

# University Hospitals Bristol and Weston NHS Foundation Trust

## Inspection report

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## Ratings

# Our findings

## Our reports

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Overall summary

### What we found

#### Overall trust

Our rating of this location improved. We rated it as requires improvement because:

- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Patients admitted to the surgical day case unit during operational pressures, did not always fit within the criteria of the standard operating procedure.
- The environment of the surgical day case unit (currently being used as an escalation area to meet demand) was not designed for patients staying overnight, meaning there was a lack of a number of amenities for patients.
- Staff did not always identify and quickly act upon patients at risk of deterioration of venous thromboembolism assessments (VTE). VTE assessments had not been consistently completed and reviewed and this created a risk for patients.
- Although staffing levels kept patients safe, this was achieved by moving staff at the beginning of each shift to ensure there was adequate cover across all areas of the hospital. It was also achieved by having ward managers 'act down' into roles on the ward. Staff told us medical staffing out of hours, especially at weekends, was stretched.
- Management capacity for matrons and ward managers was impacted by operational pressures.
- The trust could not provide assurance they had met the target for nurse staffing appraisals due to data collection issues.
- There was a risk that patient experience was compromised because of operational pressures.

However:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well.

# Our findings

- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Leaders had the capacity and skills to run services well. They had used these skills to lead improvements in services and engage staff in the plans for the future. Staff felt invested in the success of the service and demonstrated fortitude and resilience in the face of ongoing pressures. Staff were clear about their roles and responsibilities. The service engaged well with patients and the community in planning for the future of the service.

## Outstanding practice

- There was a clear, systematic and proactive approach to engaging and communicating with staff regarding the strategy and vision of the hospital. Staff were dedicated to the future direction of the hospital and understood their role in its commitment to be a thriving hospital at the heart of the community, providing the care people need most often.

## Areas for improvement

### MUSTS

Weston General Hospital, medical care:

- The trust must ensure patients admitted to the surgical day case unit comply with the trust's operating standard. [Regulation 12: Safe Care and Treatment].
- The trust must ensure the environment in the surgical day case unit is fit for purpose for patients staying overnight, including access to lockers, showers, and bedside chairs, and suitable lighting. [Regulation 15: Environment and equipment].
- The trust must ensure venous thromboembolism (VTE) risk assessments are completed and recorded according to trust policy so that the correct prescribing of prophylaxis can occur. [Regulation 12: Safe care and treatment].

### SHOULDs

Weston General Hospital, medical care:

- The trust should consider ways in which mandatory training for moving and handling can be more accessible for staff based at Weston General Hospital.
- The trust should consider ways in which it can improve the resilience of the nurse staffing model to decrease the need for moving nursing staff between wards.
- The trust should revisit the planned number of medical staff out of hours to ensure it meets the needs of patients and does not impact patient flow.

# Our findings

- The trust should consider how to release time for ward managers and matrons to ensure they are able to carry out the management functions of their role more effectively.
- The trust should ensure all locum staff have a full induction prior to working on wards.
- The trust should ensure it has accurate data regarding nurse staffing appraisals.
- The trust should consider ways in which patient experience is a focus of, and can be factored into conversations about operational pressures.
- The trust should prioritise work to improve the culture around equality, diversity and inclusion.

## Key to tables

Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓

Month Year = Date last rating published

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

## Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute locations	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
South Bristol NHS Community Hospital	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
UHBW Bristol Main Site	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021
Weston General Hospital	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated
Central Health Clinic	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Overall trust	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Rating for South Bristol NHS Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Surgery	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
<b>Overall</b>	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014

## Rating for UHBW Bristol Main Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021	Good Nov 2021
Services for children & young people	Good Aug 2019	Outstanding Aug 2019	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Outpatients and diagnostic imaging	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good Aug 2019	Good Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019	Outstanding Aug 2019
Urgent and emergency services	Requires improvement Aug 2019	Good Aug 2019	Outstanding Aug 2019	Requires improvement Aug 2019	Good Aug 2019	Requires improvement Aug 2019
Maternity	Requires improvement Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019	Good Aug 2019
<b>Overall</b>	Requires improvement Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021	Outstanding Nov 2021	Good Nov 2021

## Rating for Weston General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires Improvement ↑ Oct 2022	Good ↑ Oct 2022	Good ↔ Oct 2022	Requires Improvement →↔ Oct 2022	Good ↑↑ Oct 2022	Requires Improvement ↑ Oct 2022
Outpatients	Good Nov 2021	Not rated	Good Nov 2021	Requires improvement Nov 2021	Good Nov 2021	Good Nov 2021
<b>Overall</b>	Not rated	Not rated	Not rated	Not rated	Not rated	Not rated

## Rating for Central Health Clinic

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
<b>Overall</b>	Good Dec 2014	Not rated	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014

# Weston General Hospital

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## Description of this hospital

Weston General Hospital provides urgent and emergency services, medical care, surgery, critical care, services for children and young people, end of life care and outpatient core services.

On 1 April 2020, University Hospitals Bristol NHS Foundation Trust and Weston Area Health NHS Trust merged to form a new organisation, University Hospitals Bristol and Weston NHS Foundation Trust (UHBW). Weston General Hospital is a division of the trust.

We last inspected medical care at Weston General Hospital in June 2021 and rated the core service inadequate.



# Medical care (including older people's care)

Requires Improvement  

Is the service safe?

Requires Improvement  

## Mandatory Training

**The service provided mandatory training in key skills to all staff and mostly made sure everyone completed it.**

Staff mostly received and kept up-to-date with their mandatory training. The trust set a target of 90% of mandatory training to be completed in June 2022. At the time of the inspection Weston General Hospital had achieved 89%. Staff told us the quality and content of the training met their needs. They told us some delays in training were caused by staff shortages, and some staff completed their training outside of working hours.

Mandatory training for moving and handling was undertaken at the Bristol site, and staff told us it was difficult to be released in order to attend this course. Compliance for this training was at 80%.

Mandatory training included infection prevention and control; equality, diversity and human rights; and health, safety and welfare.

Registrars told us there was an improved access to training opportunities in their own specialty.

Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge.

## Safeguarding

**Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.**

Staff received training specific for their role on how to recognise and report abuse. By June 2022, 88% of required staff had completed mandatory training on safeguarding adults and safeguarding children (level 2).

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Staff demonstrated an understanding of anti-discrimination and provided person-centred care. For patients with mental health problems staff would consider patient support and safety as part of their risk assessments.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff told us the referral process was easy to use, and we saw a number of patient records which showed referrals made to the safeguarding team. Staff spoke positively of the division's safeguarding team and told us they received feedback on cases they had referred.

## Cleanliness, infection control and hygiene

**The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.**

# Medical care (including older people's care)

Most ward areas were clean and had suitable furnishings which were visibly clean and well-maintained. However, we found some areas on Cheddar ward which did not appear clean, and the suction equipment was dusty. We found this had been rectified when we revisited the ward the following week.

Cleaning records were up-to-date, displayed on all wards and demonstrated all areas were cleaned regularly. Housekeeping staff were allocated to wards we visited, and we saw good levels of cleanliness and hygiene. Housekeeping staff told us they enjoyed their role and felt supported by staff on each ward. They were made aware of any risks of cross infection and had access to personal protective equipment.

Staff followed infection control principles including the use of personal protective equipment (PPE). All wards we visited had access to hand sanitising gel, and we observed staff regularly washing their hands or using hand gel.

## Environment and equipment

**The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were trained to use them. Staff managed clinical waste well.**

On most wards, patients could reach call bells and staff responded quickly when called. We observed staff responded to call bells within good time on most wards.

We observed medical patients who were in the Surgical Day Case Unit (SDCU) overnight, as 'medical outliers'. Medical outliers are patients who are not in a medical bed due to the operational pressure on the available medical bed base. Patients in the SDCU did not have access to call bells. We raised concerns about this at the time of the inspection and the trust took immediate action to provide call bells to these patients.

Staff carried out daily safety checks of specialist equipment. Tamper evident resuscitation trolleys were checked on a daily basis to ensure they were stocked, and items were within their use by date in order to respond to emergencies. We found most checks we reviewed were completed daily. However, we found a resuscitation trolley on Cheddar ward which was unlocked, with some stock missing. Staff told us this was because the trolley had been used in the morning. We raised this with the on site manager, and this was immediately rectified.

Staff disposed of clinical waste safely. We saw clinical waste was separated and disposed of safely on the wards we visited. Substances hazardous to health were kept securely in sluice rooms in locked cupboards.

Areas had been improved for patients suffering from mental health crisis. We saw the service had carried out ligature assessments in key areas.

A patient told us they had a condition which made drinking more difficult. They told us the drinks they were given were provided in beakers which made drinking easier with less spillages. They also told us cutlery was adapted with foam around the handles to make the grip easier.

The Waterside unit was a small unit separate from the main ward areas. It had been previously used as a surgical ward for private patients. All rooms were single rooms off a central corridor. The Waterside unit had a standard operating procedure which clearly outlined which patients could stay on the unit. Staff told us this procedure was followed. At the last inspection we identified the doors into each side room needed glass to enable nurses to see the patients. This had been formally identified as a risk following an incident. We found each door had a window, and staff told us they often left doors open which improved visibility of patients.

# Medical care (including older people's care)

## Surgical Day Case Unit

The unit ran as a surgical day case facility opening at 8am and closing at 5pm. The unit had a standard operating procedure (SOP) for patients to remain overnight at times of operational pressure. We found the surgical day case unit was not always operating within the trust's operating standard. Staff told us patients who were confused were sometimes admitted to the ward, and there was one such patient on the unit at the time of our inspection. There were insufficient oxygen and suction points. Due to the types of patients occupying the unit, this was less likely to be required, but there were occasions when post-operative patients could be sharing the unit with medical patients and that risked increasing the likelihood of oxygen and suction being required for more patients.

Patients did not have access to individual lighting by their bed. This meant, at night, lighting for the whole ward had to be turned on when staff needed to assess patients. When we inspected the hospital in the evening the following week, we found lamps had been provided at the nurses desks, so they were able to work at night. However, this still meant patients were not able to decide when they wanted to turn off their own lights to sleep.

Patient beds were close together, which limited the privacy for patients. This proximity of each bed meant there was no room for patient lockers, or for chairs for patients or visitors to use.

There were patients remaining on the unit for a week or more, which was outside of the standard operating procedure and there were no shower facilities on the unit. This meant patients needed to leave the ward to have a shower in another ward area and were reliant on staff being available to take them to another ward to shower.

## **Assessing and responding to patient risk**

**Staff completed and updated risk assessments for each patient and removed or minimised risks. However, staff did not always identify and quickly act upon patients at risk of deterioration.**

Staff used a nationally recognised tool to identify deteriorating patients and escalated them. Patients were monitored and assessed using the national early warning score (NEWS) framework. Any patient whose condition was deteriorating could be identified and their condition escalated for further medical review. The eight patient NEWS charts we reviewed were complete and acted upon.

Staff completed risk assessments for each patient on admission, using a booklet which contained the risk assessment templates. We looked at eight sets of records and saw the assessment had been completed as part of the patient admission each time in a timely way.

Staff knew about and dealt with any specific risk issues. Once patient risks were identified, care plans were developed to inform staff of the individual care and the treatment the patient needed. We found staff reviewed the risk assessments and associated care plans regularly, including after any incidents such as a fall or deterioration or changing health needs.

Compliance for venous thromboembolism assessments (VTE) inspections had improved since our last inspection in 2021. However, we found some inconsistencies in completion of records. Most VTE assessment had been completed but had not been clarified on the drug chart. At this inspection we found VTE assessments on admission were still not being completed consistently and subsequent prophylaxis had not therefore been administered. We also found the paperwork in relation to VTEs were not completed consistently.

# Medical care (including older people's care)

Some staff we met working on the surgical day case unit were unclear about the procedures surrounding emergency calls – the “crash call”. We raised this with the leadership team who confirmed there were clear processes to follow and reiterated this with staff.

We saw records which clearly showed risk assessments for patients at risk of developing pressure ulcers. With each risk assessment there was a clear care plan of care to prevent ulcers from occurring.

Shift changes and handovers included all necessary key information to keep patients safe. We saw patients were discussed thoroughly, and this included patient details, their current situation, their background, their assessment and recommendation for next steps including discharge. Staff also discussed when patients had anxiety, or dementia.

Doctors were allocated non-medical wards at the Thursday medical staffing meeting to cover any medical patients admitted to those areas. This information was shared with medical wards so they knew who they should contact. Some staff told us doctors were sometimes late to see patients, however they confirmed the situation had greatly improved over the last 12 months.

## Nurse staffing

**The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.**

The service had enough nursing and support staff to keep patients safe. The service had made significant improvements to substantive recruitment numbers for nursing staff since the last inspection, although there were still some recruitment gaps. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance. However, this was achieved by moving staff across wards at the beginning of each shift in order to ensure adequate numbers of staff across all areas, especially to escalation areas. It was also achieved by having ward managers ‘act down’ into roles on the ward. Most staff we spoke with understood they might be moved to keep patients safe. Whilst this had an acknowledged impact on staff satisfaction and wellbeing, the trust provided assurances the patients were safely cared for. Nevertheless, we found staff showed a great deal of fortitude and resilience to ensure patients received the care and treatment they needed.

Numbers of expected and actual staffing arrangements were on display outside each of the wards we visited. During the inspection, we saw wards were not always staffed as planned but action had been taken to ensure staffing was safe.

Nursing staff told us they felt able and supported to raise incidents where they felt the staffing levels on wards were not safe.

The service had reducing vacancy rates. At the time of the inspection Weston General Hospital as a whole had a vacancy rate of 12.3%. Nurse vacancy rates at our inspection in January 2021 were at 28%. However, the hospital had increasing turnover rates which were at 16%, compared to 13.9% in June 2021.

The hospital had increased sickness rates. At the time of the inspection sickness rates were at 7.1%. Recent COVID-19 outbreaks had increased sickness rates.

The service had high rates of bank and agency nurses used on the wards. However, most bank and agency staff used by the wards were familiar with the areas they worked in. Managers made sure all bank and agency staff had a full induction and understood the service.

# Medical care (including older people's care)

## Medical staffing

**The service had enough planned medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix.**

The service had enough planned medical staff to keep patients safe. The service had made significant improvements to substantive recruitment numbers for medical staff since the last inspection, although there were still some recruitment gaps. The senior management team had overseen medical staffing levels on a weekly basis for the past year and taken action to improve medical staffing numbers.

However, staff told us medical staffing out of hours, especially at weekends was stretched. Although medical staffing numbers were being achieved at these times according to planned levels, staff questioned whether this was enough because of the number of wards they had to cover and the high numbers of patients in the hospital. There were lower numbers of discharged patients at weekends. Doctors working out of hours told us they were stretched, and this impacted on patient flow.

The hospital had succeeded in reducing its level of medical staff vacancies and was aiming to fill the remaining medical vacancies by the end of August 2022, with significantly reduced reliance on locum and bank staff.

Sickness rates for medical staff were increasing. At the time of the inspection sickness rates were 7.1%. Recent COVID outbreaks had increased sickness rates.

The service had reducing rates of bank and locum staff.

The service always had a consultant on call during evenings and weekends.

The trust had made significant improvements in the number of registrar level doctors working in the medical division to cover areas of the staff rota.

## Records

**Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.**

Patient notes were comprehensive, and all staff could access them easily. We reviewed eight sets of patient records and found them all to be up to date and included risk assessments with care plans for risks including manual handling assessments, bedrails and pressure ulcers. Medical plans were clear, and we saw evidence of observations being taken in line with plans.

When patients transferred to a new team, there were no delays in staff accessing their records.

Records were stored securely. Paper records on wards were kept in locked trolleys or within locked rooms where only staff had access. Mostly staff were observed to be careful to maintain confidentiality of paper records.

## Medicines

**The service used systems and processes to safely prescribe, administer, record and store medicines.**

# Medical care (including older people's care)

Medicines were safely prescribed on prescription charts. Nurses followed trust policy when administering and recording medicines administration.

Staff reviewed each patient's medicines regularly and provided advice to patients and carers about their medicines.

Pharmacy professionals visited the wards to review medicines and speak to patients about their medicines when required. Discharge summaries were reviewed for accuracy by pharmacy before medicines for people to take home were prepared. This was an improvement on the last inspection and made sure discharge medicines and information given to people was accurate.

During the last inspection we saw medicines were not always stored safely or securely, for example when patients were staying in the discharge lounge for extended periods. On this inspection we saw staff were following trust systems and processes to safely store medicines.

Staff followed national guidance to check patients had the correct medicines when they were admitted, or they moved between services.

Pharmacy staff visited the wards from Monday to Friday and staff knew how to access support from pharmacy outside of these hours. There was a process for prioritising patients including seeing patients that were newly admitted to the hospital. We saw pharmacy staff were making recommendations on prescription charts, for example identifying medicines people were taking at home that hadn't been prescribed in hospital, however, sometimes these pharmacy interventions had not been acted upon.

The trust had an effective process for disseminating medicines safety alerts and sharing learning from medicines safety incidents.

## Incidents

**The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service, but not always in a timely manner. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured actions from patient safety alerts were implemented and monitored.**

All staff knew what incidents to report and how to report them. All staff we spoke with told us there was a learning culture and staff were actively encouraged to report incidents in order to support learning and improvement. Incidents were investigated by ward managers and matrons. However, managers told us they did not always have the time to review incidents quickly. This was because they often had to work on the wards to backfill vacancies and absences.

From August 2021 to August 2022, Weston General Hospital reported 12 serious incidents within medicine. These included instances including pressure injuries, diagnostic delays, treatment delays and medication incidents. We saw the service carried out root cause analyses and patient safety incident investigations into these incidents. Actions were identified and shared.

Staff understood the duty of candour. They were open and transparent and gave patients and families a full explanation if and when things went wrong. Staff we spoke with demonstrated a clear understanding of the duty of candour and

# Medical care (including older people's care)

discussed how they would be open and honest with patients. The duty of candour Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, is a regulation, which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds.

Staff received feedback from investigation of incidents, both internal and external to the service. Staff we spoke with told us learning from incidents was discussed at morning 'safety huddle' meetings and details of learning shared across the trust through emails and debriefs. Managers also produced and shared local and specialty learning newsletters and posters in the form of LASER posters (Learning After a Significant Event and Recommendations).

## Is the service effective?

Good  

### Evidence-based care and treatment

**The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.**

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance.

Policies and guidelines had been developed in line with national policy. These included the National Institute for Health and Care Excellent (NICE) guidelines. We observed staff following NICE guidance CG139 healthcare associated infections prevention and control in primary and community care when hand washing.

Staff accessed clinical policies and procedures through the staff website for support. The system used allowed the addition of other local guidance and provided a library to link to various audit projects.

### Nutrition and hydration

**Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.**

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Staff gathered patient information which informed them about patients nutritional care and fluids needs. They created a care plan for how they were to be met. We saw clear instructions recorded for patients with identified nutritional needs.

The trust used a nationally recognised nutrition screening tool to identify patients at risk of being malnourished or with specialist nutritional needs. This screening tool was designed to categorise patients risk being at low, medium or high risk and a care plan was completed.

Nursing staff supported patients who needed assistance to eat and drink. Those patients needing assistance had food delivered on a red tray to discreetly inform staff. The fluid food and fluids charts we saw were kept up to date.



# Medical care (including older people's care)

Specialist support from staff such as dietitians and speech and language therapists was available for patients who needed it.

## **Pain relief**

**Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.**

Staff assessed patients' pain using a recognised tool and gave pain relief in line with individual needs and best practice. Staff used a pain assessment tool to identify the severity of patients pain and we heard staff asking patients about their levels of pain. We saw from records pain relief was given when needed. Patients told us they received pain relief when they requested it. Staff prescribed, administered and recorded pain relief accurately.

Medicine charts reflected when a medicine had been administered and the rationale for any omissions or delays.

## **Patient outcomes**

**Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.**

The service participated in relevant national clinical audits.

The service was able to benchmark against the following national audits, and performance in most audits was in line or above national averages.

The mortality indicator rating for the combined trust, which is the ratio of the actual number of patients who dies following hospitalisation within the trust, and the number that would be expected to die, was in line with national data.

Managers and staff carried out a comprehensive programme of repeated audits to check improvements overtime. Managers made sure staff understood information from the audits.

A structured approach was taken to ward based audits and produced daily, monthly and quarterly reports for cleanliness of the environment, hand hygiene, falls and infections. Dashboards were produced which showed audit activity and results.

Managers and staff monitored and investigated outliers and implemented local changes to improve care.

## **Competent staff**

**The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.**

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. Managers gave most new staff a full induction tailored to their role before they started work. However, some locum medical staff told us they did not receive a full induction to the service before they started work.

Managers supported staff to develop through yearly, constructive appraisals of their work. At the time of the inspection consultant appraisal rates were at 86%, against a target of 85%. However, only 61.6% of non-consultant staff had an



# Medical care (including older people's care)

appraisal according to the trust's workforce data. Senior management acknowledged this was an issue because of the way data was collected, and the introduction of a new system. They acknowledged many members of staff had an appraisal which was not logged on to the system. This was confirmed by staff during the inspection, most of whom told us they had received an appraisal in the last 12 months.

The practice education nurses and ward managers supported the learning and development needs of nursing staff. There were a number of opportunities for staff to develop. This included a programme for band two staff to move up to band 3 roles, development programmes for nursing assistants and an apprenticeship programme. Staff were able to apply for career opportunities to develop. However, it was acknowledged releasing staff to be able to complete these opportunities remained a challenge because of staffing pressures.

Most staff on wards told us team meetings took place regularly, however attendance was often difficult due to pressures on the service and staffing levels. They told us updates were provided when time allowed.

## Multidisciplinary working

**Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.**

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care.

Staff worked collaboratively to ensure continuity of care to patients and ensure the correct professionals were involved in care and treatment. Nursing, medical and therapy staff on wards and units worked together to enable care and treatment and to assist patients to improve to go home.

Multidisciplinary team meetings took place on wards to ensure a full medical overview was maintained and action plans completed. We attended a best interest meeting where multiple agencies worked together to support the patient. The therapy team assessed the patients mobility and worked with the family to support the patient.

Consultants led daily ward rounds on the medical wards. Patients were reviewed by relevant consultants depending on the care pathway. All patients had a clinical assessment once admitted by a consultant or registrar. This was mostly undertaken within 12 hours. We observed board rounds on a number of wards. We saw consultants, doctors, therapists and nursing staff were all in attendance. We saw discharge plans being discussed with clear plans and members of the team were able to communicate freely.

Patients who were not being cared for on the correct speciality ward for their presenting complaint (known as outliers) were seen by a medical doctor. The service tracked these patients and visited these patients every day when they were within the hospital. However, staff on these wards confirmed this was not always within 12 hours of admission, and patients were sometimes not visited until later in the day as they were not prioritised. Nevertheless, staff confirmed they knew who to contact if they needed support with the patient.

The service worked with charitable organisations to support patients.

## Seven-day services

**Key services were not all available seven days a week to support timely patient care.**

# Medical care (including older people's care)

Staff could call for support from doctors and other disciplines, including mental health services and diagnostic tests but these were not always available 24 hours a day, seven days a week. Medicines advice and supply were available seven days a week. An on-call pharmacist was available outside of core working hours.

## Health promotion

**Staff gave patients practical support and advice to lead healthier lives.**

The service had relevant information promoting healthy lifestyles and support on wards and units.

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. Staff provided health promotion information for patients on all wards we visited. Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

**Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty correctly.**

Staff made sure patients consented to treatment based on all the information available. Staff clearly recorded consent in the patients' records. The trust had policies regarding consent, assessment of mental capacity and the use of deprivation of liberty safeguards. Staff told us they were aware of these policies, and we saw evidence of completed mental capacity assessments in care records we reviewed.

We saw patients were given the opportunity to ask questions about their care, staff assessed their understanding and supported patients to make informed decisions about their care.

Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act, Mental Capacity Act 2005 and the Children Acts 1989 and 2004 and they knew who to contact for advice. Nursing staff knew their responsibilities in terms of what action should be taken if a person did not have the capacity to make decisions about their care. Staff were aware of the need to make a written record of mental capacity assessments and to make best interest decisions in line with legislation.

## Is the service caring?

Good   

## Compassionate care

**Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.**

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way. During the inspection we saw staff lowering their voices and using curtains to maintain confidentiality and dignity when providing patient care.

# Medical care (including older people's care)

Patients said staff treated them well and with kindness. We observed a patient due to be discharged the following day who was very grateful and clearly had developed a good relationship with those caring for them. A number of nursing and medical staff came to wish the individual well and this was an authentic and positive interaction.

Staff took time to interact with patients and those close to them in a respectful and considerate way. We were told about a housekeeper 'who is great, he helps to calm patients, talks to them and knows patients tea orders'.

Patients told us:

- "Every member of staff has been lovely. I don't feel like an inconvenience. I have received high levels of care, attention and professionalism. I cannot praise them enough."
- "Staff are so kind, excellent stay. Not in any pain, they answer the call bell and the food has been good".
- "Very good care, brilliant staff are kind, patient and very good. It's easy to join in the exercises. Food is very good. Able to get help to use the toilet and call bell is answered".

Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Staff on the wards told us they were focused on making sure patients had a good experience whilst in their care. However, some staff told us staffing pressures meant they did not always have time to do anything more than provide basic patient care. Those staff were clearly distressed when they found themselves in a position when they couldn't spend more time with patients individually.

## Emotional support

**Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.**

Staff gave patients and those close to them help, emotional support and advice when they needed it. We observed a health care assistant in a room with a confused patient. They were holding their hand and speaking to them kindly. A patient told us the staff had made their stay less frightening following their diagnosis. Another patient told us they were nervous regarding their upcoming endoscopy visit. Staff told them "it's our job to make you feel comfortable and we will look after you." We observed board rounds and staff handovers on a number of different wards and saw staff discussed the entirety of the needs of patients including physical, social and emotional needs.

Staff supported patients who became distressed in an open environment and helped them maintain their privacy and dignity.

Staff understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. The same staff and representatives of different faiths were available to offer support to patients, relatives and staff in times of need. There was always a chaplain on call should patients or relatives request their presence. There was a multi faith area available for prayers or quiet reflection. Staff talked about patients compassionately and with knowledge of their circumstances and those of their families.

## Understanding and involvement of patients and those close to them

**Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.**

# Medical care (including older people's care)

Staff made sure patients and those close to them understood their care and treatment. One patient told us they did not feel listened to at another hospital. They told us they felt as though they had been really listened to now and had answers about their condition. They confirmed a consultant had spent considerable time with them and had been very supportive and nurses kept them updated. A relative said they were happy to leave the patient on the ward and knew they would be safe.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. Another patient said it had been really nice on the ward and staff were really friendly and they felt safe. They told us they had a complex reason for admission, but their daughter had been included in conversations for support. Staff were aware of the types of communication aids that could be used to support patients. Staff were clear about how to access interpreting services and where to go for additional support if needed. Patients told us staff were clear when speaking with them and they could understand what care and treatment was being provided.

## Is the service responsive?

Requires Improvement   

### Service planning and delivery to meet the needs of the local people

**The service did not always plan and provide care in a way that met the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care.**

The management team were under considerable pressure to find beds for patient admissions, but the lack of flow of patients through the hospital made this difficult. The team told us they were supported by clinical commissioners to find safe discharge routes out into the community.

Managers planned and organised services, so they met the changing needs of the local population.

Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach.

The discharge lounge had a standard operating procedure which outlined the number and type of patients it was designed to accommodate. Staff told us it was used as per the procedure.

Staff could access emergency mental health support 24 hours a day, seven days a week for patients with mental health problems, learning disabilities and dementia.

### Meeting people's individual needs

**The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.**

Staff made sure patients living with mental health problems, learning disabilities and dementia, received the necessary care to meet all their needs. Ward staff considered how to meet the needs of patients living with dementia or additional

# Medical care (including older people's care)

needs. For example, one health care assistant told us they played music to soothe a patient who was autistic. We were also told of a patient with Down syndrome, this patient loved a particular musician. The healthcare assistant played music on their phone to help calm the patient. We also heard one example of a patient who did not like to drink much water so was given ice lollies instead.

Staff told us they could contact link nurses for learning disabilities, mental health and dementia for additional support if required. They also had access to specialist nurses and a complex needs sister if required.

Staff supported patients living with dementia and learning disabilities. The wards were introducing a new 'This is me' document. 'This is me' can be used to record details about a person who can't easily share information about themselves. For example, it can be used to record: a person's cultural and family background; important events, people and places from their life; and their preferences and routines.

Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss. Staff, and patients, loved ones and carers could get help from interpreters when needed.

Patients were given a choice of food and drink to meet their cultural and religious preferences. One patient told us they did not think the Kosher food options were Kosher. When we followed this up with management, they confirmed the food was Kosher. However, they acknowledged their menu did not state where the food was sourced from or give any assurance regarding its authenticity. An action was taken to ensure these details were available to patients in the future.

Neurodiverse patients, and those at the end of life were able to have open visiting.

## Access and flow

**People could not always access the service when they needed it or receive the right care promptly.**

We saw the system to manage flow throughout the hospital was not completely effective. The increasing demand in the hospital outweighed the available capacity. Throughout our inspection the hospital had 100% bed occupancy with no beds available for any admissions. The hospital had problems maintaining flow from admission to discharge. However, the service held daily 'leadership in flow' meetings which provided a hospital-wide forum to help ensure patients were in the right place and to escalate any delays or quality and safety risks which may impact patients. Weekly audits were also carried out by ward sisters to help ensure safe care of patients in outlying beds. The served to provide leaders with sufficient oversight of capacity in the hospital.

Managers and staff worked to make sure patients did not stay longer than they needed to, but this was not always possible. Considerable work was undertaken to reduce length of stay but we saw some patients stayed longer than needed. This was due in part to the lack of beds in the hospital and difficulties in securing onward care.

Staff and managers confirmed movement of patients was not always suitable. Patient bed moves were avoided whenever possible but were taking place both during the day and at night. Staff told us of occasions when patients were moved very late at night to enable further admissions to the hospital.

We found that, whilst keeping patients safe, operational pressures impacted on some of the experiences for patients. When we met with ward staff, patient experience was clearly a top priority, and giving them care that met patient's physical and emotional needs was seen to be vitally important. However, when we spoke with more senior staff, operational pressures meant it was more difficult for them to have the same focus on patient experience and meant that decisions were sometimes made that had a negative impact on a patient's time in hospital.

# Medical care (including older people's care)

There were improved arrangements for doctors to review outlying medical patients. Medical staff knew on which wards medical outlying patients were, and these patients were reviewed every day by a medical doctor

## Learning from complaints and concerns

**It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.**

Patients, relatives and carers knew how to complain or raise concerns. Patients told us they felt safe and able to raise any issues with staff on wards. The service clearly displayed information about how to raise a concern in patient areas. Information about making complaints was available in all areas we visited. We saw posters were available in all departments. The trust website had links to information about how to resolve concerns and how to make a complaint. Patients could use an online enquiry form, email, telephone or in writing.

Staff understood the policy on complaints and knew how to handle them. Staff were able to explain the complaints process and told us they would look to support patients to raise a complaint formally if they were unable to resolve the situation in the first instance.

Managers investigated complaints and identified themes. From June 2021 to June 2022, there were 83 complaints relating to medical wards. At the time of the inspection there were only two complaints which were outstanding relating to medical care.

Managers shared feedback from complaints with staff and learning was used to improve the service. Staff told us feedback was given to them regarding any complaints in daily huddles.

## Is the service well-led?

Good   

## Leadership

**Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.**

Since our last inspection in 2021, a new senior management team had been introduced to Weston General Hospital. In the 12 months prior to the inspection, the hospital had secured a managing director, deputy chief nurse, and medical director. They had subsequently recruited a clinical chair, head of nursing and deputy head of nursing to the division. These posts had been recently confirmed as substantive. This had created leadership capacity and competence to enable the service to operate more effectively.

The management team fully understood and managed the priorities and issues the service faced.

# Medical care (including older people's care)

They were visible and approachable for patients and staff. We found the new management team were well known to all staff. Staff told us they received strong leadership from their direct managers, matrons, ward managers and the heads of nursing. Nursing staff told us matrons had based themselves on wards to provide additional support to staff, which was appreciated. Medical staff felt the clinical director and medical director were approachable and supportive.

Staff told us the visibility and engagement of leaders had significantly improved in the preceding 12 months.

Leaders supported staff to develop their skills and take on more senior roles

## Vision and Strategy

**The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.**

The mission for Weston General Hospital was 'To deliver exceptional care, teaching and research every day'. This was underpinned by a vision:

- Growing our specialist hospital services and our position as a leading provider in south west England and beyond.
- Ensuring Weston General Hospital is a dynamic hospital at the heart of the community providing high-quality care to the population it serves.
- Working more closely with our health and care partners to provide more joined-up local healthcare services and support the improvement of the health and wellbeing of our communities.
- Becoming a beacon for outstanding education and research with a culture of innovation.

The trust had a document called 'Shaping our Future Together' which mapped the journey of the merger from May 2017 to October 2022. Although the pandemic impacted some progress, the trust was on track to have new management arrangements commence at Weston General Hospital by 1 October 2022. The new management structure at Weston will be responsible for leading the hospital site and managing a range of clinical services, including the medical wards.

The senior leadership team have held, and continue to offer, open staff briefing sessions to staff. Recordings of previous briefing sessions were also available to staff.

All staff we spoke with were aware of the Healthy Weston strategy for the hospital.

## Culture

**Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted opportunities for career development. The service had an open culture where patients, their families and some staff could raise concerns without fear. However, we found cultural issues remained on some wards.**

At this inspection we found staff were still tired and talked of working long hours, but morale had improved since the inspection in 2021. Staff told us there had been a lot of support for well-being in the previous 12 months which had really helped. Staff had access to a variety of services aimed at improving their well-being.



# Medical care (including older people's care)

All staff we spoke with spoke positively about patient care and how patients were the centre of their focus. They were proud of their colleagues and team working and felt reassured by the feedback from patients which was overwhelmingly positive. Several members of staff told us working at Weston was like working with family.

Some staff told us they often worked over their paid hours. Ward managers and matrons in particular worked excessive hours to complete their tasks. They often worked on wards to keep patients safe by ensuring there were enough staff to care for them.

Staff had access to systems to enable them to speak up and they told us they were listened to. Staff were also able to raise concerns through the Freedom to Speak Up Guardian service. Staff were aware of the service which provided independent and impartial support to workers to speak up. Patients and relatives we spoke with also told us they felt confident about speaking up without fear.

Despite the positive culture which was so prominent in areas we visited, we heard of cultural issues that centred on poor experiences being had by staff from minority ethnic backgrounds. There were ongoing concerns around racist behaviours and discrimination felt by staff who were from ethnic minority backgrounds. Additionally, to this we heard of problems faced by staff who had been recruited from overseas. Due to the requirements relating to these staff, the timeframe for them being able to fully take up posts was extended. This caused friction in some areas and risked them being segregated as a group from the rest of the workforce. We raised these concerns with the leadership of the trust immediately and were provided reassurance this issue would be tackled as a priority.

## Governance

**Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.**

Governance systems had improved since our last inspection in 2021. There was a governance framework and regular meetings were held. Governance systems were used to support the development of a quality service. Governance systems were used to develop the service and address the issues impacting on the service and staff.

Leaders of the service were managing identified issues early and promptly enough to prevent them from becoming problems. We saw when relevant risks and issues were raised, actions were identified to reduce their impact, and these were acted on promptly to prevent ongoing safety risks.

New governance systems ensured actions were completed. Risk registers and risk assessments were used to monitor the wards and environments and identified actions needed for safety. An internal audit had been carried out to review the governance structures at Weston General Hospital. An audit plan with recommendations had been collated which was in progress. This included terms of reference, work plan and agenda template for divisional governance and speciality governance which had been reviewed and ratified by the division.

The division had created weekly review meetings to go through patient safety incidents and serious incidents. A patient safety report went to the divisional governance and trust board on a monthly basis. A divisional ward manager quality meeting took place monthly to share learning from complaints and incidents. Meetings were well attended, and we saw meetings included a monthly review of the risk register, governance oversight including a review of incidents and serious incidents and infection control issues, complaints, and safeguarding. A review of any new root cause analyses were discussed as well as new standard operating procedures.



# Medical care (including older people's care)

## Management of risk, issues and performance

**Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.**

The trust had systems for identifying risks and plans to eliminate or reduce them.

The service had a risk register relating to the division of Weston, as well as a register for Surgical and Medical issues which clearly identified individual risks, control, measures and the actions taken to mitigate them. Risks were graded and monitored at monthly meetings.

The service monitored the effectiveness of care, treatment and performance. The service took part in national and local audits and evidence of improvements or trends were monitored.

## Information Management

**The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.**

During the inspection we saw records were kept securely. Paper records were stored in lockable trolleys or in rooms with restricted access.

At our last inspection staff told us they were using two systems to access emails, which they told us was both frustrating, time consuming and there was a risk of information not being received in a timely manner. We found that this had been resolved, and staff could also easily access the trust intranet, which provided all policies and guidelines. Staff were able to tell us how they would make referrals to the safeguarding team or other specialists through the intranet.

Information held in the trust electronic system was used by specialist teams.

Staff told us patient information was clear and records were easy to use. Electronic systems were used to monitor observations, and this provided 'real time' information.

## Engagement

**Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.**

Following the merger of the two organisations, and the implementation of Healthy Weston, a number of engagement opportunities had been offered to staff and patients to plan and manage services. All staff we spoke with were aware of plans for the hospital in the future. Most staff we spoke with felt the trust had engaged well with them regarding the plans. Medical staff told us they had been engaged in every meeting from the conception of the idea and had been encouraged to put forward ideas. They told us Healthy Weston would enable Weston to provide high quality, safe and stable care focusing on care, with improved access, and a centre of excellence for older people's care.

We saw all staff were encouraged to attend briefing sessions on the future of the hospital and encouraged to contribute their thoughts and ideas. These sessions were recorded for staff members who were unable to attend them.

Staff told us they felt hope for the future of the hospital and were engaged with the process of transforming the service.

# Medical care (including older people's care)

## **Learning, continuous improvement and innovation**

**All staff were committed to continually learning and improving services.**

Weston medical wards had recently gone through a process of ward accreditation. Board accreditation is an improvement tool that assesses the quality of care received by patients in hospital. It is used to improve the quality of care received by patients. The programme involved an assessment team visiting each clinical area for the day and talking with staff and patients whilst also undertaking a view of the clinical environment to gain a comprehensive assessment of care being undertaken; this was then measured against identified care standards. Each ward area achieved an accreditation standard which was displayed in the ward for patients, carers and staff to see. At the time of the inspection two medical wards had achieved a 'silver' status, and two were not accredited as improvements were required. Staff spoke positively about the experience, found it supportive, and encouraged a healthy competition between the wards.

Ward managers also told us they were undertaking the collaborative learning in practice (CLiP) model of learning with their teams. CLiP was a coaching model, where staff were encouraged to take the lead in their practice, caring for their own patient group and supporting the learning through identified daily learning outcomes. The student themselves were coached by registered staff with additional mentor support.