

QUALITY ACCOUNT 2021 - 2022



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Registered Charity Number: 1090790

Company Number: 04366596



Cobalt

Medical Charity

Diagnosis • Research • Education



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STATEMENT BY THE CHIEF EXECUTIVE AND REGISTERED CQC MANAGER



On behalf of the Board of Trustees and staff working for Cobalt Health (Cobalt), I am pleased to introduce you to our Quality Account for the year 2021/22. Cobalt, along with all service providers, have faced significant operational challenges in response to the Coronavirus (COVID-19) pandemic. Clearly, the efforts of the last year have, and will continue to have, a profound impact on all our teams. We have taken steps to provide them with as much support as possible and we are extremely proud of and grateful for, the compassion and courage they have shown in such an unprecedented and challenging time, not only caring for our imaging patients but also taking the time to care for each other as well.

As is often the case in adversity, we become creative and innovative. The pandemic galvanised a step change in the use of technology for meetings and training, and more collaboration with our partners, allowing for an even greater expansion of accessible services to patients. One example being our community based mobile ultra-low dose CT lung cancer screening (Lung Health Checks). During the pandemic, many routine imaging services, such as Lung Health Checks (LHC), were paused. Cobalt however was able to work with NHS England to support the NHS across England with a mobile CT service for up to 24 hours a day, by reallocating the LHC mobile CT fleet and training more staff in order to expand the CT service. This has resulted in the Charity becoming stronger, more agile and responsive to support the NHS. We want to build on this experience and ensure that the positive changes we have made as a result of responding to the pandemic are not lost.

We also want to ensure we continue to deliver the best possible patient care and to do that we must have a strong patient voice. It is essential that we hear from those who use our services and enable them to help us to shape and improve the services that we provide. We have a number of mechanisms to help understand the experiences of our patient, highlighting what patients are positive about and occasionally where we need to improve. We remain committed to working in partnership with patients and their families in every decision we make to achieve our vision of outstanding care.

I am very proud that the focus on the quality of service we provide has remained, with colleagues across all departments, within the imaging centres and on our mobile imaging scanner fleets working so very hard and continuing to demonstrate the Charity's values. I am hopeful that another positive and successful year lies ahead, despite the challenges.

Our Quality Account for 2021/22 has been developed with our staff, stakeholders and partner organisations and has been approved by the Board of Trustees.

Peter Sharpe
Chief Executive

QUALITY ACCOUNTS: DEFINITION AND PURPOSE

Welcome to our 2021/22 Quality Account, which describes how we performed against our main patient safety, outcome and experience standards during the year. Please note that our Annual Report and Accounts is a separate document, which provides detailed information about how we performed across the full spectrum of standards, including financial performance.

As a provider of NHS healthcare, this document is an important way for us to report on quality and show improvements in the services we deliver to local and national patients and service users, highlighting patient safety, clinical effectiveness and patient experience.

Throughout this document, we have used the terms patients, families and carers to mean any person who has used or will use our services.

WHAT IS A QUALITY ACCOUNT FOR?

The public, including patients and others with an interest will use a Quality Account to understand:



THE PURPOSE OF QUALITY ACCOUNTS IS TO ENABLE:



If you require any further information about the 2021/22 Quality Account, please email peter.sharpe@cobalthealth.co.uk Chief Executive or nigel.benatar@cobalthealth.co.uk Head of Governance and Quality

WHO WE ARE

Cobalt Health (Cobalt) is a medical charity, established in 1964 to help people affected by cancer, dementia and other conditions. Each year we provide diagnostic imaging for over 115,000 patients at imaging centres in Cheltenham and Birmingham, and through a fleet of mobile MRI, PET/CT and CT scanners supporting NHS hospitals and other medical facilities across the UK.

We focus on offering equipment and services not generally available within the NHS to support many patients. Our imaging centres house the latest technology designed to improve patient comfort, enable shorter scanning times and deliver superior image quality. Using ultra-low dose mobile CT, we are the leading provider of lung cancer screening services in the UK, working in partnership with the NHS in many deprived areas of the country.



We endeavour to deliver improvements in clinical diagnosis and treatments, mainly relating to cancer and dementia. This is achieved by investing in cutting-edge technology with the aim of supporting and participating in local, national and international research working with leading experts in the field.

By delivering a diverse training and education programme for medical professionals, we aim to enhance their professional development.

OUR EQUIPMENT AND SERVICES

The services we offer include;

Mobile Scanners		Relocatable Scanners		Static Scanners	
CT	8	CT	3	MRI	3
MRI	5	MRI	2	PET/CT	1
PET/CT	1			Cone Beam CT	1



Magnetic Resonance Imaging (MRI)

Cobalt operates both 1.5 Tesla and 3.0 Tesla MRI systems. This includes the only 3.0 Tesla mobile MRI service in Europe.

In order to provide the best patient experience at the Cobalt Imaging Centre in Cheltenham, the latest MRI 'in bore' video systems allow patients to watch videos during their MRI scan. This includes the Philips Healthcare in bore experience and the Siemens Healthineers 'Innovation'. Cobalt was the first provider in the UK to use this patient focused technology.

We also operate an Imaging Centre at the Institute of Translational Medicine, Queen Elizabeth Hospital Campus, Birmingham, in partnership with the University Hospitals Birmingham NHS Foundation Trust and Birmingham Health Partners. The Centre supports a wide range of research with state-of-the-art MRI.

OUR VISION

To pioneer innovation in medical imaging diagnosis by investing in equipment, integrated research and education, to improve outcomes for patients now and in the future.

OUR EQUIPMENT AND SERVICES

Positron Emission Tomography and Computerised Tomography (PET/CT)

We provide the PET/CT service for NHS patients in Gloucestershire, Herefordshire and Worcestershire. Using the latest PET/CT technology and highly trained and experienced staff, the PET/CT service not only supports oncology patients, but also plays a key role in the diagnosis of dementia.

The PET/CT service, led by Professor Iain Lyburn, a national expert, supports many clinical trials and research projects, focusing on the diagnosis and treatment of cancer and dementia.

During 2022, we are replacing the current PET/CT scanner with a new Siemens Healthineers Biograph Vision Digital PET/CT scanner.

Computerised Tomography (CT)

We are the leading provider of mobile ultra-low dose CT to support the NHS England community based Lung Health Check programme, supporting seven services, working in partnership with the NHS. The CT service uses the latest Siemens Healthineers Somatom go. CT technology, providing wide bore scanners, ultra-low radiation dose and high quality images.

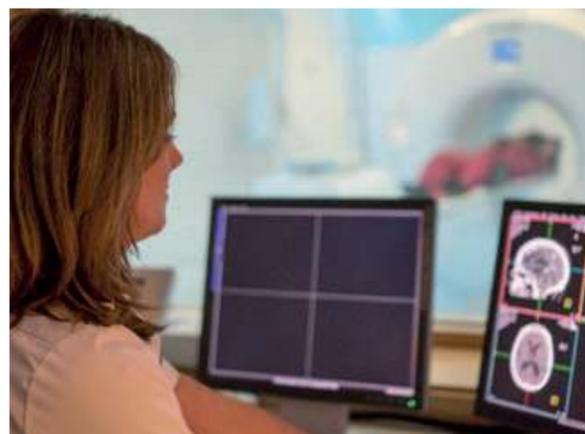
A Cone Beam CT (CBCT) service provides a comprehensive set of 3D high-resolution images of joints. The unique CBCT system also enables patient's lower limb joints, to be imaged in a weight bearing position.

Other imaging facilities

Other diagnostic services include X-ray and ultrasound facilities, provided at the Cobalt Imaging Centre in Cheltenham.

Rapid Access Clinics

A number of unique 'rapid access' clinics are provided by specialist consultant orthopaedic surgeons, psychiatrists and a neurologist. After initial consultations, patients are referred for imaging investigations and return with the imaging report to the clinic usually within days of their initial clinic appointment. The clinic services also include non-invasive treatments such as cortisone injections.



OUR PEOPLE

Cobalt employs over 100 staff including clinical (radiographers) and administrative staff. Doctors (radiologists) are not employed by us, but work for us either on a self-employed basis or via an agreement with the NHS. As staff training and education is a priority for all staff, we also provides a number of clinical training events.

OUR VALUES



INNOVATIVE



CARING



ACCESSIBLE



RESPECTFUL



ETHICAL

STATEMENT OF ASSURANCE

Quality of care



The Charity invests in 'leading edge' scanner technology to give fast and effective results, improving efficiency, driving down the cost of examinations to users and delivering minimal waiting and flexible appointment times.

We are committed to provide services that meet the requirements of all our referrers. Our staff are rigorously trained and committed to using a quality approach in all aspects of our operations.

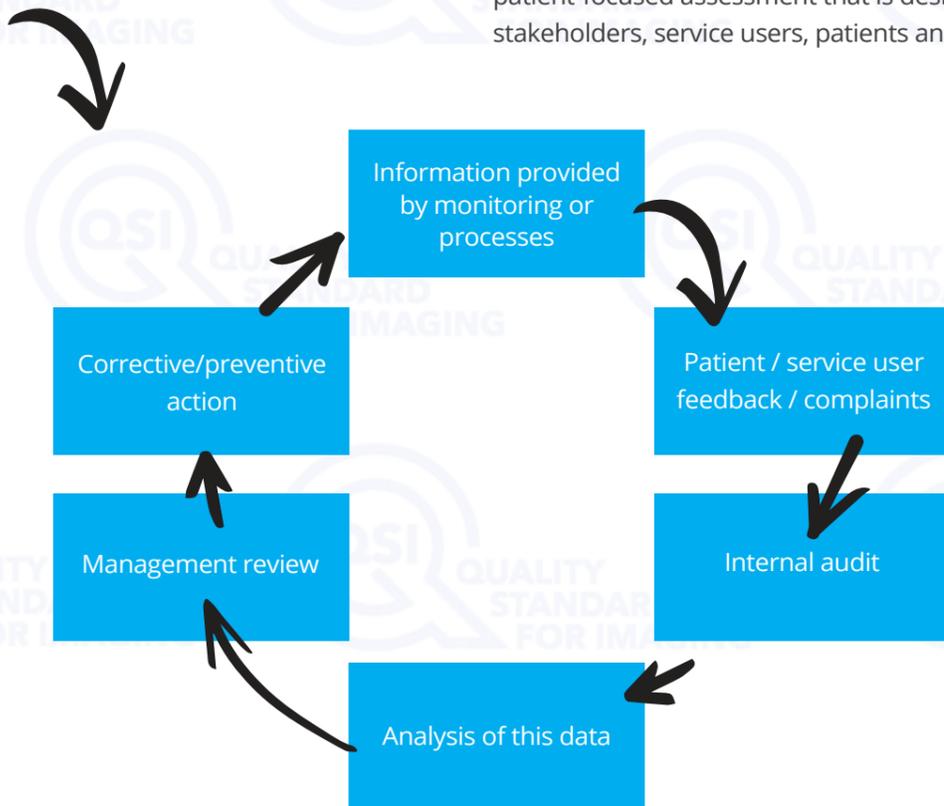
This forms a framework for our quality objectives for improvement.

We use the following in our cycle of continual improvement;

Underpinning our Quality systems is our commitment to employing the most highly skilled professionals; our processes, practices and procedures are evidence based and meet, or exceed, healthcare standards; and our continued investment in the latest technology.

Patient safety and quality of clinical care is at the heart of everything we do.

The Quality Standard for Imaging (QSI) has been developed by The Royal College of Radiologists and the College of Radiographers to set out the criteria that defines a quality imaging service. UKAS, the national accreditation body for the UK, accredits this patient-focused assessment that is designed to give stakeholders, service users, patients and their carers,



confidence in their diagnosis and all aspects of their care. The QSI provides a framework for the NHS and private sector to provide consistently high quality services delivered by competent staff working in safe environments.

The Standard was first published in 2009 and **Cobalt was the first imaging service to be accredited to the standard. We have maintained annual accreditation since this date.**

We maintain a quality management system that complies with ISO 9001:2015, Quality Systems specification, demonstrating our commitment to consistently provide an excellent patient centric service that also meets all statutory and regulatory requirements.

We also are accredited to the ISO14001:2015 standard, highlighting our commitment to continually improving our environmental performance



Core Quality Account indicators reporting

We are a single speciality provider of diagnostic and screening services and as such, the majority of the core set of indicators using data made available by NHS Digital are not relevant to our services. The only core quality indicator relevant to us are the number and where available, rate of patient safety incidents reported within the service during the reporting period and the number and percentage of such patient safety incidents that results in severe harm or death: **There have been three patient safety incidents reported within the service during 2021/22, none of which resulted in severe harm or death.**

Participation in clinical audits

There were no national clinical audits and no confidential enquiries relevant to the NHS services provided by Cobalt.

A random 10% of radiology reports are externally audited, in order to ensure even greater assurance and independent feedback on imaging report quality. All report audits that are completed by us, follow the recommendations of the Royal College of Radiologists.

STATEMENT OF ASSURANCE

Data and information governance

We submitted records to the Diagnostic Imaging Dataset (DIDS) during 2021-22, which are included in the latest published data.

The percentage of records in the published data:

a) which included the patient's valid NHS number was:

• **98.4% for diagnostic imaging**

b) which included the referrer's valid General Medical Practice Code was:

• **96.0% for diagnostic imaging.**

Information Governance assessment report

Information Governance (IG) refers to the way in which organisations process or handle information in a secure and confidential manner. It covers personal information relating to our service users and employees and corporate information, for example finance and accounting records.

IG provides a framework in which we are able to deal consistently with, and adhere to, the regulations, codes of practice and law on how information is handled, for example the Data Protection Act 2018, UK General Data Protection Regulation, Subject Access Requests and the Confidentiality NHS Code of Practice.

New Systems/Data Protection Impact Assessment (DPIA)

When new services or projects begin, new information processing systems are introduced or there are significant changes to existing information processing involving personal confidential information, we ensure that it remains compliant with legislation and NHS requirements. This process is a mandated requirement on the Data, Security and Protection (DSP) Toolkit and data protection legislation.

The DPIA process is reviewed and updated annually to ensure it continues to meet best practice. The process

provides a robust assessment ensuring that privacy concerns have been considered and actioned to safeguard the security and confidentiality of personal confidential information, whilst supporting innovation in patient care.

Information assets

We review our information assets regularly. Our key information assets have been identified and approved by the IG Committee. Each key information asset has an assigned owner and each has been updated in the Information Asset Register.

The Information Asset Register is reviewed and updated each quarter. The IG Committee then approve the register on a bi-annual basis.

Data quality

Data quality checks are undertaken to provide assurance that data is accurate and ready for migration to national systems should this be required.

Our IG Committee provides a forum to consider performance against data quality standards, audits and ad hoc requirements across the range of our activities. The Audit Committee oversees the data quality audit function, co-ordinates action plans and reports progress to the IG Committee. The results of the audit then feed into the evidence for Data Security Standard 1 in Cobalt's DSP Toolkit.

Subject Access Requests (SARs)

The Data Protection Act 2018 and GDPR 2018 provides individuals with a general right to access any information held on them. The right is subject to certain exemptions. We support this principle and strive to create a climate of openness. During 2021/22, there were 92 subject access requests and all of the requests were met within the month deadline, with the vast majority released on the day, they were requested, and 96% sent out within 24 hours of request.

NHS Digital Data Security and Protection Toolkit

One of the ways in which we measure our IG performance is via the DSP Toolkit. The DSP Toolkit is a performance tool produced by the Department of Health and Social Care (DHSC), which draws together the legal rules and guidance referred to above as a set of requirements. The Toolkit is based on the National Data Guardian Standards.

In the current version, there are 42 assertions and 111 mandatory evidence items relevant to Cobalt. For each assertion, the status can be "met" or "not met". We must ensure that all mandatory assertions are "met" to achieve a "Standards Met" DSP Toolkit. The submission date for 2021/22 is the 30th June 2022. Cobalt's DSP Toolkit was submitted / published on the 24th May and **we are pleased to record that the overall score for 2021/22 is Standards Met.**

Clinical research

We continue to recognise the importance of investing in research; enabling our staff to learn and grow and our local community to participate in healthcare improvement. Cobalt supports clinical developments by providing diagnostic imaging or funding for trials and other research projects. Our research network includes leading clinicians, NHS organisations and academic institutions, which have chosen to collaborate with Cobalt.

We are supporting over 40 research projects and clinical trials. A number of these trials are using PET/CT and MRI to look at the effectiveness and safety of drugs in the treatment of patients with moderate Alzheimer's disease. The Charity also supports a number of oncology trials that assess the diagnosis and treatment of cancers including breast and ovarian cancer.

Through investment in the latest technology, the Charity receives support from manufacturers in the advanced use of our scanners, including their use in research. As a result, we are invited to present at events and conferences, with the aim of improving early diagnosis and treatments.

Cobalt has funded a Radiology Research Fellow to develop the research portfolio in PET/CT. In 2022, we will also be funding a Cardiothoracic and Interventional Radiology Fellow for the Royal Brompton Hospital in London.

In order to recruit more patients into clinical trials, Cobalt also funds research nurses within the NHS.

Care Quality Commission (CQC) registration and inspection ratings

We are registered without any conditions by the Care Quality Commission (CQC), which is responsible for ensuring health, and social care services meet essential standards of quality and safety.

The CQC last inspected our services at Cobalt in July 2019 and published their findings in September 2019 when we received an 'outstanding' rating for responsiveness and an overall 'Good' rating for our

quality of services. A full report is available from the CQC website.

We are committed to continuous improvement and development of services and view CQC inspections as an opportunity to further enhance care provision. Following inspections, action plans are generated to address any areas for improvement identified.

STATEMENT OF ASSURANCE

Environmental Agency

Environmental Agency (EA) permits are in place and up to date at our headquarter site in Cheltenham and our mobile PET/CT scanner. We underwent a satisfactory EA inspection in Cheltenham during February 2022.

QUALITY GOVERNANCE FRAMEWORK

Good governance is the foundation of continuous improvement and best practice. Throughout the pandemic, quality has remained the number one priority for Cobalt and will remain so throughout 2022 and beyond. It continues to lead the agenda for our Board of Trustees and Senior Management Team.

Quality Governance is the combination of structures and processes, which lead on Cobalt-wide quality performance, including:



NHS Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers, including Cobalt, that provide NHS funded care.

Cobalt has satisfactorily provided evidence that they fulfil the four areas and ten questions underpinning NHS Improvement's Quality Governance Framework. See below:

Strategy	Capabilities and culture	Processes and structure	Measurement
<p>1A Does quality drive the Organisations strategy?</p> <p>1B Is the board sufficiently aware of potential risks to quality?</p>	<p>2A Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda?</p> <p>2B Does the board promote a quality focused culture throughout the trust?</p>	<p>3A Are there clear roles and accountabilities in relation to quality governance?</p> <p>3B Are there clearly defined, well understood processes for escalating and resolving issues and managing quality performance.</p> <p>3C Does the board actively engage patients, staff and other key stakeholders</p>	<p>4A Is appropriate quality information being analysed and challenged?</p> <p>4B Is the board assured of the robustness of the quality information?</p> <p>4C Is quality information used effectively</p>

QUALITY ACCOUNT METHODOLOGY

The Care Quality Commission regulates Cobalt and each year we commit to publish a Quality Account that assesses our performance against the five key questions that are central to their work:



ARE SERVICES SAFE?

External assurance

Cobalt operates within a highly regulated environment, and as such, works in partnership with multiple external bodies that provide both mandatory and voluntary assurance in respect of our clinical and non-clinical activities. We are registered as an independent healthcare provider in accordance with the Health and Social Care Act 2008. Our registered facilities are categorised as single speciality services.

We currently have two static sites (Cobalt Imaging Centre and the ITM Imaging Centre) registered for the regulated activities 'diagnostic screening procedures' with the Cheltenham site also holding registration for the 'treatment of disease, disorder or injury'. A CQC registered manager, in accordance with the CQC standards, supports each site. We last underwent inspection in 2019 where both sites received 'Good' ratings. During 2021-22 the CQC have not carried out any inspections at either site.

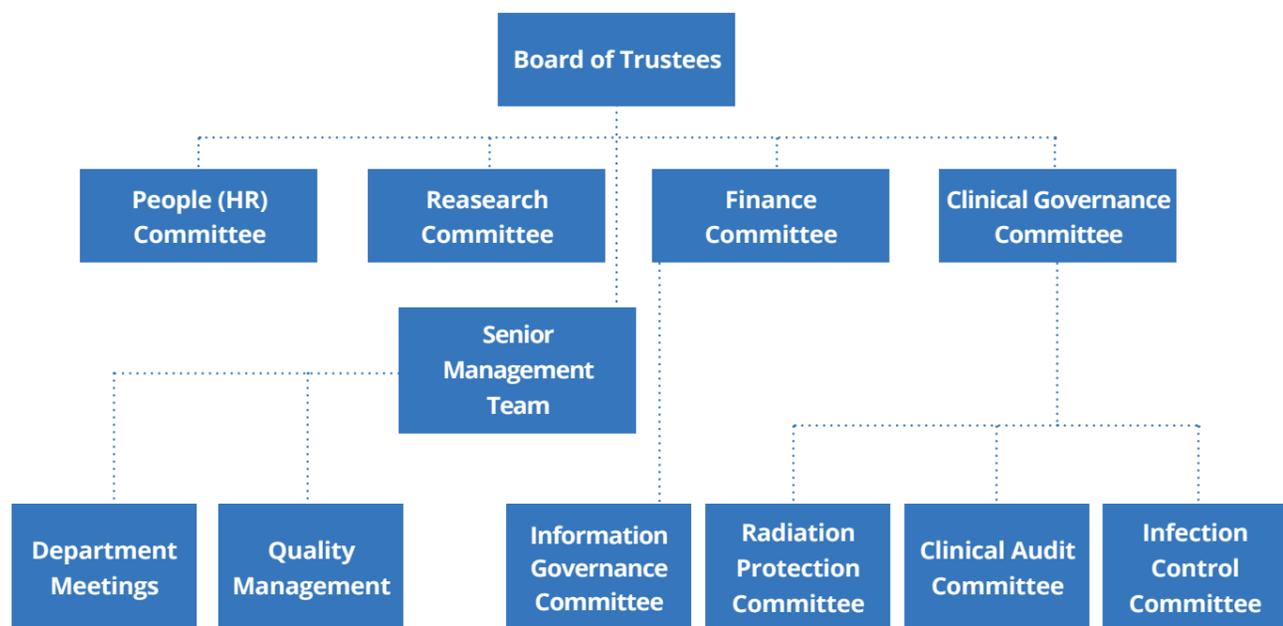
Cobalt was the first imaging centre to achieve accreditation with the Quality Standard for Imaging (QSI), run by UKAS on behalf of the Royal College of Radiologists and the College of Radiographers, in 2011. This is an accreditation based on the CQC core standards and this accreditation has been successfully maintained annually ever since, including in 2021/22. **Cobalt also holds ISO 9001:2015 Quality Management Systems Standard accreditation** (since 1994), again successfully renewing this annual accreditation in 2021/22.

ARE SERVICES SAFE?

Internal assurance

Internal insurance is managed via the network of committees (shown below) which feed into the Clinical Governance Committee, which in turn reports to the Board of Trustees.

In line with other independent imaging providers, the four main areas of risk for Cobalt have been identified as clinical governance, information governance and security, radiation protection and health and safety. The Chair of each sub-committee is responsible for ensuring the focus is on the key areas within its scope of responsibility and to implement strategies to monitor and minimise the risk, ensuring safe, high quality service provision.



NHS Digital Data Security and Protection Toolkit

Good information governance means keeping the information we hold about our patients and staff safe. The 'Data Security and Protection Toolkit' (DSPT) is the way we demonstrate our compliance with national data protection standards.

All providers of NHS funded services are required to make an annual submission in order to assure compliance with data protection and security requirements.

The audited self-assessment against the 2020/21 DSPT demonstrated compliance in all areas, with a status of 'Standards Met'.

Cobalt's self-assessment for 2021/22 was submitted in May 2022 and again showed compliance across all areas, with a status of 'Standards Met' recorded.

Care Quality Commission (CQC)

We are registered as an independent healthcare provider in accordance with the Health and Social Care Act 2008. Our registered facilities are categorised as single speciality services.

See page 13 for more information

NHS Improvement

NHS Improvement is responsible for overseeing foundation trusts and NHS trusts, as well as independent providers, including Cobalt, that provide NHS-funded care.

See page 14 for more information.



Ionising radiation

Cobalt provides PET/CT, CT and X-ray imaging services. These services are delivered in accordance with the Ionising Radiation (Medical Exposure) Regulations (IR(ME)R 2017).

To satisfy the relevant regulatory requirements, we have ensured the following:

- All imaging staff who work with, or have the potential to be exposed to, ionising radiation, wear appropriate radiation monitoring dosimeters; no dosimetry results have exceeded the Cobalt dose investigation levels in 2021-22.
- All ionising radiation modalities have suitably trained

and appointed Radiation Protection Supervisors (RPS), independent Radiation Protection Advisors and Medical Physics Experts.

- During 2021-22, we have appointed additional RPSs for our static and mobile sites.
- All appointment letters have also been re-issued to confirm responsibilities and requirements.
- In 2021-22, there have been two incidents that were reported to the Care Quality Commission, in compliance with the IR(ME)R 2017.
- Both of these incidents have been investigated and corrective action taken.

Audit

To ensure that we fulfil all our legal and moral obligations, we have a comprehensive audit programme in place. This programme ensures that all our modalities at the Cobalt Imaging Centre, Cheltenham the ITM Imaging Centre and the mobile scanning units follow key policy directions and meet legislative and regulatory requirements. Audit results are reviewed at monthly senior management team meetings, quarterly audit and clinical governance committees and the board of trustee meetings.

ARE SERVICES SAFE?

Policies, procedures and guidelines

Cobalt has comprehensive policies, systems of work and standard operating procedures in place at both corporate and modality level.

Each board sub-committee is responsible for developing, reviewing, implementing and monitoring compliance with Cobalt policies related to its area of responsibility.

With the emergence of the COVID-19 pandemic in early 2020, policies, procedures, guidance and practice were reviewed to ensure compliance with national guidance in support of patients and staff.

Clinical and other quality indicators

A full range of clinical and other quality indicators are collected and analysed at organisation and modality level. The various board of subcommittees identify trends and benchmark our services to ensure continuous quality improvement tracks these indicators.

Poor performance is escalated to the relevant operational management team and reported to the Audit and Clinical Governance committees and the Board.

Risk Register

Our corporate risk register identifies key risks at a national, regional and local level. The relevant sub-committees are responsible for the maintenance of

Mandatory training

All patient facing staff are required to attend annual practical life support training, either basic life support or intermediate life support, depending on their role. Mandatory training is undertaken by all of Cobalt's employees in order that risks to services, patients and the business are mitigated, taking into consideration the regulatory environment in which Cobalt operates.

Mandatory training is delivered practically with both

the risk register relevant to their area of responsibility and for the management of risk minimising strategies. Our risk register is updated, as a live document, throughout the year as required in addition to a formal review every three months at the Clinical Governance Committee.

Infection Prevention and Control

Cobalt complies with the NHS Infection Prevention and Control Framework (IPC) 2020.

IPC activity is overseen by our IPC committee, which receives specialist advice from an NHS IPC consultant and reports to our clinical governance committee.

We have developed an established monthly and IPC audit programme, in accordance with national guidance, with our IPC Lead. Our committee met twice virtually over 2021-22 reviewing policies, procedures, guidance and practice, to ensure compliance with national guidance in support of patients and staff.

Medicines management

Cobalt's medicine management is overseen by the Audit and the Clinical Governance Committees and managed by a medicines management lead.

During 2021 Cobalt's Medicines Policy was reviewed, updated and issued to further support the safe use of medicines, including further development of our Patient Group Directions (PGDs) for the administration of intravenous contrast which has enabled increased efficiency and effectiveness of the patient's imaging pathway.

e-learning modules and classroom sessions. We have set a completion rate target for the Charity of 90% to take into account a small number of staff unable to complete the training due to sickness or maternity leave, for example.

We achieved a completion rate of 89% during 2021-22 for mandatory training across all staff at Cobalt.

Safe staffing and staff recruitment

Our ambition is to make Cobalt the best place to work and to have engaged and empowered staff. To support this ambition, the Charity has developed action plans and outcome measures to ensure that:

- Our workforce planning will have the right skill mix and diversity, so that we can deliver the best quality, safe patient experience.
- We set ambitious performance expectations, clear priorities and support our staff to improve and be the best they can be.
- We work in a way, which is inclusive and free from discrimination
- We value and recognise the contribution of every employee and volunteer.
- We provide excellent education, training and development so that our people are skilled to do their jobs and realise their full potential.

In line with legislation, government guidance and the NHS Employers' standards, we make sure that all our recruits have the skills, qualifications, experience and appropriate physical and mental health, to undertake the role they are recruited for and support our obligations to safeguard vulnerable adults and children.

All employment offers are subject to satisfactory completion of checks. This applies equally to

temporary, bank and agency provided staff. We operate a pre-employment screening process for all roles, which includes the following checks:

 Identity	 Right to work in the UK
 Professional registration and qualifications	 Employment history and references (previous 5 years)
 Disclosure and Barring Service including regular re-verification for patient facing employees	 Occupational health assessments

Health and safety

We are committed to the health and safety of our patients, visitors and employees. An appointed health and safety officer and health and safety deputy officer, both of whom have been fully trained and hold Institution of Occupational Safety and Health (IOSH) Managing Safely certification lead a comprehensive health and safety management framework, which includes:

- Policies
- Training
- Guidance

- Audit and governance through a formal health and safety committee.

There have been no Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) reportable incidents or accidents during 2021-22.

There were no serious incidents reported to the Health and Safety Executive (HSE) in 2021-22

Annual inspections of radiation safety continue to be completed by Cobalt's appointed Radiation Protection Advisors.

Patient safety incidents and investigations

As part of our commitment to providing safe, high quality care to our patients, we have a positive and supportive reporting culture that allows us to share and learn lessons from any mistakes so that we can improve safety for patients, visitors and staff.

Any serious incidents are reported to Cobalt's Chief Executive/CQC Registered Manager in the first instance,

with further detailed discussions held at the Health and Safety and Clinical Governance Committees. All serious incidents undergo a systematic investigation which looks beyond the people concerned to try and understand the underlying causes and environmental context in which the incident happened, to support learning.

Serious incidents

'Never Events' are defined by NHS England as 'serious incidents that are wholly-preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level, and should have been implemented by all healthcare providers' (NHS Improvement, 2018).

Cobalt maintains a zero tolerance approach towards Never Events and strives for zero incidents.

There were no Never Events or 'Serious Incidents Requiring Investigation' (SIRI) s, reported to external bodies in accordance with NHS England's Definition during 2021-22.

ARE SERVICES EFFECTIVE?

Policies and procedures

At Cobalt, all policy, procedure and protocol documents are reviewed after a maximum period of three years as part of a rolling programme of review and continuous improvement.

All policy, protocol and procedure documents are stored in a document library and made available to

staff via a shared computer drive, which is managed to ensure version control. All documents have assigned authors and executive approval, with external subject matter expertise sourced where applicable.

Policy audits are regularly undertaken to ensure documents are updated in a timely manner.

Staff experience

All Cobalt staff are given the opportunity to provide feedback on their experience of working for Cobalt via an annual staff survey. Based on the NHS annual staff survey this enables staff to have their voice heard across a variety of questions and theme, including:

Health and wellbeing / Immediate managers / Quality of care / Safe environment - bullying and harassment / Safety culture / Team working / Communication.

The last survey was completed by 84% of staff and illustrated general slight improvement across all theme area results, when compared with previous year results

and are significantly above the national NHS staff survey results in many cases.

The results enable us to understand the areas where we are doing well and any areas that may need improvement.

As an employer, we concentrate heavily on the health and wellbeing of our staff. We will continue to make this our focus in 2022/23, as we look to 'reset' our services and return to a 'new normal' and supporting the wellbeing and morale of our staff will be a vital part of this.

Quality assurance reviews

The Clinical Governance Committee is responsible for ensuring the development of clinical quality management guidelines and policies throughout the organisation. Then ensuring the necessary processes are in place to achieve compliance with statutory and regulatory requirements, including but not limited to, the CQC, EA, NHS Improvement and all other relevant regulatory bodies.

Cobalt's governance meeting structure also routinely reviews quality and performance measures to gain assurance on quality improvements. The aim is to

support operational imaging teams in the delivery of high quality evidence-based care, which meets the needs and expectations of our commissioning organisations, regulatory bodies, patients and those close to them.

Further quality assurance reviews are completed during the annual management review meeting, which is part of Cobalt's ISO 9001 accreditation process, providing assurance of the quality and effectiveness of our quality management systems.

Clinical audit outcomes

Clinical audit enables the Board, our service users and our regulators to determine whether the services and care we are providing are in line with recognised standards.

We undertake a programme of clinical audits across each service modality, based on the Royal College of Radiologist's audit guidelines, but also including the use of the CQC Key Lines of Enquiries. We audit themes

emerging from serious incidents, adverse events and any recorded complaints.

Clinical audits form part of our approach to quality improvement with actions based on results. They are reviewed at the audit and clinical governance committees, with the board of trustees and employees. Service users are also provided with feedback.

An example of our 2021-22 audit criteria and results are presented below:

Criteria

The audits are compiled against the following clinical key performance indicators (KPI's)

1. Report Quality: Clinical Error / 2. Report Quality: Language/Transcription / 3. Report Quality: Report Format

The following Department of Health category criteria is used to compile the audit data;

Category	Criteria
5	No disagreement
4	Disagreement over style and/or presentation of the report including failure to describe clinically insignificant features
3	Clinical significance of disagreement is debatable or likelihood of harm is low
2	Definite omission or misinterpretation of finding with strong likelihood of moderate morbidity but not threat to life
1	Definite omission or misinterpretation of finding with unequivocal potential for serious morbidity or threat to life



ARE SERVICES CARING?

Patient experience

Cobalt are committed to providing high quality services to all of our patients. In order to deliver consistent levels of patient care we ask all patients to provide feedback on their experience. Surveys are available in all of our waiting rooms, electronically via an iPad or via their own device or in paper form in their own time. Significant investment is made when innovations in patient experience are designed,

including improved room designs, ambient lighting and advances in "in-bore" experience.

We take pride in delivering a service to our patients, which is caring, professional and accessible. This is reflected in the exceptional feedback we received during 2021-22, which told us;

99.5%

- said the environment was clean
- said they would recommend Cobalt

99%

- said the staff were courteous
- said their privacy and dignity were maintained
- said that their overall rating of care was very good (91% or good 8%)
- said that they would recommend us to family or friends

98%

- said their appointment was convenient
- said staff members were helpful and answered any questions

Clinical audit outcomes

Audit Results

Report Accuracy - Audit outcomes April 2021 - March 2022

Year	Grade	1	2	3	4	5
2021 - 22	%	0.0	0.0	0.8	1.7	97.4

Image Quality - Audit Outcomes April 2021 - March 2022

Year	Grade	1	2	3	4	5
2021 - 22	%	0.0	0.0	0.6	3.2	96.2

Just under 400 cases were audited in 2021-22 with no Grade 1 or 2 discrepancies identified.

Addenda to the original reports were issued where required. Auditor comments for all grades were shared with the reporters to aid learning and development of practice.

The image quality results demonstrate that over 99% of our images fell into Grade 4 and 5 descriptors, being of good diagnostic value during 2021-22.

Equipment

We are committed to investing in the latest technology to deliver the highest quality diagnostic images; ensuring patients receive a rapid diagnosis and highest level of comfort. Our operational partnerships with our equipment manufacturers has helped us maintain extremely high levels of 'scanner uptime' allowing us to offer rapid access appointment times for our patients.

2021-22 highlights include;

A new 'virtually' open MRI scanner was installed within Cobalt Imaging Centre in Cheltenham in June 2020 and this continues to provide the

very latest technology for our patients as well as support research.

Following on from the initial success of collaborating with Manchester University NHS Foundation Trust developing an ultra-low dose mobile CT lung health check service, we have engaged with a number of NHS trusts and invested in additional mobile CT scanners and support units in order to expand the service in other areas of the country.

Patient complaints

We endeavour to provide the highest quality service but understand we may not always get everything right. If we are informed where things did not work so well, it helps us to learn lessons and make service improvements. Complaint resolution is a high priority at both operational and governance levels of the Charity.

All complaints are acknowledged within three working days of receipt and we aim to provide a response to all complaints within twenty working days. All concerns and complaints are addressed in accordance with

our policy. We offer a 3-stage complaints process that is supported by the Parliamentary and Health Service Ombudsman (PHSO) and Independent Sector Complaints Adjudication Service (ISCAS).

During 2021-22 we received just 17 complaints from over 115,000 patients scanned, which equates to a 0.02% overall rate. All complaints were responded to within the policy timeframes. There was one complaint escalated to Level 3 during 2021-22 and this was not upheld by ISCAS.

ARE SERVICES RESPONSIVE TO PEOPLE'S NEEDS?

Diagnostic imaging services

During 2021-22 Cobalt achievements and performance were;

Funding over 700 MRI oncology scans including specialist breast MRI scans for 'at risk' women providing rapid access to the latest technology and hence a faster diagnosis at no charge to the NHS.

Supporting over 3,500 oncology patients with a PET/CT scanning service to enable a prompt and accurate diagnosis.

Ensuring a safe and secure environment for staff to provide patients with continuing high quality, caring, diagnostic services during the pandemic.

Increased capacity for PET/CT appointments by extending clinic times and increasing expansion of the fleet further in 2022.

Monitoring the development of scanning technology and ensuring that the latest technology is available to our patients and the NHS through a continuous upgrade and development programme, including working with the local NHS trust to provide them with the latest technology alongside the hospital.

Supporting NHS England's COVID-19 response by providing CT scanners and staff, to cover scanning requirements; including support to reduce waiting times for urgent oncology scans.

Cobalt has become recognised for developing the use of new prostate cancer isotopes (F18 PSMA) for PET/CT, improving the diagnosis of recurrent prostate cancer.

Funding a Teenagers and Young Adults with Cancer Specialist Nurse to support this vulnerable age group following diagnosis, working with Gloucestershire Hospitals NHS Foundation Trust.

Working with local consultants to help improve patient pathways and speed up diagnosis, with the aim of reducing patient wait times and anxiety.

Continuing to expand the lung cancer screening services and early diagnosis for patients in areas of the country with the highest occurrence of lung cancer.

Promoting a specialist patient friendly service for nervous/ claustrophobic patients, combining the expertise of our staff with enhanced scanner patient comfort features; to enable a diagnosis and ongoing treatment.

Maintaining services to patients participating in time-sensitive research trials.

Funding specialist PET/CT scans to support the early diagnosis of dementia – enabling the potential to access treatment sooner.

The ability to operate a flexible workforce, enabling extended scanning days at our headquarter site in Cheltenham and across our mobile scanning sites to support the NHS with the routine operation of a seven-day service.

ARE SERVICES RESPONSIVE TO PEOPLE'S NEEDS?

Clinical research

Providing diagnostic imaging services for research trials is one of Cobalt's main goals, allowing us to support clinical developments through participation and funding in multiple research initiatives throughout the UK.

NHS Trusts, academic institutions and many leading clinicians have chosen to collaborate with us and become part of our research network.

During 2021-22 Cobalt;

- Sponsored research fellows at the Royal Brompton Hospital and Cobalt Imaging Centre in Cheltenham.
- Supported an international project to develop the

use of artificial intelligence (AI) in PET/CT to improve diagnostic accuracy.

- Supported over 30 imaging research projects and clinical trials, mainly in the field of oncology and dementia.
- Funded research nurses at the Gloucestershire Hospitals NHS Foundation Trust, whom during the year worked in projects supporting COVID related research.
- Supported research into the diagnosis of lung cancer at various sites throughout the UK.

ARE SERVICES WELL LED?

Board of Trustees

Articles of Association dated 23 May 2017 govern us.

Appointment of new Trustees;

- The Articles of Association allow the board to appoint new trustees, subject to confirmation at the next annual general meeting of the Charity.
- The Charity seeks candidates using executive search consultants, advertising and by direct approach.

• Trustees are only appointed after interview.

• New trustees go through a formal induction process to enable them to become an effective member of the board, this includes time in the Charity, meetings with the senior management team and structured training, including occasional sessions with the charity's auditor on the responsibilities of trustees.

Senior Management Team

Our Senior Management Team (SMT) consists of the CEO and eight heads of department who have many years of diverse and far ranging management experience both within the NHS and private sectors. The team includes;

Head of Human Resources, Head of Business Administration, Head of Marketing, Finance Director,

Head of MRI, Head of PET/CT and CT, Head of Governance and Quality and Head of Fundraising.

The SMT provide leadership to all staff throughout the organisation and meet on a monthly basis to oversee our service operations, customer partnerships and employee engagement, in line with our strategy and values.

Risk registers

We maintain a hierarchy of risk registers throughout our operations. The corporate risk register was owned by the Chief Executive during 2021-22 and was reviewed biannually at the Board of Trustees meetings.

Heads of department and sub-committee chairs own their respective risk registers and are responsible for ensuring they are routinely reviewed and updated as necessary. All risk registers are overseen by the Financial Director and Head of Governance.

Special leadership responsibilities

(CQC) Registered Manager (CIC)	Peter Sharpe Chief Executive
(CQC) Registered Manager ITM Imaging Centre	Karen Hackling-Searle Head of MRI
(CQC) Nominated Individual	Nigel Benatar Head of Governance and Quality
Information Governance Lead	Malcolm MacKeith Finance Director
Caldicott Guardian	Nigel Benatar Head of Governance and Quality
Senior Information Risk Owner	Malcolm MacKeith Finance Director
Data Protection Officer	Nigel Benatar Head of Governance and Quality
Safeguarding Lead	Vicky Gibbs Radiography Assistant Team Lead
Prevent Lead	Vicky Gibbs Radiography Assistant Team Lead
Mental Capacity Lead	Nigel Benatar Head of Governance and Quality

Freedom to Speak Up

We are committed to creating an open and honest learning culture that is responsive to feedback and continuous improvement. We take the responsibility for speaking up very seriously and have Freedom to Speak Up (FTSU) Guardians and a FTSU Champion available to support any colleagues wishing to raise a concern they may have and ensure that support and help is provided. Our commitment aligns to the national FTSU programme to try and ensure a 'better place to work and a safer place for patients'.

During 2021/22, there have been no FTSU cases involving the FTSU Guardians or Champion at Cobalt.

The Board of Trustees receive regular reports in relation to FTSU. The reports contain details on the number of concerns raised (if any), lessons learned and recommendations for any further improvements to enable people to speak up.

Employee engagement

Employee engagement is measured through our annual employee survey, which is conducted by an independent organisation to ensure confidentiality. In response to the survey, action plans have been developed and progress against the plans is measured on a regular basis. The last survey was completed in January 2021.

Total Number of Cobalt Employees	97
Total Number of Cobalt Respondents	78
Completion Rate	80%

Positive Improvements since the survey in 2019;

- **More staff said they look forward to going to work than in the previous results.**
- **80% of respondents feel they get respect from colleagues at work.**
- **More staff responded positively to feeling good about the impact they have in providing great customer service.**
- **Line Manager support for individuals has improved on previous results.**
- **'Opportunities to develop my career' has improved on previous results.**
- **More people responded positively about Cobalt providing a comfortable place to work than in previous results.**

senior management team developing action plans including to:

- **Increase the frequency staff meetings both physical and virtual.**
- **Improve the frequency of management visits to staff working off site.**
- **Increase frequency of the Team Brief employee newsletter and general communication sessions.**
- **Extend use of Microsoft SharePoint to all staff.**
- **Potentially organise an annual staff conference.**
- **Review flexible working arrangements.**
- **Consider enhanced employee healthcare scheme.**

The results of the action plans will be monitored during 2021-22 prior to the next staff survey.

Although the overall response and results were positive, there were a few areas highlighted by staff where we feel we can further improve, with the

Equality

Equality, Diversity and Inclusion is a priority objective for Cobalt's Board of Trustees and Senior Management Team.

We are committed to ensuring that our recruitment practices promote equality of opportunity in line with the 2010 Equality Act. We treat all applicants fairly and equally regardless of their sex, sexual orientation, marital status, race, colour, nationality, ethnic or national origin, religion, age, disability and union membership status. We ensure that no requirement or condition is imposed without justification, which could disadvantage an individual on any of the above grounds.

In line with the experiences of many employers, COVID-19 has brought specific and significant challenges for Cobalt over the last two years. We have taken a structured approach over this time to

risk assessing the potential impact of COVID-19 for all employees and have been particularly aware and attentive to the disproportionate impact COVID-19 has had on black and minority ethnic (BME) colleagues.

In addition to the measures taken to protect all employees and provide them with safe working environments, we have considered and followed the guidance provided for BME colleagues carefully. Specific risk assessments, including individual occupational health assessments where required, and provision of higher-level personal protective equipment (PPE) and/or additional 'COVID-19 Secure' measures have been arranged for all BME colleagues. We have monitored the situation throughout for all employees through formal management, risk assessment and audit processes.

Environment

Cobalt has followed environmental and corporate social responsibility (CSR) policies for many years with several new initiatives developed during 2021-22, **one example being our accreditation of the ISO 14001:2015 environmental standard, which was achieved in July 2021.**

Whenever we procure new diagnostic imaging equipment, we always strive to purchase equipment with the lowest energy consumption that meets the clinical requirements of our service users.

Our senior managers are committed to working closely with our service users and suppliers to encourage positive environmental practices. Our senior managers and our environmental champions hold regular environmental management meetings to review Cobalt's environmental performance, set our environmental strategy and goals for the coming year and look at ways we can continually improve.

Cobalt staff are fully engaged in Cobalt's environmental agenda and select three areas each year that we can

set as corporate environmental targets. During 2021-22, these were; a reduction in paper usage, reduction in single use plastics and reduction of energy usage (electricity and gas). **We are pleased to report (with the exception of gas usage) we have achieved significant reductions in all areas and new targets have been set for 2022-23.**

During 2021-22, we have again ensured that none of the waste produced from our operations and services has gone to land fill. We also have many recycling initiatives operating throughout our sites in Cheltenham and Birmingham and nationally on our mobile scanner sites including confidential waste, printer toner cartridges, redundant IT equipment (in accordance with Waste Electrical and Electronic Equipment Regulations 2013), imaging service consumable packaging and refreshment consumables.

Glossary

CT - Computed Tomography

CQC - Care Quality Commission

FSUG - Freedom to Speak Up Guardian

GMC - General Medical Council

HCPC - Health and Care Professions Council

HCSIC - Health and Social Care Information Centre

HSE - Health and Safety Executive

IR(ME)R - Ionising Radiation (Medical Exposure) Regulations

ISO - International Standards Organisation

MHRA - Medicines and Healthcare Products Regulatory Agency

MRI - Magnetic Resonance Imaging

NRLS - National Reporting and Learning System

PET/CT - Positron Emission Tomography and

RPA - Radiation Protection Advisor

RPS - Radiation Protection supervisor

QSI - Quality Standards for Imaging

Keep in touch

We hope that you have found our Quality Account informative and useful. If you would like to know more about our Quality Account or any of our services, please contact us using the details below;

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Healthineers



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Company Number: 04366596



Cobalt

Medical Charity

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