

Freedom of Information Request	FOI 21-260	14 th July 2021

CONTEXT: As NHS resources were so limited during the COVID-19 pandemic, it is known that certain people were prioritised over others for in-patient treatment. It is also known that certain people and groups were subject to blanket and/or non-consensual 'Do Not Resuscitate' orders. Under the Freedom of Information Act 2000, I am requesting the following information;

1) What were the criteria for the prioritisation of treatment? (e.g. age, chronic health conditions, neurodevelopmental disorders, etc.)

I can confirm that throughout the COVID pandemic the Health Board followed recommendations set out in the All Wales DNACPR policy including the most recent version approved in November 2020 attached. At all times the principles of the Wales DNACPR policy were followed which aims to ensure:

- · Patient wishes are respected
- Decisions reflect the best interest of the individual
- · Benefits do not outweigh burdens
- DNACPR decision is clearly recorded and communicated between healthcare professionals

Any discussion should be based on individual circumstances - following shared decision making principles. Participation in advanced care planning is a voluntary process and is separate from any clinical decisions regarding cardiopulmonary resuscitation. Clinicians responsibilities regarding DNACPR decision making are set out by the General Medical Council (<u>further information is available here link</u>).

At all times with respect to DNACPR decisions the key factor and decision making has always been based on an individual's needs taking into consideration patient wishes, family wishes and clinical consideration of the likelihood of success of any intervention.

2) What hospitals made the choice to prioritise certain groups over others?

Please see answer 1

3) Were patients informed that there was prioritisation for certain groups?

Please see answer 1

3a) If so, were those who were to be NOT a priority informed that they were as such?

- 3c) How many people, irrespective of whether they went on to receive treatment and/or recover, were to be of lesser priority than others? Please see answer 1
- 3d) How many people, who were seen as a lesser priority for treatment, died?

Please see answer 1

4) Were there blanket DNR orders for patients in certain groups? (e.g. those with chronic health conditions, those with neurodevelopmental disorders, the elderly etc.)

Please see answer 1 – however, we can confirm that there was not a blanket DNACPR Order in place.

- **4a) What groups were subject to these blanket DNR orders?** Please see answer 4
- 4b) If so, were these groups informed of the hospitals choice to place them under DNR orders?

Please see answer 1

- 4c) Did any of these patients consent to the use of DNR orders on them? Please see answer 1
- **4d)** How many people subject to these DNR orders went on to die? Please see answer 1