

Your Ref: [REDACTED]

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Oxford
OX4 2LH
[REDACTED]

4/8/14

Mr N G Gardiner
Assistant Coroner for Oxfordshire
Oxfordshire Coroner's Office
The Oxford Register Office
2nd Floor
1, Tidmarsh Lane
Oxford
OX1 1NS

Dear Mr Gardiner,

Re: Regulation 28 report – John Cook

Thank you for your letter dated 9th June outlining your matters of concern in relation to the above inquest. I have looked into both these concerns and please find below my response.

1. One of your concerns was the DNA CPR form and ensuring that it the name and the telephone number of the hospital is on the form. The form does have the institution name on it, however, it does not have the telephone number. It is our view that this is not necessary as the form is there to provide a clear definitive position, not to be something that prompts the need for further clarification through further phone calls. In addition to this telephone numbers change and the availability of particular clinicians may change. Therefore we will not be recommending there will be any changes made to the form.
2. The second concern was around the expiry date and cancellation of the DNA CPR form. The August 2012 NHS South of England (central) Unified Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) Adult Policy clearly states that the wording of "on discharge" is not acceptable, nor indeed the suggestion that the DNACPR ends just because of a discharge from hospital. The policy makes clear that if the DNACPR is not indefinite, then a specific review date should be inserted.

The issue in this case is that the existing policy was not followed. It clearly

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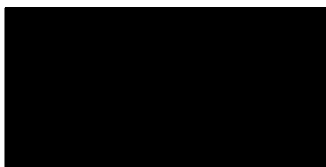
states in the policy that in the rare circumstances where there is a decision made to cancel or revoke the decision, it should be clearly cancelled with two diagonal lines with the word "CANCELLED" written clearly between the lines, dated, signed and name printed by the health care staff member.

Clearly it is of utmost importance that the DNACPR policy is followed correctly and the Oxfordshire Clinical Commissioning Group (CCG) have been working with Oxford University Hospital NHS Trust (OUH) to ensure that this happens. OUH carry out regular training sessions and complete regular audits in relation to the completion of the whole DNACPR process which includes effective completion of the policy. We have requested that the CCG share the results of the audits with us. We are assured that the CCG will hold the Trust to account in relation to the learning from this inquest.

NHS South of England as an organisation does no longer exist and therefore we will be writing to all our provider Trusts and CCGs to ensure they have adopted the DNACPR policy from NHS South of England for their own organisation.

I hope the above answers your concerns, please do not hesitate to get in touch if I can provide any further information.

Yours sincerely,




Chief Nurse
NHS England (Thames Valley Area Team)

Copy enclosed for the Chief Coroner.