Northern Devon Healthcare NHS
NHS Trust

Incorporating community services in Exeter, East and Mid Devon

Consultation document

Consultation by Northern Devon Healthcare Trust to ensure safe staffing in Axminster Community Hospital

The consultation questions

1. Do you agree with the proposal to temporarily transfer inpatient beds from Axminster to Seaton? (option 5 of the consultation)
2. Do you prefer any other option 1-4? If so, please explain the reason for your response
3. Do you feel we have correctly identified the patient safety concerns and risks?
4. Do you think there is an alternative option we have not considered?

Consultation runs from 2 December until 30 December 2014

Other formats

If you need this information in another format such as audio tape or computer disk, Braille, large print, high contrast, British Sign Language or translated into another language, please telephone the PALS desk on 01271 314090.

Open letter from Alison Diamond, Chief Executive Northern Devon Healthcare NHS Trust

Earlier this year, we announced our concerns that the inpatient services in Seaton and Axminster were no longer clinically resilient enough to offer a safe service to both communities.

We felt the risk so great as we headed into winter that in October 2014 we announced our intention to temporarily transfer inpatient beds at Axminster to Seaton as of 6 January 2015.

We held weekly drop-ins at Axminster hospital, to which all were invited. It became apparent from what you told us at these drop-ins and the letters we received that we had not explained the patient safety risks properly to you and there was confusion as to why we were acting – albeit temporarily - ahead of any decision following NEW Devon CCG's consultation on longer term configuration of community services.

The purpose of this consultation is because we acknowledge we didn't sufficiently engage the public in our plans and made the decision to temporarily transfer beds without informing you of the rationale first.

We have halted our plans to transfer beds from Axminster to Seaton whilst we consult with you over the next four weeks over whether the temporary transfer should take place.

We will also be asking you if you have any other suggestions as to how we can mitigate the patient safety factors and risks that we have identified.

At the end of the consultation we will hold a specially convened meeting of the Trust Board on 7 January 2015 to discuss your feedback to the consultation questions and whether you judge us to have explained the patient safety risks properly.

We have also commissioned an independent review of the safety of the inpatient service at Axminster so you can have the confidence that external experts have scrutinised the Trust's point of view.

We absolutely didn't mean to get this wrong and on behalf of the Board, I am really sorry for the confusion we have caused. We acted in good faith because we take the safety of the services we provide you very seriously.

We are really proud of our community hospitals and understand the passion with which they are cherished by the local communities.

I would be grateful if you could forgive us our failure to properly consult with you previously and meet with us so we can work a way through this together.

Thank you

Alison Diamond, Chief Executive

Contents

Glossary of terms

Northern Devon Healthcare NHS Trust

Northern Devon Healthcare NHS Trust operates across 1,300 square miles, providing care for people from Axminster to Bude and from Exmouth to Lynton.

The Trust offers both acute services, centred on North Devon District Hospital (NDDH), and community services, which span a network of 17 community hospitals and nine community health and social care teams, across Torridge, North Devon, East Devon, Exeter and Mid Devon.

We are contracted by NEW Devon CCG (below) to provide high quality and safe community services to Axminster and Seaton. These services currently include inpatient services each of 10 beds at both community hospitals and very successful health and social care teams which support people in their own home both to prevent admissions to hospital and support earlier discharged from hospital.

More information on these services can be found here: www.northdevonhealth.nhs.uk/ourservices; www.northdevonhealth.nhs.uk/axminster and www.northdevonhealth.nhs.uk/seaton.

Northern, Eastern and Western Devon Clinical Commissioning Group (CCG)

Northern, Eastern and Western Devon Clinical Commissioning Group is responsible for £1.1bn of healthcare funding. It replaced Primary Care Trusts and was authorised to commission healthcare services from 1 April 2013.

The CCG is one of two clinical commissioning groups in Devon. As its name suggests, it is founded on three arms or localities, supporting the Northern, Eastern and Western parts of Devon.

What is safer staffing?

There is very strong national guidance following the Francis report and NICE guidance that all NHS providers must incorporate safer staffing practices for patients on wards and ensure that there is support and supervision for nurses at all times.

The NICE guidance does not yet cover community hospitals but given their relative clinical and geographical isolation we have used the guidance to influence our view on what is a safe staffing level in our community hospitals.

For us, safer staffing means always having more than one registered nurse per shift per ward or hospital.

There are always other support staff working with the registered nurse, such as healthcare assistants, but it is the nurse that is responsible for the care of inpatients, the security of the building and all other staff in the community hospitals.

For patients this means they can be confident that there will be sufficient, skilled nursing staff to care for them in hospital. For nursing staff, this means that there is always peer support, they are not over-stretched and there is professional challenge to ensure skills are maintained.

In our recent Chief Inspector of Hospitals inspection by the Care Quality Commission, inspectors found our community services to be 'some of the best they had ever seen'.

We are therefore confident that we are providing safe and high quality services. However, the CQC did pick up the issue of lone working in our community hospitals and asked us to take steps to address the risks.

What is patient safety?

Patient safety is a catch-all term for the systems, processes, policies, resources and behaviour of the NHS staff to ensure that we keep you safe from harm during our care.

If there are concerns about patient safety, we encourage our staff to lodge incident reports and identify how this incident risks harming patients, staff or care environments. It is in this way that NHS Boards make assessments of how to deliver safe and high quality services, how we mitigate these risks and judge when a service is not being delivered to the standards we would expect.

More definitions and explanations are contained in the Frequently Asked Questions on the website www.northdevonhealth.nhs.uk/consultation.

Introduction – what happened in October 2014?

Earlier this year, we announced our concerns that the inpatient services in Seaton and Axminster were no longer sufficiently clinically resilient to offer a safe service to both communities in their current configuration, particularly as we headed into winter when demand on our services increases.

We felt the risk so great that in October 2014 we announced our intention to temporarily transfer inpatient beds from Axminster to Seaton as of 6 January 2015.

In October, we described the risks in these terms:

> "In both hospitals for the majority of every 24 hour period, there is only one registered nurse on duty at any one time. Whilst there are no concerns with the quality of care offered in either hospital, the lack of registered nurse support puts undue pressure on the service.
>
> It is the view of the senior clinicians of the Northern Devon Healthcare Trust that a risk exists around running an inpatient service at both hospitals with only one registered general nurse on shift.
>
> This nurse is not only responsible for the inpatients, but the security of the building and the other staff. This means they are not able to take breaks or leave the ward or hospital.
>
> In the longer term it also means they work without peer support or challenge from other nurses, which we feel poses a greater risk to patient care in the healthcare environment post-Francis and Mid Staffs.
>
> The Northern Devon Healthcare Trust is planning to temporarily move the Axminster beds to Seaton Hospital to ensure the community inpatient service is resilient and consistent as we head into winter."

We held weekly drop-ins at Axminster hospital, to which all were invited. We also attended NEW Devon CCG's public meeting on 21 October 2014 and were offered the opportunity to explain our rationale to the audience.

The press release and briefing note that supported this announcement in October 2014 can be accessed here www.northdevonhealth.nhs.uk/consultation.

Engagement and your feedback to date

It became apparent from what you told us at these drop-ins and the letters we received that we had not explained the patient safety risks properly to you and there was confusion as to why we were acting ahead of any decision from NEW Devon CCG's consultation on the longer-term configuration of community services.

At the drop-ins and the correspondence sent, you gave us the following feedback:

- The community have good memories of the care they have received from Axminster hospital
- There was fear about how that need would be met if the beds moved to Seaton
- There was confusion about why Axminster and not Seaton was losing beds
- What was meant by temporary transfer
- There was concern at the poor transport links between the towns
- There was a perception this would mean Axminster hospital would close
- There was low awareness of what service the community health and social care teams offered people
- There was a feeling that we were pre-empting the CCG's consultation and that once the beds were lost they would never return
- There was confusion about the difference between the Northern Devon Healthcare Trust providing the services and the NEW Devon CCG that commissions the services.

Legal context

The Northern Devon Healthcare Trust is fully reconsidering afresh whether or not the temporary transfer of beds to Seaton should take place.

On 27 November 2014 we halted our plans to transfer beds from Axminster to Seaton whilst we consult with you over the next 4 weeks on the proposal to temporarily merge beds at Seaton hospital.

This consultation runs from Tuesday 2 December 2014 until Tuesday 30 December 2014.

Throughout this consultation we will comply with our public involvement duties under section 242 of the National Health Service Act 2006 and its local authority consultation duties under section 244 of the NHS Act and related legislation.

The consultation is taking place because the patient safety risks still exist, however we acknowledge that in October 2014 we did not comply with our duties to engage and inform the community ahead of announcing our plans to temporarily resolve the risks.

At the time of publication NEW Devon Clinical Commissioning Group is holding a consultationon on long-term commissioning strategy for community services. This consultation ends on 12 December 2014.

The Northern Devon Healthcare Trust's consultation on the temporary transfer does not have any impact on and is not to be confused with the CCG's ongoing consultation.

Information on the CCG's consultation materials and processes can be found at www.newdevonccg.nhs.uk

The consultation proposal

On 2 December 2014, the Northern Devon Healthcare NHS Trust launched a consultation to consider whether the temporary transfer of inpatient beds from Axminster to Seaton would mitigate the current patient safety risks being recorded by the Trust.

The reason we are consulting on a 'temporary' transfer is in recognition that the decision on the longer-term future will be taken by the Clinical Commissioning Group, whose consultation is still ongoing at the time this document was published.

Even though the temporary transfer is to protect the service as we head into winter, we understand that we must fulfil our engagement and consultation duties before we make a decision.

Any change that is made to the inpatient service as a result of this consultation can be reversed, in accordance with the outcome of the CCG's consultation.

The consultation questions

The questions we are asking as part of this consultation are:

- Do you agree with the proposal to temporarily transfer inpatient beds from Axminster to Seaton? (option 5)
- Do you prefer any other option 1–4? If so please explain the reason for your response
- Do you feel we have correctly identified the patient safety concerns and risks?
- Do you think there is an alternative option we have not considered?

The five options are detailed on page 17 and 18.

The consultation process

As part of the consultation we will be taking three approaches:

- The first is to share information with you so you can understand the risks we are facing;
- The second is to listen to your response and ideas that we might not have considered in order to resolve the patient safety risks;
- The third is to commission an independent review of staffing at Axminster to provide an external view of the risks we are describing. This report will be published and shared with the public.

Consultation timeline

2 December 2014	Consultation launch. All documents at www.northdevonhealth.nhs.uk/consultation
8 December 2014	Meeting 1 at Axminster Community Hospital 2-4pm
15 December 2014	Meeting 2 at Axminster Community Hospital 2-7pm
22 December 2014	Meeting 3 at Axminster Community Hospital 2-4pm
	Meeting 4 at Seaton Community Hospital 4.30-7.30pm
29 December 2014	Meeting 5 at Axminster Community Hospital 2-4pm

Having reviewed the way the drop-ins worked in October and November, we will be asking people to make appointments to ensure we can offer everyone the opportunity to have indepth and detailed conversations with us.

Please contact 01271 322 460 or ndht.contactus@nhs.net to make an appointment.

On 7 January 2015 we will hold a meeting in public to discuss the outcome of the consultation. We will consider the following submissions from the community and our staff:

- Your response to the information we shared
- Your ideas
- The independent review of staffing at Axminster

Through our consideration of your feedback on these points, the public will influence the Board's decision-making process.

Independent review of safer staffing

The Board considered it important to gain an external view on whether the inpatient service provided at Axminster is resilient and safe. To this end, we are in the process of commissioning an external team to conduct a review of the quality of inpatient care and their perception of the risks.

More details on the terms of reference and the team make-up will be available at www.northdevonhealth.nhs.uk/consultation

NDHT's review of the patient safety risks and context

Before describing the patient safety risks and context of the care we provide at Axminster community hospital, it is really important that we state that our assessment of the risks comes from our years of experience running another 16 community hospitals across Devon, and not because of any particular safety concerns we have at Axminster.

However, just because something untoward has not yet happened does not mean it won't. People need to have confidence in the care services we offer because we are caring for your loved ones, relatives and friends.

Our concerns can be categorised under the following headings:

1. Operational Challenges

Demand on our services increases significantly over winter and it is the responsibility of all NHS providers, such as Northern Devon Healthcare Trust, to ensure services are resilient, sufficient and adequately resourced to offer high quality safe care throughout the period.

Over the last eighteen months the issues of site isolation, increasing numbers of patients receiving home-based care from our community teams, poor inpatient nurse staffing resilience, lone working of nurses on wards have contributed to us often being on the cusp of not being able to fill the nursing rota for the next day.

This is an extremely precarious – and unsafe – position to be in and we face a heightened possibility of unplanned, emergency closures due to staff shortages as we head into winter.

This consultation proposes making a temporary change to enable us to deliver that consistency of service for the winter period.

We understand that NEW Devon CCG will make a decision on a permanent configuration in early 2015. We have committed that we will implement the CCG's safe commissioning proposals.

2. The Care Quality Commission

The Northern Devon Healthcare Trust is regulated by the Care Quality Commission. This body has the power to conduct unannounced inspections of any of our services and will close services with immediate effect if they do not think they are being provided safely.

During any inspection, services are measured against a set of minimum standards and quality of care. Inspectors talk to staff and patients and we have a culture of being very open with our inspections and using them as opportunities to learn and continually improve.

There have been two recent CQC inspections that have caused the Trust to evaluate and reconsider our approach to safer staffing in community hospitals.

Moretonhampstead

In August 2012, the CQC conducted an unannounced inspection of Moretonhampstead community hospital, a 9 bedded inpatient unit with a Minor Injury Unit.

The full report can be found here: http://www.cqc.org.uk/location/RBZY4/reports

The Trust was judged non-compliant with Outcome 14: "Staff should be properly trained and supervised and have the chance to develop and improve their skills."

On reviewing staff development plans and speaking to staff, inspectors reported:

"We found that because not many people were being treated in the MIU and inpatient beds, the hospital staff were not getting an opportunity to use or develop their skills and knowledge. This meant that clinical skills may not be maintained.

"The Matron…..said that because the hospital at Moretonhampstead "lacked a critical mass of patients" maintaining skills was an issue.

Another nurse said that they had ad hoc training and that shortages of staff made it difficult to plan training."

Chief Inspector visit to whole Trust

The second inspection report was the Chief Inspector of Hospitals which took place in July 2014. Inspectors reported that they were 'blown away' by the innovation and quality of care they saw being provided in our community hospitals and community health and social care teams.

However, again inspectors found that lone-working and critical mass of patients was an issue the Trust needed to address:

We are very proud of the inspection reports and felt they were a very fair reflection of our services. See the report entitled 'Community Health Inpatient Services' http://www.cqc.org.uk/provider/RBZ .

Although inspectors did not visit Axminster, inspectors concluded the issues were the same across all hospitals visited. Highlighted and exact phrases from pages 7, 10 and 11 of the CQC's report are included below:

"Staffing levels were, in the main, sufficient for patient acuity and where additional need was identified, more staff were recruited from agencies whenever possible. However, the staffing levels meant registered nurses often worked unsupervised, particularly at night and at weekends. This meant they were unable to take a break during their shift."

"In addition, the registered nurse would, at times, be an agency or NHS Professionals staff member, who could be unfamiliar with the hospital and patients, which posed a risk. Vacancy factors were as high as 33% within the registered nurse establishment, which posed a risk to the service overall. The trust was undertaking a staffing review to reduce the impact of this, with the ultimate aim of having one registered nurse to eight patients in all community hospitals with a minimum of 16 beds in any unit."

CQC findings on lone and remote working

"Staff in some community hospitals could be isolated and remote at times. Staffing levels meant that, at times, in some hospitals where there were fewer beds, there would only be one registered nurse and two healthcare assistants in the building at night. Staff we spoke with told us this concerned them. At these times, the staff's point of help in the event of a security concern in the building was via the police."

CQC findings on staffing levels and caseload

"We saw the established staffing and the actual staffing levels were the same or greater in all hospitals during the inspection and in both hospitals during the unannounced inspection."

"Staff told us registered nurse to patient ratios had been increased and was generally set at one nurse to 10 patients. Although one nurse for 10 patients, with the support of healthcare assistants, could be sufficient for the acuity of patients, the community hospitals were mainly isolated. This caused problems for enabling staff to take regular breaks. For example, at Ilfracombe and Crediton Hospitals, the registered nurse was unable to take a break away from the ward for the whole shift. In addition, if the registered nurse was an agency nurse, they may not have worked at the hospital before, but would be in sole charge for the duration of their shift."

"Staff members told us that staffing levels were a problem and there was high use of agency and NHS Professionals staff. Due to the small numbers of staff employed at each hospital, the loss of one or two staff members had a large impact.

"In the event of sudden sickness, staff told us they worked flexibly to provide cover, as last minute notice shifts were particularly difficult to fill. Due to the high numbers of agency and NHS Professionals staff being used, staff often worked with the regular nurses.

"Staffing was raised as an issue at most community hospitals. Staff felt that recruitment into community hospital posts was particularly difficult, given the current community services review being undertaken by the local clinical commissioning group. Individual hospitals did not have a risk assessment detailing their staffing risks."

In June 2014, the Trust invested £250,000 to ensure there were no lone nurses working in the community hospitals in Exeter, Tiverton, Sidmouth, Exmouth, Honiton and Okehampton.

Axminster, Crediton, Ilfracombe, Seaton and Ottery did not receive extra investment because there was either not the space or the local health need to expand beds to 16.

For these hospitals, alternative options were considered to mitigate the risks of lone working, skill deterioration and lack of nurse supervision and support in our community hospitals.

3. Medical cover

For most patients admitted to a community hospital, their care is provided by their local GP Practice. This arrangement works very well and we are grateful to the unending support of our GP colleagues in supporting the inpatient service.

We would wish this arrangement to continue but recognise there are significant logistical problems for GPs in one community to provide day-to-day medical cover for their patients when the hospital beds are located in another community.

We are working with our GP colleagues in both Axminster and Seaton to explore how this can be managed to ensure that patients continue to receive the best care.

Whilst we are confident we can mitigate any impact, we have included this as a factor in the Equality Impact Assessment (available on www.northdevonhealth.nhs.uk/consultation).

4. Workforce resilience and supply

In common with other NHS providers, the Northern Devon Healthcare NHS Trust is also experiencing some difficulty filling the registered nursing vacancies at some of our community hospitals.

This means that we are overspending our pay budgets on agency nursing to fill gaps in the rota.

For those hospitals where there is only one registered nurse on duty for the whole shift, an over reliance on agency means that the only nurse on duty is one that is unfamiliar with the area, our policies, procedures and our patients. The CQC has reported concerns on a reliance on agency nursing.

There is currently a national shortage of registered nurses. The Centre for Workforce Intelligence suggest the NHS will be 47,545 nurses short of demand by 2016, so whilst we continue to successfully recruit to most vacancies, there are some hospitals to which it is extremely difficult to attract staff.

5. Trust perspective on safe staffing levels

Ensuring we have the right staff, with the right values, skills and training in the right numbers support the delivery of excellent care is a key component of high quality care.

The Francis Inquiry and Patients First and Foremost, the Government's response to the Francis Inquiry, both identified that delivery of high quality care cannot be achieved if staff do not have the capability and capacity to do their job properly.

In our recent Chief Inspector of Hospitals inspection by the Care Quality Commission, inspectors found our community services to be 'some of the best they had ever seen'.

The CQC were satisfied that we were taking steps to address the risks to resilience and of isolation being faced in our community hospitals.

Each month, the Trust Board views a report on the safety of staffing across our services. These reports can be found here: http://www.northdevonhealth.nhs.uk/2014/11/trust-board-meeting-agenda-25th-november-2014/ or by following links to the Board agendas.

The report from November highlights Axminster staffing as a high risk area because over 20% of the nursing shifts are filled by agency staff.

6. Trust perspective on lone working

The registered nurses working in our smaller community hospitals know that on entering the building they will be the only nurse in that building for up to 12 hours, and they alone are responsible for the safety of their patients, the security of the building and the welfare of all other staff.

Whilst they are not alone – they can call on the support of healthcare assistants, administrative and ancillary staff – they are the only professional on duty.

There are decreasing members of the nursing profession willing to take on that level of responsibility. We are committed to responding to staff feedback and national guidance by changing this picture to a more safe and resilient way of staffing our community hospitals.

The issue of nurses working on their own, without peer support or supervision is an issue that remains a risk in our smaller community hospitals. These risks are as follows:

- Professional isolation, as there is little opportunity for shared learning and challenge;
- Poor levels of resilience, meaning that the units can be overly-reliant on temporary staffing at times of vacancy or sickness absence;
- Difficulties in recruitment, as potential applicants are not attracted to such isolated posts.
- Patients may not feel they are getting the right support all the time.

7. Finance

Devon is a financially challenged health economy. In this context we have to consider the most affordable way of providing the highest quality care.

The most cost effective way of doing this is to consolidate community hospital beds into larger and fewer units, where there is a minimum of 16 beds, but ideally 24 or 32.

The costs of our community hospitals vary because there are very different sizes. This means some compare more favourably in terms of value for money and/or providing the most operationally efficient service.

8. Temporary

The word temporary is used here to mean that if the Trust's consultation results in Axminster inpatient beds moving to Seaton, and if the CCG's consultation results in a decision which reinstates beds in Axminster, the Trust has given the CCG full assurance that it will reprovide inpatient beds in Axminster.

The Trust is consulting on an option to temporarily trasfer inpatient beds to resolve an immediate risk of patient safety and ability to continue to provide quality of care.

Any decision taken by the Trust does not predicate the longer-term engagement by NEW Devon CCG in relation to its community services strategy.

If the outcome of the CCG's consultation requires a different configuration of community inpatient beds, the Trust has confirmed that it will implement the new service.

Options

This safety review led to the following conclusions about our possible options:

1. **Do Nothing:** maintain existing staffing ratios with existing bed complement, i.e continue with one nurse for 10 patients at Axminster and Seaton.

   This option was considered unsafe because it is very vulnerable to staff absence at short notice and resilience and definitely is not safe as we head into winter.

   Agency nursing is unreliable and not an affordable option in the long-term and does not address lone working in our hospitals.

   For reasons of quality and safety this option was not a preferred option

2. **Increase bed numbers to 18 at both hospitals and increase nurse staffing to ensure no lone-working**

   - Whilst both Axminster and Seaton can both accommodate 18 beds, there is no evidence that **more** community hospital beds are required in this area.
   - Indeed, the average occupancy rates in 2013/14 are 89% for Axminster and 94% for Seaton, indicating that even at 10 beds, there is unused inpatient capacity.
   - Given the national nurse shortages, we are currently struggling to fill the rota with one nurse for 10 beds. Increasing both units to 18 beds and 2 nurses on duty at any one time would require an additional 11 registered general nurses, a prospect we consider is impossible to deliver in the short to medium term even with the reliance on agency nurses.
   - We cannot afford to employ an additional 11 nurses.

   For reasons of financial affordability and lack of health need this option is not a preferred option

3. **Keep bed numbers the same, but increase staffing to 2 registered nurses on duty at any one time**

   - It would be inefficient to have staffing ratios of 1:5 in a ten-bedded units – creating a staffing ratio higher than most acute hospitals (NDDH, Exeter, Plymouth etc)
   - A nurse caring for a maximum of five patients at any one time would risk deskilling over a short period of time (see CQC inspection reports). They would not be caring for a sufficient volume of patients to maintain their competency and skills.
   - As per the above, two nurses on duty for 10 patients in each hospital would require the recruitment of another 11 registered nurses. Given the nursing shortages in England, we cannot be confident of relying on successful recruitment.

   For reasons of patient safety, staff competencies and affordability this option is not a preferred option.

4. Transfer 8 beds from Seaton to Axminster

- This option resolves the risks of lone working nurses because it creates a unit of 18 beds with two nurses on duty at all times.
- According to Dr Foster acuity analysis (published on www.northdevonhealth.nhs.uk/consultation), the acuity (dependency and illness) of patients in Seaton is higher than Axminster. Given the number of patients and occupancy rates is roughly similar, it is logical to choose a location with the greatest health need.
- Currently most beds (c70%) are used as 'step down' beds in a patient's pathway of care i.e. after a period of care in an acute trust. The need for diagnostics, particularly x-ray, is less in this patient group than those individuals directly admitted from the community into a 'step up' bed.
- If Seaton were to have no beds, it would significantly reduce the building's offering to the local community: Seaton does not have the same theatre, diagnostic, day treatment and outpatient services that are offered from Axminster.

For reasons of health need analysis this option is not a preferred option

5. Transfer 8 beds from Axminster to Seaton

- This option resolves the risks of lone working nurses because it creates a unit of 18 beds with two nurses on duty at all times.
- According to Dr Foster acuity analysis (published on www.northdevonhealth.nhs.uk/consultation), the acuity (dependency and illness) of patients in Seaton is higher than Axminster. Given the number of patients and occupancy rates is roughly similar, it is logical to choose a location with the greatest health need.
- The wide range of other services in Axminster – day treatment, theatre, diagnostics, outpatient etc – will continue unaffected meaning the local community continue to receive local services.

Following an appraisal of the options we see available to us, option 5 most fully addresses the present patient safety risks and is therefore our preferred option.

Over the consultation period, we will continue to carefully consider the feedback you give and ensure that it is taken into account before any decision is made on whether the beds transfer from Axminster to Seaton on a temporary basis.

How to get involved

We hope that you found this consultation document informative.

Now that we have set out the context within which we are consulting and our proposals, we would like to hear your response to our consultation questions and receive your input into how we can work together to address these patient safety risks.

We would also be more than happy to receive and consider your ideas.

We hope that you also feel able to contribute to this consultation by attending a meeting, calling us, emailing us or writing to us.

Please come to a consultation meeting

Axminster Community Hospital

Monday 8 December 2014	2-4pm
Monday 15 December 2014	2-7pm
Monday 22 December 2014	2-4pm
Monday 29 December 2014	2-4pm

Seaton Community Hospital

Monday 22 December 2014	4.30-7.30pm

Please make an appointment to ensure we can offer everyone the opportunity to have indepth and detailed conversations.

Please contact 01271 322 460 or ndht.contactus@nhs.net to make an appointment.

Or write to us:

Chief Executive
Northern Devon Healthcare NHS Trust
Raleigh Park
Barnstaple
Devon
EX31 4JB

Or email us:

ndht.contactus@nhs.net

Or call us:

01271 322 460

How to respond

To submit a response to this consultation, please record your views under the consultation questions below and return to us via the details overleaf. Whilst optional, it would help ensure we run a representative and full consultation by including your name and address below.

1. Do you agree with option 5 of the consultation - the proposal to temporarily transfer inpatient beds from Axminster to Seaton?

☐ YES ☐ NO

Please explain the reason for your response below:

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2. Do you prefer any other option 1-4?

If so please explain the reason for your response below:

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3. Do you feel we have correctly identified the patient safety concerns and risks?

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4. Do you think there is an alternative option we have not considered?

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Your name (optional) .....

Town name (optional) .....