

Dignity and Essential Care Inspection (unannounced)

Betsi Cadwaladr University
Health Board: Llandudno
General Hospital, Beuno
Ward

2 and 3 September 2014

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1. Introduction

Healthcare Inspectorate Wales (HIW) completed an unannounced dignity and essential care Inspection in Beuno Ward at the Llandudno General Hospital, part of Betsi Cadwaladr University Health Board on the 2 and 3 September 2014.

Our inspection considers the following issues:

- Quality of the patient experience
- Delivery of the fundamentals of care
- Quality of staffing, management and leadership
- Delivery of a safe and effective service.

2. Methodology

HIW's dignity and essential care inspections review the way patients' dignity is maintained within a hospital ward/unit/department and the fundamental, basic nursing care that patients receive.

We review documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients and relatives, and interviews with staff
- Discussions with senior management within the health board
- Examination of a sample of patient medical records
- Scrutiny of policies and procedures which underpin patient care
- General observation of the environment of care and care practice.

These inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues about the quality and safety of essential care and dignity.

3. Context

Llandudno General Hospital is located in Llandudno, Conway North Wales. It is a small community hospital with around 150 beds. Llandudno General Hospital has traditionally served a catchment population that extends west as far as Penmaenmawr and east as far as (and including) Colwyn Bay.

The hospital has two rehabilitation wards and two step down wards for patients from District General Hospital including medicine, Trauma and Orthopaedic, surgery and Gynaecology. As part of HIW's annual inspection programme we visited Beuno Ward which is a medical ward.

Summary

Patients told the inspection team that they were satisfied with the quality of the care they received. Patients also spoke highly of the staff who provided their care and treatment.

The inspection team concluded that the fundamentals of care were being delivered at a basic level. However, the team also concluded that there were staffing issues on the ward in terms of numbers, resilience and skill mix. The team of staff on the ward were very busy and experienced significant challenges as a result of these issues.

Documentation to support the delivery of safe and effective care and treatment was considered to be generally poor in terms of its quality and completeness, with the staffing issues, identified above, considered to be a contributing factor.

The inspection team concluded that staffing issues on the ward were also affecting the quality of the patient meal time experience. Documentation to support this aspect of a patients care was found to be either missing or incomplete.

There was a lack of effective management and leadership to help and support staff to deal with the day to day challenges and pressures they were experiencing.

The inspection team also concluded that there was a lack of multi-professional rehabilitation being provided on the ward. Additionally, concerns were also identified regarding the extent of medical input in to multi-disciplinary team meetings.

Overall, the inspection team concluded that given the number of concerns they identified during this inspection, patients could not be assured that they would routinely receive a safe and effective service. This was because despite the dedication and hard work of the ward team, staffing issues (numbers, resilience and skill mix) and the lack of effective management and leadership was contributing to the day to day challenges and pressures being experienced by staff.

4. Findings

Quality of the Patient Experience

Overall, patients told the inspection team that they were satisfied with the quality of the care they received. Patients also spoke highly of the staff who provided their care and treatment.

The inspection team did, however, identify the issues below as having the potential to impact negatively on the experience of patients whilst on Beuno ward. Consideration should therefore be given by the Health Board to ensure that:

- The ward is sufficiently staffed and has the capacity to maintain patient safety and dignity at all times.
- That there is sufficient resilience in terms of staffing such that the use of agency and bank staff does not unnecessarily impact on the ability to provide continuity of care.
- That the skill mix of staff is appropriate to meet the wide range of patient needs.
- That the patient documentation that supports the delivery of safe and effective treatment and care is in place and appropriately completed.

There were no specific recommendations identified concerning the quality of the patient experience. Issues relating to staffing and documentation are dealt with elsewhere in this report.

Delivery of the Fundamentals of Care

Overall, the inspection team concluded that the fundamentals of care were being delivered at a basic level. However, documentation to support the delivery of safe and effective care and treatment was considered to be generally poor in terms of its quality and completeness.

The inspection team identified that a contributory factor in this respect was that the staff team were very busy and experienced significant challenges as a result of the staffing issues identified in the previous section.

Key findings included:

Respecting people

Basic human rights to dignity, privacy and informed choice must be protected at all times, and the care provided must take account of the individual's needs, abilities and wishes.

The inspection team concluded that patients with cognitive impairment did not have any specific support to meet their particular cognitive needs.

The inspection team identified the conduct of the health care support workers on the ward as being of particular note in terms of the quality of the support and assistance they provided to patients with cognitive impairment. Despite this, such were the concerns of the inspection team relating to a lack of specific specialist support for patients with these needs, that this was one of the matters raised with the Health Board after the inspection in a letter of immediate assurance.

The Health Board's timely response to this letter has, however, provided HIW with sufficient assurance that appropriate action has been taken. Specifically, the Health Board:

- Will recruit a dementia support worker. This post has already been implemented and evaluated elsewhere in the Health Board and it is understood that the core purpose of the role will be to support patients with dementia and other cognitive impairments
- Will review the use of the day room and consider the development of the outside garden
- Has sought appropriate expertise to ensure that the layout of the ward is dementia friendly

- Has recruited more volunteer 'Robins' with a view to providing more activities
- Will provide sessions regarding the care of patients with dementia run jointly by the community psychiatric nurse and pharmacy
- Has identified two butterfly champions on the ward and the scheme is in place
- Will review the appointment of a dual registered nurse, with a view to providing further specialist support.

Recommendation

The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has taken in light of the findings with regard to meeting the needs of patients with dementia and other such cognitive impairments.

Eating and drinking

People must be offered a choice of food and drink that meets their nutritional and personal requirements and provided with any assistance that they need to eat and drink.

Overall, the inspection team concluded that staffing issues on the ward were affecting the quality of the patient meal time experience. Also, documentation to support this aspect of a patient's care was found to be either missing or incomplete.

The inspection team identified that most patients on the ward required assistance to eat and drink. What they also observed, however, was that some patients who required this assistance had to wait as staff were seen to be very busy given the number of patients who required this support.

With regard to documentation, the inspection team were unclear whether the All Wales Nutritional Care Pathway was being used for patients identified as being at risk. This was because not all patients had had a nutritional assessment completed and nutritional care was not clearly identified within patient care plans. Our team also noted that All Wales food and fluid charts were not always being completed appropriately and immediately after a meal and by the correct staff who are involved in observing and assisting at mealtimes.

Recommendation

The Health Board should ensure that where patients require assistance with eating and drinking, that this is identified clearly within care plans and on shift handover and that there are sufficient staff to provide assistance for patients at mealtimes. Appropriate records to monitor food and fluid intake should be in place and immediately completed after meals.

Quality of Staffing, Management and Leadership

Overall, the inspection team concluded that there were staffing issues on the ward in terms of numbers, resilience and skill mix. In addition, there was a lack of effective management and leadership to help and support staff to deal with the day to day challenges and pressures they were experiencing.

The inspection team also concluded that there was a lack of multi-professional rehabilitation being provided on the ward. Concerns were also identified regarding the extent of medical input in to multi-disciplinary team meetings.

The inspection team identified a lack of management and leadership on the ward. It was noted that the ward did not have a full-time ward manager. Instead, a band 6 deputy ward sister is currently acting up as a band 7 ward sister and managing two wards, one ward is located on the ground floor and the other on the first floor. The inspection team found that that Beuno ward did not receive an equitable amount of the ward manager's time and attention. Following discussion with ward staff the team concluded that this has had an adverse impact on aspects of patient services and staff morale.

The inspection team also concluded that nurse staffing levels were insufficient and that their skill mix was inadequate, particularly given the needs of patients, especially those with cognitive impairments.

Such were the concerns of the inspection team that these matters were raised with the Health Board after the inspection in a letter of immediate assurance.

The Health Board's timely response to this letter has, however, provided HIW with sufficient assurance that appropriate action has been taken. Specifically, the Health Board will:

- Seek the appointment of a band 7 ward sister. Until this appointment, the matron will base herself in Beuno ward to provide additional management and leadership support
- Allocate a senior Nurse Manager to support the matron in implementing the immediate assurance improvement plan and with providing assurance regarding quality and standards.
- Ensure that the ward provides staffing levels appropriate to the needs of patients on the ward

- Review skill mix on the ward daily
- Continue monitoring the ratio of substantive to bank / agency staff on the ward
- Routinely review the skill mix on other wards and reallocate staff as appropriate
- Routinely review the acuity / dependency of patients on the ward
- Base an Advanced Nurse Practitioner on the ward when acuity / dependency and the ratio of substantive to temporary staff is judged to be such that this is clinically necessary.

Recommendation

The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has taken in light of the findings with regard to staffing levels and skill mix.

The inspection team concluded that the level of multi-professional rehabilitation was not sufficient. In addition, where patients had received some rehabilitation prior to their arrival on the ward, this was not then being continued to the same degree, if at all, following their arrival on the ward.

The inspection team could not evidence whether there was any medical input into the multidisciplinary team meetings. They established that there was medical cover, from 9:00 am to 5:00 pm, provided by a medical consultant grade and that from 5:00 pm until 9:00 am cover is provided by advanced nurse practitioners. The inspection team concluded that more could be done to ensure that consultant and advanced nurse practitioner input was provided in a way which ensured active participation in the formulation of care plans and delivery of care to patients.

Such were the concerns of the inspection team that these matters were raised with the Health Board after the inspection in a letter of immediate assurance.

The Health Board's timely response to this letter has, however, provided HIW with sufficient assurance that appropriate action has been taken. For example, the Health Board will:

- Ensure that a culture of rehabilitation is developed, that includes multi-disciplinary working and an enabling approach by all team members

- Undertake a therapies review to identify the specific issues that need addressing in this respect
- Review all consultant job plans to ensure they participate in multidisciplinary meetings.

Recommendation

The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has been taken in light of the findings with regard to rehabilitation and medical input to multidisciplinary team meetings.

The inspection team identified other issues that have the potential to impact negatively on the quality of staffing management and leadership. The Health Board should therefore consider ensuring that:

- Ward staff receive feedback on any action taken in response to concerns / incidents they raise
- Staff are provided with feedback from the Board, particularly in respect of any concerns or complaints they raise
- Consideration is given to measures to improve staff morale.

Recommendation

The Health Board should clarify to HIW the current arrangements that are in place for staff to receive feedback about the concerns, incidents and complaints they raise and whether these can be improved. It should also clarify what arrangements it has in place to monitor and where necessary improve staff morale.

Delivery of a Safe and Effective Service

People's health, safety and welfare must be actively promoted and protected. Risks must be identified, monitored and where possible, reduced or prevented.

Overall, the inspection team concluded that given the number of concerns they identified during this inspection, patients could not be assured that they would routinely receive a safe and effective service. This was because despite the dedication and hard work of the ward team, staffing issues (numbers, resilience and skill mix) and the lack of effective management and leadership was contributing to the day to day challenges and pressures being experienced by staff.

Key findings included:

Medicines management

The inspection team found evidence of non-compliance with the hospital policy and procedures with regard to the safe storage, administration and recording of patient medication. Specific concerns identified by the inspection team included:

- A malfunctioning automated medicines machine
- No lock on the door of the treatment room, which was propped open
- Medication and medical products were readily accessible in the open cupboards and draws in the treatment room
- Medication had been left out on a work surface in the treatment room
- Many patients did not have identification bands, of those who did, the bands were not always checked prior to medication being given to the patient.

Such were the concerns of the inspection team that these matters were raised with the Health Board after the inspection in a letter of immediate assurance.

The Health Board's timely response to this letter has, however, provided HIW with sufficient assurance that appropriate action has been taken. Specifically, the Health Board will:

- Fit locks to the treatment room door
- Reinforce the medicines management policy with staff on the ward

- Audit the medication omission records
- Ensure that patients are wearing identification bands. This will be specifically monitored by the Matron.

Recommendation

The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has taken in light of the findings to ensure that its ongoing arrangements with regard to medicines management are safe and effective.

Effective systems for audit and clinical effectiveness

The Health Board should consider the arrangements it has in place to monitor and ensure the effectiveness of its services, particularly given the concerns identified at this inspection. The Health Board's consideration should include but not be limited to the following issues in relation to systems for audit and clinical effectiveness:

- Whether front-line professionals, both clinical and managerial who deal directly with patients, are sufficiently empowered to speak up and take action if they identify concerns similar to those found in this inspection, and in line with the requirements of their own professional conduct and competence
- Whether there is a culture of openness and learning within the Health Board that supports staff to identify and solve problems
- Whether the Board has the right information to monitor the quality of care across all clinical interventions and take swift action when there are shortcomings.

Recommendation

The Health Board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The Health Board should set out what, if any, action it will take to ensure that its Board is supportive in identifying and resolving service issues in a proactive and timely manner.

5. Next Steps

The Health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit its improvement plan to HIW within two weeks of the publication of this report.

The Health Board improvement plan should clearly state when and how the findings identified within Beuno Ward at the Llandudno General Hospital will be addressed, including timescales. The Health Board should ensure that the findings from this inspection are not systemic across other departments or units.

The Health Board's improvement plan, once agreed, will be published on HIW's website and will be evaluated as part of the ongoing dignity and essential care inspection process.

Appendix A

Dignity and Essential Care: Improvement Plan

Hospital: Llandudno General Hospital

Ward/ Department: Beuno

Date of Inspection: 2 and 3 September 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
	There were no specific recommendations identified concerning the quality of the patient experience.			
	Delivery of the Fundamentals of Care			
8	The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has taken in light of the findings with regard to meeting the needs of	We are striving to transform Dementia care by investing in more staff and with developing staffs knowledge and skills in dementia.	Locality matron	End of February 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		costed and work is scheduled to start within one month, plans for the outside garden space have as yet not been finalised but remains on the Hospital Management Team meeting agenda.	Locality Matron	Complete
		There has been a further successful recruitment of Robins who are volunteers , to join the team there are now 6 for the site ,they rotate around all the wards	Locality Matron	Complete
		A PAT dog scheme is being introduced and it is intended that this service will be available on a weekly basis	Locality Matron	
		The Head of Art Therapy and Clinical Lead in Art in Health Care and Wellbeing programme ,has meet with the locality matron to review what other opportunities there are that could be provided on site to improve/support the care of patients with dementia	Locality Matron	16 January 2015
		Another butterfly champion has now been developed ,there are now 3 on the ward.		End March 2015
		Training sessions arranged with Community Psychiatric Nurse for March 2015 to help support staff to care for dementia patients.	Locality Manager & Mental Health Lead	February 2015
		Work on going with Mental Health services to	Locality Manager & Mental Health	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>improve referral process. Work towards improve recognition and management of behaviour that challenges, recognition and management of delirium, advance care planning , end of life care for patient with mental health diagnosis, safeguarding issues as well as deprivation of liberty .</p> <p>Explore the use of technology to improve the hospital experience for dementia patients – use of my life system</p>	<p>Lead</p> <p>Locality Matron / ward managers</p>	
9	<p>The Health Board should ensure that where patients require assistance with eating and drinking, that this is identified clearly within care plans and on shift handover and that there is sufficient staff to provide assistance for patients at mealtimes. Appropriate records to monitor food and fluid intake should be in place and immediately completed after meals.</p>	<p>Protected mealtimes implemented</p> <p>All Wales nutritional care pathway in use</p> <p>All staff aware of importance of patients weighed weekly and on admission, (alternative means of estimating weight in place if unable to directly weigh patients)</p> <p>All staff to undertake e learning nutritional module identified in their PDRs</p> <p>Ward meeting 28/1/2015 with staff to convey</p>	<p>Locality Matron and Ward manager</p>	<p>Immediate with Ongoing Monitoring</p> <p>6 months</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>feedback on progress to date with action plan</p> <p>Fundamentals of Care Scoring on Eating and Drinking for Beuno Ward to be monitored monthly. Beuno score consistently 84%-100% on nutritional assessment within the quality & environment audit.</p> <p>The hospital is to become part of the Dementia Community Supportive Hospitals project. Work with Dementia Consultant nurse on the standards for dementia patients within community hospitals project. It is a whole hospital approach not just the wards, includes all departments on site. An on site project manager will work with the Consultant Nurse and would become eligible for the Queen's Nursing award. The project includes fully funded training for HCSW. Would also support 2 staff to become fully qualified dementia trainers.</p> <p>Will support self assessment of dementia environment, ongoing advice as regards change process, toolkit of resources support for the designated lead.</p>		

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
Quality of Staffing Management and Leadership				
11	<p>The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has taken in light of the findings with regard to staffing levels and skill mix.</p>	<p>There is an investment in staff at LLGH with an increase in nursing resources being deployed.</p> <p>The Band 7 ward manager has now been appointed on a permanent basis, the post holder is dual registered Registered General Nurse /Registered Mental Health Nurse who's last post was in Learning Disabilities Liason, she brings wealth of experience and Knowledge in supporting patients with dementia and Cognitive impairment.</p> <p>The Senior nurse manager meets as a minimum once a week with Matron to review the service delivery performance and staffing.</p> <p>The matron attend monthly professional meeting with Associate Chief of Staff Nursing ,as well as locality matrons operational meeting once a month with nurse manager</p> <p>The Associate Chief of Staff Nursing has reviewed the patient mix on Beuno ward and it is currently being run as an area to support complex Discharge Planning. the patient numbers on Beuno are reviewed daily basis</p>	Associate chief of staff	achieved

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>by the matron and nurse manager to ensure that staffing ratio's meet the chief nursing officer recommendations, bed numbers are then determined on clinical Judgment and patient needs .</p> <p>Vacant Health care support worker post has been filled on Beuno ward, a further Registered dual registered General and Mental Health Nurse post was advertised for Beuno/Aberconwy ward to help with supporting the case mix, unfortunately there were no applicants for this post, therefore it will be appointed to as general nurse, with additional training to be carried out on appointment.</p> <p>Sickness levels continue to be managed as per board policies, and there are 2.5wte vacancies /temporary posts that require filling, further interviews scheduled for 16 January 2015.</p> <p>There has been a significant reduction on Agency nursing in the last few weeks, and successful recruitment onto the nursing bank.</p>		
12	The Health Board should provide HIW with an update on the extent to which these actions	Medical input into multi disciplinary meetings is being addressed through consultant job	Clinical Director	March 2015

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p>are being achieved. It should also detail any further action it has taken in light of the findings with regard to rehabilitation and medical input to multidisciplinary team meetings.</p>	<p>planning process .There is a consultant physician retirement in March 2015 , therefore there is review of medical model and services at the hospital .</p> <p>Occupational Therapy –</p> <p>Timeliness and appropriateness of referrals to Occupational Therapy has improved.</p> <p>Occupational Therapy staff provides information into the patient plans which has improved communication between the MDT.</p> <p>Goal setting, Effectiveness and communication within MDT meetings has improved thus focusing Occupational Therapy assessment and intervention in a more appropriate and effective way.</p>	<p>Head of Service</p>	<p>Immediate and ongoing monitoring</p>
<p>12</p>	<p>The Health Board should clarify to HIW the current arrangements that are in place for staff to receive feedback about the concerns, incidents and complaints they raise and whether these can be improved. It should also clarify what arrangements it has in place</p>	<p>One ward “goal setting” continues and has seen very good improvement in discharge planning processes and co-ordination ,individual staff members have better understanding of their individual responsibilities and accountabilities in respect of the discharge planning process, the</p>		

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	to monitor and where necessary improve staff morale.	<p>approach has reduced the number of multidisciplinary meetings and has released clinical time as a result, some evidence of reduced average length of stay.</p> <p>Fundamentals of Care annual survey of staff on the 7th October rated their overall satisfaction with the care that they provide to patients and their families was 70% giving a RAG status of amber. Hospital average 75.57%. Staff Survey to be repeated within six months by Locality Matron and results fed back at local staff meeting and sisters meeting.</p> <p>Daily ward manager meetings now occur with feedback directly to ward staff .Also formal monthly ward meetings occur to include quality audits , incidents and concerns feedback with lessons learnt and actions .</p> <p>All staff to have Annual Performance review within 6 months</p>	<p>Locality matron</p> <p>Locality Matron/ward manager</p>	<p>Ongoing</p> <p>End of April 2015</p>
Delivery of a Safe and Effective Service				
14	The Health Board should provide HIW with an update on the extent to which these actions are being achieved. It should also detail any further action it has taken in light of the	<p>Digital locks being put in place by works</p> <p>Medicines storage and administration audited monthly. Beuno scored 94 % in December audit</p>	Locality matron	<p>Complete</p> <p>Complete</p>

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	findings to ensure that its ongoing arrangements with regard to medicines management are safe and effective	<p>whilst the hospital average was 84.5%.</p> <p>Omission of critical medicines can cause serious harm or death. Medicine doses are often omitted or delayed in hospital for a variety of reasons Medication sheets ,omissions this is specifically being audited in respect of the omission trigger tool, matron liaising with medicines management nurse re process ,albeit that omissions are audited as part of the monthly patient quality process</p> <p>Wristbands all pts now wearing wristbands highlighted to staff importance of adhering to procedures/audit to be carried out to monitor compliance. Daily spot checks. We will work on ensuring dementia friendly environments.</p>	<p>Locality matron/medicines management nurse/ward manager</p> <p>Ward manager/ Locality matron</p>	Ongoing
14	The Health Board should provide HIW with a statement on whether its current arrangements for monitoring the effectiveness of its service are sufficiently robust. The Health Board should set out what, if any, action it will take to ensure that it's Board is	Monthly Quality Audits are carried out on all Wards which are the Ward to Board indicators and assurance .They are reported monthly at the Senior Nursing and Midwifery committee chaired by the Executive Nurse and the Quality Assurance Executive meeting which is chaired by	Associate Chief of Staff Locality Matron	Ongoing

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	<p>supportive in identifying and resolving service issues in a proactive and timely manner.</p>	<p>the Medical Director , both of which report to the Board .The Associate Chief of Staff and Locality Matron ensure that action plans are developed for areas of concern , monthly monitoring is then done through the above to committees reporting to the Health Board .</p> <p>Key areas for current improvement are Dementia awareness, recognition and management of behaviour that challenges, recognition and management of delirium, advance care planning, end of life care, mental health and deprivation of liberty safeguards. As well as those areas of weakness identified in the ongoing monthly audit. This month they will focus around Nutrition.</p>	<p>Ward Manager</p>	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale

Health Board Representative:

Name (print):Christine Lynes

Title:Associate Chief of Staff Nursing

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Signature:

Date:21st January

2015.....