



**KING'S FUND  
PROJECT PAPER**

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**THE DONCASTER SYSTEM OF AUDITS  
FOR THE NURSING SERVICE**

**NUMBER 18**

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THE DONCASTER SYSTEM OF AUDITS

FOR THE NURSING SERVICE

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ACKNOWLEDGEMENTS

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The panel of authors would like to take this opportunity to offer their special thanks to Tony Dale for all the advice and encouragement he gave them during the writing of the audits for the nursing service.

Appreciation is expressed to the nursing staff in Doncaster for their helpful comments and suggestions made during the pilot phase of the nursing management audits and nursing care audits.

Thanks are also due to Miss M Staves for typing the final draft of the audits and for dealing with the numerous enquiries.

The panel is grateful to Frank Reeves for his continuing interest; and for the financial support given by the King Edward's Hospital Fund for London. Without this help, much of what has been achieved would not have been possible.

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## HISTORY

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'Management audit can be described as a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management.'

This was an opening paragraph of a document entitled Management Audit<sup>1</sup> written by Mr A C Dale MA FHA JP, area administrator, Doncaster Area Health Authority. At the time of writing this, ie, in January 1966, he was on the staff of King's Fund College. This audit was directed primarily to group secretaries for the purpose of assisting a review of the management of the hospitals in their group but was an exercise that could also be undertaken jointly by the group secretary and hospital secretary on a regular basis.

Miss B J Smith, recently retired from the post of area nursing officer, Doncaster Area Health Authority, was able to obtain a copy of Mr Dale's work whilst attending a senior management course at the College. The audit appeared to her to be an excellent way in which to assess one's own performance. At that time she was group matron of Royal East Sussex, St Helen's and Mount Pleasant hospitals, and during her last four months in that post she and her deputy matron, Mrs V I Russell, re-wrote Mr Dale's work in nursing terminology ending with a document suitable for undertaking a broad overview of the service and directed primarily to group matrons/chief nursing officers.

Whilst writing her initial document Miss Smith and her colleague became acutely conscious of a lack of knowledge as to what actually happened each day in the ward situation. They therefore compiled another document entitled Unit Analysis, which contained a detailed check list of ward activities mainly relating to the pattern of the patients' day and the quantity and quality of the supporting services. This was tested out in the mental handicap unit at Mount Pleasant

Hospital and immediately its value was realised. Amongst other things it highlighted many problems Miss Smith had not known existed and completely changed the attitude of one member of staff from custodial patient care to an active regime of patient rehabilitation. Miss Smith and her colleague had been trying to achieve the latter for a number of years without success.

Together Miss Smith and Mrs Russell with the ward staff worked through the documents and agreed unit objectives in priority order for the ensuing twelve months. These target dates were met.

Miss Smith then became chief nursing officer (later area nursing officer) to the Doncaster Hospital Management Committee where Mr Dale was group secretary (later area administrator), which was fortunate for he proved to be of inestimable support and help. During Miss Smith's first eight weeks in Doncaster she sat down with small groups of the qualified nursing staff and worked through the unit analysis document in each proposed Salmon unit throughout the organisation. This proved an invaluable exercise and provided her with a wealth of information that could not have otherwise been acquired so quickly. She was able to get to know the staff, to obtain a very good picture of the standard of nursing care and the kind of problems that faced her as a newcomer in introducing the senior nursing staff management structure.

Two things gave Miss Smith heart to develop the audit system further. Firstly, she had the support and encouragement of Mr Dale and secondly, the tremendous enthusiasm for this kind of exercise of all the nursing staff involved.

Miss J A Moore knew of the initial work Miss Smith and Mrs Russell had done in Hastings. When she joined the staff at Doncaster as principal nursing officer, psychiatry division, in June 1970 she was anxious to join Miss Smith and Mr Dale in writing a more definitive audit series combining the principles of the two earlier versions. Whilst attending a management course she decided to produce as her project the first draft of the charge nurse audit. It had been agreed that an audit would be prepared for each grade of staff within the managerial sphere and to break down the original overview

audit into component parts so that each grade of nurse manager could partake in the overall system.

A panel of authors was formed. Individual members each prepared draft audits which were agreed by the full panel before the final documents were produced.

The original panel was as follows:

Miss J A Moore principal nursing officer psychiatry division	charge nurse and principal nursing officer audits
Miss J Jarvis principal nursing officer midwifery division	nursing officer audit
Mr G Franks senior nursing officer central nursing office (left the panel in 1973 on taking up a new appointment)	senior nursing officer audit
Miss B J Smith chief nursing officer	chief nursing officer audit

Mr Dale attended the meetings of this panel giving his valuable help throughout.

Miss M A Boyle joined the panel of authors shortly after taking up her post in Doncaster in February 1972 as principal nursing officer, general division. It was at this point that the first drafts of these audits were completed. It was decided to conduct a trial in selected units in each division. This was commenced in May 1972 and because it was agreed to link the nursing audit system to the nursing staff appraisal scheme it was decided in this instance to reverse the pattern of implementation, ie, it was worked downwards from senior grades rather than upwards from ward level where problems would initially be highlighted.

The trial proved to be most successful but demonstrated a few minor difficulties which necessitated amendments to draft one before final publication of the nursing management audit series. The full implementation of this system for the managerial levels in nursing commenced in November 1972.



Miss Smith was most anxious to include the staff nurse and state enrolled grades into the nursing audit system and it was at this point that the nursing care audit series were first considered. The principal nursing officers undertook the writing of the first drafts of audits relating to fifteen specialties. The panel then finalised this work.

The nursing care audit series were published in February 1974 and implemented in the Doncaster group in May 1974.

Miss M A Boyle then undertook the initial writing of the audits for all grades in the nurse education division and these were published in July 1974 for immediate implementation in Doncaster.

The post of project officer for management audit was established in February 1973 and financed by the King's Fund. Mr G Robson was appointed to this post and served with the panel until October 1974 when he left Doncaster. Mr T A Phillips was then appointed. The post was officially discontinued in May 1977 but Mr Phillips continues to serve the panel in a secretarial capacity.

Mr G Robson undertook the preliminary work for the writing of the community nursing service audit series. He worked in close collaboration with the Bradford community nursing service and much of the credit for providing the impetus to create the initial drafts belongs to them and in particular to Miss J Butterworth who was at that time director of nursing services for Bradford.

The community nursing service audit series were finally published in August 1976.

Mr Robson and later Mr Phillips prepared the initial drafts for the nursing officer posts outside the line structure.

During 1976 several of the audits have been up-dated to reflect the new terminology and grades in the re-organised health service.

In April 1974 the King's Fund financed Mr A Hucznski (research associate) of the Department of Nursing Studies, University of Edinburgh, to undertake a two year evaluation study. In May 1976 the results of the evaluation were published, entitled Doncaster Nursing Management Audit Evaluation Study.<sup>4</sup>

## DESCRIPTION OF THE NURSING AUDIT SYSTEM

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As previously quoted, management audit can be described as a methodical review of the whole range of management activity in an organisation by reference to defined criteria of good management.

The Doncaster nursing audit system attempts to supply this review over the whole range of nursing activity within a health district. In looking at the total nursing service in a defined health district one is immediately aware of a multiplicity of activities which range from direct patient care to the overall management of the nursing service. In order to ensure the accomplishment of all these activities and thus to achieve the best delivery of care to the patient, job descriptions are necessary for each grade of staff which give a broad outline of what is required and which define the responsibility accruing to each individual. If these job descriptions have been correctly prepared the sum total of them should amount to the entire direction and control that the nursing service should take in achieving good patient care.

The authors of the nursing audit series used job descriptions to form the bases of the audits for each grade of staff and added defined criteria to establish an acceptable standard of care and good practice. The foundation of each audit is a check list for the individual to work through. Lists of key questions are prepared, posed as far as possible in such a form as to demand measured response - How much? When? How often? These questions should be asked systematically in order to gauge the effectiveness of effort of the individual and the dynamism of the organisation. To date, nursing staff from the grade of state enrolled nurse upwards in all divisions of activity are involved in the audit system. It is believed that such wide participation of staff in the audit system produces a high degree of personal involvement in the overall maintenance of good quality care to the patient in whatever field of nursing activity. This should ultimately result in improved policies and a more realistic setting of objectives. The documents when worked through on a regular basis

allow for a built-in formal method of reviewing the entire nursing organisation within a health district. Delivery of care is assessed on a ward basis initially. The total picture emerges as the exercise is completed on each occasion. The final pages of each document enable the individual to itemise problems and to set objectives. The nursing officer summarises these for a unit and the senior nursing officer produces the overall picture for an area. The divisional nursing officers present the situation within a division. They, together with the district nursing officer, are then able to agree the overall policies and objectives based on the direct information from the areas supplying direct patient care. Thus on a systematic basis policies and procedures are reviewed and up-dated, patterns of patient care assessed and priorities of need are arrived at using information fed through the nursing audit system. All grades of staff from state enrolled nurse upwards have the opportunity to make a positive input into the overall management of the nursing service. Every aspect of the nursing service receives periodic examination and this continuous monitoring aims to maintain a high standard of patient care. Every nurse who completes an audit has an opportunity to express an individual viewpoint and is able to measure performance against the agreed standard. When a performance review is formally conducted on these individuals they can be rightly seen within the context of the whole organisation, which of necessity will have its own constraints.

The aim of the nursing audit system for all nursing staff is to achieve the best possible standard of care for the individual patient.

LINK WITH NURSING STAFF APPRAISAL SYSTEM

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'The appraisal system seeks to provide for a regular performance review of all qualified nursing staff and provide a formal means of achieving staff development which ultimately will benefit patient care!'<sup>3</sup>

A performance review needs to be assessed against some tangible evidence of measurement. To ensure objectivity performance must be measured against a standard. What is acceptable? What is not acceptable? Are positive and negative measures sufficient? It can be asked - How often? How many? The absence of complaint can be noted but there is need to be more specific in all areas to ensure that justice has been done to each person being reviewed. The nursing audit series were not written with the nursing staff appraisal system in mind but when the time came to implement the two systems (both for the first time) it became obvious that the audit system assisted the implementation of the appraisal system. When introduced simultaneously it provided the standards against which to measure individual performance and enabled a high degree of objectivity to be introduced. A performance review produced in these circumstances became more meaningful and staff development could be related to personal and organisational needs with consequent priorities placed in regard to possible financial outlay in relation to such development and the ensuing benefits to patient care.

## POSSIBLE METHOD OF IMPLEMENTATION OF THE AUDIT SYSTEM

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In Doncaster the audit series were introduced simultaneously with the nursing staff appraisal system and the following describes one way in which this can be achieved.

Each divisional nursing officer agrees with the senior nursing officers and nursing officers the order in which the units will implement the two systems so that firstly, individuals are not experiencing a delay of longer than one week between the audit interview and the appraisal interview and secondly, no countersigning officer is faced with an impossible number of interviews to arrange at any one time. Working through the systems in this fashion it was apparent that senior nursing officers needed to include within their normal work-load a regular commitment of one to two interviews weekly. As an example, one senior nursing officer in the general division (Doncaster Royal Infirmary) served as countersigning officer to 58 charge nurses and conducted audit interviews on 7 nursing officers. Within one year, excluding holidays and allowing no other time to be away for sickness or course attendance, that person needed to conduct one interview weekly for 27 weeks and two interviews weekly for 19 weeks to complete the exercise.

Appendix A shows the plan for unit implementation in the general division.

Appendix B illustrates how a unit plans its implementation during its agreed allocation in the overall plan.

Education and preparation of the nursing staff into the philosophy of the audit system is vital to its success.

In the Wakefield (Western) Health District one of the authors implemented the system in November 1975. As in Doncaster it was, of course, imperative that the cooperation and acceptance of this system by the heads of non-nursing services were obtained. The health district consists of 3000 hospital beds and a geographical population of 133 000. The nursing staff number over 2000. Thirty half-day study days for hospital nursing

staff were held to discuss the audit and staff appraisal systems prior to their implementation. Staff from divisional nursing officer to nursing officer grade were issued with the appropriate composite copy of audits for their retention. The first exercise was regarded by all as a 'trial round' as this was a learning situation. This year, 1977, with the community nursing audit series available a further nine half-day study days have been conducted to introduce the system to the community nursing service. They too will regard the first exercise as a 'trial round'. Without proper regard being paid to the education and preparation of all concerned to ensure commitment to the project, the whole exercise could have far less exciting and useful results than experienced by the authors.

In Doncaster, when it was agreed to implement the system, the same careful preparation was given but fewer study days were needed for the staff had been introduced to the concept during the whole period of the writing of the audits.

As each unit was ready to commence the exercise for the first time the appropriate single audit documents were issued from central nursing office to the individual nursing staff giving ample time for the document to be completed by the person prior to the audit interview date. The required number of appraisal forms were also issued from central nursing office to the appraisers for these to be completed following audit interviews. At the start of the exercise dates were agreed within the unit by the nursing officer and the staff concerned and with the senior nursing officer when acting as countersigning officer for the appraisal. Off-duty rotas could then be organised to ensure availability of individuals on the agreed dates. Where sickness or some other unforeseen circumstance prevented attendance by an individual a new date was agreed at the earliest opportunity to fit into the overall unit plan.

Information relating to staff development as entered on the appraisal forms was extracted so that action taken could be monitored regularly.

## FEED-BACK AND MONITORING OF AUDIT SYSTEM

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This is perhaps one of the most important aspects of the nursing audit system. The information acquired from the audit documents ensures that the needs and thoughts of staff at all grades in the nursing profession are fed into the planning system. One of the major criticisms of the present nursing structure is that the needs of the bedside nurse are not considered by the so-called remote and uninvolved nurse managers.

Delivery of care is the ultimate responsibility of all nurses no matter what grade they may be.

Consultative processes can be cumbersome and the nurse totally committed to bedside care is disinclined to participate in such meetings/committees. Individual participation where action is seen to be taken is essential to maintaining a high standard of patient care and good morale amongst nursing staff.

Problem areas, organisational and personal objectives highlighted in the individual audits have been thought out by each nurse without constraint of time. When the audit interview takes place the nurse conducting the interview has had time to read the document and is then in a position to discuss with the individual concerned the feasibility of solving the problems stated and of meeting the target dates proposed for the objectives. A programme for achieving the objectives can be discussed.

Appendices C D E and F illustrate one method of extracting the necessary information from individual audits to form the basis of the monitoring and feed-back system.

The Doncaster nursing audit system has introduced a four-monthly review system whereby each nurse involved in the system has an interview to discuss progress. It is essential to keep the nurse



involved at all stages and to this end information must be fed back at shorter intervals than from one audit exercise to another for it to be accepted as meaningful to those participating. It may well happen that certain problems highlighted at direct patient care level cannot be solved at that point but need to be tackled at another level in the management structure. When agreement has been reached at which level the problem is accepted, then information must be fed back to the individual who first recognised the problem or it could be seen to be unsolved. It is vital to accept that information is two-way in this exercise or when the audits are completed for a second time nursing staff will be somewhat disillusioned.

PHILOSOPHY DERIVED FROM THE EVOLUTION OF THE NURSING AUDIT SYSTEM

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The authors did not envisage all the benefits that could accrue with the use of the nursing audits. It was only during the implementation of the first exercise that the enormous possibilities inherent in the system were realised when implemented with a high degree of staff commitment. The quality and quantity of information obtained was astonishing and therefore a feed-back and monitoring system was quickly introduced.

Detailed information was received relating to the patient care areas and to the needs of the individual nurse.

A system such as this enables nurse management to plan realistically, to make a better contribution towards achieving proper priorities, to consider staff development within the context of the organisation and to consolidate and maintain the present situation.

To aim for maximum staff involvement in the overall management of the nursing services is essentially good and can be looked upon as the basis of Participative Management.<sup>2</sup>

One of the most effective 'spin-offs' derived from the nursing audit system is the monitoring of the whole organisation, ie, all services contributing to the care of the patient.

## OBJECTIVES OF THE DONCASTER NURSING AUDIT SYSTEM

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The main objectives are to provide an on-going self-monitoring of performance with a view to constant improvement in the standard of service provided. An organisation should never remain static. It should sustain continuing growth and the value of the audit is in the motivation of the individual to this end.

### 1 Self-Appraisal

Individuals are the greatest critics of their own performance. Self-appraisal provides an opportunity for the individual to declare faults and problems and in declaring them accept that they exist. The audit system provides a framework within which the self-appraisal can be conducted, defining the areas to be examined. It further assists by allowing the self-appraisal to be conducted within the confines of the organisation.

### 2 Standards of Care

Prior to the audit system a definitive measure of standards within the nursing organisation did not exist. The standards set within the audit apply throughout a health district defining a level acceptable within the known constraints. Failure to reach the standard set would indicate a personnel, not an organisational, failure.

### 3 Staff Development

The audit system provides for a systematic review of the individual, monitoring progress and achievement. It leads to the development of the individual with an acceptance of the level at which they operate most effectively.

## FUTURE PLANS

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The authors have just completed an abridged version of the nursing management audit series. The necessity for this has been evidenced by those who have completed the exercise twice and who are now embarking on a third round. Those members of staff who have completed the full audit exercise on two occasions feel now the need to use an abridged version. This abridged version will reduce the contents of the documents to those questions/statements that relate directly to the individual's performance and exclude those relating to the organisation. It is the firm opinion of the authors that the full document needs to be completed at least once in three years by all individuals because of the constantly changing pattern of an organisation. The abridged document could be used in the intervening years.

Experience in Doncaster has shown that the abridged audit should only be used after the completion of two full exercises. The complete document should be used by nursing staff using the system for the first time.

IMPLEMENTATION OF AUDIT AND STAFF APPRAISAL

UNIT TIMETABLE - 1974-1975

UNIT	APR	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
Surgical	—————													
Conisbrough		—————												
Chest & Inf. Dis.			—————											
Geriatric 1				—————										
Geriatric 2					—————									
Specialties						—————								
Medical							—————							
A & E								—————						
Fullerton									—————					
Orth. & Paed.										—————				
Theatres											—————			
Out-Patients													—————	
Night Duty		<u>D.R.I. &amp; FULLERTON</u>						<u>CONISBROUGH &amp; T.R.H.</u>						

RECORD OF INTERVIEW DATES

Ward	Name	Audit interview conducted by Appraiser	Discussion of Individuals Audit and Appraisal between Appraiser and Countersigning Officer	Appraisal interview by Countersigning Officer

NURSING CARE AUDIT

SUMMARY

FOR EACH WARD IN THE UNIT

UNIT:

NAME:	GRADE:	WARD:	DATE OF AUDIT:	DATE OF APPRAISAL
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1. OBJECTIVES

2. PROBLEMS

3. ACTION AND DATE

NAME:	GRADE:	WARD:	DATE OF AUDIT:	DATE OF APPRAISAL:
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1. OBJECTIVES

2. PROBLEMS

3. ACTION AND DATE

NAME:	GRADE:	WARD:	DATE OF AUDIT:	DATE OF APPRAISAL:
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1. OBJECTIVES

2. PROBLEMS

3. ACTION AND DATE

NAME:	GRADE:	WARD:	DATE OF AUDIT:	DATE OF APPRAISAL:
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1. OBJECTIVES

2. PROBLEMS

3. ACTION AND DATE



MANAGEMENT AUDIT/NURSING CARE AUDIT

SUMMARY

FOR NURSING OFFICERS USE

NAME:

UNIT:

DIVISION:

DATE OF AUDIT:

1. PROBLEMS OF THE UNIT  
WARDS

2. ACTION AND DATE

3. FURNITURE EQUIPMENT REQUIREMENTS

4. OBJECTIVES FOR UNIT

WARDS

TARGET DATE

DATE ACHIEVED

1

3

MANAGEMENT AUDIT/NURSING CARE AUDIT

SUMMARY

FOR SENIOR NURSING OFFICERS USE

NAME:

AREA:

DIVISION:

DATE OF AUDIT:

1. PROBLEMS OF AREA  
UNITS

2. ACTION AND DATE

3. FURNITURE EQUIPMENT REQUIREMENTS

4.	4. <u>OBJECTIVES FOR AREA</u> <u>UNITS</u>	<u>TARGET DATE</u>	<u>DATE ACHIEVED</u>
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MANAGEMENT AUDIT/NURSING CARE AUDIT

SUMMARY

FOR DIVISIONAL NURSING OFFICERS USE

NAME:

DIVISION:

DATE OF AUDIT:

1. PROBLEMS OF DIVISION

AREA

2. ACTION AND DATE

3. FURNITURE EQUIPMENT REQUIREMENTS

4. 4. OBJECTIVES FOR DIVISION  
AREA

TARGET DATE

DATE ACHIEVED

REFERENCES

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- 1 DALE, A.C. Management audit. London, King's Fund, 1966.
- 2 GREAT BRITAIN. DEPARTMENT OF HEALTH AND SOCIAL SECURITY. Health service development participative management. London, D.H.S.S., 1976.
- 3 GREAT BRITAIN. DEPARTMENT OF HEALTH AND SOCIAL SECURITY. Report by the National Nursing Staff Committee on staff appraisal in the hospital nursing service. London, D.H.S.S., 1970.
- 4 HUCZNSKI, A. Doncaster nursing management audit: evaluation study. Edinburgh, Nursing Studies Research Unit, Department of Nursing Studies, 1976.

## AUDITS CURRENTLY AVAILABLE

A	<u>Composite Copies</u>	<u>Current Price</u> £
(i)	<u>Management Audit for the Nursing Service</u>  Containing audits for: Charge Nurse, Nursing Officer, Senior Nursing Officer, Divisional Nursing Officer, Area Nursing Officer	1.20
(ii)	<u>Management Audit for the Teaching Division</u>  Containing audits for: Clinical Teacher, Nursing Officer, Senior Nursing Officer, Director of Nurse Education	1.20
(iii)	<u>Nursing Care Audit</u>  Containing audits for: Surgery, Theatres, Intensive Care, Ear, Nose & Throat, Ophthalmology, Orthopaedics, Accident & Emergency, Out-Patients Department, Medicine, Coronary Care, Elderly Sick, Paediatrics, Midwifery, Psychiatry, Mental Handicap	1.20
(iv)	<u>Audit for the Community Nursing Services</u>  Containing audits for: Home Nurse, Health Visitor, Domiciliary Midwife, Community Nurse (Psychiatry), Nursing Officer, Senior Nursing Officer	1.20
B	<u>Individual Copies</u>	
(i)	<u>Area/District Posts</u>  Area Nursing Officer (Single District/Area) .40 Area Nurse - Child Health (specific to Doncaster) .40 Area Nurse - Service Planning (specific to Doncaster) .40	
(ii)	<u>Staff Posts</u>  Nurse Allocation .40 In-Service Training .40 Central Nursing Office .40 Control of Infection .40	
(iii)	<u>Hospital Staff</u>  Charge Nurse .40 Nursing Officer .40 Senior Nursing Officer .40 Divisional Nursing Officer .40	



4.

B	<u>Individual Copies</u> (cont'd)	<u>Price</u>
		£
(iii)	<u>For Staff Nurse/State Enrolled Nurse</u>	
(cont'd)		
	Audits for: Surgery	.40
	Theatres	.40
	Intensive Care	.40
	Ear, Nose & Throat	.40
	Ophthalmology	.40
	Orthopaedics	.40
	Accident & Emergency	.40
	Out-Patients Department	.40
	Medicine	.40
	Coronary Care	.40
	Elderly Sick	.40
	Paediatrics	.40
	Midwifery	.40
	Psychiatry	.40
	Mental Handicap	.40
(iv)	<u>Nurse Education Staff</u>	
	Clinical Teacher	.40
	Nursing Officer	.40
	Senior Nursing Officer	.40
	Director of Nurse Education	.40
(v)	<u>Community Nursing Staff</u>	
	Home Nurse	.40
	Health Visitor	.40
	Domiciliary Midwife	.40
	Community Nurse (Psychiatry)	.40
	Nursing Officer	.40
	Senior Nursing Officer	.40
	Divisional Nursing Officer (as for hospital staff)	.40

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