TRANSCRIPT

FAMILY AND COMMUNITY DEVELOPMENT COMMITTEE

Inquiry into perinatal services

Bairnsdale — 7 December 2017

Members

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Witness

Ms Sue Carroll, midwife, Swifts Creek Bush Nursing Centre.
The CHAIR — I welcome to these public hearings Ms Sue Carroll, midwife, from the Swifts Creek Bush Nursing Centre. Thank you for attending today, Sue. All evidence at this hearing taken by the committee is protected by parliamentary privilege, as provided by the Constitution Act 1975, and is subject to the provisions of the Parliamentary Committees Act 2003 and other relevant legislation. Any comments you make outside the hearing will not be afforded such privilege. It is a contempt of Parliament to provide false evidence. These proceedings will be recorded, and you will be sent a proof copy of the transcript. We might have a 10-minute contribution from you, and then we might take some time to ask some questions, if that is okay.

Visual presentation.

Ms CARROLL — I would just like to begin the presentation with an overview of bush nursing centres in Victoria, because a lot of you may not be aware of what they actually provide. So I would just like to give you a bit of background and some understanding of that. There are 15 bush nursing centres in Victoria, and six of these are in the East Gippsland area. The bush nursing centres are not-for-profit organisations and are funded by small rural health funding, which is state funding. It had been funded through HACC up until 2015. It just did not work that way, so it did get changed. We get just a small bucket of funding, and we have got to try and provide all services with that.

Most bush nursing centres are a single-nurse post and are autonomous, although we do have partnerships with other organisations. We have partnerships, MOUs, with Bairnsdale Regional Health Service, Gippsland Lakes Community Health, Omeo District Health, Ambulance Victoria and primary care partnerships. Our reporting is to the Department of Health and Human Services. As I said, each bush nursing centre is individual and provides different services to the community, depending on the skill mix of the staff and their scope of practice, therefore I will only be speaking about the Swifts Creek Bush Nursing Centre and not others around the state to explain what we provide there.

The Swifts Creek Bush Nursing Centre has actually been functioning for the past 99 years. The nurse there has been providing nursing services to the local community. So we are actually coming up for our centenary celebration next year — on 11 March; you are all invited to our centenary.

Ms McLEISH — Congratulations.

Ms CARROLL — I am a registered nurse, midwife, nurse immuniser, women’s health nurse, remote-area nurse and rural and isolated practice endorsed nurse, although I cannot use that because bush nursing centres are not yet gazetted. We are still working through that; it will be nice when it finally happens. But not all bush nursing centres have midwives working there, and it is not a prerequisite to being employed at a bush nursing centre.

The bush nurses do a remote area nurse training course every year, which is provided by Ambulance Victoria, so those who are not midwives are able to do emergency deliveries because of the emergency guidelines that we have. And often we are the first responders; we carry the ambulance pager. There is not an ambulance MICA paramedic in the area, so we can be there for a minimum of 20 minutes.

Ms McLEISH — Where is the closest MICA?

Ms CARROLL — There is one at Omeo, but he is on four days a week.

The CHAIR — And he is just a single-responder MICA?

Ms CARROLL — He is a single responder, so we rely on the ambulance community officers in the area, who are cert IIIs. Often there is not a crew available anyway, so I have been sitting waiting for an ambulance for up to 3 hours sometimes. HEMS comes in when we need them.

Ms McLEISH — HEMS?

Ms CARROLL — The Helimed. So they come in and transfer patients out who are critical.

The CHAIR — So that being said, the patient is not stabilised at all and the HEMS crew have to come and stabilise the patient prior to transport?
Ms CARROLL — Yes, so we do —

The CHAIR — With no ambulance?

Ms CARROLL — Yes, that is right.

The CHAIR — Wow. Okay.

Ms CARROLL — So with our remote-area nurse training we have emergency equipment. We can put an LMA down, we can give life support.

Ms BRITNELL — Intubate?

Ms CARROLL — Yes, well, it is like an intubation. So we can bag them, we can give them IV fluids, we can give them some emergency drugs to sustain them.

The CHAIR — How many hands do you have?

Ms CARROLL — Yes, exactly, and that is it. It is really difficult, and I have been in that situation a few times. I have not lost one yet, so that is the main thing, but yes, it is pretty nasty at the time.

The CHAIR — Great work, though.

Ms CARROLL — So the remote-area nurses who are not midwives get trained in antepartum haemorrhage, cord prolapse, emergency birth and neonatal resuscitation — we do have all the equipment for resuscitation; well, we have got little ones, tiny little LMAs, so you are wanting someone to be there as quickly as possible — and postpartum haemorrhage.

I just want to say that the Capability Framework for Victorian Maternity and Newborn Services states that:

The most important issue for both mothers and their babies is an accessible, safe and quality outcome. Where possible mothers and babies should receive antenatal and postnatal care close to where they live, and to give birth within their local community.

Well, of course, we do not want that happening up in Swifts Creek. We try to get them down to Bairnsdale as quickly as possible. And it states:

All women should have regular assessment of their pregnancies to confirm normal progress or to enable early identification for any development of risk factors …

The CHAIR — Sue, just for context for the committee, how long is the drive from Swifts Creek?

Ms CARROLL — In an ambulance it is over an hour and a half. So for the community, if they sat on the speed limit, it is probably about an hour and a half as well. It is an hour and a quarter, around about, to get down here.

The CHAIR — And when you are driving, about an hour?

Ms CARROLL — No, no. It is an 80-kilometre zone and the police do sit there, so I do have to —

The CHAIR — It is a fair way, though.

Ms CARROLL — And they recently had quite a bit of roadworks, so that really slowed it down.

So that is our bush nursing centre up at Swifts Creek, which was newly developed in 2010, and the car there, we do have emergency equipment in that. The ambulance supply us with a ZOLL monitor, defib; we have got a HeartStart in there as well, just the little portable one.

The CHAIR — So you get paged upon the ambulance being paged?

Ms CARROLL — Yes. So the services that we provide are antenatal and postnatal care. Because I am a nurse immuniser I do the immunisations — and that is all opportunistic, to try and make sure everybody, the
kids, are covered — as well as flu vaccinations. I do women’s health because I am a women’s health nurse, and there is the new cervical screening. We do palliative care, and we do palliative care in the home, but we do not get funding for that of course, so we have got to use our small bucket of funding to try and manage that. We do the emergency care — as I said, we are the first responder for the ambulance page — and we do pathology collection.

So the strengths of our service are that I am a midwife and I am available Monday to Friday and I am on call 24 hours a day, so I do get called out sometimes, especially with ambulance pages. If we have maternity patients and they are concerned, then I do get called out to do assessments for that. If they think they are in labour or they are having a bleed or something, then I get called out to assess them. We have a doppler, and as I said, we have the resus equipment. I do pre-pregnancy care, so if the women come in and are talking about wanting to get pregnant, we talk about health and going on folic acid, and we just make sure that they are updated with all their vaccinations and their rubella status and everything is alright.

We do have GP clinics that happen twice a week. So a GP comes down from Omeo and does a Tuesday afternoon and Thursday afternoon, so I can refer the women across there. They are not obstetric GPs. Antenatal care — I do shared care with the obstetric GPs in Bairnsdale so the women do not have to travel down to Bairnsdale for every appointment that they have, and I communicate regularly with the obstetric GPs if I have got any concern about the women. So we have a good relationship with that. As I said, we do try to get them down to Bairnsdale for their deliveries. I have gone in the ambulance with prem labours. So the ambulance get called, and the ambos certainly will not let me out — ‘You’re the midwife. You’re coming all the way!’ — so the clinic gets shut for that time while I am on the way down.

Ms McLEISH — But the whole town would know what is happening anyway.

Ms CARROLL — Very likely, yes.

Postnatal care — so quite often the mums come back. Sometimes they have been discharged early from hospital, so we do the PKUs, we do follow-up to make sure they are not jaundiced and we make sure they are breastfeeding well, and any concerns that they have we deal with that. We do the whole assessment of mum to make sure that she is well. Sometimes they are developing mastitis, so then we have got to get an order for antibiotics and get her sorted out. And we just assess her mental health and wellbeing — how she is managing with baby. And we have that close relationship, being such a small community. It is a community of only about 420 people, so you get to know most people and you hear most things. And there is the training as I said for emergency births. There is one of our little bubs.

The geographical area that I support is Swifts Creek, Omeo, Benambra and Dinner Plain, because there is no maternity service up at Omeo hospital and there are not any midwives. So when patients are discharged from home I always get the discharge summaries for that whole area, and I do not go out to Benambra, Dinner Plain or Omeo but they do come down to me.

Ms McLEISH — Is Omeo not bigger than Swifts Creek?

Ms CARROLL — Omeo has got an 18-bed hospital.

Ms McLEISH — That is what I thought.

Ms CARROLL — But it is a nursing home with four acute beds and no maternity services.

Ms McLEISH — I just thought it was odd that Omeo is a bigger centre but they are relying on you to go to Omeo rather than the other way.

Ms CARROLL — Yes, absolutely. That is what it is all about.

Ms McLEISH — The available skill set?

Ms CARROLL — Yes. So as I say, we have got equipment there and resuscitation for the emergency births, and we did have a twin pregnancy. Luckily she delivered down the line. Those are her little ones.

Ms BRITNELL — Delivered where, sorry?
Ms CARROLL — In Sale. The issues in rural areas are that there is that isolation and quite often they have moved to the area with no family support. There can be that mental health issue, so we do have to really keep a close eye on that. Quite often it is a lower socio-economic area and a large amount of families are on healthcare cards or sole parent pensions. So you are dealing with that and quite often with poor literacy, so you are really assisting there with a lot of their issues. And a lack of transport — there is one lady that is up there who does not have a car so relies on everybody else to drive her and her children around. The only public transport is the Dyson’s bus line that leaves at 7.30 Monday morning and arrives back at 3.30 in the afternoon, and for the rest of the week it is 8.30 in the morning. So there is not much available, and they have got to get in somewhere to be able to actually catch that bus. Sometimes there are washouts on the side of the road from floods, so it makes that drive even worse.

So there are gaps in perinatal care. There is not always a midwife on. On weekends if I am not there, then I do have one reliever who is a trained midwife, but if she is not there or I am not there, then they do not have that antenatal care.

Ms COUZENS — Are you the only midwife based there?

Ms CARROLL — Yes. So they have got to drive the hour and a half down here, depending on where they live, but if it is Benambra, then it is over 2 hours. As I say the ambulance takes at least an hour and a half to arrive in Swifts Creek, and that is if there is one available. I was in a situation early this year where there was a near drowning at the pool. When I was racing down to the pool and had the ambulance radio going, my backup was Maffra. There was nothing available in Bairnsdale and nothing available in Lakes Entrance.

Ms BRITNELL — In the summer period you have got high population increases.

Ms CARROLL — Yes, they were all out to other emergencies. Helimed did come in, but that was still an hour down the track. It was a good outcome; he survived.

And a lack of mental health pathways and care is a major problem. We did have a social worker that was employed by Omeo health that would come down once a week and I could refer patients, but we do not have anyone employed there at the moment. They were trying to recruit somebody. There was a psychologist who came across from Orbost once a fortnight, so I could refer across to him. He finished in about July, so there is nobody.

We have done mental health training with the Royal Flying Doctor Service, and they were going to have referrals for us so that they could do videoconferencing with them, but because Swifts Creek had a psychologist and a social worker coming we were not put on that trial then. Now we cannot do referrals to that, either, so I am just in the process of renegotiating with the Royal Flying Doctor Service to see if we can get someone — because if there is an issue, then they have got to come to Bairnsdale. Anything more, then of course they have got to go to the ward down in Traralgon. And funding of course is a major issue because, as I said, we get small rural funding and it is a small bucket of funding that we get told it pays us to run the centre Monday to Friday, 9 to 5, and that is it.

The CHAIR — All up what are we talking budget-wise, just off the top of your head?

Ms CARROLL — I think it is around $300 000 per year that we get or it is just under that, but that has got to cover everything. There is the rural infrastructure funding that we can apply for for equipment but we are not always successful with that. So our committee of management works really hard doing fundraising on a regular basis so that we can purchase new equipment when we need it. To try to recruit nursing staff is difficult if you have not got the funding there to say, ‘Yes’. So today we do not get funded to come down to things like this, so that comes out of our budget. We do have premmie babies that luckily were also born down the line, but then we deal with that when they come home to make sure that they are gaining weight and doing well.

As just one example, Omeo District Health is an 18-bed hospital, as I said, with four acute beds and no maternity services. The nurse that was on duty late one Friday night rang me when it was nearly midnight to say, ‘A lady has arrived on our doorstep well and truly in labour and it looks as though she’s going to deliver, and I’ve rung the ambulance but they’re coming from Bairnsdale and there’s no backup’ — and she was not a midwife. I was in Bairnsdale. My colleague luckily was a midwife who was on, so she went up and assisted

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with the birth and had a really good outcome. Then the ambulance transported mum and bub down to Bairnsdale.

I had a 34-week prem labour that looked as though she was progressing pretty quickly, so the ambulance was called. She was the one that I was saying came down. She did not deliver before we got here, so that was a bonus — and there were roadworks happening at the time, so we were held up.

This is one of our mums that has just had her baby.

**The CHAIR** — Fantastic. Do you mind taking some questions now? Thanks so much for coming in and giving us your time today. I am just wondering, in the 15 bush nursing centres, how many have people who are qualified midwives or are we just really lucky around here?

**Ms CARROLL** — As far as I know, I am the only one.

**The CHAIR** — Congratulations to you.

**Ms CARROLL** — I think years ago it was a prerequisite; you had to be a midwife to work in those remote areas. That was years ago because they rode out on their horse to do those deliveries.

**The CHAIR** — The other questions I have got are a little bit more pointed. We have heard in all our regional hearings the issues surrounding workforce and resourcing constraints, whether that is attracting people to regional areas to work as midwives, OB-GYs, or whatever, but also keeping them there. I am just wondering what you think is going to be the challenge for the Swifts Creek Bush Nursing Centre, because you will not be there forever. How will you attract your replacement, I guess?

**Ms CARROLL** — It has been hard just getting relief nurses, because you are on your own all the time. Even in a centre there is an admin officer there three days a week, so you are on your own mostly.

**The CHAIR** — So if you go sick?

**Ms CARROLL** — Two of my relief nurses come from down near Melbourne, so I cannot just ring and say, ‘Can you be here now?’, although one has driven this morning to cover me for this afternoon.

**The CHAIR** — Wow. We are grateful.

**Ms CARROLL** — She is going to stay on for the next couple of days, because I have got meetings tomorrow. Another one is down in Dinner Plain. One is in Dinner Plain. It has been really hard. You advertise and interview. They come up and say, ‘Yes, this all sounds good’, and they will do a weekend and then say, ‘No, this is not what I want to do, because I’m here on my own. I have to attend emergencies on my own. I don’t know where I’m going’. Sometimes it is late at night and you are driving out in the middle of nowhere.

I have been in that situation where I was called by ambulance, and I went way out to Nunniong, which is on a dirt road. I got lost and it was awful. So I say to my staff, ‘If you feel unsafe, you do not attend those, or you say you will meet the ambulance on the way’. A lot are happy to work in a hospital where they have got good backup and they have got a team, but to be out on your own and responsible for whatever happens, it is really hard to recruit people into those areas.

**The CHAIR** — So it is not just about recruitment out here; you are looking for a special type of person, too.

**Ms CARROLL** — Yes. They have to work on their own in isolation.

**The CHAIR** — Like you, Sue.

**Ms BRITNELL** — I enjoyed listening to your story, actually. You obviously highlight the challenges of where we are going in the future and where we have got risk mitigation that we are focused on. I am an ex-nurse. I do not like saying the word ‘ex’. I also worked in remote health on my own for a long time — 15 years, actually. And my mother delivered babies in Omeo over 50 years ago on her own, so I did relate very much to your story.
Congratulations. It is going to be a real challenge into the future because getting young people to come and put themselves in that situation is a real risk to the registration status that they will have, and I am not sure any more than what you highlighted what the answers are, but thank you for highlighting that today.

Ms McLEISH — Sue, one of the reasons we are in Bairnsdale today is to hear about the real challenges in the more remote parts of the state, such as Swifts Creek and Orbost. I must say usually when I hear of Swifts Creek it is in relation to a wild dog problem.

The CHAIR — From the member for Benambra or —

Ms McLEISH — East Gippsland. From those of us with electorates with wild dog problems, it is one that gets talked about quite a bit. Can you tell me, when you are liaising with the GP obstetricians and the like, do you have the facility for telehealth?

Ms CARROLL — Sometimes we Skype, certainly with other specialists, and we do have a videoconferencing unit so that we can link in with other health organisations. So, yes, there is various telehealth now, and we can do that.

Ms McLEISH — Is Skype useful compared to a more sophisticated telehealth service?

Ms CARROLL — Yes, it works well for us. We have been using Skype certainly in mental health and other things. There is a private mental health service that we are using at the moment that is Skyping through.

The CHAIR — That does not drop out? You do not have any issues around here?

Ms CARROLL — We have just been connected to the NBN. Yes, it has been an issue, and sometimes we have had to actually dial in. We can see them on the screen, but they kept freezing. I tried doing a webinar for mental health not long ago, and the whole system froze. But we have just been connected to the NBN, and it has sped it up. So far it has improved.

The CHAIR — That is good to hear.

Ms McLEISH — When we were elsewhere in the state, we did hear in another area that is close to the New South Wales border that in New South Wales they have something called a ‘good egg pack’ that they carry around that has a whole lot of utensils and tools, I suppose — medical equipment — for maternity-type emergencies that they could just grab off the shelf.

The CHAIR — I am not sure they call them utensils, though.

Ms BRITNELL — Resuscitation equipment.

Ms McLEISH — Equipment.

Ms CARROLL — I suppose a pair of scissors and clamps and things.

Ms McLEISH — Yes, they had those. Have you heard of those? You had your car out the front, and you said it is —

Ms CARROLL — I have never heard of a good egg pack, but we have got —

Ms McLEISH — I am sure it was called a good egg pack.

Ms CARROLL — We have got the whole pack with everything in it for the delivery, so if we have got calls.

Ms McLEISH — Who puts that together? Is that something —

Ms CARROLL — Ambulance Victoria actually put it together, and then we just update it.

Ms McLEISH — How come you have got it, because you are first responder?

Ms CARROLL — Yes.
Ms McLEISH — And only because you are first responder, not because you are —

Ms CARROLL — No, because we already had it prior to them giving us theirs.

Ms McLEISH — How did you get it in the first place, then?

Ms CARROLL — We just put it together.

Ms McLEISH — Resourceful.

Ms CARROLL — Yes. And as I said, we do fundraising and things to try to get all the appropriate equipment as well. So the Doppler, we had to purchase that — it did not come from Ambulance Victoria — so that we can listen to the fetal heart. So really it is only your clamps, your baby labels and your scissors and things. But I have never heard of it as a ‘good egg’. I suppose they are about to hatch.

The CHAIR — I probably could have asked Roma this, but just in regard to how remote it is and your waiting 3 hours for an ambulance, whether that be the CERT ambulance or not, what is the extent of the equipment you have got to actually manage pain? Do you administer drugs at all?

Ms CARROLL — Yes, because we have Penthrane and we have got morphine. It is all part of our emergency guidelines from Ambulance Victoria that we do that course every year so that we can use that.

Ms McLEISH — You mentioned earlier, I am sure, remote area nurse training.

Ms CARROLL — Yes. That is through Ambulance Victoria, funded by the Department of Health and Human Services.

Ms McLEISH — When you have that training, are you with a whole bunch of other potential remote —

Ms CARROLL — All of the bush nursing centres around Victoria prefer that all staff are remote area nurse trained so that they can use —

Ms BRITNELL — How long is that course?

Ms CARROLL — It is a three-day assessment, but we have to do six modules prior to going down. It has got your drug calculations, your escalating everything and all your guidelines for where your normal levels are for paediatric heart rate or neonatal heart rate, so you do the whole lot — and we do emergency deliveries in that course. They will do a different one every year. They might do a shoulder dystocia or a cord prolapse or something —

Ms McLEISH — Every year you go back for training.

Ms CARROLL — Yes, so it is annual.

Ms McLEISH — Do the ambulance officers have similar training?

Ms CARROLL — Yes.

Ms COUZENS — Thank you for coming along today, especially under the circumstances. Can you talk about how family violence has impacted on the service you are providing, if it has?

Ms CARROLL — We do not see a lot in Swifts Creek. I think there is a lot further out, but I do not see a lot, which is good.

Ms COUZENS — Do you do specific training around family violence, mental health — those key issues?

Ms CARROLL — I did the DiVeRT course a couple of years ago and, as I said, the mental health training with the Royal Flying Doctor Service, and then I just get involved with whatever other training there is around that.

Ms COUZENS — But you are not seeing a lot of those issues through your work?
Ms CARROLL — No.

Ms COUZENS — Do you get to take time off work to go to professional development training?

Ms CARROLL — It is difficult to try to do that. I have got to try to get coverage, so it is really hard. If I know well ahead, then I can organise one of the girls to come up and relieve me, but it has been difficult. As I said, there is not the funding. We do not have a lot of funding to be able to pay somebody to cover me while I go to do something. The committee of management is very supportive of it, so I do go to whatever I can if I can get covered.

Ms COUZENS — Are you providing services to many Aboriginal women?

Ms CARROLL — No. There is nobody in the Swifts Creek area who has identified themselves as Aboriginal or Torres Strait Islander.

Ms COUZENS — Have you done cultural training as well?

Ms CARROLL — Yes. I worked for GEGAC a few years ago, so I did cultural training there. I worked up in the Darwin hospital and did cultural training up there.

Ms COUZENS — You highlighted a number of gaps. Can you detail a bit around what solutions you think can cover those?

Ms CARROLL — I cannot come up with solutions. Mental health is a big gap, and hopefully the solution will be that Omeo District Health will employ somebody soon so that we can refer along.

Ms COUZENS — Was that enough of a service for your community?

Ms CARROLL — The high school, the P–12, at Swifts Creek had actually employed a child psychologist. She was coming up once a fortnight for two years, but it all got too much for her. She resigned at the end of last year. She was booked out every day that she was there, so that is a major gap now.

Ms COUZENS — So there is a demand.

Ms CARROLL — Absolutely.

Ms COUZENS — You were saying that they came up one day a week, I think.

Ms CARROLL — Yes. But between the child psychologist, the social worker who was one-day a week and the psychologist from Orbost, it covered everything.

Ms COUZENS — So that met the demand that was there?

Ms CARROLL — Absolutely. So now there is a massive gap with that. Ambulance services is a gap because, as I said, there is a MICA paramedic four days a week, and that is it. After those hours there is not anybody. We have ACOs, but it is trying to get a team together. Quite often I ring and say, ‘Well, isn’t there a Tambo crew’. They say, ‘No, there’s nobody’. They may have one and they may have one at Omeo, but they have got to get them together to come down. Sometimes there is just nobody. They are trying to recruit at the moment and train more up, but it is a volunteer-type thing because they are farmers and teachers and whatever else.

The CHAIR — It’s very intense training, too.

Ms CARROLL — Yes, absolutely.

Ms BRITNELL — Sue, I am just referring to what Chris was asking about as to what will happen to the services in the future. Can you see a solution from a succession plan for your role? Is there a way that you see that you can support someone into succession — not necessarily financially because I can hear the financial challenges you have got, but of you take finances away, what would be needed to support someone into staying and retaining the position that you have into the future?
Ms CARROLL — I think it will be hard to recruit a midwife into that position, so I think it will be a registered nurse. A nurse practitioner would be the best person in the position because there is not always a doctor available. But you still have to find a nurse practitioner who wants to come into that area. There may be one who has worked in other remote areas that wants to come back this way rather than be in the Northern Territory or Western Australia or one of those other areas.

Ms BRITNELL — So there are no registered nurses in the area looking for work currently? No farmers’ wives?

Ms CARROLL — No. Sometimes schoolteachers may move into an area and the wife or the husband is a registered nurse, but that is not happening either, I think, because there is not a lot of employment. If they have got ICU or A and E or something, Omeo is basically a nursing home with four acute beds, so it does not keep their skills up. They do not want to move to an area like that; they want to be where there is action happening.

Ms BRITNELL — Do you see the health centre being viable or not able to sustain the services, not only midwifery but all the services that are currently offered?

Ms CARROLL — I think ours will remain viable, but it is finding somebody to take over when I put my resignation in one day.

The CHAIR — Thanks very much. Sue, have you ever thought about writing a book? I would buy it.

Ms CARROLL — I have got some really funny anecdotes. What a shame I cannot tell you them here.

The CHAIR — There is a bar over there. At about 6 o’clock we can have a chat. Thank you so much for coming in today. We understand what pressure it has put the facility under today for you to come here. We do appreciate your time, so thank you so much.

Ms CARROLL — Thank you.

Witness withdrew.