# Frailty Care Bundle Pilot Update SHSCT

Southern Health and Social Care Trust

*Quality Care - for you, with you*

# Eat Adequately Today

Northern Ireland Frailty Network

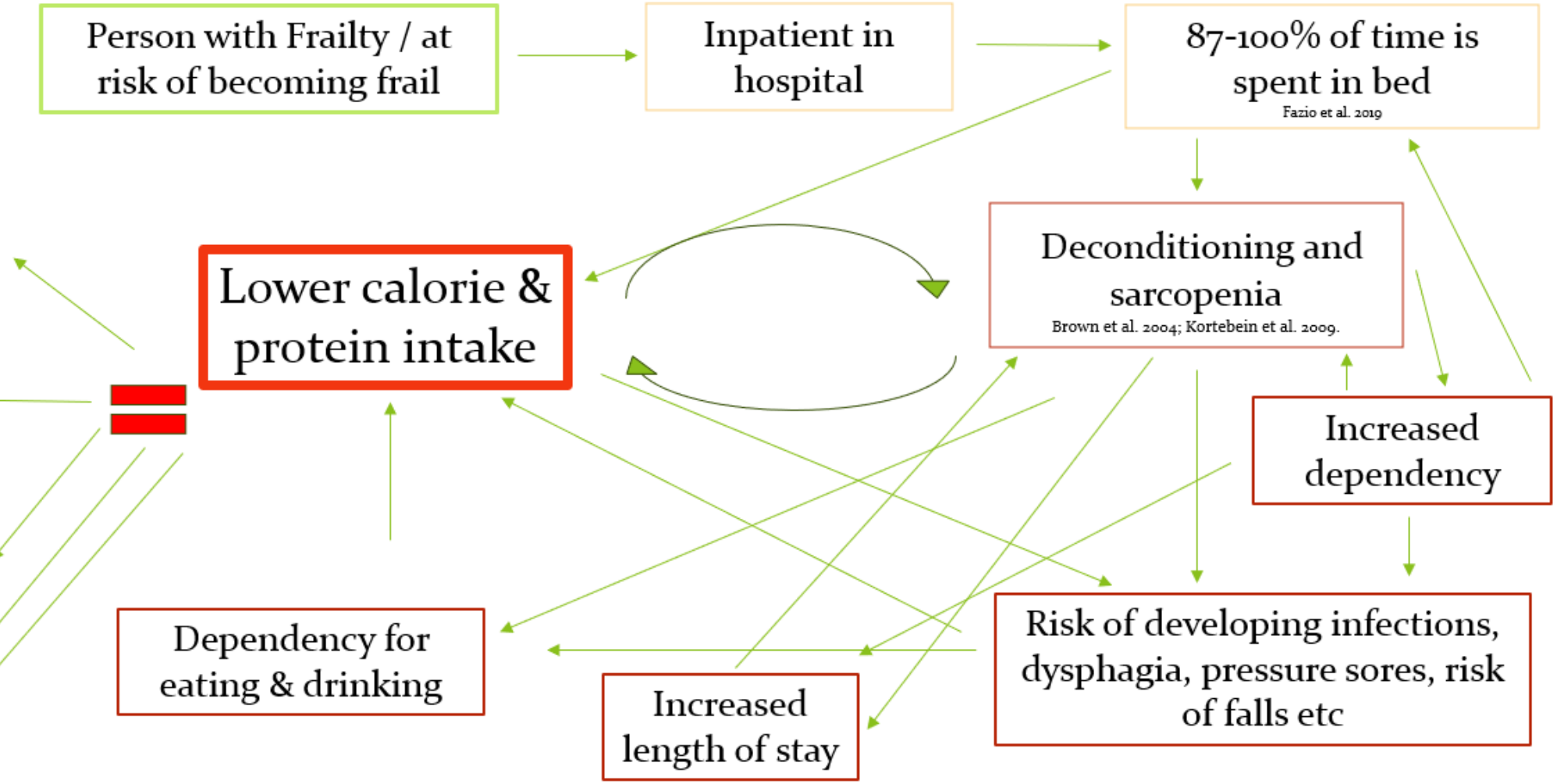
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**Patricia Hyde (Ward Manager Ward 3 Lurgan)**

Public Health Agency

# Why does oral intake matter?

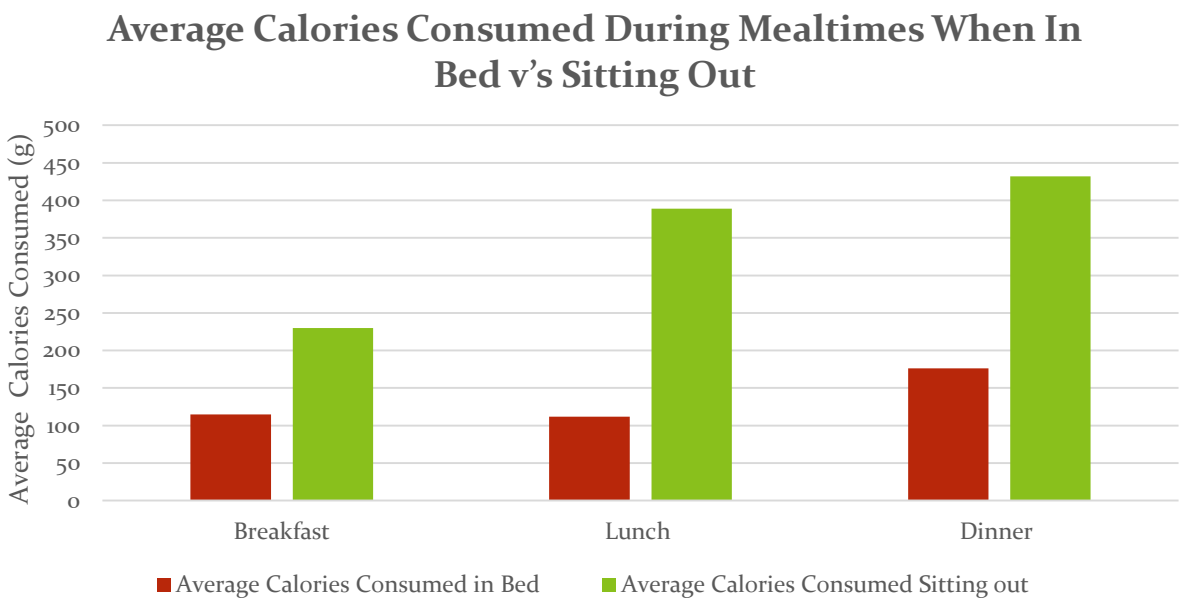
- Deconditioning
- Longer stay in hospital
- Adverse clinical outcomes
- Higher risk of readmission
- Mortality

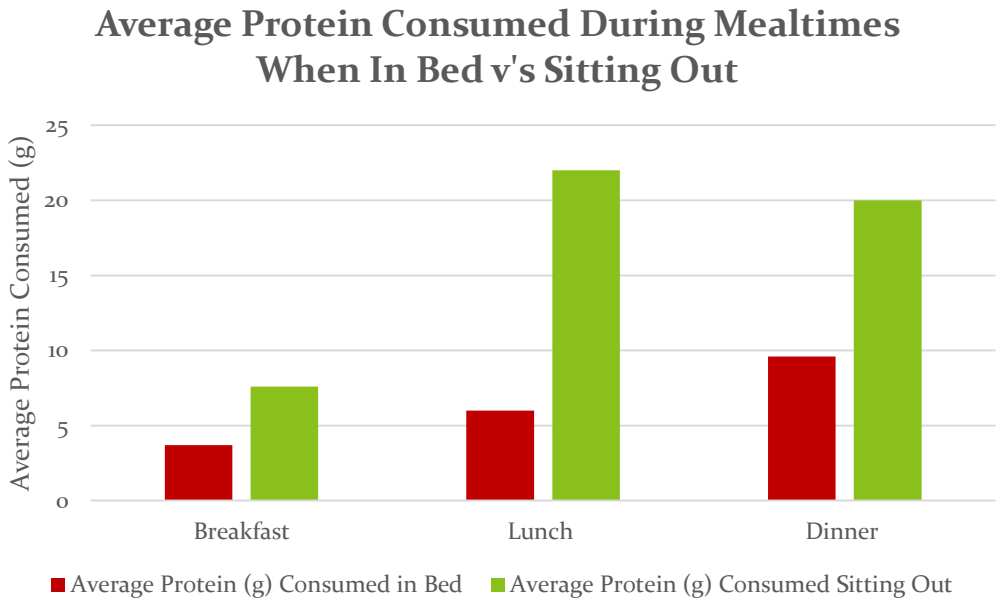



**Frailty and malnutrition** perpetuate each other in a **reversible cycle**

# The Problem:

Inpatients with Frailty eat poorly, decondition quickly and lose their independence fast




Sitting out for meals: Improves **posture & swallow safety**, increases **oral intake**, enhances **appetite**, maintains **muscle mass** & **function** and encourages **independence**

# Phase One

By 1st September, **>65% of inpatients in the acute frailty ward** in Ramone 1 will **sit out of bed for breakfast**, to enhance **nutritional intake, dignity, safety and mealtime experience** as measured by quarterly mealtime audits.

**Staff**

- Engage Staff
- Explore and improve staff awareness
- Explore and improve family awareness

**Families and patients**

- Explore patient satisfaction
- Promote safe, positive mealtime experiences
- Promote good sleep hygiene

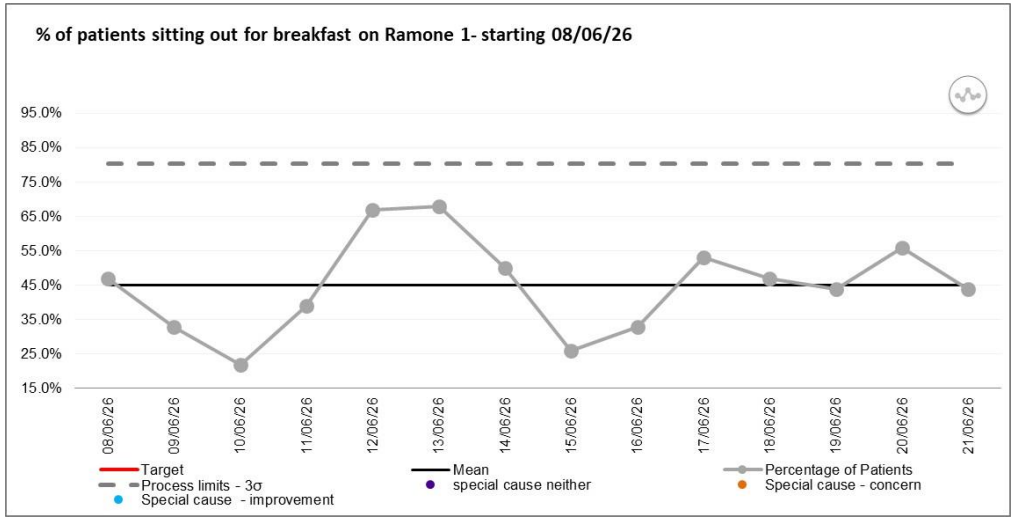
**Environment**

- Minimise hospital acquired deconditioning
- Suitable equipment
- Reduce risk of malnutrition and dehydration

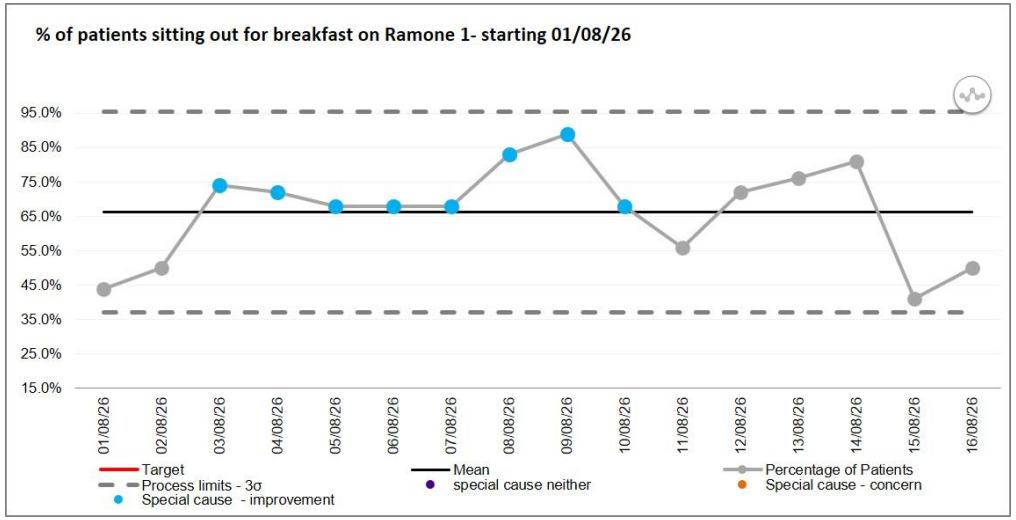
- Consistently provide opportunities for patients to sit out for meals
- Provide staff awareness training re mouth care, deconditioning and importance of sitting out
- Ensure 100% compliance with completion of Dysphagia Awareness e-learning for ward staff
- Ensure 100% compliance with completion of Tier 1 and Tier 2 Frailty Training and Dysphagia Awareness Training for ward staff
- Consistently provide opportunities for patients to get dressed into day clothes
- Display posters and visual reminders
- Devise questionnaire for targeted feedback
- Revise ward information leaflets available to patients and families
- Promote the Principles of John's campaign where appropriate
- Liaise with families to bring in day clothes, dentures and glasses
- Ensure mouth care is completed consistently every morning and evening
- Ensure MUST is completed for all patients on admission to the ward, repeated weekly and appropriate actions taken.
- Consistently provide opportunities for patients to wear their glasses and dentures for meal times
- Ensure suitable chairs are available, safe and positioned for breakfast service
- Ensure consistent access to appropriate crockery and cutlery to facilitate independence and maximise oral intake

# RESULTS

**Breakfast Mean = 45%**




**Breakfast Mean = 66%**




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# Phase Two

Increase the **calorie and protein intake** / provision for inpatients on Ramone 1 Acute Frailty & Lurgan Ward 3 by **40%** by January 2027

- Availability of fortified milk at breakfast
  - Ensure fortified milk is routinely available on all wards at breakfast.
  - Include fortified milk in: Porridge, Ready Brek, Breakfast cereals
  - Standardise recipes and preparation guidance for catering and nursing staff.
- Increase opportunities for patients to consume fortified milk throughout the day
  - Offer fortified milk as a drink at all main meals and snacks
  - Improve documentation of fortified milk provision and intake.
  - Make fortified milk readily accessible on wards.
- Increase overall calorie and protein intake through additional eating opportunities
  - Offer supper as an additional meal time.
  - Develop a standardised supper menu.
  - Improve awareness among staff and patients of supper availability.
  - Monitor uptake of supper meals.
- Improve access to appropriate high-calorie/high-protein snacks for all patients
  - Offer OCRAS dysphagia snacks for patients requiring texture-modified diets.
  - Ensure equitable snack provision across all diet textures.
  - Increase availability of high-calorie, high-protein snacks between meals.
- Improve identification and monitoring of nutritional intake
  - Consistent food and fluid chart completion.
  - Accurate estimation of calorie and protein intake
  - Early identification of patients failing to meet requirements.
  - MDT review of nutritional intake and interventions.
  - Regular feedback of ward-level nutritional performance data.

## Spring 2026

**Problem** identified
**Change ideas** suggested
**Data collection** commenced

## June 2026

Robust **data collection** (2 weeks)
**Data analysed** and aim revised

## July 2026

**Staff survey** devised. 24 staff completed.
**Intervention**

- Production and delivery of MDT training (21 staff attended)
- Education posters devised and displayed

## Next steps

Quarterly data collection to prove **sustainability**
Rolling MDT **education programme**
Staff / patient / family **feedback**
Planning for **phase two**




## August 2026

Post intervention **data collection**
Aim achieved

## Reflection

- Nutrition is about more than food
- Involvement and support from **stakeholders** is vital – SHSCT QI Team, Senior leadership, ward staff, catering.
- **Small changes** have a meaningful impact
- Data collection needs to be simple

I like to sit out for meals. It's more like being at home and it **keeps me moving.**

It's important to sit out to **reduce possibility of bed sores and clots.**

Sitting out gives me more room and makes it easier to eat. You digest it better**. I enjoy my food more**