



New National Health Service (NHS) & Canterbury Health System partnership to benefit patients

The NHS North of England Commissioning Support (NECS) is teaming up with health sector experts from the Canterbury Health System to support new care models.

The Canterbury Health System's focus on a person-centric, whole-of-health-system approach has gained a lot of attention from other health systems internationally. Canterbury remains one of the few health systems anywhere that is able to measure and demonstrate improvements in health outcomes – now consistently over a 10-year period.

Canterbury has been clear that it needs 'a whole system to work for the whole system to work' and this approach has demonstrated what health systems can deliver. This includes the Canterbury Clinical Network, along with organised primary and community care, a relentless focus on data-informed decisions, and a secondary care sector that has continued to meet every challenge thrown at it despite the impossible pressures resulting from the earthquakes. The combined growth and development of HealthPathways and HealthOne (the South Island's electronic patient health record) has enabled the Canterbury Health System to deliver some significant achievements.

Our health system has come under the microscope on a number of occasions and we've hosted leaders from other health systems from around the world interested in what's happening here. The King's Fund has written a number of reports on the Canterbury Health System, and the achievements of our integrated health system were also recognised when Canterbury won The Institute of Public Administration New Zealand (IPANZ) *Treasury Award for Excellence in Improving Public Value through Business Transformation* – recognising the Canterbury Clinical Network-led transformation of health services through a patient-centric, clinically-led alliance approach.

This local and international recognition has led to sustained interest from others who face similar challenges of meeting increased demand, and doing more with the same amount of resource. Our relationship with NECS came about as a result of the work we've been doing with South Tyneside in the UK.

NECS has formed a five-year partnership with Streamliners New Zealand Limited and Canterbury DHB to share knowledge and capability with other organisations committed to improving the effectiveness of health and social care services through collaboration and patient-centred design. The learning will draw on the experience from across the Canterbury Health System which has been on a 10-year journey applying a whole-of-system approach to the provision of health and social care.

The agreement is the second NHS connection for Canterbury DHB, which has been working with South Tyneside Clinical Commissioning Group, who last year adopted the collaborative alliancing way of working including developing localised HealthPathways.

The aims of the NECS partnership are to help support emerging new practices and system-wide working to transform the design and delivery of new models of integrated care which will benefit patients.

The partnership is for five years to cover projects across England.

Canterbury DHB and NECS are starting the partnership off with initiatives to accelerate and share knowledge from both organisations.

In this issue

- » Major roadworks at junctions near Christchurch Hospital... pg 6
- » Cycling trip aims to give hope to people affected by stroke... pg 7
- » Thanks for helping spread the 'health' | Otago research provides more incentives for desk-dwellers to get up and move... pg 8
- » The Great Explore... p 9
- » One minute with... pg 11
- » Extraordinary Grand Round | Fundraising golf tournament.. pg 12

Our earlier work with NECS and South Tyneside gave us confidence we were working with like-minded organisations that are committed to a high-trust model where innovation and improvement is clinician-led and management-enabled. We're delighted that some features of our journey and our health system will be transferrable to the NHS, and that we will learn from them in return.

HealthPathways has been a key enabler in Canterbury's whole-of-system journey and is now helping 40 other health systems in NZ, Australia and the UK on similar journeys. We've enjoyed working with NECS to assist the South Tyneside team with their implementation of HealthPathways, and look forward to other NHS regions joining the Health Pathways Community.

The first phase of knowledge exchange is planned to take place later this month and will use technology such as video conferencing and webinars to facilitate planning and learning sessions with our colleagues in the UK. Representatives from NECS will also be visiting Canterbury. Sessions will cover subjects such as alliancing and operating in a high trust environment, and co-designing HealthPathways that are best for patients and best for the health system.

I look forward to seeing the mutual benefits that will come from this partnership.

Have a great week,



David Meates
CEO Canterbury District Health Board



Bouquets

Ward B1, Burwood Hospital

To Dr Hurring and the team and all the nurses and healthcare workers of Ward B1. We wish to thank you all for wonderful care of ... during the five weeks he was in Burwood Hospital on Ward B1. It was the end of a long journey for him and at times it was difficult for him. He was always treated with respect, compassion and never ending patience, and I know that my husband really appreciated that. With sincere thanks.

Rebecca, Hospital Dental Service

I would like to pass my thanks on for the great service I received from Rebecca in Dental Services. I was very impressed with how she treated me and explained everything.

Angelo, Urology, Christchurch Hospital

I particularly want to praise Angelo who was my morning nurse on the day of my release. He was professional, caring and very astute – my only concern leaving the hospital was being able to control my

nausea and by questioning me about its timing, he was fairly confident that it was a drug that was administered every day at 5pm (he said it was to control acidity). Since I have left, I have had no nausea.

Child Acute Assessment Unit (CAAU) and Ward 21, Christchurch Hospital

My son ... was admitted firstly to CAAU and then to Ward 21 last week with a very nasty campylobacter gastroenteritis. He was quite sick when he was first admitted and the care and attention by the staff on CAAU was

exemplary. They worked very hard to stabilise him and make him comfortable, which turned out to be no mean feat. Following transfer to Ward 21, the nurses looked after a very tired and miserable 13-year-old (and Mum...!) all evening and night compassionately and sensitively, trying very hard to make him comfortable. The follow-up phone call the day after discharge from CAAU was excellent and unexpected, but very welcome. Many thanks to all involved with his care, it is very much appreciated. Special thanks to CAAU staff, Jenny, Rose (I think), Becks and Warren and doctors Tom, Rose and Unre. On Ward 21 thanks to Selena and the lovely nurse on night shift or the morning shift... Thank you for all you do.

Helen, Acute Medical Assessment Unit, Christchurch Hospital

Thank you so much to Helen's team, specifically Jon, Annie and Peta. A wonderful job done with much care and love. Much appreciated by a stressed family.

Area unspecified, Christchurch Women's Hospital

I've loved my stay thanks to all the nurses.

Bone Marrow Transplant Unit (BMTU) and Ward 19, Christchurch Hospital

I would like to take the time to thank the staff at Christchurch Hospital for the wonderful care and support shown to my father at Christchurch Hospital over the past seven weeks. Specifically staff at the BMTU and Ward 19. A special thank you to Mr Ganly for taking the time to explain my father's condition so fully. Mr Beadel and Mr Kempthorn, your surgical skills are without doubt world class. My father's rapid and complication-free recovery was a testament to your skill. To the nursing staff a massive thank you. It is so nice to hear a cheery caring voice on the end of the phone when you live out of town. The care and support shown to the family at a difficult time was truly appreciated.

Amanda, Oncology, Christchurch Hospital

I had the privilege of having Amanda as my special nurse for my IV drip. Her personal attention and care was of excellent standard. Her laugh is infectious and it is so good to hear laughing instead of doom and gloom. This is my last cycle of the plan and I would also like to thank all whom have been involved in making me comfortable and special. Thank you Catherine Smith also.

Ward 12, Christchurch Hospital

I had to receive emergency heart surgery at very short notice in December. I was transferred up to Auckland, and was told I was very fortunate to be alive by the cardiologist team in Auckland. The level of care provided by the Ward 12 team was by far the best I have ever experienced in my life. The staff were extremely friendly, caring, communicative and just outright nice. Patient comfort was certainly at the top of their priorities, and I wish that this team could be used as the benchmark for all New Zealand district health boards. They are head and shoulders above all the others I have encountered. Thanks heaps Ward 12, you are the best!

Ward 17, Christchurch Hospital

I am writing to let you know that my hospital care during a recent appendectomy was marvellous. I could not have wished for better care and attention. Many thanks to all staff!

Ward 16, Christchurch Hospital

Very happy with my care and treatment. Regards to all staff.

Nurse Tash, Oncology, Christchurch Hospital

Nurse Tash - kind, caring, compassionate. You rule.

Stacey, Plastic Outpatients, Christchurch Hospital

I called with a concern after having a basal cell carcinoma cut off my nose. Stacey said to come in and she'll take a

look at it. She fixed it up and reassured me. Great job and thank you so much.

Ward 15, Christchurch Hospital

Staff very pleasant and helpful, appreciated greatly. Successful oesophageal dilation. I had my first meal in months.

Ward 23, Christchurch Hospital

Amazing staff and nurses. Thank you for your great work.

Intensive Care Unit (ICU) North, Christchurch Hospital

My husband was brought by helicopter to ICU from Timaru Hospital in December. I cannot speak more highly of the treatment that we both received. Staff (doctors and nurses) were so caring and respectful and took lots of time to explain to me everything that was being done and why. All staff showed such empathy. I always felt so confident that he was getting VIP treatment. A fantastic team. We will never forget the team's kindness.

Orthopaedic Outpatients, Christchurch Hospital

Thank you to all for the lovely hospitality. Everyone was positive and wore a smile on their faces. Made our few hours there more than comfortable. Thank you all again and may the New Year bring you all good fortune.

Intensive Care Unit (ICU), Christchurch Hospital

I am writing to express my sincere thanks to all the staff in the Christchurch Hospital ICU who are (currently) providing the most wonderful care to my brother who has been in the ICU for some 11 days so far. It was my first experience in an ICU and I cannot speak highly enough of the professionalism, patience, thoughtfulness and kindness which I (and the rest of the family) have experienced. All the nurses and the cardiologists were absolutely brilliant and have surely made a huge contribution to my brother's recovery (not to mention saving his life.) Thank you one and all from the bottom of my heart.



The Library

Browse some of the interesting health-related articles doing the rounds.

- » [“Keeping fit as a kid linked to healthier lungs as an adult, Kiwi study finds”](#) – findings from the longitudinal Dunedin Study showed that fitter children had better lung function and the more their fitness improved during childhood, the greater their lung capacity as adults. This knowledge could help society take preventative action to reduce the burden of lung disease with an ageing population. From *HealthCentral.nz*, published online: 1 February 2018.
- » [“History of Childhood Kidney Disease and Risk of Adult End-Stage Renal Disease”](#) – during 30 years of follow up in an Israeli study, a history of any childhood kidney disease was associated with a hazard ratio for future end-stage renal disease of 4.19. From *New England Journal of Medicine*, published online: 1 February 2018.
- » [“The Conversation Placebo”](#) – to what extent can really engaging with a patient reduce suffering? Quite a lot when it comes to chronic back pain, apparently. From *New York Times*, published online: 19 January 2017

If you want to submit content to **The Library** email communications@cdhb.health.nz.

To learn more about the-real life library for Canterbury DHB:

- » **Visit:** www.otago.ac.nz/christchurch/library
- » **Phone:** +64 3 364 0500
- » **Email:** librarycml.uoc@otago.ac.nz

CARE AROUND THE CLOCK

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Canterbury District Health Board
Te Pūwhiri Hauora o Waitaha

#carearoundtheclock

Facilities Fast Facts

Acute Services building

Work is proceeding smoothly on the Acute Services building including ten concrete plinths poured on Friday 9 February for the building's plant to sit upon – only nine more plinths to go!

Keen-eyed people will notice a new corridor on the ground floor of Christchurch Women's Hospital, just past the coffee shop, that doesn't appear to lead anywhere (see photo on right). This will eventually form part of the link between Christchurch Women's and the new building.



Christchurch Outpatients

This week the main water connections between the Outpatients building and the road are almost complete. The contractors are concentrating on fitting ceilings and ceiling services and are beginning to fit doors within the building. The main public lifts are being installed; the staff lift is done and just awaits commissioning.

The photo shows a summery view from level 4 of the Outpatients building looking towards the School of Medicine, with the Acute Services building in the background.



Roadworks

We are currently experiencing what we hope will be “peak roadworks” around the hospital campus and beyond. These roadworks are likely to continue for the next 4-6 months. Staff please allow a little extra time to get to and from work and please follow all directions and signs. For more on these roadworks, see page 6.

Major roadworks at junctions near Christchurch Hospital

Several weekend-long road junction closures are coming to the central city – not far from Christchurch Hospital. This work is in addition to the current roadworks around Hospital Corner.

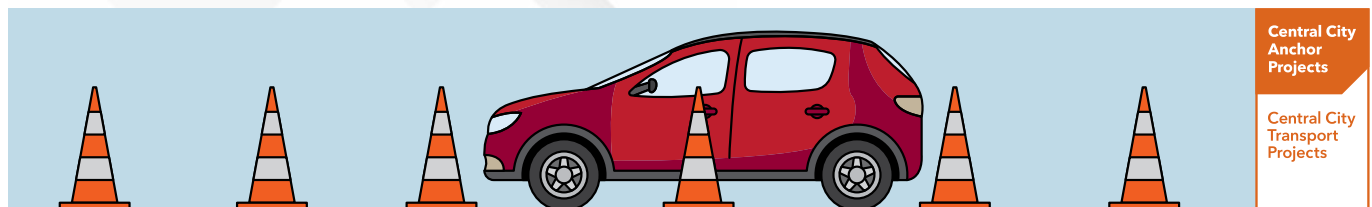
From 8pm on Friday 16 February until 6am on Monday 19 February, the Montreal/Tuam Streets intersection will be partly closed. There will be no access to Montreal Street (north) from Moorhouse Avenue, and Tuam Street will be down to one lane.

This intersection will also be partly closed on the following weekend, 23-26 February.

The weekend after that, 2-5 March, the work moves on to the Durham/Tuam Streets intersection.

Please be aware of these works and expect delays around the intersections.

There is more information [here](#) and at www.tfc.govt.nz.



Major road works in central city

- Avoid unnecessary travel *through* the city. Go *around* via the four avenues.
- Please keep supporting central city businesses—use Madras and Barbadoes Streets to *get into* the city.
- Bus, bike or walk if you can.
- Expect delays. Plan ahead and allow for extra time.
- Going to an event? Use tfc.govt.nz to plan your journey.

The big push is on to finish Ōtakaro-led central city transport projects.

We'll be working on three key intersections over six weekends, from **8pm Friday to 6am Monday**. Each intersection will be built in two halves, taking two weekends per intersection.

The first three weekends of work are confirmed.

WHEN ARE THINGS FINISHING?

- Durham Street finishes in April.
- Tuam Street (from Durham Street to Hagley Avenue), parts of St Asaph, Antigua and Montreal Streets finish mid-year.
- Avon River Precinct Promenade (Oxford Terrace) finishes in sections throughout 2018.



INTERSECTION 1 – Montreal St

● 16 – 19 Febuary

Montreal Street between Tuam Street and Oxford Terrace is closed. **No access to Montreal Street (north) from Moorhouse Avenue.** Tuam Street is one lane.

● 23 – 26 Febuary

Montreal Street between St Asaph Street and Tuam Street is closed. **No access to Montreal Street (north) from Moorhouse Avenue.** Tuam Street is one lane.

INTERSECTION 2 – Durham St

● 2 – 5 March

Durham Street between Lichfield Street and Tuam Street is closed. Tuam Street is one lane.

Note: All works are subject to weather

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Cycling trip aims to give hope to people affected by stroke

Self-described stroke survivor Julie Milne leaves Bluff today to cycle the length of New Zealand to raise awareness of the positive improvements that can occur in those with the condition.

The Specialist Mental Health Services Librarian at Hillmorton Hospital suffered two debilitating strokes at the age of six. She says that fifty-four years later she is still seeing progress and wants others to know they can too.

Although the six-week long bike ride is “a particularly big challenge”, and costing her money, Julie says “I’m up for it”.

“I believe in raising awareness, especially for people who have had a stroke many years ago, and their families, who maybe feel stuck and don’t think that they have a chance of improving.

“I want to let them know that I am living proof that you can. Those improvements may be slight but make a huge difference to me and I still get excited when I notice them.”

Julie says three years ago she was “a mess”. She’d had back surgery and could hardly put one foot in front of another. Her “good” leg wasn’t working very well and “all I had left was my good arm”. She also had surgery on her hand and had trouble holding a cup of tea or typing.

“I thought – that’s not good enough for me.”

Julie’s motto is “a little step at a time, that’s all it takes”. So she bought a Fitbit and started walking.

“I had no balance and was so unfit. I began by taking my car three quarters of the way to work and walking the other quarter.”

In a year she was walking 70km a week, her heart rate had decreased, and she had managed to walk downstairs, something that was particularly difficult.

“I had such a goofy smile on my face when I did that, I was so happy.”

Julie says initially she was “terrified” of riding a bike because of her balance issues. She has limited movement in one ankle and a “stroke hand that isn’t capable of anything really”.

“I had to persevere and work really, really hard.”

But now she is off on her “Tour de Stroke”, supported by her husband, Ian, a friend, and by the Stroke Foundation.

She has her nails painted with a cycling theme, and apart from slight concerns about forecast rain, she is ready to go. She says she knows her own limitations and realises the bike ride will be “quite a challenge, but I will do it”.

“Realistically this trip is not going to be a world record, I only started this as a hope for better things.”

To find out more about Julie’s trip visit her [Facebook](#) page. For more information on stroke go to www.stroke.org.nz.



Julie Milne on her bike



Julie's cycling-themed nails

Thanks for helping spread the 'health'

Health in All Policies is all about collaborating across sectors to improve the health of our community. Together we have worked on some great projects in 2017. Read highlights from the Health in All Policies team at Community and Public Health in their [2017 Annual Report](#).

Otago research provides more incentives for desk-dwellers to get up and move

Taking regular activity breaks while sitting for long periods does not increase your appetite, University of Otago academics have discovered.

Meredith Peddie, of the university's Department of Human Nutrition, says many people spend large parts of their day sitting at a desk.

"Previous research has shown taking a two-minute walk every 30 minutes lowers the amount of glucose, insulin and triglycerides in your blood after a meal."

However, what wasn't clear was how this increased activity affected appetite.

"This is important, because if someone is performing regular activity breaks throughout the day, but then going home at the end of the day and eating more, then they are likely undoing some of the positive effects the activity breaks have had," she says.

To address this question, researchers conducted a two-day study of 36 adults, the results of which have just been published in the journal *Nutrients*.

Participants were either required to walk on a treadmill for two minutes every 30 minutes, or to remain seated throughout. Their appetites were assessed by questionnaire.

"We found that self-reported appetite scores were not different when people sat all day compared to when they performed activity breaks. We also found that when participants were offered an unrestricted meal at the end of the intervention period, the amounts eaten were the same," Meredith says.

Performing regular activity breaks increases the amount of activity we do, and therefore the amount of energy we burn.

"In an acute setting our research indicates that this increase in energy expenditure is not accompanied by an increased desire to eat."

The long-term effects this activity pattern may have on regular food consumption and other exercise habits is still not known.

However these initial results indicate that taking regular activity breaks throughout the day may be a positive way of helping to control weight, she says.

The team intend to conduct longer-term studies to confirm the finding.



The Great Explore

New graduate midwives have been on a kind of treasure hunt around the Christchurch Hospital campus as part of their orientation.

Split into two teams – one pink themed and the other green – and armed with a phone capable of taking photos, pen and paper, they have been checking out everything from the Blood Bank to the Great Escape café.

The midwives, who have recently joined the staff at Christchurch Women’s Hospital, are given a list of tasks and must complete as many as possible in a set time. They can do them in any order and there are no prizes for speed. A major rule is to walk, not run.

The idea is to take time to explore.

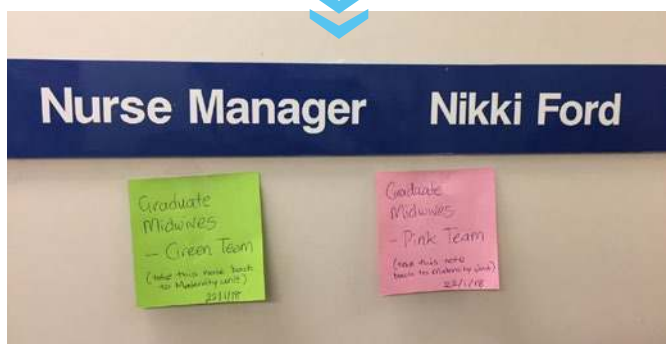
They get bonus points for any interesting facts about the places they visit and while all the relevant departments are happy to take part, the midwives are reminded to be mindful of privacy and peace and not complete a task if it isn’t appropriate.

Examples on their “to-do” list include:

- » Locating the office of the Director of Midwifery and taking a team photo with her.
- » Finding the ID badge office.
- » Locating this door to the Emergency Department (ED) (this is the one they will use if visiting a woman in ED). If their security card works, they are instructed to go through the door. If not, they must use the public entrance and explain who they are.
- » Finding the location of this sign and asking the person at the reception to write down the fax number for their department.



- » Finding out which department Nikki Ford manages. Visiting her office and taking their team colour note from her office door.



One Minute with... Kate Grundy, Palliative Medicine Physician

What does your job involve?

I am a palliative medicine physician and lead a small team of specialist nurses and doctors in the hospital providing palliative care in an advisory capacity to hospital inpatients. We see patients with physical, emotional, social or other concerns and provide advice and support for both the patient and their family/whānau. We liaise very closely with the palliative care service and hospice at Nurse Maude, with general practitioners and all other community providers.

Why did you choose to work in this field?

I always knew that palliative care was for me. Even as a junior doctor I was more drawn to patients who were getting sicker, rather than those receiving active treatment. Focusing on comfort and dignity has always felt very important and the old adage "cure sometimes, relieve often, care always" resonates with me as a person as well as a clinician.

Everyone has a role to play in providing the very best care possible for people at the end of life. It a whole-of-health-system priority and I see part of my role to advocate for the care of the dying in all areas of our society.

What do you like about it?

Everything! My job is hugely varied. Not only am I a clinician, working with sick patients with complex needs, but I have an active role in teaching and mentoring, I have leadership roles both locally and regionally and I am supported to develop and promote palliative and end of life care at a national level. What is there not to like?!

What are the challenging bits?

The hardest part is fitting everything into my day! And also saying "no" when asked to help or to be involved.

Who inspires you?

My greatest inspiration comes from the patients and families under my care. We see people when they are at their most vulnerable. To quote Atul Gawande: "People only die once; they have no experience to draw upon. They need doctors and nurses who are willing to have the hard discussions and say what they have seen, who will help people prepare for what is to come."

People need not just our time, skill, compassion and respect – but they need to know they can trust us to guide and support them, and that they will never be abandoned. I am also inspired every day by the people I work with. I feel very fortunate.

What do Canterbury DHB's values (Care and respect for others, Integrity in all we do and Responsibility for outcomes) mean to you in your role?

The DHB values are very relevant and important. They reflect my personal values and underpin the way we work as a team. The only thing missing from my perspective is the value of partnership. Increasingly more we need to focus on creating strong inter-professional partnerships whilst keeping the person at the centre of everything we do.

One of the best books I have read was...

All the Light We Cannot See by Anthony Doerr. Thoroughly recommended.

If I could be anywhere in the world right now it would be...

Here, in Canterbury. I have been very fortunate to travel widely, and love to experience other places, cultures and opportunities. But flying home over the Southern Alps is a deeply profound experience for me, every time.

What do you do on a typical Sunday?

Walking, biking, skiing, gardening and hanging out with my amazing family.

One food I really like is...

Brussels sprouts!!

My favourite music is...

Some of my faves include... Mel Parsons, Simply Red, Imagine Dragons and Joni Mitchell.

If you would like to take part in this column or would like to nominate someone please contact Naomi.Gilling@cdhb.health.nz.



Extraordinary Canterbury Grand Round

Tuesday, 13 February 2018 – 12.15pm to 1.15pm with lunch from 11.45am

Venue: Rolleston Lecture Theatre

Speakers: Amanda Landers, Palliative Care “End-of-Life Choice Bill”

David Seymour’s End-of-Life Choice Bill has passed its first reading in Parliament and has been given to the Justice Select Committee. Submissions are being accepted up until 20 February and are open to all. The aim of this session is to provide information about the content of the bill and the potential clinical impacts should it pass into law.

Chair: Alan Pithie, General Medicine, SMO

It is requested out of politeness to the speaker(s), that people do not leave half way through the Grand Rounds

This talk will be uploaded to the staff [intranet](#) within approximately two weeks

Video Conference set up in:

- » Burwood Meeting Room
- » Wakanui Room, Ashburton
- » Administration Building, Hillmorton
- » The Princess Margaret Hospital, Riley Lounge
- » Pegasus, Room 1.04

All staff and students welcome

Next is – Friday, 23 February 2018
Rolleston Lecture Theatre

Convener: Dr R L Spearing (email: ruth.spearing@cdhb.health.nz)

Fundraising golf tournament

Most families and businesses have been touched by cancer. The Canterbury Medical Research Foundation (CMRF) would like you to help provide a better future for those with cancer and their families.

The CMRF is joining forces with the Cancer Society Canterbury West Coast in a crusade against cancer. They are launching a new fundraising golf tournament to be held the afternoon of Friday 16 March, 2018, at the Russley Golf Course.

The funds raised will go towards practical care for those with cancer, today, and for a more promising tomorrow, by contributing funds to help Frank Frizelle and his bowel cancer research team to continue their vital work.

CMRF hopes you can help with its mission of “Help for today, hope for tomorrow”.

For more info and registration details contact caroline@cmrf.org.nz, phone 03 353 1245 or go to www.cmrf.org.nz/events.



**Canterbury
Medical Research
Foundation**

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Society**

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Hospital (corridor opposite the Westpac ATM) - follow the signs

For further information please contact Smokefree Coordinators Sue or Lorraine on
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Christchurch Campus Quality & Patient Safety Team

Invitation to all staff

QUALITY & PATIENT SAFETY PRESENTATION

Come and join us for 30 minutes

TOPIC: Learning from Excellence

Positive reporting (as opposed to incident reporting) in improving morale and outcome in sepsis

Video Presentation by: [Adrian Plunkett](#)

Senior Paediatric Intensivist, Birmingham Children's Hospital, UK

Exceptional talks

Sharing ideas on Risk, Human Performance, Teams and Leaders



Recorded at the May 2017 Risky Business in Healthcare Conference in London

Venue: **Oncology Lecture Theatre**

Date: **Thursday 15th February 2018**

Time: **1pm to 1.30 pm**

An attendance record sheet will be provided.

A link to the presentation can also be provided

Please contact Shona.MacMillan@cdhb.health.nz, Quality Manager