



**Doncaster and Bassetlaw
Teaching Hospitals**
NHS Foundation Trust

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14 April 2025

STRICTLY CONFIDENTIAL – ADDRESSEE ONLY

Dr E A Didcock
Assistant Coroner
Nottinghamshire Coroner Service
The Council House
Old Market Square
Nottingham NG1 2DT

Dear Dr Didcock

Mrs Marina May Raisbeck (deceased)

I write to you with respect to the Regulations 28 Report issued on the 18 February 2025 to the Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust following the Inquest into the death of Mrs Marina May Raisbeck concluded on the 16 January 2025.

The report was received by the Chief Executive's office and forwarded to me in order to provide a response.

I have been assisted in constructing this response by ██████████ Associate Chief Nurse for Patient Safety and Quality and ██████████ Consultant Physician and Trust Sepsis Lead.

I would respond to the matters of concern referred to within the PFDR as follows:

1. The lack of system for prioritisation of urgent surgical patients awaiting transfer to DRI from the Emergency Department at Bassetlaw District General Hospital

I would like to take this opportunity of assuring you and Mrs Raisbeck's family that the Trust adheres to standards within Royal College of Emergency Medicine (RCEM) Guidance in that *whilst waiting for specialty teams to respond to a referral, the patient in question remains the responsibility of the ED team, this includes reacting to changes in the patient's clinical condition and investigation results*. These professional standards are detailed within the roles and responsibilities of the Emergency Physician in Charge (EPIC).

To enhance this standard, the Trust has immediately implemented a new initiative in Bassetlaw Hospital whereby every morning a Surgical Advanced Clinical Practitioner will undertake a face to face assessment of all surgical patients awaiting transfer to Doncaster Royal Infirmary in order to prioritise transfer. This assessment will include a full clinical review including monitoring blood tests.

In terms of transfers, historically, transport from Bassetlaw Hospital has been booked only when a bed is available on the Doncaster site. The Trust's transfer process has been reviewed and transport and bed will now be booked at the same time; with the expectation that the patient would be transferred to the next bed available. On the rare occasions that a bed is not available on arrival at the Doncaster site, the patient will be transferred to ED under care of the specialty team.

We are in the process of reviewing the Trust's Transfer Policy to reflect this change in practice.

2. The lack of a system for monitoring clinical parameters of urgent surgical patients awaiting transfer to DRI from the Emergency Department at Bassetlaw District General Hospital

The Trust has successfully developed a tracking system which provides oversight to the host and receiving clinical teams and monitors the patient's physiology parameters (including sepsis) and observations. It also enables clinical teams to prioritise patient care. This digital programme of work has already been rolled out in Acute Medicine and Paediatrics on both Bassetlaw and Doncaster Hospital sites to allow them to easily view all patients in the ED that have been referred to them.

Discussions are nearing completion with our orthopaedic team to tailor the tracking system to reflect their standards of care and implementation is expected to be complete within 3-6 months.


Meanwhile, further discussions with our wider specialties are commencing to implement the tracker for our surgical patients.


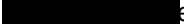
The Trust is currently embarking on a full Digital Transformation programme and in particular the implementation of an Electronic Patient Record. In view of this, we need to prioritise digital programmes with limited resources and capacity.

I trust that this will reassure you that the processes in ED around patients awaiting transfer have been made more robust as a result of the learning that has been generated through this Inquest and that the new arrangements put in place and planned will undoubtedly make it safer for patients who attend the department.

Yours sincerely




Acting Executive Medical Director

Cc: , Chief Executive
, Associate Chief Nurse for Patient Safety & Quality