

## Safe staffing report December 2022

Berkshire Healthcare NHS Foundation Trust is committed to reporting staffing data for nursing and healthcare staff across all our wards; this is underpinned by our commitment to both delivering high quality care for our patients and ensuring transparency. Reported figures here include registered nurses and unregistered healthcare assistants, Allied Health Professionals are not included in these figures but do support safer staffing on the inpatient wards.

The following report will aim to provide the board with assurance around the statutory reporting requirements, as outlined in the Developing Workforce Safeguards document which was published by NHS Improvement in October 2018. This document was developed to support organisations to utilise effective staff deployment by adopting a “triangulated approach” to manage common workforce problems and comply with the Care Quality Commission (CQC) well-led framework (2018).

### Executive Summary

The East Community Health Wards patient numbers have decreased to 87.45% from 90.6% occupancy last month. West Berkshire Community Health Wards patient numbers are the same as last month with an average of 87.08% (87.28% last month). Average occupancy on the acute wards at Prospect Park Hospital is the same as last month at 96.32% (October; 96.32%). The older adult wards at Prospect Park patient numbers are similar to last month at 85.4% from 84.8% last month and Campion occupancy is also similar at 88.1% from 88.5% last month.

There were 9 reported staffing issues from Datix, and all were of low impact, compared to 30 reported in October. There were no incidents reported of moderate and above harm during the month and no incidents of moderate and above harm from the triangulated data. The total number of temporary staff requests decreased during November compared with October, although it still remains lower than August. The number of shifts reported with less than two registered nurses (RN) per shift in November was 202 (October; 207 186 in September).

This continues to be driven by absence including sickness alongside vacancy and the challenges in filling vacant shifts with temporary staff.

Green [G]	Amber [A]	Red [R]
No identified impact on quality and safety of care provided because of staffing issues.	Although there appears to be no direct correlation between staffing and any specific incidents that occurred during the month, the high number of temporary staff required throughout the month provides a challenge with delivering continuity of care and may compromise patient experience.	There appears to be a correlation between staffing and specific incidents, safety was compromised.

Ward	Budgeted workforce (wte)	Vacancy (wte)	% DAY FILL RATE				% NIGHT FILL RATE				Bed Occupancy %	CARE HOURS PER PATIENT DAY					No. of shifts with less than 2 RN		No. of incidents reported linked to staffing	No incidents where harm caused as a result of reduced staffing	RAG rating	
			RN	HCA	Q NA	UnQ NA	RN	HCA	Q NA	UnQ NA		Month cumulative patient count	RN	HCA	Q RA	UnQ RA	Total	Day				Night
Bluebell	39.26	10.35	75.44	120.81	0.00	0.00	83.33	157.88	0.00	0.00	98.00	647	1.9	5.7	0.0	0.0	7.6	29	10	0	0	[A]
Daisy	39.95	11.95	85.00	121.00	0.00	0.00	96.67	132.50	0.00	0.00	97.50	585	2.4	7.6	0.0	0.0	9.9	22	2	7	0	[A]
Rose	44.15	19.15	85.00	151.76	0.00	0.00	91.67	158.33	0.00	0.00	95.30	629	2.2	8.3	0.0	0.0	10.5	19	5	0	0	[A]
Snowdrop	38.31	17.39	91.44	140.67	0.00	0.00	88.33	152.50	0.00	0.00	94.50	624	2.2	8.2	0.0	0.0	10.5	12	7	0	0	[A]
Orchid	41.80	19.8	65.83	217.92	0.00	0.00	70.00	287.78	0.00	0.00	86.30	518	2.0	12.9	0.0	0.0	15.0	41	18	0	0	[A]
Rowan	42.60	20.53	112.80	220.69	56.00	0.00	85.00	294.96	0.00	0.00	84.50	507	2.8	17.3	0.2	0.0	20.2	0	9	1	0	[A]
Sorrel	37.00	11	95.00	138.67	0.00	0.00	98.33	148.33	0.00	0.00	87.00	287	5.2	17.5	0.0	0.0	22.7	6	1	0	0	[A]
Campion	37.11	2	236.00	285.83	0.00	0.00	260.00	176.67	100.00	0.00	88.10	238	9.5	31.2	0.4	0.0	41.1	0	0	0	0	[G]
Donnington	63.46	3.81	103.13	100.74	37.50	0.00	103.33	95.83	0.00	0.00	89.30	777	2.4	4.1	0.1	0.0	6.6	1	0	0	0	[A]
Highclere			113.00	82.38	50.00	0.00	98.15	86.67	100.00	0.00	91.10	410	3.4	4.4	0.3	0.0	8.1	4	1	0	0	[A]
Oakwood	46.67	0	98.33	101.00	0.00	0.00	100.00	111.67	0.00	0.00	89.60	672	2.9	4.4	0.0	0.0	7.2	0	0	0	0	[A]
Ascot	61.31	0.65	96.44	86.11	0.00	0.00	90.00	116.67	0.00	0.00	71.90	391	3.7	4.0	0.0	0.0	7.7	5	6	0	0	[A]
Windsor			141.67	123.89	0.00	0.00	93.33	273.33	0.00	0.00	93.50	766	2.5	3.4	0.0	0.0	5.8	0	4	0	0	[A]
Henry Tudor	32.80	5.6	122.83	84.75	0.00	0.00	160.47	115.12	0.00	0.00	87.20	628	3.4	3.6	0.0	0.0	7.0	0	0	1	0	[G]
Jubilee	30.23	3.6	92.67	95.56	0.00	0.00	100.00	143.33	0.00	0.00	87.70	542	2.8	5.0	0.0	0.0	7.8	0	0	0	0	[G]

The table above displays the total budgeted workforce and vacancy data. The total monthly planned staff hours versus actual staff hours (percentage fill) along with the care hours per patient day (CHPPD) are also reported. This information is split by day shift/night shift and by registered nurses/unregistered care staff. Sickness absence is reported a month in arrears overall for the trust but has been taken from Health Roster for this report as data is available.

Current nursing workforce and vacancies: (Colour code beneath chart)

PPH unregistered nurse figures increased by 10 WTE band 2 in October 2022; 5 for Orchid ward and 5 for Rowan ward due to money that was previously being used for bank and agency turned into permanent posts.

	Registered nurses (wte)	Vacancy (wte)	Total available registered nurses (wte)	Unregistered nurses (wte)	Vacancy (wte)	Total available unregistered nurses (wte)
<b>PPH</b>	110.52	47.64 (43.10%)	62.88 (56.9%)	201.24	55.56 (27.60%)	145.68 (72.4%)
<b>Campion</b>	10	0 (0%)	10 (100%)	24	2 (8.34%)	22 (91.66%)
<b>West CHS wards</b>	62.85	0 (0%)	62.85 (100%)	78.88	4.46 (5.65%)	74.42 (94.35%)
<b>East CHS wards</b>	21.29	4.8 (22.54%)	16.49 (77.46%)	33.01	4.4 (13.32%)	28.61 (86.68%)
<b>Total CHS wards</b>	84.14	4.8 (5.70%)	79.54 (94.30%)	111.89	8.86 (7.91%)	103.03 (92.09%)
<b>Total all wards</b>	204.66	52.44 (25.62%)	152.42 (74.38%)	327.13	66.42 (20.30%)	270.71 (79.7%)

<b>[G]</b>	<b>Improved position from last month</b>
<b>[A]</b>	<b>No change from last month</b>
<b>[R]</b>	<b>Worse than last month</b>

## **Prospect Park Hospital**

Average bed occupancy in the acute adults' wards was the same as the previous month at 96.32% (Bluebell ward 98%; Rose ward 95.3%; Snowdrop ward 94.5%; Daisy ward 97.5%). Sorrel ward's bed occupancy decreased to 87 % from 97.7% in October. Rowan ward's bed occupancy is similar to the previous month at 84.5% from 83.5% in October; Orchid ward bed occupancy is similar at 86.3% from 86.1% in October (average occupancy 86.65%).

The number of temporary staffing shifts requested for the wards at Prospect Park Hospital for November was 3646 (3736 in October); 627 of these were for registered nurse shifts (17.20%); 649 in October. A total of 381 (10.45%) of all temporary staff requests were unfilled for Prospect Park Hospital; 429 in October, of these 182 unfilled requests were for registered nurses (47.77%); there were 171 in October.

There were 181 shifts with less than two registered nurses on a shift which is 28.73% of all shifts (165 in October; 25.34% shifts). The two wards with most shifts with less than two registered nurses were Bluebell ward with 39 shifts and Orchid ward with 59 shifts. On shifts with less than two registered nursing staff there were senior clinical staff on the wards (Ward Manager, Matron and Clinical Development Lead) and therapy staff based on the wards 9-5pm during the week that provided support. Staff were moved across the hospital (including APOS staff) to assist wards with less than 2 registered staff in meeting their minimal staffing requirements when required, support was also provided by the Designated Senior Nurse on duty. In addition, a number of AHPs worked on the wards to support existing nursing staff and Nurse Associates were utilised when available.

## **Campion Unit**

Campion unit bed occupancy was the same 88.1% this month from 88.5% in October. There were 0 shifts with less than two registered nurses. The number of temporary staffing shifts requested for Campion unit was 505; 138 of these were for registered nurses (27.33%). A total of 30 (5.94%) of all temporary staff requests were unfilled. There were 8 unfilled requests for a registered nurse (26.67%).

## **West Community Health Service Wards**

The average bed occupancy for the West CHS wards this month is the same as the previous month at 87.08% compared to 87.28% in October; (Oakwood Unit 89.6%, Donnington ward 89.3%, Highclere ward 91.1%, Ascot ward 71.9%, Windsor ward 93.6%).

West CHS wards requested 771 temporary shifts (994 in October) 206 were for registered nurses (26.72%). A total of 157 (20.36%) shifts were unfilled (249 in October); 34 were for registered nurses (21.66%); 89 in October.

Highclere ward had 5 shifts and Donnington ward 1 shift with less than two registered nurses (October: Highclere ward; 26 shifts and Donnington ward; 2 shifts); they supported each other to ensure both the wards were covered and patient safety maintained. In addition, Nurse Associates were utilised. Ascot ward had 11 shifts, Windsor ward had 4 shifts and Oakwood unit had 0 shifts with less than two registered nurses (October: Ascot ward; 13 shifts, Windsor ward 1 shift and Oakwood ward 0 shifts).

## **East Community Health Service Wards**

East CHS ward occupancy has decreased to 87.45% from 90.6% in October; Jubilee ward 87.7%, Henry Tudor ward 87.2%. East CHS wards requested 261 temporary shifts (252 in October); 72 (27.59%) were for registered nurses (97 in October). A total of 28 shifts (10.73%) were unfilled (15 in October); 1 was for a registered nurse (3.57); 6 shifts in October. There were 0 shifts with less than two registered nurses on either Jubilee ward or Henry Tudor ward (October: 0 shifts with less than two RNs on both Henry Tudor ward and Jubilee ward).

## **Care Hours per Patient Day (CHPPD)**

To provide a consistent way of recording and reporting deployment of staff providing care on inpatient wards, the Care Hours per Patient Day (CHPPD) metric was developed and while it is recognised that the needs of patients using services are often quite different, the CHPPD measure provides a representation of the number of care hours available to patients. This information is collated nationally although benchmarking data is not currently available. CHPPD for all the inpatient areas within Berkshire Healthcare is captured within Table 1 above alongside the fill rate and bed occupancy. In addition, the SafeCare tool enables wards to capture CHPPD data to illustrate staffing levels and acuity of patients.

## **SafeCare Data**

The SafeCare model is a tool which is aligned to the E Roster system. It assists in accurately matching patient acuity and staffing levels whilst facilitating patient safety and efficiency. Therefore, it can inform decision making both clinically and managerially. The model has been successfully rolled out to both the West and East CHS wards. Roll out has now completed at PPH and data reporting will now commence for the monthly reports. It will provide useful data for PPH wards alongside the deep dive work which commenced in June 2022 and is ongoing. Current data entry has much improved, but work is still ongoing to improve consistency as this affects the robustness of the data. Figures are provided weekly to Senior Managers. This data only factors in nursing staffing for actual available staffing and not therapists who are also working on the wards and contribute significantly to care provision and overall available staffing.

# Prospect Park Hospital

## Acute wards

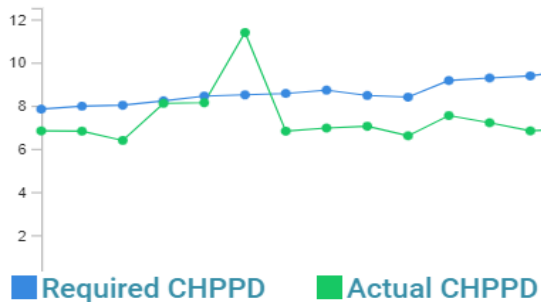
On the acute wards at PPH ward data demonstrates that there were no incidents reported of moderate or above harm related to staffing., staffing levels appear sub-optimal on Bluebell ward for 90% of the month, however staff are moved across the hospital to ensure safety on all wards and the roster system only shows where staff are allocated originally not where they have been moved to. The other three wards appear to have sufficient staff. Reporting is variable across the four wards at the moment as the new tool is embedded and some data is missing but continues to improve. A total of 211 (12.60%) shifts were unfilled by bank or agency, if these shifts had been filled available staffing would be higher. At PPH all the wards have dedicated therapy resources which provide care to patients. In addition, there are matrons, clinical development leads and activity co-ordinators who support the wards and are not included in the rota, therefore this needs to be factored in to assessing the provision of safe and appropriate care.

To illustrate that PPH staffing was safe across the hospital, a random date was selected from the month and the CHPPD figures compared. On the 14th of November the CHPPD data demonstrated; Bluebell ward required CHPPD was 9.64 and the actual CHPPD was 6.92. Daisy ward required CHPPD was 9.83 and actual CHPPD was 8.58. Rose ward required CHPPD was 12.8 and the actual CHPPD was 16.67. Snowdrop ward required CHPPD was 10.75 and actual was 8.94. Orchid ward required CHPPD was 11.54 and the actual was 12.94. Rowan ward required CHPPD was 16.55 and the actual was 18.56. Sorrel ward required CHPPD data was 15.01 and the actual CHPPD was 36.49. In addition, there would be AHPs, Clinical Leads and Matrons available to support. The data demonstrates that staffing across the hospital was sufficient for the patient acuity and dependency on that day.

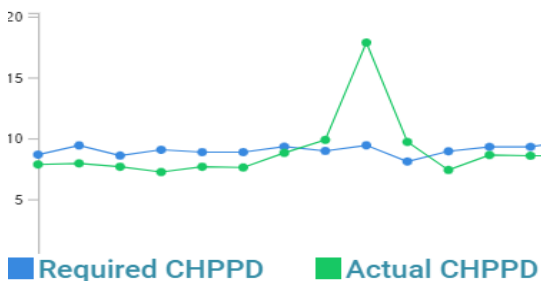
The percentage of RN shifts covered by bank staff on each ward varied from 4.65% to 9.3% and the non-qualified shifts covered by bank staff varied from 20.58% to 60.42% of all shifts during the month. Many of the bank shifts are worked by staff who also have a permanent contract in the trust or who work with the hospital regularly. Both RN and non-qualified shifts needed to be covered by agency and this accounted for a small proportion of shifts (RN 0.5% on Bluebell ward to 6.92% on Snowdrop ward. Non-qualified agency from 1.65 % on Bluebell ward to 16.5% on Rowan ward). Sickness absence has been very variable across the wards, although numbers are less than the previous month. With Snowdrop ward experiencing significant sickness absence at 10.14% with Bluebell ward at 8.55%, Daisy ward at 7.5% and Rose at 5.88% respectively.

### Bluebell

#### Required vs Actual CHPPD



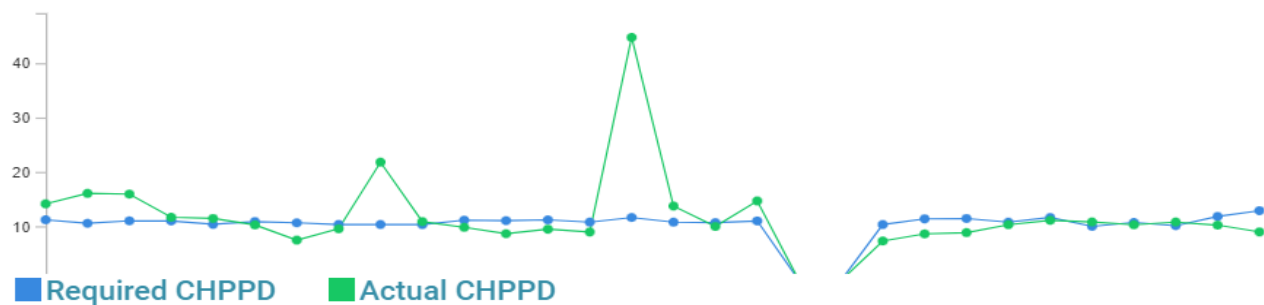
### Daisy Ward



### Rose Ward



### Snowdrop Ward





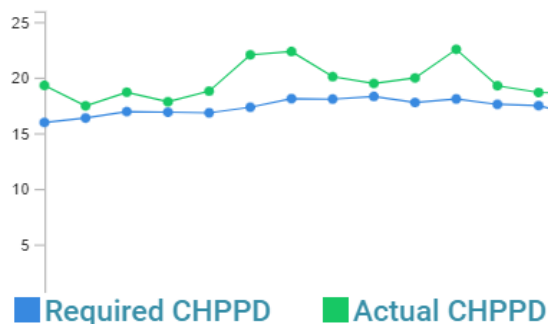
## Mental Health Older People's Wards

On the Older People's wards at PPH, data demonstrates that there were no incidents reported of moderate harm or above or incidents relating to staffing levels, staffing levels appears adequate for both wards. However as can be seen reporting is variable and some data is missing from Orchid ward although it has improved this month. A total of 152 (9.71%) shifts were unfilled by bank or agency. All the wards also have therapy resource not factored in to the Safecare tool which provide care to patients provides additional. The dates chosen below, illustrate the average figures for each ward.

Rowan Ward had 5.50% of RN shifts and 47.99% of non-qualified shifts covered by bank staff. There were 16.50% of non-qualified shifts covered by agency. As an illustration, on 14th November the CHPPD data shows that the required was 16.55 but the actual was 18.56, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in October for RNs was 12.41% and non-qualified staff 3.81% (average for all staff groups in November was 8.11%).

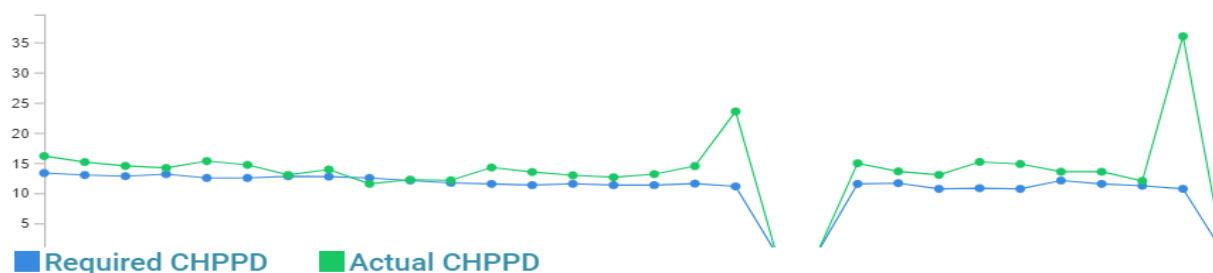
Orchid Ward had 4.65% of RN shifts and 60.42% of non-qualified shifts covered by bank staff. There were 7.04% of non-qualified shifts covered by agency. As an illustration, on 14th November the CHPPD data shows that the required was 11.54 but the actual was 12.94, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in October for RNs was 8.82% and non-qualified staff 19.42% (average for all staff groups in November was 14.12%).

### Rowan Ward





## Orchid Ward



## Psychiatric Intensive Care Unit (Sorrel)

On Sorrel Ward data demonstrates that there were no incidents reported of moderate or above and there were no incidents relating to staffing. Staffing levels appears adequate. However as can be seen reporting is variable and half of it is missing making it difficult to utilise the data recorded. However, it is more consistent than the previous month. A total of 18 (5.20%) shifts were unfilled by bank or agency.

Sorrel Ward had 9.30% of RN shifts (9.46% in October) and 42.17% of non-qualified shifts (38.14% in November) covered by bank staff. There were 0 shifts covered by agency. Sickness in October for RNs was 3.97% and non-qualified staff 7.22% (average for all staff groups in November was 5.59%).

## Sorrel Ward



## West CHS Wards

West CHS ward data demonstrates that although there were no incidents reported of moderate or above related to staffing, levels appear sub-optimal on every shift. However, a total of 157 (20.36%) shifts were unfilled by bank or agency. If these shifts had been filled staffing levels would be improved for the patient acuity reported. In addition, all the wards have dedicated therapy resources which provide care to patients and therefore this needs to be factored in to assessing the provision of safe and appropriate care. The dates chosen below, illustrate the average figures for each ward. There were no incidents attributed to staffing levels.

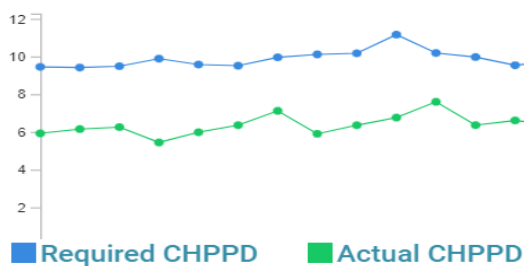
A percentage of shifts are covered by bank/agency staff to assist with improving and maintaining staffing levels. On Oakwood Unit 3.99% of RN staff on shift were bank staff (6.67% in October) and 22.06% of non-qualified staff (18.58% in October) were bank staff. There were no shifts filled by agency. On 11th November, the CHPPD data demonstrates that the required level was 10.18 CHPPD with the actual nursing contribution to this being 7.59 CHPPD, the additional input that the

7 wte therapists are able to provide meant that the wards were assessed to be safe although if all shifts had been filled the nursing staffing would have been more optimal. Sickness data taken from Health Roster for November on Oakwood ward showed that RN sickness was 7.06% and non-qualified sickness 13.17% (average 10.11 % for sickness across all staff on Oakwood ward). The trust benchmark is 3.5%. There were no complaints related to safe staffing for Oakwood Unit.

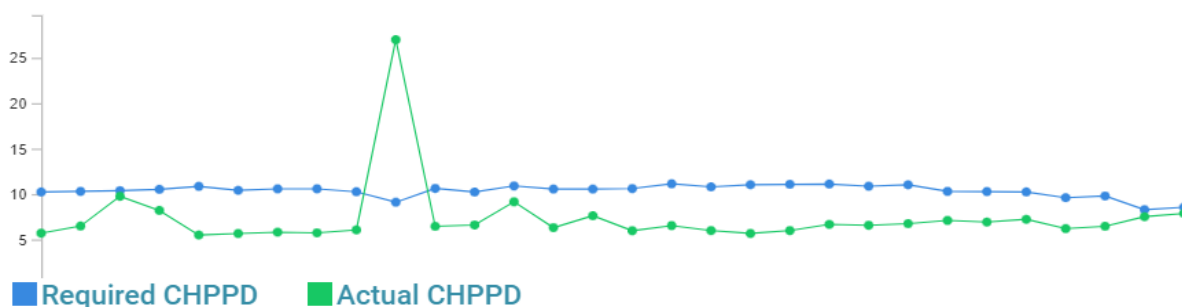
On the West Berkshire Community Hospital wards 8.38% of rostered RN staff were bank staff (11.61% in October) and 17.15% of non-qualified shifts (18.55% in October) were covered by bank staff. 0 RN shifts were covered by agency staff but 2.90% were covered by non-qualified agency staff. As an illustration of actual versus required CHPPD , on 19th November, the graph demonstrates the CHPPD required was 7.88 but the actual was 6.37, however, the therapy staff who work across the wards contribute up to a further 2 CHPPD and therefore the wards were assessed to be safe, although had all shifts been able to be filled the staffing would have been more optimal. Sickness data for November from Health Roster demonstrated that RN sickness was 2.88% and non-qualified sickness was 10.91% (average sickness for WBCCH was 6.89% across all staff groups). There were no incidents or complaints received for November related to staffing.

On Wokingham wards 8.06% of qualified nursing shifts (11.43% in October) and 14.25% of unqualified shifts (21.20% in October) were filled by bank staff. In addition, no shifts were covered by agency. As an illustration, on 24th November the CHPPD data shows that the required was 10.29 but the actual was 7.10, however, like the other community wards therapists were available and able to contribute up to 2 CHPPD resulting in the ward being assessed as safe. Staffing would have been optimal for patient need had there been no unfilled shifts. Data taken from Health Roster for November showed that RN sickness was 9.22% and non-qualified sickness was 11.40% (average sickness across all staff groups on Wokingham wards was 10.31%).

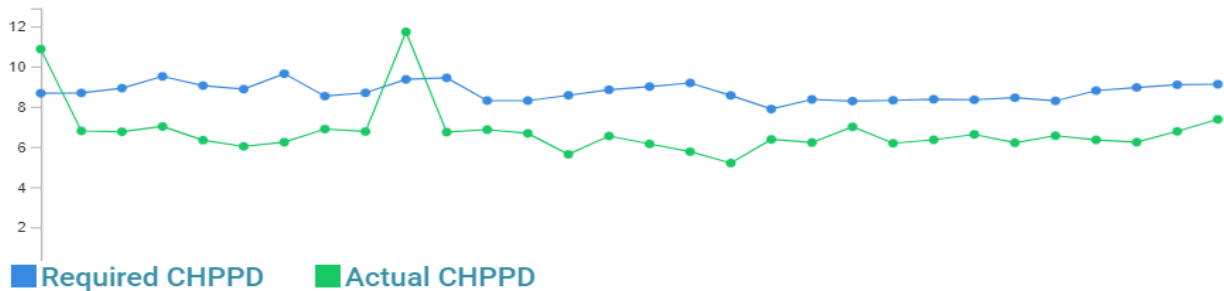
### Oakwood Unit



### Wokingham Wards



## West Berkshire Community Hospital



## East CHS Wards

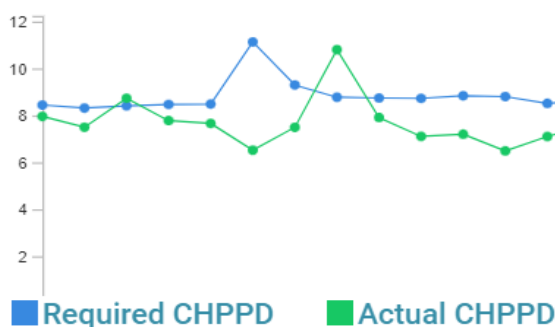
The East wards staffing to patient ratios appear to be sufficient for the acuity of patients on the ward. In addition, like the west community wards, there are therapists and therapy assistants working on the wards who support the nursing staff but are not captured in the Safecare figures. There were 28 unfilled bank/agency shifts (10.73%) which would have assisted in improving the staffing levels.

Henry Tudor had 10.36% of RN shifts (10.92% in October) and 11.68% of non-qualified shifts (17.91% in October) covered by bank staff. There were 0 shifts covered by agency. As an illustration, on 14th November the CHPPD data shows that the required was 8.64 but the actual was 7.59, available therapy would have contributed additional CHPPD meaning that the ward was considered safe. Sickness in October for RNs was 4.53% and non-qualified staff 4.37% (average for all staff groups on Henry Tudor ward in October was 4.45%).

Jubilee ward had 8.05% of RN shifts (12.5% in October) and 16.49% of non-qualified shifts (14.70% in October) covered by bank staff. No agency was used. As an illustration, on 10th November the CHPPD data shows that the required was 8.78 but the actual was 6.91. As with Henry Tudor ward, therapy staff are not included in CHPPD and would have contributed to the CHPPD for each patient meaning that the ward was safe. Sickness in November for RNs was 0.10% and for non-qualified nurses 14.29% (average for all staff groups on Jubilee ward in November was 7.19 %).

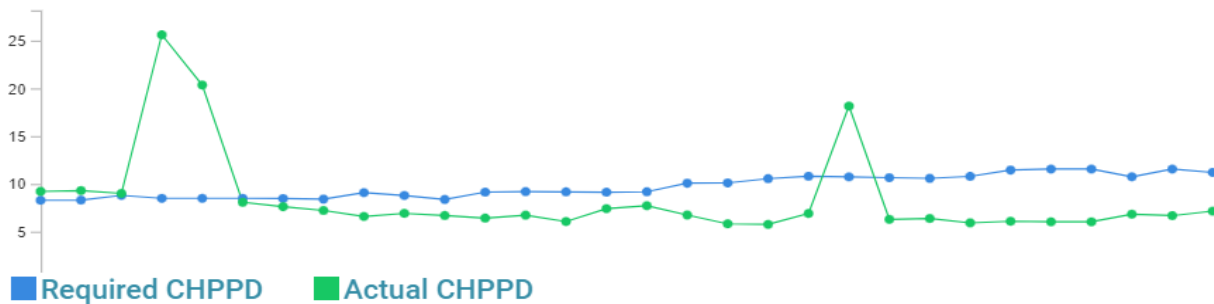
## Henry Tudor Ward

### Required vs Actual CHPPD



## Jubilee Ward

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### Incidents

Guidance published in November 2014 by the Department of Health based on NICE guidelines for safe staffing (in acute hospitals) identified 'red flags' where safety has the potential to be compromised. One of these red flags was monitoring when wards had less than two registered nurses present on the ward during a shift. All our Mental Health and Community Wards are staffed to provide two registered staff on every shift and the shifts with less than two registered staff on duty are detailed in table 1. For Campion Unit (Learning Disability unit) the agreed staffing levels are two registered nurses during the day and one registered nurse at night, therefore it is breaches in these levels that are captured in the Table above for Inpatient wards.

Triangulation of complaints and the patient safety incident data sets involves medication, patients found on the floor, pressure ulcers, absent and missing, seclusions, prone restraints, self-harm and assaults with staffing level. No incidents were reported as moderate or above during the month as a result of safe staffing.

### Risks identified

- Number of current registered nurse vacancies across Prospect Park and East Community wards
- Number of bank and agency staff used to ensure safe staffing levels
- Sickness and absence levels

## Recruitment and retention

Post recruitment the current overall vacancy rate at PPH is currently 21.76%; the previous month was 21.70%. This figure accounts for those staff who have been recruited but are still undergoing employment checks to enable them to commence, therefore, this is not reflected in the figures for November. Current workforce data demonstrates that the RN WTE has decreased to 56.9% (October 58.70%). Turnover has increased to 19.93% from 19.64%. Reasons for leaving were early retirement, work life balance and relocation. The number of international nurse recruits at PPH remains at 8. Retention of Healthcare Assistants (HCAs) recruited via the open days remains at 100%. There were two sets of interviews undertaken for HCAs following an open day currently awaiting outcomes. For qualified staff, there were four individuals appointed to the developmental rotational posts with three now in post. In addition, there are 4IEN in the process of checking with the view to arriving in December. The preceptees who commenced in September have now undertaken their induction week and 16 newly qualified RMNs have been offered posts and are in various stages of the recruitment and starting process.

As part of the international nursing recruitment pilot the East and West CHS wards are to employ most of the international recruits. The aim is to recruit 15 general nurses and 5 mental health nurses in 2022. As of November 2022, there have been 7 nurses recruited to the community wards.

## **Community Nursing**

A National tool devised by Keith Hurst has just been launched by NHSE to examine caseload dependency scores. Workshops have been delivered to representatives from community nursing teams and the training presentation is expected shortly so that local roll out can commence. It is envisaged that this will enable greater understanding of the staffing requirements needed to meet demand and patient acuity. Community nursing is currently working on aligning heat maps across the trust in order that reporting can be compared across each locality. The community data will not be reported until there is sufficient and accurate data available.

### **Main themes from this month's report:**

- Recruitment of both Registered Nurses and HCAs remains challenging in line with the national picture
- There continues to be a high level of temporary staff usage to cover vacancies, absences and high levels of observations and filling of all rota gaps with temporary staff continues not to be achieved
- Covid continues to have some impact on staffing absence across all wards and numbers are starting to increase as is the national picture

## **Safe Staffing Declarations**

Most of the wards have some vacancy, with Prospect Park Hospital experiencing the most significant vacancy. Alongside this sickness absence levels remain high across the wards and as a result, there is continued high use of temporary staff to achieve the position of safe staffing numbers. The continual high use of temporary staffing reduced registered nursing staff on some shifts and inability to fill all temporary staffing requests means that staffing was not always optimal and patient experience may have been compromised. Additional staff including senior registered practitioners not counted in staffing numbers and therapy staff not included in the safer staffing tool work on the wards providing direct patient care which means that the wards have been assessed as safe. There have been no incidents reported as a direct result of staffing.

Debbie Fulton

Director of Nursing and Therapies

08/12/2022