QUALITY ACCOUNT 2025 – 2026

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Registered Charity Number: 1090790
Company Number: 04366596

Registered with FUNDRAISING REGULATOR

Cobalt Medical Charity
Diagnosis • Research • Education

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STATEMENT BY THE CHIEF EXECUTIVE

"I write this introduction to the Quality Account 2025/2026 celebrating my first anniversary of having the privilege of being CEO of Cobalt Health (Cobalt). In the 12 months since my last introduction there have been some constants – such as the continued dedication of our staff and their continued focus on providing the best patient experience possible; there have also been some changes – such as the introduction of the NHS 10 year plan and some concomitant contractual variations. Nonetheless, Cobalt remains unique: a dedicated, multi-site and multi-modality, medical imaging charity. I am once again pleased to present our Quality Account on behalf of the charity's Board of Trustees and all the staff of Cobalt.

The primary purpose of the Quality Account is to report on quality and improvements. To that end, it gives me great pleasure to report that Cobalt was inspected by the Care Quality Commission (CQC) in March 2026 and was rated Outstanding. This is the highest award possible and is objective proof of the quality of service Cobalt provides. As well as the overall Outstanding rating, Cobalt improved from Good to Outstanding in 4 of the 5 categories – again objective proof of the improvements we continue to make. And this CQC rating is just one of our objective quality and improvement measures – you can read about the others in this report.

Cobalt now has a strategy and plan for the future and we are implementing this to ensure not only the best patient and staff experience – which results in the best imaging, but also to ensure we stay ahead of the rapid changes in medical imaging - new technology, new procedures and new ways of working. Our strategy reasserts our commitment to the three Cobalt pillars of medical imaging - diagnosis, education and research.

Beyond the relatively abstract concepts of new external CQC validation and strategy implementation, the crux of Cobalt remains the same: we are a medical imaging charity that exists to support patients and ensure that they have the best possible outcomes. This is a both human endeavour and a team endeavour; I see our expert staff deal compassionately with patients every day. The patient journey often begins with our bookings team, then travels through reception, our clinical imaging assistants, radiographers, radiologists and often ends with a report distributed by our medical secretaries. Behind this patient facing team we have enabling staff across IT, finance, HR, fundraising and marketing. We are all part of one team – all working together to ensure the best outcomes for our patients.

Furthermore, we are a charity. We provide nearly £1M of value to the NHS every year. This comes in the form of support to Thirlestaine Lane Breast Centre in Cheltenham, the provision of free oncology scans, enabling the employment of Breast Cancer Research Nurses, and funding a specialist nurse to support Teenagers and Young Adults who have been diagnosed with cancer.

So, this is a Quality Account, and it will prove that Cobalt is outstanding at what it does. The human story behind the Account is that Cobalt helps patients every day, and in doing so helps the NHS. This is the Cobalt 'Why'.

This Quality Account for 2025/26 has been developed with the help of our staff, stakeholders and partner organisations and has been approved by the Board of Trustees."

Jim Brown

Jim Brown
Chief Executive

QUALITY ACCOUNT: DEFINITION AND PURPOSE

As a provider of NHS healthcare, our Quality Account 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 and how we performed against our main patient safety, outcome and experience standards during the year.

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

Please note that we also produce a separate Annual Report which includes our accounts and provides information about our performance across the full spectrum of standards, including financial details.

WHAT IS A QUALITY ACCOUNT FOR?

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

What an organisation is doing well	**Where improvements in service quality are required**	**An organisation's priorities for improvement for the coming year**

How the organisation has involved people who use their services, staff, and others in determining these priorities for improvement

THE PURPOSE OF A QUALITY ACCOUNT IS TO ENABLE:

Patients and their carers to make better-informed choices	**Boards of providers to focus on quality improvement**	**The public to hold providers to account for the quality of healthcare services they provide**

If you require any further information about the 2025/26 Quality Account, please email Jim Brown at jim.brown@cobalthealth.co.uk or Flona Deane, Quality Manager and Safety Officer at fiona.deane@cobalthealth.co.uk

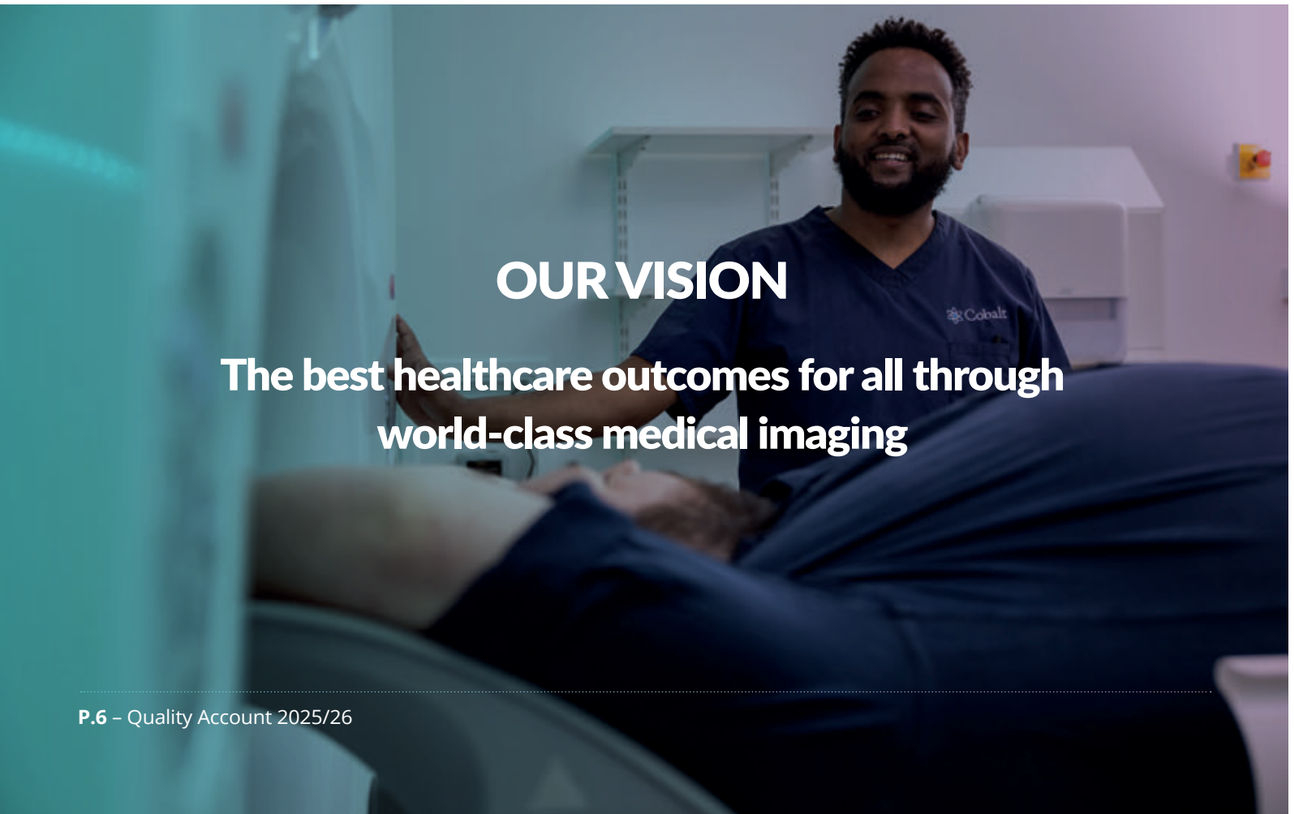
WHO WE ARE

Our charity delivers quality, patient-focused diagnostic imaging; undertakes research, mainly in cancer and dementia; and invests in sustainable innovation and improving patient care. We educate medical professionals and support the development of the next generation of healthcare workers. We partner with colleagues in the NHS, like-minded people in local communities, experts and pioneers. To make all this possible, we depend on donations and income from our services.

Each year we provide diagnostic imaging for over 150,000 patients at our imaging centres in Cheltenham and Birmingham, community diagnostic centres in Gloucester and Dudley and through our fleet of twelve MRI, CT and PET/CT mobile scanners. We are one of the leading providers of ultra-low dose CT lung cancer screening services in the UK, working in partnership with the NHS.

We focus on offering equipment and services not generally available within the NHS to support patients, using the latest technology to deliver superior image quality, improve patient comfort and enable shorter scanning times.

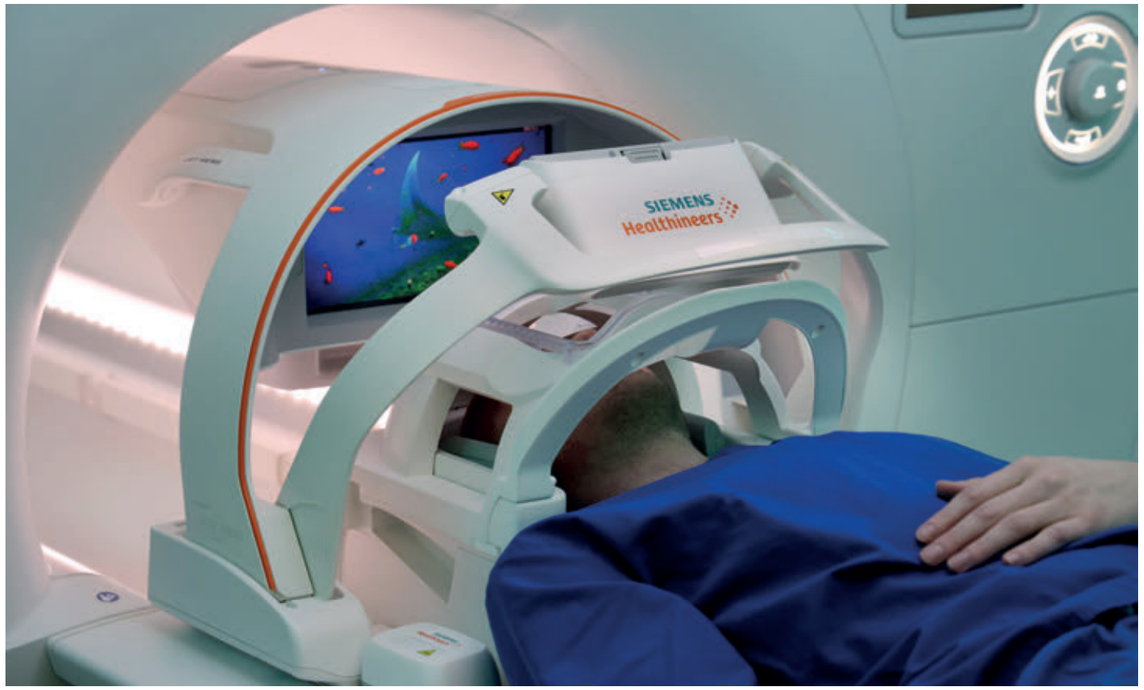
Alongside our diagnostic services, we also fund and participate in over 80 research projects and clinical trials with the aim of advancing the detection and treatment of cancer, dementia and other conditions. We also provide a programme of education events for medical professionals, including GPs, consultants, physiotherapists and chiropractors, in addition to supporting undergraduate radiography students with clinical placements.



OUR EQUIPMENT AND SERVICES

The services we offer include:

Mobile Scanners		Relocatable Scanners		Static Scanners	
CT	7	CT	2	MRI	2
MRI	4	MRI	3	PET/CT	1
PET/CT	1	PET/CT	1		



Magnetic Resonance Imaging

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

We work in partnership with the University Hospitals Birmingham NHS Foundation Trust and Birmingham Health Partners, supporting a wide range of research using state-of-the-art MRI, at our Imaging Centre at the Institute of Translational Medicine, Queen Elizabeth Hospital Campus, Birmingham.

We strive to provide the best patient experience possible and have invested in the latest MRI 'in bore' video systems, from Philips and Siemens Healthineers, which allow patients to watch relaxing videos during their MRI scan. Cobalt was the first provider in the UK to use this patient-focused technology.

Computerised Tomography (CT)

We provide ultra-low dose CT to support the NHS England community-based Lung Cancer Screening Programme, supporting five services.

The CT service uses the latest Siemens Healthineers SOMATOM go. CT technology, providing wide bore scanners, ultra-low radiation dose and high quality images.

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 technology and highly trained and experienced staff. This service not only supports oncology patients, but also plays a key role in the diagnosis of dementia.

Our 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.

Our advanced digital PET/CT scanner at the Cobalt Imaging Centre in Cheltenham has enabled us to support more patients. This innovative scanner offers shorter scan times, reduced wait times and increased patient comfort.

We also offer mobile and relocatable PET/CT services, supporting NHS hospitals with the latest technology.

Other imaging facilities

Other diagnostic services including digital X-ray and ultrasound are 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 rapid access clinic services also include non-invasive treatments such as cortisone injections.

OUR PEOPLE

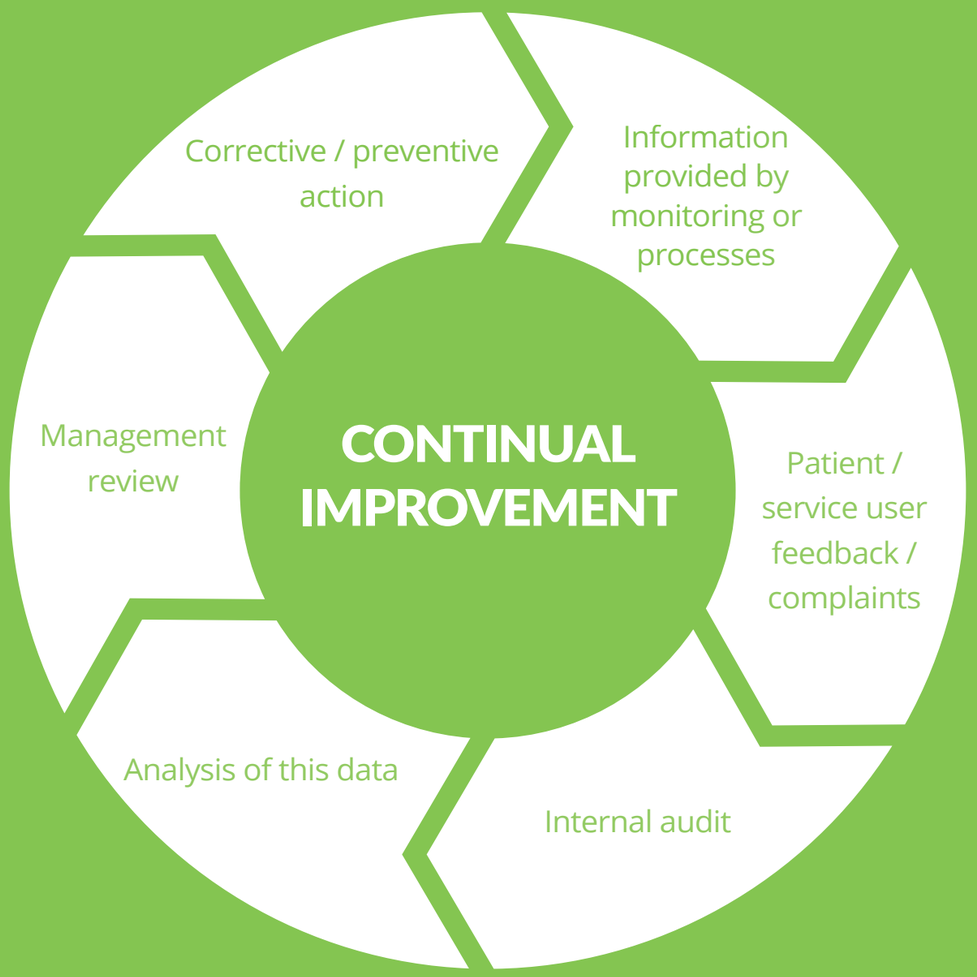
Cobalt's dedicated team is made up of over 150 employees including clinical (radiographers) and administrative staff. Doctors (radiologists) are not directly employed by us, but work for us either on a self-employed basis or via an agreement with the NHS.

OUR VALUES

I	C	A	R	E
INNOVATIVE	CARING	ACCESSIBLE	RESPECTFUL	ETHICAL

Our values guide our business decisions on a day-to-day basis and help us to focus our strategic goals in line with our principles.

STATEMENT OF ASSURANCE



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

We are committed to providing 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.

Underpinning our quality system is our belief in employing the most highly-skilled professionals; our evidence-based processes, practices and procedures exceeding healthcare standards; and our continued investment in the latest technology.

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

Transition to BS 70000:2017 Accreditation
Our imaging service has a distinguished history of commitment to quality, being the first of its kind to achieve accreditation under the UKAS accredited Quality Standard for Imaging in 2010/11. This longstanding certification has set a benchmark for excellence within our field. In 2026, we have transitioned to sole accreditation under the UKAS accredited BS 70000:2017 standard.

Stringent Requirements and Expert Assessment
BS 70000:2017 encompasses rigorous requirements that are meticulously assessed by specialist experts from all relevant disciplines. These requirements have been recognised as essential drivers for achieving outstanding quality outcomes in our services.

Recognition by Leading Authorities
Accreditation through UKAS is widely acknowledged by principal authorities overseeing the NHS and commissioning bodies, further affirming the credibility and value of our quality assurance processes.

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

We are also ISO14001:2015 accredited highlighting our commitment to continually improving our environmental performance.

We are certified with the ISO 45001:2018 standard, which assesses us annually on our management of risks to ensure we protect all who visit and work in our imaging facilities. The standard provides an internationally recognised framework to manage health and safety risks to enable us to systematically assess hazards and implement risk controls to reduce the potential of injuries and incidents, supporting the smooth patient experience.

Core Quality Account indicators reporting

The Patient Safety Incident Response Framework (PSIRF) redefined patient safety incidents as unintended or unexpected events (including omissions) in healthcare that could have or did harm to one or more patients. This update has led to the majority of incidents falling into this category, as well as near misses not being included in the count. This has resulted in an increase in reported activity.

Total patient safety incidents reported during 2025/26 was 133; none of these 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.

Up to 10% of MRI, CT, X-ray and PET/CT 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 2025/26, which are included in the latest published data.

The number of patient records that we have completed with an NHS number and birth data was recorded as level 1. This data is assessed for quality using a scale, with 1 being the lowest and 5 being the highest level severity score.

The data we submitted scored 17 out of 18 for completeness for the 18 required fields.

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 we remain compliant with legislation and NHS requirements. This process is a mandated requirement of 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 actions taken 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 Clinical 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 (SAR's)

The Data Protection Act 2018 and GDPR 2018 provide individuals with a general right to access any information held on them. This right is subject to certain exemptions. We support this principle and strive to create a climate of openness. During 2025/26, there were 106 subject access requests and all of the requests were met within the one month deadline, with the vast majority released on the day they were requested, and 95% sent out within 24 hours of request.

NHS England Data Security and Protection Toolkit

One of the ways in which we measure our IG performance is via the Danger Security Protection Toolkit (DSP Toolkit). The DSP Toolkit is a performance tool produced by the Department of Health and Social Care (DHSC), which draws together legal rules and guidance 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 2025/26 is 30th June 2026 and it is anticipated that the overall score achieved will be “Standards Exceeded” in line with the score we achieved in 2024/25.

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 currently supporting over 80 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 bowel cancer.

Through investment in the latest technology, and analysis of clinical data, we produce research which is presented at national and international conferences, with the aim of improving early diagnosis and treatments.

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 March 2026. The feedback following the inspection was very positive and we are happy to report that we were rated 'Oustanding' Overall with Outstanding ratings for 'Effective','Caring', 'Responsive' and 'Well-led' areas and a 'Good' rating in the 'Safe' area of the inspection. The full report is available from the CQC website.

The research MRI scanner at our imaging centre within the Institute of Translational Medicine on the Queen Elizabeth campus in Birmingham underwent an inspection in June 2022 and CQC published their findings in September 2022 when we received an overall ‘needs improvement’ rating. We immediately addressed the recommendations in the report and welcome the next inspection.

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 identified areas for improvement.

STATEMENT OF ASSURANCE

Environment Agency

Environment Agency (EA) permits are in place and up to date at our headquarters site in Cheltenham and our mobile PET/CT scanner. We underwent a satisfactory EA inspection in Cheltenham during July 2024.

QUALITY GOVERNANCE FRAMEWORK

Good governance is the foundation of continuous improvement and best practice. Quality has remained the number one priority for Cobalt and will remain so throughout 2026 and beyond. It continues to lead the agenda for our Board of Trustees and Senior Leadership Team.

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

- Ensuring required standards are achieved
- Investigating and taking action on substandard performance
- Planning and driving continuous improvement
- Identifying, sharing and ensuring delivery of best practice
- Identifying and managing risks to quality of care

NHS England

NHS England 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 and planning	Capability and culture	Processes and structures	Measurement
1A Does quality drive the organisation's strategy? **1B** Is the board sufficiently aware of potential risks to quality?	**2A** Does the board have the necessary leadership, skills and knowledge to ensure delivery of the quality agenda? **2B** Does the board promote a quality-focused culture throughout the organisation?	**3A** Are there clear roles and accountabilities in relation to quality governance? **3B** Are there clearly defined, well-understood processes for escalating and resolving issues and managing quality performance? **3C** Does the board actively engage patients, staff and other key stakeholders?	**4A** Is appropriate quality information being analysed and challenged? **4B** Is the board assured of the robustness of the quality information? **4C** Is quality information used effectively?

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 2012. 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 CQC inspection in March 2026 at our Cheltenham site and we are happy to report that we received a 'Good' rating for safety.

Our imaging service has a distinguished history of commitment to quality, being the first of its kind to achieve accreditation under the UKAS accredited Quality Standard for Imaging in 2010/11. This longstanding certification has set a benchmark for excellence within our field. In 2026, we have transitioned to sole accreditation under the UKAS accredited BS 70000:2017 standard. This move underscores our dedication to maintaining the highest standards in Medical Physics, Clinical Engineering, and Associated Scientific Services within healthcare. Cobalt has held ISO9001:2015 Quality Management Systems Standard accreditation since 1994, successfully renewing this in 2025/26.

Cobalt successfully achieved accreditation against the ISO14001:2015 Environmental Standard in September 2021.This has been successfully maintained, with re-assessment and re-certification during 2025/26.

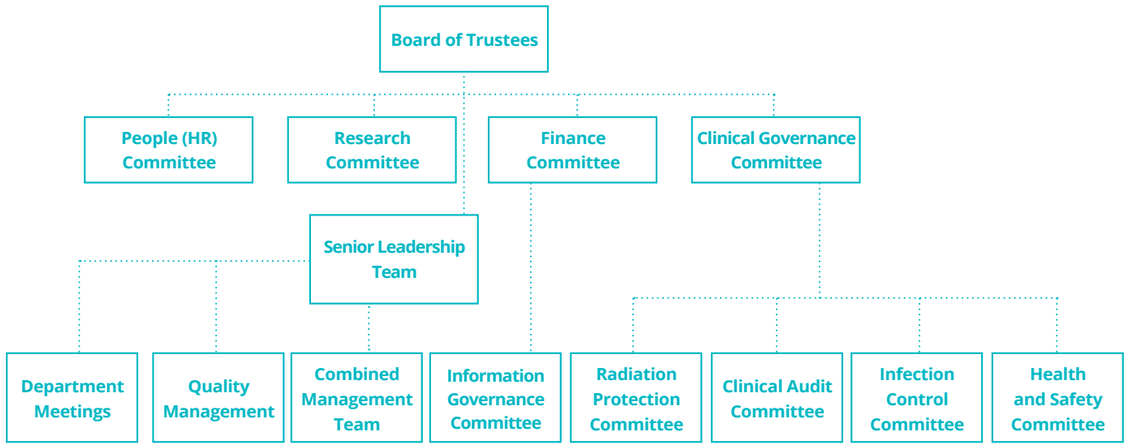
We are now certified to the ISO45001:2018 International standard for occupational health and safety management systems, following assessment in February 2026.

ARE SERVICES SAFE?

Internal assurance

Internal assurance 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 its focus is on the key areas within its scope of responsibility, and for implementing strategies to monitor and minimise risk, ensuring safe, high-quality service provision.



NHS England 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 2024/25 DSPT demonstrated compliance in all areas, with a status of ‘Standards Exceeded’.

Cobalt's self-assessment for 2025/26 will be submitted by 30th June 2026 and is again anticipated to show compliance across all areas, with a status of 'Standards Exceeded' expected to be recorded.

See page 13 for more information.

NHS England

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

See page 14 for more information.

Care Quality Commission (CQC)

We are registered as an independent healthcare provider in accordance with the Health and Social Care Act 2012. Our registered facilities are categorised as single speciality services.

See page 13 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 regulatory constraints levels in 2025/26.
- All ionising radiation modalities have suitably trained and appointed Radiation Protection Supervisors, independent Radiation Protection Advisors and Medical Physics Experts.
- In 2025/26, there have been 3 incidents that required reporting to the Care Quality Commission, in compliance with IR(ME)R 2017. The CQC IR(ME)R inspectorate have accepted the controls we have put in place to minimise future recurrence of the incidents and in all cases the incidents have been closed by the CQC.

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 in 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 Leadership Team meetings, quarterly Clinical Audit and Clinical Governance Committees and the Board of Trustees meetings.

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.

ARE SERVICES SAFE?

Clinical and other quality indicators

A full range of clinical and other quality indicators are collected and analysed at organisation and modality levels. The Board and various sub-committees 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 Clinical 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 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 by 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 Infection Control 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 Infection Prevention and Control Lead. Our committee meets quarterly and is responsible for reviewing policies, procedures, guidance and practice, to ensure compliance with national guidance in support of patients and staff.

Medicines management

Cobalt's medicines management is overseen by the Clinical Audit and the Clinical Governance Committees and managed by a Medicines Management Lead.

During 2025 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.

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 charity are mitigated, taking into consideration the regulatory environment in which Cobalt operates.

Mandatory training is delivered through both 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 training due to sickness or maternity leave, for example.

We achieved a completion rate of 96% during 2025/26 for mandatory training across all staff at Cobalt.

This remains an area of focus for us, with our new electronic training system now launched and used by all employees.

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, to deliver a safe and best quality 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:

Health and safety

We are committed to the health and safety of our patients, visitors and employees. An appointed health and safety officer, and a 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 2025/26.

There were no serious incidents reported to the Health and Safety Executive (HSE) in 2025/26.

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 and 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.

Cobalt had no Never Events nor 'Serious Incidents Requiring Investigation' (SIRI)s required to be reported to external bodies in accordance with NHS England's definition, during 2025/26.

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 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 themes, including:

health and wellbeing / immediate managers/ quality of care / safe environment / safety culture / team working /communication.

The last survey was completed in October 2024 by 68% of staff and generally illustrated positive results with a workforce proud to work for Cobalt and in their quality of work, with some identified areas of improvement including internal communication and the frequency of team meetings.

The 2025 survey was delayed until March 2026 to allow time for Jim, as the newly appointed CEO, to embed in his role, and the feedback received will form part of our action planning for 2026/7.

As an employer we are concentrating heavily on the retention and wellbeing of staff, annual performance reviews, team meetings and the staff suggestion scheme which ensure that staff have opportunities to feed back, alongside the staff survey.

Quality assurance reviews

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

Cobalt's Clinical Governance Committee and sub-committees review 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 ISO9001 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 Radiologists audit guidelines, but also including the use of the CQC Key Lines of Enquiry. 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 Clinical Audit and Clinical Governance Committees, with the Board of Trustees and employees. Service users are also provided with feedback.

An example of our 2025/26 audit criteria and results is 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 are 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

Clinical audit outcomes

Audit Results

Report Accuracy - April 2025 - March 2026

Client	Cat 3	Cat 4	Cat 5	Total
Total	14	51	1,058	1,123
%	1.25%	4.54%	94.21%	-

Image Quality - April 2024 - March 2025

Client	Cat 3	Cat 4	Cat 5	Total
Total	13	135	975	1.123
%	1.2%	11.97%	86.83%	-

The image quality results demonstrate that 98.8% of our images were audited as Category 4 or 5, being of good diagnostic value during 2025/26.

1,123 cases were audited in 2024/25 with no Category 1 or 2 discrepancy error identified.

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

ARE SERVICES CARING?

Patient experience

Cobalt is 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 their own device and in paper form. Significant investment is made in innovations and design of patient experience, 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 from patients during 2025, which told us:

99.8%

- **said that their overall rating of care was very good or good**
- **said their privacy and dignity were maintained**
- **said the environment was clean**

98%

- **said their appointment was convenient**

99.6%

- **said staff members were helpful and answered any questions**

99.3%

- **said staff were friendly**

99.7%

- **said they would recommend Cobalt**

Patient complaints

We endeavour to provide the highest quality service but understand that 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 Cobalt.

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 2025/26 we received 36 complaints from over 150,000 patients scanned, which equates to a 0.02% overall rate. All complaints were responded to within the policy timeframes.

ARE SERVICES RESPONSIVE TO PEOPLE'S NEEDS?

Diagnostic imaging services

During 2025/26 Cobalt's achievements and performance included:

Successfully scanning over 150,000 patients

Continuing to support the NHS with specialist nursing posts for teenagers and young adults with cancer and breast cancer research nurses.

99.7% of patients saying they would recommend Cobalt

Supporting over 80 research projects and trials

Providing over 700 free oncology scans per year to the NHS for 'at risk' patients

Achieving 'Outstanding' overall accreditation in our Care Quality Commission inspection

ARE SERVICES RESPONSIVE TO PEOPLE'S NEEDS?

Clinical research

We fund, facilitate and deliver research to improve diagnosis and treatment for patients.

Cobalt Medical Charity awarded 3 grants in the first quarter of 2026 to fund research studies – one of these is looking at speeding up scanning for dementia patients, who often find it difficult to remain still for the duration of their PET/CT scan.

This was our 9th consecutive year of funding local NHS Research Nurses, who work on breast cancer research trials – for example, the FAST MRI: DYAMOND study. This trial is testing whether breast cancers not visible on a mammogram can be reliably detected using a special type of MRI scan.

In 2025/26, we delivered 1,136 scans of patients participating in clinical trials; at our imaging centre in Cheltenham, at the ITM in Birmingham and on our 3.0 Tesla mobile MRI scanner. These trials were researching dementia, cancer, concussion, liver disease, heart disease, Huntington's disease, strokes and other conditions.

As well as supporting clinical trials, in 2025 we completed 130 specialist MRI scans on our 3.0 Tesla scanner in Birmingham which enabled translational research to be conducted and published – including studies looking at concussion recovery, and brainstem lesion diagnostics.

7 research papers published in scientific journals in 2025 were co-authored by members of our team; and our Research Director wrote the chapter on breast imaging for a radiology textbook published in 2026.

Research presented at a medical conference, in early 2026, examined the lower radiation exposure of patients having CT scans as part of our lung cancer screening operations in Manchester.

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 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 Leadership Team and structured training, including occasional sessions with the charity's auditor on the responsibilities of trustees.

Senior Leadership Team

Our Senior Leadership Team (SLT) includes the Chief Executive and six Heads of Department who have many years of diverse and far-ranging management experience within both the NHS and private sectors. The team includes:

Head of Human Resources (HR), Head of Business Administration, Head of Marketing, Finance Director, Director of Clinical Operations and Head of Fundraising.

The SLT provides leadership to all staff throughout the organisation and meets 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 2025/26 and was reviewed biannually at 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 Finance Director and the Head of Governance and Quality.

Special leadership responsibilities

(CQC) Registered Manager (CIC)	Karen Hackling-Searle Director of Clinical Operations
(CQC) Registered Manager (ITM Imaging Centre)	Karen Hackling-Searle Director of Clinical Operations
(CQC) Nominated Individual	Jim Brown Chief Executive
Information Governance Lead	Pete Charlton IT Network Manager
Caldicott Guardian	Umesh Udeshi Medical Director
Senior Information Risk Owner	Louise Cook Head of Fundraising
Data Protection Officer	Pete Charlton IT Network Manager
Safeguarding Lead	Kerry Pawley Senior Radiographer
Prevent Lead	Kerry Pawley Senior Radiographer
Mental Capacity Lead	Kerry Pawley Senior Radiographer
Infection Prevention and Control Lead	Kerry Pawley Senior Radiographer
Medicines Management Lead	Ben Hughes, Clinical Governance Manager and Patient Safety Specialist
Patient Safety Incident Response Framework Lead	Ben Hughes,Clinical Governance Manager and Patient Safety Specialist

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 are developed and progress against the plans is measured on a regular basis. The last survey was completed in October 2024 with a 68% response rate.

Our external survey analyst reported positive levels of job satisfaction generally amongst all Cobalt staff;

- **80% said they were enthusiastic about their job**
- **90% felt their role makes a difference to service users**
- **95% felt trusted to do their job**
- **94% would be happy for a friend or relative to have a scan with Cobalt**

Areas for improvement highlighted in the survey, have prompted us to:

- **Increase the frequency of internal communications taking a multi -ormat approach**
- **Continue to build regular two-way communication opportunities, both centrally and through team meetings**
- **Provide a central location for employees to access information about our impact, feedback and results**
- **Build career progression discussions into every e-performance review**
- **Identify suitable opportunities for apprenticeships**
- **Review roles and responsibilities within the middle management team.**

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 available, to support any colleagues wishing to raise a concern and ensure that support and help are provided. Our commitment aligns to the national FTSU programme to try to ensure a 'better place to work and a safer place for patients'.

During 2025/26, there were no FTSU cases involving the FTSU Guardians.

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 better enable people to speak up.

Equality

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

Environment

Cobalt has followed environmental and corporate social responsibility (CSR) policies for many years and this continued with accreditation of the ISO14001:2015 Environmental Standard, achieved in July 2021, and then maintained since.

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 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 our environmental agenda and select corporate environmental targets each year.

During 2025/26 our objectives have been aligned with our overarching Net Zero tragets and have been set at 42% reducing on scope 1 and 2 emissions by 2030 and 90% reduction in all emissions by 2045 allowing for 10% carbon offsetting. We have submitted out greenhouse gas emission reduction targets to SBTi Services for validation and following their review our targets have been approved. Gaining this external validation ensures our targets are credible and aligned with climate science.

During 2025/26, we have again ensured that no waste produced from our operations and services has gone to landfill. We also have many recycling initiatives operating at our sites in Cheltenham and Birmingham and on our mobile scanner sites, for confidential waste, printer toner cartridges, redundant IT equipment (in accordance with Waste Electrical and Electronic Equipment Regulations 2013), imaging service consumable packaging, refreshment consumables and many other areas.

In spring 2026 we were awarded NHS Evergreen Level 2, evidence of our continued improvements in sustainability. The Evergreen Assessment is one of the initiatives the NHS has designed to support their net zero goals. As a supplier to the NHS we have began completing the annual assessment that looks at the level of our environmental initiatives and provides us with a sustainability maturity score. This score can then be used as evidence of our sustainability level to the NHS through one standardised submission.

GLOSSARY

BS70000:2017 Medical physics, clinical engineering and associated scientific services in healthcare - Requirements for quality, safety and competence for imaging services

CQC - Care Quality Commission

CT - Computerised (or Computed) Tomography

FTSU - Freedom to Speak Up

GMC - General Medical Council

HCPC - Health and Care Professions Council

HSE - Health and Safety Executive

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

ISO - International Organization for Standardization

MHRA - Medicines and Healthcare products Regulatory Agency

MRI - Magnetic Resonance Imaging

NRLS - National Reporting and Learning System

PET/CT - Positron Emission Tomography and

QSI - Quality Standards for Imaging

RPA - Radiation Protection Advisor

RPS - Radiation Protection Supervisor

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:

Cobalt Medical Charity

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Cheltenham

Gloucestershire

GL53 7AS

Online: **www.cobalthealth.co.uk**

Cobalt Medical Charity
Diagnosis • Research • Education
Registered Charity Number 1090790

www.cobalthealth.co.uk

Registered Charity Number: 1090790
Company Number: 04366596

Registered with FUNDRAISING REGULATOR

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