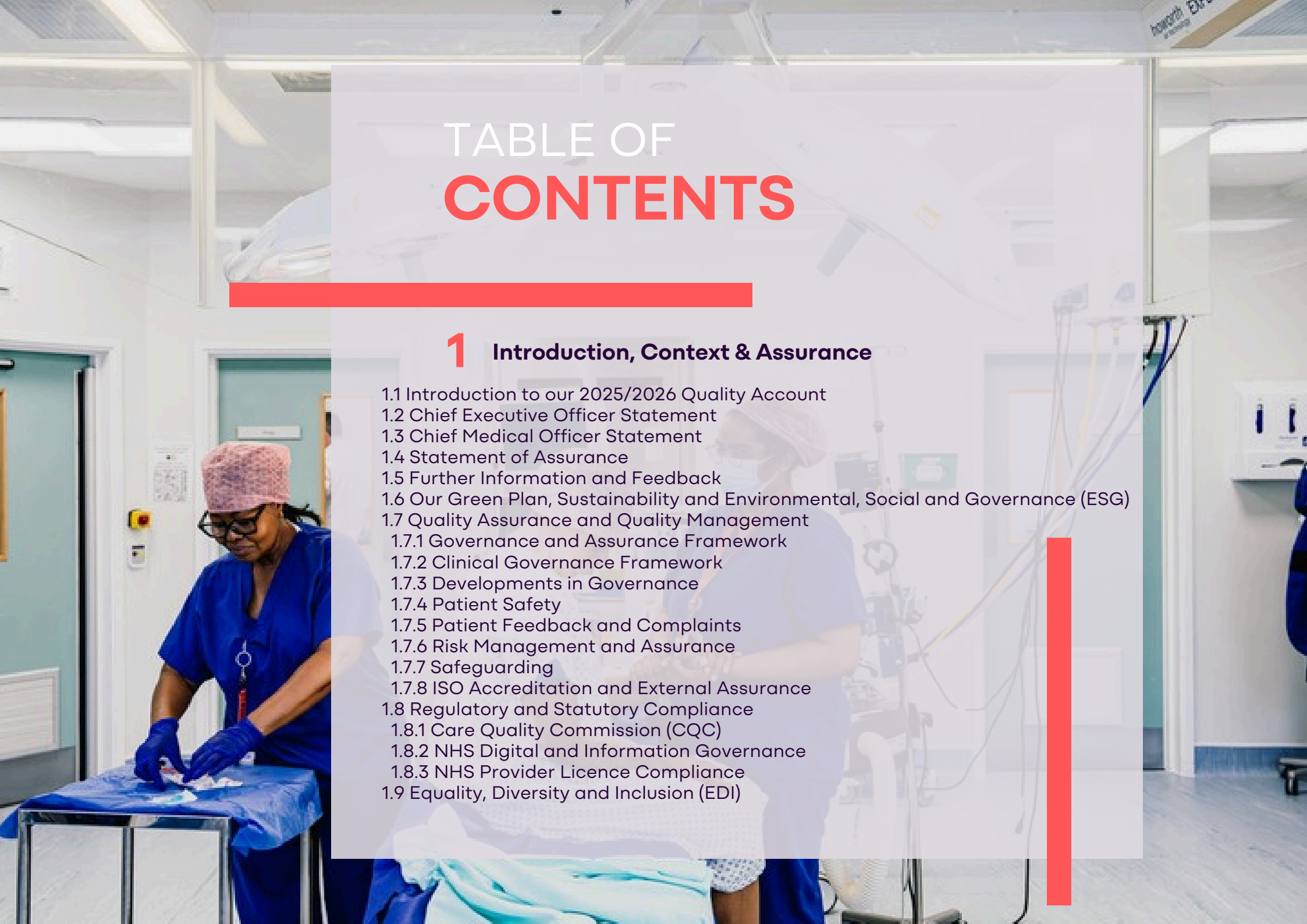
cora HEALTH

ANNUAL QUALITY ACCOUNT

2025/2026



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cora 2025/2026

1,309 COLLEAGUES

769 Clinical

540 Support

- Musculoskeletal (MSK)
- Rheumatology
- Persistent pain
- Diagnostics
- Surgical services

Delivering services on behalf of NHS

29 out of 42 Integrated Care Boards

1.3 MILLION patient contacts

Community Services

Referrals **>550k**

Clinical outcome questionnaires completed by patients **150,000**

>73% of patients achieved or exceeded the national benchmark for improvement

73.4%

6.6 point improvement in **MSK-HQ**

Diagnostics & Surgical Services

Surgical patients **36k**

Orthopaedics
Gynaecology
Vascular
Podiatry
ENT and Dermatology

Patient Experience

96% of patients reported they were **satisfied** or very **satisfied** with our diagnostic and surgical services

satisfaction 96%

360 THOUSAND Diagnostic tests including MRI, Ultrasound and X-ray

4,800 ENDOSCOPIES

People

Colleague Survey response rate* **73%**

73.2% Would recommend Cora as a place to work*

96.9% Attendance rate

7.38/10 Average engagement score*

*Results are above comparable healthcare-sector benchmarks

78 CONSULTANTS WORK WITH US

www.thejag.org.uk We achieved **JAG** re-accreditation this year

2 HOSPITAL CLINICS

West London | Norwich

We service **80%** of all prisons nationally for MRI, X-ray and Non-Obstetric Ultrasound (NOUS)

1. Introduction, Context & Assurance

1.1 Introduction to our 2025/2026 Quality Account

Our 2025/2026 Quality Account reflects Cora Health's first full year operating under a single unified identity and governance framework. Following the merger of Connect Health and Healthshare Ltd in December 2024 and formal brand launch in July 2025, this year has been one of consolidation, alignment and purposeful growth.

As one of the largest specialist community healthcare providers in England, Cora now supports over 1.3 million patient contacts annually across Musculoskeletal (MSK), Rheumatology, Persistent Pain, Diagnostics, and Surgical services. Working in partnership with more than half of Integrated Care Boards (ICBs), we continue to play a significant role in supporting elective recovery, community transformation and pathway redesign.

Strengthening integration and standardisation

During 2025/2026, our priority has been embedding a single clinical governance framework, harmonised policies and consistent quality standards across all services. This has enabled:

- Greater transparency of outcomes and performance reporting.
- Shared learning across regions and specialties.
- Standardised evidence-based pathways.
- Stronger oversight of safety, risk and patient experience.

We have enhanced how community diagnostic services such as MRI, ultrasound and X-ray support muscle, joint and surgical care. This means patients get fewer duplicate tests, faster treatment, and a smoother journey through care. For example, bringing services together in Oxfordshire has made appointments more convenient, while in North West London doctors can easily access scan results and reports, reducing delays and avoiding the need for repeat tests.

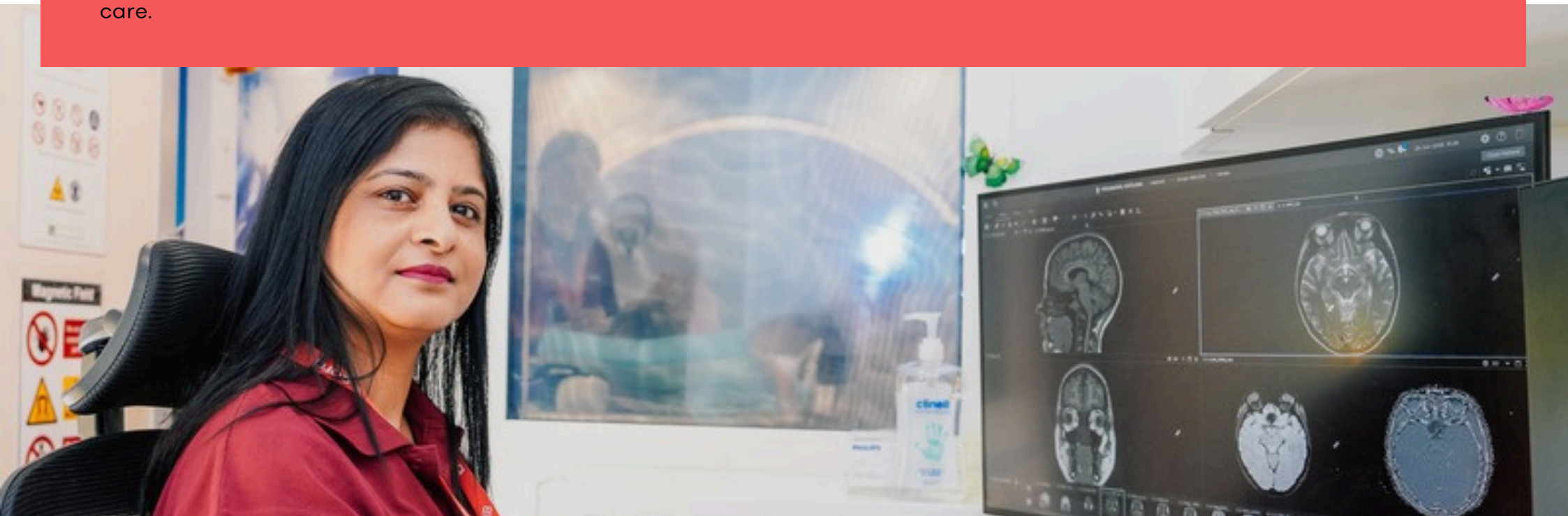
Delivering value through innovation

Supporting the NHS ambition to deliver high-quality care, value for money and long-term sustainability has remained a key focus for Cora during 2025/2026.

Over the past year, we have focused on:

- Giving patients more control over their care by expanding digital tools that help them manage their health and get the right support more quickly.
- Making care simpler and more convenient by improving care pathways, so patients don't need unnecessary hospital appointments.
- Bringing care closer to home by supporting teams of different health professionals to work together in community settings.
- Using data to improve care and outcomes so patients receive safer, more effective treatment and can see the benefits of their care.

Our approach recognises that quality and productivity are not competing priorities but interdependent drivers of sustainable care.



Our commitment to quality

We have made good progress towards our goals for 2025/2026. Many improvements are already in place and others are well underway. We have expanded services in the community, making it easier for patients to access care closer to home. We have also strengthened our partnerships with NHS organisations, helping more patients receive timely care. There has been increased activity across services, and strong collaboration across the wider health system.

We have also enhanced our diagnostic services, including investing in training for colleagues and increasing capacity in imaging such as MRI and X-ray. This is helping to make services more reliable and better able to meet patient demand. Some enhancements are still in progress. Work is underway to introduce digital tools, including a patient portal, to make it easier for patients to access information and manage their care. Similarly, we are developing "One Stop Shop" services for MSK services, where patients can receive assessment and treatment in one visit.

Finally, while we have strengthened how we review, learn from and improve care through clinical audits and incident management, our comprehensive audit programme continues to drive quality improvements and support better outcomes for patients.

Throughout our first full year as a unified organisation, we have remained focused on delivering safe, effective and compassionate care. This Quality Account outlines our achievements, performance and learning across patient safety, clinical effectiveness and patient experience, together with the priorities that will guide our improvement efforts in 2026/2027.

Our mission remains clear: to reimagine how healthcare happens, by providing more efficient and more integrated pathways that deliver better outcomes for patients, add value for communities and strengthens the wider health and care system.

1.2 Chief Executive Officer Statement

I am pleased to present our first full-year Quality Account operating under a single, unified identity and governance framework as Cora Health.

Our transition to one organisation has been guided by a clear and shared purpose: to deliver high-quality, safe and compassionate care with greater consistency, resilience, and impact. Over the past year, our teams have worked tirelessly to integrate systems, align clinical pathways and establish a culture founded on collaboration, shared values and collective accountability.

During this period, we have continued to deliver safe, effective and compassionate care to the communities we serve. Together, our teams supported more than 1.3 million patient contacts, introduced innovative pathways and new models of care, and further strengthened our partnerships across the NHS and wider healthcare system.

Quality and safety remain at the heart of everything we do and are embedded across all aspects of our organisation. We are proud to hold ISO accreditations and Joint Advisory Group (JAG) accreditation, reflecting our commitment to robust clinical governance, continuous improvement, and high standards of care.

Our priorities for the coming year focus on enhancing and expanding access, improving equity, and further improving patient outcomes through innovation, collaboration and an unwavering commitment to quality. Central to this is the establishment of a consistent, organisation-wide approach across all services, supporting improved patient outcomes, strengthening audit and assurance processes, and enhancing patient experience, underpinned by the effective use of digital tools where appropriate.

Mike Turner | Chief Executive Officer

1.3 Chief Medical Officer Statement

I am pleased to present Cora Health's Quality Account for this year, which reflects our continued commitment to delivering safe, effective, and compassionate care for every individual who relies on our services.

Having joined the organisation partway through the year as Chief Medical Officer, I have worked closely with our clinical leadership team to ensure that patient care remains at the heart of decision-making. This focus on safety and clinical leadership has been further strengthened through the introduction of a dedicated Digital Clinical Safety Lead role, providing oversight of the digital systems used in patient care and helping to ensure they are safe, effective and support the delivery of high-quality care.

A core focus throughout 2025/2026 has been the strengthening of our clinical governance arrangements, including the adoption of a unified governance framework, harmonised clinical policies and the rollout of Datix across services to support consistent incident reporting, learning and improvement. I am particularly encouraged by the progress made in strengthening patient safety, including enhanced incident reporting, more robust learning systems, and a more open and supportive culture.

This year also marks an important milestone in the maturity and external recognition of our diagnostic and surgical services. Cora has achieved "Working Towards QSI" status, with a full external inspection scheduled for July 2026 as part of our journey towards the Quality Standard for Imaging Quality Mark. This nationally recognised accreditation provides independent validation of quality and supports continuous improvement in clinical practice, governance, and patient experience.

In parallel, our Endoscopy services have successfully achieved JAG reaccreditation, confirming that they continue to meet national standards for high-quality, safe, and patient-centred care. Together with our ISO 9001, ISO 27001, and Cyber Essentials accreditations, these achievements provide strong external assurance of our commitment to quality, governance, and information security.

Improving patient experience and addressing health inequalities remain key priorities. We gather patient feedback through a range of methods. During the reporting period, 98% of patients using our Diagnostics and Surgical Services reported being treated with dignity and respect.

Across our Community Services, we continue to measure clinical outcomes, with more than 73% of patients using our MSK services reporting a meaningful improvement in their symptoms. These results demonstrate the positive impact our services have on both patient experience and health outcomes.

We are committed to ensuring that care is accessible, inclusive and responsive to the diverse needs of the populations we serve and are developing a new patient experience strategy to support this work during the coming year.

While we are proud of our progress, we recognise there is always more to do. This Quality Account highlights both our achievements and areas for further enhancement. We remain committed to transparency, rigorous evaluation, and continuous improvement in everything we do.

Looking ahead to 2026/2027, our focus will be on further strengthening consistency across the organisation in clinical audit, patient experience, and outcome measurement. While these are already in place, a more standardised approach will allow us to better identify variation, target enhancement efforts and further shape the quality and equity of care we provide.

Our ambition is clear: we are committed to being better. We want to be an organisation where quality is not only assured but continually improved; where every patient's experience matters; and where our teams are empowered to deliver excellence every day.

By listening to our patients and colleagues, and maintaining an unwavering focus on safety, quality and innovation, we will continue to strengthen our services, improve outcomes and make a meaningful contribution to the wider health and care system.

Elizabeth Aitken | Chief Medical Officer

1.4 Statement of Assurance

We confirm that this Quality Account for 2025/2026 presents a true picture of the quality of services we provide, that the information is reliable and accurate and there are proper controls over the collection and reporting of data.

We confirm that this Quality Account conforms to the Department of Health guidance and is open to scrutiny and review.

Signed: 

Name: Mike Turner

Title: Chief Executive Officer

Date: 20th June 2026

1.5 Further Information and Feedback

We welcome your feedback and would be happy to help if you need further information.

Please contact us if you would like to:

- Share feedback about any aspect of this Quality Account.
- Request a printed copy of this Quality Account.
- Receive this Quality Account in another language or format.
- Talk to someone about your experience of our services.

Contact us at access@corahealth.co.uk

Service information

Our website corahealth.co.uk provides information about each of our NHS services, including:

- The services we offer.
- Self-help and self-referral information (where this is commissioned).
- Clinic venue information including addresses, directions, parking and arrival information.

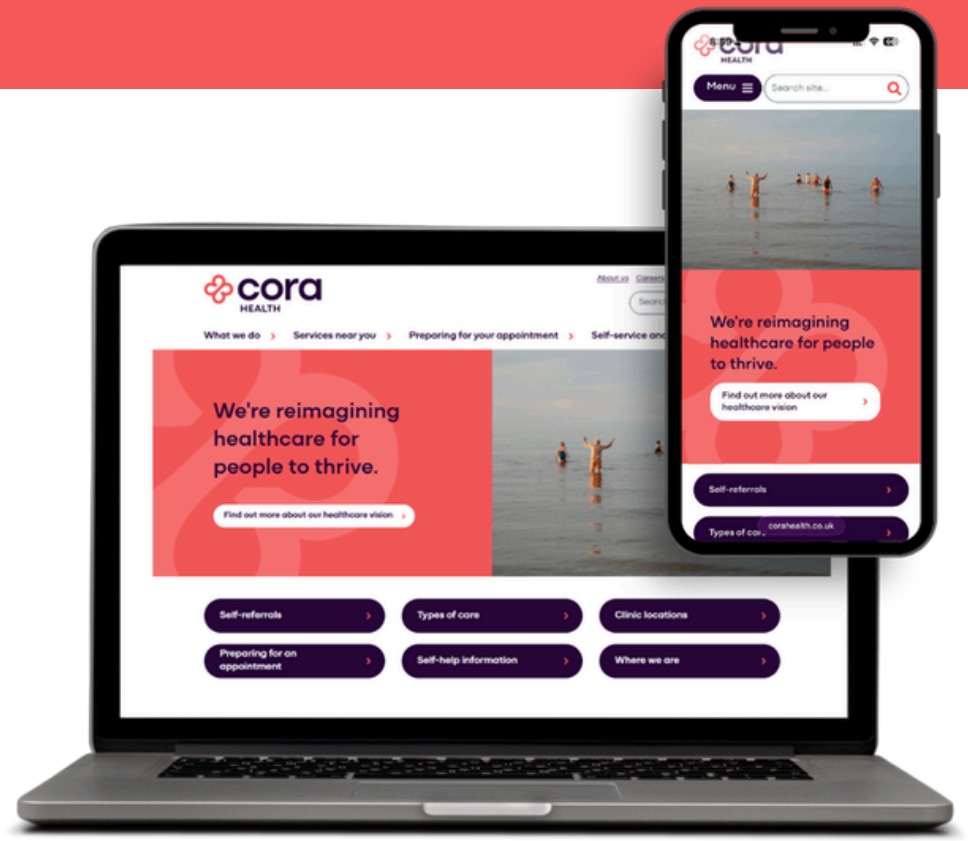
Frequently asked questions

If you have any questions or need help accessing further information, please contact us at

integratedgovernance@corahealth.co.uk

Or visit our website.

corahealth.co.uk



1.6 Our Green Plan, Sustainability, and Environmental, Social and Governance (ESG)

Our commitment to sustainability and today's environmental and societal challenges can be viewed on the ESG section of our website. [https://www.corahealth.co.uk/about/environmental-social-and-governance-esg/]

To identify and prioritise our environmental impact Cora has undertaken a structured assessment of its key environmental aspects. The assessment identified the following as areas key to delivering improvements to reduce our emissions:

Energy use and associated carbon emissions

Waste management

Travel and transport

Procurement

Key performance indicators (KPIs) have been developed for each of these areas to enable robust monitoring of progress and assurance that objectives and targets are being met. These KPIs are supported by our Carbon Reduction Plan and our overarching Sustainability Plan.

We are dedicated to supporting the NHS's ambition to become the world's first net zero national health service. In 2021, the Independent Healthcare Provider Network (IHPN) launched a voluntary industry-wide pledge for the UK independent healthcare sector to achieve net zero emissions for scope 1 and 2 by 2035 and scope 3 by 2045, 5 years ahead of the current NHS targets. Cora has signed up to this pledge.

Our policies, including our Sustainability Plan, detail our practices that are aligned with the workstreams within the NHS Delivering Net Zero guidance, ensuring sustainability and improved health outcomes. We also follow Greener NHS guidance to support the development of greenhouse gas emissions reduction metrics linked with sustainable care actions.

A comprehensive plastic audit will be undertaken to assess the types and volumes of plastic used throughout Cora. This will identify opportunities for replacement with environmentally preferable alternatives, as well as areas where viable plastic free options are not currently available.

Following this assessment, purchasing and usage will be rationalised to balance safe clinical practice with sustainability impact, with a focus on reducing single use items and unnecessary waste. As an early enhancement, we have already reduced the use of single use wipes, replacing them with refillable spray systems using recyclable bottles.

Within estates and facilities, we have implemented a Building Management System (BMS) to optimise energy use and transitioned to LED lighting across all facilities under our control. We have aligned maintenance activities to reduce the emissions generated by contractors attending site.

To reduce emissions associated with travel, we offer an electric car salary sacrifice scheme and cycle-to-work scheme, and promote a travel hierarchy for business journeys.

Sustainability is embedded within our models of care through the increased use of telehealth and remote working, helping to reduce travel-related emissions. We also place a strong emphasis on preventative care, supporting healthier lifestyles and reducing the need for avoidable hospital attendances. This approach can help tackle health inequalities, particularly for communities that experience poorer health outcomes and are disproportionately affected by environmental factors such as pollution. Clinical pathways are regularly reviewed to streamline care, remove unnecessary diagnostics and interventions and reduce carbon emissions while maintaining high-quality patient outcomes.

Supply chain

Supplier engagement ensures environmental impacts are considered in procurement processes, promoting sustainability across the supply chain. This includes initiatives to reduce single-use plastics and promote recyclable and biodegradable alternatives in procurement practices and reductions in the frequency of orders to not only reduce packaging, but also the emissions generated during transportation of goods.

Cora continues to explore opportunities for research and innovation into improving energy efficiency and identifying more sustainable transport options. Where emissions cannot be fully eliminated, we participate in offsetting programmes to balance residual carbon impact.

We are committed to achieving net zero emissions by 2035 for direct emissions and by 2040 for emissions we can influence, with interim targets in place to monitor progress. Our approach aligns with the NHS ambition for a net zero health service.

We actively communicate sustainability initiatives with colleagues and the wider community and engage with NHS England, the IHPN, and relevant professional bodies to support collaboration and systemwide progress.

In the last year, Cora has undertaken a full review of our Environmental, Social and Governance (ESG) programme of work. ESG is a core strategic priority for Cora and is fully integrated into the organisation's wider Integrated Governance, Quality, Risk and People frameworks. The Board has explicitly endorsed the ESG framework and receives regular, structured assurance through established governance and reporting arrangements. During this period, we received external benchmarking from one of our investor's partners, Seismic.

We received a strong overall ESG maturity score indicating a "value add" level of maturity following an independently facilitated baseline assessment. Performance is strongest in the Social and Governance pillars, with the Environmental pillar identified as the primary focus area for further enhancement and investment.

This position provides a strong foundation for accelerating ESG delivery while balancing safety, regulatory compliance, growth, and operational capacity across our healthcare services. We have outlined our environmental priorities above. Our Social pillar reflects Cora's core purpose as an independent community healthcare provider. We have a strong commitment to workforce wellbeing, equality, diversity and inclusion as detailed in the Equality, Diversity and Inclusion section below.

Our organisational Governance arrangements are robust. Oversight is provided through a dedicated ESG Steering Group, which is accountable for the delivery of the ESG Strategy and consolidated ESG Action Plan.

1.7 Quality Assurance and Quality Management

We aim to deliver consistently high standards to all our stakeholders, not least to the patients who put their trust in our care.

1.7.1 Governance and Assurance Framework

Strong governance remains central to Cora's culture, strategy and operational delivery. It provides the foundation for high-quality, safe and effective care and supports positive clinical outcomes and patient experience across all services.

Our approach to governance ensures that quality, safety and improvement are embedded at every level of the organisation. We are committed to protecting patient safety, learning from experience and continually improving our systems and processes through evidence-based practice and innovation.

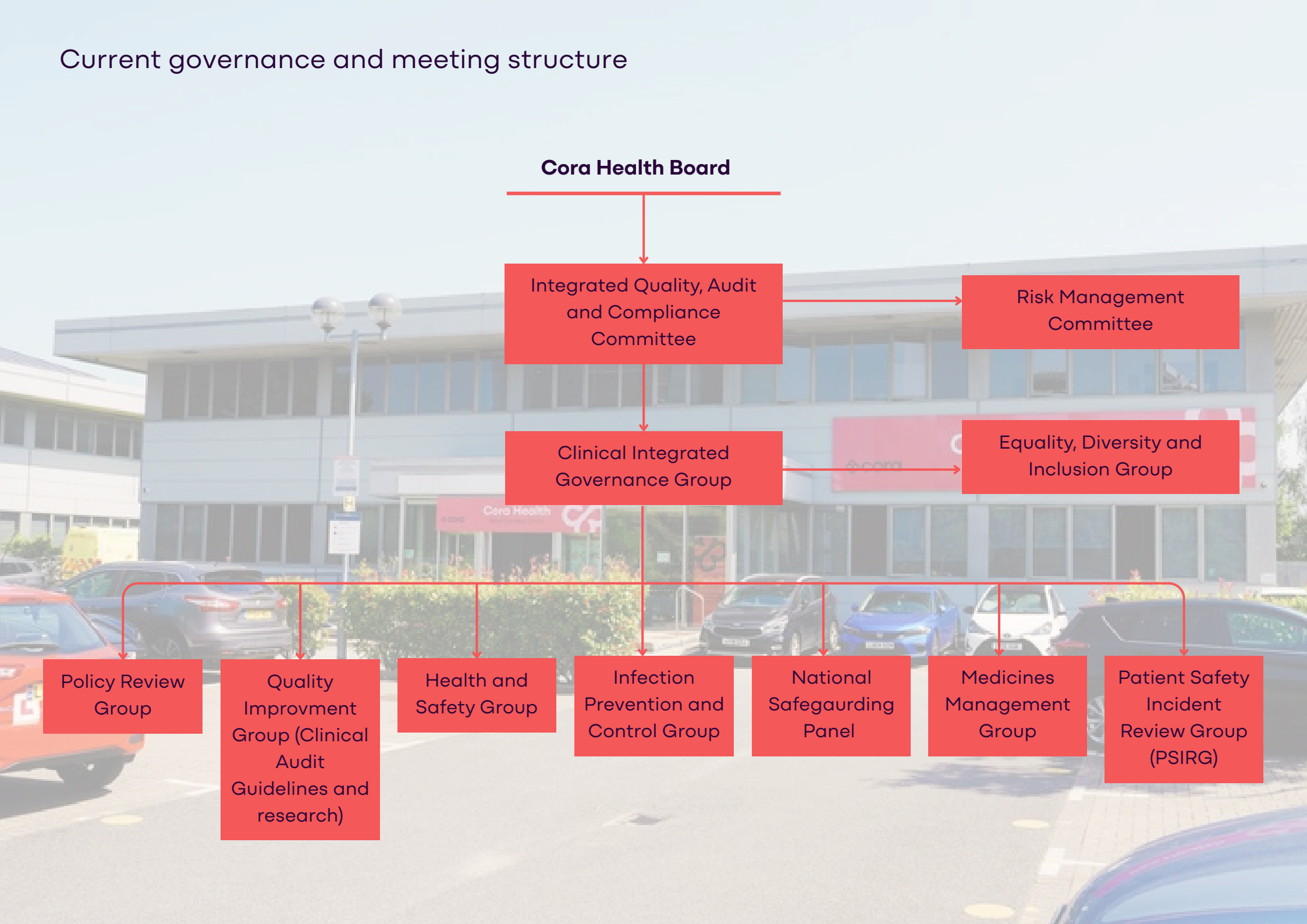
1.7.2 Clinical Governance Framework

Our clinical governance framework has been well embedded throughout Cora and is being further reviewed for the next three years to ensure it continues to provide a comprehensive and cohesive approach to supporting safe and effective service delivery. Our framework ensures we are following best practice guidance and delivering against external regulatory requirements. It enables the safe implementation of change based on service needs, incorporating colleague and patient feedback, and evidence-based practice. This ensures we meet the expectations of our stakeholders, including patients, commissioners, GPs and colleagues.

Key governance groups include:

- Integrated Quality, Audit and Compliance Committee (IQACC).
- Clinical Governance Committee.
- Clinical Audit, Guidelines and Research / QIPP Group.
- Medicines Management Group.
- National Safeguarding Panel.
- Risk Management Committee.
- Infection Prevention and Control Group.

Current governance and meeting structure



1.7.3 Developments in Governance

Over the past year, Cora has integrated its core clinical and corporate governance processes across our Community Services and Diagnostics and Surgical Services divisions. This includes integration of all policies and the use of consistent online platforms for our governance activity.

All patient safety incidents, including near misses and adverse events are reported via Datix Cloud IQ, with this integration strengthening our oversight and data triangulation.

1.7.4 Patient Safety

All reported incidents are reviewed in line with the principles of the Patient Safety Incident Response Framework (PSIRF), ensuring that responses are proportionate and focused on learning, improvement and patient safety.

How we respond to patient safety incidents

Report

All reported incidents, including near misses and adverse events, are recorded through Datix Cloud IQ. This gives Cora consistent oversight of patient safety issues across services and supports a more open and transparent safety culture.

Review

Each incident is reviewed in line with the principles of the Patient Safety Incident Response Framework (PSIRF), with responses that are proportionate and focused on learning, improvement and patient safety. Depending on the nature of the incident, this may include a patient safety incident investigation, thematic review, targeted improvement action or rapid multidisciplinary “swarm” review.

Learn

Learning is identified through structured review and oversight. Cora has provided dedicated PSIRF training and established a Patient Safety Incident Review Group to provide independent, consistent oversight of incident responses, helping to ensure investigations are robust, learning is identified and improvement actions are aligned with national expectations.

Improve

Learning from incidents is shared through governance and quality forums, with themes, actions and outcomes monitored to support continuous improvement and strengthen safety across services. Patients, families and carers are involved appropriately following incidents, in line with the duty of candour and PSIRF principles, with a strong focus on open, honest and compassionate communication.

1.7.5 Patient Feedback and Complaints

The effective management of patient feedback and complaints is an important part of improving the quality of our services and the experiences of the people who use them. During this reporting period, we introduced a single, integrated complaints process across Cora to support greater consistency, oversight and organisational learning.

During the next reporting period, we will undertake a comprehensive review of our complaints policy and processes to ensure they continue to meet the needs of our growing organisation and reflect best practice. This work will be supported by training for all colleagues involved in handling and responding to complaints.

We have also launched an Integrated Governance SharePoint Hub across the organisation. The hub provides colleagues with a central place to access and share learning, lessons identified, guidance and key governance information, helping to promote good practice, strengthen organisational learning and support continuous improvement across our services.

1.7.6 Risk Management and Assurance

During 2025/2026, we continued to strengthen and standardise risk management arrangements across Cora. A single Risk Management Framework is now in place across both divisions, supported by consistent risk terminology, scoring methodologies and reporting processes. This has been further enhanced through the implementation of Datix Cloud IQ, providing improved oversight and consistency in the management of risk.

Our Risk Management Committee (RMC), chaired by our Chief Executive Officer and comprising members of the Executive Management Team (EMT), provides strategic oversight of the organisation's principal risks and the effectiveness of associated controls. The committee supports a proactive approach to risk management, ensuring emerging risks are identified, monitored and appropriately managed.

During the reporting period, work commenced on the development of a Board Assurance Framework (BAF) aligned to Cora's strategic objectives. This will strengthen the link between strategy, risk and assurance, providing greater visibility of the controls and assurances in place to support delivery of organisational priorities.

We have also expanded our internal audit programme to ensure all Cora services are included within scope. This provides additional assurance regarding the effectiveness of our systems, processes and controls, whilst helping to identify opportunities for further improvement across the organisation.

1.7.7 Safeguarding

Cora is committed to safeguarding children and adults at risk of abuse and neglect and recognises its responsibility to identify, escalate and respond to safeguarding concerns promptly and appropriately. Due to the nature and geographic spread of services, Cora works closely with multiple Local Authority Safeguarding Teams for both adults and children and actively participates in statutory safeguarding processes, including Section 42 enquiries, Domestic Homicide Reviews and Child Safeguarding Reviews.

Our approach to safeguarding is supported by a clear organisational structure, with executive leadership oversight through the Head of Safeguarding and Patient Experience. A team of Designated Safeguarding Officers, all trained to Level 4, provides expert advice and support to clinicians across Cora. This support is available during working hours via a rota system, with additional out-of-hours advice provided as required, ensuring timely access to safeguarding guidance.

Within the Safeguarding Adult Self-Assessment and Assurance Framework (SAAF), Cora obtained an overall score of 65/72, giving a compliance of 90.2% from the questions applicable to the organisation. This was an increase from the 59/72 (81.9%) achieved within the previous reporting period, reflecting enhancements made with regard to strategy, systems and workforce.

During the reporting period, 308 safeguarding concerns were recorded on Datix, with 24 resulting in referrals to Local Authority Safeguarding Teams. This represents an increase compared to the previous year and reflects improved awareness, reporting and early identification of safeguarding concerns, supporting timely intervention and risk reduction.

Safeguarding concerns are subject to regular thematic analysis to identify trends, learning and training needs. The most common safeguarding concern continues to relate to suicidal ideation and self-harm, with domestic violence and neglect, including self-neglect, also frequently identified. Targeted guidance, resources and signposting are provided to support patients and colleagues, alongside referrals to statutory services where appropriate. During the reporting period, 13 patients were referred for Care Needs Assessments.

We are also committed to delivering high-quality patient care and safeguarding. This includes us striving to make a positive community impact through service delivery and partnership working for our patients and the wider population.

1.7.8 ISO Accreditation and External Assurance

Cora Health MSK Limited maintains three internationally recognised ISO accreditations: ISO 9001:2015 (Quality Management), ISO 14001:2015 (Environmental Management) and ISO 27001:2022 (Information Security Management).

During 2025/2026, all three standards were subject to external re-audit and successfully revalidated, providing independent assurance of the effectiveness of our quality, environmental and information governance management systems.

During 2025/2026, Cora Health continued to integrate its Quality Management Systems (QMS) following the merger, supporting a consistent approach to quality, environmental and information governance across the organisation.

During 2026/2027, we will further refine the scope of our ISO accreditations to reflect our integrated organisational structure and ensure our accredited management systems continue to provide robust assurance and support continuous improvement.

Cora is accredited to the ISO 27001 standard, demonstrating that we provide the level of security needed to protect our organisation's information. ISO 27001 is a globally recognised standard for the management of Information Security Management Systems (ISMS).

Conformity with the standard means that an organisation has put in place a system to manage risks related to the security of data owned or handled by the company.

Cora Health MSK maintained its accreditation to the ISO 9001:2015 standard within our community services. We are committed to expanding our ISO certification across Cora in the next reporting period.

Cora Health MSK also achieved ISO14001 which is the internationally recognised standard for environmental management systems (EMS) in 2024. West London Clinic and the Referral Management Centre also hold this accreditation. This standard highlights the commitment to our environmental responsibilities and commitment to sustainability in the future. This aligns with organisational strategic priorities and the expectations set of NHS providers by the NHS green plan.

We are in the process of integrating and aligning our Quality Management Systems with the aim of achieving accreditation across Cora in the next reporting year.

External quality standards

Cora has achieved “Working Towards QSI” status, with a full external inspection scheduled for July 2026 as part of the journey to achieving the Quality Standard for Imaging (QSI) Quality Mark. QSI is a nationally recognised framework developed by the Royal College of Radiologists and the College of Radiographers, designed to support high-quality, safe, and effective imaging services.

Engagement with QSI provides independent, peer-reviewed validation of quality standards and supports continuous improvement across clinical practice, governance, and patient experience. It also strengthens patient confidence by demonstrating that services are aligned to nationally recognised best practice and subject to external scrutiny.

In parallel, Endoscopy services have successfully achieved JAG reaccreditation. JAG accreditation is recognised as the national standard for endoscopy services and provides assurance of high-quality, safe and patient-centred care. Reaccreditation confirms that services consistently meet these standards over time and maintain excellence in clinical quality, safety and governance.

1.8 Regulatory and Statutory Compliance

As an organisation we are regulated by the Care Quality Commission (CQC) - the independent regulator that oversees health and social care services in England. Following the merger of Connect Health and Healthshare Ltd our CQC registrations were updated to reflect the new business names. There have been no new CQC inspections in this reporting period. The nominated individual for all our CQC registered services is Mr Michael Edward Turner.

1.8.1 Care Quality Commission (CQC)

Cora Health MSK Ltd (91-151592833)

Inspection date May 2021
Rated Good overall.
Outstanding in the Well-Led domain.

Inspected and rated Good

SCAN HERE

Cora Health Pain Services Ltd (1-127869588)

Inspection date December 2022.
Rated Good overall.
Outstanding in the Well-Led domain.

Inspected and rated Good

SCAN HERE

Cora Health Limited (1-1255986254)

Inspection date August 2023.
Good overall.

Inspected and rated Good

SCAN HERE

Cora Health Diagnostics Limited (1-101727229)

Rated Good overall.

Inspected and rated Good

SCAN HERE

West London Clinic | CQC location ID 1-9127243322
Inspection date August 2019

SCAN HERE

Norwich Clinic | CQC location ID 1-132470348
Inspection date June 2022

Care Quality Commission

5 Good ratings
Across all 4 registered businesses.

2 Outstanding
In the Well-led domain.

0 Enforcements
Or improvements issued.

1.8.2 NHS Digital and Information Governance

Continued and strengthened compliance

During the reporting period, Cora has continued certification and strengthened compliance frameworks linked to digital compliance.

We have maintained compliance with Data Security and Protection Toolkit (standards met), and clinical safety standards Digital Technology Assessment Criteria, DCB0129 and DCB160. These accreditations underpin the clinical safety of digital products and support the safe deployment/maintenance of technologies such as Cora's patient portal, ensuring risk mitigation is built into design. Cora is Cyber Essentials certified.

Work is underway to integrate legacy ISO 27001 certifications (previously held separately by Healthshare and Connect Health). The scope of Cora's Information Security Management System has been extended to cover the entire Cora Health Group, simplifying the management system and ensuring a consistent compliance approach to information security and technology deployment/management.

Enhancements to digital controls and security measures

We worked with our IT Partner (Bytes), who have completed independent Cyber Assessment Framework (CAF) and Centre for Internet Security (CIS) assessments to benchmark Cora's security posture. Both frameworks provide assurance on the strength of an organisation's security posture. A security roadmap has been developed - a commitment to further strengthen digital security across Cora.

We have enhanced digital controls across the organisation in the last 12 months, including the deployment of multi-factor authentication across the Cora Health Group, extended Microsoft Sentinel monitoring across all endpoints across the group, which are monitored 24/7, 365 by our Security Operations Centre.

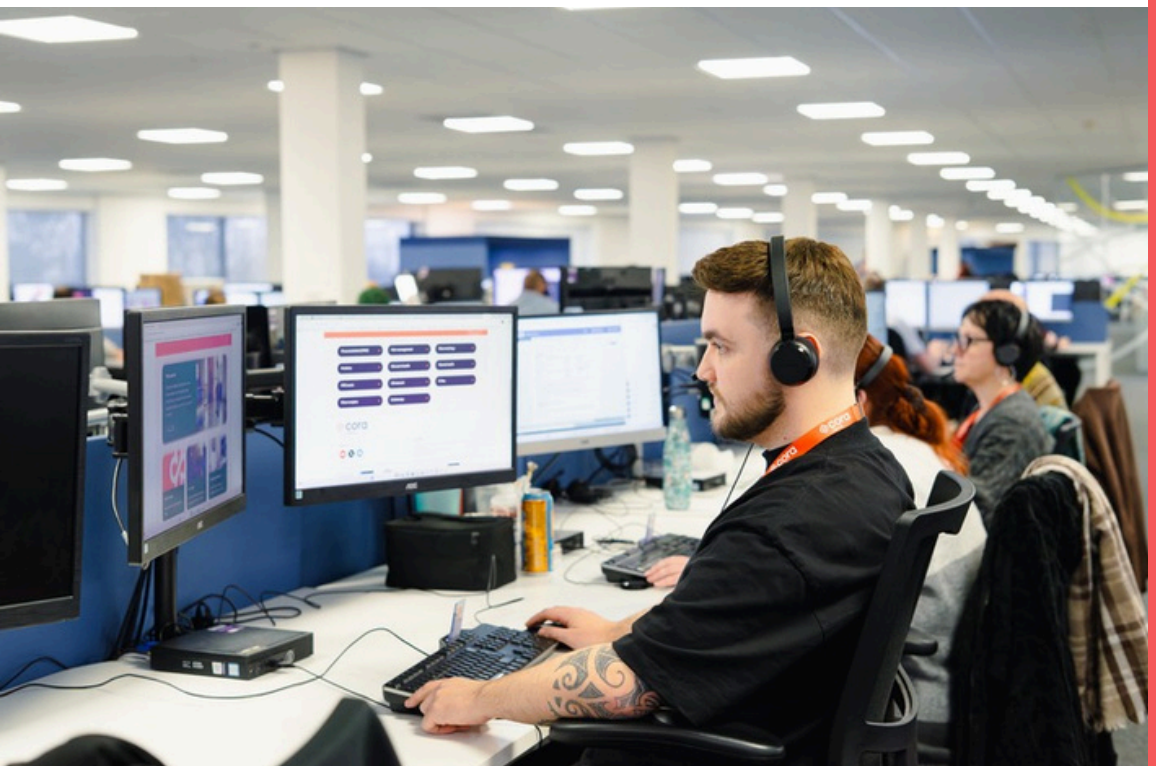
In addition to this, a full remediation program was successfully completed, bringing all hardware and operating systems onto fully supported versions. 38 virtual machines were replaced across two data centres, which host business-critical applications, previously running on end-of-life hardware. Several critical applications were also updated including ICE, Soliton, Hexerad, and Intelerad. Underperforming, end-of-life VM Ware, essential for DSS colleagues accessing the infrastructure (final phase of rollout) was also replaced. All PC's and laptops were updated to Windows 11.

Strengthening digital clinical safety

The introduction of a dedicated Digital Clinical Safety Lead has strengthened digital safety, governance and compliance across Cora. The role brings clinical expertise into the design, development and deployment of digital systems, helping to ensure technologies are safe, effective and aligned to national standards.

The role has improved software lifecycle processes, increased awareness of clinical safety responsibilities and provided training and support to colleagues across IM&T and operational teams. It has also strengthened the production of clinical safety case reports and hazard logs, supporting more consistent risk management.

These developments provide greater organisational assurance, supporting ISO 9001 and regulatory compliance, improving visibility of digital clinical risks and helping to ensure digital systems are deployed and operated safely across the organisation.



Future opportunities

In flight are several projects which aim to enhance digital compliance, including:

- Accreditation to DCB1596 NHSE Email Security Standard (evidence has been submitted to NHSE at the point of writing).
- Deployment of enterprise-grade monitoring, alerting and reconciliation for continuous digital assurance.
- Advancing IT security roadmap (zero-trust, identity security).
- Strengthening automated compliance in new digital pathways and API-driven services.
- Creating a standard compliance mobilisation framework for new services.

1.8.3 NHS Provider Licence Compliance

Cora is registered with NHS Improvement with an NHS Provider Licence to deliver services for our NHS contracts. We hold two registrations with monitor for Diagnostics and Surgical Services and Community Services.

Confirmation of adherence is submitted via self-certification against G6 Licence Conditions, which is required annually. Since registration, Cora Health has met all the requirements from NHS Improvement (formerly Monitor) and met all the relevant criteria for ongoing registration and approval of our NHS Provider Licence.

1.9 Equality, Diversity and Inclusion (EDI)

Colleague voice, inclusion and wellbeing

In the reporting period, Cora has continued to strengthen colleague voice and inclusion through our Colleague Engagement Group (CEG), Equality, Diversity and Inclusion Forum (EDIF), Wellbeing Network and Freedom to Speak Up (FtSU) Network. These groups continue to provide meaningful opportunities for colleagues to shape organisation-wide initiatives, including brand development, values creation, annual pay reviews, and key EDI and wellbeing activities.

Throughout the year, these networks have led a range of engagement events strengthening colleague participation, voice and community.

Jan

International Women's Day

Launch of our organisational pledge to Henpicked's Menopause Friendly and Menstruation Friendly accreditations.

Mar/May

Ramadan, Eid al-Fitr & Eid al-Adha

Awareness posts and content, with company awards celebrations consciously adapted to ensure inclusivity for colleagues observing these occasions.

Jun

Pride

Celebrating LGBTQ+ inclusion and visibility. , while fostering a culture where everyone feels valued.

Jan/Feb

Lunar New Year

Celebrating cultural heritage and community.

Oct

Diwali

Recognising and celebrating faith and cultural diversity.

Nov

International Men's Day

Promoting men's mental health awareness and targeted wellbeing initiatives.

Dec

Hanukkah

Recognising and celebrating faith and cultural diversity.

Dec

Christmas

Marking the end of the year and shared celebration.

This approach is further strengthened by our annual Gender Pay Gap (GPG) reporting, Workforce Race Equality Standard (WRES) reporting, and anonymised Equality, Diversity & Inclusion (EDI) data collection, which collectively demonstrate that we are a diverse organisation and are making steady progress in improving equity across our workforce. Through our job family framework and structured pay review processes, we continue to reduce variation across pay quartiles and embed fairness, transparency and consistency in how we reward our people.

Overall, our Gender Pay Gap remains low across most quartiles, with gaps at or near 0% in lower and middle bands and improving trends across all areas, particularly within Cora Health MSK Ltd. Variance remains most notable in the upper quartile, where targeted actions are in place to drive further improvement.

We are committed to ensuring that everyone is rewarded fairly and has equal opportunities to grow and develop their career. To support this, we regularly review our pay structures, monitor pay across different roles and job groups, and compare our approach with external market rates. We also aim to align more closely with NHS pay scales over time, helping to provide a fair, transparent and sustainable reward framework that supports both our people and the long-term success of our organisation.

Patient-focussed EDI has had recent gains with regard to better utilisation of our Accessibility email address, which is monitored by the Quality Support Assistants. This is a method by which patients can inform us of their accessibility requirements in order to implement these before their appointment. This has been transformed, with a dedicated form on the website, which is also displayed on each service page, with questions designed in line with recommendations regarding readability and understanding. These questions guide patients to tell us how best we can support them.

Prompts regarding sharing accessibility needs are also being added into the welcome emails patients receive so that these needs can be highlighted and strategies to support patients implemented for their first appointment. This will also be considered in relation to text messages and telephony system messaging over the next year.

These forms will also link to the patient's location, giving us data directly from the patients which we can attribute to areas and include this in future resource planning. Information relating to other protected characteristics are also being collected for Cora to be able to critically assess our support for patients and add to this where required to ensure that there is equitable access to services for all populations we serve, further reinforcing our commitment to do better, as per our organisational values.

Our commitment to EDI continues, with plans for the development of both colleague and patient forums in order to continually expand and improve the support we provide. This will include celebration and provision of information around different cultural and EDI events across the organisation.

2. Quality Performance & Improvements

2.1 Clinical Excellence and Outcomes

Clinical Excellence is one of our organisational strategic priorities and remains central to our commitment to delivering safe, effective and patient-centred care. The clinical strategy is currently under review but increasing the measurement and consistency and meaningful use of clinical outcomes data across the organisation is a core strategic priority for the coming year.

Cora aligns its policies with guidance and standards from:

- RCR (Royal College of Radiologists)
- BMUS (British Medical Ultrasound Society)
- SCoR (Society & College of Radiographers)
- Royal Colleges of Surgery, Gynaecology, Urology
- GMC (General Medical Council)
- National Institute for Health and Care Excellence (NICE)
- British Pain Society
- British Society of Rheumatology
- The Getting It Right First Time (GIRFT) programme – NHSE

Clinical outcomes are used to monitor how well our care is working and how safe it is. We do this by reviewing our work through audit, incident reporting and quality improvement activity. This approach provides assurance that patient safety risks are identified, monitored and addressed through structured governance oversight.

This year, we have continued to work to improve how quickly we respond, how well we collect information, and how we use that information to make care better for patients in community services.

We have done this by:

- Making sure we collect clear and reliable feedback from patients about how they feel and how their care went using Patient Reported Outcome Measure (PROMs) and Patient Reported Experience Measures (PREMs) .
- Regularly looking closely at patient feedback to understand what is working well and what needs to improve
- Taking part in a national MSK audit so we can compare ourselves with others and learn from them

We collect patient feedback at different times - before treatment starts, when it finishes, and again a few months later. This helps us understand how patients are doing over time.

In 2025/2026 we collected feedback from around 142,000 MSK patient experiences across these services.

The MSK-HQ is a short questionnaire that allows people with musculoskeletal conditions to report their symptoms and quality of life in a standardised way. An average score shift of >6.60 exceeding the Minimal Clinically Important Difference* of 5.5 points was achieved with 73.4% of patients reporting a clinically meaningful improvement.

Data is collected for the Keele University National MSK audit with our results showing that our MSK services are performing very well compared to others nationally, with excellent outcomes for patients.

***MCID**
The minimal amount of change required for a patient to notice an improvement.

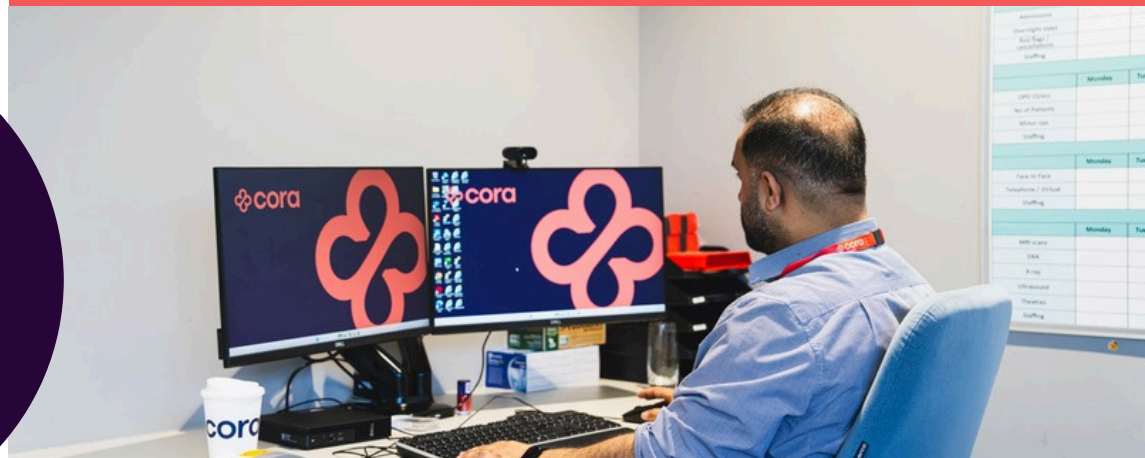
In our Pain Services, we use a questionnaire called the Brief Pain Inventory (BPI) to understand how much pain patients feel and how it affects their daily life. So far, we have collected 10,393 responses. The results show that many patients are improving, with over half experiencing a meaningful reduction in their pain. (Average score improvement of 0.68, exceeding the MCID 0.50 points).

The completion of these Patient Reported Outcome Measures (PROMs) occurs electronically (with inclusion-enhancing features within all workflows) which minimises bias of in-clinic collection and ensures data is collected at consistent timepoints enhancing data quality.

In 2026, the priority is to ensure similar robust electronic systems are in place in the Diagnostic and Surgical division.

We have strengthened how we monitor patients after procedures, particularly to identify possible infections earlier. By introducing PROMS, we can better understand how patients are recovering at home and quickly identify any concerns.

Preventing blood clots (VTE) following a procedure remains a priority. Over the reporting period, more than 99% of patients received an individual assessment of their risk for blood clots, with preventative treatment given where needed. No procedure-related blood clots were reported.



Standards for infection prevention and control remain high. Cleanliness and hand hygiene adherence stayed above 95%, and checks within endoscopy services confirmed that equipment cleaning processes are working effectively.

Around 1 in 100 patients reported taking antibiotics for a possible wound infection after surgery. While this does not confirm an infection, it helps us monitor trends and follow up where needed. National comparison data for this type of surgery is limited, but published figures show infection rates can vary depending on the procedure (1–4%). Our current data suggests infection rates remain low.

Clear follow-up and escalation processes are in place so that patients know when and how to seek help if they have concerns after their procedure. These are particularly important for day surgery services.

In radiology services, service leaders monitor audits, report turnaround, image quality and patient feedback with the use of live dashboards fed from the data collected on the ground and externally validated. Our services are benchmarked against the NHS national standards and those of the Royal College of Radiologists, so we have assurance that we consistently exceed these expectations and are treated as minimum requirements rather than target values. Independent external audits review 5% of all diagnostic work, alongside routine peer reviews to support continuous improvement.

These audits show that radiology reporting is performing well within national standards. The rate of significant (major) errors remains low across all imaging types, well below the national benchmark of 3%. Current rates are MRI: 0.1%; ultrasound: 0.9% and Plain X-ray: 0.4%. Overall, this demonstrates a strong level of accuracy and quality in diagnostic reporting.

External audit of reporting confirms consistently high accuracy and compliance across modalities, reinforcing confidence in diagnostic outputs and clinical decision-making.

The continued development of the IRIS project, where radiographers report defined images, is a key strength for the organisation. It increases the number of colleagues able to report images, making services more reliable and helping to reduce costs. It also allows us to make better use of our own staff expertise while maintaining high quality reporting.

2.2 Patient Safety Incidents and Learning

During 2025–2026, a total of 1,401 incidents were reported across services. The majority of these were of low severity.

- 1,275 incidents (91.0%) resulted in no harm.
- 123 incidents (8.8%) resulted in low harm.
- 3 incidents (0.2%) were classified as moderate harm following review.

The overall incident reporting rate across all clinical services was 1.01 incidents per 1,000 patient contacts, which is consistent with an open and transparent safety culture.

A total of 49 incidents were reviewed using the "swarm" approach, a rapid, multidisciplinary review process undertaken shortly after an incident occurs.

Swarm reviews enable colleagues directly involved to:

- Quickly understand what happened and why.
- Identify immediate learning.
- Agree practical actions to reduce the risk of recurrence.

This approach supports timely learning and promotes a culture of openness and continuous improvement.

All significant incidents were appropriately investigated, with 28 incidents reviewed using methodologies aligned with the Patient Safety Incident Response Framework (PSIRF).

Within this, 17 Patient Safety Incident Investigations (PSIIs) were undertaken.

PSIIs are structured, in-depth investigations focused on understanding system factors and contributory causes, rather than individual blame.

Learning from incidents has informed several improvement initiatives, including:

- Improving the management of patients with diabetes in preparation for surgical procedures.
- Strengthening equipment management and logging processes, which will remain a priority for the Medical Devices Group in the coming year.

In addition, a number of incidents were related to the automation of appointment processing. In response:

- A dedicated focus group has been established to review these incidents.
- The group is identifying system improvements to enhance reliability, reduce administrative errors, and ensure changes in IT systems do not result in unintended consequences to other systems.

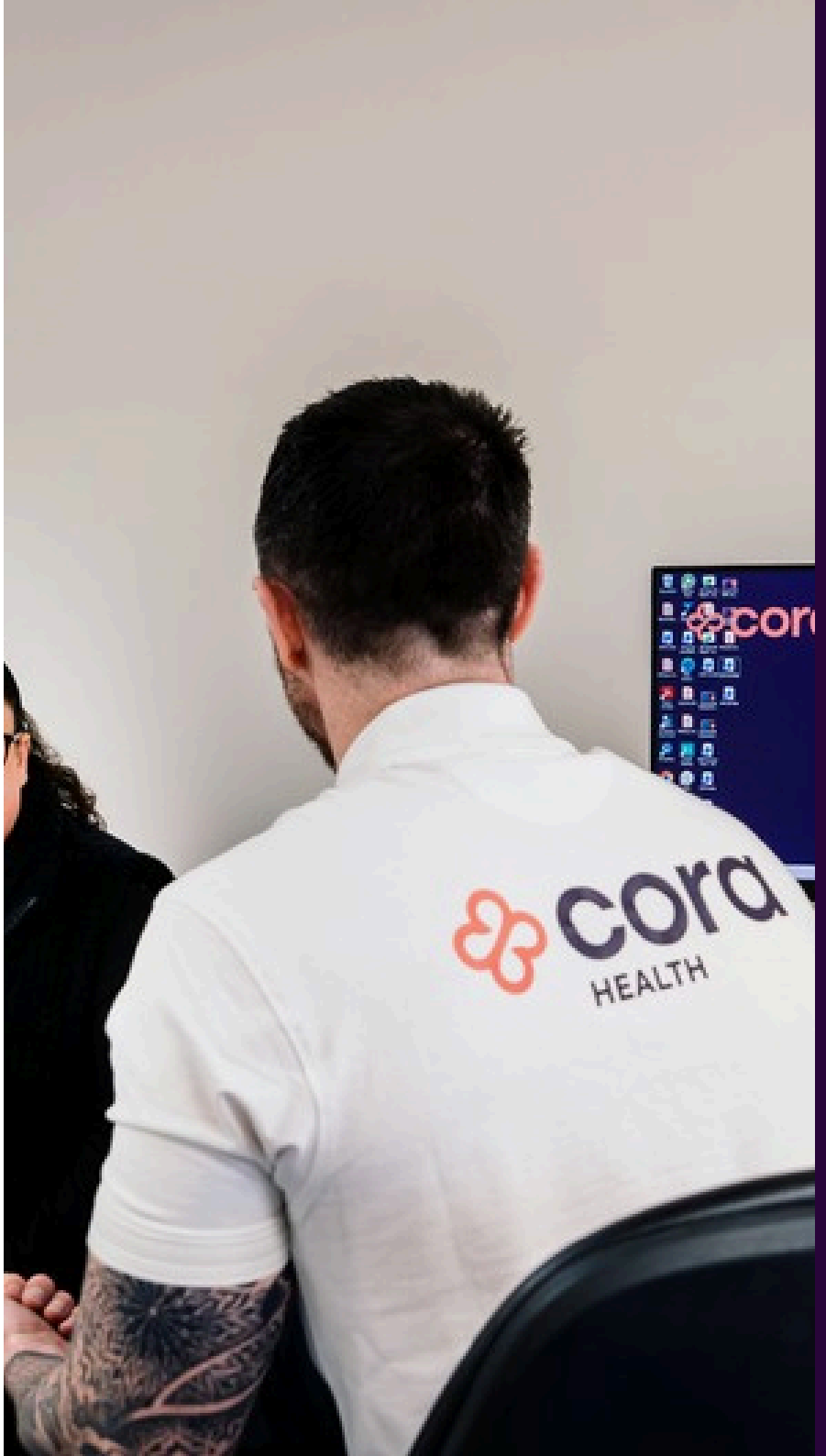
2.3 Clinical Audit

Clinical audit is fundamental to Cora's commitment to delivering safe, effective, and patient-focused care. As a provider of independent healthcare services, clinical audit is embedded into routine practice as a key mechanism for reviewing performance, identifying opportunities for improvement and strengthening the quality of care delivered across our hospitals and community-based services.

The annual clinical audit programme framework has been set out to ensure that Cora meets the regulatory requirements but also drives this commitment to continuous improvement and the delivery of better care.

Our Community Services division undertakes a robust Biennial Clinical Audit Programme. Clinical audits are performed across services and analysed initially at a local level, identifying areas of good practice and areas for improvement, driven by specific actions. The findings are then reviewed at an organisational level within QIPP to determine any wider themes or trends, or actions that are required at a divisional level to implement improvement across services. These actions are then tracked until implementation and further assured in subsequent audits as part of this continuous cycle.

In the coming year, Cora will implement a digital audit tool to support the development of a coordinated, organisation-wide audit programme. This will improve consistency, oversight and efficiency by standardising audit processes, strengthening governance assurance and better linking audit findings to quality improvement actions.



2025/2026 Audit summary

The following is an alphabetised list of all audits undertaken across Cora in the period 2025/2026.

- **Bowel Preparation for Endoscopy**
- **Clinical Note Record Quality Audit**
  (Community Services)
- **Consent Audit**
- **Environmental Audit**
- **Extracorporeal Shock Wave Therapy Audit**
  Aligned to NICE-approved indications
- **Hand Hygiene**
  (Diagnostics and Surgical Services)
- **Infection Control (PPE & Hand Hygiene)**
  Aligned to WHO, DHSC and HSE standards.
- **IPC | Aseptic Non-Touch Technique (ANTT)**
- **IPC | NHS Cleaning Standards 2025**
- **Lower Back Pain Standards of Care Audit**
  NICE NG59 Guidelines
- **Medication Recommendations Audit**
  (Community Services)
- **Medicine Management**
  (Diagnostics and Surgical Services)
- **Pain | 24-hour post-operative pain follow up**
- **Prescribing Audit (Pain & Rheumatology)**
  NICE guideline aligned
- **Procedures of Low Clinical Value (PoLCV) Audit**
  (Community Services) Evidence-Based Interventions (EBI) guidance
- **Radiation Dosage (fluoroscopy-guided injections)**
  IR(ME)R 2017 and ALARP principles aligned.
- **Resuscitation Audit**
- **Venous Thromboembolism (VTE) Performance**
  NICE NG89 and CQC Regulation 12 requirements
- **WHO Surgical Safety Checklist**
  NatSSIP2 aligned.

Improvement actions following audits

The safe and secure medicines audit highlighted several key learning points. These included gaps in policy knowledge and security arrangements, which led to the replacement of traditional key access with digital locks to strengthen medicines security. The audit also identified the need for improved documentation, particularly in relation to opioid prescribing, with a focus on clearly recording opportunities for dose reduction and the risks associated with prolonged use.

The clinical record-keeping audit demonstrated documentation of patient history and screening was strong, achieving compliance rates above 90%. However, areas for improvement were identified in other aspects of documentation. These are currently being addressed through enhancements to the electronic patient record system, supporting more consistent and comprehensive clinical documentation moving forward.

2.4 Patient Experience

Cora is committed to providing high-quality, compassionate and person-centred care, with patient experience central to how services are designed, delivered and enhanced.

We gather feedback in a range of ways, including the Friends and Family Test (FFT) within Community Services, Patient Satisfaction Questionnaires (PSQ) within Diagnostic Services, compliments, complaints and incident reports. This includes both feedback we actively request from patients as part of their care, and feedback shared independently, helping us to understand a wide range of patient experiences.

All feedback is reviewed regularly to ensure that any concerns are identified and addressed promptly, and that learning is shared across services. Service leads have access to both service-level and clinician-level feedback to support reflection, improvement and the sharing of good practice.

Patients experience our services in different ways depending on the type of care they receive. In diagnostic services, care is usually provided in a single visit. Patients are referred for a test, attend their appointment, and are then discharged back to their GP or specialist. Feedback shows that patients expect this experience to be smooth, clear and reassuring, often completed on the same day.

During the reporting period, 98% of patients receiving diagnostic and surgical services that completed the PSQ reported being treated with dignity and respect, demonstrating the high standard of care provided.

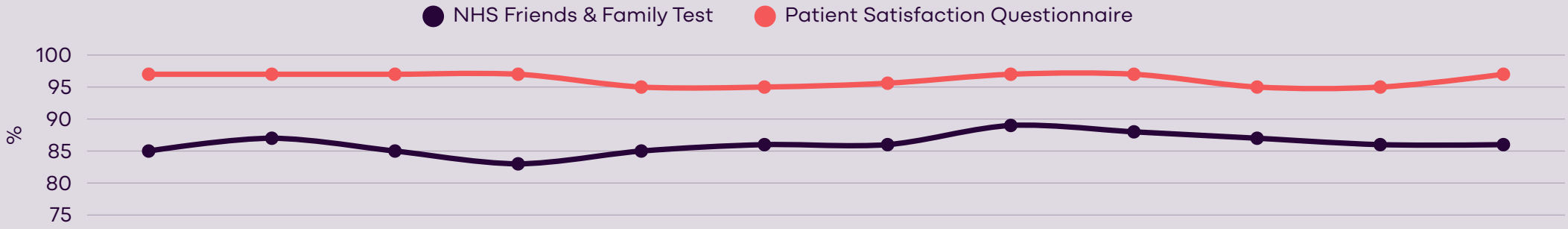
In our Community Services division, care is often delivered over an extended period, with patients attending multiple appointments across several weeks or months. Their care journey may include onward referrals or support from other services as their needs evolve. Patients value having a consistent team around them, receiving ongoing support, and seeing meaningful improvements in their health, wellbeing, or ability to manage their condition over time.

The FFT positive response was 86%, some patient responses currently do not include a rating, accounting for approximately 7-15% of all feedback during the reporting period. While these responses are not included in overall experience scores, they often provide valuable insights.

Analysis of patient feedback confirms these differences, highlighting the importance of tailoring services to meet patients' expectations at different stages of their care. It also reflects the different timescales involved, with diagnostic services often delivered within a single day, and community services forming part of a longer care pathway.

To address this, Cora is standardising and improving its approach to feedback collection. This includes introducing clearer wording to help patients provide more meaningful responses and ensure that feedback accurately reflects their experience.

Looking ahead, 2026 - 2027 will see the launch of a new Patient Experience Strategy, with a focus on strengthening patient engagement and addressing health inequalities, ensuring that all patients' voices are heard and acted upon.



Patient feedback, complaints and service improvement

Patient feedback is gathered using different measures across our divisions. In our Diagnostics and Surgical Services division, we use the Patient Satisfaction Questionnaire (PSQ), while in our Community Services division we use the NHS Friends and Family Test (FFT) to understand patients' experiences and identify opportunities for learning and improvement.

During 2025/2026, we have continued to actively encourage and review patient feedback through our formal complaints process. All complaints are managed in line with organisational policy, ensuring they are investigated thoroughly, responded to in a timely manner, and used as opportunities for learning and service improvement.

During the reporting period we had 1,429 complaints reported and a further 1,075 compliments. The number of formal complaints per 10,000 patient contacts are 3.46. Benchmarking suggests that healthcare organisations typically receive between 3 and 5 formal complaints per 1,000 patient contacts; higher complaint rates may be seen if reporting mechanisms are accessible.

Key themes identified from complaints during the reporting period have included communication, appointment scheduling, and patient expectations of care pathways. In response, targeted actions have been implemented across services. These include improving clarity and consistency of patient communications, enhancing administrative processes to support more efficient appointment management, and further developing patient information to ensure individuals are well informed about their care journey.

Importantly, we have strengthened mechanisms to ensure that learning from complaints is shared across the organisation. We have also continued to embed a culture of openness and responsiveness, ensuring that patients feel heard and that their concerns are taken seriously. Where appropriate, we engage directly with patients to understand their experiences in greater depth and to ensure that resolution is meaningful.

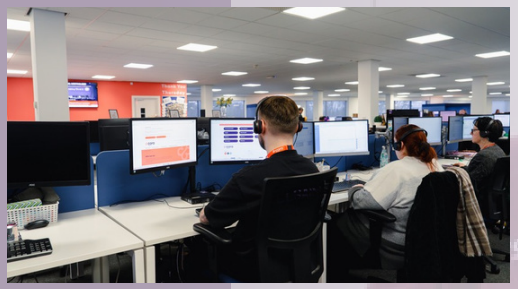
What our patients say

"I answered number 1 (very good) because nothing could have been done better. Up to now, everything has been fantastic with my current attempts to resolve my serious shoulder injury"

FFT

"My telephone call was amazingly detailed, and I felt very confident about the information I was given and the lady who I spoke to was caring and very helpful and above all very Thorough. I couldn't have ask for a better telephone consultation."

FFT



"Consultation was good. Got answer why knee hurts and then practical doable exercises. App is v good so can check progress and gives encouragement along the way. Plus it has extra useful info. Speedy appointment after initial triage phone call and local to me. Physio friendly and knowledgeable."

FFT

What our patients say

"Very pleasant experience from all staff, from the receptionist to the clinicians. I was provided with all the information I needed on arrival. I was seen promptly and I didn't feel rushed whilst in my appointment."

PSQ Quote – Ultrasound

"I was very impressed with Cora. All the staff were polite and helpful and the Radiographers delivered a most professional and comforting service. Thank you Cora!"

PSQ Quote – MRI

"The person doing the scan put me at ease. Explained what he was doing. Explained when and how I would get the results. Thank you!"

PSQ Quote – MRI

"It was my first time to visit in the clinic and I was amazed with the service from the receptionist to the Xray dept. Staff were accommodating, facilities were clean. Overall outstanding."

PSQ Quote – X-Ray

2.5 Education, Research and Quality Improvement

2.5.1 Clinical Education and Supervision

Continued personal and professional development remains a core organisational priority. During the year, the Cora Learning Academy (our internal learning and development platform) delivered an expanded national CPD programme, providing a blended learning offer across clinical practice, leadership and management, education, and research and audit.

Clinical supervision, where a healthcare professional meets regularly with a more experienced colleague to talk about their work and get support, is a key part of ensuring patient safety and professional development. It helps our clinicians reflect on their practice, learn, and make sure they are providing safe, high-quality care. The Clinical Supervision Policy positions supervision as integral to all domains of clinical governance, supported by training that is available through the online Cora Academy.

2.5.2 Research

Research and Quality Improvement activities are overseen through the QIPP Group. Progress during the year demonstrates a sustained commitment to building research capability, generating new evidence, and translating findings into improved care delivery.

Three doctoral programmes progressed during the year, including one completed PhD. In addition, five peer-reviewed publications were achieved across a range of clinical and service-delivery themes, reinforcing the organisation's contribution to evidence-based practice and national learning.

Our publications

Correlation between physiotherapists' assessment findings and MRI in diagnosing lumbosacral radiculopathy, and the impact of MRI on treatment plans.

Correlation Between Magnetic Resonance Imaging Findings and Advanced Practice Physiotherapists' Assessment Findings in Diagnosing Lumbosacral Radiculopathy, and the Impact of Imaging Findings on Treatment Plans: A Retrospective Clinical Audit.
Musculoskeletal Care

PubMed®

The Efficacy of Education as an Intervention for Improving Core Outcome Domains in People With Tendinopathy: A Systematic Review With Meta-analysis.

The Efficacy of Education as an Intervention for Improving Core Outcome Domains in People With Tendinopathy: A Systematic Review With Meta-analysis.
Musculoskeletal Care

PubMed®

The effect of one-off injection, with or without rehabilitation, in the treatment of Osteoarthritis of the knee

A Retrospective Database Study Into the Use of Intraarticular Corticosteroid Injections in the Treatment of Knee Osteoarthritis: Does the Profession of the Injecting Clinician Impact Treatment Outcome?
Musculoskeletal Care

WILEY Online Library

Physiotherapists' Management of Suspected Cauda Equina Syndrome in the United Kingdom: A National Survey

Physiotherapist's Management of Suspected Cauda Equina Syndrome in the United Kingdom: A National Survey - Tyer - 2026 - Physiotherapy Research International.
Musculoskeletal Care

WILEY Online Library

Pain Science Education for People With Persistent Pain on NHS Waiting Lists: A Mixed Methods Study

Pain Science Education for People With Persistent Pain on NHS Waiting Lists: A Mixed Methods Study
Musculoskeletal Care

WILEY Online Library

2.5.3 Quality Improvement

Our Quality Improvement (QI) programme focuses on improving safety, quality, and patient experience, and is built into how we manage quality and governance. It places strong emphasis on creating a culture of continuous improvement, while giving staff the skills to lead practical improvements in everyday care and aligned with our organisational value of "Committed to Better".

During the year, a QI-specific curriculum and training programme was embedded within the Learning Academy, and over 30 QI projects were completed across services, supporting local innovation and service improvement alongside national transformation initiatives. Our QI programme has been in place for five years and so we've held our fifth Annual QI Conference, giving teams the opportunity to share ideas, learn from each other, and spread successful improvements across Cora. Examples include:

- Understanding and realising the value of clinical conversations to reduce health inequalities.
- Introduction of a quality control framework to reduce open pathways across administration.
- Ensuring flow: right patient, right pathway, right first time.
- Reducing DNAs and Discharges without contact in community-based services.
- A project focused on improving patient care coordination, helping to avoid delays in care, strengthen oversight, and make sure patients move through their care more smoothly and on time.

Diagnostic Services continue to demonstrate a strong commitment to continuous improvement, with a focus on expanding capacity, enhancing the IRIS project (see Clinical Excellence and Outcomes section above), developing advanced data dashboards and optimising patient experience.

Taking part in national frameworks like QSI helps teams learn from each other, adopt best practice, and meet recognised standards for governance, safety, and continuous improvement.

QI sessions and monthly clinical expert webinars: Each month our clinicians have an opportunity to deliver a webinar to our clinical community with open invite to share their expertise, highlights in 2025/2026 include: cauda equina update, medicines management, and consent, attended by over 1,300 clinical colleagues.

2.5.4 External Activity

Cora has presented at both national and international forums, demonstrating widespread dissemination of expertise across major musculoskeletal, pain, spine, and sport and exercise medicine conferences. Colleagues have also played a significant role in shaping national policy and clinical practice through active involvement in NICE guideline development, GIRFT national programmes, the National Spine Network, and multiple British Pain Society committees.

2.6 Our Commitment to Our Colleagues

Multi-disciplinary professional workforce

Cora has increased the national multi-disciplinary workforce to 1,309 colleagues (769 Clinical/ 540 Support), from 1,255 colleagues (767 clinical/488 support). In addition, to meet flexible resource demands for NHS services, we have 140 bank colleagues, 32 locums and 78 sessional workers. Our multi-disciplinary workforce provides community MSK services, Diagnostic imaging, Day Case Surgery, Physiotherapy, Podiatry, Persistent Pain Management and Rehabilitation, Orthopaedic and Rheumatology services.

Our belief is that healthcare can be made ever better. Our clinical and support teams work together to achieve our mission to reimagine healthcare for people to thrive. Our values support these aims, starting with a can-do attitude, acting with empathy, and a commitment to better, to improve patient care and colleague wellbeing.

All clinical colleagues have the necessary professional competence and registrations in place. We monitor clinical colleagues delivery of patient care through close, regular supervision, ensuring their CPD is always prioritised.

All colleagues benefit from appraisal discussions, three times a year, to set meaningful objectives, personal development plans and track progress.

Our Executive and Senior Management Team structure, enables Cora to be well led, supporting compliance, governance, clinical standards and delivery of operational performance.

In 2025/2026 we completed our previous People Plan and launched the next generation, a 3-year People Strategy, with delivery commitments across 2026-2028. Our people strategic aim is to foster a culture where colleagues flourish and feel valued.

Our People Principles

Grow our own.

Investing in entry-to-leadership pipelines through apprenticeships, shadowing and stretch roles.

Work smarter, not harder.

Harness AI and data to reduce administrative load and improve decision making.

Belong and thrive.

Create a psychologically safe, inclusive culture of belonging.

People Strategy

The People Strategy sets out our People Model and the deliverables that will support future planning and priorities.

People Model

We create great collegaue experience

We are an employer of choice

We have a values culture

We build organisational capability

Attract and retain talent

We aspire to be a great place to work attracting high-quality candidates and creating environments in which colleagues can thrive who support our company and brand. We aim to always be an employer of choice.

Inclusivity and engagement

Our workforce will embrace diversity with a culture of inclusivity that puts wellbeing first and enables a colleague voice. Our colleagues will be supported to be their best.

Agile and Innovation Culture

We live our values, respond to change and adapt through flexibility and responsiveness. Our colleagues' individual needs will be considered and supported.

OUR PEOPLE

Optimised skills

Our colleagues will be skilled to do their role to best effect and empowered to grow their career and realise their potential. Our colleagues CPD will be of top priority.

Leadership Effectiveness

Our leaders will be encouraged to collaborate and be empowered to make decisions and accept responsibility for company performance. Our leaders will be inspiring role models of our values.

Colleague survey

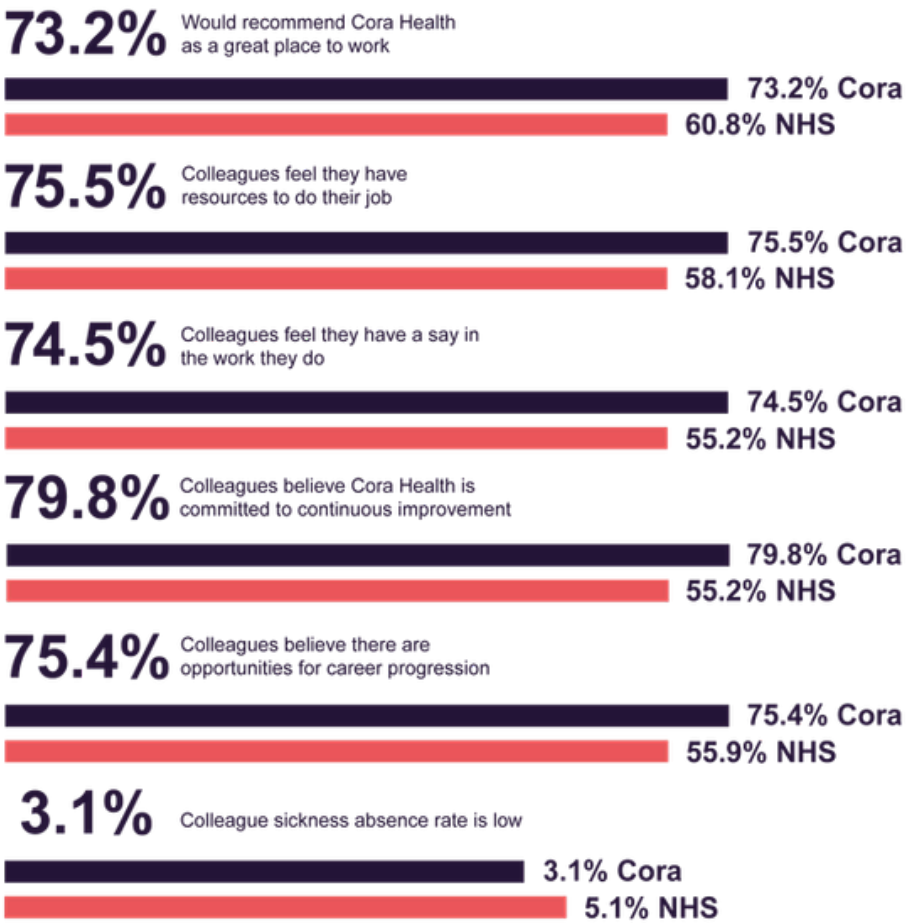
Our annual colleague survey which includes over 40 questions, is based on our mission values, engagement, and equality and diversity. It attracted a high response rate of 73%, favourable to the NHS at 50%. The average engagement score was 7.38 (from 10). High scoring areas (above 8.0) included:

- Colleagues have a clear understanding of what is expected and their role.
- Colleagues feel managers are supportive and give positive praise and feedback when they perform well.
- Colleagues believe that Cora treats patients with understanding and respect.
- Colleagues feel comfortable being themselves at work.
- Most colleagues had not experienced harassment or bullying from a patient, relatives or staff member.

Results show that colleagues have a clear sense of purpose, work to high standards of patient care, in a safe workplace, they are engaged, and we have a workplace culture of inclusivity and respect.

Our survey results

Cora has a strong focus on colleague wellbeing. Comparing results from the wellbeing questions in our colleague survey to the NHS workforce survey, we consistently achieve favourable results.



Celebrating success

In 2025 - 2026, to celebrate our colleagues and their achievements, we hosted two annual excellence award ceremonies, one in the North and one in the South. 670 colleagues attended the awards ceremonies. Colleagues were invited to nominate their peers for awards in a range of categories, and we received over 650 nominations, which were short-listed by the Executive Management Team. 62 awards were issued, celebrating achievements, for example: Rising Star, Going the Extra Mile, Living Our Values, Graduate of the Year, Leader of the Year and Team of the Year.

Colleague wellbeing

Cora has maintained a strong Mental Health First Aider (MHFA) network, with 25 trained MHFAs across all divisions and departments, ensuring full accessibility for colleagues. In 2026, we delivered MHFA refresher training and trained 10 new MHFAs, sustaining capacity and ensuring high-quality peer support.

Cora remains committed to fostering a safe, inclusive, and fair workplace, evidenced by achieving Disability Confident Level 2 Employer accreditation.

Our FTSU Guardian and Ambassadors continue to provide independent, confidential support across divisions, alongside regular intranet updates, monthly video briefings and bi-annual business updates.

Cora's first combined Workforce Race Equality Standard (WRES) 2025 report highlights positive progress following the merger, including fair representation in employee relations processes, greater transparency in recruitment diversity, strengthened colleague voice, and ongoing investment in mandatory training and values-based culture.

Attracting talent

In the year Cora launched a consolidated, organisation-wide resourcing process, creating a single integrated Resourcing Team. This provides consistent, robust, and specialist recruitment support to all divisions, capabilities not available prior to the merger.

In 2025/2026, the Resourcing Team made 343 job offers (328.28 FTE) across Support Services, Community Services, and Diagnostics and Surgical Services. The average time to offer for Cora vacancies is 41 days.

This strengthened recruitment approach ensures high-quality, compliant, and values-led hiring, aligned to best practice and the Equality Act. Cora prioritises candidates with the right skills, competencies and behaviours to deliver safe, effective, person-centred care.

To enhance the candidate experience and speed up hiring, we launched a fully integrated onboarding platform supported by targeted attraction strategies and proactive headhunting. This has improved efficiency, increased compliance, and expanded our bank and flexible workforce to meet service and ICB requirements.

Compliance

During the year, Cora established an organisation-wide, consistent pre-employment and ongoing compliance process, ensuring a safe and fully compliant workforce able to deliver high-quality patient care. Compliance data is centrally held and audited monthly, supported by a single cross-organisation compliance policy, providing clear assurance for the Board, patients, ICBs and commissioners.

Practising Privileges have been fully consolidated across Cora in partnership with the CMO and Governance Team, ensuring CQC-aligned, best-practice standards. The process for Fit and Proper Persons continues to be strengthened to maintain accuracy and organisational assurance.

A standardised risk assessment framework has been rolled out across all divisions, with consistent monitoring, clear escalation of outstanding requirements and defined mitigation actions.

Cora's centralised approach, enhanced workflows and improved exception reporting enable proactive compliance management, safeguarding colleagues and patient safety across all roles, including those with practising privileges and all direct and indirect workforce groups.

Learning and Development

Cora's digital **Academy** is the go-to place for colleagues to access a comprehensive range of learning opportunities. We invest significantly in training and CPD, designed to provide better outcomes for patients, innovation, growth and development of our colleagues to be their best in their role and to progress their career.

Our learning provision in 2025/2026 included:

Mandatory Training

All colleagues have planned time to complete mandatory training, ensuring they are up to date with regulatory requirements. In 2025/2026 we added further compliance and statutory training, e.g. anti-fraud awareness to meet NHS standards for fraud prevention. 16,479 mandatory learning modules were completed by our colleagues in 2025/2026. In addition, 459 colleagues attended part 2 of the Oliver McGowan training. We plan in 2026/2027 to remap and refresh our mandatory training job roles matrix to ensure we continue to be up to date with the latest requirements and approaches to clinical competence and compliance.

Apprenticeships

29 colleagues were given opportunities to do an apprenticeship, a significant investment in their professional training, including: 11 Advanced Clinical Practice, 5 IT apprenticeships, 1 HR apprenticeship, 1 Finance apprenticeship and 11 management apprenticeships.

Mentoring

We continued to grow our mentoring scheme, extending from 20 mentors to 30, including Executive, Senior and Operational Managers. 38 colleagues are receiving mentoring support (increase from 31). Mentoring is supporting colleagues with improved career progression insight, clinical skills / reasoning, leadership development and building strategic focus.

Management and Leadership Development

Our leaders are provided with development opportunities, strengthening their skills and enabling high performance:

- 10 of our leaders with high potential completed a 3-day accredited international leadership programme, The Living Leader.
- 115 of our leaders from SMT, Operational Management and Team Leaders completed our in-house Leadership Academy Programme, with a further 105 leaders having now started the next year of our programme. The programme has 6 modules, focused on our values, and leaders as role models and influencers. Leaders have reported increased confidence, skills and a deeper understanding of effective leadership.

Skills, competence and professional development

An extensive suite of learning opportunities provides essential skills, professional development and career pathways for our multidisciplinary workforce:

Learning Academy

The Academy includes training catalogues for clinical learning, leadership and job-related skills.

Career Pathways

We support multiple programmes of development to upskill our colleague and our wider commitment to skill development.

Graduate Development Programme (GDP)

Our 12-week training programme supports graduates to establish themselves into their role quickly. 18 colleagues were on programme in 2025/2026, increasing from 13 in 2024/2025.

Accelerated Development Programme (ADP)

Upon completion of the GDP, graduates undertake the ADP programme over further 12 months.

Student Placements

We hosted 42 MSK placements in 2025/2026, supporting students to develop their learning and their careers.

National Study Days

We sponsored and hosted external speaker events including Flippin Pain's, "Pain in the Spotlight" with internationally renowned Professor Lorimer Moseley, delivered in London and Newcastle.

QI sessions and Clinical Expert webinars

Topic highlights in 2025/2026 included: Cauda Equina, medicines management, and consent. Sessions were attended by over 1,300 clinical colleagues.

Dedicated training for Radiographers

A Radiographers study day focused on aligning reporting techniques. The impact of this programme was recognised when the Reporting Radiographer Team were awarded 'Team of the Year' for excellence in quality delivery, reporting standards, and cost-efficiency at our annual Colleague Excellence Awards.

Dedicated training for Sonographers

A range of training has been provided to our sonography team. 83 Sonographers attended training events, with topics including:

- The assessment and management of soft tissue lumps and bumps, including sarcoma pathways.
- Patient communication, cultural awareness, consent, dignity, and quality assurance in ultrasound practice.
- Advanced training in paediatric ultrasound.
- Image acquisition and medical physics principles.

Through our People Strategy, Mission and Values, and supported by wellbeing, recruitment, compliance and learning initiatives, we have continued to invest in the skills, wellbeing and development of our workforce. This investment strengthens organisational capability, underpins service quality, and helps ensure the delivery of safe, effective and patient-centred care.

3. Quality Developments & Improvement Priorities

During 2025/2026, Cora completed its first full year as a single organisation following the merger of Connect Health and Healthshare Ltd. Across this period, our focus has been on consolidating governance, aligning clinical standards, strengthening assurance and building the capability required to deliver safe, effective and person-centred care at scale for NHS partners.

3.1 Notable achievements in 2025/2026

Over the past year, we have continued to provide high-quality care for NHS patients, supporting more than 1.3 million patient contacts across services including Musculoskeletal (MSK), Rheumatology, Persistent Pain, Diagnostics and Surgical services.

Alongside delivering day-to-day care, we have also expanded and strengthened our services. We worked with over half of Integrated Care Boards (ICBs) to help reduce waiting times, manage demand, and improve how care pathways are designed. We also better integrated diagnostic services, such as MRI, ultrasound, and X-ray, into MSK and surgical care. This has helped cut down on repeat tests, shorten waiting times for treatment, and improve the overall patient experience.

A key achievement this year has been bringing together our governance and quality assurance processes into a single, consistent approach across the organisation. We introduced one system for reporting and learning from incidents, which has improved oversight and helps us learn and improve more effectively. This has strengthened how we report quality and manage risks in line with our strategic goals. In 2026, we will continue to build on this by developing a more consistent approach to audit, patient feedback, and measuring clinical outcomes across all services.

We have also continued to strengthen our focus on patient safety. We introduced a more structured approach to reviewing and responding to incidents, supported by a dedicated Patient Safety Incident Review Group. Colleagues have received training to ensure responses are proportionate and focused on learning and improvement.

External reviews and accreditations continue to confirm the quality of our services. We have maintained key national and international standards for quality, environmental management, and information security. We are also progressing towards further quality accreditation in radiology, with a full inspection planned for July 2026, and our endoscopy services have successfully achieved reaccreditation.

We remain committed to sustainability and reducing our environmental impact. We have developed and published a Sustainability Plan with clear targets, aligned with NHS ambitions to reach net zero. This includes following national guidance to reduce greenhouse gas emissions and support more sustainable ways of delivering care.

We have made strong progress in digital systems and security. We continue to meet national standards for data protection and digital safety, ensuring our systems are safe and reliable. We are developing digital tools that will allow patients to book and manage their own appointments online more easily.

To further strengthen security, we have introduced additional login protections and improved around-the-clock monitoring of our systems. We have upgraded our IT infrastructure to ensure it remains secure, modern, and reliable. A new Digital Clinical Safety Lead role has been created to make sure all digital systems used in patient care are safe and well managed.

Finally, we have continued to invest in our workforce. We introduced a national clinical supervision system, with over 500 clinicians recording more than 3,500 hours of supervision. This supports professional development, reflective practice, and high standards of patient care across the organisation.

3.2 Priorities for 2026/2027

- Continue to deliver against our quality standards.
- Embed our outcomes and effectiveness framework across Cora.
- Refresh the Clinical Governance Framework.
- Further develop patient engagement methods and the use of patient feedback to shape services.
- Implement an organisation-wide clinical audit programme.
- Achieve quality standard for imaging (QSI) accreditation demonstrating our commitment to excellence and best practice in diagnostic imaging (assessment in July 2026).
- Continue to strengthen and develop our workforce.
- We will continue to develop and implement digital pathways, including the rollout of a patient-facing portal to support appointment booking and management. This will improve access, reduce non-attendance rates, and enhance patient experience.
- Expand the scope of our ISO accreditations.
- Continue the work toward a net zero position by 2030.

3.3 NHS West and North London Integrated Care Board Statement

NHS
West and North London

The NHS West and North London Integrated Care Board (WNL ICB) welcomes the opportunity to respond to the Cora Health Quality Account for 2025-2026 which we received on 23rd June 2026.

We recognise 2025-2026 as the first full year following the merger of Connect Health and Healthshare to form Cora Health. The Quality Account provides a clear overview of service delivery and reflects the organisation's continued focus on quality, transformation and partnership working.

The ICB acknowledges the progress made in establishing a unified organisational and governance framework during this period. We note the development of more consistent systems for quality assurance, incident reporting and oversight, alongside the embedding of Patient Safety Incident Response Framework (PSIRF) principles to support learning and improvement.

The ICB has reviewed progress against the quality priorities for 2025-2026 and notes the following:

- Strengthening of clinical governance arrangements across the organisation, including the introduction of consistent reporting and oversight structures following the merger, has supported a more coordinated approach to quality and safety and provides a foundation for further improvement.

- Continued focus on clinical effectiveness, including the use of outcomes data and benchmarking, is evidenced by reported improvements in musculoskeletal outcomes based on patient-reported measures, alongside strong diagnostic performance supported by audit and benchmarking data and continued high standards in infection prevention.

- Progress in patient experience and engagement is demonstrated through the use of feedback mechanisms, including surveys and the Friends and Family Test, alongside actions to improve communication and administrative processes.

These areas of progress are reported alongside a high volume of activity and continued development of system partnerships, digital capability and workforce capacity.

As a newly unified organisation, some variability in maturity and consistency across services remains. Continued focus on strengthening governance, standardising approaches and embedding learning will be important to ensure improvements are consistently experienced by patients.

The ICB supports the organisation's priorities for 2026/27. These focus on strengthening governance and assurance. They also emphasise improving the consistency and use of clinical outcomes, alongside enhancing patient experience and engagement. This is complemented by continued development of digital systems and workforce capability.

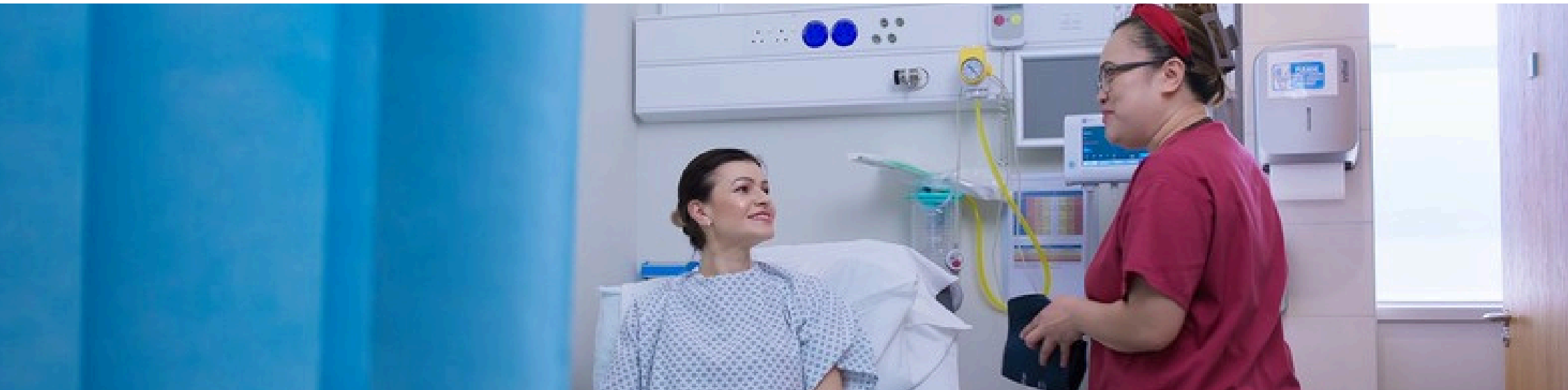
On behalf of WNL ICB, we can confirm that the Quality Account presents a balanced view of performance and, to the best of our knowledge, provides an accurate reflection of services, meeting national guidance and mandated requirements
Our ambition is clear: we are committed to being better. We want to be an organisation where quality is not only assured but continually improved; where every patient's experience matters; and where our teams are empowered to deliver excellence every day.

The ICB looks forward to continuing to work in partnership with Cora Health to support the delivery of safe, effective and high-quality care for patients across West and North London.

Finally, we would like to thank Cora Health staff, patients and partners for their continued commitment to quality and improvement.

Jennifer Roye | Chief Nurse Officer
NHS West and North London

25th June 2026



Appendix

Term	Definition
ANTT (Aseptic Non-Touch Technique)	A method used during clinical procedures to prevent infection by avoiding direct contact with key parts of equipment or treatment areas.
Benchmarking	Comparing performance against national standards or other organisations to assess how well services are performing.
BPI (Brief Pain Inventory)	A questionnaire used by patients to measure the severity of pain and its impact on daily life.
CAF (Cyber Assessment Framework)	A national standard used to assess how well an organisation protects its systems and data from cyber risks.
CQC (Care Quality Commission)	The independent regulator of health and social care services in England, responsible for inspecting and monitoring quality and safety.
CIS (Centre for Internet Security)	A not-for-profit organisation that develops widely recognised cybersecurity standards, benchmarks and best practices to help organisations protect their systems and data from cyber threats.

Term	Definition
Clinical Governance	A framework through which organisations are accountable for continuously improving service quality and maintaining high standards of care.
Clinical Supervision	A structured process where clinicians review their work with a more experienced colleague to support learning and safe practice.
CPD (Continuing Professional Development)	Ongoing training and development undertaken by staff to maintain and impromve professional skills and knowledge.
Datix Cloud IQ	A digital system used to report and manage patient safety incidents, risks and governance information.
DSP Toolkit	A national NHS standard to ensure patient information is handled securely and appropriately.
DTAC (Digital Technology and Assessment Criteria)	NHS standards used to assess the safety, effectiveness and security of digital health technologies.
EDI (Equality, Diversity and Inclusion)	Work to ensure services and workplaces are fair, inclusive and accessible to all individuals.
ESG (Environmental, Social and Governance)	A framework used to assess environmental impact, social responsibility and governance standards.

Term	Definition
FFT (Friends and Family Test)	A survey that asks patients whether they would recommend a service to others.
GDP (Graduate Development Programme)	Cora's structured programme that supports newly qualified graduates to develop their skills, knowledge and confidence as they begin their professional careers.
GIRFT (Getting It Right First Time)	A national programme aimed at improving care by reducing variation and sharing best practice.
HVLC (High Volume Low Complexity)	Procedures that are carried out frequently and are relatively straightforward.
ICB (Integrated Care Board)	An NHS organisation responsible for planning and commissioning health services in a local area.
IQACC (Integrated Quality, Audit and Compliance Committee)	Sub Board governance committee.
ISO 9001	An international standard for quality management systems.
ISO 14001	An international standard for environmental management.
ISO 27001	An international standard for managing information security.

Term	Definition
JAG (Joint Advisory Group on GI Endoscopy)	A national accreditation body for endoscopy services.
MCID (Minimal Clinically Important Difference)	The smallest change in a patient's condition considered meaningful.
MSK (Musculoskeletal)	Relates to conditions affecting muscles, bones and joints.
MSK-HQ (Musculoskeletal Health Questionnaire)	A patient questionnaire used to assess musculoskeletal symptoms and quality of life.
NICE (National Institute for Health and Care Excellence)	Provides national guidance and advice to improve health and care.
Pathway	The route a patient takes through healthcare services.
PROMs (Patient Reported Outcome Measures)	Feedback from patients about how their health has improved after treatment.
PREMs (Patient Reported Experience Measures)	Feedback from patients about their experience of care.
PSIRF (Patient Safety Incident Response Framework)	A national framework for learning from patient safety incidents.
QI (Quality Improvement)	A systematic approach to improving services.
QSI (Quality Standard for Imaging)	A national accreditation scheme for imaging services.
RCR (Royal College of Radiologists)	A professional body that sets standards for radiology.
SSI (Surgical Site Infection)	An infection occurring after surgery.
VTE (Venous Thromboembolism)	A blood clot in a vein which can be serious if untreated.

Publication and Governance

Item	Detail
Board approval date	3.8.2026
Version control	v1.0
Publication URL	https://www.corahealth.co.uk/publications/quality-accounts/
Primary contact	integratedgovernance@corahealth.co.uk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