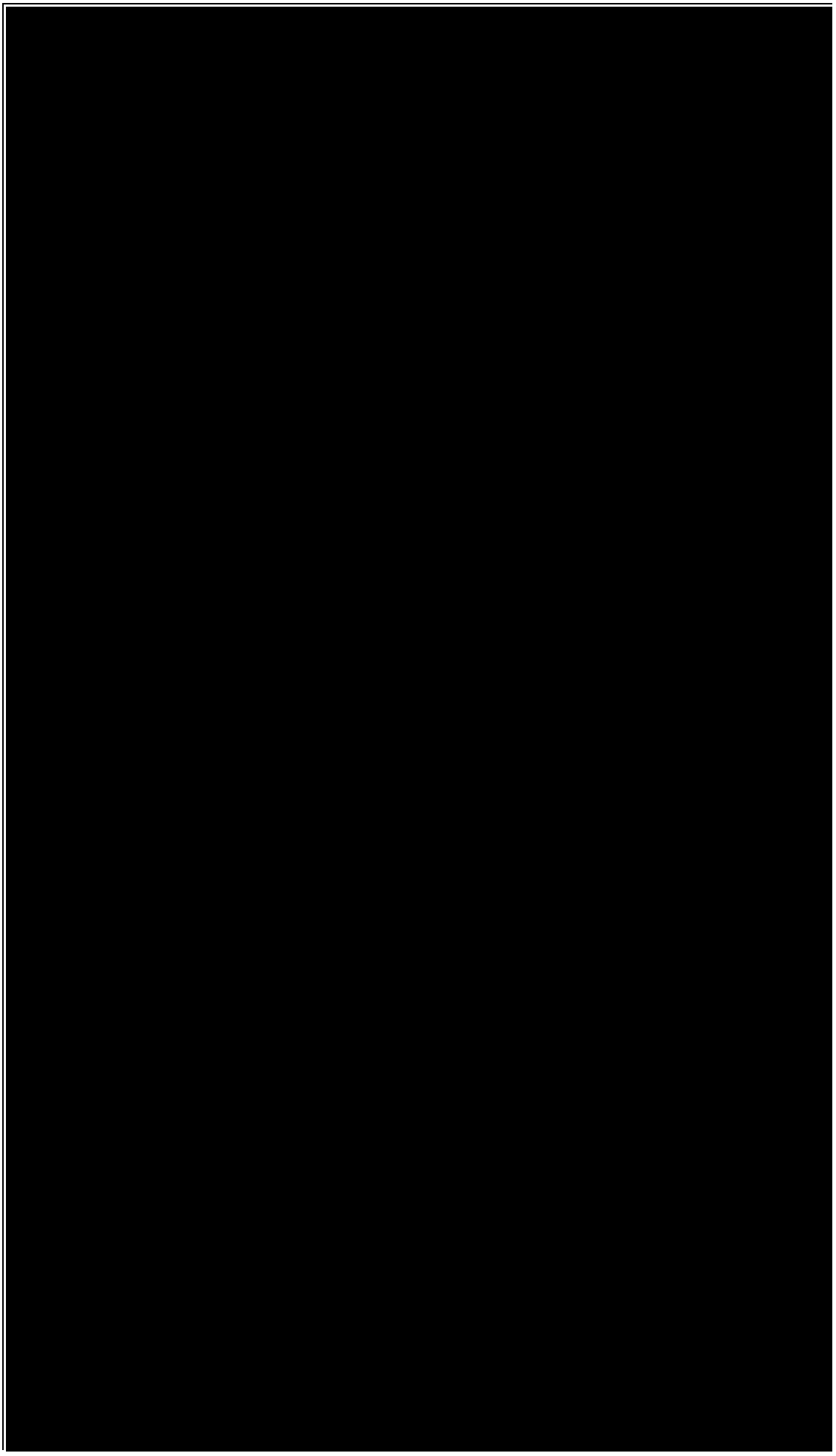
No declarations of interest raised.

[redacted]

2	Items for review and decision

[redacted]

[redacted]



[redacted]

2.11	Cellular Pathology Options	Paper	COO	

AJ spoke to the circulated paper that is an overarching options appraisal recommending Option 2 - Remain in current estate with a reduced service at TSD (Cytology relocated to RDUH) with a single, planned and co-designed move to the Gadeon House CSL in 12-18 months.

AJ advised that a second paper will follow at a subsequent ExCo that will be centred around Caroline Cozens' work on lease arrangements, operating business case etc which will give further detail.

The Committee approved the recommendation.

[redacted]

3.	Items for assurance – Taken as read – Lead Exec to raise items of note
[redacted]	
4.	Items for Information - Taken as read – Lead Exec to raise items of note
[redacted]	
5.	Closing Matters
[redacted]	

Executive Committee

Cellular Pathology Options Appraisal

Date of meeting	Date report produced
19 March 2026	10 March 2026

Author(s)		Report approved by	
Name and title:	Ria McCoy, ADO C&CSS	**Name and title:**	Kenny Naughton, CGD Adel Jones, COO
		Date:	**12.3.26**

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

Executive summary

This paper is being presented to detail the current options for a sustainable Cellular Pathology service for TSD. The benefits and risks of each option are detailed in the body of the report.

- Option 1: Do nothing
- Option 2: Relocation of Cytology to RDUH with immediate effect to enable space to be created in the current footprint to mitigate ventilation and formalin risks with a final move to a CSL based at Gadeon House in 12-18 months
- Option 3: Modular Build on TSD site to replace the portacabin
- Option 4: Relocation of the service to Estover in Plymouth with a second move to Gadeon House on ToM outcome decision
- Option 5: Relocation of the service to Wonford with a second move to Gadeon House on ToM outcome decision

The Executive is asked to approve the rapid implementation of option 2 to mitigate the risk of workforce resignations and destabilisation of the Cellular Pathology Service in the short-term. This will also allow time to clinically risk assess sample pathways, courier times and turnaround times (TATs) and allow a co-design of the service with the network partners.

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
Options Appraisal		n/a

Appendices

Nil

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

Prepared directly for Executive Committee in conjunction with Capital and Pathology Teams and Pathology Network Partners

Key recommendations and actions requested

The Executive is asked to approve the rapid implementation of option 2 to mitigate the risk of workforce resignations and destabilisation of the Cellular Pathology Service in the short-term. This will also allow time to clinically risk assess sample pathways, courier times and TATs and allow a co-design of the service with the network partners.

How does this report further our Trust strategy?

The proposed options support delivery of the NHS Long Term Plan, Faster Diagnosis Standards, and the Six-Point Histopathology Improvement Plan, particularly in relation to:

- Workforce sustainability
- Turnaround time performance
- Digital pathology enablement
- Laboratory consolidation and network working

A network-aligned approach offers the opportunity to reduce unwarranted variation, improve resilience, and ensure equitable access to high-quality histopathology and molecular diagnostics across the Peninsula.

How does the report support the Triple Aim

Aim	Impact
Population Health and Wellbeing	Positive in the short term, to be appraised further long term
Quality of services provided	Positive in the short term, to be appraised further long term
Sustainable and efficient use of resources	Positive in the short term, to be appraised further long term

Impact on BAF Objectives	
BAF Objective	**Impact**
Quality, Safety and Patient Experience	Positive in the short term, to be appraised further long term
Leadership and Governance	Positive in the short term, to be appraised further long term
Performance	Positive in the short term, to be appraised further long term
People and Culture	Positive in the short term, to be appraised further long term
Strategy and Business Intelligence	Positive in the short term, to be appraised further long term
Finance	Positive in the short term, to be appraised further long term

Risk
The current risk is related to the viability of the Cellular Pathology portacabin as a long-term solution. It is accepted that this estate cannot continue for a further extended period. However, immediate structural concerns have been mitigated, the residual concerns are around ventilation and formalin storage, this can be further mitigated in the short term by transferring Cytology Services to RDUH. This released space for improved ventilation and formalin storage. There is a significant risk that moving the service twice will cause workforce resignations and will destabilise the Cellular Pathology service significantly. Clinical pathways have not been assessed and there is a risk that the Torbay population could be put at risk if the service is moved at pace.

Risks lodged on Datix:
2353 – Cell Path Portacabin

External Standards affected by this report and associated risks
n/a

Cellular Pathology Options Appraisal Paper

1. Introduction and background

This document seeks approval for a network solution to address significant operational, clinical; safety and estate risks associated with the Cellular Pathology (Histopathology) service at Torbay Hospital. The service is currently delivered from a 43-year-old portacabin that is no longer fit for purpose, presents material health and safety risks, and represents a critical threat to business continuity. Remedial works

have been undertaken to address immediate critical structural risks but more work is needed to address ventilation and formalin storage – options to mitigate this further I the short term are presented in this paper.

The Trust has been awarded approximately £6.62m of capital funding to mitigate the long-term risks. This case therefore evaluates viable interim options that ensure service safety, resilience and performance, while remaining aligned with the longer-term Peninsula Pathology Network strategy.

2. Purpose of report

The report is being presented to enable the executive to support option 2 in this document to ensure mitigations can be implemented at pace whilst ensuring maximum stability of the cellular pathology workforce and service.

3. Current position and drivers for change

The current Cellular Pathology service faces a combination of estate, workforce and capacity constraints that are no longer sustainable:

- The existing portacabin is in advanced structural deterioration, with known risks relating to ventilation, chemical safety and fire compliance.
- The building must be vacated to enable wider Trust estate developments, including the multi-storey car park and hospital redevelopment.
- There are significant single points of failure across both equipment and workforce.
- Annual workload has doubled from original design capacity and continues to grow.
- Recruitment and retention are increasingly compromised by poor working conditions.
- Previous estate solutions have failed to progress, further increasing urgency.

Histopathology is nationally recognised as an at-risk specialty, with rising demand and complexity alongside workforce shortages and ageing infrastructure. Without timely intervention, these pressures translate directly into delays across cancer diagnosis and treatment pathways, with associated quality and performance risks.

4. Options appraisal

Option 1: Do nothing
The service remains in the current portacabin with no further plans

It is acknowledged that it is not an option for the current estate to remain for an unspecified time period owing to concerns over viability of the portacabin, there is no space within the TSD footprint to re-provide the service from a different part of the estate

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Option 2: Remain in current estate with a reduced service at TSD (Cytology relocated to RDUH) with a single, planned and co-designed move to the Gadeon House CSL in 12-18 months

This option would necessitate moving Cytology services to RDUH with immediate effect, this would enable space to be released within the portacabin to allow for increased mitigation for ventilation and formalin storage.

Benefits:

- Provides a local solution for Torbay staff and services whilst further plans for a networked CSL are worked up in terms of transport, TATs and quality assurance
- The move of Cytology to RDUH aligns with the ToM and will release valuable space in the portacabin which can be utilised to address ventilation and formalin storage risks – circa £30,000 for a new ventilation cabinet which could be transferred in the future
- Would address immediate estate risks without workforce displacement.
- Less likelihood of staff leaving or retiring due to the uncertainty around future in the next 12-18 months. This would allow for planned recruitment and succession planning
- Good for staff morale and psychological well being
- Devices to process Cytology samples are end of life and need urgent replacement
- Releases BMS time to undertake other work which could reduce reliance on outsourcing of samples and maintain TATs
- Digital pathology enables Torbay consultants to remain Torbay-based or carry out homeworking if required.
- Strong network commitment to supporting Torbay transition
- Potential for Torbay-owned equipment to integrate into the network model.
- More time to plan the move would enable the service to maintain UKAS accreditation in the current surveillance period and discuss and plan the requirement with the Inspector going forward.

Risks/Limitations:

- Estates team indicate feasibility concerns.
- Would require funding of £77,000 to facilitate RDUH to take on the Cytology work (cost of consumables and staffing) – this would be a permanent change until the move to the Gadeon House CSL
- No need to use capital to replace devices
- Uncertainty whether Gadeon House lease would be signed in time or whether plans can be accelerated
- Ongoing issue with Digital Reporting in Sectra could make an interim solution difficult, this is not yet resolved and would need to be in place to support any move for consultant reporting

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Option 3: New modular building or other onsite solution at TSD

Benefits:

- Provides a local solution for Torbay staff and services.
- Could serve as foundation for a future on-site Acute Service Laboratory (ASL).
- Would address immediate estate risks without workforce displacement.
- Less likelihood of staff leaving or retiring due to the uncertainty around future
- Good for staff morale and psychological well being

- Lot of work has been done in the past on a modular built with estates and architects

Risks/Limitations:

- Timescales too long for available funding deadlines.
- Estates team indicate feasibility concerns.
- Does not resolve workforce fragility.
- Cannot accommodate automation or modern workflow efficiencies due to limited scale.
- Does not align with network strategies

Option 4: Relocation of the Cellular Pathology service to the Estover site (UHP) as an interim move with a second move to Gadeon House on ToM outcome decision

Benefits:

- Significant available space already undergoing redesign.
- £5m automation investment positioned at Plymouth (national programme).
- Additional £2.5m estates investment already in progress.
- Alignment with national histopathology automation strategy.
- Potential for Torbay-owned equipment to integrate into the network model.
- Digital pathology enables Torbay consultants to remain Torbay-based or carry out homeworking if required.
- Strong network commitment to supporting Torbay transition, including transitioning staff to the Lighthouse Lab.

Risks/Limitations:

- Staff have already indicated that they would not be willing to relocate to Plymouth owing to impact on work life balance.
- If equipment was moved from TSD to Plymouth, this would require re-validation of kit under UKAS requirements which can take 3-6 months depending on process so this would need to be repeated in a 2 stage move
- UHP readiness plan indicates the need for all TSD staff to transfer plus additional recruitment of 11 wte between band 2 and 8b to meet demands of the service as a consolidated CSL for Cellular Pathology
- Impact on staff travel and psychological wellbeing.
- Many staff do not have access to private transport - needs tailored workforce plan.
- Logistics planning required for specimen movement.
- Limited discussions with Plymouth consultants regarding capacity to take on extra work (reporting) in case Torbay consultant workforce leave or retire.
- One of the options in the ToM is a move of UHP Cellular Pathology to RCHT in the future, the clinical review of the ToM already highlighted that Truro is too far from TSD to maintain TATs and viability of samples

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Option 5: Relocation of the Cellular Pathology service to the Wonford site as an interim move with a second move to Gadeon House on ToM outcome decision

Benefits:

- Some existing estate space may be available sooner than Gadeon House.

- Option for closer collaboration and co-design of the CSL service at Gadeon House
- Potential for Torbay-owned equipment to integrate into the network model.
- Digital pathology enables Torbay consultants to remain Torbay-based or carry out homeworking if required.
- Strong network commitment to supporting Torbay transition

Risks/Limitations:

- Gadeon House third-floor availability uncertain and not prioritised by Exeter.
- Estates costs circa £340,000 to enable TSD staff to move to Wonford
- Exeter business case already submitted without Torbay needs included.
- Timeline unlikely to meet capital expenditure deadlines.
- Interim estate offered is not ideal and may require multiple moves.
- Impact on staff travel and psychological wellbeing.
- Many staff do not have access to private transport - needs tailored workforce plan.
- Logistics planning required for specimen movement.
- Limited discussions with Exeter histo consultants regarding capacity to take on extra work (reporting) in case Torbay consultant workforce leave or retire.

Approval for any option is subject to confirmed capacity modelling and signed SLA prior to go-live.

The Cellular Pathology team accept that the future state is likely to be a relocation to the Gadeon House, Exeter at some point in the future, whilst there are also reservations around this, it is generally more accepted than a relocation to Plymouth. Therefore, the team have identified Option 2 as the preferred option to explore and clinically risk assess - on the understanding that the histopathology element of the Acute Services Lab (ASL) specification is understood and worked through with the clinical teams who use the service to ensure continuity of urgent clinical care and mitigate any risk to patient care.

5. Assurance recommendations and summary

This report includes the following assurance recommendations:

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