

Nuffield Health Wellbeing Centre Nottingham

Inspection report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this location

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Overall summary

This service is rated as Good overall. (Previous inspection April 2018 – the service was not rated at this time).

The key questions are rated as:

Are services safe? – Good

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

We carried out an announced comprehensive inspection at Nuffield Health Wellbeing Centre Nottingham under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the service was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

The general manager is the registered manager. A registered manager is a person who is registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This service is registered with CQC under the Health and Social Care Act 2008 in respect of some, but not all, of the services it provides. There are some general exemptions from regulation by CQC which relate to particular types of service and these are set out in of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At Nuffield Health Wellbeing Centre Nottingham services are provided to people under arrangements made by their employer with whom the service user holds a policy (other than a standard health insurance policy). These types of arrangements are exempt by law from CQC regulation. Therefore, at Nuffield Health Wellbeing Centre Nottingham, we were only able to inspect the services which are not arranged for patients by their employers with whom the patient holds a policy (other than a standard health insurance policy).

We received 15 completed comment cards at the time of the inspection. The responses were entirely positive about their experience at the service. Feedback on the care and

treatment provided described the care received as being excellent and professional, staff were helpful, friendly and caring, and all information was fully explained with sufficient time for people to ask questions.

Our key findings were:

- People had access to and received detailed and clear information about health assessments to enable them to make an informed decision. People were offered appointments between 8am and 6pm at a time convenient to them.
- Staff had access to information they needed to carry out assessments in a timely and accessible way. There was evidence to support that the service operated a safe, effective and timely referral process.
- The way in which care was delivered was reviewed to ensure it was delivered according to best practice guidance and staff were well supported to update their knowledge through training.
- There were effective procedures in place for monitoring and managing risk to people and staff safety.
- The service had clearly defined processes and systems in place to keep people safe and safeguarded from abuse.
- Staff were supported with their personal development and received opportunities for supervision, training and mentoring appropriate to their work.
- The service worked closely with local charities to help raise funds and awareness, for example Women's Aid. The service had strong links with the local community, working in partnership with the local schools and businesses to promote healthy lifestyles and wellbeing.
- There were clear responsibilities, roles and systems for accountability to support good governance and management.
- There was evidence of continuous quality improvement across various areas which were regularly reviewed through a range of audit, monitoring of key performance indicators and adherence to regulatory and best practice standards.
- There was an overarching provider vision and strategy and evidence of good local leadership within the service.

The areas where the provider **should** make improvements are:

Overall summary

- Seek advice regarding the level of risk linked to taking blood samples in rooms that are carpeted and take any appropriate action.

Dr Rosie Benneyworth BM BS BMedSci MRCGP Chief
Inspector of Primary Medical Services and Integrated Care

Our inspection team

Our inspection team was led by a CQC inspector and was supported by a GP specialist advisor.

Background to Nuffield Health Wellbeing Centre Nottingham

The provider, which is Nuffield Health, is registered with the Care Quality Commission to provide services at 31 hospitals and 112 fitness and wellbeing clubs including Nuffield Health Wellbeing Centre Nottingham, Plains Road, Mapperley, Nottingham, NG5 5RH. Only this site was visited as part of this inspection.

Nuffield Health Wellbeing Centre Nottingham provides health assessments that include a range of screening processes. Following the assessment and screening process people undergo a consultation with a doctor to discuss the findings of the results and any recommended lifestyle changes or treatment planning. In addition to the GP, there is a general manager, a clinic manager, physiotherapists and physiology staff supporting the health assessment service. The clinic is open four days a week for health assessments, between 8am and 6pm.

The clinic is located the ground floor of a purpose-built health and wellbeing centre. There was also gym, swimming pool and café area on site.

How we inspected this service:

Before visiting we reviewed a range of information we held about the service and asked the service to send us a

range of information. During the visit we spoke with various staff members including the general manager (who is the registered Manager, the clinic manager (who is also a physiologist), the clinic GP and Medical Locum Lead GP. We gained feedback from the 15 completed CQC comment cards. We carried out observations, reviewed the systems in place for the running of the service, including how clinical decisions were made, sampled key policies and procedures and looked at a selection of anonymised patient records.

Further details about the service can be found on the provider website: www.nuffieldhealth.com

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

These questions therefore formed the framework for the areas we looked at during the inspection.

Are services safe?

Safety systems and processes

The service had clear systems to keep people safe and safeguarded from abuse.

- The provider conducted safety risk assessments. It had appropriate safety policies, which were regularly reviewed and communicated to staff including locums. They outlined clearly who to go to for further guidance. Staff received safety information from the service as part of their induction and refresher training. The service had systems to safeguard children and vulnerable adults from abuse.
- Where appropriate, the service worked with other agencies to support people and protect them from neglect and abuse. Staff took steps to protect people from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The provider carried out staff checks at the time of recruitment and on an ongoing basis where appropriate. Disclosure and Barring Service (DBS) checks were undertaken where required. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- All staff received up-to-date safeguarding and safety training appropriate to their role. They knew how to identify and report concerns. Staff who acted as chaperones were trained for the role and had received a DBS check. Both female and male chaperones were available, and notices were in the waiting area and the consulting rooms.
- There was an effective system to manage infection prevention and control. We observed the clinic to be clean and there were arrangements for the prevention and control of infection. However, we noted that blood samples were taken in consultations rooms which were carpeted.
- The legionella risk assessment had been completed in April 2018 (review April 2020) and appropriate monitoring systems were in place.
- The provider ensured that facilities and equipment were safe, and that equipment was maintained according to manufacturers' instructions. There were systems for safely managing healthcare waste.
- The provider carried out appropriate environmental risk assessments, which took into account the profile of people using the service.

Risks to patients

There were systems to assess, monitor and manage risks to people's safety.

- There were arrangements for planning and monitoring the number and mix of staff needed.
- There was an effective induction system for agency staff tailored to their role.
- Staff understood their responsibilities to manage emergencies and to recognise those in need of urgent medical attention.
- When there were changes to services or staff the service assessed and monitored the impact on safety.
- There were appropriate indemnity arrangements in place to cover all potential liabilities. Indemnity arrangements were in place for the doctors employed at the service.

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to people.

- Individual care records were written and managed in a way that kept people safe. The service used an electronic booking and care record system, with safeguards to ensure that patient information was held securely.
- The service had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. Information was only shared with other agencies once consent had been obtained.
- The service had a system in place to retain medical records in line with Department of Health and Social Care (DHSC) guidance in the event that they cease trading.
- People attended the service for health assessments and were either referred to consultations with the private healthcare system if they wished or to their NHS GP for follow up as required.

Safe and appropriate use of medicines

The service had reliable systems for appropriate and safe handling of medicines.

- With the exception of medicines for use in a medical emergency, no medicines were held on the premises or prescribed. Daily checks were carried out on the emergency medicines and equipment to ensure they were safe to use.

Are services safe?

- The service did not issue prescriptions for people.

Track record on safety and incidents

The service had a good safety record.

- Staff at the service were supported by the central health and safety team.
- There were comprehensive risk assessments in relation to safety issues.
- The service monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements.

Lessons learned and improvements made

The service learned and made improvements when things went wrong.

- There was a system for recording and acting on significant events. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.
- There were adequate systems for reviewing and investigating when things went wrong. The service learned and shared lessons, identified themes and took action to improve safety in the service. Incidents were reported on a central electronic system and shared throughout the organisation.

- There had been no significant events recorded during the previous 12 months. However, staff described events that had resulted in changes to practice. For example, following incidents of people feeling faint after blood samples had been taken, the service introduced a policy to mitigate this risk by requesting that people are supine when taking blood samples.
- The provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The service had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- Staff told us that the service gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

The service acted on and learned from external safety events as well as patient and medicine safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. We saw that safety alerts were discussed at the monthly staff meeting.

Are services effective?

Effective needs assessment, care and treatment

The provider had systems to keep clinicians up to date with current evidence-based practice. We saw evidence that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance (relevant to their service)

- The clinic offered a range of health assessments, all of which focussed on preventative health, concentrating on current health and wellbeing.
- People attending the clinic for a health assessment were required to complete an electronic self-assessment health questionnaire prior to attending their appointment. If the assessment flagged any issues of concern, for example domestic abuse or suicide ideation, the assessment was reviewed by the national duty doctor, who would contact the person to offer advice and guidance and onward referral if appropriate. Details of any contact with the person was recorded and the information available to the clinicians at the clinic.
- Written protocols were in place for staff to follow. Any changes were emailed to clinical staff, included in the organisation's monthly newsletter and discussed at team meetings.
- We saw that clinical staff had access to relevant and current evidence-based guidance and standards such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. The organisation had changed how they screened for a certain type of cancer in line with national guidance.

Monitoring care and treatment

The service was actively involved in quality improvement activity.

- The provider reviewed the effectiveness and appropriateness of the service provided. All staff were actively engaged in monitoring and improving quality and outcomes.
- The service made improvements through the use of completed audits. These include environmental audits as well as clinical performance audits.
- People were asked to provide feedback on clinicians following their health assessment. The feedback was collated into a score card and highlighted any areas for improvement (if required). Salaried doctors were audited on their health assessments and feedback provided in the form of a mini appraisal.

- The service had recognised an area for improvement was in assisting people to feel confident and engaged in managing changes in lifestyle to improve their health and wellbeing. Staff were trained in behaviour change techniques. The new electronic system had been designed to enable staff to provide a personalised health plan to engage, educate and inspire people. Following the health assessment and based on individual risks, people will be able to access educational modules suited to their needs.

Effective staffing

Staff had the skills, knowledge and experience to carry out their roles.

- All staff were appropriately qualified. The provider had an induction programme for all newly appointed staff.
- Staff were supported to complete a variety of training through the organisation's training academy. Health and wellbeing physiologists were trained to a postgraduate degree level in physiology, anatomy, biochemistry and disease management. All staff were required to complete mandatory and clinical sign off prior to undertaking health assessments.
- Relevant professionals were registered with the General Medical Council (GMC) and Royal Society for Public Health (RSPH) and were up to date with revalidation.
- The provider understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- Staff told us they felt well supported in their work and received regular supervision and personal development reviews to discuss their personal development and learning needs. Systems were in place for staff working alone in a clinical capacity to obtain rapid advice from colleagues across the county through the Nuffield email system for clinicians.

Coordinating patient care and information sharing

Staff worked together, and worked well with other organisations, to deliver effective care and treatment.

- There were processes in place for the onward referral to the individual's GP or consultant with the consent of the person in line with legislation and guidance as part of this process.

Are services effective?

- Staff knew how to make an urgent referral when needed and had access to protocols to assist them with the process.
- Any onward referrals were recorded and followed up by the clinician to ensure they had been received and acted upon.
- Staff shared an example of when they transferred a person to the local emergency department as they presented with symptoms of a blood clot. This incident was followed by a telephone call from the clinician to check on the welfare of the person.
- Pathology services were available within the clinic with processes in place to ensure all test results were received and reviewed with people during their assessments and recorded on the patient record. Test results were reviewed by the doctor and any follow up action taken as required.

Supporting people to live healthier lives

Staff were consistent and proactive in empowering people and supporting them to manage their own health and maximise their independence.

- The ethos of the provider was to help people live healthily, get better and stay well. The clinic provided people with a range of health assessments focused on preventative health and supporting people with healthier lives. Assessments had been devised to provide a comprehensive picture of an individual's health, covering key health concerns such as diabetes, heart health, cancer risk and emotional wellbeing.

Detailed reports covering the findings of their assessment and recommendations for how to improve their general health and reduce the risk of ill health were produced following the assessment.

- People who attended for an assessment were provided with a free 10-day pass for any Nuffield Health gym and could use any of the membership benefits for this period, including unrestricted gym access, Health MOT, exercise classes and access to a Personal Trainer to personalise an exercise programme. People who require emotional wellbeing support could also be signposted to the Nuffield Health Cognitive Behaviour Therapy (CBT) services.
- The clinic also offered range of other services, for example lifestyle advice and support, as well as access to physiotherapists, nutritionists and a joint pain clinic.
- The centre hosted free quarterly 'Meet our Expert' (MOE) health promotion events, which were available to both members and non-members to help educate people on a variety of health topics.

Consent to care and treatment

The service obtained consent to care and treatment in line with legislation and guidance .

- Staff understood the requirements of legislation and guidance when considering consent and decision making.
- The service monitored the process for seeking consent appropriately. Consent forms were completed and scanned on to the electronic records.

Are services caring?

Kindness, respect and compassion

Staff treated people with kindness, respect and compassion.

- Feedback from patients was positive about the way staff treat people.
- We received 15 completed CQC comment cards, all of which were positive and indicated that people were treated with kindness and respect. Comments included staff were professional, helpful and friendly; knowledgeable, respectful and supportive; and felt like a person not a number or a patient. People also commented about being made welcome by staff at the clinic.
- Staff understood people's personal, cultural, social and religious needs. They displayed an understanding and non-judgmental attitude to people.
- The service gave people timely support and information.
- The service requested feedback from people who had attended the clinic for a health assessment. The results were collated monthly and the results and comments shared with staff.
- The service provided survey results for the previous 12 months. These demonstrated that:
 - 84% of people felt that the clinical staff were friendly and approachable.
 - 88% of people felt the experience was made personal to them.

Involvement in decisions about care and treatment

Staff helped people to be involved in decisions about care and treatment.

- People were fully involved in their health assessment and their test results were discussed with them during their assessment and followed up with a written personalised report.

- Where serious issues were identified, either through the initial self-assessment health questionnaire or following the assessment, the person was contacted prior to their appointment or receiving their report.
- If any referrals were considered in the person's best interest, for example to the GP or other services, this was discussed and consent from the person obtained prior to referrals being made.
- People told us through comment cards, that they felt listened to and supported by staff and had sufficient time and information to make decisions about what actions they may wish to take.
- Feedback from the service's own survey indicated that staff listened to people and provided advice. For example:
 - 90% of people felt that the physiologist was knowledgeable and informative about clinical issues.
 - 87% of people felt that the doctor was knowledgeable and informative about clinical issues.
- Interpretation services were available for patients who did not have English as a first language

Privacy and Dignity

The service respected people's privacy and dignity.

- Staff recognised the importance of people's dignity and respect.
- Assessment rooms were located away from the main waiting area. Doors were closed during consultations and occupied signage was displayed on doors.
- Staff recognised that people were often anxious about attending for a health assessment and made efforts to put them at their ease.
- People were able to request a male or female clinician when making a booking request.
- Feedback from the service's own survey for the previous 12 months indicated a high rate of satisfaction in this area, with results ranging from 94% to 98%.

Are services responsive to people's needs?

Responding to and meeting people's needs

The service organised and delivered services to meet people's needs. It took account of individual needs and preferences.

- The service was designed to offer efficient access to health assessments and other services such as physiotherapy within the clinic. The clinic was located the ground floor of a purpose-built health and wellbeing centre. There was also gym, swimming pool and café area on site.
- The service offered a range of health assessments that covered a range of key health concerns and could be adapted to suit individual needs. Although the majority of health assessments were carried out on behalf of insurance companies or employers, information about the options available and costs were clearly detailed on the provider's website.
- The facilities and premises were appropriate for the services delivered, with adequate disabled facilities available.

Timely access to the service

People were able to access care and treatment from the service within an appropriate timescale for their needs.

- The clinic was open four days a week for health assessments from 8am to 6pm, either Monday to Thursday or Tuesday to Friday, depending on GP availability
- Appointments were made through a central booking team, either online, by telephone or email. Appointments were made for a time that was convenient to the individual.
- Referrals and transfers to other services were undertaken in a timely way. Standard operating procedures were in place for referrals to either the duty GP within the organisation or the person's own GP.

- Staff shared an example of when they transferred a person to the local emergency department as they presented with symptoms of a blood clot. This incident was followed by a telephone call from the clinician to check on the welfare of the person.
- The results from the majority of tests undertaken during the health assessment were shared with the person at that time and followed up in a written report.
- The service acknowledged that the implementation of a new IT electronic system for making appointments and accessing the self-assessment and report had created a level of dissatisfaction as people had found it a challenge to use. This was reflected in the survey results for the last 12 months, although satisfaction with the system had started to improve.

Listening and learning from concerns and complaints

The service took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- The provider encouraged and sought feedback. Information about how to make a complaint or raise concerns was available in the clinic and on the provider website. Staff treated people who made complaints compassionately.
- The service informed patients of any further action that may be available to them should they not be satisfied with the response to their complaint.

The service had complaint policy and procedures in place. The service learned lessons from individual concerns, complaints and from analysis of trends. It acted as a result to improve the quality of care. For example, the service had introduced a new records system which has the facility to upload electrocardiographs (ECGs) to individual records. This had enabled ECGs to be compared year on year and reviewed quicker by cardiologists when required.

The service had received three complaints during the previous 12 months, although these did not relate to the health assessment service. We saw that these had been investigated and responded to appropriately.

Are services well-led?

Leadership capacity and capability;

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- The service is part of the Nuffield Health UK health organisation, a trading charity which is managed by a Board of Governors, who are both directors of the company and the trustees of the not-for-profit organisation. The board was responsible for setting strategy, monitoring performance, overseeing risk and setting values.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The registered manager had overall accountability for the services provided within the centre and worked in partnership with the clinic manager who was responsible for the day to day running of the clinic.
- The provider had effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.

Vision and strategy

The service had a clear vision and credible strategy to deliver high quality care and promote good outcomes for people.

- There was a clear vision and set of values. The service had a realistic strategy and supporting business plans to achieve priorities.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them. The values framework included being connected and working together as pioneers of unique personalised healthcare. The organisation put patients, customers, and colleagues at the heart of everything they do. They achieved this through their vision and strategy of 'CARE' which stood for being: connected, aspirational, responsive and ethical.
- The service monitored progress against delivery of the strategy.

Culture

The service had a culture of high-quality sustainable care.

- Staff felt respected, supported and valued by the management team locally and nationally. They were proud to work for the service.

- The service focused on the needs of people who used it.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. For example, a person had expressed dissatisfaction that a female physiologist was not available to carry out their health assessment when they had specifically requested this. The situation had been managed sensitively at the time and any tests/ examinations of a more personal nature were carried out by the female GP. The incident was investigated, and the person informed of the outcome and subsequent action to be taken. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.
- Staff told us they could raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular supervision with their line manager and annual appraisals. Staff were supported to meet the requirements of professional revalidation where necessary. Clinical staff were considered valued members of the team. They were given protected time for professional time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. Staff had access to an employee assistance scheme. This includes free gym membership, health assessments, private healthcare and child care vouchers.
- The service actively promoted equality and diversity. It identified and addressed the causes of any workforce inequality. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

- Structures, processes and systems to support good governance and management were clearly set out,

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understood and effective. The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

- Staff were clear on their roles and accountabilities. Staff within the clinic had lead roles, for example safeguarding and infection control, but were also supported corporately by the central teams.
- Leaders had established proper policies, procedures and activities to ensure safety and assured themselves that they were operating as intended.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

- There was an effective, process to identify, understand, monitor and address current and future risks including risks to people's safety.
- The service had processes to manage current and future performance. Performance of clinical staff could be demonstrated through audit of their assessments and reports. Leaders had oversight of safety alerts, incidents, and complaints.
- Audits had a positive impact on quality of care and outcomes for people. There was clear evidence of action to change services to improve quality.
- The provider had plans in place and had trained staff for major incidents.

Appropriate and accurate information

The service acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The service used performance information which was reported and monitored and management and staff were held to account
- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.

- There were robust arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

Engagement with patients, the public, staff and external partners

The service involved people, the public, staff and external partners to support high-quality sustainable services.

- The service encouraged and heard views and concerns from the people who used the service and staff.
- Customer satisfaction surveys were distributed to people after their health assessment. The results were collated each month and shared with staff, people who used the service and visitors. There was a suggestions box available and people were encouraged to fill in feedback forms. All feedback was shared with individual staff members and action taken if feedback indicated the quality of the service could be improved.
- Staff could describe to us the systems in place to give feedback. This included team meetings, supervision and appraisals. We saw evidence of feedback opportunities for staff and how the findings were fed back to staff. We also saw staff engagement in responding to these findings.
- Staff were kept up to date any changes and developments through the employee newsletter 'In the Loop' and 'GP Medical Society Newsletter'.
- The service was transparent, collaborative and open with stakeholders about performance.

The service worked closely with local communities and other charities. This included:

- A fitness support programme for children with cystic fibrosis.
- Joint pain referral clinic, whereby local GPs could refer patients for a 12 week programme for exercise and support. This has further developed to include a support group through social media.
- Quarterly 'Meet our Expert' (MOE) health promotion events, which were available to both members and non-members to help educate people on a variety of health topics.
- The service had introduced the school wellbeing activity programme (SWAP) in December 2018. The programme was based around the core pillars of wellbeing and

Are services well-led?

supports schools to incorporate further health and wellbeing lessons into their timetable. The programme had been delivered in six schools so far, reaching over 100 students.

- The service was also supporting schools with wellbeing days, community events and parents evenings whenever possible.
- Nationally this programme had reached 1469 children with 58 full programmes underway or planned with 113 schools. On average, children had shown a 56% improvement in their SWAP score (representing overall wellbeing) over the course of 12 sessions.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement.
- The service made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

- There were systems to support improvement and innovation work.
- Staff were supported with continuing professional development. There was a lead GP for education, who was responsible for arranging events for staff. Recent events have included dermoscopy and lifestyle prescribing courses. Staff have allocated study leave and a personal training budget. GP appraisals were available through the organisation and mini appraisals were conducted for staff who also worked in the NHS, which fed into their main appraisal.
- Quarterly cluster meetings had been introduced, attended by hospital and health and wellbeing centre staff to promote information sharing.
- The physiotherapy staff at the clinic were visiting a local Nuffield Hospital on a regular basis for educational sessions and support.
- The duty doctor system provided support and guidance for clinicians working in the centres and ensured all results were reviewed the same day.
- The service was looking to develop an emotional wellbeing service to work alongside and compliment the health assessment service.
- The service was working with two local hospitals on research looking at exercise after prostate cancer.