Email from Sam Higginson and Vanessa Purday, 20 Sept 2026

Dear Councillor Wilson,

Concerns regarding the temporary suspension of maternity services at North Devon District Hospital

Thank you for your letter of 13 September on behalf of Closing the Gap. We recognise the important role that Closing the Gap and One Ilfracombe play in addressing health inequalities and representing the experiences of people living in Ilfracombe, particularly those affected by poverty, rural isolation, limited transport and complex needs.

We deeply regret the anxiety and disruption caused by the temporary suspension of birth services at North Devon District Hospital and our sole focus is on reopening as quickly as possible and managing the impact and reducing disadvantage for the period the service is suspended.

We recognise that the impact of this service suspension is not experienced equally. Longer journeys have particularly significant consequences for people without access to a car, people on low incomes, single or unsupported parents, disabled people and families living in geographically isolated communities. The remote and/or deprived populations of towns such as Ilfracombe, Hartland, Lynton and others were very firmly in our minds when we were designing our approaches to financial and transport support.

The decision and the planning context

We would like to reassure Closing the Gap members that the decision to suspend the birthing services was taken solely on the grounds of patient safety.

Beyond 11 August, the Trust could not guarantee sufficient consultant and tier 2 medical cover to maintain acute obstetric and neonatal services safely. At times, the available staffing was expected to fall to around 50 per cent of required consultant cover and 60 per cent of required tier 2 cover. The assessment was therefore that continuing to operate the service without the necessary senior medical cover created a greater and less controllable risk than implementing a planned temporary suspension.

The Trust had managed longstanding workforce risks through cross-site consultant rotations, mutual aid with other hospitals, continuous recruitment, locum cover and additional shifts worked by Northern and Eastern maternity teams. However, the combination of vacancies, short-notice absences, maternity leave and the loss of locum availability meant that these measures could no longer provide a sufficiently safe and resilient rota.

We nevertheless accept the distinction you make between planning for the immediate clinical safety risk and planning comprehensively for the wider consequences of suspension. Individual birth planning began on 27 July before the suspension and every woman or birthing person at 34+ weeks pregnant and those we identified as being made vulnerable by distance/remoteness was contacted

ahead of 11 August. However, despite rapid work across our internal corporate teams and ICB and DCC, not all of the wider transport, financial, accommodation and community support arrangements were as fully developed or as clearly communicated at the outset as they should have been.

We rectified this as quickly as we could but we accept your feedback that those giving birth in mid August would have found it more difficult to access information and support than those preceding them later in the month. I can confirm that today, the women who have been identified as needing additional support will now have all the information they need from their midwifery team about accessing taxis, financial support, accommodation and mental health support.

Post-decision evidence gathering

We have maintained a live Equality Quality Impact Assessment, which was last updated on 14 September and is being presented to the Devon adult health and care scrutiny committee later this month. This creates a strong link between the real-time feedback we are getting from staff and patients and the design of our additional clinical, financial and travel support.

The impact of the suspension is being monitored through Trust and system incident-governance arrangements. You may also be interested in the initial impact assessment report where we assess the impact to date of the temporary closure. We recognise that the absence of a reported serious incident does not remove the additional burden, fear or inequality created by travelling further for care. Our responsibility is therefore both to maintain safe clinical provision and to keep testing whether the support arrangements are sufficient, accessible and responsive to individual circumstances.

We can not routinely commit to doing a pre-impact assessment as the range of eventualities and risks are numerous, for example if the maternity unit was experiencing a shortage of midwives or an estate failure, the decision would have been different, meaning the impacts to mitigate would also be different.

We have committed to undertake a learning review and in the meantime welcome everyone's input to helping us improve our approach to managing this incident.

The timeline and perception of the way our communications have landed, as described in Terry Elliot's report are extremely helpful and have been absorbed by our maternity and communications and engagement teams to ensure we rapidly addressed areas of weakness.

Partnership working

Finally, I would like to accept your offer of partnership in helping us reach our most disadvantaged communities and ensure that this voice is present in our planning and normal service delivery as well as incidents such as the one currently being experienced in maternity.

We would therefore welcome Closing the Gap's involvement in working with us to support women and birthing people for the duration of this suspension, particularly to help us:

- hear directly from people on low incomes and those without private transport;
- identify people who may not respond to online or NHS-led surveys;
- test whether information about transport, accommodation and financial support is reaching those who need it;
- understand whether the support is straightforward to access in practice;
- identify unanticipated consequences for families in Ilfracombe; and
- ensure that learning informs future service-change and business-continuity planning.

We would welcome an invite to your next meeting so we can explore how we can do this together.

Thank you again for bringing these concerns to us. We value Closing the Gap's offer to provide a local forum through which the impact on disadvantaged communities can be better understood. We would welcome a discussion with the group about how its members can contribute to the ongoing evaluation and lessons learned work, and how we can establish a more systematic route for community intelligence to inform future resilience planning.

Yours sincerely,
Sam Higginson
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