

Healthcare Inspectorate Wales National Review

All Wales Review of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Decisions

Terms of Reference

Context

The All-Wales Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) policy for adults was launched in 2015 by the Deputy Minister for Health. It was revised and updated in 2017, 2020 and 2022, and will be reviewed every two years. The policy provides a framework to ensure that patient involvement is prioritised and that DNACPR decisions reflect the conversations held with the individual, and that any benefits are not outweighed by burdens. It also makes clear how a DNACPR decision is clearly recorded and communicated between healthcare professionals and patients and those close to them¹. To improve communication between staff across the healthcare system in Wales, and to avoid inappropriate and potentially extremely distressing and traumatising CPR attempts at the end of life, a standardised and unified document was implemented. This is used to record all DNACPR decisions in the adult population in Wales.

With the unprecedented demand on the healthcare system worldwide during the COVID-19 pandemic, there was a significant increase of patients being admitted to intensive care units with COVID-19². The pandemic highlighted how few conversations had been held about what CPR involves, and what its success rates, in different situations, actually are. A study undertaken in the USA by Thapa et.al (2021)³ found that CPR, where it was given to those with COVID-19 in the states of Georgia and Michigan, had a zero per cent success rate during the heights of the pandemic.

In April 2020, Welsh Government was made aware of concerns from advocates for disabled and learning disability communities. This was in relation to how the Clinical Frailty Scale⁴ may be used inappropriately when making decisions on escalation of care, and the discussions around ceilings of treatment, CPR and DNACPR for individuals positive with COVID-19. Subsequently the Chief Medical and Nursing

¹ [DNACPR - NHS Wales Executive](#)

² [DNACPR decision-making in the COVID-19 pandemic | The BMJ](#)

³ Thapa SB, Kakar TS, Mayer C, Khanal D. Clinical Outcomes of In-Hospital Cardiac Arrest in COVID-19. JAMA Intern Med. 2021;181(2):279–281. doi:10.1001/jamainternmed.2020.4796

⁴ [Clinical Frailty Scale — Specialised Clinical Frailty Network \(scfn.org.uk\)](#)

officers for Wales issued a joint letter highlighting the implementation of a new framework of values and principles for healthcare delivery in Wales, to provide guidance for healthcare services when making decisions during the pandemic. The framework addressed the importance of openness and transparency to those with professional and legal responsibilities in dealing with DNACPR decisions. It also highlights what the All-Wales DNACPR policy refers to as ‘the duty to consult’ patients and those close to them, when it comes to these decisions made by clinical teams.

The report, *Protect, Respect, Connect-Decisions about Living and Dying Well During COVID-19* was also published by the Care Quality Commission (CQC) in March 2021⁵. This was commissioned by the UK Government in response to news stories, complaints, and campaigns about perceived failings with DNACPR decision making in NHS England. The report acknowledged that the extreme demands of the pandemic response had increased pressure on health and care staff and services, which may have hampered decisions and especially communication around decision making.

The CQC stated that DNACPR decisions do not exist in isolation but are part of a broader spectrum of care planning for long term conditions, advance care planning for end-of-life decisions, and emergency treatment escalation plans. In addition, there was a clear acknowledgment from CQC that clinicians should be doing more of all these things.

Scope

In response to the concerns highlighted above and key intelligence held by HIW, we made the decision to undertake a review on DNACPR decisions across Wales. In January 2023, we commenced the scoping for our work and engaged with a sample of NHS Wales healthcare services and the public, to help inform and refine the scope. We temporarily paused our work to explore and consider other work being undertaken across Wales in relation to DNACPR, and subsequently, we recommenced our work in September 2023.

The aim of our review is to consider the practices in place when DNACPR decisions are applied to adult patients (over the age of 18), and whether patient views and considerations are respected. We will consider whether DNACPR decisions reflect the priorities of the individual, as well as their preferred information requirements⁶, and whether a DNACPR decision is clearly recorded and communicated between healthcare professionals, and with the patient and those close to them.

⁵ [Protect, Respect, Connect-Decisions about Living and Dying Well During COVID-19 \(CQC.org.uk\)](https://www.cqc.org.uk/publications-reports/protect-respect-connect)

⁶ Some people may want to have all the information around DNACPR, including that around the brutal nature and poor outcomes of CPR, whereas others may find this extremely distressing to hear, and ask not to be consulted on this.

Our research and stakeholder engagement has helped inform the scope of our work, of how to answer the question:

- **Are DNACPR decisions being respectfully communicated to patients and those close to them, and are they clearly recorded and communicated between healthcare professionals?**

Our key lines of enquiry will include:

- Is DNACPR documentation in medical records (and not just the DNACPR forms) robust?
- Does the DNACPR documentation appropriately reflect the communication with patients, and with those close to the patient?
- Is there evidence of communication of a DNACPR decision across different healthcare teams?
- How do clinicians consider the communication needs of people to ensure they fully understand the DNACPR decision making process?
- What measures do healthcare organizations have in place to ensure clinicians consider equality and diversity when making DNACPR decisions?

Methodology

To consider the key lines of enquiry above, we will explore the processes in place for the decision making and application of a DNACPR decision, and we will consider evidence of good practice and areas for improvement.

To help inform the findings of our review we will consider:

- Completed DNACPR decision forms and accompanying medical records with regard to ceilings of treatment conversations, for adults over the age of 18
- Healthcare organisation's policies and procedures for DNACPR decisions including the process or procedure for those with communication challenges, such as sensory impairments, learning disabilities or language barriers
- Healthcare organisation's processes for audits of DNACPR decision making
- How healthcare staff maintain their knowledge and skills in communication with people in relation to DNACPR.

We will also:

- Develop and launch a professional's survey to establish the knowledge and skills of staff relating to the DNACPR process
- Engage with healthcare staff during our fieldwork through interviews and/or focus groups

- Seek to understand the experience of those close to the patient with regard to the DNACPR process.

Working with other organisations

We aim to collaborate with a range of stakeholders to help us engage with the public to understand their experiences and knowledge of the DNACPR process. Where necessary, we will liaise with stakeholders at key intervals throughout the review, to share plans and ensure any joint working opportunities are explored to avoid unnecessary duplication of efforts and to share findings following completion of fieldwork.

Timescales

Scoping and research for the review commenced in January to February 2023, and was then paused. Further work was completed during August and September 2023 to refine the scope of the review. Planning the review’s methodology for the fieldwork will commence in October 2023.

Proposed timeline:

Activity	Timescale
Fieldwork planning and document review	September - November 2023
Fieldwork (onsite or remote)	November 2023 - December 2023
Launch of public and staff surveys	November 2023
Analysis of surveys and evidence	January - February 2024
Drafting of report	February - March 2024
Report Publication	Spring 2024

Analysis and reporting

The review will conclude with the publication of a national report in spring of 2024. The report will highlight key themes and areas of good practice and will make recommendations where required improvements are identified throughout our review. If any urgent concerns are identified during our review, these will be raised promptly with the healthcare providers and/or Welsh Government and/or any other relevant organisations. In addition, where we feel appropriate, any interim findings will be communicated to our stakeholders throughout the course of our review.

Publication and engagement

A dedicated webpage for the review will be developed on HIW’s website, with updates on the key findings from the review. We will also use several communication tools and social media channels to raise awareness of how people can take part in the national survey and any engagement activities. Following the publication of the national report, follow-up, engagement, and potential learning events will be considered.

Personal data

This review forms part of our work to provide independent assurance on the quality and safety of healthcare services in Wales. The Health and Social Care (Community Health and Standards) Act 2003 (Part II, Chapter 4), gives HIW the power to carry out inspections, reviews and investigations of the NHS or services provided for the NHS.

Where we process personal data, this is in accordance with data protection legislation, including the Data Protection Act 2018 and the General Data Protection Regulation. Further information is set out in HIW's privacy notice which can be found on the website; [HIW privacy notice](#).