

across the board

The Newsletter for **Canterbury** District Health Board Staff



Resident Medical Officers Welcomed to CDHB
Page 4



Record Set During World Breastfeeding Week
Page 5



Burwood Hospital's Person of the Year
Page 6



New Model of Clinical Teaching for Student Nurses

Turn to page 3

From the CEO's Desk



Gordon Davies

Last month, while talking to a Press reporter I mentioned that I thought a robust debate was needed on the efficacy and approach to end of life care. Page three of Saturday morning's Press is not somewhere I generally

like to find myself but on this occasion I regarded it as the first step in a much needed local discussion about our health priorities.

Studies have shown that a quarter or more of health spending over a person's life is in the last year. As a community, I think we really need to question that. How often are we extending the lives of very ill people so that they can live a longer poor quality of life? Sometimes such interventions are painful and produce little or no benefit. On a few occasions they cause harm as well as pain. And where are our health dollars best spent? It may be, that if more money was spent earlier in our lives, many of us would not reach the end stage needing high levels of health care. The debate I want to

encourage is not about denying appropriate care nor preventing fit elderly folk from receiving some treatments, it is about what is best firstly for individual patients at the end of their lives and secondly for the community as a whole. The main point is that we should do all we can to relieve suffering.

A number of staff have sent me supportive emails about encouraging this discussion in Canterbury including doctors, some of whom have found themselves increasingly questioning futile procedures to extend the lives of people who are terminally ill or have other conditions that diminish their quality of life. The debate has already started recently in other DHB areas including Auckland and Capital and Coast.

One supportive clinician wrote to me about a patient he had read about with terminal cancer, who had a bowel operation for obstruction, never regained consciousness and died after weeks in ICU, when with conservative care, pain relief and good nursing, he would have died more comfortably in a short time.

The clinician wrote "while the debate that you yearn for is necessary, many people have difficulty contemplating the inevitability of death, construe the call for debate as a

mean "saving money" exercise and then slide into the old blame shame mode. The debate that arose from Richard Smith's (a UK doctor's) thoughtful article illustrates the difficulties well and although I guess that you will get the same criticisms I admire your leadership."

Richard Smith, a former editor of the BMJ, wrote a heartfelt story on the subject from a very personal perspective. Someone who had long advocated for a much more considered approach to rationing healthcare, discovered that his mother had Alzheimers, within days of the UK's National Institute for Health and Clinical Excellence deciding to restrict access to drugs to treat the disease. I recommend that you all read this article, which is available via the homepage of the intranet, so that we can further stimulate this discussion at a local and national level. It will need to feature in the health plan work but is also worth considering at departmental meetings and ethical sessions.

Gordon Davies, CEO
Canterbury District Health Board

Planning Canterbury's Future Health Services

The Canterbury District Health Board (CDHB) is inviting people who have experienced, or work in, the health system to participate in a series of workshops that will eventually lead to the reshaping of the district's future health services.

As part of its Health Services Planning programme, the CDHB is holding workshops on three areas – musculoskeletal health, neurological health, and older person's health throughout the month of September.

The overall aim of the workshops is to ensure that health services are tailored to meet the needs of patients/consumers for the next 10 years and beyond. To achieve this, participants are asked to identify the opportunities, issues and good aspects of our current health services and how they would organise the health system if they could start at the beginning.

Although much work has already been done in some of areas, for example older person's health, it is still important to 'take stock' of the planning to ensure there are no gaps in care.

He Oranga Pounamu Charitable Trust Chief Executive Fiona Pimm, who has attended some of the workshops, says the Health Services Planning team has responded well to community ideas. "This HSP process is the most responsive process I have participated in for many years. The project team has listened to the

input from the community and consumer participants at each hui and this has been reflected in the material that has been presented and the development of the project."

Planning in the focus areas of diabetes, cancer, cardiovascular health, women's health, child health, eye health, respiratory health and the Kaikoura community is

progressing well. Design teams in these areas were established to build on the opportunities and ideas identified at the workshops and to develop a health service plan for each focus area.

For more information on the health services planning workshops, see www.cdhb.govt.nz/hsp or email the team at healthservicesplanning@cdhb.govt.nz

Planning Canterbury's future health services



Help shape the future of Canterbury's health services.

Canterbury District Health Board is planning the health services it will provide during the next ten years and beyond. It is important that Canterbury people, who use these services, take part in this planning.

We will soon be focusing on the following areas:

- Neurological Health (eg nerves and brain function)
- Musculoskeletal Health (eg muscles, bones and joints)
- Older Person's Health (eg assessment and rehabilitation of older people)
- Acute Services (eg injuries, accidents and emergencies)

To participate and help shape Canterbury's health services, contact the Health Services Planning team at Email: healthservicesplanning@cdhb.govt.nz, Phone: 337 8646, Fax: 364 4165, Website: www.cdhb.govt.nz/hsp



New Model Of Clinical Teaching For Student Nurses

Undergraduate nurses in Christchurch are set to benefit from a new model of teaching that combines all the best aspects of clinical training with more consistent support and guidance.

CDHB, in conjunction with CPIT, recently launched a pilot programme that centres clinical learning around Dedicated Education Units (DEUs).

"Previously we used the preceptorship model to train undergraduate nurses, which is where students are allocated a 'preceptor', or buddy, who they work with, one on one, for the entire five weeks of their placement," says Janine Hale, Nurse Educator.

"However with all the demands of today's clinical environment, it's getting increasingly difficult to maintain consistent support, especially since students tend to work Monday to Friday, whereas nursing is a 24 hour occupation."

"We needed to balance the demands of the clinical environment with the need for students to have quality, 'hands-on' experience so in 2006 a project team with representatives from CDHB and CPIT was established to investigate alternative models. We conducted a lot of research and consultation and, in the end, decided to pilot the DEU model," says Janine.

The concept of DEUs was developed ten years ago at Flinders University in South Australia and it remains the University's preferred model to this day because it continues to meet the teaching and learning needs of students, nursing staff and lecturers. The model is also used in Canberra and Queensland.

Wards 1A and 2A from The Princess Margaret Hospital, Ward 25 from Christchurch Hospital, and the Spinal Injury Unit and Surgical Orthopaedic Unit from Burwood Hospital have all been chosen as DEU pilot sites.

Dr Cathy Andrew, Head of the CPIT School of Nursing, sees this project as a great example of what is possible with collaboration. "We're working with the CDHB to find a better way of teaching that meets students' needs, yet also takes into consideration the practical realities of working in a clinical environment. With the DEU model, student learning becomes the responsibility of a whole area rather than an individual nurse. DEUs expose students to more experiences, yet also provide that much needed continuity."



The new teaching stethoscope presented by CPIT, to each of the DEUs



Student nurses from CPIT



Dr Cathy Andrew and Mary Gordon at DEU launch

Front cover: Student Nurse Tessa Lagerstedt (right), under supervision from Nurse Educator Janine Hale, Charge Nurse Manager Andrea Mears, Registered Nurse Helen Lovell, with Patient Popp Poplewell.

Single Point Of Entry For CAFS

As part of an ongoing development programme to improve access and responsiveness, the Child, Adolescent and Family Mental Health Service (CAFS) has recently launched its new 'single point of entry' initiative called CAFLink.

CAFLink, which is available on 0800 218 219 from 8.30am-5pm weekdays, streamlines the process of accessing mental health services in Canterbury for children, adolescents and their families. All outpatient referrals to the service are now centrally received at CAFLink. This includes referrals to Child and Family Specialty Service (Whakatata House), Youth Specialty Service and Family Mental Health Service.

As well as providing an easily identifiable point of entry to services, CAFLink will ensure that better quality and more



The CAFLink Project team, from left to right, Jo Dowell (Project Manager, Nursing), Fidelma Holmes (Duty Worker), Paul Saunders (Intake and Nursing), Dr Harith Swadi (Psychiatrist), Valerie Gilbert (Admin) and Lorraine Barber-Read (Intake and Social Work).

consistent information is available to referrers. GPs and Non-Government Organisations now have access to a dedicated consult/liaison function via: 0800 218 219. All of this ultimately means improved continuity of care, and a better patient journey.

Phase two of the CAFLink development function will involve centrally processing all CAFS outpatient referrals, including screening, diverting and triaging.

The CAFLink Project Team members are Dr Harith Swadi, Jo Dowell, Lorraine Barber-Read, Fidelma Holmes and Paul Saunders with administration support from Val Gilbert and Lisa Jones.

For more information on the service and for an electronic referral form, visit the website: www.cdhb.govt.nz/caf-mhs/access-outpatient-service.htm

Child Cancer IT Tool Receives National Award

Congratulations to the national Paediatric Oncology Steering Group (POSG), led by CDHB Paediatric Oncologist Dr Michael Sullivan, whose LEAP-IT national online clinical tool won the Excellence in the Use of ICT in Health category at the 2007 Computerworld Excellence Awards.

The Late Effects Assessment Programme Information Technology (LEAP-IT) tool is designed to coordinate the long term assessment of young cancer survivors. It was developed to support the National Late Effects Assessment Programme, a clinical initiative that assesses whether young cancer survivors have suffered any long term physical or psychological effects from their treatment. All clinical data is entered into a secure online tool, which is hosted on a dedicated server.

The aim of the programme is to ensure that all survivors are monitored regardless of where they live. Eventually

all young cancer survivors will be given a personalised 'health passport' which will be a summary of all the treatment they have undergone over the years.

The online clinical tool was also designed to incorporate a National Children's Cancer Registry. Later this year, POSG will be able to analyse the previous seven years of data, which will provide a detailed snapshot of all childhood cancer in New Zealand.

Dr Michael Sullivan says he and the rest of the team were delighted to receive the award, which recognised years of teamwork. "It has involved doctors, nursing specialists and psychologists from around the country. It genuinely has been a team effort, which has allowed us to achieve an extremely useful tool," he says.

He says the tool could eventually be adapted to collect clinical information about adult cancer survivors.

New Director of Nursing for Mental Health Services

Congratulations to Stuart Bigwood who has recently been appointed the new director of nursing for mental health services. Stu has a significant history with mental health services – he has spent virtually all of his 32 years in nursing working in this sector.

Stu has completed his Masters in Health Sciences, endorsed in mental health, and is currently the Nurse Consultant for the Rehabilitation Services where he coordinates the Post Graduate Rehabilitation and Management of Mental Disorder paper for University of Otago, School of Medicine and Health Sciences.

In his new role, Stu hopes to continue improving specialist mental health services in Canterbury through strong partnerships with both, consumers and providers of services.

Resident Medical Officers Welcomed to CDHB

Thirty one new Resident Medical Officers (RMOs) from the UK and Ireland were welcomed with a powhiri at the Canterbury District Health Board (CDHB) in August. Another 17 will be joining in stages over the next month, effectively filling all vacant RMO positions at CDHB.

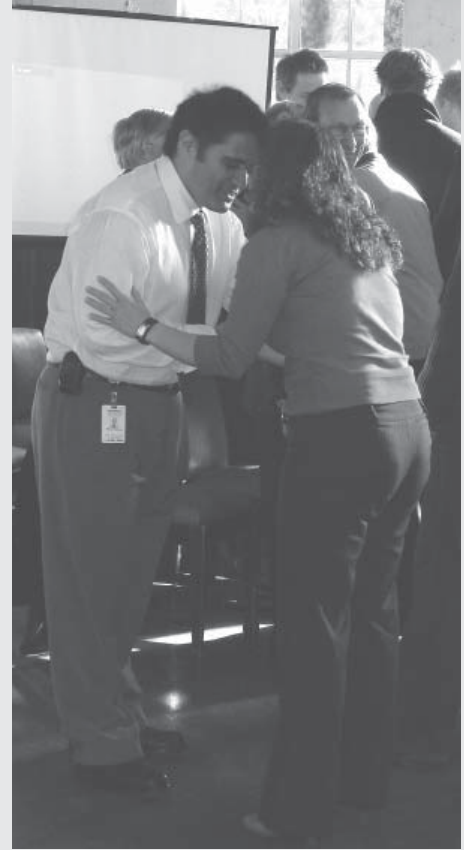
The RMOs were given a two day orientation to get up to speed with CDHB processes and protocols, from clinical coding and cardiac arrest procedures, to correct pronunciation of Māori words.



The new RMOs



Hector Matthews and Gordon Davies welcome the RMOs



Hector Matthews exchanges a hongi with a RMO

National Record Set During World Breastfeeding Week

Almost 100 local mothers and babies helped set a new National record for the most women around the world breastfeeding simultaneously on Wednesday 8 August when they took part in the 'Big Latch On', as part of World Breastfeeding Week.

Official Big Latch On events were held at Christchurch Women's Hospital, Burwood Birthing Unit, Lincoln Maternity Hospital, Rangiora Hospital and Ashburton Maternity Centre. Women at these centres contributed to setting an unofficial record of 943 women breastfeeding simultaneously across New Zealand.

Jane Waite, the CDHB's Maternity Services Manager says, "breast feeding is one of the most important things a mother can do for her baby. Our Women's and Children's Health division are very excited to be able to assist with this important event."

The theme of this year's week is the importance of skin to skin contact between mother and baby directly after birth. Breastfeeding helps mother and baby bond. It provides nutritional and health advantages for the baby that last far beyond infancy, and offers health benefits for the mother as well.

CDHB Lactation Consultant Hazel McGregor says, "It's wonderful that our maternity facilities can participate in this world event. As accredited 'Baby Friendly Hospital' facilities we provide a supportive environment for breastfeeding. We actively encourage skin to skin contact in the first hour, provide information before birth in our antenatal education programme and cover the topic extensively in our breastfeeding classes so that mothers, partners and families can be well informed."



CDHB Nursing Director Appointed to National Body

Congratulations to Vicky Brewer, the current Director of Nursing at The Princess Margaret Hospital, who has been appointed Director of the Safe Staffing Healthy Workplaces Unit.

The Unit was a key recommendation of the 2006 Committee of Inquiry, chaired by Retirement Commissioner Diana Crossan and comprising nursing experts from DHBs, the New Zealand Nursing Organisation (NZNO) and the Ministry of Health. The Committee of Inquiry was set up to develop a plan of action to address nurses' concerns about staffing and its impact on patient safety.

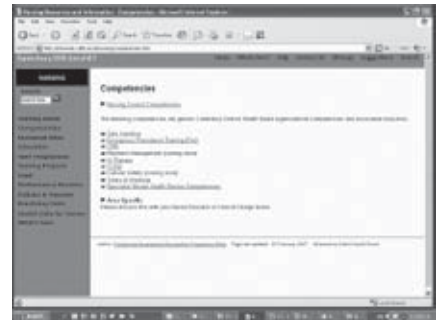
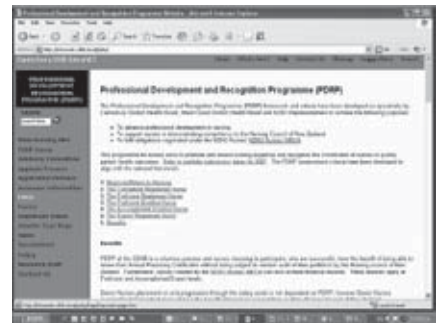
The Committee successfully completed its task and the work of the Unit will be to facilitate the roll out of the joint NZNO/DHB plan of action throughout all DHBs.

Vicky, who is taking over the position in September, says "There are some really good safe staffing / healthy workplace initiatives happening around the country and part of my role will be to draw all these positive initiatives together. I see myself as a conduit for information as we begin to embed an action plan across DHBs. Ultimately it's all about the patients – improving the workplace for staff creates better outcomes for patients."

Apart from two short breaks, Vicky has been nursing since 1976. In that time she has had a variety of roles in different areas of the health sector, and in a wide range of sub-specialities.

The Safe Staffing/Healthy Workplaces Unit will operate under the governance of a joint NZNO/DHBs advisory board.

New-look Nursing Intranet



A recent revamp of the Nursing Intranet has made it much easier for nurses to access information.

To help make the site more consistent and cohesive, content is now grouped together by subject. A new navigation bar lets nurses click through the different sections quickly and new areas, such as What's New, Dedicated Education Units, Competencies and Nursing Projects, have been added.

"The site is now very much an area for CDHB-wide nursing news," says Becky Hickmott, Nurse Coordinator – PDRP. "We've had very positive feedback on the changes."

Future plans for the Nursing Intranet include developing more area-specific content and improving access to self-directed learning packages.

Burwood Hospital's Person of the Year

Congratulations to Pauline Burleigh from the Hospital Café, who was recently presented with the inaugural Burwood Hospital 'Person of the Year' award.

"We created this award to help promote our organisational values," said Vince Barry, General Manager, Mental Health, Older Person's Health and Rehabilitation. "It's an opportunity to recognise individuals whose behaviour is consistent with our values of care and respect, responsibility for outcomes and integrity in all that we do."

"Pauline was an easy and very popular choice for the award because she is such an open, warm and caring person. Her café is a sanctuary for staff and patients

alike, and she personifies what I call the Burwood 'soul'. Burwood has a friendliness and warmth about it and we need to make sure we hold onto that."

Pauline was thrilled to receive the award, though to begin with she couldn't believe her ears when she heard her name called. "It wasn't until Vince said my name again that I realised he actually meant me! I'm very proud, but I have to say it's the people here who make my job easy – they are lovely."

Burwood Hospital Operations Manager Carolyn Cooper, Pauline Burleigh and Vince Barry.



Shelagh Hudson Celebrates 40 Years



When Shelagh Hudson first started in Medical Records at Burwood Hospital, forty years ago, the whole department was housed in a very small, two room office and the only heating was an open fire. As you would expect, she has seen some changes in her time. To start with, Medical Records now occupies considerably more space in Burwood Hospital's old Sisters' Home.

"Things really started to change when we went onto computer systems back in 1978. We now have different numbering systems, we file things differently and gradually case notes are changing. Medical Records is a lot more than just 'glorified filing' and I think these days people are now realising the value of our work."

However one thing that hasn't changed is the amount of paper. In fact, volumes have grown. "That's just one of those things about working in records," says Shelagh. "Despite all our electronic systems, paper doesn't decrease, it increases. People love creating new pieces of paper. Maybe one day records will be fully electronic, we are slowly working towards that, but I doubt it will be in my lifetime!"

During the very early days of obstetrics at Burwood, Shelagh remembers women's waters breaking in reception, and babies born in the back of ambulances in the car park, in the lift and, in one case, in the hospital corridor.

"I remember one woman turning up at

the reception desk, holding a child and saying that she needed to be admitted to the birthing ward. I thought she was mistaken because she clearly wasn't in labour...until I realised that she'd just given birth and that was her new-born baby she was holding!"

As well as her clerical duties, Shelagh was sometimes called upon to "act brave".

"Years ago now, Burwood used to do very straightforward ENT operations on around six children a week. I had a friend who was a nurse in the ENT department and if the child was particularly nervous or unhappy I'd get a call. I'd receive a pretend pre-med injection to show that it really didn't hurt, then we'd talk about all the ice cream and jelly they'd get to eat."

All the changes over the years have kept Shelagh's work interesting. "I'm still learning every day." However it is the people who really make the job for her and she certainly has some stories to tell. "I've worked with some wonderful people over the years. It's the people that make Burwood – that's why I have been here so long."

Changing Environment – It's About Choice

The CDHB Healthy Foods policy signed off by the Board in October last year is designed to help provide an environment that makes the healthy choice the easy choice.

The Healthy Food Policy was developed by the HEAL Healthy Eating Active Living project in response to the government strategy, Healthy Eating – Healthy Action where all DHBs in New Zealand agreed to implement a policy to increase healthy food choices.

HEAL project leader Chris Woods says this is CDHB's opportunity to lead by example and most staff have been very supportive of the policy. "They are generally pleased that sugary drinks have been replaced and more healthy food choices are available on CDHB sites. We will be building on this in the coming months, with changes to food vending machines planned."

If you would like an opportunity to voice your opinion on the changes or the HEAL

project, please visit the HEAL website at www.heal.org.nz or drop us an email: kay.hegan@cdhb.govt.nz or chris.woods@cdhb.govt.nz.

* Evon Currie, General Manager of Community and Public Health and Bronwen King, Health Promoter, television presenter and author will speak about personal rights versus providing an environment that makes the healthy choice the easy choice at 12.30pm on 13 September in the Rolleston Lecture Theatre.

Dave Peddie in Vietnam

In May this year Dave Peddie spent four weeks in Vietnam, in the province of Binh Dinh. During his stay Dave was based in Quy Nhon, now a city of about 250,000.

"This trip was my first experience of third world medicine and probably the most interesting four weeks I have had at 'work' since graduating in 1969. The project I was involved with (No 126 in the list of NZVNHT projects) was to do with womens' health and, more specifically, cervical cancer screening and cardiocotograph [CTG] monitoring in labour wards. Quite a number of New Zealanders, including some from here in Christchurch, have been working with these projects for a number of years now. While I was there I hoped to gain some idea what was happening and of where possible improvements could be made in cervical screening. There were opportunities for colposcopy teaching and I was also able to visit labour wards to review the use of CTGs.

In four weeks it was only possible to scratch the surface of what is a reasonably complex health 'system'. There is not a lot of spare money in Vietnam to be spent on health, and many things we take for granted here just do not exist. There is no real primary health care in the towns and cities,

so every day at the District and Provincial Hospitals start with a 'scrum down' of people hoping to gain access to a limited resource.

I would estimate less than 10% of women over the age of 25 would have ever had a pap smear. As a result there were not a lot of women with abnormal smears coming through to assess. In the few I saw with an abnormal smear there was a high rate of high grade or malignant change.

It is a completely different environment, physically and clinically, for obstetrics and gynaecology, from what we are used to here. I was there in early summer, when temperatures were up to 42C. Trying to teach colposcopy through an interpreter in a small room with two examination beds and patients, and up to six doctors and nurses, was a challenging but enjoyable experience for me.

It took time to adjust to the very different lifestyle, culture and health system so it was a great help to be part of the NZ VSA organisation. The interpreters, VSA volunteers, and my Vietnamese hosts always made sure I was well looked after, both at and away from work. Vietnam is a spectacular country in every sense and I can understand now why it has become a

popular travel destination.

I hope to be able to return again over the next two years and continue with the same project. When I applied for leave for this project I was very fortunate to have great support and encouragement from Pauline Clark, GM at CWH, management at CDHB, and work colleagues here at CWH."

Background: *There is a historical link between Binh Dinh and New Zealand going back to 1963 when a New Zealand civilian surgical team started working in the seaport town of Quy Nhon during the Vietnam 'American' war. This team continued to operate up until reunification of North and South Vietnam in 1975. NZ Red Cross and the NZ army also had aid teams in central Vietnam during these years. There was an abrupt end to aid in 1975 it was not until 1990 that the link was re-established.*

In 1997 the NZ Viet Nam Health Trust was set up by New Zealanders who had previously worked in Vietnam. The purpose of the Trust is to promote, maintain and develop health care projects and activities that will benefit the people of Vietnam primarily in the Binh Dinh province, with the emphasis on training, teaching, education and skills improvement



Dave Peddie in Vietnam

Talent on Show at the Princess Margaret Hospital Café

From 8-18 October, the Princess Margaret Hospital café will be offering visitors a visual feast as it once again hosts the annual Step Ahead Trust art exhibition.

The Step Ahead Trust is an activities-based rehabilitation programme for people in Canterbury who experience a mental illness. The organisation has held an annual art exhibition for over 10 years, the last three of which have been at the Princess Margaret Hospital café.

This year around 60 pieces of work will be on display. "Step Ahead provides its members with a wide range of activities, including a weekly arts and craft group," says Di Cockburn, Step Ahead's Activities Coordinator. "This exhibition provides an opportunity for members to demonstrate their creativity."

Items for sale can be purchased at the exhibition opening, from 4pm on Monday 8 October, or by contacting the Step Ahead Trust on 389 4001.



Working Together

Blessing of the Chaplaincy Jerkins

To recognise the evolving role of the Chaplaincy team within CDHB's response to a major incident, a brief ceremony was held at Christchurch Hospital Chapel in August to bless and hand over Chaplaincy team identification jerkins.

The Chaplaincy team has recently re-examined its role in an emergency and reaffirmed its place in the wider team that responds to major incidents.

"We are there to help meet the spiritual needs of people during and after the emergency," says Chaplain Hilary Barlow. "We are available to do blessings and

end of life spiritual care that is appropriate to whatever we know of the person's faith, religion and culture. While we aren't frontline, we are there to support patients and their families, as well as our staff."

At the ceremony Pauline Clark, General Manager Christchurch Women's Hospital, formally presented the Chaplaincy jerkins on behalf of Mark Leggett, General Manager, Medical and Surgical. Representative from Social Work, Emergency Dept, Customer Services and Nursing were also present and a jerkin from each of these areas was also blessed.

Blessing for the jerkins

Mighty and mysterious God
We ask your blessing on these jerkins,
That they may be a sign of love and hope
and help.

May those who wear them
Work with compassion, tenderness and
sincerity,
affirming all faiths, traditions and cultures.
May we all be inspired by our common
humanity
and work together with respect and integrity.
AMEN



All in the Name of Art

Chaplain Wyatt Butcher is the first to admit he isn't normally much of a runner, so when he decided to do this year's SBS half marathon his friends and family were more than a little surprised. However Wyatt had more than a fitness goal in mind – this was all part of his grand plan to raise money for the refurbishment of the Chapel of the Good Shepherd at Hillmorton Hospital.

The Chapel was built in 1960 as a gift from the local churches of Christchurch to the then Sunnyside Hospital. Since then, the

layout and décor have remained largely unchanged. However plans are now underway to redecorate and re-carpet it.

Wyatt completed the run in two hours 23 minutes and six seconds – not a record-breaking time, but one that raised around \$1480. Some of the money raised has already been used to commission art and the balance will be spent on furniture and fittings. The Mental Health Service has also contributed towards the purchase of artwork for the Chapel.

Coming Events

- Cancer Society Awareness Week
27 – 31 August
- Daffodil Day
31 August
- Breast Cancer Awareness Month
September
- International Day of Older Persons
1 September
- Mental Health Awareness Week
8 – 14 September
- World Mental Health Day
10 September
- Pink Ribbon day for Breast Cancer
12 September
- Voting closes for CDHB elections
13 September
- Plunket Annual Appeal
13–19 September
- CanTeen Bandanna Week
15–21 September
- World Osteoporosis Day
20 September
- Blind Appeal Week
23 – 29 September
- Hospital Chaplaincy Awareness Week
24 – 30 September

Don't Forget to Vote in the 2007 District Health Board Elections

The next CDHB elections will be held in October 2007, in conjunction with the local authority elections. Canterbury District Health Board consists of up to 11 members, with seven elected by the public every three years and up to four appointed by the Minister of Health. More information can also be found on the CDHB website.

www.cdhb.govt.nz and www.moh.govt.nz/dhbelections.

To vote in DHB elections you need to be enrolled on the electoral roll. Visit the www.elections.org.nz or call 0800 ENROL NOW (0800 36 76 56) for more information. Voting closes midday on Saturday 13 October.

Contribute your news to across the board. across the board is distributed on the first working day of each month. We welcome articles that will be of general interest to staff across all divisions, occupations and locations. If you would like to contribute articles for across the board or have a story idea, contact Rachel Solotti, phone (03) 364-4122, ext 62122. The deadline for material for the next edition is 12 September.

Canterbury
District Health Board
Te Poari Hauora o Waitaha