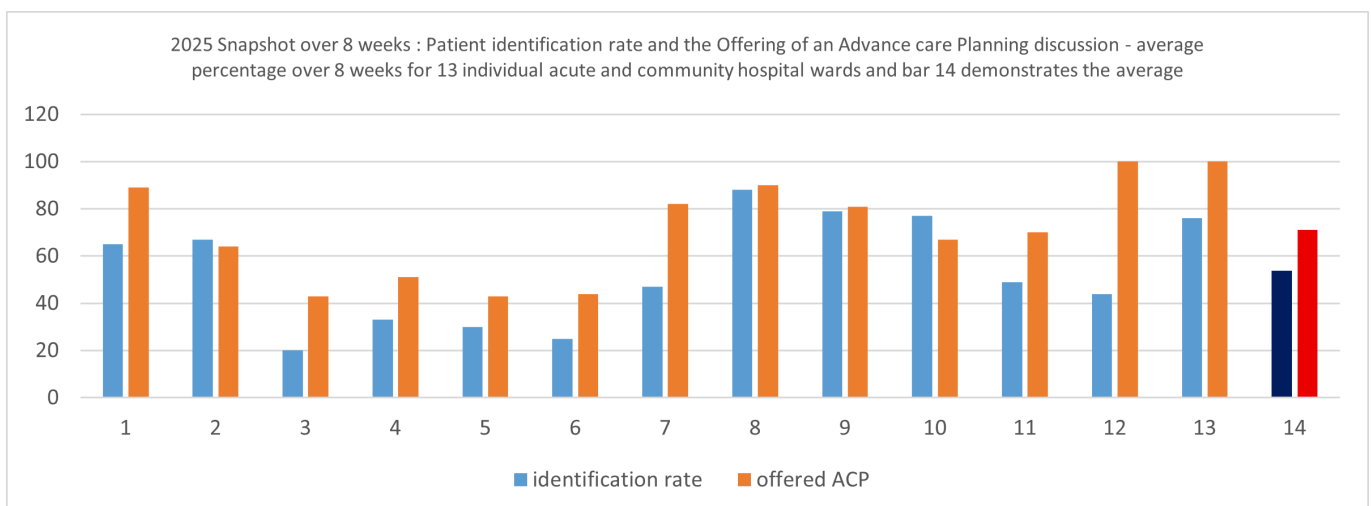
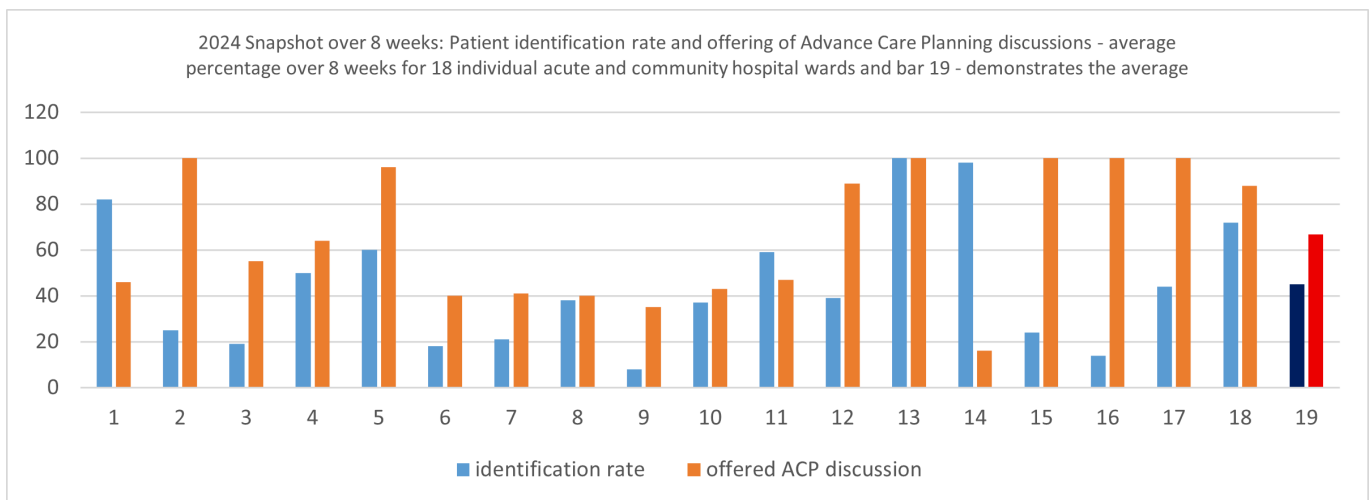


Frontrunners in Hospitals

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.

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 Geriatric 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 you can too!

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



Examples of individual GSF Accredited Hospitals

Ward B6, Russells Hall Hospital, Dudley, Accredited 2024

Acute Hospital: Russells Hall Hospital, Dudley

Specialty: Elderly/Frailty

Accredited: 2024

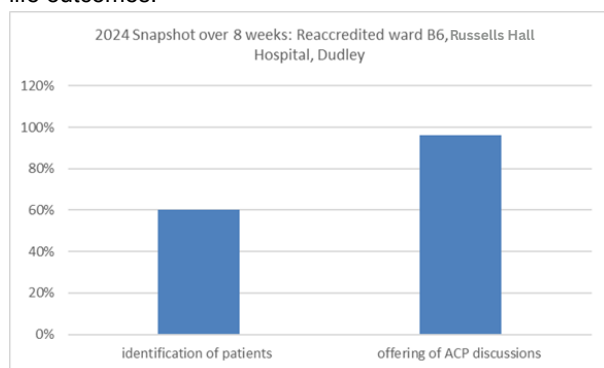
Key Achievements:

- Snapshot over 8 weeks: Identification of patients considered to be in their last year of life was 60%.
- Snapshot over 8 weeks: The number of patients identified as 'end of life care' that were offered an advance care planning discussion was 96%.
- Medical, nursing and therapy team are all engaged with the GSF process demonstrating compassion, good comradery and team working

Read The Dudley Group's [Poster Presentation](#) discussing the impact of GSF on emergency admissions.

Watch a short [Video](#) from The Dudley Group, talking about the impact of GSF across the Trust.

Read The Dudley Group's [Article](#) about implementation of GSF and end of life outcomes.



“The staff on the ward arranged for a patient on their bed to visit the ‘Peace Garden’ in the hospital grounds – which they so enjoyed – the patient died the following day.”

“One of the patients wishes was to play bingo again – staff took time out to join in – lots of laughter and everyone thought it was great to meet the patient’s wishes”

St Mary’s Hospital, Isle of Scilly, Accredited 2024

Community Hospital: St Mary’s Hospital, Isle of Scilly

Specialty: Care to the community of 2,200 people across 5 island. Provides community care & supports the vital tourist trade to the islands. Care from birth to death of the inhabitants of the island and inpatient, outpatients, minor injuries, birthing centre, etc.

Accredited: 2024

Key Achievements:

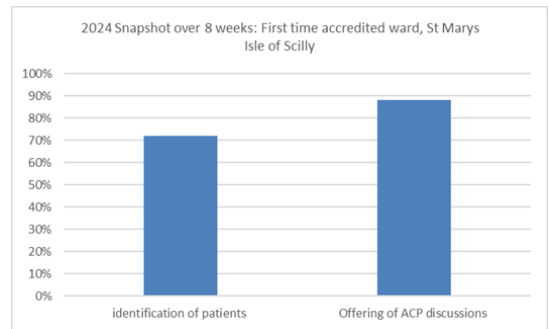
- Snapshot over 8 weeks: Identification of patients considered to be nearing the final year of life was 72%.
- Snapshot over 8 weeks: Of the patient identified 88% were offered advance care planning discussions.
- The uniqueness of the service.
- Working together with the community.
- Flexibility of provision.
- Camaraderie and team spirit – ‘over and above’. With community support the hospital has developed a palliative care suite and family room to enhance patient experience.



“We are proud of our skilled and dedicated team and feel privileged that we get to know our patients and their families so well to provide the best possible personalised end of life care.”

Staff Nurse

- Co-ordination of care is done by the same team, and it may often be the same practitioner seeing the patient whether an inpatient or in the community. This enhances patients experience of being discharged from inpatient setting to the community for care in their last days of life.
- The team also provide a bereavement visit at home following the death of a loved one.



Poster Presentation

Ward 9A, Lister Hospital, Stevenage, Accredited 2025

Acute Hospital: Lister Hospital, Stevenage
Specialty: Acute medicine
Accredited: 2025

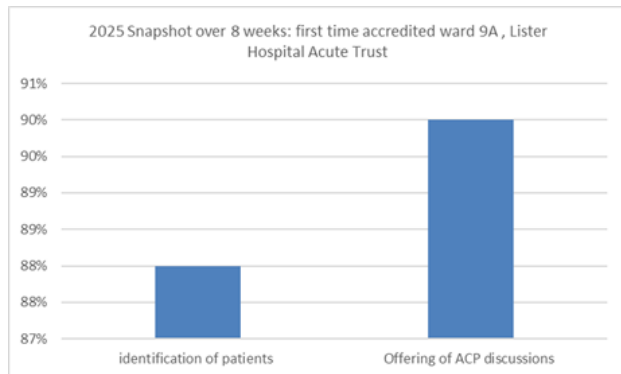
Key Achievements:

- Snapshot over 8 weeks: Identification of patients considered to be nearing the final year of life is 88%
- Snapshot over 8 weeks: 90% of the patients identified are offered the opportunity to engage in advance care planning discussions
- GSF is discussed daily at board rounds and formally at weekly MDT. All the team are involved in identification and coding. To ensure that information is shared with external teams, discharge letters have been reviewed resulting in more effective communication.
- Discharge envelope has guidance of what needs to be included and completed and DN referral flow chart



“The quality of care improves the whole system...Everybody’s input has made a difference.”
Ward staff

“GSF has made a difference for every patient every day...Patients are coded weekly on a formal basis and daily informally.”
Lead Physio & Student Physio



The Willows Unit, Yeatman Hospital, Sherborne, Dorset, Reaccredited Platinum 2025

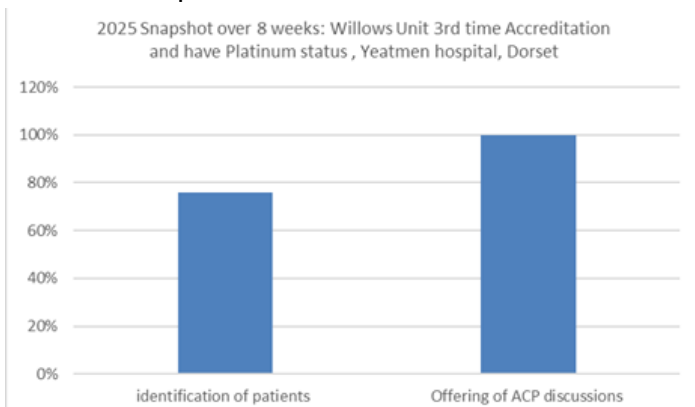
Community Hospital: Yeatman Hospital, Sherborne, Dorset
Specialty: Elderly Care / Rehabilitation Ward
Reaccredited: 2025

Key Achievements:

- Snapshot over 8 weeks: identification of patients considered to be nearing the final year of life was 76%.
- Snapshot over 8 weeks: of those identified 100% are offered the opportunity to engage in advance care planning discussions.
- Team spirit - The team clearly work together to meet the wishes of their patients - a great feeling of team spirit.



- Bereavement support group - started by members of the ward (Matron) and continues with one RGN who works nights on the ward, and two retired members of the ward team, who all volunteer for the group. The group take referrals from the ward, GPs, DNs, local hospice and have also taken referrals from Cruse Bereavement Group.
- The ward has two end of life care suites with access to outdoor space.



“Team reflection on meeting a patients individual wishes...the ward arranged for lower car park next to the end of life care suite to be empty one weekend so a horse box could enter the area and the patients daughter was able to ride her horse, and Mum was able to view from her bed.”

“There are patients who prefer to remain on the ward at end of life due to the end of life care suites on the ward, which provides patients and their families with the privacy and support they need.”

Syringa Ward, Whipps Cross Hospital, Accredited 2023

Acute Hospital: Whipps Cross Hospital, London
Specialty: Elderly Care
Accredited: 2023 (due for reaccreditation in 2026)

Key Achievements:

Embedding GSF into clinical practice ensures that the MDT team are routinely identifying patients considered to be nearing the final year of life and initiating advance care planning discussions. Although the majority of people will want to die at home, for some hospital may be their preferred place of care. Ensuring we deliver the best possible care for our patients, a gold standard of care whatever the setting. The case study is a prime example of compassionate care.

Case Study:

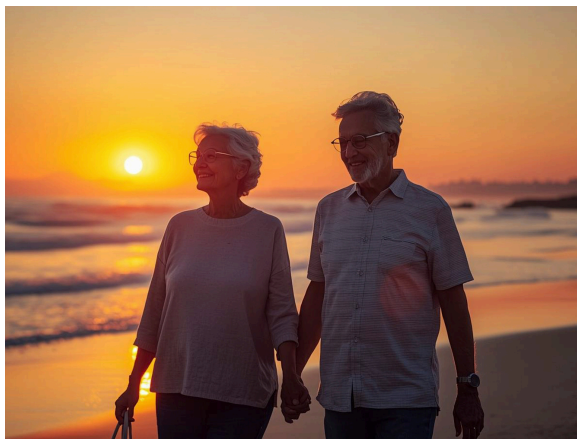
In September 2024, Mrs. H, an 89-year-old woman, was admitted to Syringa Ward due to a decline in her health. Drawing from the Gold Standard Framework, the multidisciplinary team quickly recognised that she was nearing the end of a long, fulfilling life. At this stage, they decided that the focus should shift from pursuing further medical interventions to providing comfort care. As the staff came to know Mrs. H better, her family, they learned that she had been married to Mr. H for over 60 years. Their deep bond, built on a lifetime of love, shared memories, and unwavering devotion, was clear to all who interacted with them.

A few days later, at a board round on the Older Person Assessment Unit Mr H got admitted and staff realised he was actively dying and more importantly his wife was an inpatient in Syringa ward. Recognising the significance of allowing them to spend their last moments together, the Service Manager, Senior Nurse, and Matron coordinated with the Clinical Site Manager and ward team worked together to ensure a bed was secured for him in Syringa ward to ensure that Mr H was brought to Mrs H's side as soon as possible even though the hospital was under significant pressure.



[Poster Presentation 1](#)
[Poster Presentation 2](#)

The staff witnessed the emotional moment when their faces lit up with joy as they saw each other again, a joy that only those who had spent a lifetime together could express. The ward staff, including nurses and doctors, watched with deep emotion as the couple held hands and shared a moment of warmth, their smiles filling the room.



The nurses and medical team, understanding the depth of their connection, whenever possible, aligned their beds against each other and each time the nurses entered the room, they would see Mr and Mrs H holding hands, their bond unbroken even in their most fragile moments.

They exchanged smiles and whispered words only they could understand, creating a sacred space where their love could continue to flourish, even as life began to slip away.

A few days later, Mr H's health deteriorated further, and he comfortably passed away. The grief in the ward was tangible, but there was comfort in knowing that Mr H had spent his final days by his wife's side. The following day, Mrs H was transferred to Margaret Centre, the Palliative Ward, where she would spend her remaining few days before joining her husband on their next journey together - just as they had lived, side by side.

Their children, deeply touched by the compassionate care their parents had received, wrote a heartfelt letter to the hospital staff. "You made their last days together better," the letter expressed. "They were able to be with each other when it mattered most. We take comfort knowing that they are now together on their next journey."

This experience is a profound reminder of the importance of compassionate care in the final stages of life. Reuniting them in that side room wasn't simply a logistical decision; it was a gesture of love and humanity. The small, tender moments - the smiles exchanged; their hands intertwined - became the most significant part of their final journey.

This will stay with the staff as a reflection of what compassionate care truly looks like, and how even the smallest gestures can make an immense difference in the lives of patients and their families.