Genesis Cancer Care UK Limited

GenesisCare Centre for Radiotherapy at Cromwell Hospital

Inspection report

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

Ratings

Overall rating for this location	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Good ●
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Outstanding ☆
Are services well-led?	Outstanding ☆

Summary of findings

Overall summary

We had not previously rated this service. We rated it as outstanding.

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. There was a holistic approach to patient care that focused on physical and psychological wellbeing support. Staff provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, always took account of patients' individual needs, and made it easy for people to give feedback which they then acted upon. Services were tailored to meet individual's needs. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and demonstrated them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Summary of findings

Our judgements about each of the main services

Service	Rating	Summary of each main service
Medical care (Including older people's care)	Outstanding ☆	We had not previously rated this service. We rated it as outstanding. See the overall summary for details.

Summary of findings

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Summary of this inspection

Background to GenesisCare Centre for Radiotherapy at Cromwell Hospital

GenesisCare Centre for Radiotherapy at Cromwell Hospital is an independently run radiotherapy service operating as part of the Genesis Cancer Care UK Ltd network of services.

There were three different radiotherapy machines available at the service. The service was able to treat all cancers treatable by radiotherapy with specialisation in treating cancers using:

- Stereotactic radiosurgery (SRS)
- Stereotactic ablative radiotherapy (SABR)
- Magnetic Resonance Imaging linear accelerator (MRI-Linac)

The centre provided services five days a week, Monday to Friday, although treatment was given on weekends and bank holidays by exception to avoid disruption. All three treatments were open for private referrals for adults over the age of 18 and stereotactic radiosurgery also saw NHS patients. The service saw an average of 40 patients per month which included day case patients and patients with treatment plans lasting multiple weeks.

The centre had a registered manager in post and was registered for treatment of disease, disorder or injury.

This was the first time the service had been inspected and rated.

How we carried out this inspection

You can find information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

We found the following outstanding practice:

- Staff took a genuine interest in patient needs and took a holistic, person-centred view when promoting a good quality of life for individuals.
- All patients and their families could benefit from wellbeing support services such as reflexology, counselling, relaxation techniques and cognitive behavioural therapy (CBT).
- The service provided patients undergoing multiple days of treatment support with subsidised accommodation and a complimentary taxi service so patients did not have to worry about how they would get to the centre.
- Close proximity Genesis Care UK services worked together to avoid interruptions to treatment and provide continuity of care.
- Staff were proactively supported and encouraged to acquire new skills, use their transferable skills and share best practice.
- The service provided patients with surface guided radiotherapy treatment. Surface guided radiotherapy allows patients to receive tattoo-less treatment.

Summary of this inspection

- The culture across the services was exceptional. All staff were proud of the organisation they worked for. There was a high level of satisfaction across all staff. There was a strong organisational commitment and effective action towards ensuring staff were listened to. Staff felt valued and enjoyed working at the centre. This was credited to the use of insights training at the centre which resulted in plans for this to be rolled out across the provider.

Our findings

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (Including older people's care)	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding
Overall	Good	Good	Outstanding	Outstanding	Outstanding	Outstanding

Outstanding

Medical care (Including older people's care)

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Outstanding

Is the service safe?

Good

We have not previously rated safe at this service. We rated it as good.

Mandatory training

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

Staff received and kept up-to-date with their mandatory training. Compliance for all staff was 98%. The target for all mandatory training was 95%. The registered manager explained mitigating circumstances for why not all staff were 100% compliant, for example some staff were new starters and their training had been booked in for April 2023.

The mandatory training was comprehensive and met the needs of patients and staff. This training included basic life support, infection control, and privacy and safety. Staff told us the training was mostly delivered via e-learning but that some modules such as basic life support and moving and handling were face to face. Staff told us they received reminders when training was due for renewal.

Managers monitored mandatory training through a training matrix and alerted staff when they needed to update their training weekly. The matrix operated on a traffic light system, with green indicating training was in date, amber expiring in one month and red expired.

Senior managers told us consultants with practising privileges at the service completed mandatory training at their main employing NHS hospital, independent hospital or directly with Genesis Cancer Care UK Ltd. The practising privileges were reviewed annually through a Genesis Care UK centralised process with the group CEO providing oversight, consultants had to update their validation, mandatory training and competency records, otherwise practising privileges would be suspended.

Outstanding ☆

Medical care (Including older people's care)

Safeguarding

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

The registered manager was the local safeguarding lead for the service and had completed level 3 safeguarding training. The service target for completion of safeguarding training was 95%. All staff received level three safeguarding training in adults and children and service data showed compliance was 100%. The registered manager was supported by the Genesis Care UK safeguarding team and the collocated hospitals safeguarding team, we were told these teams worked well together to protect service users and their families from abuse.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act. Safeguarding policies and procedures were in place. These were available electronically for staff to refer to.

Staff knew how to identify adults at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral following the safeguarding referral flowchart and who to inform if they had concerns.

There was a chaperone policy and we saw signs throughout the service advising patients how to access a chaperone should they wish to do so. We were told the service encouraged anxious patients to bring a chaperone with them to assist in reducing anxiety around the treatments.

Cleanliness, infection control and hygiene

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

The service had a service level agreement (SLA) with the collocated hospital who were responsible for cleaning of the service. Clinical and patient areas were clean and had suitable furnishings which were visibly clean and well-maintained.

The service generally performed well for cleanliness. The service audited general infection control principles and practices and hand hygiene monthly. The data we saw showed scores above 95% in all infection prevention and control related audits undertaken between March 2022 and March 2023.

Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly.

Staff followed infection control principles including the use of personal protective equipment (PPE). All staff wore masks in clinical areas and patients were encouraged to do so.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

As required by the Health and Safety Executive (HSE) who regulate the Ionising Radiation Regulations 2017 (IRR99), all areas where medical radiation was used were required to have written and displayed local rules which set out a framework of work instructions for staff. These local rules were displayed throughout the department. We saw evidence that all relevant staff had read and signed the local rules policy, which applied to all persons who could be exposed to ionising radiations.

Outstanding ☆

Medical care (Including older people's care)

Radiotherapy uses high-energy radiation from a machine called a linear accelerator. It is recommended that these machines are replaced after ten years to maintain reliability and to improve patient outcomes. All radiotherapy equipment at the service was three years old or younger and were serviced regularly by the manufacturer.

There was swipe access for staff into all treatment areas. We were assured that access to controlled areas was strictly monitored in line with guidance. This included a laser guard interlock at the entrance to the conventional Linac treatment room which automatically stopped treatment if anyone passed through.

The medicines and healthcare products regulatory agency (MHRA), safety guidelines for Magnetic Resonance Imaging linear accelerator (MRI-Linac) equipment in clinical use, recommended MRI-Linac equipment is housed in a controlled area. The department did have the appropriate controlled access area, with warning signage, and the door to the control area was self-locking which the guidance recommended. The same measures were used to control access to the control rooms and treatment rooms for containing the other treatment machines. In addition to this, the MRI-Linac had a metal detector before the room containing the machine.

Free access to the controlled area should be given only to MRI-Linac authorised personnel. All other staff and visitors must be screened and given permission to enter the control area. On inspection, we were asked to complete safety questionnaires before entering the treatment room and were shown evidence that all other staff had also completed safety questionnaires.

Patients could reach call bells and staff responded quickly when called. Staff had cameras in the control rooms through which they could see patients undergoing their treatment, communicate through microphones and respond quickly to patients needs when required.

The service had maintenance contracts with the manufacturer of each machine for the servicing and repair of equipment in the event of breakdown. There was a service schedule in place with the service dates booked regularly. Routine servicing of equipment was always planned in advance to avoid disruption. Staff carried out daily safety checks of specialist equipment.

The service had enough suitable equipment to help them to safely care for patients. Due to the precise targeting required for accurate radiotherapy, patients must remain as still as possible, for this, radiographers use immobilisation equipment. Immobilisation equipment is medical equipment that keeps a body part in a fixed position for an extended period. The location had duplicates of all immobilisation equipment to ensure that treatment would not be disrupted if damage occurred. Other locations under the same provider could supply spare equipment until repairs could be made.

Equipment was correctly labelled to show whether or not it was MRI-Linac safe and all equipment, including items on the resuscitation trolley, were in date. Staff undertook MRI-Linac emergency response training every 6 months.

The service had suitable facilities to meet the needs of patients' families. The main waiting area had an accessible coffee machine, water, and snacks including fresh fruit that patients and families could use freely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.

Staff responded promptly to any sudden deterioration in a patient’s health. Patients were visible and able to communicate with staff at all times while undergoing their treatment via closed circuit television and intercom. We

observed staff responding quickly to patients and all staff were trained in basic life support in order to respond to any patient who became acutely unwell. Staff explained the procedure for removing a patient from the MRI-Linac machine in the event of an emergency and understood this was because emergency equipment is not MRI-Linac safe and cannot be used in that treatment room.

The service had a provider wide in-date deteriorating patient policy. In the event of a medical emergency, the service was supported by the independent hospital it was based within to provide immediate medical support. Staff could contact the resident medical officer (RMO) who was based in the attached independent hospital as required, to review clinically unwell patients or if they had concerns. Additional support from the independent hospital included clinical nurse specialists and wound care.

Staff completed risk assessments for each patient on arrival, using a recognised tool, and reviewed this regularly, including after an incident. All patients receiving MRI-Linac treatment completed an MRI-Linac safety questionnaire and consent form to ensure that patients did not have contra-indications to the MRI-Linac treatment. All persons who enter the room, must complete a safety questionnaire, as the powerful magnetic field of the MRI-Linac system can attract objects from certain metals which can pose a risk to patients and staff. We observed staff checking the safety questionnaire and previous medical history with patients before their scan.

Staff knew about and dealt with any specific risk issues. The service had comprehensive local rules. Local rules are safe working practices specific to an individual location. Staff had to sign to confirm they had read and understood the local rules as part of their induction competency checks. All staff required to enter the MRI-Linac treatment area had completed a safety questionnaire.

Shift changes and handovers included all necessary key information to keep patients safe.

There were systems to manage patients in the event of a machine breakdown which involved discussions with the patient's clinician about how to manage and compensate for missed doses of radiotherapy. The centre had plans to transfer the patient and staff to another location under the same provider to prevent missed doses during treatment. There were currently two MRI-Linac locations across the provider with a third planned to open.

Staffing

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

The service had enough staff to keep patients safe.Managers accurately calculated and reviewed the number of staff needed for each shift in accordance with national guidance.The manager could adjust staffing levels for each treatment daily according to the needs of patients. The number of staff matched the planned numbers.

The service had a daily huddle in the morning to assess staffing levels. We were told this allowed cover to be arranged from other locations if sickness or absence impacted on staffing levels. We saw that planned numbers of staff matched the actual numbers.

The service had low vacancy and turnover rates. The service lead explained they would like to increase the number of staff available to expand hours at which the service could see patients and understood the importance of recruiting appropriate people into the small team.

Medical care (Including older people's care)

Managers did not use agency staff. Due to the type of treatment offered by the service, managers told us there were a limited number of radiographers with the appropriate expertise. Staff told us that in the event they were short of a member of staff they had access to provider regional radiographers and staff trained in the same equipment from other locations under the same provider.

All consultants worked under practicing privileges granted by a panel at Genesis Care UK. Practicing privileges are granted to doctors who are not directly employed by a service but allow them to work there to carry out certain defined roles. All consultants had a scope of practice agreed based on their previous experience, they were expected to always work within this.

The service did not employ a resident medical officer (RMO) as medical support was provided by the collocated independent hospital. Staff told us the RMO was available at all times and they had not experienced challenges contacting them.

Records

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

Records were stored securely. The service used a password protected secure electronic system to maintain patient records. Paper records such as referral forms were scanned and uploaded to the system before being confidentially disposed of. All patient and clinical information were recorded on this system.

Patient notes were comprehensive, and all staff could access them easily. There were no delays in staff accessing records when patients transferred to a new team. We reviewed ten patient records and found that all documentation was completed and correct.

All staff undertook information governance training as part of their mandatory training. Information governance audit results showed scores above 90% between March 2022 and April 2023.

Discharge summaries were sent to a patient's GP with a copy for the patient once they completed their treatment. We reviewed these discharge summaries and saw they contained appropriate information details and contact information for the service if the GP required further information.

There were posters displayed in the service to ask patients to inform staff if they thought they might be or were pregnant. These posters included information in multiple languages and images.

Medicines

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

Staff followed systems and processes to prescribe and administer medicines safely.

Staff stored and managed all medicines and prescribing documents safely. Limited medicines were held on site. Contrast medium used during radiotherapy sessions was kept in a locked cupboard within a staff only access area. Staff who administered contrast medium had training in its use, intravenous (IV) cannulation, anaphylaxis and basic life support (BLS).

Medicine stocks were checked regularly and overseen by the pharmacy team from the collocated independent hospital.

Outstanding ☆

Medical care (Including older people's care)

Staff learned from safety alerts and incidents to improve practice. Medicine related incidents were reported using the electronic Datix system and investigated in accordance with the incident policy. Medicine patient safety alert were received from the provider at an organisation level and disseminated to the locations staff as required.

Incidents

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff were encouraged to report and record all incidents, and were able to give examples of types of incidents they would report. Staff raised concerns and reported incidents and near misses in line with the service's policy.

Staff understood the duty of candour. They were open and transparent, and knew how to give patients and families a full explanation if and when things went wrong.

The service had no never events. Managers shared learning with their staff about never events that happened elsewhere.

Staff reported serious incidents clearly and in line with the service's policy. Staff received feedback from investigation of incidents, both internal and external to the service. Staff met to discuss the feedback and look at improvements to patient care.

We requested the details of the incidents reported in the last 12 months. We saw that all incidents were investigated, actioned and any learning was notified to relevant staff.

We saw evidence from governance meetings that incidents and learning were discussed at all levels across the organisation and that information filtered up and down appropriately. This included the risk and safety committee held weekly at provider level and the location daily huddles ensuring that learning was shared more widely between sites.

Is the service effective?

Good

We have not previously rated effective at this service. We rated it as good.

Evidence-based care and treatment

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

Staff followed up-to-date policies to plan and deliver high quality care according to best practice and national guidance. We reviewed policies, procedures and guidelines produced by the service and found they were in date and based on current legislation, national guidance and best practice.

Outstanding ☆

Medical care (Including older people's care)

Staff protected the rights of patients subject to the Mental Health Act and followed the Code of Practice. Due to the nature of the service, patients needed to be able to cooperate with the treatment and procedures were in place to encourage and support patients to attend with a chaperone to provide comfort as required. Staff had specific training on dementia and mental health included as part of their mandatory training.

The service offered advanced radiotherapy as standard to improve accuracy during radiotherapy treatments.

At handover meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers.

Nutrition and hydration

Staff gave patients enough food and drink to meet their needs and improve their health. The service made adjustments for patients' religious, cultural and other needs.

Staff made sure patients had enough to eat and drink, including those with specialist nutrition and hydration needs. Specialist support from staff such as dietitians and speech and language therapists were available from the collocated independent hospital for patients who needed it.

The waiting room had snacks available for patients and their families as well as access to water and a coffee machine with milk alternatives to meet dietary needs.

Patients undergoing contrast enhanced scans as part of their treatment were required to fast before scanning and the service provided information and support to those patients. All patients undergoing treatment requiring fasting were provided with a menu from which to choose a meal to eat post-treatment.

Pain relief

Staff assessed and monitored patients regularly to see if they were in pain.

The service provided prescribed pain relief to patients attending radiotherapy sessions. Staff told us they checked with patients that they were comfortable before, during and after treatment. Staff told us they contacted the RMO from the co-located independent hospital to review any patients who were experiencing pain.

Patient outcomes

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.

Managers and staff carried out a comprehensive programme of repeated audits to check improvement over time. These included monthly time to treatment reporting, centre quality and patient centred care.

The service reported clinical audit results at a provider level. This allowed audit performance benchmarking against similar services within the provider group. These were discussed at the provider level safety quality and leadership forum attended by centre leaders and lead radiographers.

Managers used information from the audits to improve care and treatment.Managers shared and made sure staff understood information from the audits. Managers and staff used the results to improve patients' outcomes. We were given evidence that rates for the prescription of complimentary exercise medicine had been identified as an area of concern following auditing which led to changes in the admin process to improve uptake.

Outstanding ☆

Medical care (Including older people's care)

Outcomes for patients were positive, consistent and met expectations, such as national standards. Improvement was checked and monitored.

The centre was accredited by the Macmillan Quality Environment Mark level five in January 2022 and received BSI accreditation in November 2022.

Competent staff

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

Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients. All radiographers were Health and Care Professions Council (HCPC) registered.

Managers gave all new staff a full induction tailored to their role before they started work. The service had a radiographer competency checklist that new radiographers worked through as part of their induction.

Managers supported staff to develop through yearly, constructive appraisals of their work. Staff had the opportunity to discuss training needs with their line manager and were supported to develop their skills and knowledge. Managers identified poor staff performance promptly and supported staff to improve.

Managers identified any training needs their staff had and gave them the time and opportunity to develop their skills and knowledge.Managers made sure staff received any specialist training for their role.

Managers made sure staff attended team meetings or had access to full notes when they could not attend.

Multidisciplinary working

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

Staff held regular and effective multidisciplinary meetings to discuss patients and improve their care. Morning huddles were held daily, and all staff members were expected to attend, we looked at minutes of these meetings and saw that they covered transportation concerns, requirement of interpreters, daily safety checks and safety briefs.

Staff worked across health care disciplines when required to care for patients. We saw staff working in multidisciplinary teams to deliver effective care and treatment, this included relevant staff from the collocated independent hospital when required.

All Genesis Care UK services worked closely together to maximise efficiency and provide treatment consistently to benefit patients. Staff could be shared across different locations where they were needed most during any shortages.

Seven-day services

Key services were available to support timely patient care.

The service was provided Monday to Friday from 9am to 5pm, although treatment was given on weekends and bank holidays by exception to avoid disruption.

Outstanding ☆

Medical care (Including older people's care)

Health promotion

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

Staff assessed each patient's health when admitted and provided support for any individual needs to live a healthier lifestyle. The service had relevant information promoting healthy lifestyles and support during discussions with patients. This included eating well during cancer and the prescription of tailored exercise regimes that could be completed offsite with the support of online exercise classes or in the onsite gym.

The service took a holistic approach to the care of patients with an onsite charity embedded within the service to support wellbeing. The service had considered the demographics of their service users and provided information best suited to their needs.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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

Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. Staff gained written consent from patients for their care and treatment in line with legislation and guidance.

Staff clearly recorded consent in the patients' records we examined. Managers told us patient consent forms were often created electronically but some consultants still used paper copies. Where paper copies were used these were scanned into the patient management system to form the electronic patient record.

Staff made sure patients consented to treatment based on all the information available. Patients were able to give informed consent and were given lots of information in order to do so. Staff ensured patients and their relatives knew what to expect and set realistic expectations from treatment.

Staff received and kept up to date with training in the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Health Act and Mental Capacity Act 2005 and they knew who to contact for advice. Staff could describe and knew how to access policy and get accurate advice on Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Outstanding ☆

We have not previously rated caring at this service. We rated it as outstanding.

Compassionate care

Staff truly respected and treated patients with compassion, respected their privacy and dignity, and took account of their individual needs. Feedback from patients consistently confirmed that staff cared for them with kindness.

Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate way.

Outstanding ☆

Medical care (Including older people's care)

The service provided holistic care and treatment for patients who were receiving cancer treatment. Staff supported patients with their physical, mental and emotional health. The service employed exercise medicine specialists and worked with a charity to provide additional support. Patients had access to counselling, massage therapy and other relaxation and mindfulness sessions.

All staff showed awareness of the '6C's' of 'Compassion in Practice - Nursing, Midwifery and Care Staff - Our Vision and Strategy 2012: compassion, care, commitment, courage, competence, communication'.

Consultations took place in a dedicated room. All staff maintained privacy, with closed doors and clear signage indicating the room was occupied. There were also curtains within each room to provide extra dignity and privacy where required.

NICE QS15 Statement 1 states, "Patients are treated with dignity, kindness, compassion, courtesy, respect, understanding and honesty." We found staff of all grades in all the services we visited adhered to these principles during their interactions with patients, families and their carers and visitors.

Patients said staff treated them well and with kindness. Results from patient surveys between January and April 2023 showed performance averaged above 88%.

Staff followed policy to keep patient care and treatment confidential. Treatment information screens and CCTV monitoring were positioned in a way so they could not be viewed by unauthorised persons.

Patients were called by first name only or if requested surname and title. Conversations to confirm identify details such as date of birth and address were held only once in a private area. Patient reviews took place in consultation rooms and conversations in these rooms were not overheard.

Staff understood and respected the individual needs of each patient and showed understanding and a non-judgemental attitude when caring for or discussing patients with mental health needs.

Emotional support

Staff considered the emotional needs of patients to be as important as their physical needs and provided emotional support to patients, families and carers to minimise their distress. They invested time into fully understanding patients' personal, cultural and religious needs.

Staff understood very well the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. Provider level feedback stated that 98% of patients felt supportive services made a difference to them. Patients also fed back that over 80% had a reduction in cancer related concerns. In the six months before the inspection, 100% of patients had supplied feedback at the end of their treatment.

Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff knew the patients seen at the service were often anxious and understood the emotional and social impact that a person's care, treatment or condition had on their wellbeing and on those close to them. We observed staff demonstrating a calm, reassuring approach when communicating with patients.

Staff provided safe and timely support and information to cope emotionally with their care, treatment and condition. This is in line with National Institute for Health and Care Excellence, QS15 Statement 10: Patients have their physical and psychological needs regularly assessed and addressed, including nutrition, hydration, pain relief, personal hygiene, and anxiety. Staff understood and respected the personal, cultural, social and religious needs of patients and how they may relate to care needs. This included taking into account information about an individual provided at the time of booking,

access to translation services and individual changing rooms. Patients chose their appointment times based on their own personal, social, and religious commitments and were able to alter these if needed. The service had created a non-denominational prayer room where patients could reflect and undertake personal prayer. The service supplied religious texts in a wide range of faiths including Christianity, Islam, and Judaism. There was also a prayer mat that could be used and compass to ensure patients whose faiths required prayer to be undertaken when facing a religious shrine. This space could also be used as a quiet room used if a patient became distressed and needed additional support.

During the morning safety huddle meetings, staff routinely referred to the psychological and emotional needs of patients, their relatives and carers. Patients receiving wellbeing treatments on the day were discussed, and the wellbeing consultant attended meetings when they were based at the service.

Patient emotional and social needs were seen as being as important as their physical needs. Patients underwent a holistic needs assessment at the start of their treatment so that they could receive personalised care through their treatment. All patients receiving cancer treatment benefited from wellbeing support services such as reflexology, counselling, relaxation techniques and cognitive behavioural therapy (CBT).

Patients were encouraged to bring a chaperone with them. Patients' families were also entitled to supportive services such as mindfulness and relaxation, this helped further support the patient by ensuring their families were given tools to be mentally able to support them. Patients and families we spoke to on the day of the inspection told us every interaction with centre staff exceeded their expectations. We were told that patients felt nothing was too small a concern to mention as it would be taken seriously, and efforts made to fix the concern.

The treatment area was separated from the waiting area so any distress during treatment was kept confidential. Staff supported patients who became distressed in an open environment by taking advantage of quiet rooms within the service.

All the patients we spoke with told us staff gave them support and time to discuss their treatment. Patients told us they looked forward to attending the centre for treatment because of the staff and the environment.

Understanding and involvement of patients and those close to them

Staff empowered patients, families and carers to be full partners in their care. Staff ensured they understood their condition and had the information in the format they required make decisions about their care and treatment.

Staff made sure patients and those close to them understood their treatment. Staff supported patients to make informed decisions about their care. Patients were provided with printed information leaflets at the appointment where radiotherapy treatment was discussed, and a referral was made. Leaflets were available in multiple languages covering the most common spoken by patients at the service.

Staff told us they contacted the patient by telephone within 24 hours to inform them they had received the referral and to outline the patient pathway. Staff told us this also gave patients an opportunity to further request any additional support such as translation services. These conversations were noted in the patients care records so all staff knew how best to meet the patient's needs. Radiographers also phoned patients prior to their first visit to discuss concerns and anxieties as well as explain procedures while providing time to answer any questions.

Staff talked with patients, families and carers in a way they could understand, using communication aids where necessary. This included access to language interpreters. The service accessed printed information in an 'easy read format' and signers were available to attend patient appointments.

Outstanding ☆

Medical care (Including older people's care)

The service had obtained the Macmillan Environment Quality Mark (MEQM) with a score of five out of five. This included an assessment of the patient experience and the level at which users are involved in the development of services and how people's views are considered.

Patients and their families gave feedback on the service and their treatment and staff supported them to do this. Feedback was taken onsite weekly from patients undergoing treatment lasting more than one week and all patients were asked to complete end of treatment feedback onsite via a tablet. Staff told us these feedback forms often gave instant areas for improvement that benefited the patient. For example, if a patient disagreed with the statement the "temperature was comfortable during treatment" then staff could provide blankets or fans as appropriate. Patients undergoing day case treatment were emailed for their feedback due to the need for immediate recovery. The service had an average response rate above 50% between January and April 2023.

Patients gave overwhelmingly positive feedback about the service. In February 2023, 24 patients gave feedback on the service and 87.5% rated the service positively and no patients rated it negatively.

Is the service responsive?

Outstanding ☆

We have not previously rated responsive at this service. We rated it as outstanding.

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

The service planned and provided care in a way that met the needs of the patients it served. It also worked with others in the wider system and local organisations to plan care.

Facilities and premises were innovative and met the needs of the range of people used the service. The service offered free transport by taxi for patients undergoing treatment over multiple days who would otherwise struggle to access a central London location and could also arrange local accommodation in hotels at a reduced rate. The service was accessible to patients who used a wheelchair.

The service had systems to help care for patients in need of additional support or specialist intervention. The registered manager had previous experience as a clinical nurse specialist and applied this experience to review and support patients regularly. Staff contacted patients' clinical consultants if patients requested specialist intervention not provided by the service.

Waiting lists for treatment for cancer patients varied by the type of treatment being offered. The service was able to, within reason and based on treatment needs, schedule appointments between patients and their named consultant at a time convenient to the patient.

There were innovative approaches to providing integrated person-centred pathways of care that involved other service providers, particularly for people with multiple and complex needs. The service coordinated treatment with consultants including those at the collocated independent hospital and a local NHS Trust and maintained flexibility in ensuring continuity of care including same day roundtables.

Outstanding ☆

Medical care (Including older people's care)

Meeting people's individual needs

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

The service took a proactive approach to understanding the needs and preferences of different groups of service users and delivered care in a way that met these needs in an accessible way that promoted equality. This approach was taken with all service users including those with protected characteristics under the Equality Act, service users who may have been approaching the end of their life, and service users who had vulnerable circumstances or complex needs.

Patients' individual needs and preferences were central to the delivery of tailored services and the service was able to provide bespoke support for specific cancers. For example, patients with prostate cancer attended a pre-treatment meeting to discuss sensitive aspects of their condition and were given information specific to it. Every patient was made aware of the availability of counselling and exercise medicine as part of the initial assessment, and they were signposted to further support services where appropriate. Additional support that could be provided to patients as part of their treatment included access to physiotherapy, dieticians, speech and language therapists, occupational therapy, counselling and complementary therapy.

Patients undergoing treatment for consecutive days received door to door transport arranged and funded by the provider. This supported patients experiencing side effects such as radiation fatigue. Radiation fatigue is a common side effect for all radiotherapy treatment and this measure reduced the impact of fatigue on daily travel to appointments.

Staff supported patients living with dementia and learning disabilities by using 'This is me' documents and patient passports. Staff understood and applied the policy on meeting the information and communication needs of patients with a disability or sensory loss.

Patients from many different countries and cultures came to the service for treatment. The service had information leaflets available in languages spoken by the patients and local community. There were posters through the service in multiple languages regarding the risks of pregnancy and radiation.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed. The service had access to both telephone interpretation services and on-site interpreters at the collocated independent hospital who were used wherever possible. Leaders and staff told us they did not use patients' family members to translate as they recognised and understood this was not best practice.

Patients were given a choice of snack and drink to meet their cultural and religious preferences. Patients who were undergoing lengthy treatment could order meals from the collocated independent hospital restaurant and this catered for a wide range of dietary restrictions and allergies.

The service had signs in waiting rooms and consulting rooms informing patients they could ask for a chaperone if they felt they required one. Staff were trained to provide this if patients did not wish to use a friend or family member.

The service had obtained the Macmillan Environment Quality Mark (MEQM) with a score of five out of five. This identified that the facilities and premises of the service were innovative and met the needs of the range of patients who used it.

Outstanding ☆

Medical care (Including older people's care)

Access and flow

People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.

Staff completed treatment summary letters and sent these to the patient and their GP. This informed them of the treatment area and radiation dose received.

Managers monitored waiting times and made sure patients could access services when needed and received treatment within agreed timeframes and national targets. We were provided with figures which showed the average time to treatment for all patients were within targets and delays only occurred when planned. This included retained capacity which was used for palliative patients requiring rapid access to treatment.

Patients' individual needs and preferences were considered in the delivery of tailored services. Treatment times could be amended, and specific times requested so the service could be accessed in a way and at a time that suited service users.

Managers worked to keep the number of cancelled appointments to a minimum. When the service was unable to provide patients with treatment due to equipment failure at the last minute, managers could take steps to ensure patients did not have their treatment interrupted whilst engineers made repairs. This included transferring to another service with a matched machine and treating on the weekend. Staff told us they used the complimentary taxi service to transport patients and their radiographers to partner locations when this was required.

Staff supported patients when they were referred or transferred between services.

Learning from complaints and concerns

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

Patients, relatives and carers knew how to complain or raise concerns. Patients we spoke with knew how to raise a complaint if they wished and felt comfortable doing so. The service clearly displayed information about how to raise a concern in patient areas and all patients were given the opportunity to do so. All staff understood the policy on complaints and knew how to handle them.

Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint.

Managers shared feedback from complaints with staff and learning was used to improve the service. This included complaints at other partner locations which could be applied to this service to improve patient experience.

Staff could give examples of how they used patient feedback to improve daily practice. These included additional furniture in changing rooms to rest belongings while getting changed and the type of uniform support staff such as physios wore. Patient groups were involved in improving the service.

We were supplied with a copy of the complaints policy, which set out clearly how to complain, what happens, who would investigate and how patients and staff were involved and notified of the outcomes. The policy also stated the service participated with the independent sector complaints adjudication service (ISCAS).

Outstanding ☆

Medical care (Including older people's care)

Is the service well-led?

Outstanding ☆

We have not previously rated well-led at this service. We rated it as outstanding.

Leadership

There was compassionate, inclusive, and effective leadership at all levels. There was a deeply embedded system of leadership development and succession planning. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

Genesis care Radiotherapy Centre at the Cromwell Hospital was part of the wider Genesis Cancer Care UK Ltd network of services. The service did have its own registered manager and we found that all policies were site specific to this location. The service leader reported to the director of operations who sat within the Genesis Care UK Leadership Team. The centre had dedicated leads for each clinical service. Staff told us this structure supported their access to a lead in their area to help resolve issues and provide daily operational leaders specific to their area. The treatment and physics planning area had a lead who in turn reported into the centre leader.

Managers at all levels had the right skills and abilities to run the service providing high-quality sustainable care. All staff we spoke with told us they felt supported and listened to by their line manager and clinical leaders. Staff told us they felt valued and spoke positively about the leadership at every level. Staff felt encouraged to challenge leaders where appropriate.

Clinical area leaders worked closely with staff and were accessible when staff needed support throughout the day. Staff told us they felt their clinical leads were approachable and offered advice or support for concerns whenever was required. Staff told us that they could contact managers at any time for help or advice. They also told us that managers were visible in the organisation and would walk throughout the centre round during the day. They said they also had safe visibility of corporate staff at corporate events or at the centre.

Staff we spoke with told us that the senior leadership team were approachable and visible with frequent walk-arounds and an open-door policy. Members of the wider senior leadership team also supported the service. Staff told us leaders regularly came to the service and spoke with them to ensure they had access to senior leadership.

Succession planning at all levels and also within the leadership team was discussed monthly. Staff exploring leadership pathways were supported to attend training sessions to gain the knowledge and skills needed by a leader. Staff told us of their goals and aspirations for personal and professional development within the company. We spoke with one member of staff who was in the process of promoting to a position as clinical lead in a new Genesis Care Centre that had opened and we were told they had been supported by managers and colleagues to do this.

Leaders motivated staff to succeed in their roles and careers. Clinical leads encouraged staff to share ‘reasons to be proud’ and nominate employee of the month. Staff told us the centre leader always listened to any improvement ideas they raised and provided staff opportunities to implement those suggestions after successful trials. An example of this was insight training.

Outstanding ☆

Medical care (Including older people's care)

Vision and Strategy

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

Genesis care Radiotherapy Centre at the Cromwell Hospital was part of the wider Genesis Care network of services which provided private healthcare across the UK.

The corporate values of the service were empathy for all, innovation every day, partnership inside and out, bravery to have a go, and integrity always. There were provider values posters on display in staff areas. Staff were aware of these and gave examples of how they applied them in their work, and we observed staff displaying those values during the course of our inspection activity. Staff were measured against these values by managers as part of their annual appraisal, mid-year reviews and monthly one to ones.

The service vision embedded these values with the goal of creating a 'service of the future' (SOF). The SOF strategy was co-created following staff engagement workshops across the whole business, led by a designated SOF lead whose responsibility was to drive the strategy and ensure engagement at all levels within the organisation. Eight SOF workstreams were found, each led by a member of the leadership team. All staff were encouraged to sign up for inclusion into a workstream depending on area of interest or ability. The service had clear benchmarks for achieving the vision and staff had highlighted those they had achieved to celebrate their progress. Progress against goals were discussed regularly in through all level of meetings up to board level.

The service had a high-cost equipment replacement programme which outlined the life cycle of imaging equipment and replacement strategy.

Culture

Staff felt respected, supported, valued and motivated by leaders with an aligned purpose. They were focused on the needs of patients receiving care and how to improve the care they provided. The service promoted equality and diversity in daily work, and actively supported opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

There was an exceptional culture across the centre. All staff were proud of the organisation they worked for and staff at all levels were actively encouraged to speak up and raise concerns. There was a high level of staff satisfaction across all staff grades. There was a strong organisational commitment and effective action towards ensuring staff were listened to.

We found an inclusive working environment within the department. Staff we spoke with described the culture as 'patient orientated', and 'rewarding' with many referring to the anxious patients they successfully helped as an important highlight of their job. We found highly dedicated staff who were positive, knowledgeable, and passionate about their work and felt supported by their leaders to accomplish it. The services policies reflected their commitment to promoting equality and diversity.

The service held annual insights training involving all staff members at all levels. This involved all team members being profiled to identify their strengths, weaknesses and work habits before coming together to identify how teams could work best together. Staff and managers told us this had a significant positive impact throughout the year on how team members worked together, managed challenges and communicated with one another. Line managers told us they used

this information when supporting staff by ensuring their approach was tailored to the individuals. Since being implemented 3 years ago this had resulted in increased team productivity and satisfaction with lowered attrition rates and higher retention rates. Following the success of this training at the centre, the provider was in the process of rolling out the same training nationally.

Staff we spoke with told us they felt cared for, respected and listened to by their peers and managers. Staff told us they received debriefs where necessary, although staff said they rarely had difficult encounters with patients.

The culture encouraged openness, honesty and improvement. Staff told us they felt able to challenge unsafe practice and report them to the manager. Staff told us there was a 'no blame' culture when incidents happened, and the team supported each other at team meetings. Patients told us they knew how to raise concerns and would feel comfortable complaining if they needed to and we saw evidence that the service responded quickly to these.

There was a culture of learning and improvement at the service. Staff told us they felt empowered to seek out new learning opportunities that would improve the quality of the service and that they were actively encouraged by leaders at all levels of the organisation to pursue this. This was supported through regular one to one's and completion of annual appraisals.

Governance

Governance arrangements were proactively reviewed and reflected best practice. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There was a clear governance structure in place. We saw an overall schematic of how this governance system operated with its structure from organisation level down to service level. The service's formalised governance framework had processes to support the safe and effective delivery of care. The service had clear systems of governance, and this aligned with the global provider model. The clinical staff caring for patients reported into an area specific lead, these leads reported into the centre lead, the centre lead reported to the wider senior leadership team.

There were 2 oversight committees, and these were divided into technical and clinical support. The service fed into the professional leader's forum for clinical oversight. They also fed into the radiation oncology committee for technical oversight. There were also channels of communication from the area specific leads with other leads of the same area across the provider.

There was a radiation safety committee as part of technical oversight committee. The radiation safety committee oversaw radiation protection and monitored the requirements for the use of ionising radiation and the safety and quality performance of this. We reviewed meeting minutes from the last two committee meetings; we saw these followed a standard agenda and were a clear record of the discussion.

The nominated individual for the service had overall responsibility for governance and quality at provider level.

All staff told us they were clear about what their responsibilities and roles were. These channels of communication were the same for administrative staff.

The service had different team meetings for different staff groups as well as combined meetings which took place regularly, and minutes of these were made available to staff who were unable to attend. We reviewed the February 2023 meetings for each format of staff meeting, which showed staff received relevant updates regarding learning from incidents and complaints, patient experience, the business, training, and clinical effectiveness.

There were clear communication processes to make staff aware of incidents both locally and across the whole provider. Locally staff were told either in person or over an email that there had been an incident and caution was required.

National incidents were discussed monthly and learning outcomes recognised and shared across all the provider services. If an incident was deemed to be of serious level, then a “fast alert” was sent out across all services via email. This meant all members of staff were instantly informed of an incident and any immediate changes and impact to practice.

The Medical Advisory Committee (MAC) advised on matters such as the granting of practising privileges, scope of consultant practice, patient outcomes, clinical standards and implementing new and emerging professional guidance. The MAC ensured there was a process for overseeing and verifying doctor revalidation, continuing practice development and reviewing practising privileges. The scope of practice for doctors with practising privileges was available for other clinical staff to check to ensure they were not working outside of their area of expertise. Staff were able to show us where to find practising privilege information.

Management of risk, issues and performance

Leaders demonstrated commitment to best practice performance and risk management systems and processes to manage performance effectively. Problems were identified and addressed quickly and openly. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.

The service had a local risk register. Risks had mitigation's in place and plans to address them. These were reviewed and updated regularly in line with the services risk management policy and the approach implemented across the provider. Each risk had a weighted risk score and actions to mitigate or resolve the risk was recorded. Risks were escalated via the provider as needed and discussed at monthly, minuted and well attended meetings.

Leaders confidently and knowledgeably discussed the risks in their centre with the inspection team. We spoke with the registered manager who had knowledge and oversight of the services main risks and understood the challenge of risks in terms of quality, improvements and performance. These correlated to the risks we identified during the course of our inspection.

There was a clear approach to audit and performance management at the service. The audit programme was thorough and clearly laid out timescales for audits to be repeated to ensure compliance. The results of the audits were fed into the provider leadership team to allow for benchmarking across all sites. We were told there were plans for services to be paired up and to begin auditing each other, to ensure there was a fresh set of eyes carrying out the audit.

The service had a fire risk assessment, fire risk evacuation procedure, fire extinguishers and smoke detectors. All staff had completed mandatory fire safety training.

There were regular safety and quality meetings which covered a variety of topics and included appropriate members of the organisation.

The service reviewed the performance regularly. For example, they reviewed the time from referral to scan and referral to first treatment. This was also monitored at provider level and services benchmarked their waiting times.

Outstanding ☆

Medical care (Including older people's care)

Information Management

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

Performance data was continually collected and reviewed by the centre leadership team and was used regularly to bench-mark performance across the provider. We viewed the secure electronic data systems on the day of the inspection and saw how the information was collected, analysed, and used to support centre performance.

We were told the centre complied with General Data Protection Regulation (GDPR) and took into consideration Caldicott principles when making decisions on how data protection and sharing systems were designed and operated. Staff had completed mandatory training on information governance and cyber security.

Staff had digital access to policies and received feedback from audits on performance. Staff reported there were sufficient numbers of computers in the service and spoke highly of the electronic record system being used and the centralised booking system.

The centre leader submitted all statutory notifications to external bodies as needed. This was monitored electronically and could be audited and tracked easily.

Engagement

Leaders and staff had consistent active and open constructive engagement with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Staff had regular engagement with managers at meetings, via email, and through daily interactions. Managers were involved in the day-to-day running of the service. Staff at all levels had an understanding of how their colleagues worked best and valued each individual's contribution. We were told this was the result of the annual insights training.

Staff surveys were completed at the service and included all staff. The most recent staff survey showed positive responses for inclusivity of leaders and recognition of staff efforts. Results fed into the action plan for the service.

Leaders supported staff to be individual, professionals who had an important contribution to make in the success of the centre. Staff felt they could be themselves no matter what protected characteristics they identified with, and their strengths and contributions were valued.

The service encouraged patients to feedback via surveys and we saw positive examples of feedback as well as negative feedback the registered manager had responded appropriately to. All patients undertaking extended treatment were asked to provide weekly feedback and end of treatment feedback via a tablet on site and day case patients were emailed for feedback due to their need for immediate recovery. They were also clear about the complaints process if patients felt the need to complain. Patients were consulted on any centre changes that affected them. For example, patients chose the uniforms exercise medicine team in the onsite gym.

Outstanding ☆

Medical care (Including older people's care)

Learning, continuous improvement and innovation

There was a fully embedded systematic approach to improvement. All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research. There was a strong record of sharing work locally, nationally and internationally.

The service was one of only four sites currently using magnetic resonance imaging guided linear accelerator treatment in the UK. The equipment delivered a new safe service for patients with fewer radiation side effects than some more conventional services and learning from this was being shared both within and outside the provider.

Clinical Reference Groups were a key part of the service development strategy. Tumour site specific forums (urology, neuro oncology and breast) occurred monthly and had representation from the medical profession (consultant oncologists and radiologists), from the governance team, and the clinical subject matter experts (heads of service) to discuss pathways for new treatment techniques and pathways to ensure best practice was being achieved for patients. The MDT approach to service development and delivery ensured that there was a consistent process to introducing new pathways, particularly for the MRI-Linac at Genesis Care Cromwell. This approach led improvements in pathways over the last 12 months including the launch of an MRI-Linac lymphoma service and the development of a breast MRI-Linac protocol.

Staff learning and continuous improvement was encouraged and discussed at regular one-to-one meetings with line managers. Staff and managers worked together to identify areas that would improve services, and these were requested where appropriate.

There was a designated stereotactic ablative radiotherapy (SABR) lead and reference group at provider level to support with its implementation and ongoing refinement across all services. SABR is a way of giving radiotherapy to precisely target certain cancers and is recognised as being a gold standard treatment.

The service regularly and consistently presented the work being done to a local, national and international professional audience. This was done through running doctor events to highlight advances in radiotherapy and the MRI-Linac to presenting at international conferences and publications in professional journals. The MDT approach to sharing information involved Cromwell oncologists, radiographers, physicists and dosimetrists who were all named authors on papers, posters and presentations.