were the preferred methodology, whereas only half of patients would want further investigations or additional medications and fewer still wanted to participate in online activities, lifestyle change or group activities.

Conclusions Palliative care inpatients welcome the opportunity to be involved in research and should not be excluded on the grounds of advanced disease, poor prognosis and low performance status. Research into end-of-life care should incorporate study designs that would be acceptable and tolerable to patients with advanced disease, rather than exclude them.

Method A GSF document is completed on the hospital electronic patient record following identification and there is one document per admission which is used to record if advance care planning has been offered, commencement of priorities for care and preferred place of care documented.

Results From previous audits completed in the Trust we have confirmed approximately 30% of patients at any time are in the last year of life and this can also be reported by ward to support individual wards. The percentage of patients identified as GSF is increasing and as of June 2022 this was 14% and the percentage of GSF red patients with Priorities for care communication document has improved to 49% and the target is 70%.

Discussion A number of initiatives are being used to improve identification of patients in the last year of life including introduction of level 2 priority training and also working with Deteriorating patient group on a bespoke 12 week course to support wards with the timely identification and appropriate management of deteriorating patients.

Introduction A third of hospital patients are in their last year of life and almost 50% of people die in hospital. At Dudley Group NHS Foundation Trust (DGFT) we have implemented the Gold Standards Framework (GSF) to support identification of patients in the last year of life and almost 50% of people die in hospital. At Dudley Group NHS Foundation Trust (DGFT) we have implemented the Gold Standards Framework (GSF) to support identification of patients in the last year of life and almost 50% of people die in hospital.

Method An end of life care document is completed for patients identified as GSF on the EPR used at DGFT and the DNACPR is also recorded on the EPR. Therefore, on the 8th June 2022 we reviewed all adult wards to see the number of patients with a DNACPR but no GSF document.

Results The results demonstrated that on the 8th June 2022 adult inpatients had a DNACPR but no GSF document. This was broken down by wards and shared with the wards to support discussions/education by the specialist palliative care team with regards to GSF implementation.

Conclusion The GSF implementation across DGFT aims to improve the identification of people in the last year of life and the development of an individual plan of care. Working together with the deteriorating patient group we have developed a prompt that when a DNACPR discussion has taken place to support individual wards. The percentage of patients identified as GSF is increasing and as of June 2022 this was 14% and the percentage of GSF red patients with Priorities for care communication document has improved to 49% and the target is 70%.

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Conclusion Final programme theories of what works, for who, in what circumstances, alongside examples of supportive data, will be shared. Also, our recommendations and implications for service design and delivery, developed from research evidence.