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Oral health hub gets thumbs up



The Oral Health team are very excited that at last they are getting their new oral health hub. "We are beyond excited," says Lynette Field. "We are relieved, rapt, euphoric."

Wairarapa District Health Board is building a new oral health facility on the grounds of Masterton Intermediate to house the Wairarapa DHB's school-based oral health service. It will provide a central base and support services for the school-based mobile clinics. It will contain two clinics and offices and be the base for the eight dental therapists, four dental assistants, the adolescent oral health coordinator, administrator and the clinical team leader who make up the school-based oral health service for the DHB. The new building will go out for tender in the new year and be operational by the third term of 2012.

Lynette Field, Clinical Team Leader Oral Health Services, says the new hub will provide a permanent home for oral health administrative and clinical services and will be a more satisfying work environment. "The location is wonderful as it will be alongside the school entrance where there are plenty of car parks and it also offers easy access for the 361 pupils at Masterton Intermediate School with close access a further 187 pupils in a nearby school and kindergarten. This will make our job so much easier because parents and children will always know there is someone at the new clinic and they will be able to contact us no matter where the mobiles are."

The two-chair treatment rooms in the new hub will support and complement the services offered by the mobile school-based dental clinics. The new facility will provide oral health care services to primary school students attending schools not visited by the mobile clinics and children throughout the

Wairarapa needing follow-up visits when the mobile clinic isn't in their area. It will have wheelchair access to cater for pre-schoolers or primary school students with a disability or mobility requirement.

Simon Everitt, the DHB's Manager of Strategic development and Population Health, says, "Wairarapa DHB will be working with MIS to confirm the details of the oral health facility and will complete more detailed planning with MIS in the New Year. We are really excited about this new development and there will be many benefits and region-wide improvements in oral health care."

Wairarapa's school-based oral health service have been partially operating from two mobile clinics since 2009. These mobiles visit schools throughout Wairarapa. The two-chair oral health mobile clinics replaced the remaining traditional school dental clinics following a national survey of dental facilities that showed many were unable to meet modern building standards. Dental therapists in the mobiles examine and treat children from birth up to 13. The mobile clinics regularly visit twelve schools, and a medical centre. When the new facility is built the mobiles will continue going around schools delivering oral health care to preschoolers and children on school grounds.



Success for dental therapists



Dental Therapists Lisa Masters, Vicki Jackson and Pam Bruere

Dental Therapists Lisa Masters, Vicki Jackson and Pam Bruere have just successfully completed a dental radiography course in Auckland run by Auckland Regional Health.

They are the last of our eight Wairarapa dental therapists to complete their radiography qualification which means all Dental Therapists are now able to read and take their own dental x-rays in the mobile clinics.

The consensus was that the course was fabulous. Lisa Masters said "There were 10 Dental Therapists on the course which contained both practical and theory. We gained a full understanding of radiation, its effects, how to monitor and minimise any exposure and also how to diagnose using x-rays. We took x-rays on each other and then went to clinics in Auckland where we took supervised x-rays on children. It was wonderful visiting some of the mobile clinics there as well as one of Auckland's dental hub which is a fantastic facility -modern and really well equipped. We all worked really hard and I was really proud of myself and the girls."

Lynnette Field, clinical team leader said, "All three therapists passed the course with flying colours. The Oral Health team is proud of their achievement as the course is a very difficult one and has a great deal of pre-reading and study required. The evaluation continues over the next three months with the Dental Advisor, Dr Phil Marshall who is based in Palmerston North, checking the Therapists' x-rays and discussing the quality and processes with them. "

"This is a long and thorough process and we are all so delighted for Lisa, Pam and Vicki. We can only admire the energy and effort they have so obviously put into this."

On the run

Three Outpatients' staff set a sterling example to us all by taking part in their first Women's triathlon run by Sport Wellington/Wairarapa recently. Sally Bartlett and Janet Hodge persuaded Susan Shute who turned 50 this year to do the triathlon as a present to herself and a personal challenge. They ran/walked for 2.3 km, biked for 13km and swam for 175m. It was the first time they had entered in this annual event which they completed in about 1 hour 20. Susan said she was really proud she had done it but glad it was over. The trio are so keen, they plan to do another one in March next year.

Mair Moorcock said they had been training for months, getting up at 5am to walk and get fit. "They really supported each other and entered as a team with their own t-shirts made for the occasion. Sally was the "food and exercise police", always encouraging. We are very proud of them - it was a great achievement."



Sally Bartlett , Susan Shute and Janet Hodge



Seasons greetings from the CEO and Chair

Our thanks to all staff who have worked so hard this year. We can look back on 2011 with satisfaction and knowledge that we have made many improvements and laid the foundation for many more to come. We have had many highlights and successes, and Wairarapa health services continue to be well regarded and supported both locally and nationally.

We hope many of you can take some time to relax and enjoy yourselves over the Christmas and New Year break, and special appreciation to those who will remain on duty to make it a safer and happier Christmas for others.

We look forward to working with you in 2012

Tracey Adamson, CEO
Bob Francis, DHB Board Chair

Bio-degradable, earth-friendly cocoons



There are approximately 500 births each year at Wairarapa Hospital, and about half of the women take their placenta home following a birth. Midwife, Carole Wheeler, has designed special containers to give to new mothers who wish to take their placenta home for burial.

“Within traditional Māori culture the whenua was buried in a special place within tribal land of the whanau,” says Carole. “Many women still follow this practice and often plant a tree or create a significant landmark to indicate the place of burial. When I realized that women taking their placenta home were being given a non-bio-degradable plastic container for the task, I thought it would be nice if their Midwife could offer them a special gift. The cocoons I have designed are made from flax kete and decorated with paua and harakeke flowers. They contain a corn starch bag, a material that breaks down completely in the soil. They look attractive and they convey something special - an item parents can feel proud to own.”

Carole says Wairarapa midwives are very supportive of this project to encourage the earth-friendly burial of placentas (whenua), and have contributed towards the cost of the first 35 ipu whenua. “These are now being given away free, as a gift to the birthing women of Wairarapa who intend taking their whenua home for burial.”

In addition to the ipu whenua Carole has made some tiny baskets - ipu taonga, (a vessel for a treasure) for tiny babies who are miscarried in early pregnancy. If a baby is stillborn before the 20th week of pregnancy and weighs less than 400 grams, parents are not legally required to bury the baby in a cemetery or have the baby cremated, although they can choose to do so if they wish. The fetus can be taken home or to a special place for the family to bury in an ipu taonga.

Carole has also made bigger cocoons for very premature babies who don't survive. If a baby is born alive or after the 20th week of pregnancy, or weighed 400 grams or more when he/she was born, then the baby must be buried or cremated in a registered place such as a cemetery, an urupā or a crematorium. The little lined flax cribs come in different sizes and there is no charge for them at all.

“I wanted parents to have something special to place their tiny baby in and when I realised a casket from the funeral director costs \$300-\$400, I thought I could design and make something cheaper, culturally sensitive and more appropriate. These late miscarried or early stillborn babies can be placed in the specially prepared crib after birth and rest there until burial or cremation.”

Because there is no birth certificate for babies born before 20 weeks gestation, mothers can be given a “Certificate of Life” with details of their baby to recognize his or her existence. There are also locally made and donated memory boxes available for the parents of stillborn babes in which they can keep a lock of hair, a cot card, foot and handprints, name bands and a photo of the special baby. Sometimes these are the only tangible memories parents have.”

The Shamrock Trust has supported the project by donating a camera and printer so the midwife on duty can, if the parents wish, photograph and print out photos of the tiny baby straight away. The Wairarapa Kaumātua Council has blessed the project and the Māori Directorate at Wairarapa DHB has promised ongoing support.

Three groups of parents at their antenatal classes have been given materials and instruction and have made their own ipu whenua which they have personally decorated to take

with them to the hospital ready to transport their placenta home. The first ipu whenua made was used by a Wairarapa midwife for the burial of her placenta in Wairarapa before she returned to Canada.

Midwives have also taken ipu for homebirths and to several hospitals in the North Island and Christchurch, hoping that midwives and women will copy the idea and spread the bio-degradable, earth friendly message throughout New Zealand.



Carol's initiative is gaining momentum

Midwifery News and the NZ Nursing Review have included this story in their latest issue. Carole has had enquiries from all over NZ and a Midwife in Rangiora has taken special interest in the project. She is keen to implement it there and Carole has sent her an example of an ipu and assembling instructions. New mothers in our Maternity Unit are asking for them so they can take their placentas home in a container that feels and looks good. Midwives have had excellent feedback from women in the Unit.

Carole reports, “Sadly we had a 23 week stillbirth this week so I stayed on till 0300 to help the Midwife and we used a big cocoon and the camera, printer and footprint kit etc . The family were very pleased with the way baby was prepared for and cared for, and the Midwife felt she had been able to offer good practical help at a time which is difficult for all involved.

Last night a Nurse from MSW told me she had recently used one of the tiny ipu taonga for an early miscarriage and that the family were grateful for the tiny cocoon.....so all good.”

Carole is grateful for the support she has had from the DHB - Midwives, management and the Maori Health Unit.

Wellington Free preferred provider for ambulance services



The National Ambulance Sector Office (NASO) has announced Wellington Free Ambulance Services as the preferred candidate to provide the region's emergency and patient transfer ambulance service.

NASO and Wairarapa DHB have been working together since July 2011 to select an alternative provider of ambulance services in the Wairarapa region, which have been provided to date by Wairarapa DHB, currently the only District Health Board in the country providing ambulance services for their region.

This is no longer sustainable.

A decision was made earlier this year to tender for this service, following a strategic review by the Wairarapa DHB Board involving its own ambulance service staff, National Distribution Union reps and the Ministry of Health.

The strategic review illustrated how compliance costs for ambulance services are increasing, and that the Wairarapa DHB service is too small to be able to meet likely future registration costs, costs of technology and staff professional development and training costs.

NASO and the DHB are both assuring Wairarapa residents that they can expect to continue receiving a high quality ambulance service. The move to a dedicated service provider will deliver benefits to patients, such as the immediate removal of part charges, and, over time, improved patient care as a result of better service integration across Wellington, Hutt Valley and Wairarapa. There will be better access to training for staff. There will be no effect on how the public access emergency services; residents should still continue to call 111 if they need an ambulance.

It is a transition requirement that all existing Wairarapa ambulance staff, including volunteers, will be offered the opportunity to transfer directly to the new service provider, therefore no jobs will be lost by ambulance staff in the transition.

A fair and thorough tender process has been undertaken by NASO and the DHB in securing an alternative provider. Wellington Free Ambulance Acting Chief Executive, Andy Long, said they were delighted to be selected for the provision

of ambulance services for the Wairarapa. "We provide a first class, innovative and free ambulance service that focuses very much on delivering the care that's best for the patient. Wellington Free Ambulance is more than just an ambulance service – we work closely with other healthcare professionals to offer an integrated service, an approach we will bring to the Wairarapa."

NASO, which coordinates Ministry of Health and ACC funding for emergency ambulance services, and Wairarapa DHB are working closely with Wellington Free Ambulance to ensure that necessary and appropriate steps are taken prior to the planned transition date of 1 March 2012.

CEO Tracey Adamson says she would like to take this opportunity to honour and acknowledge the sustained contribution of St John Ambulance in the Wairarapa over their many years of association with the DHB, and their continuing excellent work in 'First Response' assistance in South Wairarapa, training staff, teaching first aid, working with young people, and supporting local events.

Commonly asked questions:

How will current Wairarapa DHB ambulance staff be affected?

It is a requirement of the contract with Wellington Free Ambulance that all current ambulance staff, including volunteers, are offered the opportunity to transfer to Wellington Free Ambulance. Staff have been, and will continue to be, kept fully informed throughout the process. This transition should also mean that staff will in future have access to a larger pool of resources including improved training and professional development.

What will happen to the volunteer crew?

Volunteers are recognised as an important part of the delivery of Emergency Ambulance Services. It is a requirement that all volunteers are offered the opportunity to transfer and work with the new provider. All volunteers will be kept fully informed throughout the process.

What guarantees are there that Wairarapa people will receive the same level of service?

The National Ambulance Sector Office sets specific targets and response times that apply to all ambulance services in New Zealand. The Wairarapa service currently meets these and the new provider will be required to do the same.

Will patients still need to pay a part charge?

No. A key improvement for the community will be the removal of part charges.

Will there be the same number of ambulance stations as there are now?

Wellington Free Ambulance will purchase all existing DHB-owned ambulances and equipment and plans to continue to use the same stations. The most effective placement/number of ambulance stations and ambulance service in the longer term is something Wellington Free Ambulance will need to consider, taking into account the community's needs.

How will a change in provider impact on General Practice and after hours services?

There will be no expected impact to GP or after hours services and practitioners in those areas will be kept informed.

How did the tender process operate?

The National Ambulance Sector Office (NASO), on behalf of ACC and the Ministry of Health worked closely with the DHB to ensure that a fair and thorough process was undertaken. In July 2011, a Request for Proposal for ambulance services was posted on GETS and we received two responses. The proposals were subject to extensive evaluation which included clinical and non-clinical staff, community representatives and Iwi; and assessment based on key criteria. The evaluation process was observed and informed by advice from an independent probity auditor. The evaluation panel's recommendations were reviewed and assessed by the Governance Group to ensure the recommendations were robust and valid.

Earthquake update

Wairarapa DHB Board has taken the proactive decision to move staff out of some of its buildings that have initially been assessed as 'earthquake-prone'.

Some DHB buildings will not be owned by us, and a decision has therefore been made not to spend money on further assessment or strengthening of those buildings.

For those staff that need to move, decisions have been made about whether it is essential that the staff stay onsite or whether they can move offsite.

Most staff moving out of a D or E rated building that are staying onsite will move into 'C' rated buildings.

This means that some staff currently located in 'C' rated buildings may have to move (within or offsite) to accommodate staff that need to stay onsite.

In some cases the move offsite may be temporary – but 'temporary' will still be likely to mean at least two years.

New locations:

The Corporate Office will be moving to Trust House, 9 Russell Street. This location will house the Chief Executive and most of her team - Communications, Planning and Funding, some of the Finance and Information team, and some of the Senior Leadership Team.

21 Worksop Road will be our new community health facility and will house Homelinks, CNS, oncology nurses, the community nurses and their associated admin/reception staff

A new purpose-built storage and facilities building is proposed to be built onsite which will house Stores (including the Occupational Therapy Store), Facilities, and contractors such as OCS and Allied Laundry. The process has begun to gain the appropriate consents for this building. In the meantime, the intention is that the services that will be housed in the new building will stay where they currently are until the new facility is ready.

This means that staff currently in Taku Wahi will not need to relocate as previously advised.

The following staff will be housed in the DHB building: Library, Human Resources, ACC, the rest of the Finance and Information team, the Nursing Directorate (including CNEs), some of the Service Improvement team, Clinical Services, the manager and admin support of Community and Ambulatory Services, CMO, SMO and SMO Support team. IT and Quality, Safety and Risk are staying in the DHB building.

Each site will have hotdesks available so that staff can move between sites as required.

'Move co-ordinators' have been nominated for each team. The timeframe for the move will likely be towards the end of January.

The next meeting is planned for 1.30pm 11th January 2012 when we expect to be able to tell you exactly when and how you will be moving and provide you with any further updates or requirements around the move.

Chief Executive Tracey Adamson says, "The Board felt that a cautious approach was best in the current environment. Staff and patient safety are our priority, and with that in mind, the Board agreed to move staff in those DHB buildings deemed 'earthquake-prone' as quickly as possible.

"Structural assessments are still required for those buildings not deemed earthquake-prone, but still requiring further strengthening. We will not be undertaking structural assessment or strengthening on old hospital buildings already identified to be transferred to the Office of Treaty Settlements."

Several of the newer buildings, including the new hospital, Adult Mental Health and Population Health buildings received A or A+ ratings, which means they are considered to be 'earthquake resistant'.

There will be minimal impact on services provided to the public. The new hospital which received an 'A+' rating is where our core clinical services are provided to patients.

Around 100 staff will be relocated on and offsite, which is approximately 20% of total staff.



21 Worksop Road - the new Community Services facility

Long service

Tracey Adamson, CEO, put on a special morning tea this term for 25 staff who have worked for Wairarapa DHB or the NZ health service for 20, 25 and 30 years or more. She thanked them for their outstanding contribution and acknowledged their commitment, loyalty and long service.

The two longest serving employees were Maggie Morgan (46+years) who came to Wairarapa to manage the School Dental Service and Trudy Lamb (38years), Home Support Service Coordinator.

There were lots of stories and laughter as people recalled applying for jobs, training and working during the 70s and beyond.

It was obviously a different world in the School Dental Service – the nurses wore white shoes, stockings, button-up dresses and veils, and red cardigans. Their job interviews were scary – Viv Dixon remembers she was sternly asked to spell hygiene. Once accepted they were told “they were the cream of the crop”. Lynnette Field remembered being told to stand when a superior entered the room, but also transforming her tins of condensed milk into caramel sauce for dinner parties by simmering them in the steriliser. Filling teeth with amalgam was a challenge – they had to grasp the drill until their knuckles turned white.

Sylvia Morgan, from the Ambulance Service, started out as a volunteer for St John and they did everything –mortuary duty, clinical photography, tractions, showering. David Long met his wife in the Ambulance Service at a time when women staff struggled to be accepted. She was one of the very first ambulance officers in NZ and later the first female manager of an ambulance service, here in the Wairarapa. One of Graham Symon’s highlights was delivering a baby on a waterbed. The third-time mother told him it was like shelling peas.

Margie Schofield recalled the races with linen trollies down the corridors. Linda Tatton talked of being part of a large family here – it’s a friendly and happy place to work. David Baird cringed at the former casual attitudes to managing sterile procedures, and Trudy Lamb ruefully commented on

the circle of life – her current office is the very same room she lived in as a student nurse!

Tracey presented badges as a token of the respect and honour they are held in by Wairarapa DHB, and their loyalty and years of service to the Wairarapa community and beyond.

Diane Chesmar, Jan Hooker, Robyn Brady, David Baird, Vicki Jackson, Michelle Carbin, Annette King, David Long, and Graham Symons, Viv Dixon and Lynette Field have worked more than 30 years and Jo Kennington, Wendy Mattingley, Franky Spite, Elizabeth Francis and Chris Cameron 25-30. In the post 20 year group are John Wells, Judy Knox, Sylvia Morgan, Margie Schofield, Viv Petersen, Linda Tatton and Jan Ward.



Front from left: Jan Hooker, Diane Chesmar, Lynette Field, Sylvia Morgan, Jan Ward

2nd row: Linda Douglas, Graham Symons, Robyn Brady, Viv Dixon, Maggie Morgan, Judy Knox, Beth Francis, Margie Schofield, Trudy Lamb, Annette King, Wendy Mattingley, Chris Cameron, Jo Kennington, Vicki Jackson, Franky Spite, Linda Tatton

Back row: David Long, David Baird, John Wells

Absent: Michelle Carbin, Helen Dore, Colleen Daniels, Genevieve Bayliss, Mark Bayliss, Jane Hosking, Viv Petersen, Aynslye O'Reilly.

Thanks a bunch



I was recently seen in ED on three consecutive days due to a severe allergic reaction. I would like to thank all the nurses and doctors involved with my care and acknowledge the work that they do in difficult circumstances with great professionalism.

District Nurse, Jenny Wheeler, visits outpatients regularly and gives helpful, sensible advice and leaves ample dressings in case of need.

I felt safe and well cared for at all times.

My surgeon was excellent and the nurses all helpful and friendly. Waiting times were much less than I thought they'd be. I'm very happy with the care I received at Wairarapa Hospital.

Grateful thanks for the loving care and compassion you showed our mother when she was in rehab. The thoughtfulness you showed regarding her continuing care and welfare was appreciated, as was the courtesy with which you and your staff dealt with our enquiries and concerns.

Very impressed - excellent service.

To all Rehab staff - Thank you all for the wonderful care you all gave our dad. We really appreciated being able to stay in the room with Dad and were made to feel very welcome. Words cannot thank you all enough for your kind and caring ways.

The staff are very much to be admired. They were all friendly and happy to listen. I know it is their job but it was their smiling faces that helped ease my pain. I send you all a big hug.

Shared Care Record rollout



Phase 1 of the roll-out of the 'Shared Care Record' – a way of electronically sharing vital health information among Health professionals in the Wairarapa – was completed last week, and has already reduced risks for patients and saved hours of work.

"Within the first two days I used the system half a dozen times," says GP Annie Lincoln. "I was working at Whaiora and seeing new patients. Normally it takes time and phone calls to access their previous clinical notes, but with the Shared Care Record, all I had to do was log on and information on the patient's diagnosis, current medications, and allergy status was immediately available."

In one instance, a new patient informed Dr Lincoln that she was on eight medications and had allergies to several others, but could not recall the names of either the current medications or the ones to which she was allergic. "It was a real relief to have access to the Shared Care Record," said Dr Lincoln. "Not only could I be confident I was not prescribing something that would cause known harm, but the patient avoided a potentially long wait for me to be able to access the information I needed, and consequently, the next patient avoided an unnecessary wait too."

The software being used for the Shared Care Record is a New Zealand-built product which enables health providers to easily access a summary record of patient information through a secure web-browser connection. Only authorised health professionals can access the information. The scheme is being rolled out in the Wairarapa with Whaiora, Masterton Medical, Carterton and Martinborough General Practices, covering 80% of the population, now all 'on-line'. Access from the Emergency Department of Wairarapa Hospital is planned for later this month.

"Taking part in this scheme has very real benefits in terms of safety and patient care, and best use of everyone's time," says Wairarapa DHB Chief Medical Officer Dr Alan Shirley. "However, it's important to know that individual patients can 'opt out' if they do not want the selected information of their primary care health record shared with hospital staff through the Shared Care Record process. If they do not want their health information shared in this way they can tell their general practice, write to a free-post address (Compass Health, PO Box 37280 Wellington) or free-phone 0800 SCR MMH or 0800 727 664."

The system is being rolled out across the Wairarapa, in conjunction with other local PHOs within the Capital and Coast and MidCentral health districts in the coming months.

Another quality initiative

Wairarapa DHB has appointed nine consumer representatives to give their perspectives on health delivery in Wairarapa. They represent a cross section of the community and will provide a patient perspective on the patient journey through the hospital system and through primary care services in the community. They will be a resource for the DHB and the voice of the consumer to help us improve health services, processes and health care development.

They represent the rural voice and that of the older person as well as medical, surgical, community and hospital consumers and South Wairarapa. They are all willing to be approached when consumer input is needed. They will meet on an as needed basis to discuss health care development and delivery and make suggestions about improving services for patients.

This is part of a quality initiative at Wairarapa DHB to improve, promote and protect the health status of Wairarapa people and the independent living of those with disabilities. Improving the safety and quality of health services is in part dependent on consumers being actively involved.



Where on the intranet is.....?

Newsletters	
<ul style="list-style-type: none"> • Insite • Newsletters • CEO's monthly Board report • Health targets 	About WDHB Click on link in left hand column.
Forms	In Staff Info In left hand column Click on Forms
Policies, Guidelines and Procedures	Resources
Booking meeting rooms	Staff Info
Ordering menus	Staff Info

Keen about caring



What does it take to look after a person at the end of their life? Sixteen Wairarapa women have spent many hours over the last year to find out. All are Support Workers for the DHB's Home and Community Care and Support Service, and all have had a nearly 100% attendance at the training sessions provided over the year.

Palliative Care Clinical Nurse Specialist Anne Savage presented the women with their 'Certificates in Palliative Care' last week, at an awards ceremony held at Kahukura, based in Te Kowhai, the Wairarapa Community Hospice Trust building in Renall Street.

"I just feel so proud of the commitment this group of women have shown, and so excited by the way they have incorporated their new learning into their practice," says Anne.

The Support Workers have been working under the supervision and instruction of District Nursing and Palliative Care for the last two years. They provide hands-on day to day care for patients requiring personal cares, house-hold support and/or assistance with their medication. The team consists of 21 staff, 15 based in Masterton, two in Carterton and four in Featherston. There is a Co-ordinator and Secretary who keep the team rolling.

"Most of the team were initially anxious about working with patients coming to the end of their lives," says Anne. "However, they've all shown that they have the X factor for caring, kindness, compassion and consideration. Their hands-on skills are a vital part of the wider team who enable patient's to remain in their own home for their end of life and die at home if that is their wish."

When the team works with Palliative Care patients, they work in pairs, called the "doubles team". The patients usually require two persons to assist with their personal cares as they can have very complex cares to be completed.

"The patients' families applaud the care being provided," says Anne. "We have not had one complaint/concern from families since this was commenced. Often at the end of a Friday we see a need for care to be implemented and it happens so smoothly and the appreciation from the nursing team and the family is immense."

"These women have all had training to level two of Career Force and most have level three completed with others working towards it. What a well skilled team we have working in the community," says Anne. "I hear them discussing how rewarding their work is, and how privileged they feel to be part of such a special time. Instead of being anxious, they have learned that by just being themselves they have shared very special moments with patients and their families."

Christmas spirit



Tess Geard and Beryl McCormick admire the Xmas tree in Paeds which is adorned with decorations from Year 4 Hadlow students. They made the decorations during class time as part of religious education and put them on the tree last week. School chaplain, Liz Snowsill said they couldn't get their head around the fact that some children might spent their Xmas in hospital "but not know it yet", so they thought they'd cheer them up.

The Beaver Tree



The Beaver Tree in the Outpatients' reception area is one way staff can repay Beaver Harvison for his mischievous ways. His smiling face hangs from all the branches and it has caused mirth amongst passing staff.

Mair Moorcook says, "Beaver is always playing tricks on us and we have finally found a way of getting back on him. Staff going by with pens in hand have added bits and pieces like a Xmas hat or a beard - it's a bit of fun and a way of bringing Xmas cheer, especially to those who have been caught out by him."

Have a very happy and safe Xmas