Frailty Care Bundle Pilot Update NHSCT

Every Contact Counts — But first… a drink?



1st October 2026

Frailty & Flow on Ward A5 – Take 5 to Age Well

AIM **Increase simple discharges by 7% by reducing hospital-associated deconditioning and embedding Eat • Move • Think into everyday care.**

BASELINE

511 discharges

20% simple

80% complex

WHAT WE HAVE INTRODUCED

EAT

Snacks & milkshakes
Mealtime support
Nutrition goals

MOVE

Daily mobility goals
Sit out & walk
Deconditioning awareness

THINK

Activity boxes
Chatty Bench
Meaningful connection

PATIENT GOALS – JUNE/JULY

94% TAKE5GOAL / SMART text recorded

80% Daily goal completed

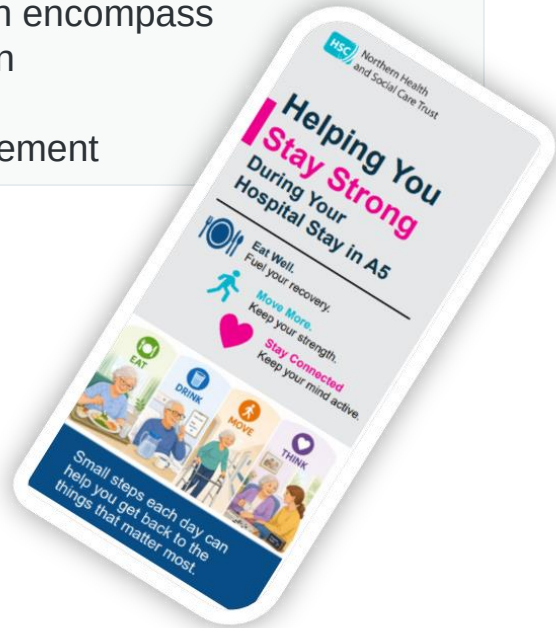
66% goal achievement clearly documented

WHAT ARE WE LEARNING?

Person-centred goal setting is becoming embedded.
We now want to:
Improve the quality & consistency of goal evaluation
ensure goals remain meaningful to the individual.

ALSO EMBEDDED

- ✓ .TAKE5GOAL smart text in encompass
- ✓ Patient & family information
- ✓ Ward awareness materials
- ✓ Staff education and engagement



NEXT STEPS

- ❖ Continue PDSA testing
- ❖ Strengthen daily goal setting & evaluation
- ❖ Monitor simple discharge rates and patient outcomes
- ❖ Gather patient, family & staff feedback
- ❖ Embed and spread successful changes

Why hydration, and why every contact?

A practical culture change within a Care of the Elderly ward

THE PROBLEM

Older people living with frailty may need prompting, preparation or direct support to drink.

Opportunities are missed when hydration relies only on drinks rounds or fluid balance charts.

Shared responsibility

Not a task owned by one staff group

1

Multiple opportunities

Personal care, observations, medicines, mealtimes, toileting, repositioning, call bells and routine interaction.

2

Patients have varied needs

Frailty, cognitive impairment, reduced mobility and swallowing or dietary requirements can affect intake.

3

Current measurement is incomplete

Many patients are not routinely on fluid balance charts, so a broader view of hydration care is needed.

Key message: offer, encourage or support a drink at every appropriate interaction.

SMART AIM

By September 2026, on Ward A7, increase hydration opportunities for eligible patients by 10% through consistent implementation of the "Every Contact Counts - But First... A Drink?" approach.

Measure: *Opportunity to drink measured by an appropriate drink being available and within the patient's reach.*

Awareness
Staff understand the purpose and their role

Access
Appropriate drinks are available and within reach

Person-centred support
Prompting, preparation or assistance matches need

Documentation
Drink offers and support are recorded reliably

Escalation
Poor intake is identified and acted upon

Communication
Dietary and swallowing requirements are visible

Making hydration visible, simple and shared helps patients receive timely support and enables earlier recognition of poor intake

PDSA cycles: start small, learn quickly, adapt

PDSA 1

VISUAL PROMPT

Display the “But first… a drink?” poster in key ward areas.

LEARN

Observe whether it prompts more drink offers and gather immediate staff feedback.





PDSA 2

BEDSPACE TEMPLATE

Test a laminated hydration monitoring prompt with a small number of patients.

LEARN

Assess usability, completion and whether it supports shared responsibility.

PDSA 3

HUDDLE PROMPT

Use “But first… a drink?” during safety huddles or handover.

LEARN

Check recall, acceptability and whether the prompt transfers into routine contacts.

PDSA 4

MILKSHAKES

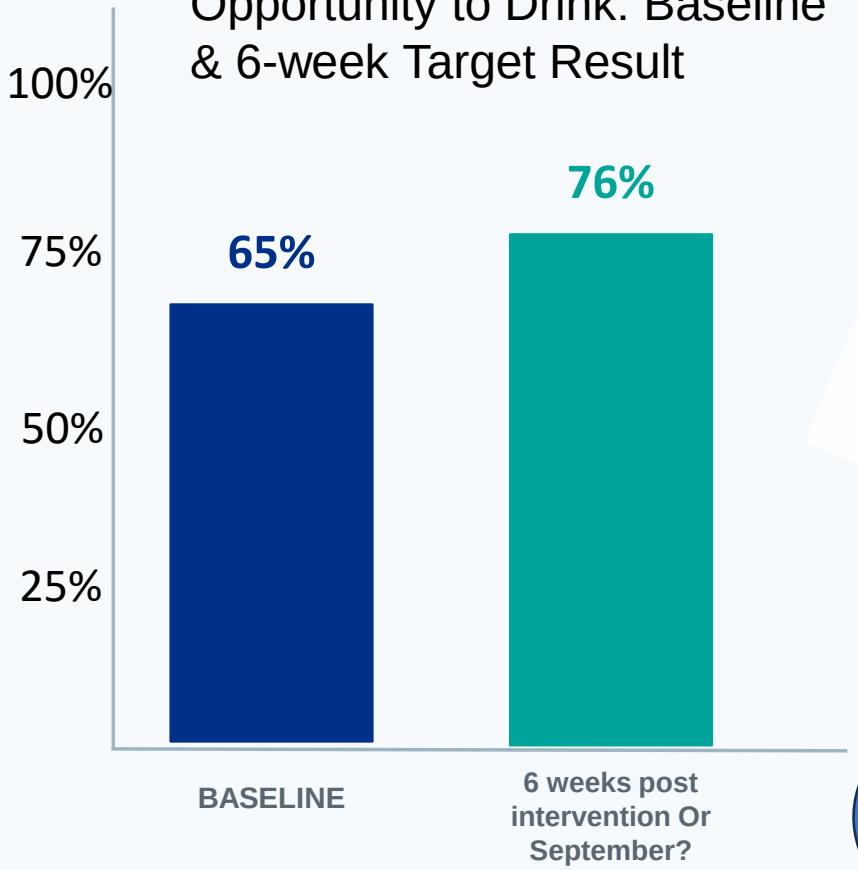
Test a suitable milkshake option for patients with swallowing difficulties

PDSA cycle still to be completed – limited by procurement

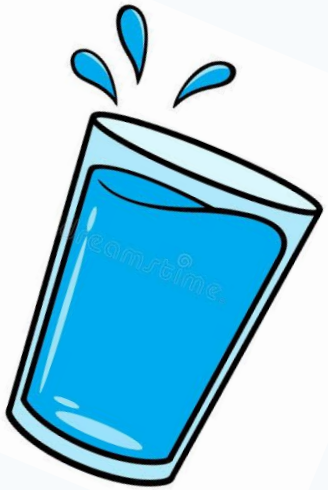


Measures : audit criteria, staff feedback, drink-offer frequency, documentation reliability and escalation of poor intake.

Opportunity to Drink: Baseline & 6-week Target Result



Opportunity to drink = appropriate drink available and within reach.



"The project has given me the drive to raise hydration awareness across the wider MDT."

100% Patients — **PREFERRED DRINK** up from 94%

83% of staff — **ACTIVELY OFFER** fluids during interactions

67% of staff — **Aware of choice of Fluids** available on the ward

What we have learned from the pilot

CHALLENGES

Oversight and continuity

Project leads were not permanently based in the unit, which limited day-to-day oversight and momentum.

Procurement

Reinforces the need for early liaison with procurement, dietetics and Speech and Language Therapy, with clear product specifications and supply arrangements

WHAT WORKED WELL

Strong ward engagement

The Ward Manager and ward team engaged positively with the project and understood the importance of making hydration everyone's responsibility at every appropriate contact.

TIME

Culture change takes time

Six weeks was insufficient to embed "Every Contact Counts" and achieve sustained change in routine practice.

Next Steps

Strengthen ward-based ownership

Resolve procurement pathways

"Our challenge to everyone in the room is simple: at every appropriate patient contact, pause and ask, 'But first… a drink?'"