



# Frontrunners in End of Life Care in Hospitals

**Showcasing examples of best practice in end of life care with findings from recent GSF Accredited Acute and Community Hospital wards, demonstrating earlier identification of patients, more clarifying their wishes and more dying where they choose. Nov 2019**

**These leading GSF Accredited hospital wards are examples of best practice in caring for people in their last years of life.** These frontrunners demonstrate what is currently being achieved by some teams in their care for patients, following their completion of the GSF Hospital Quality Improvement Programme and GSF Accreditation, co-badged by the British Geriatrics Society and the Community Hospital Association. They are an encouragement and inspiration to others in giving the very best end of life care to their patients – **if they can do it, then others can too!**

**GSF has been part of the national momentum of best practice in end of life care since 2000, with over a hundred hospitals involved, over 3000 care homes, influencing care of 95% GP practices plus domiciliary care, retirement villages, prisons, hospices and integrated cross boundary care across the UK, improving care for millions of people.**

**Many have improved their CQC rating to good or outstanding end of life care and are inspirations to others. They exemplify attainment of top quality, proactive, person-centred, well-coordinated care** for their patients, with any condition across all wards, in line with national policy (NHSE Long Term Plan and Ambitions, GMC, NICE Guidance and CQC Hospital End of Life Care standards etc). This has a significant impact on the quality of care for patients in their final years of life, reducing time spent in hospital and enabling more to live and die at home. GSF Accredited wards are identifying at least 30% of inpatients, offering most of these patients advance care planning discussions, reducing length of stay and collaborating well with GPs to improve cross-boundary care.

**Some hospitals are part of the GSF Cross Boundary Care sites using GSF in primary, acute and community care to improve population-based end of life care. In line with standardised EOLC Metrics, key areas include:**

- |          |  |  |
|----------|--|--|
| <b>1</b> | <b>Proactive care</b>                  | <i>early identification (30% of hospital patients thought to be in the final year of life)</i> |
| <b>2</b> | <b>Person-centred care</b>             | <i>more patients offered advance care planning discussions about preferences</i>               |
| <b>3</b> | <b>Place of death</b>                  | <i>more dying in preferred place of care or usual place of residence</i>                       |
| <b>4</b> | <b>Preventing over-hospitalisation</b> | <i>reduced hospital deaths, hospital bed days, crisis readmissions,</i>                        |
| <b>5</b> | <b>Providing top quality care</b>      | <i>experienced by patients and families, confidence and culture change for staff</i>           |

<b>Examples</b>	1. Proactive – Identification rates	2. Person-centred – ACP discussions offered	3. Place of death – dying in preferred place	4. Reducing hospitalisation, admissions, deaths	5. Quality of care – feedback
<b>Average for GSF Accredited Wards</b>	<b>Av. 34% patients identified</b>	<b>95% offered ACP discussion</b>	<b>65% die where they choose</b>	<b>Reduction in hospital bed days, some reduced deaths and readmissions</b>	<b>Qualitative feedback eg more carers offered support, staff confidence increased</b>

# GSF Acute Hospitals

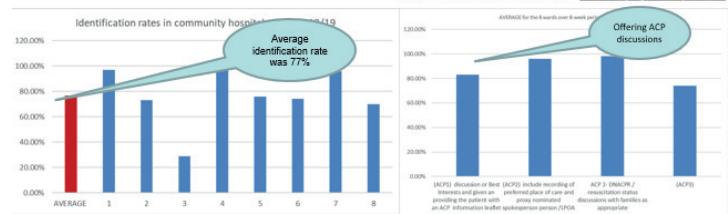




# GSF Community Hospitals



The Gold Standard Framework in care homes



For further information, or a discussion please contact **The Gold Standards Framework Centre**

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# Examples of Frontrunning hospital wards

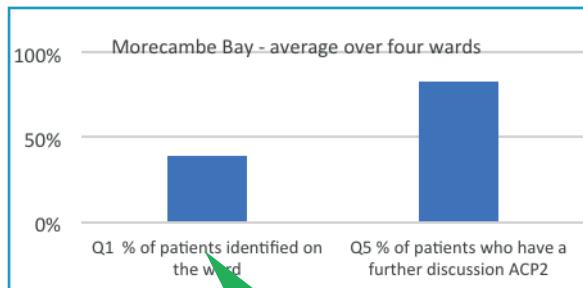
## 1. University Hospital of Morecambe Bay NHS Trust

**Acute Hospital:** Royal Lancaster Infirmary and Furness General Hospital  
**Whole hospital Trust programme across 2 sites, plus GSF Cross Boundary Care Site**  
**Speciality:** Stroke, Respiratory, Oncology and Acute Medical Unit  
**Accredited:** Ward 23 and Ward 9 in 2015, Ward 37 and AMU in 2017  
**Reaccreditation:** Ward 9 in 2019



### Key Achievements

- CQC rating went from Good to OUTSTANDING
- Average identification rate was 39%, range 37% - 44%
- Offering ACP discussions was on average 83%
- Culture change perceived on wards



Average 39% identified and 83% offered ACP

### Comments:

"GSF has given us the framework to engage with relatives and put things in place to ensure the outcome they want for their relative."

The best bit is making sure that patients receive the care they want, where they want it, when and how they want it and the satisfaction they, and we get from that."

**Dr Kumar, Consultant Geriatrician, Royal Lancaster Infirmary**

**For Staff:** "GSF has helped the staff both clinical and non-clinical to recognise patients early and continue with conversations around ACP and PPC working closely with the community."

**For Patients:** "Choices and wishes are being adhered to, PPC is being supported working closely with the GP when discharged from hospital to remain supported at home."

**Michelle McLaughlin, Ward Manager, Furness Hospital**

*"GSF enables staff to have the right conversations with patients and relatives and introduce the idea of advance care planning on what choices around their personal wishes and preferences, and aspects of care they do or do not want at this time in their lives."*

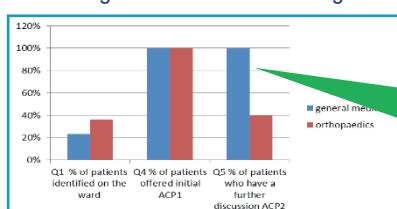
**Patricia Atkinson – GSF Facilitator, Royal Lancaster Infirmary**

## 2. Airedale NHS Foundation Trust

**Acute Hospital:** Airedale General Hospital  
**Whole hospital plus GSF Cross Boundary Care** site with GPs and Care homes and 'Gold-Line'  
**Accredited:** Wards 6 and 9 in 2016  
**Reaccredited:** Both wards in 2019  
**Speciality:** General medicine and orthopaedics

### Key Achievements

- Average across two wards 30% (range 23%-36%)
- Offering Advance Care Planning discussions 100%



Average 30% identified and 100% offered ACP

*"We feel strongly that although we have two wards with GSF accreditation status it is important across the whole hospital. The GSF framework has been used increasingly across Airedale Hospital and in the wider community."*

**Fiona Widdowson – GSF Facilitator, Airedale**



### Comments:

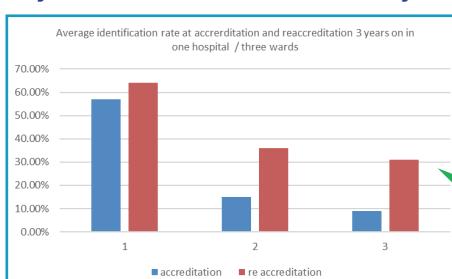
"Airedale is really well placed to undertake GSF, it is a small DGH and the gold standards and the cross boundary working fits well with the hospitals strategic thinking, particularly important is the use of the common language between primary, secondary and community care which has been really helpful."

**Dr Linda Wilson, Consultant in Palliative Care**

## 3. Royal Devon and Exeter NHS Foundation Trust

**Acute Hospital:** Royal Devon and Exeter Foundation Trust  
**Whole hospital Trust Programme**  
**Accredited:** Yeo, Yarty Ward and Renal Unit 2015  
**Reaccredited:** all three wards in September 2018  
**Speciality:** Oncology, Haematology and Renal Unit

### Key Achievement: Is the sustainability of GSF



*"The benefits of GSF have been that patients are identified earlier and supported better."*

**Susan Bignell, GSF Facilitator, Royal Devon & Exeter Hospital**

17% increase 3 years on



### Comments:

"GSF accreditation has given the staff a great deal of pride in achieving the award, it has made end of life care very prominent on our ward and the passion to get it right and I know we will keep moving forward looking for new ideas and ways we can improve our service and patient experience."

**Clare Rowley, Oncology Ward Manager**

"On a broader trust level GSF has helped to improve communication with GPs and highlighting the need for advance care planning has really made patients preferences happen."

**Dr Liz Toy, Consultant Clinical Oncology**

## 4. Barking, Havering and Redbridge University Hospitals NHS Trust

**Acute Hospital:** Queens and King George Hospital

**Whole hospital and GSF Cross Boundary Care Site**

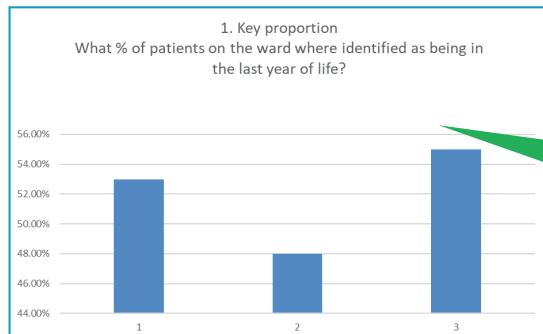
**Accredited:** Sunrise B in 2016, Sunrise A and Fern ward in 2019

**Reaccredited:** Sunrise B in 2019

**Speciality:** Elderly care

### Key Achievements

- CQC rating went from requires improvement to GOOD
- Now achieving identification rates over 30% in most wards



All wards achieving identification rate over 30%

*"When we get it right our gold patients really do get the care they deserve"*  
Dianne Drain, GSF facilitator



### Comments:

"The morning board run is an MDT and the contribution by the nurses and the Jr Doctors who are on the ward the whole day really helps, and when they give a handover of what the patient does, what the situation is, what the family says and past medical history, it's all really helpful to make the decision regarding identifying them as GSF. It also helps because a lot of these patients are struggling already and just having that open conversation alone is reassuring them."

Dr Kantha Niranjan, Elderly Care Consultant

*"I'm really proud of both our teams for achieving this. It's been a lot of hard work, especially when they have a lot of competing priorities. The most important thing about identifying patients who are nearing the end of their lives is that it gives them more choice and control over their own care."*

Heather Wright, Palliative Care team leader

## 5. Southend University Hospital NHS Foundation Trust

**Acute Hospital:** Southend University Hospital

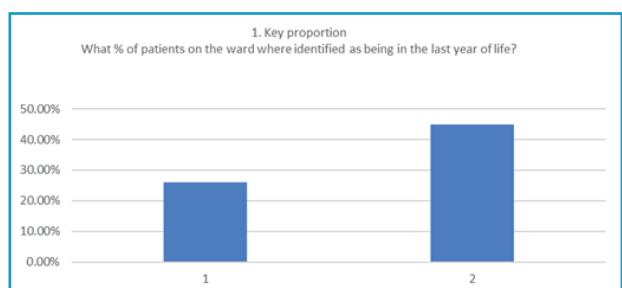
**Open programme:** Three wards participated

**Accredited:** Windsor ward & Respiratory Unit 2018

**Speciality:** Elderly care and Respiratory



*"As a result of the training, the doctors and nurses on the ward are much more confident about having these conversations with families about what to expect."*



### Comments:

"Response to receiving GSF Award: "We've been doing GSF for five years now and had to overcome a number of hurdles on the way, including moving wards and a number of staff changes. So, it makes me very proud of all of the ward staff to achieve this award and I know we are providing good quality care for our patients. The way I look at it is always to think about providing the kind of care I would want my loved ones to have."

Lucy Hollings, Windsor Ward, Southend

## 6. The Royal Wolverhampton NHS Trust

**Acute Hospital:** 3 sites New Cross Hospital

**Whole Hospital Trust programme**

**Wards:** All adult wards and renal dialysis units

### Key Achievements: Audit of identified patients in last year of life

Wards undertook a focussed snapshot audit, assessing all patients on one specific date who later died within that year, in line with current evidence (Clarke 30%), to confirm relevant identification rates for each speciality. The overall average percentage of patients in their last year of life was 33% and individual wards ranged from 5% (elective orthopaedic) to 69% (oncology). Results have been useful in focussing teams on early identification of patients and wards with higher mortality.

Local audit reflected National research data at 33%



### Comments:

"Key to optimising care for patients nearing the end of life is earlier identification. Implementation of GSF is encouraging a systematic approach to recognising those patients in hospital who might be in their last year of life, leading to more proactive care and opportunities for people to consider and express their wishes and preferences."

Dr Clare Marlow, Consultant in Palliative Medicine Wolverhampton

## 7. Dudley Group NHS Foundation Trust

**Acute Hospital:** Russell Hall Hospital

**Whole Hospital** Trust programme

**Wards:** All adult wards

**Accreditation:** First three wards going forward for accreditation C3, C8,

CCU - March 2020

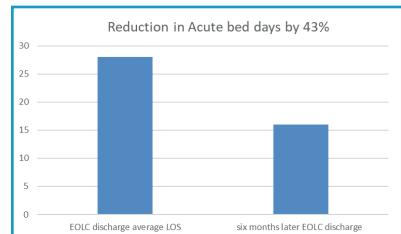
**Proactive identification reduces LOS on average by 16 days**



### Key Achievements: 43% reduction in bed days

Baseline data for 6 months (Jan19 – Jun19) - the discharge pathway was End of life care and the average lengths of stay (LOS) for patients was 28 days.

A snapshot of the month of September saw the LOS for end of life care patients reduced to an average of 16 days. Since June there has been a significant reduction in the LOS of patients on the ward - elderly care



## 8. Community Hospitals – Cornwall Partnership NHS Foundation Trust

**All Cornwall Community Hospitals GSF trained:**

Bodmin, Liskeard, Newquay, Stratton, Launceston, St Austell, Edward Hain, Helston, Camborne Redruth, St Barnabas, Falmouth

**Speciality:** Elderly Care

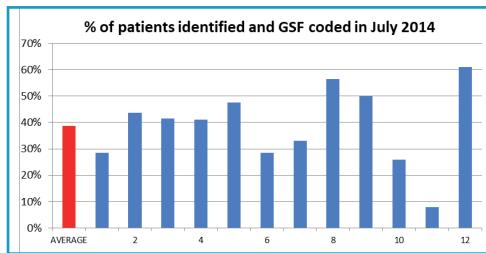
**Accredited:** All accredited in 2014 and 2015

**Reaccreditation:** All wards are reapplying for reaccreditation in September 2020



### Key Achievements:

- Average Identification rate 38% (range 9%-57%)
- Most initiating ACP discussions



**Average 38% Identified and 60% offered ACP**

### Comments:

"For patients, this means we now engage in more detailed conversations with them about the care they want and where they want to receive it and share these wishes with our health colleagues in the community."

Pam Butler, Sister, Lamorna Ward,  
Camborne Redruth Community Hospital

*"GSF has given us a systematic approach to identifying patients and offering advance care planning discussions in a timely, sensitive manner."*  
Jo Smith, GSF Facilitator, Cornwall Peninsula Health Care Trust

## 9. Community Hospitals – Dorset Healthcare University NHS Foundation Trust

**All Cornwall Community Hospitals GSF trained:**

Blandford, Yeatman, Swanage, Portland and Wareham, Alderney and Westminster and 2 elderly mentally frail wards

**Speciality:** Elderly care and elderly mentally frail wards

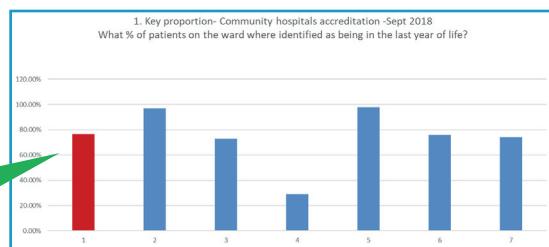
**Accredited:** 2015, 2016, 2017, 2018

**Reaccreditation:** 3 hospitals in 2019



### Key Achievements:

- Average identification rate 76%
- Offering ACP discussions 100%



### Comments:

"The Gold Standards Framework has given staff the confidence to broach the subject of end of life care with patients giving them (the patients) the freedom and confidence to fulfil their wishes when it comes to their care as they approach their final months."

Precious Whild, Senior Sister,  
Guernsey Ward

"GSF opened up a whole new way of looking at end of life care for us and helped make sense of the journey. The result is that we can now help people have a better, more personalised death"

Chris Clarke, St. Brelades Ward

*"The Trust and Dorset CCG have supported the implementation of GSF across Care Homes, Domiciliary care, GPs and Community Hospitals. For the Community Hospitals in Dorset this has involved education and training for staff and the implementation of change to practice, to improve the identification of patients in the last year of their lives, to enable staff to open advance care planning discussions, to anticipate care needs, and using this information reduce inappropriate transfers to the acute services at EOL."* Hilary Lawson, GSF Facilitator

For further information, or a discussion please contact **The Gold Standards Framework Centre**

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