

Hospital Patient Safety Indicator Report

Hospital Name	MATER MISERICORDIAE UNIVERSITY HOSPITAL	Reporting Month	JULY 2017

- This report details the hospital's performance against some national and international measures of patient safety in acute hospitals.
- The metrics cover activities and performance areas including infection rates, staff hand hygiene, waiting times and clinical incidents.
- This report supports each hospital and hospital group to ensure a culture of quality and patient safety.
- We publish this report each month to assure our patients and staff that we prioritise patient safety and open disclosure.

Notes:

- 1. It is not intended that this report be used to compare performance of hospitals or hospital groups. Different hospitals specialise in treating patients with different and sometimes much more complex care needs, making comparisons between hospitals ineffective.
- 2. Metrics 1-3 measure infection control and staff hand hygiene practices in acute hospitals. These metrics are applied internationally as key indicators of infection control compliance. The targets for metrics 1 and 2 are international best practice targets. The target for metric 3 is an agreed target in the HSE's National Service Plan.
- 3. Metrics 4-8 measure access to and waiting times for services including emergency care, trauma care (for hip fractures), urgent endoscopy procedures and access to outpatient services. These metrics are based on national indicators and nationally agreed targets as set out in the HSE's National Service Plan
- 4. Metric 9 and 10 measure clinical incidents reported to the National Incident Management System. A clinical incident is an event or circumstance which could have, or did lead to unintended and/ or unnecessary harm. Incidents include adverse events which result in harm; near misses which could have resulted in harm, but did not cause harm, either by chance or timely intervention. These metrics are indicators of patient safety in hospitals that are applied internationally.
- 5. Metric 11 is an indicator of medication safety in acute hospitals. This refers to any preventable event that may cause or lead to inappropriate use or patient harm while the medication is in the control of the healthcare professional or patient (WHO, 2009). The number of errors reported to the National Incident Management System is based on an internationally accepted metric applied in other countries.
- 6. The data reported includes maternity data where appropriate.



Hospital Name:		MATER MISERICORDIAE UNIVERSITY HOSPITAL	Reporting N	onth	JULY2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	1.61
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	3.76
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	94%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	71%
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	92.9%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	55%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	80%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	3.44
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0

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The Hospital Patient Safety Indicator Report for	Mater Misericordiae University Ho	spital provides up to date information for management and cli	nicians who
		y and year (2017). The information in this Report is a core elem	
governance and the management of hospital s	rvices within the above hospital a	nd the (IEHG)	
Hospital Manager / CEO	Signature:	Date:	17.
Group CEO: Mary Day	Signature: Van Dan	Date:	17



Hospital Name:		ST. VINCENTS UNIVERSITY HOSPITAL	Reporting	JULY 2017	
Activity	Ref	Metric • 1-8 Ref. HSE Business Intelligence Unit ** 9-11 Ref. Incidents occurring in the reported month to NIMS	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	2.5
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	1.9
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	92.9%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	88.9% (June)
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	98.3%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	64.1%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	84.3%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	11.68
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for St Vincent's University Hospital provides up to date information for managen	nent and c	linicians who provide
services in relation to a range of patient safety issues for the month of July and year 2017. The information in this Papert is a	core elem	nent of clinical
governance and the management of hospital services within the above hospital and the Ireland East Hospital Group.		199
governance and the management of hospital services within the above hospital and the Ireland East Hospital Group. Hospital Manager / CEO Signature:	Date:	26/9/17
Group CEO: Mary Day Signature: Van Day	Date: _	09.10.2017



Hospital Name:		MRH – Mullingar	Reporting	Month	JULY 2017
Activity	Ref	Metric Management of the Control of	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	95.2%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	97.6%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	68.5%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	84.1%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	12.69
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and	clinician	s who provide services
in relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this Re	eport is a	core element of clinical
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).		r .
Hospital Manager / CEO SHOWA SCHWESTAWN Signature: Repliegrans	Date:	11/10/17.

Mary Day Signature: Group CEO:

Date: 12.10.2017



Hospital Name:		ST. LUKES KILKENNY	Reporting	Month	JULY 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	3.2
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	92.4%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	99,97%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	94.4%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	98,0%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	5:57
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and clinician	is who provide services
in relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this Report is a	
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).	

Hospital Manager / SEP ANNI SIA1747 Signature: Signature: Signature:

Date: 26/9/17 Date: 09.10.2017



Hospital Name:		WEXFORD GENERAL HOSPITAL	Reporting	Month	JULY 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	86%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	98.1%
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	74.8%
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	99.1%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	23.11
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for (Insert Hospital N	Name) provides up to date information for management an	d clinician	s who provide services
in relation to a range of patient safety issues for the month of (In	nsert Month) and year (Insert Year). The information in this F	leport is a	a core element of clinical
governance and the management of hospital services within the	above hospital and the (Insert Hospital Group).		1 10
Hospital Manager / CEO LIJBYING Signature:	Byean	Date:	28/9/17
Group CEO: Mary Day Signature:	(Day Day	Date:	_09.10.2017



Hospital Name:	1	OUR LADYS HOSPITAL NAVAN		Month	JULY 2017
Activity	Ref	Metric	Reporting Frequency	Target	This Month
Health Care Associated	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0
Infections	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	89%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A
Patient Experience Time	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	N/A
Outpatient Waiting	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	87.9%
Times Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	6.12
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and in relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this Relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year).	clinician eport is a	s who provide services core element of clinical
governance and the management of hospital services within the above hospital and the (Insert Hospital Group). Hospital Manager / CEO KEN FITZGIBBAL Signature:	Date:	28/9/12
Group CEO: Mary Day Signature: Signature:	Date:	09.10.2017



Hospital Name:		ST, COLUMCILLE HOSPITAL	Reporting Month		
Adily	Reni	Methic and the property of the	Reporting Prequency	Target	This Month
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	97%
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A
Emergency Care and Patient Experience Time	-5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	N/A
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	61.6%
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80		0
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	2.89
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

The Hospital Patient Safety Indicator Report for (St. Columcille's Hospital) provides up to date information for managem	nent and clinicians who provide
services in relation to a range of patient safety issues for the month of (July) and year (2017). The information in this Re	
governance and the management of hospital services within the above hospital and the (IEHG).	(-10-1

Hospital Manager / CEO Linda O'Leary Signature:

Group CEO:

Mary Day

Signature: Group CEO:

Date: $2\pi (9/207)$. Date: 09.10.2017



Hospital Name:	ST. MICHAELS DUN LAOGHAIRE	Reporting Month	JÜLY, 2017
Addivity	Ref. Meiric	Reporting to Partical	The Month :
Health Care Associated 1 Infections	The rate per 10,000 bed days used of new cases of Hospital acquired Staph, aureus bloodstream infection. Thie rate per 40,000 bed days used of new cases of Hospital acquired staph, aureus bloodstream infection.	Monthly Less than 1 per 10,000 bed days	010
Surgely, 4		GRA52 10/000/beg days BI-annual 90% CPA6 Monthly 95%	89.5%
Emergency Care and S Patient Experience Time	Department 1 be jeen reactivated patients aged //Syears on over who were admitted of all diagranged.	A42 Monthly	N/A
Outpatient Waiting 7. Times Colonoscopy/ Gastrointestinal Service	It om the Americancy Department within 9 hours voir registration The percentage of patients waiting less than 52 weeks for their first outpatient, appointment INUINIBER Of people Waiting greater than 4 weeks for an ungentracion oscolovi	Monthly 85% A23. Monthly 20	93.7%
Incidents and Events 9	The rate per 1000 bed days used of clinical incidents reported in the month to the National incident Management System.	Monthly Not applicable	37.06
	Tepolited in the month to the National Incident Management System. The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly a Not applicable. Monthly Not applicable.	0,000

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The Hospital Pa	tient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and	clinician	s who provid	de services	ς
in relation to a p	jange of patient safety issues for the month of (Insert Mo nth) a nd year (Insert Year). The information in this Re	port is a	core eleme	nt of clinic	- -al
governance and	the management of hospital services within the above hospital and the (Insert Hospital Group).		i	/	WE
Hospital Manad	er/CFO Townsaw Signature:	Data	101.	_	

Group CEO: Mary Day

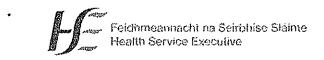
Signature: Signature:

Date: 11.10.2017



Hospital Name:		Cappagh National Orthopaedic Hospital	Reporting Month		JULY 2017	
Accidivitity	Meii	Metirito	Repositiling Freedutenicy	Tarrgreii	This Month	
Health Care Associated Infections	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus bloodstream infection	Monthly CPA51	Less than 1 per 10,000 bed days	0.0	
	2	The rate per 10,000 bed days used of new cases of Hospital acquired C. difficile infection	Monthly CPA52	Less than 2 per 10,000 bed days	0.0	
	3	The percentage of hospital staff compliance with the World Health Organisation's five moments of hand hygiene	Bi-annual CPA6	90%	91%	
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A	
Emergency Care and Patient Experience Time	5	The percentage of patients who were waiting less than 24 hours in the Emergency Department	Monthly A29	100%	N/A	
	6	The percentage of patients aged 75 years or over who were admitted or discharged from the Emergency Department within 9 hours of registration	Monthly A30	100%	N/A	
Outpatient Waiting Times	7	The percentage of patients waiting less than 52 weeks for their first outpatient appointment	Monthly A23	85%	90.3%	
Colonoscopy/ Gastrointestinal Service	8	Number of people waiting greater than 4 weeks for an urgent colonoscopy	Monthly A80	0	N/A	
Incidents and Events	9	The rate per 1000 bed days used of clinical incidents reported in the month to the National Incident Management System.	Monthly	Not applicable	8.68	
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00	
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00	

The Hospital Patient Safety Indicator Report for	(Insert Hospit	al Name) provides up to date information for managemer	nt and clinicians	who provide services
in relation to a range of patient safety issues for	the month of	f (Insert Month) and year (Insert Year). The information in t		
		the above hospital and the (Insert Hospital Group).	·	
Hospital Manager / CEO	Signature:	Ogale Co	Date:	11/10/17
Group CEO: Mary Day	Signature: _	(Day Day	Date:	11.10.2017



Hospital Name:		ROYAL VICTORIA EYE AND EAR HOSPITAL	Reporting Month		JULY 2017
Health Care Associated	1	The rate per 10,000 bed days used of new cases of Hospital acquired Staph. aureus	Monthly	Less than 1 per	0.0
Infections	Land Service Processor	bloodstream infection	CPA51	10,000 bed days	
	2	The rate per 10,000 bed days used of new cases of Hospital acquired G difficile infection.	Monthly CPA52	Less than 2 per 10,000 bed days	
	3	The percentage of hospital staff compliance with the World Health Organisation's five	Bi-annual	90%	86.2%
e vetama ele altitut que de limente del COI de medión con estados de la consta	o dinarahing panga	moments of hand hygiene	CPA6	Library conducting the West of the conference on the con-	
Surgery	4	The percentage of emergency hip fracture surgery carried out within 48 hours	Monthly A42	95%	N/A THE RESIDENCE
Emergency Care and	5	The percentage of patients who were waiting less than 24 hours in the Emergency	Monthly	100%	N/A
Patient Experience Time		Department	A29		
	6	The percentage of patients aged 75 years or over who were admitted or discharged. from the Emergency Department within 9 hours of registration	Monthly A30	100%	N/A
Outpatient Waiting	7.	The percentage of patients waiting less than 52 weeks for their first outpatient	Monthly	85%	59.7%
.Times		appointment.	A23		
Colonoscopy/ Gastrointestinal/Service	8	Number of people waiting greater than 4 weeks for an urgent colorioscopy	Monthly A80	0	N/A
Incidents and Events	9 :	The rate per 1000 bed days used of clinical incidents reported in the month to the	Monthly	Not applicable	
		National Incident Management System.			22.62
	10	The rate per 1000 bed days used of clinical incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly 1	Not applicable:	0.00
	11	The rate per 1000 bed days used of medication incidents classified as major or extreme reported in the month to the National Incident Management System.	Monthly	Not applicable	0.00

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The Hospital Patient Safety Indicator Report for (Insert Hospital Name) provides up to date information for management and	d clinicians who provide services
in relation to a range of patient safety issues for the month of (Insert Month) and year (Insert Year). The information in this F	Report is a core element of clinical
governance and the management of hospital services within the above hospital and the (Insert Hospital Group).	
Hospital Manager / CEO Danny John Signature:	Date: <u>26/9//7</u> .
Group CEO: Mary Day Signature: Van Day	Date: /09.10.2017