A number of upgrades have occurred or are occurring over the past twelve months at The Tweed Hospital (TTH) Campus, as set out below:

The Aged Care Assessment Team (ACAT) moved from the Professional Centre in Banks Avenue to level 2 of Tweed Community Health Centre, which was previously Tweed Dental Clinic. The old building was vacant after a new Dental Clinic on TTH Campus was opened in April last year.

This area was refurbished to allow the ACAT to return to the main Hospital campus from rented premises. The refurbishment work was carried in 2014 at a cost $104,000 and the ACAT team moved into their new refurbished accommodation in the middle of 2014.

The ACAT are enjoying being on site which has meant closer and more frequent interactions with other Clinicians, easier access to the Hospital Wards for assessments, better access to shared Health Records and easier access to fleet, deliveries and mail services.

Enhancement to Child Protection Service

Child Protection Structure for NNSW LHD
The Child Protection Service for NNSW LHD has received significant enhancement due to the cessation of the hosted service arrangement with Mid North Coast LHD effective from 6 July 2015.

The NNSW LHD Executive approved an upgrade of the Child Protection Central Contact Point position and broadening the role to Health Service Manager Level 1. In addition, this position has been upgraded from a part-time position to fulltime. The enhancement to the Child Protection Manager position to a fulltime position has involved broadening the scope of the position to include the strategic management of implementation of forensic medical policies.

Funding for minor capital works in the Grafton Community Health Centre has been made available to create a more centralised child protection hub. This means having Child Protection Staff located in the same building, so providing a more effective child protection response and program management.

Retention of the Out of Home Care and the Child Wellbeing Program - as per ‘Keep Them Safe’:
The Out of Home Care and Child Wellbeing programs are being coordinated for the duration of the project funding by a part-time position which is responsible for both these services.

The Child-at-Risk File Flagging project:
This project has been allocated resources to commence the implementation of a system where staff who make a Child Protection Report, will flag this concern on the medical record.
Workplace Safety is everyone’s business

From the Editor, Susan Walker

I am taking some long service leave from 1 July and return on 6 October 2015. While I am away Lee McDougall will be acting in this role. Please continue to send your contributions for Northern Exposure and requests for media to susan.walker@ncahs.health.nsw.gov.au which will be forwarded on to Lee. Please remember to send your contributions and nominate Quiet Achievers for recognition in Northern Exposure to Lee.

The first week of July is when NAIDOC week is celebrated across NSW and this coming week our Aboriginal Health teams have lots of activities organised across the Local Health District (LHD). Emails have been sent around announcing these activities but if you do not have access to e-mail then please contact your local Aboriginal Health Manager, who will let you know of what has been arranged.

As the front page indicates, there are lots of projects going on across the LHD. One is the new Byron Central Hospital and a Community Open Day was held on Sunday 28 June 2015 for local residents to come and see the progress on the development.

Right: At the new Byron Central Hospital site is Stuart Clark, Project Manager, Brookfield Multiplex Australasia; Chris Crawford, Chief Executive and Shirley Nelson, community representative and who was also former Director of Nursing at the Byron District Hospital. Below in the area that will be the Staff Carpark from left is Richard Buss, Executive Director, Mental Health and Drug & Alcohol; Ann and Tony McCabe, Byron Community Committee (BCC); Stuart Clark, Bernadette Loughnane, Executive Director, Tweed/Byron Health Service Group (TBHSG); Rae Cooper, BCC and Chris Crawford.

Nominated by Brad Mills, Midwifery Unit Manager, Women’s Care Ward, Lismore Base Hospital (LBH) - I would like to nominate Astra for her commitment to a woman and baby under her care in the Lismore Community Midwifery Service (LCMS). Astra’s skill as a midwife and calm approach to the situation is a tribute to her.

Astra Joynt is one of the LCMS Midwives. On the morning of 10 June 2015 Astra was called by a woman having her second baby who was labouring at home.

The woman - Mykaela Beggs - had a known breech and was to be a planned vaginal breech birth in hospital. Astra instructed the couple to call an Ambulance and told them she would meet them in the LBH Birth Suite.

While on her way to the hospital Astra phoned from her car to check if the ambulance had arrived and was told by the baby’s father that the Ambulance had not arrived and that the buttocks were being born.

As Astra was not far from their home, she diverted to the residence. On arrival the body and shoulders were delivered. The baby was pale so Astra delivered the head and resuscitated the baby. The Ambulance arrived about two minutes after the baby was born and transported all to LBH.

Astra recognised a hazardous situation and responded in a way that may have prevented an adverse outcome for a woman having a breech birth.

Astra’s skill as a midwife and calm approach to the situation is a tribute to her.

Astra Joynt with Mykaela Beggs and her baby boy Django in LBH Womens Care Ward.
Bugalwena Aboriginal Health expansion

Tweed Aboriginal Health Services have been delivered from the Bugalwena Building, which is located on TTH campus, since 1999.

The physical capacity and age of the Bugalwena building does not support the expanded range of Aboriginal community health services that are now being delivered. Capital funding of $300,000 was provided through the Ministry of Health Aboriginal Minor Capital Works Program to upgrade and expand the building.

The work is well underway and due for completion in August 2015. This new extension will provide a new large group room with: Beverage Bay, two new Clinic Rooms, Health Promotion Office, new Store Room, Front Entrance and Waiting Room with upgraded internal fittings, air-conditioning and security.

The Junior Medical Officers (JMO) Lounge

Capital funding was provided through the Rural Health Minor Works Program in 2014/15 to provide a new dedicated space for the JMO’s at TTH. The former external terrace area on level 3 of the Education block has been enclosed and fire rated and converted into the dedicated JMO’s lounge and adjoining tutorial room.

The new lounge will be completed at the end of June 2015. The completion of the new JMO’s lounge will allow various moves to be completed over the next few months, including the Anaesthetists Office to move into the temporary JMO’s area in the Operating Theatre Suite so allowing the temporary Anaesthetics Office to be converted into a Maternity Assessment room.

Westpac Life Saver Rescue Helicopter thanks the Public for support

The Northern Region Westpac Life Saver Rescue Helicopter recently performed its 8,000th mission – a major milestone since humble beginnings in 1982.

The crew performed an inter-hospital transfer for a critically ill patient from Moree to Tamworth, departing Lismore in the early hours of the morning.

“When you consider the Service took 24 years to fly 5,000 missions in 2006, to fly a further 3,000 missions in the last nine years alone is an indication of the vital role the rescue helicopter service plays in the region’s emergency response chain,” said General Manager for the Service, Kris Beavis.

The Service continues to fly on average 6-7 missions a week and it’s the support of the community and sponsors that helps to ensure it can respond when it’s needed most. As a local not-for-profit charity, the Service’s operations are not fully funded, which requires the community to contribute over $4M each year via fundraising to keep its helicopters and crews flying.

“Every patient’s story is unique and we are so grateful for the donation support we receive that helps us to give hope to the patients that we support,” remarked Mr Beavis.

Donation support can be given in many forms such as online donations, workplace giving, bequests, and purchases at their Helicopter Op Shops and attendance at events. Importantly all donation support stays in our region and goes directly towards ensuring the service is available 24 hours a day.
Planning for The Tweed Hospital Redevelopment underway

Since the $48 million announcement for The Tweed Hospital Stage 4 was made by NSW Minister for Health, Jillian Skinner in February of this year, the NNSW LHD Planning Office has been working with TTH Clinicians and Managers. They have wasted no time in setting up a Steering Committee, Chaired by Bernadette Loughnane, Executive Director, TBHSG and including senior Clinicians, led by Dr Ian McPhee, Chair TTH Medical Staff Council. The Committee was formed to oversee the development of the Service Statement to determine the highest priorities for service enhancement so as to inform the scope of the project.

Once the Service Statement is completed and endorsed, Health Infrastructure (HI), the construction arm of NSW Health, will commence work with the Clinicians on a Business Case for submission to NSW Treasury, which will facilitate the release of the funding to commence the project.

PASH (Positive Adolescent Sexual Health) Consortium, recently organised its second regional youth sexual health Conference-PASH 2015 in Byron Bay attended by over 720 young people and 120 teachers, health/youth workers and parents from the northern rivers region.

Programmed by a steering committee of local young people and health professionals, this FREE conference featured extensive and engaging workshops, talks, multimedia and arts based platforms to develop healthy behaviours around issues of sex, sexuality, sexual health, body image, cyber bullying, homophobia, consent and healthy sexual boundaries. Other skills development and specific behaviour education around condom use, how to reduce STI risk and how to access STI testing and treatment were also covered. Over 30 North Coast organisations are involved with a mandate of Youth development, safety and health particularly in the Northern Rivers region. For more information or to get involved with PASH: www.pash.org.au

#EASYTOUR: HIV TESTING WEEK 1- 7 June 2015

Around 10 per cent of HIV positive people in NSW may be unaware they are infected, a statistic NSW Health is looking to change. Across NSW HIV Testing week encourages at risk people to have a HIV test. Getting a HIV test is now easier and faster than ever before.

#EASYTOUR, a combined testing promotion and music tour visited cities around NSW during HIV testing week to raise awareness of the importance of HIV testing and encouraging gay men and others, who are at risk to get an HIV test.

NSW Chief Health Officer, Dr Kerry Chant said that the government has made significant progress in making HIV testing easier and faster by providing a mix of high quality, safe and innovative HIV testing services such as rapid HIV testing, express clinics, after hours and drop in clinics, faster results and online booking, which are all part of a new era in HIV testing in NSW. People can also request a test at their GP.

Jenny Heslop, Manager of North Coast HIV & Related Programs said: We need to keep HIV testing on the agenda and not become complacent. It is equally important for regional communities to remain focussed and not think HIV is only a matter for larger cities and metropolitan areas.
In my period as Chief Executive of NNSW LHD and its predecessor organisations, the three major changes that have occurred are occurring which relate to “privatisation” have in fact brought services back from the Private Sector to NNSW LHD or its predecessors. Firstly, a Renal Dialysis Unit was built at The Tweed Hospital (TTH) to accommodate Public Renal Dialysis Patients who had been dialysing at John Flynn Private Hospital. This change was made because it was determined to be more cost effective (plus other Patient benefits) for this service to be provided at TTH.

More recently, the Richmond Network Public Ophthalmology Service has been transferred from a Private Hospital and a Private Day Surgery Unit to LBH. This change saved NNSW LHD around $1.0 million per year. Currently, NNSW LHD is in the process of transferring many of its Medical and other Records from Private Records Storage Providers to NNSW LHD Record Storage Facilities.

It is hoped that the above examples reassure Staff that private provision is not the first choice of NNSW LHD. On occasions, private surgical services have in the past been contracted from Private Hospitals, when it has been necessary to undertake a considerable amount of surgery in one or two Specialties over a short period, to quickly reduce a backlog of Patients waiting over the targeted waiting times. These short term contacts worked well and achieved their objectives.

The bottom line is that NNSW LHD would prefer to provide services itself, where they can be provided to a high standard and cost effectively. It is to ensure our services are meeting these twin goals that we undertake regular service reviews. Some reviews include benchmarking with other Public and Private Providers of the same services. Occasionally, that benchmarking may be extended to ‘market testing’ of our services against private sector organisations, which provide the same services. The first goal of these exercises is to learn about how others provide services. Second, where others are providing either higher standard or more efficient services or both, we need to see if we can emulate the way they provide these services. It is only in circumstances where we cannot match the standards or efficiency of another provider, that the option of privatisation is considered.

**Anti-Discrimination**

In my last NE Report I wrote about the importance of eliminating discrimination within NNSW LHD. I also stated that it is my belief that much of the discrimination that occurs is due to insensitivity rather than setting out with the deliberate objective of discriminating against a colleague or patient. However, I also said that where such deliberate discrimination can be proven, it would attract a strong punitive response. From my perspective most discrimination can be addressed by education and training. Therefore, NNSW LHD has engaged the Antidiscrimination Board to provide Antidiscrimination training to all NNSW LHD Managers. On 18 June 2015, I attended the first session of this training and made a short speech to introduce the purpose of the training and why it is so important. The training session I attended was very informative and was well worth attending. An attendance roll was marked and by having all participants sign the training attendance roll I intend to ensure all Senior and Middle Managers attend one of these training sessions.

Our engagement with the Anti-Discrimination Board will reach beyond the provision of these training sessions. We intend to use the Anti-Discrimination Board’s Advisory Service to inform us of other strategies that NNSW LHD could productively pursue as we work towards eliminating discrimination within NNSW LHD. It is all about treating each other fairly and allowing people to be judged on the basis of merit not on the basis of prejudice.

**Winter Strategies**

Over the last couple of weeks Winter has started to bite and the main NNSW LHD Hospitals have been very busy. As a consequence I have asked the Executive Directors of the two HSGs to ensure that our Winter Strategies have been activated. These strategies are not always the same in each place or in each year. They generally involve opening extra beds, employing some additional Staff in very busy areas and utilising other capacity, such the Hospital in the Home Services or vacant Nursing Home beds to assist us to get Patients discharged from our major Hospitals more quickly than would otherwise occur.

Already, LBH Management has opened extra beds. It is also making good use of its Transit Lounge, mainly to speed up patients being discharged from Ward beds but also to move patients out of the ED before they can be transferred to a Ward bed, to “free up” ED beds for incoming Patients. Ballina Hospital and TTH have also opened extra winter beds. Most of these Winter beds will now remain open until sometime in September.

A new strategy that should also benefit Richmond Network Hospitals this winter will be changes to the Non-Emergency Patient Transport Service. Over the next few weeks recruitment will occur, that will enable each Patient Transport Vehicle (PTV) to have a Nurse Escort as well as a Driver as part of its Staffing. This will mean that all the PTVs will in future be able to transport higher acuity patients. In addition, based on a model that has been successfully implemented at Kempsey Hospital, one Richmond Network PTV will become an extended hours service. From Monday to Friday, one PTV will soon be available until 11.00 pm at night. This should enable late discharges to occur in a more timely fashion. This can be particularly helpful in Winter.

**Budgets**

The 2014/15 Budget Year is coming to an end. I would like to thank all Staff who have contributed to NNSW LHD raising considerably more Patient Accommodation Fee Revenue in 2014/15 and also providing our services in a more cost effective manner. Many strategies have been successfully implemented to improve the efficiency of NNSW LHD services. This is not an easy task, so I really want to thank those Staff and Managers who have driven these changes. As a consequence, NNSW LHD will not have a “transition” grant in 2015/16, as we are providing our Acute and ED Services, when considered together, at below the State Average Price.

At the 24 June 2015 Meeting, the NNSW LHD Board approved the 2015/16 Budget. So for the first time our HSGs, Hospitals and other Services will receive their Budgets at the beginning of the Financial Year. Managers and Staff are asked to move as quickly as possible to commence introducing the required extra efficiency and revenue enhancement strategies, that are required to be implemented in 2015/16.
From 6 July 2015, all commercial outdoor dining areas in NSW will be smoke free.

This means staff and patrons of Hotels, Clubs, Restaurants and Cafés will be able to work and dine outdoors without being exposed to second-hand tobacco smoke.

Jillian Adams, Health Promotion Manager for NNSW LHD said NSW Health is working closely with local businesses to help them get ready for smoke-free outdoor dining. There is strong public support for making outdoor dining areas smoke-free and a number of businesses have already voluntarily banned smoking in their outdoor dining areas with positive results.

The Dragonfly Café in Lismore has had a smoke free outdoor dining area since Lismore City Council introduced the Smoke Free Central Business District (CBD) policy in 2012.

Lisa Yacopetti, Manager of the Dragonfly Café said, “It was a great decision to go smoke free and customers have responded very positively to the change.”

Members of the public are encouraged to remind business owners of their obligations and to notify NSW Health if they observe smoking in dining areas by calling the tobacco information line on 1800 357 412.

Authorised inspectors will be monitoring outdoors dining areas. On the spot fines of $300 may apply to individuals who smoke in a commercial outdoor dining area from 6 July 2015. Penalties of up to $5,500 may apply to business owners if a person is found to be smoking in a commercial outdoor dining area.

Matt Peterkin, Clinical Nurse Specialist, The Tweed Hospital Medical Ward 2.

Matt Peterkin recently had the privilege of presenting at the 2015 Essentials of Care (EOC) Showcase in Sydney. The presentation titled - “Angel in the room” was delivered in the form of a song with an accompanying slide show depicting Staff in episodes of patient care along with song lyrics reflective of compassionate care that underpins the Staff’s clinical practice.

The idea of a singing presentation seemed unusual and daunting, especially in the context of a practice development showcase with Ministry of Health (MoH) and associated Health dignitaries present. It took a deal of courage and determination to keep focus on what Matt was attempting to relate to the audience.

The song was originally inspired when a colleague came to Matt one day and said “there are angels in the room, it won’t be long now”.

She was referring to a Palliative Patient in our care. Matt went with her and as she held the Patient’s hand and stroked the Patient’s hair, which in those final moments made Matt realise there WAS an Angel in the room, defined by the very qualities she displayed.

That experience impacted on him but Matt was unable to describe it until the Staff of Medical 2 did an Essentials of Care facilitated values activity. Once their values were explored and identified, the song almost wrote itself! As a testament to the extent of Medical Ward 2’s values, seven original verses were edited down to five and finally four verses.

The presentation was well received at the showcase with many positive comments surrounding the way music was used to connect emotions to values and ultimately strengthen individual and group conviction and commitment toward ongoing practice development.

Authorised inspectors will be monitoring outdoors dining areas. On the spot fines of $300 may apply to individuals who smoke in a commercial outdoor dining area from 6 July 2015. Penalties of up to $5,500 may apply to business owners if a person is found to be smoking in a commercial outdoor dining area.

The rest of the showcase presented a series of inspirational successes that have grown from the EOC programme and reinvigorated Matt’s enthusiasm as a facilitator.

Thanks go to Annette Symes, Ann Schefe, Roberta Rossi, Casey McCarron, Robyn Fox and all the Staff of Medical Ward 2 for their support and cooperation. A special thank you to Lily Fenech, whose mentoring and facilitation enabled Matt to positively engage so many people.

NSW Nurses and Midwives Association used some of Matt Peterkin’s angel music in a promotion for International Nurse Day https://www.youtube.com/watch?v=MNeo_j1mRdY
I asked Jackie what her role as a local Paediatrician working in the Public Health involves?
I have been working as the Community Paediatrician for Child and Family Community Health (C&FCH) in Goonellabah for over 12 years. I work in this Centre usually two days a week and most of the other days I visit the Outreach Clinics seeing children in remote communities.

Where do you go?
I go out to Tabulam, Nimbin, Coraki, Bonalbo, Urbenville and next to Urbenville is Mulli Mulli, an Aboriginal Community. I also do a lot of work at the Casino Aboriginal Medical Service (AMS) so I am there every fortnight. Casino AMS has a really good model. Not only do I sit in the AMS and see their clients, I have their Early Childhood Nurse and Aboriginal Health Workers working with me. We do a case conferencing session at the end of each Clinic where the GPs and I talk about the tricky clients, particularly when there are issues of child protection and really complex families. We all work together and it is a very good model because we are working with the whole family, not just in isolation with the child.

I think this is the model we should all be using, rather than the Specialists sitting isolated in their rooms, they should be working in Teams. As mentioned, at Casino I work in a Team with the GPs and the Aboriginal Health Nurses and Health Workers. Whereas at C&FH at Goonellabah I work with the Allied Health Team, who are the Speech Pathologists, Audiologist, Psychologists and the rest of the team. Again, that means the family doesn’t have to repeat their story to multiple people all the time. Every person in the Team has a different role so the Doctor doesn’t do everything.

Do you see some good outcomes?
I do but there are some that I don’t see. Unfortunately, in health we can only do what health is able to provide and we rely on other agencies, such as community services.

Are most of your clients Aboriginal children?
Outreach Clinics are mostly Aboriginal children so probably half of my clients are. To come and see me here in Community Health, in fact to see me at all is for families who are financially disadvantaged, so I see the low socio economic families. All the families I see are struggling in some way and are not only Aboriginal families.

What else does your role include?
I also have my Registrars and Medical Students. Usually to the big Outreach Clinics I take two Registrars, a Medical Student and myself, so there are four of us. This means we can be really efficient when visiting these communities because sometimes there are up to 17 children and families to see and we work hard to fit them all in, especially considering it can take about 1 ½ hours to drive to these communities, so that’s 3 hours of driving there and back. It is a really good experience and a big eye opener for the Registrars and particularly for the Students. It is very important for them to see these remote communities as mostly their experience is working inside a hospital.

How long have you been working as a Paediatrician?
This is my first job after qualifying as a Paediatrician so I’ve been doing this now for 12 years. But to get to be a Paediatrician there is a lot of study. First you do Medicine, then a year of training as an Intern followed by six years of training to be a Paediatrician.

Why did you choose this area?
The environment and it is not far from my family in Brisbane. We are very lucky to live in such a beautiful area. It attracts Specialists and has services which are well serviced for a rural area.

Do you have any achievements that stand out?
One of the things we set up over seven years ago was establishing multi-disciplinary team assessments for autism, which was about looking into a better model using standardised tools. The outcome was we now have a really good assessment model.

The other thing was getting the Aboriginal Outreach going. It took a very long time to get Casino happening to the standard it is now. We worked hard to get a collaborative working model. It was difficult and that is a highlight for me to see it working so well now. I’ve also had some lovely Registrars come through and a lot of the time they haven’t done any of this type of work - any community work or working with Aboriginal communities, so we see them grow from not knowing much about this type of work to then becoming very good after six months.

Have any of them stayed?
Yes, quite a few of them have stayed in community work, so I think most of them really enjoy their time working here.

So community work keeps people out of hospital
A lot of community work in Paediatrics is child protection and developmental behaviour so a lot of those children don’t go into hospital. What is crucial to informing the Medical Students is that the majority of Paediatrics is done in the community and not in the hospital. In fact, we might only have around six kids in the Children’s Ward at one time. The rest of the thousands of them are being seen in the community by GPs and Paediatricians. Unfortunately, the Students training is done in the hospital setting so they rarely get the opportunity to work in the community where the work is and that is not what they will be doing when they finish their training.

Is there anything else you are involved with?
I’m on the Clinical Council, which is my attempt to have a say on how health operates in the community.

What would you like to see change?
My biggest issue is the inefficiency of the Public Health system. We need to better support our Clinicians so that they can focus on their clinical work. Garling clearly said “we need to free up Clinicians to do the clinical work, which is what they are being paid to do but they are spending up to half of their day doing clerical work.” I see the most difficult children and yet that is the easiest part of my job compared to the administration dysfunction.

And the positives?
The positives are that I find the work really interesting and I enjoy seeing the clients.
Respecting the Difference

New website gives Aboriginal people a “step up” in their health career

NSW Health has launched a website that aims to boost the number of Aboriginal people working in health professions across the state by helping Aboriginal people find jobs and helping managers to recruit and retain Aboriginal staff.

The website, Stepping Up, identifies job opportunities at NSW Health and provides clear guidance to Aboriginal people wishing to build a career in the health sector.

The Stepping Up website will help Aboriginal applicants overcome the challenge of finding a job that matches their experience and aspirations. The Stepping Up website also provides information and tools to help Managers recruit and retain the Aboriginal Staff across the broad spectrum of health roles.

“NSW Health offers a wide range of employment opportunities to people who are passionate about closing the health gap between Aboriginal and non-Aboriginal Australians.

These roles include medical and primary care practitioners, nurses, midwives, service and program managers, Aboriginal Health Workers, Aboriginal Mental Health Workers, Administrators and Leadership positions.

Chris Crawford, Chief Executive said, “We want to help Aboriginal people of all ages carve out a career path in the Health Sector where they can use their skills to deliver health services and culturally appropriate care in our communities, where it’s most needed.”

The Stepping Up website provides:
- Information on cadetships and scholarships
- Help with searching for a job
- Information about available positions
- Job application tips
- Information about submitting a job application
- Details on screening and checks.

The Stepping Up website can be viewed at: http://www.steppingup.health.nsw.gov.au/

Robyn Burley, Director Workforce, Planning & Development, NSW Ministry of Health; Tricia Elarde, Senior Policy Officer, National Aboriginal and Torres Strait Islander Health Worker Association and Jennifer Smith, Manager, Aboriginal Health, NNSW LHD

Amendments to the Mental Health Act 2007

As of 1 July 2015 there are a number of amendments to the Mental Health Act 2007 that will come into operation.

Some of the key changes to the Act include an emphasis on recovery focus care and treatment, which involves the care treatment and review of a person taking into account the person’s views and wishes.

In addition, consent is required for treatment and recovery plans and making every effort to take into account the person’s views and wishes. Importantly the cultural and spiritual beliefs and practices of Aboriginal and Torres Strait Islanders must also be recognised.

As well, special needs relating to disability or sexuality are recognised in mental health care and treatment. The main objectives and principles of the Act are on a recovery focus.

It is important to recognise with the changes to the Act many aspects of the care provided are now about the inclusion of the individual, his/her family and other significant people in the treatment planning and treatment of persons, who may be experiencing mental health issues. There are other technical changes to the Act, including involuntary detention, community treatment orders, the role of the Official Visitors and changes to documentation to reflect these changes.

Training will be provided by the NSW Institute of Psychiatry and the Mental Health Act Guidebook will be updated and be available on the NSW Ministry of Health website: http://www.health.nsw.gov.au/mhdao/Pages/legislation.aspx

The amendments to the Mental Health Act can be reviewed on the NSW Health website information bulletin.

If you have any queries about the change to the Act you may wish to contact the Network Managers of Mental Health Services being Warren Shaw, Richmond Clarence on 6620 2623 or Kim McGowan, Tweed Byron 07 5506 7370 to discuss how some of these changes may affect different work areas.
The 2014/2015 Financial year has been an extremely busy one for the NNSW LHD. The Board continues to be appreciative and impressed by the hard work that is undertaken by Clinicians, Staff and Management in making outstanding achievements through timely treatment of both Emergency and Elective Surgery Patients.

In preparation for this year’s budget, the NNSW LHD Board has provided input and feedback at its April and May Board Meetings and held a special Board Meeting to consider and approve the 2015/16 Budget on the 24 June 2015. This will ensure that the NNSW LHD Budget will be provided to Directorates, Hospitals and other Health Services right at the beginning of the Financial year.

There is much for the NNSW LHD and its Staff, Community, Partners and Stakeholders to celebrate with a record amount of Health Infrastructure spending allocated to the LHD, including the creation of the Byron Central Hospital and the continuing major upgrade of LBH.

On 15 June 2015 I attended a NSW Health Board Members Conference which promoted ‘Patient Focussed Care’. This aligns with the Northern NSW Integration of Care Project, which is being undertaken in partnership with the North Coast Medicare Local (soon to be North Coast Primary Health Network), NSW Ambulance Service and three Aboriginal Medical Services (AMSs) being Bulgarr Ngaru Clarence Valley, Bulgarr Ngaru Richmond Valley (formally Casino AMS) and Bullinah Aboriginal Medical Service.

I was pleased to be advised that an initial forum in Ballina had been held to discuss a good Northern Rivers Integrated Care model for this Program, which had over 80 participants including several General Practitioners, NNSW LHD Clinicians and Community representatives. I commend Vicki Rose, Executive Director Allied Health / Chronic and Primary Care and her team for their leadership on this project.

Clinicians and Management within the NNSW LHD are encouraged to become familiar with and to utilise the information provided in the Activity Based Management Portal. This portal allows for strategic decision-making with the aim of improving patient care.

Presentations on this Portal and its importance have been provided to both the NNSW LHD Clinical Council and the Medical Staff Executive Council. The importance of Clinician Engagement and working with Clinicians to improve awareness and understanding of ABM to maintain Clinical Quality and efficient utilisation of funding across the LHD was discussed. A key outcome of this work, which the LHD seeks to achieve from utilising this Portal, is to avoid unwarranted Clinician Variation and to improve Patient outcomes.

This year’s State Budget includes a number of Infrastructure projects across the District. Capital Works which are still in their planning stages but which received funds in the Budget are the Coraki HealthOne Centre and the Grafton Base Hospital (GBH) Ambulatory Care Centre. Considerably more planning will be undertaken for TTH Redevelopment, which will then occur over the next few years. The LBH Redevelopment of the ED and associated services is envisaged to be completed in early 2016. The LBH Car-Park should be completed by the end of 2015 or in early 2016 depending on the weather. Ongoing work is being undertaken to compete the design of the next phase of the LBH Redevelopment (Stage 3B) and all Staff are encouraged to have input into that design. As well, the construction of the Byron Central Hospital is proceeding apace. It is anticipated that it will be commissioned in the first quarter of next year.

I would like to commend to all Staff involved in the alliance between the NNSW LHD and the Sydney LHD (SLHD) at a Board and Management level, which is being progressed. I recently attended a SLHD Board Meeting and expect that the Hon Ron Philips, Chair of the SLHD will attend a NNSW LHD Board Meeting later this year. This alliance will deliver a great exchange of innovative initiatives, which will enable knowledge transfer to occur between front-line Clinicians of the two LHGs.

As Board Chair I reiterate my passion for Clinician, Community and Patient Engagement and thank the NNSW LHD Staff, Stakeholders and the Community for their ongoing positive contributions.

At its April meeting Dr Allan Tyson from GBH Medical Staff Council (MSC) completed his term as Chair of the NNSW LHD Medical Executive Staff Council. Dr David Sare from the Ballina District Hospital MSC was elected as the new Chair. The meeting thanked Dr Tyson for his work as MESC Chair for the last three years. On 18 June 2015 Dr David Sare Chaired his first MESC meeting.
On 3 June 2015 the first meeting of the Drug and Alcohol (D&A) Community Advisory Committee (DACAC) was held. This Committee is a sub-committee of the NNSW LHD Board and is Chaired by Dr Sue Page, Board member and the other Board Member appointed to this Committee is Ms Rosie Kew.

The establishment of a NNSW LHD DACAC provides a means for service users and carers to actively participate in, and contribute to D&A Services development, planning and evaluation. It is an initiative to bring “lived experience” perspectives to service management and decision-making processes. Such participation in the development, planning, delivery and evaluation of D&A Services is endorsed by National and State policies, including the National Drug Strategy with the policies and documents that underpin it, including the National Safety and Quality Health Service Standards.

This DACAC and its processes will reflect the MoH CORE Values of collaboration, openness, respect and empowerment. This committee will meet bimonthly and report to NNSW LHD Board and to the DAS Executive.

For further information please contact Murray Spriggs on 6620 2136 or Kate Willock on 6620 7607.

Dr Allan Tyson was appointed to the NNSW LHD Board on 1 January 2012 until 30 December 2016

He is a member of the following Board Committees:
  Medical and Dental Appointments Advisory Committee
  Medical Staff Executive Council - in his role as Chair of GBH MSC.

His principle area of expertise and knowledge is in Clinical Practice and provision of health services to Patients.

Dr Tyson’s Medical and Anaesthetics Training was through St Vincent’s, Concord and Royal North Shore Hospitals in Sydney. This training included rural rotations at Wagga Wagga, Griffith, Armidale and Tamworth Hospitals.

Dr Tyson has been a Visiting Medical Officer (VMO) Anaesthetist at GBH since 1994 and has over the years, been intimately involved in Advocating for improvement in the provision and range of Clinical Services provided in the Clarence Valley to meet the demands by an expanding and ageing population.

His contribution has included being Chair of the GBH MSC since 1998. He has played a role on Local and District / Area Drug and Therapeutics, Medical Quality and Medical Record Committees in their various structures over the years. He was previously a member of local and Area Ethics Committees, prior to the development of the University Centre for Rural Health (UDRH). Currently he is a member of the State Therapeutic Assessment Group and Pathology Clinical Council.

Dr Tyson has during this time been actively involved in increasing Medical and Nursing Student Training and in the planning, construction and commission of new Operating Theatres and ED at GBH. He continues to remain involved in current building and service developments in the Clarence Network.

In the 21 years since 1994 GBH has significantly improved its ability to provide the required up-to-date standard of care despite an increase in service complexity. This has greatly decreased the number of times members of the local community have had to travel and has also improved the safety for all of those Patients who live in Clarence Valley.

Dr Tyson is an active member of the Clarence Valley Community and was awarded Citizen of the Year in 2011 and Jacaranda Festival Guest of Honour in 2013.

Dr Tyson has strong interest in Junior Soccer and Hockey, managing a local soccer team for over ten years. The younger two of his four children attended local public schools before entering University. He has a strong interest in the promotion of quality rural public education with an emphasis on cultural integration.
At the Community Engagement Advisory Council L-R: Chris Clark, Division of General Practice; Vahid Saberi, Chief Executive Officer, NCML; Chris Crawford, Chief Executive NNSW LHD, Robyn Grigg and Carol Byrne from Tweed Shire Council and Jane McGowen, Sexual Assault.

The Community Engagement Advisory Council (CEAC) held its most recent meeting in Ballina on the 22 June 2015. During the day long meeting updates were provided from the TBHSG and RCHSG, the NNSW LHD Chief Executive and Chief Executive Officer (CEO) of the North Coast NSW Medicare Local (NCML).

A number of issues were discussed including:

- Sally Cusack advised that following a recent meeting with the Chief Executive she and Rachel Bryant as community/patient representatives will be on the Steering Committee in relation to the current review of Maternity Services at the Murwillumbah District Hospital.
- Request to be made to the recently formed Drug and Alcohol Advisory Committee for a representative from CEAC to join it.
- Transition from NCML to Primary Health Network is in the “commissioning process” and it was queried what role will CEAC play?
- Suggested topics for next CEAC meeting to be around Aged Care and Integrated Care
- A number of CEAC Members reported on attendances at NNSW LHD, Health Consumers NSW and ACI Forums. A repeated theme was ‘nothing about me without me’. Written reports provided from these forums are to be posted to NNSW LHD Community Engagement Internet page.
- Suggestion for the Community and Stakeholder Conference 2015 to be held on 3/4 December 2015 to have a focus on ‘Patient Focussed Care’ and also maintain the focus from last year on the Integration of Care.

CEAC members were also provided with a passionate and informative presentation on the Chrysalis Girls Program - a holistic counselling program, which over the past seven years has delivered weekly group counselling sessions and community building conferences to identified “at risk” adolescent girls in High Schools in Northern NSW. More information about the Program can be found by accessing the following link at: [http://www.amiedreyer.com/chrysalis-girls-program.html](http://www.amiedreyer.com/chrysalis-girls-program.html)

CEAC members were advised that the program is currently being evaluated through Southern Cross University with the hope of obtaining secure funding to enable it to expand.

A number of CEAC members were keen to take the information about Chrysalis back to their local Communities.
Networking Health NSW held a joint Forum with Health Consumers NSW on 3 June 2015 with over seventy health care professionals and health consumer delegates attending.


Pictured at left from L-R: Murray Spriggs, NNSW LHD Manager Community Engagement; Pauline Rees Community Representative MNC LHD; Brendan Pearce, Community Representative, NNSW LHD; Helen Byrnes, Program Manager, Patient and Family Centred Care MNC LHD; Anne O’Donoghue, Community Representative, NNSW LHD and David Lacey, Stakeholder Engagement Manager NCML at Working with Health Consumers in Primary Health Care Forum: Improving health care through consumer engagement and participation.

Improving Clinician Engagement

The NNSW LHD Executive is working hard to implement the Recommendations of the Improving Clinician Engagement Report (ICER) that has been endorsed by the NNSW LHD Board. The Executive has produced the Improving Clinician Engagement Action Plan (CEAP), which is the document that sets out how the ICER Recommendations should be implemented and by whom. Further, the Executive has established the Improving Clinician Engagement Working Party to progress the implementation of the CEAP.

About half the ICER Recommendations were implemented in 2014 and the strategies implemented are mainly working quite well. This update will focus on the Recommendations that have been implemented over the past six months. It will also provide information on the last round of recommendations which will be implemented over the next six-twelve months.

There have been five Recommendations implemented over the last six months. Firstly after much consultation a Procedure has been introduced to guide major change when it occurs within the organisation. This Procedure sets out who should be consulted when a major change is being considered for introduction. It also contains an attached template checklist document, which is a step by step guide as to how to implement a major change. It advises on who to consult, how that consultation should occur and how the implementation of the change should proceed, once it has been approved. This should ensure that major change does not occur without sufficient consultation (except in emergency situations) and that the relevant stakeholders are consulted, before the change occurs.

Committees which do not contain any or very few frontline Clinicians have been asked to consider changing their meeting times and Agendas for at least some meetings each year to more easily enable frontline Clinicians to attend and contribute to the deliberations of these Committees. This is a work in progress with some Committees having agreed to change their meeting times and Agendas and others still considering the request to do so. The Position Descriptions of all Managers, including Clinician Managers, are in the process of being changed to include a specific commitment to actively participate in Clinician engagement.

The language of Clinician engagement has been fully introduced to the vocabulary of Managers. When Managers are engaging with Clinicians, such as by undertaking rounding or by attending meetings which are predominantly attended by Clinicians, then the terminology of Clinician engagement should be utilised. This will assist to make it clear within the organisation, when Clinician engagement is occurring.

From the 1 July 2015, the next cascading down of the obligation of Managers to undertake structured Clinician engagement activities will apply to Tier Four Managers’ Performance Agreements or Performance Plans. In the past few years this obligation has been introduced for Managers in Tiers One, Two and Three. This means that rather than just committing in principle to participate in Clinician engagement, the Manager has to set out in his/her Agreement/Plan to take specific practical actions to pursue Clinician engagement.

The next steps to improve Clinician engagement, which will occur over the next twelve months are a skills assessment process to identify those Managers, whose Clinician engagement skills may need to be further developed. Where Managers are found to need to have their Clinician engagement skills refreshed or upgraded, they will be offered the opportunity to undertake some training, which has the objective of strengthening their Clinician engagement skills. The first step in this process will be for Managers to undertake a skills assessment, which will occur during the next quarter.
Over the past few years there have been some significant drops in the number of women giving birth within NNSW LHD. The biggest drop has occurred at TTH, where births are down by around 290 over the last two years. At Murwillumbah District Hospital (MDH) births would be down over 50 in the last two years, even if the recent change to the normal birth arrangements had not occurred. The LBH and Casino District Hospital Birthing Services, which were combined a couple of years ago, have declined by nearly 200 births over the last four years and the GBH births are down by around 50 births over the last two years. The Mullumbimby & District War Memorial Hospital (M&DWMH) number of births has remained fairly stable over the last few years.

There has been much speculation about why births have fallen by so much within NNSW LHD. Two factors have been put forward as the main explanations. At TTH until recently, at least fifty percent of the births have been to Queensland women, who live on the lower Gold Coast and have crossed the border to give birth. With the opening of a brand new Maternity Unit at the Gold Coast University Hospital, some Queensland women, who would have birthed at TTH, have been attracted to birth at this new Unit.

The other main factor causing births to reduce is a return to trend line for births, which was exceeded for about five years after the number of births jumped to a new plateau. This occurred in the second half of the 2000s after the Federal Government had introduced the Baby Bonus and the then Treasurer, Peter Costello, encouraged couples to have three children, one for each of Mum and Dad and ‘one for the Country’. These occurrences coincided with more prosperous times when couples probably felt they could afford to raise three children. With more difficult economic circumstances prevailing at the moment, it is being suggested that less couples are having that extra baby ‘for the Country’.

The drop in the number of births has triggered a reassessment of some of the LHD’s birthing service arrangements.

Firstly, at LBH the drop in the number of births occurring meant that utilising the Birth Rate Plus tool, which is used to calculate the number of Midwifery Staff required to provide services to the anticipated number of women who will give birth, the number of Midwifery staff rostered had to reduce. This caused some controversy but is the response that must happen according to the Nurses and Midwives Award. After consultation a compromise has been worked out with the number of Midwifery Staff rostered reducing by less than was originally proposed.

This significant drop in the number of births, especially in the Tweed Shire has exposed some anomalies in the birthing services, especially at MDH. At that Hospital, there is a Midwifery establishment of 18.42 FTE Midwives supporting the delivery of around 128 births annually. Therefore, on average each Midwife is supporting seven births. This contrasts with TTH where each Midwife is on average supporting thirty births and M&DWMH where each Midwife is supporting on average twenty-five births.

Further, neither the Caseload Midwives at MDH nor at M&DWMH are taking on the number of pregnant low risk women who they are expected to support through their antenatal, birth and postnatal maternity care. There is also a big difference between the number of women who are admitted to the Caseload Midwifery Program as low risk, who are reclassified as medium or high risk during their pregnancies, so having to birth at TTH between the MDH and M&DWMH Caseload Midwifery Programs. At MDH 50% of women are reclassified as medium to high risk, while at M&DWMH the number of women so reclassified is only 8 to 14%.

Due to the drop in births and the anomalies that it has exposed, the NNSW LHD Executive has arranged for a Risk Assessment (RA) of the MDH Birthing Services in the context of the overall TBHSG Birthing Services. The RA will examine the effect of the drop in the number of births and the anomalies that this drop has exposed.

The RA Team has also been asked to exam two other matters that have been under discussion for a little while. These are the potential to introduce a Caseload Midwifery Service at TTH and the possibility of extending the M&DWMH Home Birthing Service to Murwillumbah and its immediate surrounds. Updates on the progress of this RA and its outcomes will be provided in future editions of Northern Exposure.

Above: Peter Costello, former Treasurer who introduced the Baby Bonus after Australia’s population hit its lowest birth rate ever recorded (1.7) in 2001, with the aim to increase fertility rates and offset the peak of Australia’s ageing population.

The Baby Bonus was introduced in the 2002 Budget aimed to lighten the financial load for new parents. The governmental wind-fall: $5000 for the first baby, $3000 for the second.
Raising Money for Nepal

LBH Staff recently had a Cake Stall to raise money to help those displaced people in Nepal following the earthquake. Thanks to all those who donated their time, fantastic cooking, encouragement and donations to the cake stall. Also, thanks to all the Staff who took the time to visit the stall and buy something delicious. The Cake Stall raised a total of $1062.45, which was donated to “Nurse Teach Reach” and Oxfam Australia.

‘Go Red For Women’ Campaign

June 11 is the National Heart Foundations ‘Go Red For Women’ - this day helps to raise awareness for women and heart disease.

Many people assume that breast cancer is the biggest cause of death for women. It is not. Heart disease kills three times more.

It is the single biggest killer of Australian women...taking a life every hour of every day. Go Red For Women is a great opportunity to help raise awareness for women’s health.

Staff at TTH were encouraged to wear something red on this day, as a reminder for women to be more mindful about their health, including.....good mental health, checking their blood pressure, knowing their cholesterol, asking themselves if they are getting enough physical activity, and what is their smoking status.

Bowel Cancer Australia's Red Apple Day

Bowel Cancer Awareness Month holds an annual Red Apple Day, which is held on the third Wednesday of June each year. This is when Australians are encouraged to support the vital work of Bowel Cancer Australia through the purchase of a Bowel Cancer Awareness Ribbon and apple themed fundraising activities. The apple symbolises Bowel Cancer Australia’s message.

- The outline of the apple logo appears as an abstract of a human colon.
- The small hole in the apple is caused by a worm. If detected early and removed, the worm is unable to continue affecting the apple or the health of the tree.
- It’s the same with people. If bowel cancer is detected early it can be treated successfully and people can continue to enjoy life.
- Apples are also a nutritious source of dietary fibre. For further information visit Bowel Cancer Australia’s Red Apple Day website www.bowelcanceraustralia.org/red-apple

Celebrating NAIDOC WEEK

Lismore NAIDOC Week got off to an early start with over a thousand community members attending the annual event.

It was a fabulous day said Genevieve Dayman, STEPS Vision Screener, who is pictured at left at the STEPS display with Autumn and Jack Maynard.
‘Dorothy Edwards’ legacy lives on thanks to $2000 annual scholarship

Congratulations to Julie Whitely, LBH Midwife of the Year, who was awarded the perpetual Dorothy Edwards’ Midwifery Scholarship. After delivering hundreds of babies during the past 44 years and witnessing at least two generations of locals born to then grow into successful adults, Julie’s thanks has always been at the hands of the many appreciative parents she has worked with over the past four decades.

The award of Midwife of the Year is the ultimate accolade for a LBH Midwife and includes a $2000 scholarship. Julie’s fellow Midwives voted to award Julie the ‘Dorothy Edwards’ Midwifery Scholarship, which annually recognises the hard work and dedication of one Midwife at LBH. The $2000 financial component is to be used towards training and/or conference attendance to increase the knowledge and expertise of the recipient in the field of Midwifery.

Dorothy was the NUM of Midwifery at LBH for many years before retiring in the 1990s. Sadly she died suddenly several years ago. Her husband Noel generously sought to establish a Scholarship in her name.

On Friday, 26 June 2015 the NNSW LHD Cancer Institute, Lismore Cancer Care and Haematology Unit celebrated five years since the first patient Mr Barry Nelson was treated with radiation therapy in Lismore.

A/Prof Tom Shakespeare said, “We started modestly whilst recruiting and training the various professionals who were required to deliver the gold-standard treatment we are now recognised for. Since then, we have provided local radiation therapy to over 2000 patients, who would have otherwise needed to travel to Queensland, Coffs Harbour or choose to have no treatment at all.

As well, the Unit is the only fully bulk-billed public service between Coffs Harbour and Brisbane, and is integrated with the Chemotherapy Service in the purpose built facility at LBH.

HealthPathways is progressing in the North!

After months of intensive work, there are now 107 Pathways with localised Mid and North Coast content published on the site, with an additional 58 in various stages of development.

Pathways are designed to be used by GPs during consultations but are useful for other Clinicians including Career Medical Officers, Specialists and Allied Health Staff.

They contain clinical information, patient resources and details of local services available for referral. Pathways are also a great way of communicating information about LHD services to GPs-including referral criteria and processes, helping services to ensure they see the right patients with the right screening completed. The team consults with Clinicians to identify what content is needed and who would like to get involved in developing it.

North Coast Medicare Local’s CEO Vahid Saberi said that HealthPathways is an important investment for North Coast health organisations. It’s important because it strengthens the links between GPs, other primary care services and the LHDs. By joining up these services and streamlining the patient journey, the people of the North Coast can get the best possible care in the most efficient manner,” he said.

Many Pathways are locally developed by workgroups, which are small facilitated groups consisting of GPs, Specialists and other Clinicians with knowledge of the topic area. To date, more than 85 Clinicians have been involved in Pathway development and this number is growing weekly.

Accessing the Portal

NNSW LHD staff can now access the portal via the HealthPathways desktop Icon located on all LHD PCs. Simply double click on the icon to open and enter the login and password details:
login: manchealth
password: conn3ct3d.

Users outside the LHD can access the portal using the same login but need to first follow this link to the site http://manc.healthpathways.org.au

Once you have logged in you can find all the localised Health Pathways by selecting ‘Mid and North Coast HealthPathways’ from the menu bar on the left hand side of the Home Page. For more information please contact Kerrie Keyte, HealthPathways Project Officer, at kkeyte@ncml.org.au or phone (07) 5523 5500.
In December last year MDH enhanced its Paediatric Ambulatory Care Service, with the expansion of Paediatric Clinics. The Clinics are collocated in the Paediatric Ward in a child friendly environment.

Bernadette Loughnane, Executive Director of the TBHSG, said she was delighted to welcome two new staff members to MDH being Dr Sanjeev Gupta to the Paediatric Network and Simone Hargraves, Paediatric NUM, (pictured), who has over 18 years Acute Paediatric experience, including General, Intensive Care Unit, Oncology and Community Paediatric nursing.

The redevelopment of the MDH ED last year allowed for its expansion to include the creation of a special child friendly room. Having this facility in the ED means that children can be treated in the ED without requiring a full hospital admission and they are able to return home to their families earlier.

Ongoing education and training for both the Visiting Medical Officers (VMOs) and Nurses on Paediatric conditions has been facilitated through a collaborative arrangement with the University Centre for Rural Health (UCRH) under the Governance of A/Prof John Moran, Dr David McMaster and Tomas Ratoni, CNC Paediatrics.

This was a collaborative effort involving the MDH GP/VMOs and the Paediatric Network, in the interest of improving timely access to Paediatric Specialist Services within the TBHSG.

Clarence Valley Community Health Network welcomes two new fulltime Nurse Unit Managers. Left is Judy Thomas, who is responsible for Maclean, Iluka and Yamba Community Health Services and at right is Jo Andrews, responsible for Grafton Community Health.

Bernadette Loughnane Executive Director of TBHSG said Tammy Gibbs only recently retired but sadly TTH’s beloved Educator in the Operating Theatres (OTs) passed away on Friday 5 June 2015 after a long illness.

Tammy commenced working in a much needed position as Perioperative Nurse Educator for TTH and MDH Theatres in 2008. In her role as Nurse Educator, Tammy used her skills in this area to include all the Staff in the OTs not just the Nurses.

Tammy may have been small of stature but her character and dedication to Nursing created a far larger presence. Tammy role modelled being positive, constructive, and NEVER EVER giving up, no matter how hard a task might have seemed. We don’t know if many Masters Degrees were completed while undergoing surgery, chemotherapy and radiation, but Tammy’s certainly was. This was a testament to her tenacity, and commitment to Nursing.

She was very generous with her time, knowledge and skill, and always had a few moments when ever needed. Her cheerfulness, knowledge and strength of character made her an asset that will be sorely missed by us all.

Tammy will always be remembered for her positive outlook and massive contribution to the OTs at TTH and MDH.

An afternoon tea was held on 26 June 2015 for GBH for long serving retiring Staff who are from left: Kathryn Sullivan - 40 years, Kevin King - 31 years, Carol Gill - 40 years, Christine Peterson - 42 years and Bronwyn Hill 21 years. We wish them well in their retirement.

Vale’ Tammy Gibbs

Neroli Prestage, NUM, OT & Day Surgery on behalf of all the Staff at Tweed and Murwillumbah OTs, said how much they appreciated the work that Tammy had done over many years.