

Group Chief Executive's Statement

I am pleased to welcome you to our Quality Accounts 2016.

Our 2016 Quality Accounts provide a transparent picture of BMI Healthcare's performance over the period covered and present the outcomes of objective metrics on the quality status of our 59 hospitals and clinics.

Across BMI Healthcare, we have adopted a systems-based approach to the management of clinical risk with the focus being on establishing effective systems, processes and controls across the business, rather than focusing on the acts or omissions of individual employees. Our goal is to establish a managerial culture which promotes proactive consideration of clinical risks, so that appropriate mechanisms and strategies are put in place to control and minimise future risk.

A comprehensive clinical governance framework exists across BMI Healthcare to ensure patient safety. As part of the framework, every effort has been made to ensure strategies are in place to look both prospectively and retrospectively across the organisation. This means that our focus is on both preventing risk and identifying clinical outcome trends across the business, as well as ensuring appropriate controls are in place at all levels.

Because of the inherent risks associated with being a patient in a healthcare system and our continued and consistent focus on patient safety, a key part of our plan is to ensure that every effort is made to reduce the likelihood and consequence of an adverse event or outcome associated with the treatment of a patient in our hospital. No healthcare provider can afford to be complacent and whilst I believe BMI Healthcare's hospitals provide safe and effective care, we are always striving for improvement. And indeed, our internal audit processes continue to identify areas for ongoing improvement and investment. During the last year, we have also seen the onset of the new Care Quality Commission (CQC) inspection regime and a number of our hospitals have now been through the new process, with a steady flow of inspections expected over the next 12 months.

BMI Healthcare's brand promise is to be "serious about health, passionate about care". Its four core themes – safety, clinical effectiveness, patient experience and quality assurance – provide our staff with the platform to consistently deliver the care that patients, their insurers and commissioners expect and deserve. We continue seek new ways to enhance engagement with our Consultants and Allied Health Professionals, as well as our own staff, around important clinical governance topics like the focus on Duty of Candour. During the year we held a workshop for our medical leaders at our National Medical Advisory Conference for the Chairs of our hospital Medical Advisory Committees and provided updated policies and guidance for our staff. We regularly communicate with our staff and Consultants the importance of using the recognised procedures such as the World Health Organisation 'Safer Surgery Checklist' and we are clear that patient safety remains our top priority. As a learning organisation, we make sure that learning from incidents and a culture where it is safe to speak up are cultivated and nurtured by our leaders.

We are shortly to introduce Patient Recorded Outcome Measures ('PROMs') for all our private patients, as well as those outcomes we already capture for our NHS patients. The new national Private Healthcare Information Network (PHIN) website, which will launched shortly will also enable patients to make informed choices about their Consultants and care, through a comprehensive website covering the most popular private procedures and their outcomes.

BMI Healthcare strives to provide superior patient care, but ultimately our patients are the best judge of their care and treatment. We are committed to monitoring every aspect of the care we provide, and we invest significantly in obtaining patient feedback on all aspects of their stay with us. We also measure national survey information such as the 'Friends and Family' test and use all patient feedback to guide our investment plans, the treatments we offer and the all-round high quality patient experience we aspire to give. Even with relatively high scores, we strive to improve, and in the most recent figures at the end of 2015, patient satisfaction with overall quality of care had risen to 98.1%, with some of our hospitals scoring 100%.

The information available here in the Quality Accounts has been reviewed by the BMI Healthcare Clinical Governance Committee and I declare that, as far as I am aware, the information contained in these reports is accurate.

Finally I would like to thank all the staff whose dedication to caring for our patients and commitment to improvement are recognised here and in the positive experiences of the patients we serve every day.



Jill Watts, Group Chief Executive

Hospital Information



BMI Fawkham Manor Hospital is a 35 bedded hospital situated in the very picturesque village of Fawkham. It is accessible by road with the local railway station within 4 miles having excellent links to London and the international station of Ebbsfleet within 6 miles. It comprises of two wards named Mulberry and Hawthorne including one High Dependency bed offering an extended recovery level of care. There is an oncology room that has recently been refurbished as we work towards the Environmental Macmillan Mark award for oncology services.

Each room offers the privacy and comfort of en-suite facilities, satellite TV and telephone. Our convalescent rooms oversee the beautiful grounds of the Manor. We have seven spacious consulting rooms with physiotherapy and pharmacy departments on site. The hospital has two main operating theatres and 1 minor procedures theatre within the outpatient department. The hospital has an imaging Suite with a mobile MRI Scanner 4 days per week and a mobile CT Scanner 1 day each week.

We are currently replacing the mobile MRI scanner with a static unit in the grounds and expect this project to be completed by the end of this year. The outpatients department and its 7 consulting rooms are also being refurbished this year. We have submitted a proposal for a third ambulatory theatre to develop services in this area as our business continues to grow. There has been new vinyl flooring to the corridors of the main ward in line with IPC requirements. We have purchased new electrical beds for the ward and 6 new electrical chairs for ambulatory care. We continue to take pride in the hospital and customer services to continually improve the quality of the services we provide.

The percentage of NHS patients for this financial year was 45.6%. This is a slight increase in last year's figures and we are pleased that we continue to be the hospital of choice for our patients, working closely with the local NHS trust.

BMI healthcare are registered as a provider with the Care Quality Commission (CQC) under the Health & Social Care Act 2008 as well with the Hospital Improvement Scotland (HIS) and Healthcare Inspectorate Wales (HIW) for our hospitals outside of England. BMI Fawkham Manor Hospital is registered as a location for the following regulated services:-

- Treatment of disease, disorder and injury
- Surgical procedures
- Diagnostic and screening
- Family Planning

These regulatory bodies carry out inspections of our hospitals periodically to ensure a maintained compliance with regulatory standards.

The CQC carried out an unannounced inspection on 16th December 2014 and found the following compliance by meeting the required standard. We are expecting our next inspection using the new framework later this year. Our last results are published on the CQC website as below.

Care and Welfare of people who use the service	✓
Cleanliness and Infection Control	✓
Assessing and Monitoring the quality of service provision	✓

Fawkham Manor Hospital has a local framework through which clinical effectiveness, clinical incidents and clinical quality is monitored and analysed. Where appropriate, action is taken to continuously improve the quality of care. This is through the work of a multidisciplinary group and the Medical Advisory Committee.

At a Corporate Level, BMI Healthcare's Clinical Governance Board has an overview and provides the strategic leadership for corporate learning and quality improvement.

There has been ongoing focus on robust reporting of all incidents, near misses and outcomes. Data quality has been improved by ongoing training and database improvements. New reporting modules have increased the speed at which reports are available and the range of fields for analysis. This ensures the availability of information for effective clinical governance with implementation of appropriate actions to prevent recurrences in order to improve quality and safety for patients, visitors and staff.

At present we provide full, standardised information to the NHS, including coding of procedures, diagnoses and co-morbidities and PROMs (Patient Reported Outcome Measures) for NHS patients. There are additional external reporting requirements for CQC/HIS/HIW, Public Health England (Previously HPA) CCGs and Insurers.

BMI Healthcare is a founding member of the Private Healthcare Information Network (PHIN) UK – where we produce a data set of all patient episodes approaching HES (Hospital Episode Statistics)-equivalency and submit this to PHIN for publication.

This data (once PHIN is fully established and finalised) will be made available to common standards for inclusion in comparative metrics, and is published on the PHIN website <http://www.phin.org.uk>.

This website gives patients information to help them choose or find out more about an independent hospital including the ability to search by location and procedure.

CQC Ratings Grid

The fundamental standards are the standards by which the CQC stipulate that the care service must not fall below. Everybody has the right to expect care within these standards as they form part of the law.

Safety

Infection Prevention and Control

The focus on Infection Prevention and Control continues under the leadership of the Group Head of Infection Prevention and Control, in liaison with the Director for IP&C and the Lead Nurse for IP&C at Fawkham Manor Hospital.

Between April 2015 to March 2016, the hospital had:

0 MRSA (Methicilin-resistant staphylococcus aureus) bacteraemia cases

0 MSSA (Methicillin sensitive staphylococcus aureus) bacteraemia cases

0 E.coli (E scherichia) bacteraemia cases

0 cases of hospital apportioned Clostridium difficile in the last 12 months.



SSI (Surgical Site Infection) data is also submitted to Public Health England for Orthopaedic surgical procedures. Fawkham Manor Hospital has commenced reporting of all primary hip and knee replacement surgery. Reporting commenced in October 2015 and to date no surgical site infections have been identified in this client group.

Infection Prevention Quality Improvement Tools are used to complete environmental audits in clinical areas. There is now an electronic reporting system which can generate action plans. These action plans are developed to target identified issues. Theatre and Ward audits have been completed for this year and the plan is to audit the OPD following a planned refurbishment in the summer.

Housekeeping has had a review of cleaning checklists and departmental cleaning schedules are reviewed with the QIT audits to monitor appropriateness and compliance.

General issues that have been identified include vents that require cleaning, storage of equipment and the issue of carpet remaining in some clinical areas. An ongoing refurbishment plan is working towards full compliance in moving to impervious vinyl.

Clinical hand wash basins are on the agenda for both upgrading and installing extra units. An extra hand hygiene basin is planned for the main ward this May.

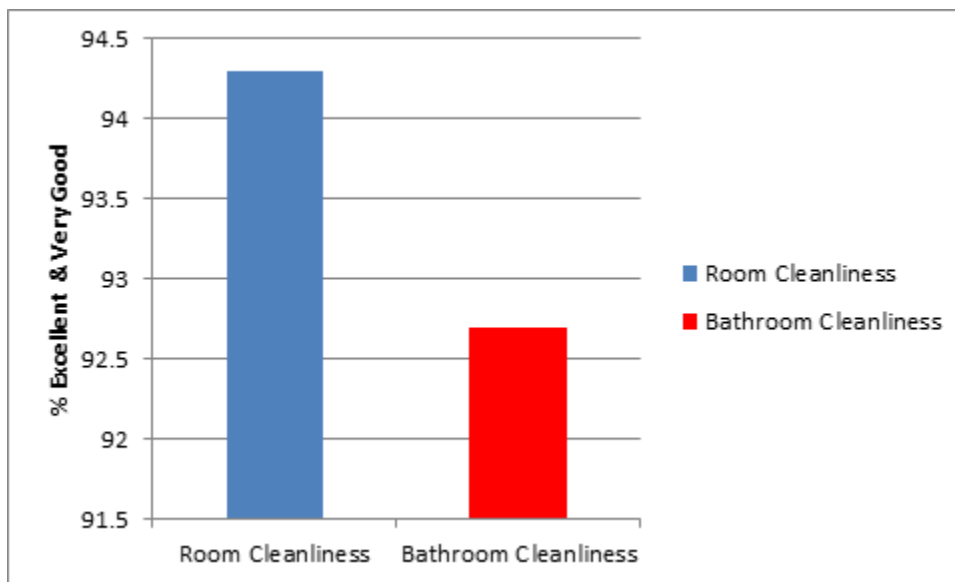
High Impact Interventions, Care Bundles are completed monthly in Theatres and the Wards and more recently the Oncology Unit. These include Peripheral intravenous cannula care, urinary catheter care and Prevention of Surgical Site infection.

Focus for improvement includes documentation and the review of current pre-op skin preparations with a move to the use of a chlorhexidine and alcohol based product. Monitoring of patient temperature during the peri-operative period has shown some improvement and the use of a specific care pathway for patients with an indwelling urinary catheter has promoted awareness of the relevant High Impact Intervention for urinary catheter management.

Hand hygiene audits are completed in clinical areas to assess appropriate cleaning of hands as well as adherence to “Bare Below the Elbow” policy (BBE). Some education and reminders continue to be required for the BBE but practice has improved and departments generally record 100% compliance.

Hand hygiene workshops are held regularly to promote compliance with both the “5 Moments” for hand hygiene as well as use of the correct product and correct technique for hand decontamination.

Environmental cleanliness is also an important factor in infection prevention and our patients rate the cleanliness of our facilities highly.



Patient Led Assessment of the Care Environment (PLACE)

At BMI Healthcare, we believe a patient should be cared for with compassion and dignity in a clean, safe environment. Where standards fall short, they should be able to draw it to the attention of managers

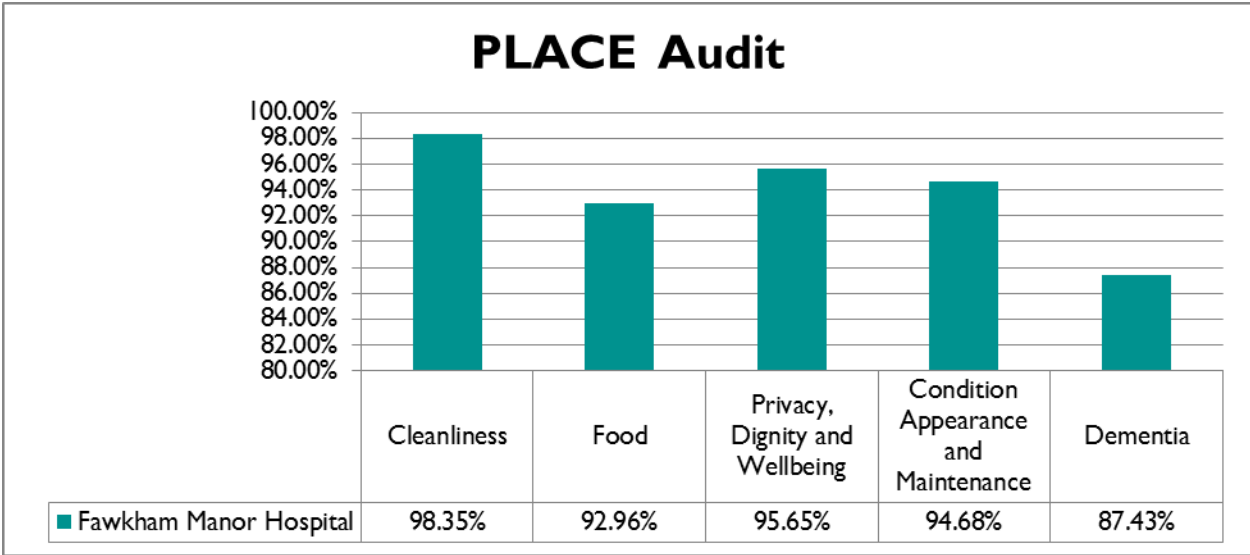
and hold the service to account. PLACE assessments will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced.

Since 2013, PLACE has been used for assessing the quality of the patient environment, replacing the old Patient Environment Action Team (PEAT) inspections.

The assessments involve patients and staff who assess the hospital and how the environment supports patient’s privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff are doing their job.

The results will show how hospitals are performing nationally and locally.

FMH Site results for 2015 are as follows:-



Actions from the 2015 PLACE audit findings included additional signage, review of waste bin provision and consideration of ease of access for patients with a physical disability/dementia. The 2016 audit has been completed and an action plan will be developed in relation to current findings.

Duty of Candour

A culture of Candour is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of Healthcare Systems.

Patients should be well informed about all elements of their care and treatment and all staff have a responsibility to be open and honest. This is even more important when errors happen.

As part of our Duty of Candour, we will make sure that if mistakes are made, the affected person:

- Will be given an opportunity to discuss what went wrong.
- What can be done to deal with any harm caused.
- What will be done to prevent it happening again.
- Will receive an apology.

To achieve this, BMI Healthcare has a clear policy - BMI Being Open and Duty of Candour policy.

We are undertaking a targeted training programme for identified members of staff to ensure understanding and implementation in relation to the Duty of Candour.

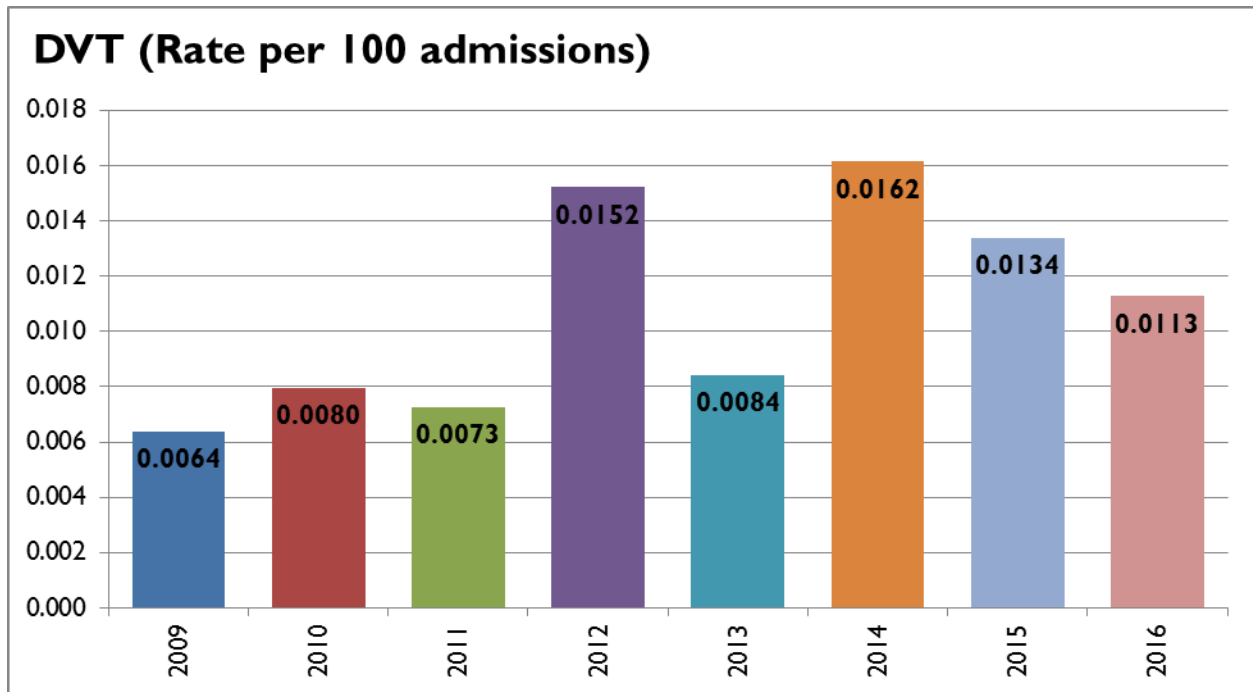
Venous Thrombo-embolism (VTE)

BMI Healthcare, holds VTE Exemplar Centre status by the Department of Health across its whole network of hospitals including Fawkham Manor Hospital. BMI Healthcare was awarded the Best VTE Education Initiative Award category by Lifeblood in February 2013 and was the Runners up in the Best VTE Patient Information category.

We see this as an important initiative to further assure patient safety and care. We audit our compliance with our requirement to VTE risk assessment every patient who is admitted to our facility and the results of our audit on this has shown

VTE Percentage	
VTE	100.00%

Fawkham Manor Hospital reports the incidence of Venous Thromboembolism (VTE) through the corporate clinical incident system. It is acknowledged that the challenge is receiving information for patients who may return to their GPs or other hospitals for diagnosis and/or treatment of VTE post discharge from the Hospital. As such we may not be made aware of them. We continue to work with our Consultants and referrers in order to ensure that we have as much data as possible. .



Sign Up for Safety Campaign

In December 2015 BMI Health applied to Sign up for Safety by submitting our actions for the following five pledges:

- Put safety first** – Committing to reduce avoidable harm in the NHS by half through taking a systematic approach to safety and making public your locally developed goals, plans and progress. Instill a preoccupation with failure so that systems are designed to prevent error and avoidable harm
- Continually learn** – Reviewing your incident reporting and investigation processes to make sure that you are truly learning from them and using these lessons to make your organisation more resilient to risks. Listen, learn and act on the feedback from patients and staff and by constantly measuring and monitoring how safe your services are
- Be honest** – Being open and transparent with people about your progress to tackle patient safety issues and support staff to be candid with patients and their families if something goes wrong
- Collaborate** – Stepping up and actively collaborating with other organisations and teams; share your work, your ideas and your learning to create a truly national approach to safety. Work

together with others, join forces and create partnerships that ensure a sustained approach to sharing and learning across the system

- **Be supportive** – Be kind to your staff, help them bring joy and pride to their work. Be thoughtful when things go wrong; help staff cope and create a positive just culture that asks why things go wrong in order to put them right. Give staff the time, resources and support to work safely and to work on improvements. Thank your staff, reward and recognise their efforts and celebrate your progress towards safer care.

BMI Healthcare as a company was successful in their application with Sign up for Safety in March 2016. Sign up for safety is a campaign to make all our healthcare services the safest in the world. Whilst predominantly focused on the NHS the campaign welcomes independent healthcare companies or individual hospitals to participate to make all healthcare services safer. The ambition of sign up to safety is to halve avoidable harm over the next three years and save 6,000 lives as a result. By signing up to the campaign we have committed to listening to patients, carers and staff, learning from what they say when things go wrong and taking action to improve patient's safety helping to ensure patients get harm free care every time, everywhere.



Sign up to
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SAFETY
LISTEN LEARN ACT

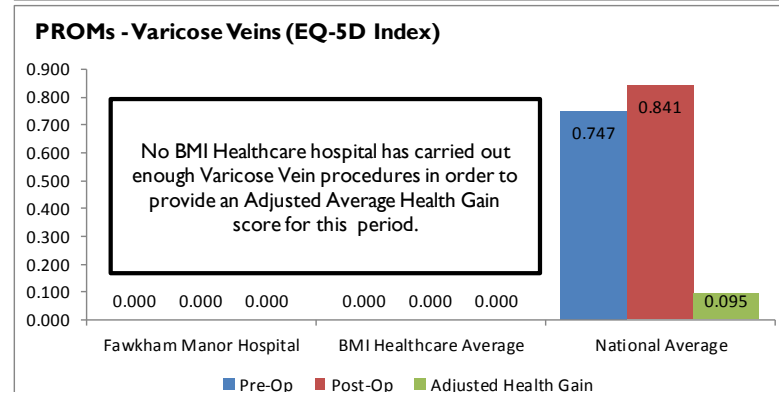
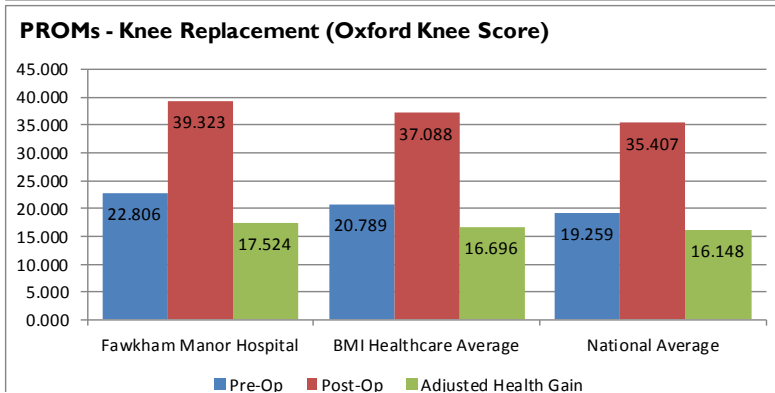
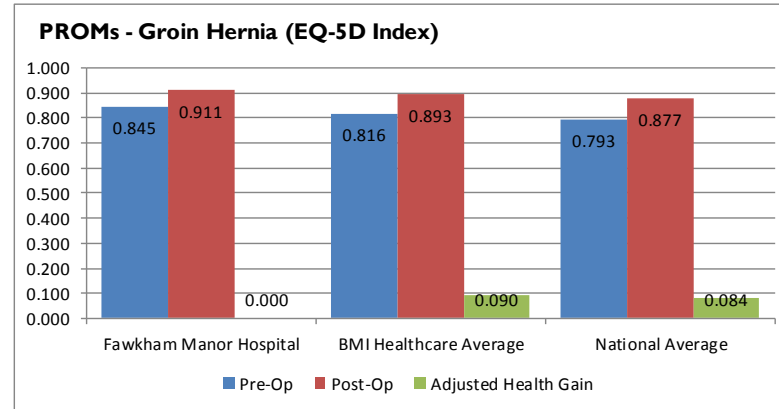
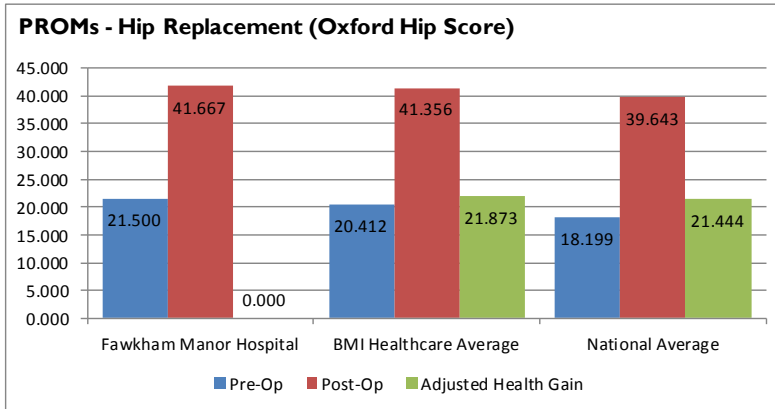
Effectiveness

Patient Reported Outcome Measures (PROMS)

Patient Reported Outcome Measures (PROMs) are a means of collecting information on the effectiveness of care delivered to NHS patients as perceived by the patients themselves. PROMs are a Department of Health led programme.

For the current reporting period, the tables below demonstrate that the health gain between Questionnaire 1 (Pre-Operative) and Questionnaire 2 (Post-Operative) for patients undergoing hip replacement, knee replacement and groin hernias at Fawkham Manor Hospital in comparison to BMI and the national average. Due to low numbers, it has not always been possible to evidence the adjusted health gain.

Latest PROMs data available from HSCIC (Period: April 2014 – March 2015)



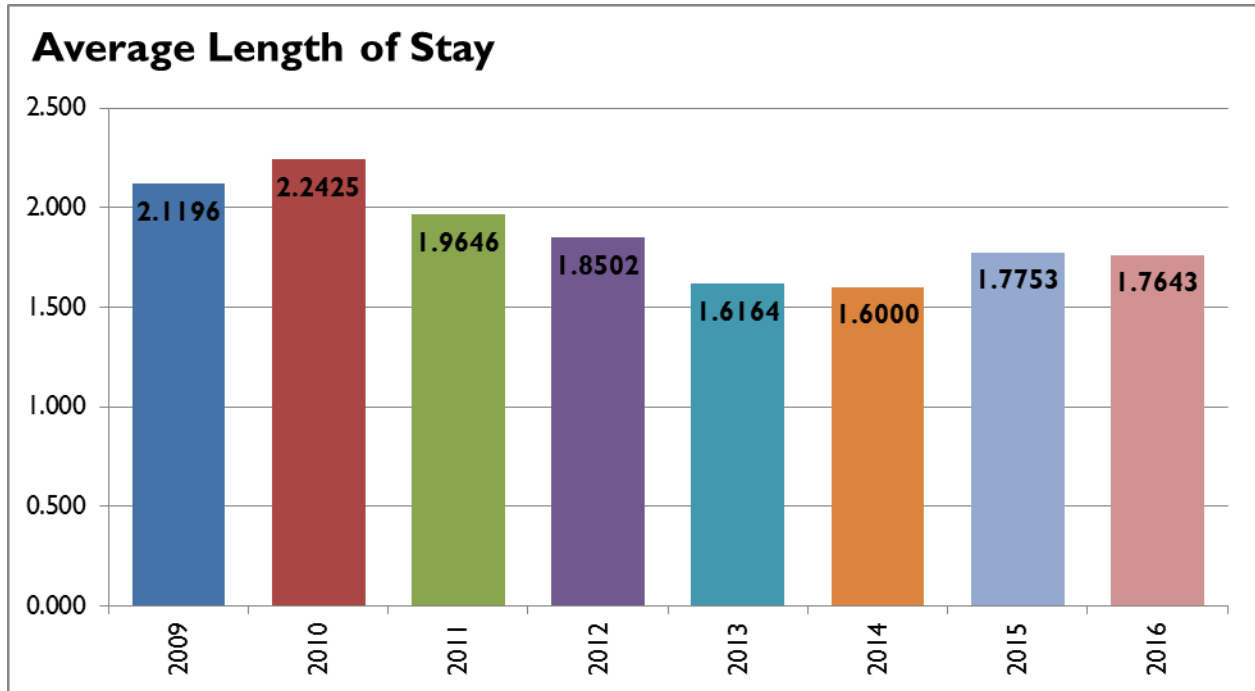
Enhanced Recovery Programme (ERP)

The ERP is about improving patient outcomes and speeding up a patient's recovery after surgery. ERP focuses on making sure patients are active participants in their own recovery and always receive evidence based care at the right time. It is often referred to as rapid recovery, is a new, evidence-based model of care that creates fitter patients who recover faster from major surgery. It is the modern way for treating patients where day surgery is not appropriate.

ERP is based on the following principles:-

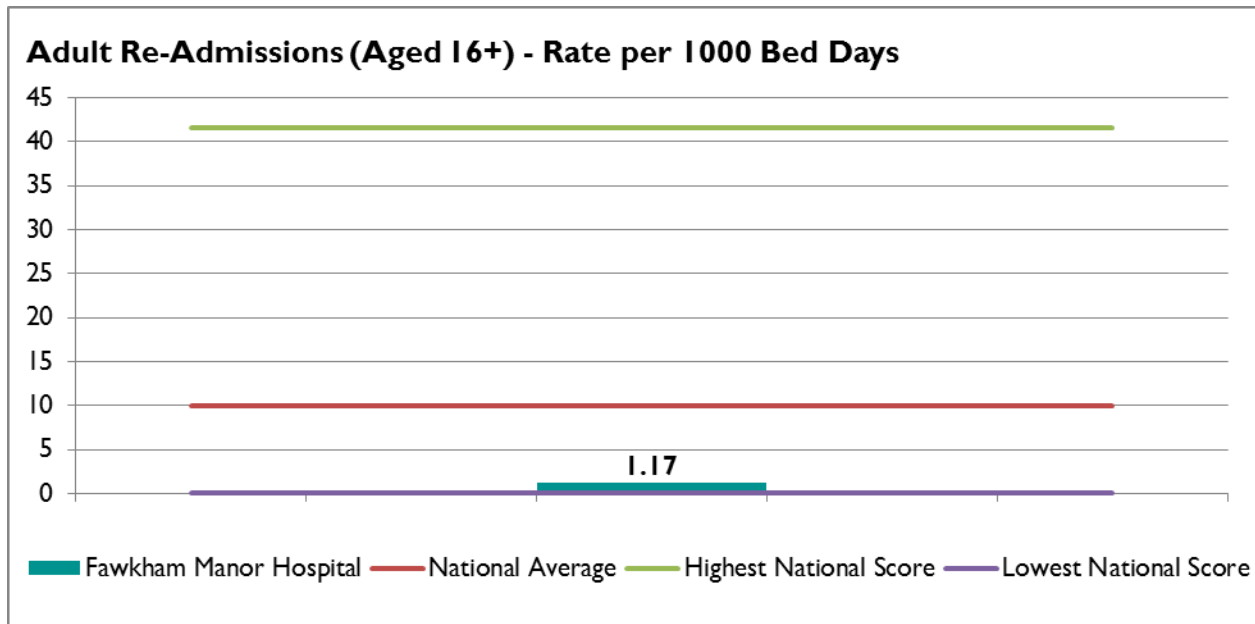
1. All Patients are on a pathway of care
 - a. *Following best practice models of evidenced based care*
 - b. *Reduced length of stay*
2. Patient Preparation
 - a. *Pre Admission assessment undertaken*
 - b. *Group Education sessions*
 - c. *Optimizing the patient prior to admission – i.e HB optimisation, control co-morbidities, medication assessment – stopping medication plan.*
 - d. *Commencement of discharge planning*
3. Proactive patient management
 - a. *Maintaining good pre-operative hydration*
 - b. *Minimising the risk of post-operative nausea and vomiting*
 - c. *Maintaining normothermia pre and post operatively*
 - d. *Early mobilisation*
4. Encouraging patients have an active role in their recovery
 - a. *Participate in the decision making process prior to surgery*
 - b. *Education of patient and family*
 - c. *Setting own goals daily*
 - d. *Participate in their discharge planning*

At BMI Fawkham Manor Hospital, ERP continues to be a main focus over the past year with the formation of a committee that has been working closely with anaethetists and physiotherapists from the local NHS trust hospital. The staff from Fawkham Manor has visited joint clinics (group education sessions) at the local NHS trust and we intend to continue to implement these in this coming year to improve the patient outcomes, enhance patient recovery and reduce patient length of stay .

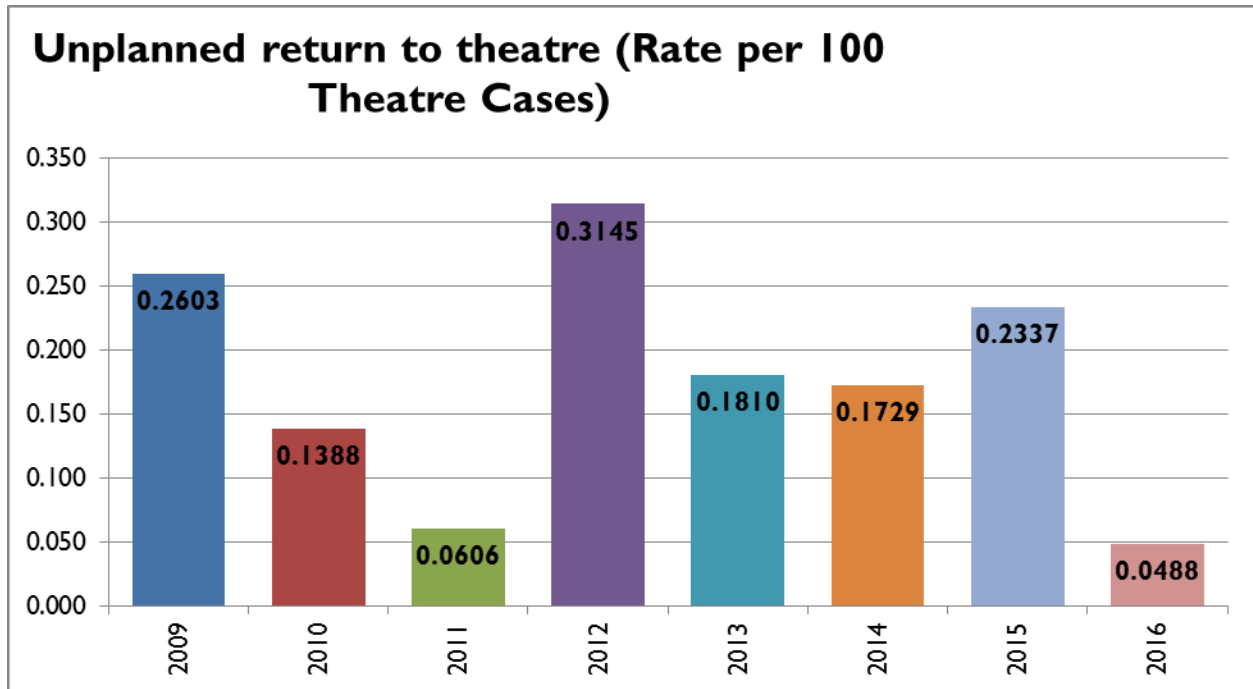


Unplanned Readmissions & Unplanned Returns to Theatre.

Unplanned readmissions and Unplanned Returns to Theatre are normally due to a clinical complication related to the original surgery.



BMI Fawkham Manors rates remain very low. All incidents are investigated and discussed at monthly Clinical Governance meetings with written reports from the consultants explaining the reasons for readmission or return to theatre.



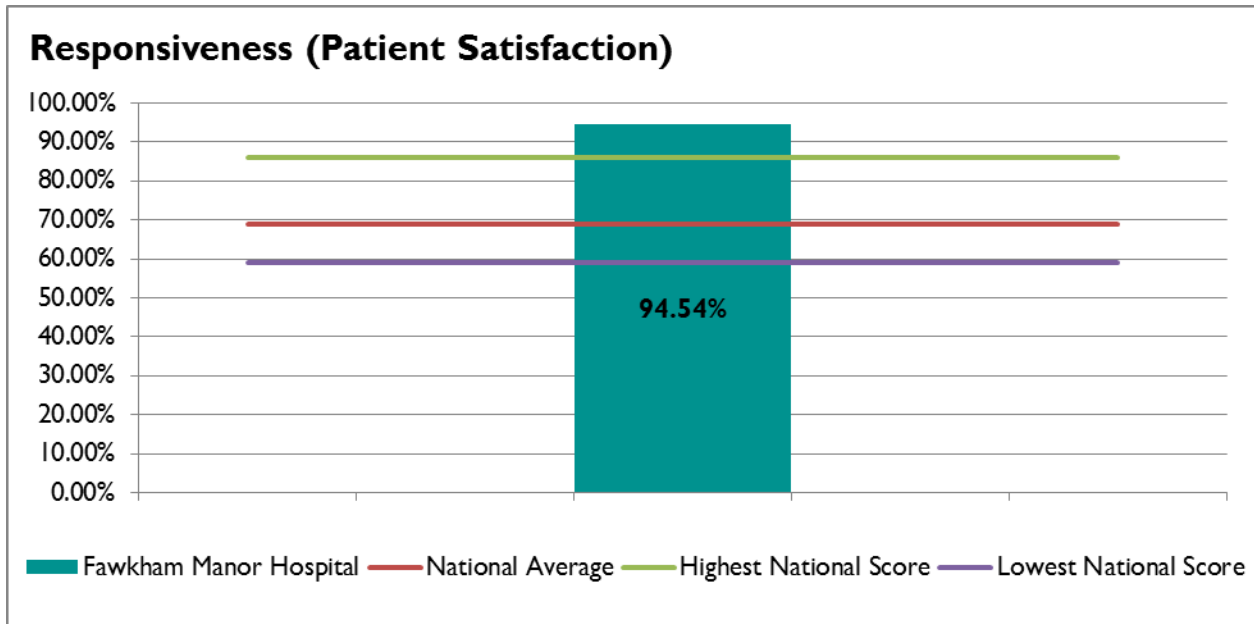
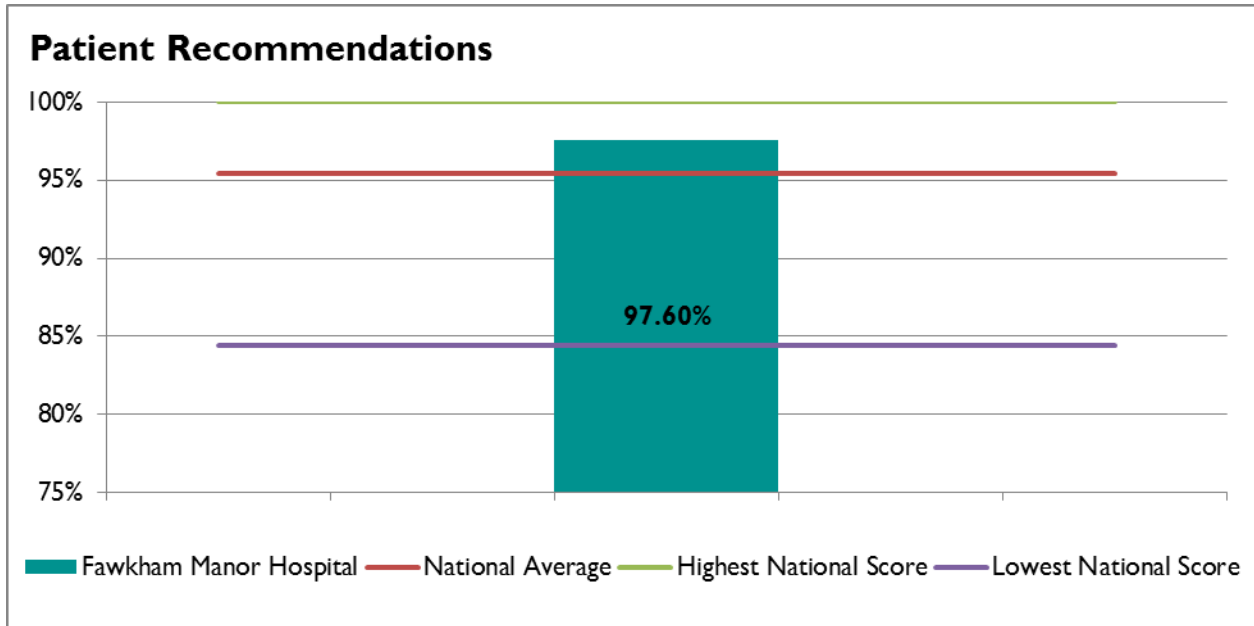
Patient Experience

Patient Satisfaction

BMI Healthcare is committed to providing the highest levels of quality of care to all of our patients. We continually monitor how we are performing by asking patients to complete a patient satisfaction questionnaire. Patient satisfaction surveys are administered by an independent third party.

Our response rate over this year has remained high. We continue to make this a main focus as we value our patients feedback, both negative and positive to improve customer service. If someone has taken the time to inform us of shortfalls, then we will look at this as a gift remembering that you can lose sense of what it is like for a person using the service.

The table below demonstrates how we improve in areas to make the patient experience at Fawkham Manor Hospital a safe and high standard journey. Areas where we haven't shown improvement we will focus in these areas, listening and learning from the feedback received. The 6C's launched by Jane Cummings, Chief Nursing Officer for England in late 2012, continue to be a fundamental part to the provision of Healthcare and we use these principles to meet and maintain high standards. This is underpinned by BMI's tagline "Serious about Health. Passionate about care".



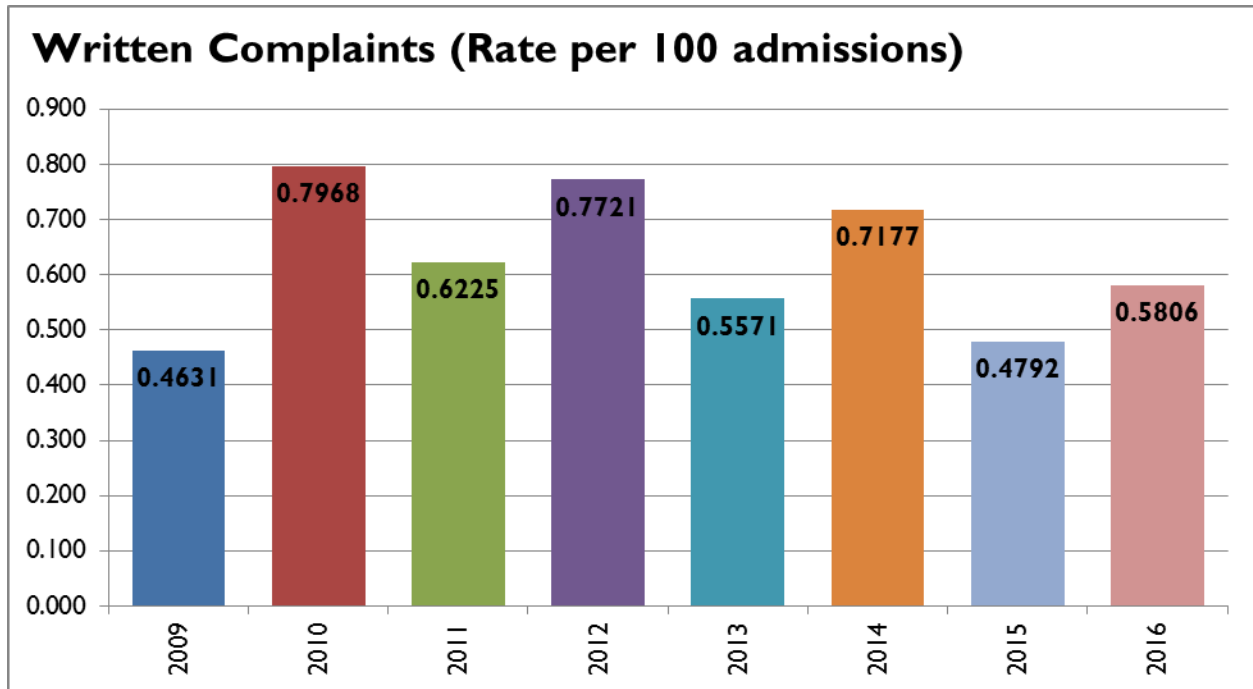
Complaints

In addition to providing all patients with an opportunity to complete a Satisfaction Survey BMI Fawkham Manor Hospital actively encourages feedback both informally and formally. Patients are supported through a robust complaints procedure, operated over three stages:

Stage 1: Hospital resolution

Stage 2: Corporate resolution

Stage 3: Patients can refer their complaint to Independent Adjudication if they are not satisfied with the outcome at the other 2 stages.



The number of complaints remains low at Fawkham Manor and are generally managed at stage 1. Every complaint is thoroughly investigated and the patient receives a written response within twenty working days. In addition every effort is made to address the issue of concern to prevent a recurrence of any similar issues to continuously improve the quality of care for our patients and prevent escalation to stage 2 or 3.

CQUINS

The CQUINS completed successfully at Fawkham Manor have been;

- Antimicrobial prescribing
- 48 hour post operative home call
- Early mobilisation for hip and knee replacements

Working with the CCG, this CQUIN was chosen to reflect an Improvement in antimicrobial prescribing and stewardship following the NHS audit conducted in 2014/15 which illustrated poor compliance in antibiotic prescribing, poor governance surrounding antibiotic stewardship and lack of support by site Pharmacist. We are proud to state that this CQUIN scored 100% over the year 2015/16

To maintain high scores, all clinical staff attend training for the deteriorating patient and complete the Acute Illness Management (AIMS) course. All patients have up to 3 attempted calls 48 hours after discharge to intercept any complications and to offer reassurance.

Our physiotherapists work twilight shifts to allow patients to be mobilised in the evenings following their surgery.

Patient Quality Team meetings are held bi monthly and all Heads of Departments attend to discuss patient survey results and implement changes to improve our services. The patients voice is very important to learn and improve service provision.

All CQUINS were fully achieved for this year

National Clinical Audits

Fawkham Manor Hospital was only eligible to participate in National Joint Registry audit and all joint replacements are submitted to this. BMI hospital data can be found in the latest NJS report. 143 procedures were performed in 2015 with a consent rate of 99%. We are currently at 100% for 2016.

Research

No NHS patients were recruited to take part in research.

Priorities for Service Development and Improvement

Based on what our patients tell us and all our monitoring activity we will be focusing on the following areas;

- Engagement with NHS commissioners for appropriate quality indicators.
- The discharge process to improve the patient journey and e discharging to GP
- Post discharge support with the 48 hour post- operative follow up telephone call at home
- Achieve early mobilization for post- operative joint replacement patients in line with ERP
- At the success of the mobile MRI scanning facilities introduced in 2012, we await planning permission to replace this with a static MRI scanner. BMI have agreed the financial commitment.
- Refurbishment of the outpatients department
- Pathway for ambulatory care
- Growth in oncology services

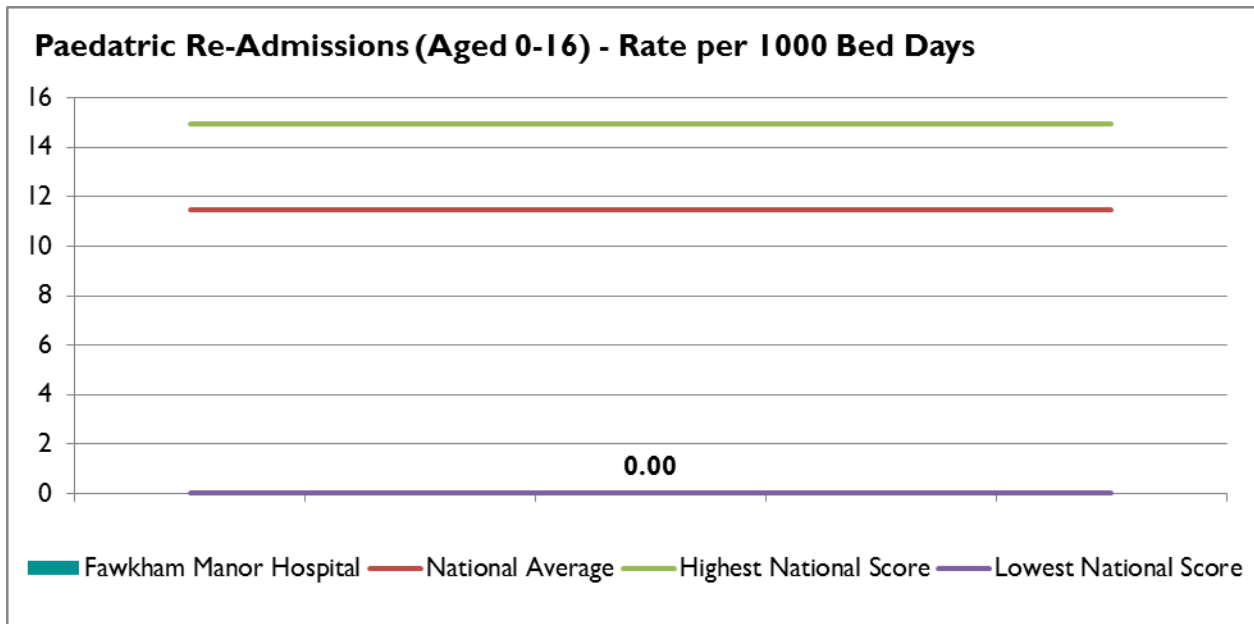
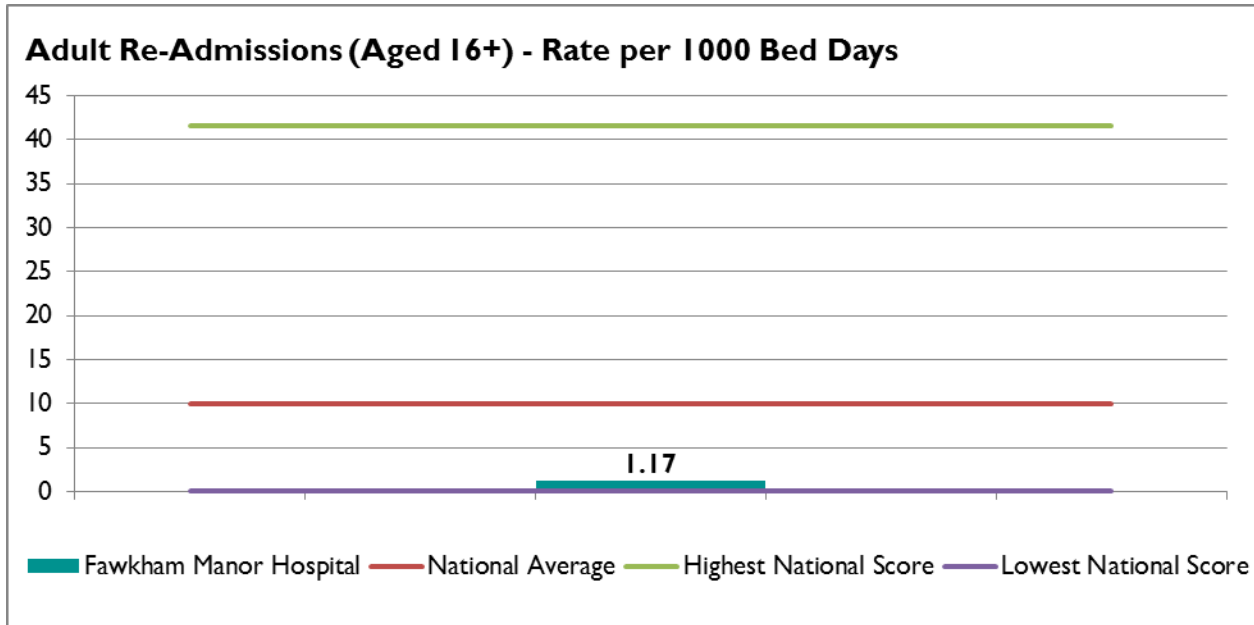
Quality Indicators

The below information provides an overview of the various Quality Indicators which form part of the annual Quality Accounts. Where relevant, information has been provided to explain any potential differences between the collection methods of BMI Healthcare and the NHS.

All data provided by BMI Healthcare is for the period **April 2015-March 2016** to remain consistent with previous Quality Accounts, whilst the NHS data may not be for the same period due to HSCIC data availability. The NHS data provided will be the latest information available from the HSCIC website.

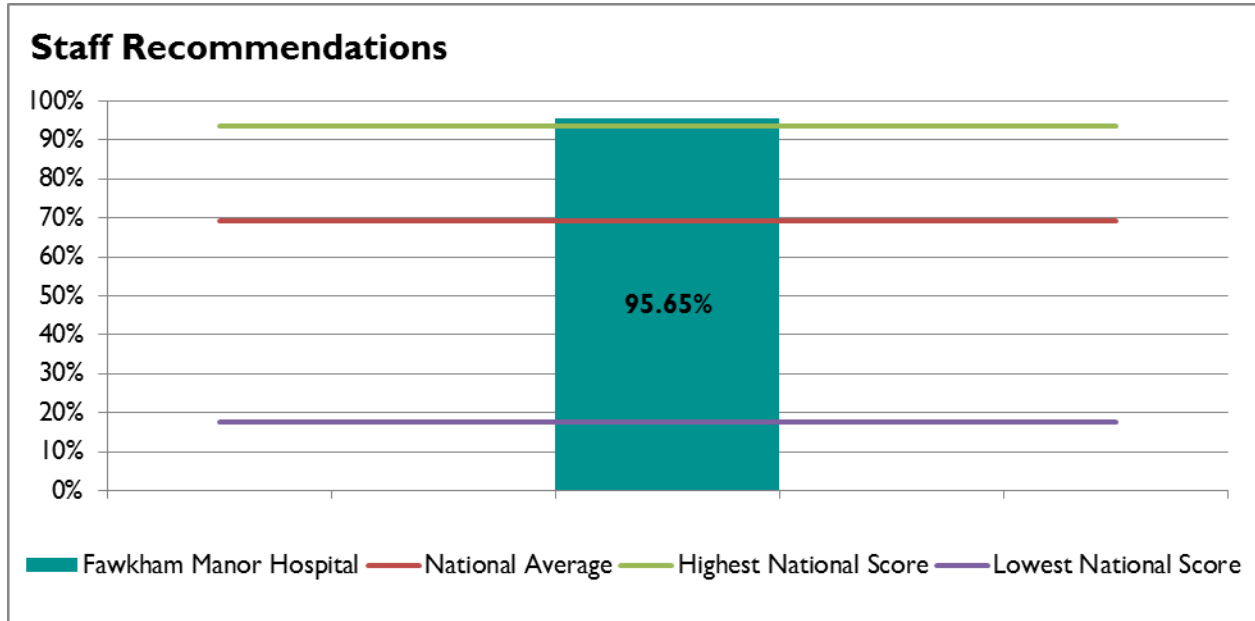
Indicator	Source	Information	NHS Date Period
Summary Hospital-Level Mortality Indicator (SHMI)	This indicator measures whether the number of patients who die in hospital is higher or lower than would be expected. This indicator is not something that is collected for the Independent Healthcare Sector.		
Number of paediatric patients re-admitted within 28 days of discharge and number of adult patients (16+) re-admitted within 28 days of discharge.	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	This figure provided is a rate per 1,000 amended discharges.	2011-2012
Percentage of BMI Healthcare Staff who would recommend the service to Friends & Family	BMI Healthcare Staff Survey		NHS Staff Survey 2015
Number of <i>C.difficile</i> infections reported	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	This indicator relates to the number of hospital-apportioned infections.	April 2014 – March 2015
Responsiveness to Personal Needs of Patients	Quality Health Patient Satisfaction Report	The responsiveness score provided is an average of all categories applied to Patient Satisfaction questionnaires answered by BMI Healthcare inpatients.	June 2014 – January 2015
Number of admissions risk assessed for VTE	CQUIN Data	BMI Healthcare only collects this information currently for NHS patients.	April 2014 – March 2015
Number/Rate of Patient Safety Incidents reported	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	October 2014 – March 2015
Number/Rate of Patient Safety Incidents reported (Severe or Death)	Sentinel Risk Management System which is used by all BMI Healthcare Hospitals	Based upon Clinical Incidents with a patient involved where the NPSA Guidelines deem a severity applicable.	October 2014 – March 2015

Re-Admissions within 28 Days of Discharge (Paedatric and Adult)

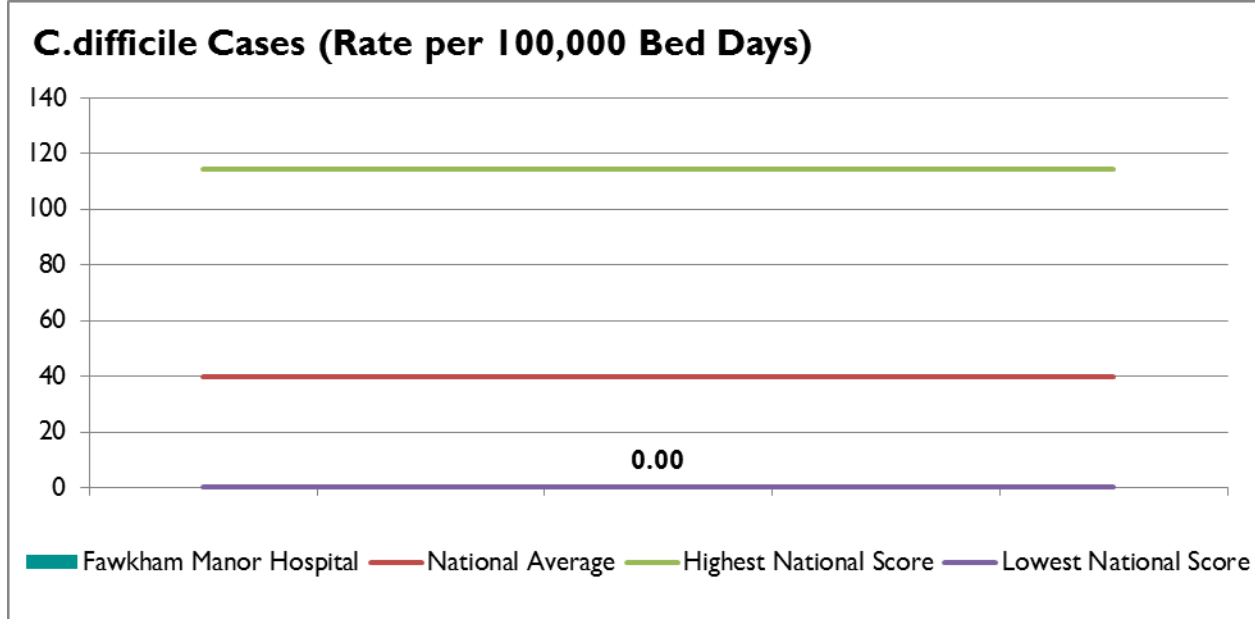


Only Children from the age of 12 are admitted for minor day case procedures following national guidelines. Adult re admissions remain low due to thorough discharge planning and advice including a 48 hour post-operative all to ensure recovery is progressing as it should be and offering furthur guidance and support.

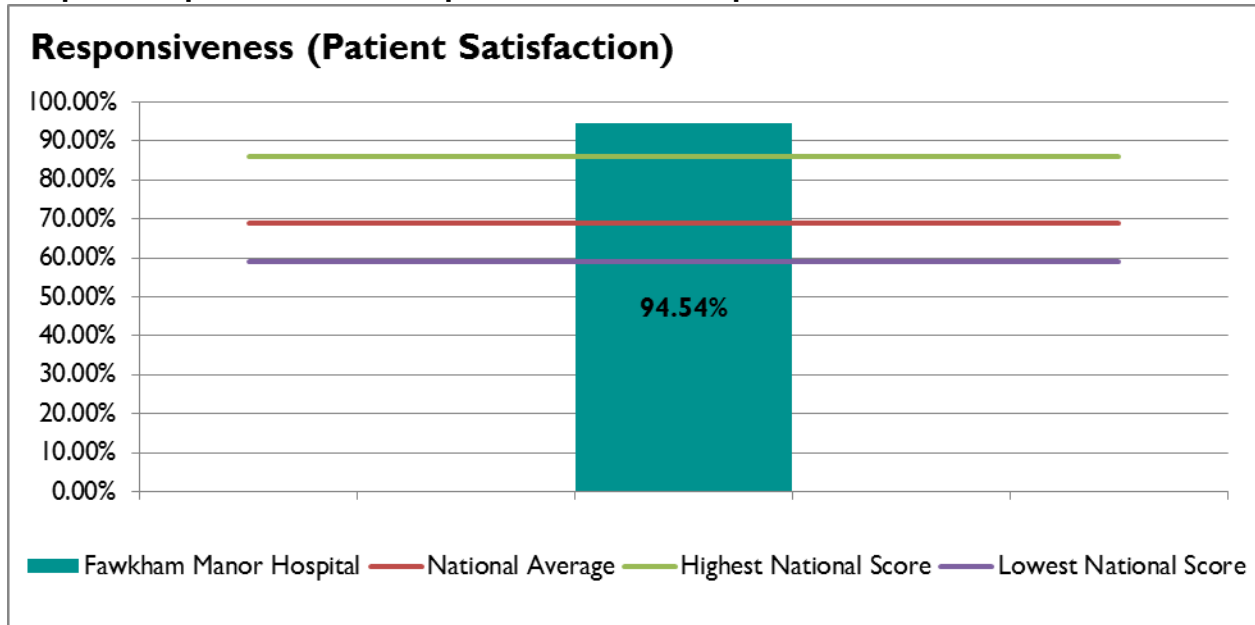
Staff Recommendation Results



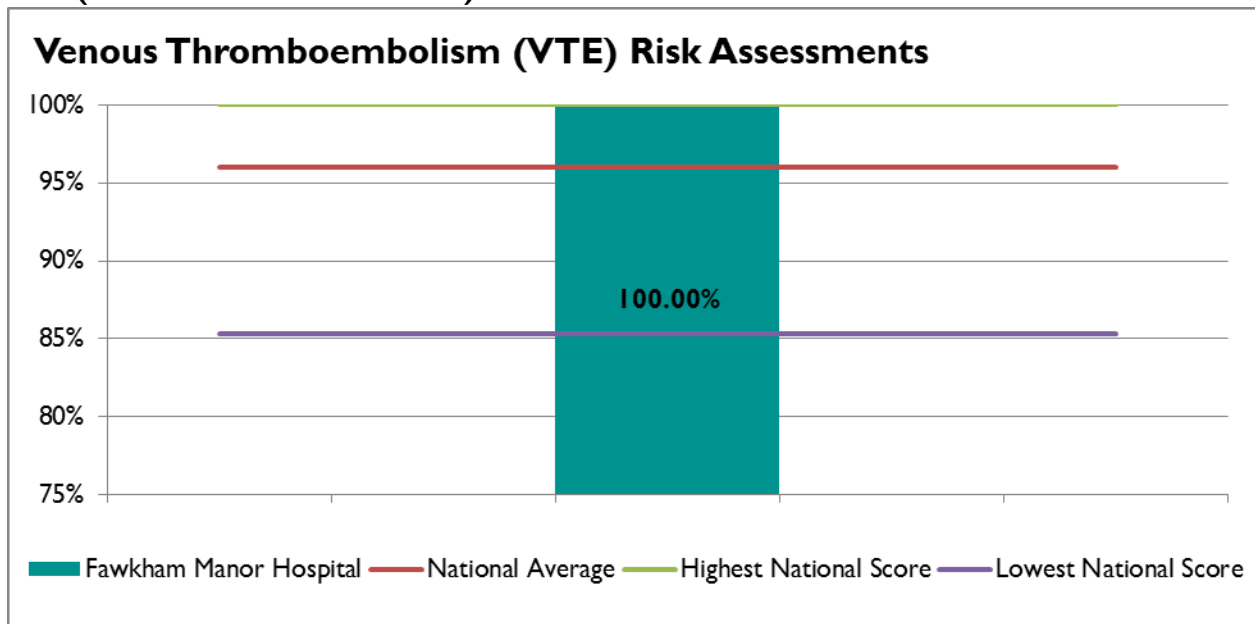
The rate per 100,000 bed days of cases of C difficile infection reported within the hospital



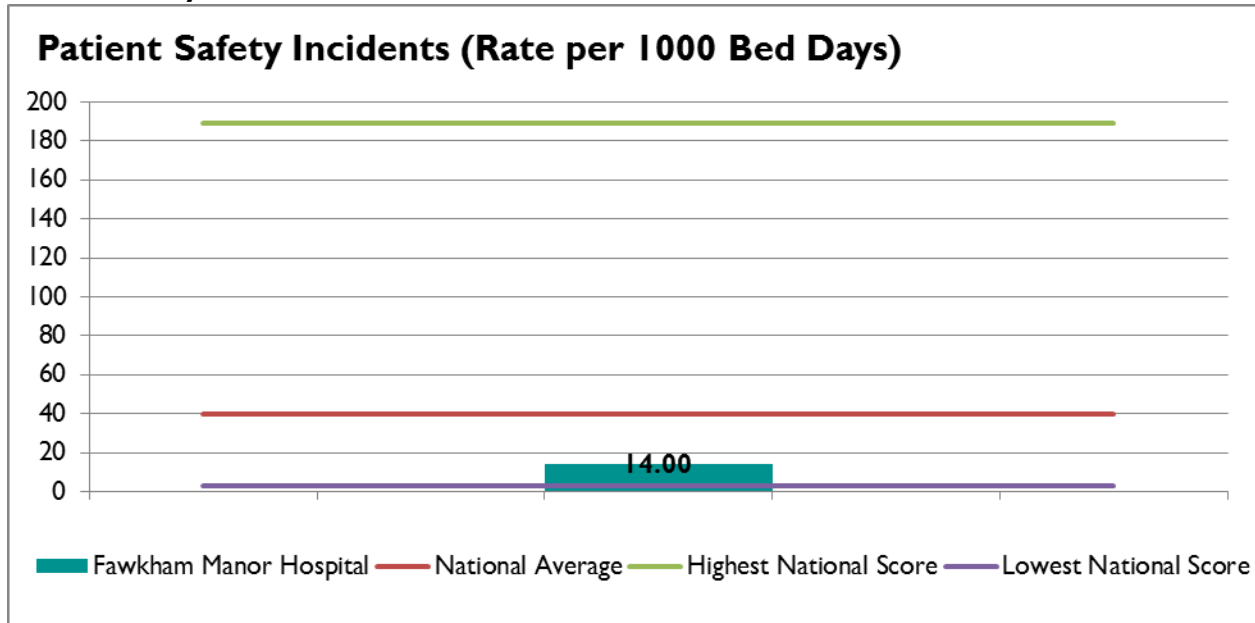
Hospitals responsiveness to the personal needs of its patients



The percentage of patients who were admitted to hospital and who were risk assessed for VTE (Venous Thromboembolism).



Patient Safety Incidents



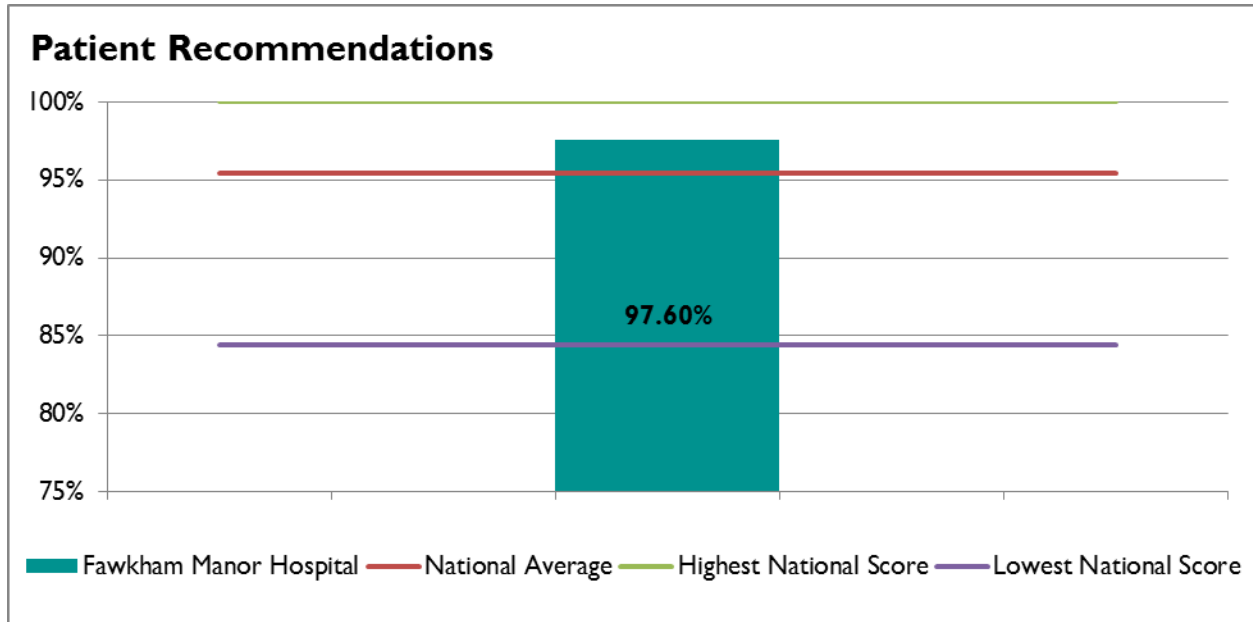
The Fawkham Manor Hospital considers that this data is as described for the following reasons;

Patient safety is paramount at Fawkham Manor Hospital with a robust Governance committee that meets monthly to review all safety incidents. All patients are risk assessed pre operatively to ensure standards are maintained to a high level and safety measures implemented as required.

Training of staff is maintained above 90% to ensure competence levels are maintained and staff feel supported in their roles and responsibilities which is reflected in the high staff recommendation results.

Further Quality Indicators

Patient Recommendation Results



The Fawkham Manor Hospital considers that this data is as described for the following reasons;

Patients enjoy their stay at Fawkham Manor and are very complimentary of all staff which is clearly demonstrated in the Quality Health questionnaire responses. Fawkham Manor Hospital will continue to maintain this high quality care and will continue to value customer responses to always improve quality and safety within the patient experience at Fawkham Manor Hospital.