South Eastern Health and Social Care Trust

Paper No: SET/123/26
Trust Board Meeting: 24 June 2026
Public Agenda Item 10.1

Title of Paper:
Big Discussion: Frailty Emergency Department Project Update

For Decision	For Assurance	For Information	For Discussion

1.0	**Background:**
	This is an update on a Matter Arising from the recent Care Navigator presentation given to Trust Board. The Frailty Programme Board oversees delivery of a multi-stream programme aligned to improving outcomes for older people living with frailty across acute, community and front-door services. Workstreams include Community, Frailty at the Front Door, Delirium, Deconditioning, Education and Enhanced patient care observation group (EPCO). The programme continues to focus on improving patient flow, reducing harm (including falls, deconditioning and delirium), supporting care closer to home and embedding consistent frailty pathways across the system.
2.0	**Key Issues:**
	Overall Progress • Continued implementation across all frailty workstreams with strengthening data, audit and quality improvement approaches. • Increasing alignment between acute and community models, including progression toward an integrated Single Point of Contact (SPoC). **Key Developments by Workstream:** **Delirium** • Sustained improvement in compliance and earlier identification of delirium, supporting timely clinical intervention. • Continued phased rollout strengthening consistent management of delirium and reduction of avoidable harm. **EPCO (Enhanced Patient Care Observation)** • Established as a core model of care supporting patients with distressed behaviours. • Improved oversight and reassessment processes contributing to safer care, better risk management and more appropriate use of enhanced observation. • Evidence of reduced requests for temporary staffing, supporting more sustainable workforce deployment. **Community** • Ongoing development of integrated pathways and expansion of hospital avoidance models.

	• Significant impact demonstrated, including reduced ED falls and increased community-based interventions. • Assurance of Band 7 District Nurses all completed level 3 Frailty training. **Frailty at Front Door** • Continued service development and alignment with patient flow processes. • Operational challenges remain particularly around workforce capacity accommodation. • Focus on getting frail elderly patients moved from ED under the 'right bed right time' initiative. **Deconditioning** • Implementation of Trust-wide quality improvement initiatives to reduce deconditioning. • Baseline data established to support ongoing improvement. • Launch of 'Keeping well in hospital 'pilot booklet to highlight deconditioning and promote activity as able whilst in hospital. **Education** • Delivery of structured frailty education programmes underway. • Group is now tasked with providing guidance across services to a pragmatic approach to training across professions as access to training remains variable due to system pressure and workforce.
3.0	**Link to Strategic Objectives:**
	Our People ☐ Population Health & Health Inequalities ☐ Delivering Care Closer to Home ☐ Hospital Care ☐ Safety, Quality and Experience of Care ☒
4.0	**Resource Implications (inc Organisational, Financial, Human Resources):**
	1. Organisational
	Requirement for greater alignment across acute, community and front-door pathways to support SPoC model and whole-system flow.
	2. Financial
	Improvement in frailty pathways is expected to support reduced length of stay and more timely discharge, contributing to more effective use of hospital capacity.
	3. Human Resources
	Workforce shortages across frailty, community and education streams impacting delivery and sustainability.
	4. Environmental Factors? Yes ☐ No ☒

5.0	**Impact on Safety, Quality and Experience (SQE):**
	1. Safety
	Reduction in ED falls and strengthening of delirium identification and management improving patient safety outcomes.
	2. Quality
	Standardisation of EPCO processes and development of frailty dashboards improving data-driven decision-making.
	3. Experience
	Increased community-based care and Hospital at Home pathways supporting care closer to home and improved patient experience.
6.0	**Key Risks and Proposals to Mitigate:**
	1. Key Risks
	• Workforce constraints limiting service capacity and programme pace. • Rising demand in community services exceeding current capacity.
	2. Proposals to Mitigate
	• Progression of SPoC model and system-wide pathway integration. • Continued rollout of education and standardised processes (e.g. EPCO, delirium tools, deconditioning). • Strengthening use of data (frailty dashboards, audit redesign) to target improvement activity.
7.0	**Risk Register:**
	It is listed on BAF? Yes ☐ No ☒ Is it listed on CRR? Yes ☐ No ☒

Lead Director:	**Marc Neil, Director of Unscheduled Care, Medicine & Cancer and Veronica Cleland, Interim Director of Primary Care & Older People's Services**
Date:	**23 June 2026**

Reasons for Paper Presentation

Approval	*Used when an item requires a formal agreement or endorsement by the meeting / committee members. Examples are approving minutes, budgets, proposals or policies.*
Assurance	*Used when an item can be measured against a certain criteria / standard. Examples are a project is on course with delivery or financial targets are being met.*

Information	*Used when an item is presented for the purpose of updating or informing the attendees without requiring a decision or action, such as reports, updates, or announcements.*
Discussion	*Used when an item is listed primarily for open discussion, brainstorming or gathering input from the members without requiring an immediate decision.*