



Adults, Wellbeing and Health Overview and Scrutiny Committee

Date **Friday 25 February 2022**
Time **9.30 am**
Venue **Council Chamber, County Hall, Durham**

Business

Part A

**Items during which the Press and Public are welcome to attend.
Members of the Public can ask questions with the Chairman's
agreement.**

5. Question from a member of the Public (Pages 3 - 12)

A question has been received from a member of the public regarding County Durham and Darlington NHS Foundation Trust's Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) policy towards those patients whose lives are deemed 'best served' by the surgical and medical staff's decisions to apply those same DNACPR notices without adequate and informed discussion of that notice with patients and / or concerned family members or legal trustees.

Arrangements have been made for the question to be put to the Committee and representatives of County Durham and Darlington NHS Foundation Trust will be in attendance to respond.

Helen Lynch
Head of Legal and Democratic Services

County Hall

Durham
17 February 2022

To: **The Members of the Adults, Wellbeing and Health Overview and Scrutiny Committee**

Councillor P Jopling (Chair)
Councillor R Charlton-Lainé (Vice-Chair)

Councillors V Andrews, C Bell, R Crute, K Earley, O Gunn, D Haney, P Heaviside, J Higgins, L A Holmes, L Hovvels, J Howey, C Kay, C Lines, C Martin, S Quinn, K Robson, A Savory, M Simmons, T Stubbs and J Cosslett

Co-opted Members: Ciesielska and Mrs R Hassoon

Co-opted Employees/Officers: Healthwatch County Durham

Contact: Kirsty Charlton Tel: 03000 269705



Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR)

A Complex Process

David Oxenham
Specialist Palliative Care Consultant

In 2014 a judgment by the Court of Appeal stated:

"The problems generated by decisions whether or not to impose [Do-not-attempt-CPR] DNACPR notices are inherently fraught. The question whether to consult and notify the patient is inevitably one of the utmost sensitivity and difficulty. Whether it is appropriate to consult will depend on a difficult judgment to be made by the clinicians. The decision will be difficult and sometimes controversial..."¹

CPR for all – does it work?

- ❖ Originally developed to help the minority of young adult patients who develop a sudden cardiac arrest.
- ❖ Changed over time to an expectation of treatment for all causes of death
- ❖ CPR is ineffective in very ill individuals with multiple co-morbidities, or in catastrophic causes such as a massive haemorrhage

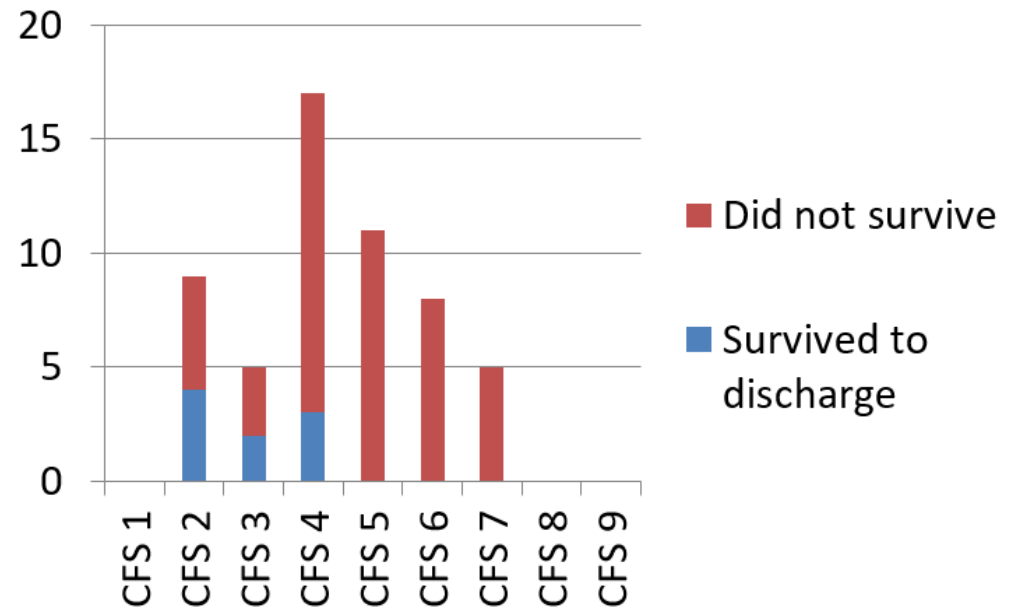


Swift recovery left Christian Eriksen impatient for return to the football pitch



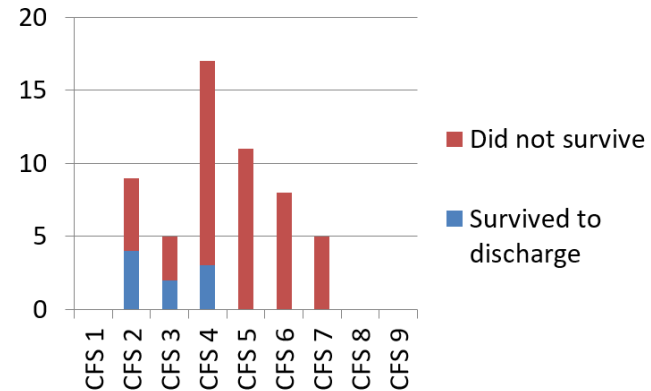
Frailty predicts futility of cardiopulmonary resuscitation

- CFS retrospectively assigned at case-note review.
- 86 attempts at inpatient CPR were conducted
Adequate information to assign a CFS score was available in 55 cases.
- **Conclusion: No survivors of CPR displayed CFS score more than 4.**
 - CFS score more than 4 may therefore predict futility of CPR.



Age and Ageing June 2020

Frailty may predict futility of cardiopulmonary resuscitation



4 Vulnerable – While **not dependent** on others for daily help, often **symptoms limit activities**. A common complaint is being “slowed up”, and/or being tired during the day.



5 Mildly Frail – These people often have **more evident slowing**, and need help in **high order IADLs** (finances, transportation, heavy housework, medications). Typically, mild frailty progressively impairs shopping and walking outside alone, meal preparation and housework.

Deciding Right

Regional Initiative in the North East and North Cumbria

- authority comes from the Mental Capacity Act (2005) and national guidelines for health and social care professionals.
- NHS England has adopted it as good practice so the process could be shared across the country.

<https://northerncanceralliance.nhs.uk/deciding-right/>



DNACPR form



This DNACPR decision applies only to CPR treatment where the child, young person or adult is in cardiopulmonary arrest



Keep original in patient's care setting

- In this individual, CPR need not be initiated and the hospital cardiac arrest team or paramedic ambulance need not be summoned
- The individual must continue to be assessed and managed for any care intended for health and comfort- this may include unexpected and reversible crises for which emergency treatment is appropriate
- All details must be clearly documented in the notes

Name: _____ NHS no: _____
 Address: _____ Date of birth: _____
 Postcode: _____ Place where this DNACPR decision was initiated: _____
 GP and practice: _____

If an arrest is anticipated in the current circumstances and CPR is not to start, tick at least one reason:

- There is no realistic chance that CPR could be successful due to: _____
- CPR could succeed, but the individual with capacity for deciding about CPR is refusing consent for CPR
- CPR could succeed but the individual, who now does not have capacity for deciding about CPR, has a valid and applicable ADRT or court order refusing CPR
- This decision was made with the person who has parental responsibility for the child or young person
- This decision was made following the Best Interests process of the Mental Capacity Act

- YES NO** Has there been a team discussion about CPR in this child, young person or adult?
YES NO Has the young person or adult been involved in discussions about the CPR decision?
YES NO Has the individual's personal welfare lasting power of attorney (also known as a health and welfare LPA), court appointed deputy or IMCA been involved in this decision?
YES NO Has the individual agreed for the decision to be discussed with the parent, partner or relatives?
YES NO Is there an emergency health care plan (EHCP) in place for this individual?

Details can be found in:

Key people this decision was discussed with Details of discussions must be recorded (see box right)

Junior doctor (must have GMC licence plus full registration and agree DNACPR with responsible clinician below before activating DNACPR)	Sign: _____	Status: _____
	Name: _____	GMC no: _____ Date: _____ Time: _____
Senior responsible clinician (If a junior doctor has signed, the senior responsible clinician must sign this at the next available opportunity)	Sign: _____	Status: _____
	Name: _____	GMC/NMC no: _____ Date: _____ Time: _____

For those individuals transferring to their preferred place of care

If the individual has a cardiopulmonary arrest during the journey, DNACPR and take the patient to:

The original destination Journey start Try to contact the following key person
 Name: _____ Status: _____ Tel: _____

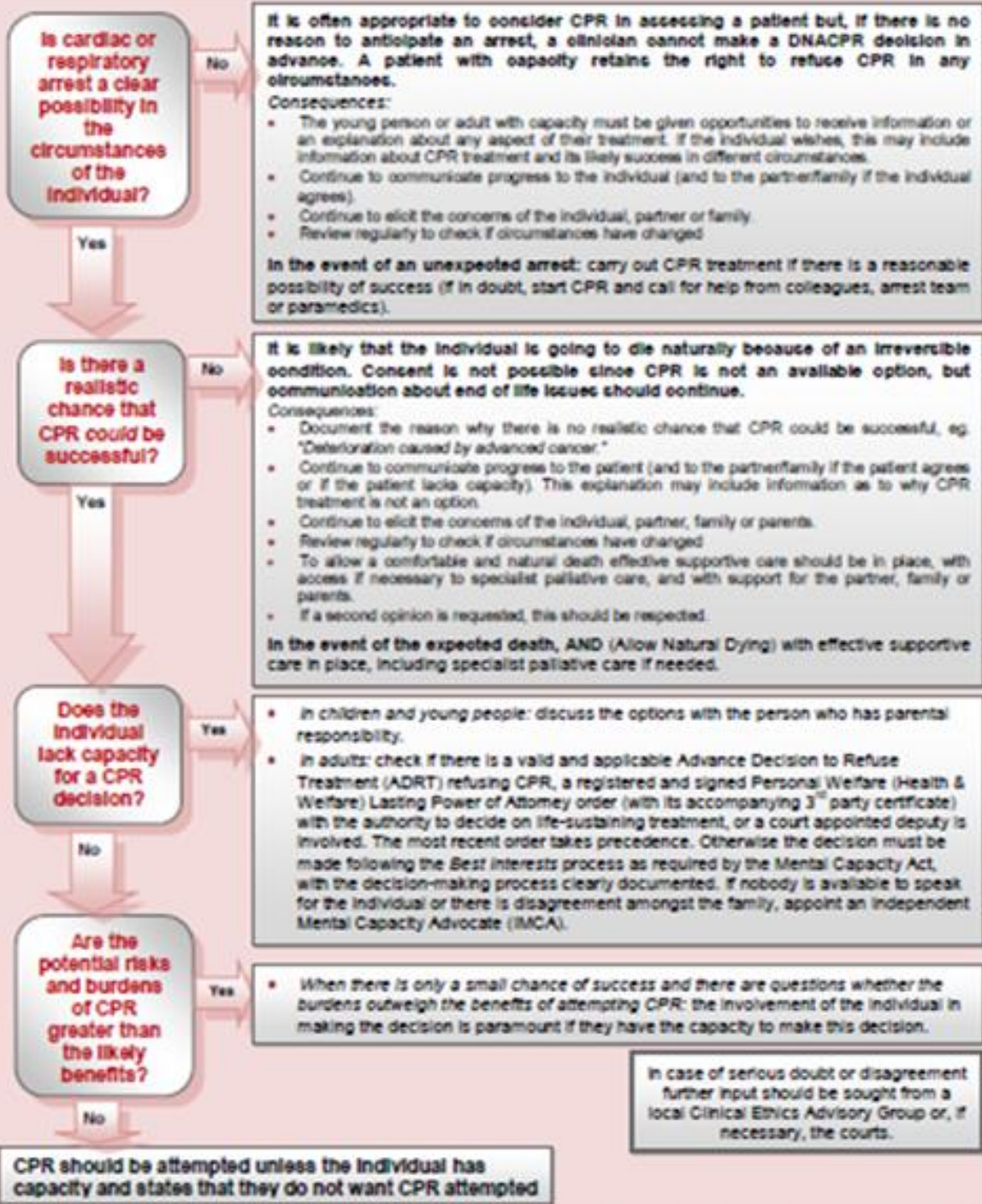
This DNACPR is valid for 12 months from either the date of the initial signing or the last review date

Check for any change in clinical status that may mean cancelling the DNACPR. Reassessing the decision regularly does not mean burdening the individual and family with repeated decisions, but it does require staff to be sensitive in picking up any change of views during discussions with the individual, partner or family. Any senior responsible clinician who knows the patient can review the DNACPR decision

Date review was done | Name and signature of reviewer
 Review if the patient or persons discussed with ask for a review or whenever the condition or situation changes

Form originally developed by the NHS North East (ackling) right initiative

DNACPR form





Supporting our Clinicians in Making DNACPR Decisions

- ❖ Regional framework, guidance and documentation
- ❖ Training and competency assessment for all nurses involved in discussions
- ❖ Education for all levels of medical staff
 - ❖ Policy and legal aspects (including capacity and best interest)
 - ❖ Communication
 - ❖ Talking to families
- ❖ Learning from incidents and complaints
- ❖ Continuing audits
 - ❖ Documentation
 - ❖ CPR attempts



DNACPR Decisions are complex

- ❖ CPR doesn't work as well as expectations
- ❖ Can be a distressing discussion
- ❖ Can be difficult to communicate
- ❖ Sometimes get in wrong
- ❖ High level of commitment to continue to make improvements