



## Oliver Smales Memorial Trust

### Excellence in Clinical Practice: A Return on Investment



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<http://www.hawkesbay.health.nz/about-us/education-and-development/oliver-smales-memorial-trust/>



## **Oliver Smales Memorial Trust Publication Version 2. May 2022<sup>1</sup>**

The Oliver Smales Memorial Trust (OSMT) Version 1 publication was introduced November 2019 and, due to the international / national Covid -19 pandemic and the subsequent impact on health services, it is timely that the publication is updated. Version 2 will provide an update on the OSMT activities since early 2020 and a summary of recent activities is noted below.

Due to the Covid-19 pandemic New Zealand (NZ) declared a state of national emergency that commenced 25 March 2020 and, with various iterations of NZ wide management has remained in force until now (May 2022). The NZ national requirements have limited most face-to-face health education opportunities and reduced the ability to access education opportunities due to time constrictions. This has resulted in significantly reduce applications to the OSMT; in the past two years there have been nine (9) applications to the Trust, all applications were either local Hawke's Bay education sessions or via Zoom. Zoom has increasingly become the forum to enable education session to continue and there is a cost associated with this. Since the Trust's establishment these additions bring the total number of approved applications to 268; total funds approved \$241,841.00, invested capital \$320,827.00.

The OSMT has eight Trustees: three from the District Health Board (DHB), three from the Taradale Rotary Club and two independent Trustees. Currently national changes to the NZ health system is underway and this means that the DHB structure will change from 1 July 2022. From July 2022 the OSMT will continue to work in partnership with child and youth clinical representatives from the new health entity. Sadly in May 2021 the inaugural and long-standing chair of the OSMT died and I was nominated to the Chair role at the May 2021 meeting. Subsequently Tracey Hunter was nominated to be a Taradale Rotary representative.

A major, core activity of OSMT has been impacted by Covid-19 therefore quarterly meetings have either been postponed or mainly managed through Zoom links. Discussions have been held with the DHB senior management team regarding financial and partnership support and these activities remain a 'work in progress'. Due to limited approvals in the past two years no change has been made to the reports as profiled in the first OSMT publication.

Mollie Wilson  
Chair, Oliver Smales Memorial Trust

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<sup>1</sup> Update approved at the OSMT meeting 27 May 2022

## Executive Summary

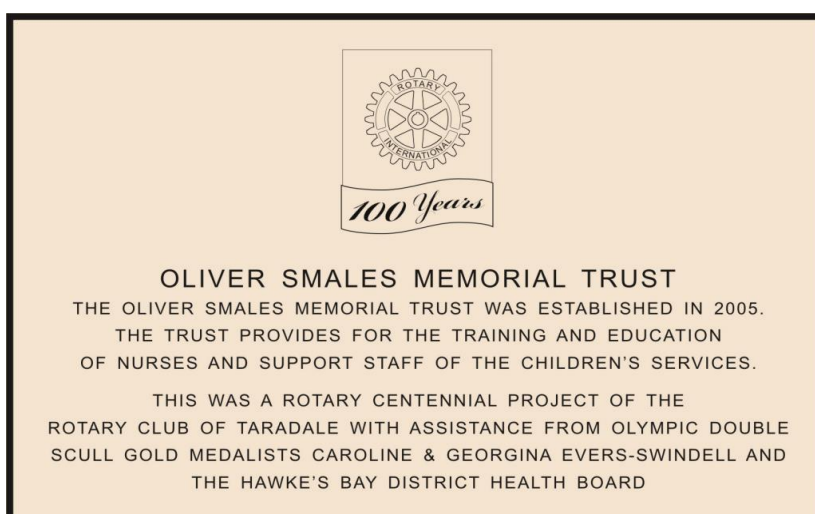
The Oliver Smales Memorial Trust Incorporated (OSMT) was established in 2005 and is named after the respected paediatrician, Dr Oliver Smales, who died in 2004. Dr Smales, or 'Oliver' as he is fondly remembered, had a special interest in child development and disability services. He was a supportive colleague to many health professionals and made a significant contribution to the health and wellbeing of many children and families during his time at Hawke's Bay District Health Board.

Oliver was particularly concerned by the inequity of ongoing education investment for doctors when compared to the allocations available for registered nurses and allied health professionals. "Allied Health Professionals" includes the diversity of multidisciplinary professionals (for example physiotherapists, speech language therapists, social workers, kaitakawaenga) who contribute to, and support, wrap around health care for Hawke's Bay babies, children and youth in community and hospital settings.

In 2005 the Rotary Club of Taradale elected to support a Centennial Project and from this initiative the OSMT was developed. The nominated project celebrated the Centennial Year of Rotary internationally and locally the Rotary Club of Taradale's project was supported by the Hawke's Bay District Health Board and Olympic rowing gold medallists, Georgina and Caroline Evers-Swindell. Following a successful dinner and auction \$94,000.00 was raised providing a solid foundation for the Trust to commence its mission.

The OSMT is a registered charitable trust and meets the requirements of relevant legislation. Trustees were appointed (refer appendix 8) and a range of business processes have been developed to support the Trust's operations. The OSMT has a professional investment advisor, whose support has seen year on year asset growth. By August 2019 the Trust had made 254 grants totalling \$238,528.00 and currently has a capital investment of \$288,505.00. Grants are made from interest derived from its well-managed portfolio of investments.

Further information can be accessed from the OSMT secretariat [osmt@hbdhb.govt.nz](mailto:osmt@hbdhb.govt.nz)



*The above plaque can be seen in the main entrance of the  
Hawke's Bay Fallen Soldiers' Memorial Hospital, Hastings, Hawke's Bay.*

## Acknowledgements

**Kevin Atkinson**, MNZM, Chair, Hawke's Bay District Health Board

## Corporate Services



2 October 2019

As Chairman of the Hawke's Bay District Health Board it is a pleasure to contribute to the first Oliver Smales Memorial Trust's (OSMT) publication. The publication provides excellent examples of the value the Trust's investment has had on the clinical care provided, in a range of health services, in Hawke's Bay.

In 2005 the Rotary Club of Taradale elected to support a Centennial Project. They nominated a project that combined celebration of the Centennial Year of Rotary Internationally and initiated a health education Trust.

The Hawke's Bay District Health Board (HBDHB) was quick to support this project. Following a successful dinner and auction, a significant capital sum was raised and with prudent management has grown to over \$280,000. Income from these investments is paid out as grants to support the training and development of a wide range of staff involved in the care of babies and children in Hawke's Bay.

From relatively small beginnings the OSMT has invested in the ongoing clinical education of many nurses and allied health professionals. I am aware this investment has had far reaching impact on the health services provided for children, youth and women in our region. The examples profiled in this publication's reports and vignettes attest to the influences and impact quality educational opportunities can have.

I know Dr Oliver Smales, who had a special interest in child development and disability services, would be delighted if he could observe how this investment has translated to a wide range of quality improvements in front line clinical care.

On behalf of the patients and their families who receive health care, HBDHB clinicians, the Board and management teams, I thank the OSMT and the Trustees for this significant investment in our health services.

Yours sincerely

A handwritten signature in blue ink, consisting of several overlapping, sweeping strokes.

Kevin Atkinson MNZM  
Chair  
Hawke's Bay District Health Board

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### Hawke's Bay District Health Board

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Corporate Office, Cnr Omaha Road & McLeod Street, Private Bag 9014, Hastings, New Zealand

**Kevyn Moore**, QSM, Taradale Rotarian and Chair of OSMT

This small, valuable Trust set up by Taradale Rotary has achieved its aims and much more. The training and upskilling of the clinical teams working with babies and children is of vital importance. Examples of professional development include but are not limited to the ongoing co-operation with the Neonatal Intensive Care Unit (NICU) at Wellington and the overseas contacts and training at which many staff develop and improved clinical expertise. The Hawke's Bay community benefits greatly from this investment.

Reading the attached sample reports provides various examples of just how successful this whole Rotary celebration project has become.

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**Dr Libby Smales**, CNZM, FACHPM, Independent Trustee

Oliver would be proud of the impact this small trust has had over the years since he died. He had an absolute passion for the underdog, which was reflected in pushing for the Child Development Unit and, in numerous failed attempts, to improve funding for all the non-medical professionals involved in caring for the complex needs of children.

He felt that the people, mostly, but not all women, who spend the most time with the children and their families, who are so dedicated and keen to upskill in order to do more for these children, should be much better supported.

Being a member of the OSMT has been a bittersweet privilege for which I will always be incredibly grateful, it has been a joy to be able to help the group Oliver cared about so much by helping upskill those who care for them. The other pleasure has been working with the other members of the Trust Board, who are careful, frugal, thoughtful and fun; particular thanks to Kevyn Moore who has steered us all with such skill.

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**Dr Philip Moore**, Clinical Director, Community Women and Children Directorate and OSMT Trustee

Paediatrics is a team sport. Doctors are only a small part of the team but are the only members that receive financial support to remain skilled and up-to-date. Oliver made sure – repeatedly and often – that we all understood the unfairness of this.

Oliver was a wise Paediatrician, a trusted colleague and a dear friend. The work of the OSMT is exactly in line with his dream of supporting the development of the wider Paediatric team.

Paediatric services in Hawke's Bay have a national reputation for excellence and leadership. This reputation has been enhanced by the work of the OSMT with many examples of innovative programmes that could not have been developed without the OSMT. It has been an honour and a privilege to have been a Trustee on the OSMT since inception in 2005.

## Introduction

### Background

The Oliver Smales Memorial Trust Incorporated (OSMT) was established in 2005 and is named after the respected paediatrician, Dr Oliver Smales, who died in 2004. Dr Smales, or 'Oliver' as he is fondly remembered, had a special interest in child development and disability services. He was a loyal and supportive colleague to many health professionals and contributed hugely to the health and wellbeing of many children and families during his lifetime.

Oliver was particularly concerned by the inequity of ongoing education investment for doctors when compared to the allocations available for registered nurses and allied health professionals. The term 'allied health professional' refers to the wide range of professionals that includes but is not limited to; physiotherapists, occupational therapists, speech language therapists, neurodevelopmental therapists, psychologists, social workers, dietitians, librarians, play therapists and others. Variations of groups that comprise different clusters of specialities are often called multidisciplinary teams (MDTs) who contribute to, and support, the wrap around health care for babies, children and youth in the primary and secondary health sector in HB.

In 2005 the Rotary Club of Taradale elected to support a Centennial Project and from this initiative the OSMT was developed. The nominated project was designed to celebrate the Centennial Year of Rotary Internationally and locally the Rotary Club of Taradale's project was supported by the Hawke's Bay District Health Board and the Olympic Rowing Gold Medallists, Georgina and Caroline Evers-Swindell. Georgina and Caroline had a particular interest in the care of newborn babies and sick children and were very happy to provide support to the project.

Following a successful dinner and auction the amount of \$94,000.00 was raised. This formed the initial investment for the OSMT; a commentary of the OSMT development can be viewed at <https://www.youtube.com/watch?v=2UKd5r0n2xw>

Shown right is the t-shirt kindly donated by Georgina and Caroline Evers-Swindell which was part of the auction to raise the initial funds. The shirt was auctioned then generously donated to HBDHB and is now proudly displayed in the Special Care Baby Unit (SCBU) at Hawke's Bay Hospital.

In addition to this donation Georgina and Caroline generously gifted their world class boat to the OSMT. The OSMT gifted to the skiff to the Clive Rowing Club and this has created incentive and motivation for local children and youth to excel in rowing.



## Summary of OSMT Financial Information

In 2005 the OSMT began with a capital of \$94,500. In May 2022 the OSMT had a capital investment of \$320,877.00. Capital has grown from a range of sectors and incorporates the generous support received from a number of organisations and individuals that includes, but is not limited to:

Taradale Rotary	HB District Health Board
Grants and bequests from private individuals	HBDHB senior paediatricians
Lloyd Morrison Foundation	Lois Dalley Charitable Trust
June Gray Charitable Trust	Infinity Foundation Ltd
HB Child Cancer Support Foundation	The Lion Foundation
Eastern & Central Community Trust	Southern Trust
Joan Fernie Charitable Trust	Chenery Memorial Trust

The investment portfolio is managed by an external financial management service, Financial Advisers Hawke's Bay (FAHB)

## OSMT Fund Recipients and Clinical Equipment

At May 2022 a total of 268 Registered Nurses and Allied Health professionals have received \$241,841.00 in grants. All grants are derived from interest and dividends earned by the capital.

In addition to human resource education investment has been made to purchase non-government / DHB funded equipment such as Insulin pumps, Neopuffs, portable Ultra Scanner and a Glucose Monitor.

## OSMT Operations

The OSMT has developed a range of business process that include online information and application links, refer:

<http://www.hawkesbay.health.nz/about-us/education-and-development/oliver-smales-memorial-trust/>

All successful applicants are required to complete a report that describes what they learnt and how the information will be disseminated with colleagues.

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The following pages describe a snapshot from a very limited number of recipients on the value they have received from attendance at their specialist education programme, as supported by the OSMT. Copies of actual reports are attached as appendices. Recipients' feedback, and their reports, demonstrate the tangible value of the OSMT's considerable investment and how this investment relates to quality improvements in health services for neonates, babies, children and youth in the Hawke's Bay region.





## How a small trust can make a big difference to small people

### Education opportunities and benefits to clinical practice

Following are examples of acknowledgments and benefits from a small selection of Trust fund recipients.

#### **Sharon Payne**, *Nurse Practitioner, Emergency Department*

Over the past 12 years the Oliver Smales Memorial Trust (OSMT) fund has supported me to attend conferences and to become an Advanced Paediatric Life Support instructor (APLS). In addition, I am aware that the OSMT has supported a number of other registered nurses (RNs) in Hawke's Bay Hospital's Emergency Department (ED) to complete the Emergency Nurse Paediatric Course (ENPC) which is an internationally recognised course for the care of acutely unwell children. Working in a mixed (adult and paediatric) emergency department means that nurses are not specifically trained in the care of sick children and, in some instances, come to the department fearful of caring for children. Therefore, the learnings from a range of paediatric focused courses have enhanced the clinical skills and expertise of these clinicians.

As a Nurse Practitioner (NP) part of my role in the ED has been the 'unofficial paediatric resource person'; this has ensured the ED has a specific focus on children; ensured appropriate equipment is available and means I am often the 'unofficial' educator for a range of staff, including nurses and doctors.

To be able to educate well it's important to maintain and enhance your own professional education. This means we need to be kept up to date with what is best, evidenced based practice, for the health care of children. The OSMT funding has enabled me to do this and, in turn, this has assisted me to further support education forums and share best practice options with numerous colleagues.

In addition to the ENPC course, I also teach the Advanced Paediatric Life Support (APLS) course, a Burns course and the NZ Resuscitation course, in particular the paediatric section of this course. I also provide education to primary health care nurses, St John Ambulance staff, ED nurses and doctors and to patients and families. The OSMT support has enabled me to remain current with the teaching requirements in this challenging environment.

A particular benefit from the attendance at a range of seminars and workshops (supported through the OSMT) is the sharing of resources and information from, and between, colleagues. The generous sharing by others has enabled me to develop paediatric pathways for; asthma, gastroenteritis, croup and bronchiolitis. This is a tangible outcome of expanded professional networks within New Zealand and internationally. Network colleagues are great value in being able to assist with new resource development and provide feedback on one's own practice; for example. the APLS course is provided around NZ and since completing the instructor course I have taught two courses. Apart from providing education to many doctors and nurses (nationally) the course has provided me with the opportunity to liaise with other specialist who teach the course, a tangible outcome of the value of shared learnings.

*See Appendix 1 for full report.*



**Laurie Te Nahu, Health Gains Advisor, Māori Health Directorate**

I attended the 7<sup>th</sup> International Conference on Fetal Alcohol Spectrum Disorder (FASD) in Vancouver Canada. In partnership with Andi Crawford, Dr Kate Robertshaw, we presented a 90 minute workshop entitled “Developing Collaboration between Clinical and Indigenous Frameworks in FASD Practise to address current Inequalities in Service Provision”.

This was the first time that I have been to Vancouver, Canada, or presented at an International forum.

Our presentation was an amazing experience and both Andi Crawford and Kate Robertshaw added justice to our bi-cultural approach. Indeed, the participants acknowledged our unique blend of cultural and clinical partnership and we were endowed with a standing ovation.

Most costs were covered by the grant. I funded personal costs and enjoyed the added experience of seeing the culture and sights in and around the city. The flow on effects enabled a range of cultural engagement with the local Canadian Indian tribes, including a meeting with the Chief of the Wolf clan and its members, who were most interested in my expression of cultural aspects of the Māori people, my explanation of the imagery and design of motifs, tā moko (facial tattooing), glimpses of traditional life, and the retention of the Māori language, and also our singing skills.

This kaupapa set the scene for working with other indigenous peoples from around the world was particularly refreshing and we exchanged similar knowledge to help support a broader understanding of the approach our presentation took.

Our team of presenters were able to weave a cultural and clinical picture, demonstrating our partnership approach utilising key aspects of the Treaty of Waitangi to cement our understanding of each other’s world views.

I also had the privilege of talking to our Australian counterparts and their clinicians and there was great interest by them of working in similar ways with their indigenous people. I was happy to share in this relationship because the history of Australia and New Zealand is a close one based on our geography.

I certainly enjoyed working with a range of professionals and experts on the subject of FASD and learnt of their experiences working with children and young persons from their respective countries. Our presentation team continue to work on a global scale and regularly communicate with them.

As a key result, I continue to be involved with our co-presenters and share in research findings from a Māori perspective to help support our partnership approach and future work in this regard

Closer to home, the DHB’s whole Māori Health team were very supportive of me attending the 7<sup>th</sup> International Conference, and I had very high support from my reporting manager (Patrick LeGeyt, GM Māori). *He believes that cultural exchanges at this level is very important, and travel to other countries is an amazing experience, and therefore, broadens my outlook. From an education experience, Patrick feels we can only grow from this*



*opportunity as a reward for the hard work that I have undertaken to be successful in my application to the Oliver Smales Memorial Trust.*

No reira he mihi ki a koutou katoa,  
Laurie Te Nahu  
*See Appendix 2 for full report*

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**Neil Silverwood**, *Cardiac Sonographer*

The congenital Echocardiography course at Southampton, UK was an excellent opportunity for me to refresh and update my knowledge of the diagnosis of congenital heart disease in paediatrics both for neonates and children. The majority of my work at the HBDHB's Radiology Department involves providing health services for adults, with acquired heart disease, and adults tend to arrive with the usual arrangement of a heart with 4 valves and 4 chambers.

In comparison, the heart in an embryo develops from a tube that twists and contorts on itself to form the 4 valves and 4 chambers – this works correctly most of the time but can go wrong and result in congenital heart disease leading to malformed hearts such as hole in the heart or chambers missing or 'plumbed in' to the wrong side of the heart (transposition).

Congenital heart defects therefore represent the most complex hearts I ever deal with. The Southampton course was invaluable for its illustration of 'segmental sequential analysis' which is a system that allows the description of the precise way a heart has been formed with all of the potential faults that can occur.

The course faculty consisted of some of the world's leading experts in their field. In particular Professor Robert Anderson is renowned as a leader in his field of human anatomy and congenital heart disease. He was able to illustrate cases of rare congenital heart disease with anatomical specimens and show how these cases are identified by Echocardiography – the field of my expertise.

The course enabled me to reinforce my current knowledge and become familiar with the latest developments in this specialised field for neonates and paediatrics.

*See Appendix 3 for full report.*



**Michelle Robertson**, *Neonatal Intensive Care Nurse, Clinical Manager*

**‘Bridging the Gap’ : A Hawke’s Bay Special Care Baby Unit (SCBU) to Wellington Neonatal Intensive Care Unit (NICU) initiative**

In 2013, Oliver Smales Memorial Trust (OSMT) funded the first trip to Wellington NICU for Hawke’s Bay SCBU nurses. Since 2013, 49 registered nurses have been supported to spend time in Wellington NICU.



‘Bridging the Gap’ is a quality improvement initiative that evolved from the need to enhance nursing staffs’ professional development in regard to care of the sick neonate. The overall intent was to develop a neonatal education programme for staff in Hawke’s Bay Hospital’s SCBU, in partnership with Wellington NICU.

The time spent in Wellington NICU has proven to be invaluable for SCBU nurses. Some of the benefits of these regular visits are outlined below:

- Improve the knowledge and skills of SCBU registered nurses
- Ability to attend formal specialist Wellington NICU study days
- Access to guidelines and protocols to ensure they are the same in both units
- Ability to spend time in the NICU and be mentored in the care of high acuity patients
- Closer communication and relationships between both neonatal units
- A better understanding of family support needed, in areas such as transport and accommodation, and transition back to HB SCBU.



The ongoing support by the OSMT for these visits has enabled our SCBU registered nurses to have regular access to ongoing specialist neonatal learning, that in turn ensures that a high standard of care is provided to the babies who require neonatal care in our region.

The generous support to be able to do this is greatly appreciated by the DHB’s Communities, Women, and Children Directorate and all the SCBU staff.

**Melody de Burgh, Speech Language Therapist – Child Development Service**

Over the almost 16 years of my employment as Speech language Therapist at the Child Development Service, I have been fortunate to receive financial support from the Oliver Smales Memorial Trust to attend a range of conferences, courses and workshops to further develop my professional skills in my clinical work.

The most recent was the ‘Supporting Oral Feeding in Fragile Infants’ in 2018. This course was very comprehensive in teaching the developmental processes of feeding and how to use this approach to assess a baby’s readiness to feed, their cues and how to share this information with mothers so they can become the ‘experts’ on their baby.

I attended this workshop with my colleague Paula Bennett, Paediatric Dietitian as we often work closely together to support babies and young children with feeding issues. Paula and I also shared what we learned in two presentations to nurses from the Special Care Baby Unit.

Thank you for the support I have received over the past years.

*Yours sincerely*

*Melody de Burgh  
Speech Language Therapist  
Child Development Service*

“ The child development service has benefited from Melody attending this course. Melody’s role covers supporting oral feeding for fragile infants on a regular basis and the children and families she works with are better supported as a result of the learning acquired as a result of attending this course. ”

*Val White, Team Leader, Child Development Service*

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**Acknowledgements:**

All the OSMT recipients who have contributed to this publication have provided consent for their names and reports to be used.

Thank you to Hawke’s Bay District Health Board for supplying the photographs included in this publication.

## **The Future**

The Trustees are focused on continuing to grow the base line investment for the OSMT so that they can support applications from non-medical staff who are self-motivated to increase their clinical skills.

The benefits to the Hawke's Bay community are immeasurable. From small beginnings, but with goals in mind, OSMT has filled a void. The HBDHB clinical professionals who have received funding have enabled the local growth of some specialised care that was not previously available in Hawke's Bay. Our future, our next generations, will benefit.

OSMT is, and will continue, to assist in creating awareness and funding to support the specialised care required to improve the health and well-being of our region's babies and children.

## **Opportunities**

Share the 'good news' stories with the Hawke's Bay community and wide health sector. The OSMT is a wonderful example of what can be done with limited investment.

## **Challenges**

As new initiatives and innovations are developed and introduced in the huge expansion of health care services, being able to support the applications made to the OSMT will always be a challenge.

The flip side of that is being able to read the wonderful reports from recipients of the funds, read about the expertise that has been and continues to be developed in the newborn, child and youth health services in Hawke's Bay. This is indeed a privilege and the Trustees hope you have enjoyed reading about some exemplary service improvements that have resulted from increased educational support.



## Appendix 1. Sharon Payne Report

Sharon Payne, Nurse Practitioner, Emergency Department, Hawke's Bay District Health Board  
Course/study: Instructor Course Advance Paediatric Life Support  
Venue: Auckland; 26 Feb to 1 March 2018

Please comment on relevance of study leave to your role and responsibilities.

After completing the APLS course last year I was invited to become an instructor for this very good course. I teach a number of courses around the HB DHB, around NZ and in Australia - all related to paediatric health care. I do have a wee passion for providing the best care possible for children and if this can be done through my direct care or by supporting and teaching others then this is a personal achievement. As a senior nurse/ Nurse Practitioner, I do believe it is important to share my experience and knowledge and this is a way I can do it. Having completed this course, I learnt a number of valuable tips to help with teaching and supporting colleagues.

How does/will this knowledge influence and/or impact on your professional practice with children?

Along with the sharing of knowledge it is important that I keep my knowledge current and I hope that by teaching alongside other APLS instructors with a great breadth and depth of knowledge I can grow and learn also.

How will you share this knowledge with colleagues?

Ongoing teaching, mentoring within the HBDHB ED. I have been approached by primary health teams to provide education to them and this will be another avenue to reach out into to support our kids in our region.

Any other comments:

I really appreciate the support I have received from the OSMT and love giving back / sharing with colleagues. The end results in improved care for our children built on the knowledge and experience I have benefited from .

## Appendix 2. Laurie Te Nahu Thank you Letter

20 March 2017

Anne Quinlivan  
OSMT Secretary  
HBDHB Administration  
GJ Gardner Building  
Cnr Omaha Road and McLeod Street  
HASTINGS

Anne tēnā ano Koe;

Re: Oliver Smales Memorial Trust Grant

As you are aware, I attended the 7th International Conference on FASD (Fetal Alcohol Spectrum Disorder) in Vancouver Canada, 1 – 4 March 2017. Andi Crawford, Dr Kate Robertshaw and I had a 90 minute workshop accepted for presentation entitled “Developing Collaboration between Clinical and Indigenous Frameworks in FASD Practise to address current Inequalities in Service Provision”. This was the first time that I have been to Vancouver, Canada, as well as, present at an International forum.

I take this opportunity to therefore sincerely thank the Oliver Smales Memorial Trust Trustees for their gracious consideration for approving my application to attend. Your support is respectfully appreciated and fulfilled my cultural obligations to my presenting colleagues, the Māori Health Service, and in particular, the HBDHB.

Your support had enabled me to attend a range of presentations and workshops, which certainly gave me a deeper insight into the issues in the context of the concern for FASD globally.

Our presentation too was an amazing experience and both Andi Crawford and Kate Robertshaw added justice to our bi-cultural approach. Indeed, the participants acknowledged our unique blend of cultural and clinical partnership, that suddenly we were endowed with a standing ovation.

We were humbly overwhelmed by this recognition. I feel privileged not only being there, but to acknowledge my two colleagues for having the confidence in me. This experience leads me to believe, that we possess a unique approach not demonstrated before on a FASD International stage.

Truly thank the Trustees of the Oliver Smales Memorial Trust for their kindness and I acknowledge the HBDHB and Māori Health Service, for enabling me to savour the world.

No reira Ngā Mihi;

Mauri ora!

Laurie Te Nahu  
Programme Analyst & Research  
Māori Health Improvement Team  
HBDHB



### Appendix 3. Neil Silverwood Report

Neil Silverwood, Cardiac Sonographer, Hawke's Bay District Health Board

Course/study: Congenital Heart Imaging Learning Development; Morphology & Echocardiography in Neonates & Children

Venue: University Hospital, Southampton; UK. 10-13 October 2018

Please comment on relevance of study leave to your role and responsibilities.

I am employed by the HBDHB as a Cardiac Sonographer to provide diagnostic imaging to both adults and paediatric patients. I am required to produce ultrasound scans that enable diagnosis of congenital heart disease in neonates, children and adolescents. In addition, I am required to provide definitive written reports on studies undertaken. These reports are used to influence patient management. This course is highly relevant to my role & responsibilities within HBDHB

How does/will this knowledge influence and/or impact on your professional practice with children?

The correct identification, diagnosis and interpretation of congenital heart disease is the most complex and demanding cardiology that I am exposed to in my role as Cardiac Sonographer. The Southampton course covers sequential segmental analysis in great detail with endocardiographic views correlated with anatomical specimens presented by Prof R Anderson, renowned authority in morphology. The course enabled me to renew and expand on my knowledge of congenital heart disease with additional exposure to techniques not available within this DHB (Cardiac MRI)

How will you share this knowledge with colleagues?

I liaise closely with Dr Kai Steinman, Paediatrician, who alongside myself, is able to examine paediatric subjects with congenital heart disease. I was invited to present at the Paediatric Cardiology Special Interest Group meeting on 23 November 2018, held at Hamilton Hospital, Waikato. I presented two interesting cases of complex congenital heart disease together with a presentation on quantitation techniques applied to determine severity of lesions encountered in a congenital context

Any other comments:

The Southampton course was directed at the relevant techniques of ultrasound diagnosis of congenital heart disease with a faculty composing of experts from the leading centres in the UK. The course content was stimulating, informative and directly relevant to my work as a Cardiac Sonographer assessing congenital heart disease. I would highly recommend this course to my colleagues.

Your Line Manager or whoever holds the appropriate employment authority in your organisation is required to make brief, additional comments in regard to the value of the course/study.

Comments:

The three primary benefits to Neil, and therefore the organisation, have been (1) reinforcing his knowledge of congenital heart disease (CHD) within this subspecialty here at HBDHB; (2) facilitating Neil's ability to stay current with technology, techniques and nomenclature as he scans our patients & reports; (3) expand his general ability to support the CHD patient population here in HB from birth onwards. He is the only scanner in this area with these capabilities

Chris Carrington, CNM, Cardiology, HBDHB  
26/11/18

## Appendix 4. Nicola Anderson Report

Name of Activity: Extreme Gestation Study Day	
Date: 05/09/2018	Location: Wellington
Your Objectives: To refresh, update and gain further insight into the management and treatment of an Extreme Gestation Infant and possible complications.	
To refresh, update to develop increased skills in the management and practice of insertion, management and sampling from UVC or UAC	
Length of the session (duration): 8hours	
What Did I Learn? Whilst much of the day was a refresher into the management, treatment and understanding of the extreme premature infant. Developing the knowledge to pre-empt possible complications and by ensuring correct management may minimise risks of complications or mortality. By having an understanding of the anatomy and physiology to manage thermoregulation, skin integrity, maintaining correct blood pressure with associated correct fluid management and nutritional requirements of the extreme prem.	
Gained further understanding and clarification of possible complications the Extreme Prem could experience i.e. Intraventricular haemorrhage (IVH) where the infant may be exposed to periods of hypoxia and where they may lose the ability to auto regulate cerebral blood in the response to the changes in systemic blood pressure. Described as Floods (IVH) and Droughts (PVL) Peri-Ventricular Leukomalacia. Patent Ductus Arteriosus (PDA) being a common complication due to prostaglandin maintaining the duct open.	
MILK BANK: We met with the Lactation Consultant and it was interesting to compare management of their/our Donor Milk Programme. 1) NICU only use expressed breast milk from screened donors of babies within the NICU keeping the milk age appropriate. 2) Donor Milk is NOT offered to term infants.	
The practice changes I have recommended / The information I have shared: <i>(The learning outcomes that you feel you achieved from this activity. Describe how this learning has been incorporated into your practice, the strategies you have used to bring about change or disseminate this information and the benefits you have seen in your practice).</i> I am currently completing an update of the Umbilical Line Policy	
I am going demonstrate the latest method of taping umbilical lines as the bridging traditionally done here is no longer used in the tertiary centre.	
REFLECTION: Study days held in Wellington remain a valuable intervention between the relationship between our Tertiary Centre and our Provincial Unit. Being able to meet and have dialogue with those we often meet during inter hospital transfers on the study day; I believe has built a positive relationship between teams. The knowledge of educators providing the education is vast and the value of being able to discuss personal experiences and have that experience applied to education provided enabling me to compound my understanding and apply to my clinical experience.	
Name: _____	Nicola Anderson Date: 23/09/18
Signature: _____	

## Appendix 5. Maggie Herbison Report

<b>Name</b>	Maggie Herbison
<b>Designation</b>	Registered Nurse
<b>Location</b>	Special Care Baby Unit
<b>Course/Study Title</b>	Ventilation Skills Day
<b>Venue</b>	Wellington NICU
<b>Date</b>	3/7/19

### **Please comment on relevance of study leave to your role and responsibilities.**

As I gain more experience as a SCBU nurse I will be expected to take more responsibilities such as looking after more complex/unwell babies. This study day was relevant as we went through skills necessary to manage a baby that has been ventilated. We also went over the complex skill of how to set up and use invasive blood pressure monitoring.

### **How does/will this knowledge influence and/or impact on your professional practice with children?**

It impacts on my professional practice as I now have the knowledge to nurse babies who require ventilation alongside a senior colleague. I also know how to correctly set up, use and take bloods of an invasive blood pressure line.

### **How will you share this knowledge with colleagues?**

There have been regular refreshers on ventilation skills for other staff members in my unit. I have joined in on these refreshers and am able to share the skills and information I have learnt during this time. I am hoping to join in on another complex skills study day in the coming weeks that will cover invasive blood pressure monitoring so will be able to do a short presentation on what is required to set up invasive blood pressure monitoring and how to manage it.

### **Any other comments:**

This day was really helpful as we were able to go through the skills and have a play on a ventilator.

**Signed:** \_\_\_\_\_

**Date:** 16/7/19

## Appendix 6. Lesley Shotter Report

<b>Name of Activity:</b> Extreme Gestation Study Day
<b>Date:</b> 5/9/2018 <b>Location:</b> Wellington NICU
<b>Your Objectives: (your personal reasons for attending this activity and what you hope to gain from it)</b>
To Learn more about UVC and UAC lines e.g. new taping methods.
To learn more about care of Extreme Gestation baby
To learn more about the complication the Extreme Gestation Baby can have.
<b>Length of the session (duration): 1 day</b>
<b>What Did I Learn?</b>
I gained knowledge on the management of the premature infant covering thermoregulation, Fluid and BP management, and Nutrition.
I revised my knowledge of the anatomy of umbilical lines, insertion, taping and maintaining lines.
I revised my knowledge on the setting up of UVC & UAC lines, the new lumen they use and BP monitoring and blood taking.
I learnt about patent Ductus arteriosus (PDA) in Premature infant, which is common in the premature infant as being born early means you have lots of Prostaglandin and that keeps the ductus open.
I also learnt about some of the complications associated with being born extremely early. One of the common one's is intraventricular haemorrhage (IVH). The most common cause is when the infant is exposed to periods of hypoxia and they lose the ability to autoregulate cerebral blood flow in response to systemic Blood pressure changes. The most common underlying factor in IVH is a fluctuating cerebral blood flow causing floods and droughts, floods = IVH and droughts = Periventricular leukomalacia (PVL). We then went through signs and symptoms of both these and their management. The day ended with pulmonary haemorrhage but unfortunately, we had to leave then due to an extreme weather event hindering our drive home. We also spoke to the lactation consultant about how their donor EBM system works there. Like us they have difficulty getting enough donors and restrict use to prems only, they sometimes have to buy EBM from Christchurch DHB. The NICU was very busy while we were there with 45 babies and more coming the girls that worked there had to relieve staff on duty during our lunch break.
<b>The practice changes I have recommended / The information I have shared: (The learning outcomes that you feel you achieved from this activity. Describe how this learning has been incorporated into your practice, the strategies you have used to bring about change or disseminate this information and the benefits in your practice).</b>
I plan to share what I learnt from my day with my colleagues through discussion and practise in the unit.
I plan to do a talk and practical demonstration in the unit on the new taping method for umbilical lines and update the policy on this.
I can share with my colleagues' other things learnt in Wellington such as the preforming of pre-ductal (on Rt Hand) and post ductal (on any leg) saturations of baby's prior to discharged to check for heart conditions. A lot of heart problems are picked up this way.
<b>Reflection;</b>
I choose this study day because I wanted to have a greater understanding of the extremely premature infant and the intensive monitoring of an infant with complex needs. I found the day very informative and learnt a lot about care and complications that can have lifelong problems for these infants. It is a long and complicated for both infant and their parents.
I believe these Study days are beneficial for continuity of care for our baby's and parents and synchronizing care between our units.

## Appendix 7. Kim Henneker Report

Designation: Occupational therapist

Location: Child Adolescent and family Mental health service Te harakeke CAFs

Course/study title: Leaders: Stand be seen and shine

Occupational therapy association-Whakaora Nganagahau

Venue: Waipuna Hotel

23-25, September 2019

This venue and event was an opportunity to showcase the innovative and advance the work of the Ngātahi project from Hawkes bay DHB and other agencies working together. Showcasing the exceptional work of the Ngātahi project in Hawke's Bay is designed to improve the skills of those who work with the most vulnerable children across the health, social services and education sectors. This evaluation report on the usability and effectiveness of the project over three years as New Zealand pilot project. With the aim to enhance practitioners' core competencies and as a result, improve whanau and children's behaviour, health and learning outcomes. Central to the philosophy of Ngātahi is intersectoral collaboration across 27 organisations working with vulnerable children, adolescents and their families in the region.

Ngātahi participants expressed great satisfaction with the process of skills and competency assessment and the subsequent professional training provided. Many findings involved identifying skills in the expected areas and shortcomings in the wider environment such as clinical supervision, high caseloads and ongoing self-care. Significantly however, and widely acknowledged by individual participants, was the emergence of the lack cultural competence as the over-riding professional issue, and a personal lack of confidence in exercising these skills with increasingly marginalised whānau.

The focus for Whakaora Nganagahau is working from a bicultural perspective and addressing Occupational therapy competencies in regard to delivering services that are respectful and tailored to meet the aspirations and needs of Maori and working appropriately for bicultural Aotearoa. Ensuring responsiveness to the impacts of decolonisation, deprivation and poverty. These aspirations match perfectly within the HB DHB values and beliefs contextualising the health environment and CAFS service delivery requirements.

### **How does/will this knowledge influence and/or impact on your professional practice with children?**

Ensuring whanau focused interventions that match the contextual Maori whanau environments of HB is an essential tool of practice in CAFS HB . I was influenced by the keynote speakers Dr Heather Came, Hinemoa Elder Chontel Gibson and Marilyn Patterson the core message to ensure relevance and cognisance of the political and social environments we work in.

Dr Heather Came is an advocate for stopping institutional racism ( STIR ) movement and she key within this work some of her messages are very relevant for whanau accessing services within the health environment and for all members of the CAFs team .

Hinemoa presented an alternative model for work with families and the impacts of addiction working in tandem with Te Waka Oranga, Te Waka Kuaka is a bilingual Māori cultural needs assessment tool that has been developed to monitor progress and guide this work which uses the metaphor of a flock of godwits and their migration of long distances similar to the recovery journeys of whānau.

Most influence and impact for me was Chontel Gibson a women of aboriginal Torres strait islander decent, her challenge fundamentally about decolonising practices .Many approaches that can support non-Indigenous people's understandings of occupations and occupational therapy.

Examples of decolonising practices included honouring Indigenous peoples' voices, recognising the ongoing legacy of colonisation, and taking affirmative actions to remove imbalanced social relations and reverse social inequities. Celebrating success is just as important as remaining cognisant of how previous actions can easily come undone and launching the next set of actions.

Decolonising practices provide a platform to participate in difficult to have conversations, to do the hard work and to process the resulting discomfort. These conversations and discomfort are important for healing ourselves, our profession and our societies.

**How will you share this knowledge with colleagues?**

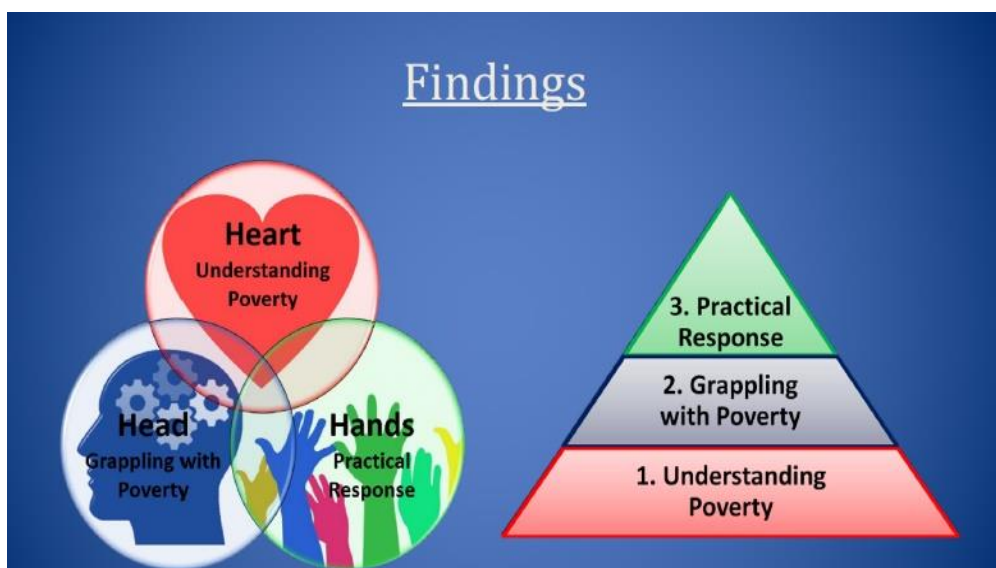
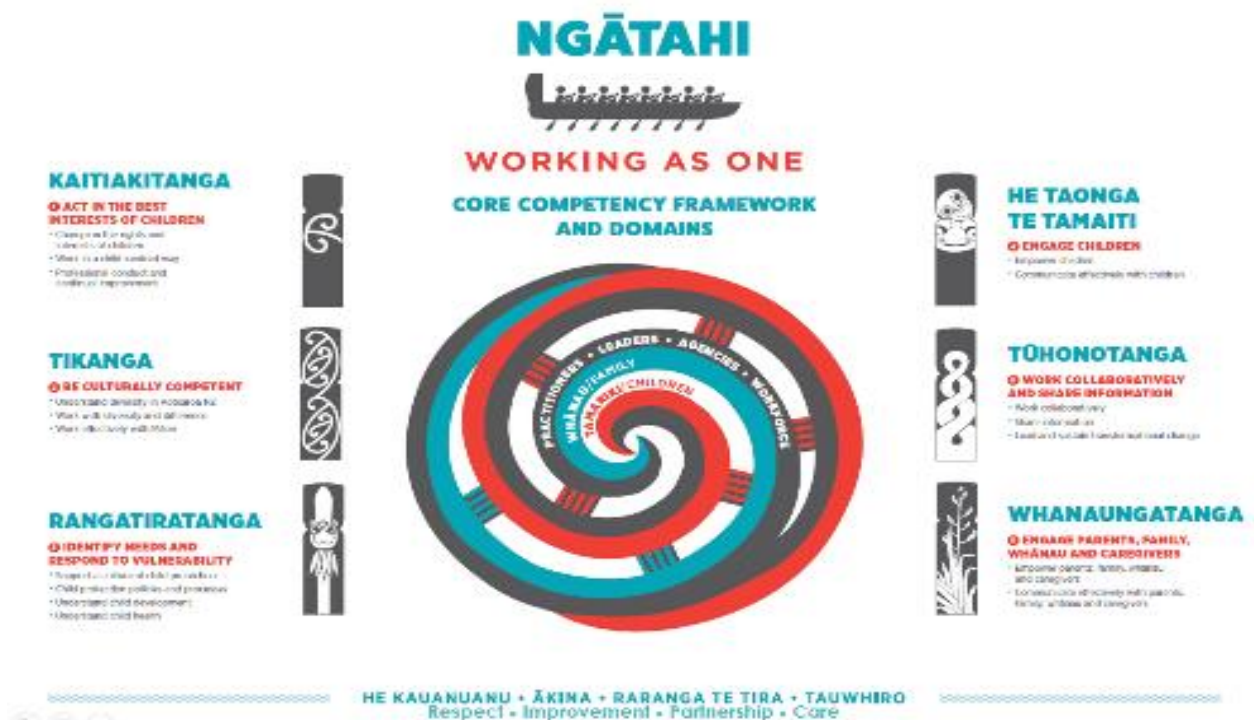
I will be presenting my insights and understandings to the wider Occupational therapy networks in number of settings in the Occupational therapy forum, local mental health network group and have shared many ideas and learnings with my CAFs team directly.

The support I received for the preparation and understanding of the Ngātahi material and the concepts related to the Pou, the beliefs and values associated with the Ngātahi project was invaluable. I will be sharing the key messages and materials presented by the keynote speakers and others with the Ngātahi team and Maori health supporters

**Any other comments:**

I wish to thank you for this support without this acknowledgment and financial support I would have been unable to share the great work of Ngātahi to the wider occupational therapy profession and others. Also, I would not have been exposed to the challenges, insights and current practices embedded in bi cultural ways of working, reflective of the expectations of changing practice to improve outcomes for Maori whanau and communities.

Signed: Kim Henneker, 9 October 2019. For further information please contact Kim Henneker.



## Appendix 8. Oliver Smales Memorial Trust Inc. – A Profile of Trustees

### Trustees

#### 2005 – 2008

Kevyn Moore	- Taradale Rotary Representative (Rep.) and Trust Chair
John Aikman	- Taradale Rotary Rep.
Allen Stewart	- Taradale Rotary Rep.
Mark Read	- Taradale Rotary Rep. (> 8/2006)
Dr Philip Moore	- HBDHB Rep. Clinical Director, Communities, Women and Children Directorate
John Pine	- HBDHB Rep; Financial Advisor
Mollie Wilson	- HBDHB Rep. Senior Manager, Maternal, Child, Youth & Community Services (8/2006); HBDHB Senior Portfolio Manager (> 8/2009)
Dr Libby Smales	- Independent Medical Practitioner

#### 2008 – November 2019

Kevyn Moore	- Taradale Rotary Rep. and Trust Chair
John Aikman	- Taradale Rotary Rep. (8/2008)
Richard Howell	- Taradale Rotary Rep (2016)
Allen Stewart	- Taradale Rotary Rep.
Richard Hay	- Taradale Rotary Rep. (8/2018)
Dr Libby Smales	- Independent Medical Practitioner
Mollie Wilson	- Independent Child Health Consultant (8/2009)
Dr Philip Moore	- HBDHB Rep. Director, Women, Children and Youth Services
Rika Henschel	- HBDHB Rep. Manager, Women, Child & Youth Services (2007 to 2010)
Chris Lord	- HBDHB Rep. (8/2008 to May 5/2019)
Claire Caddie	- HBDHB Rep. Senior Manager, Communities, Women & Children (8/2010)

#### November 2019 – May 2022

Kevyn Moore	- Taradale Rotary Rep. and Trust Chair > 5/2021
Allen Stewart	- Taradale Rotary Rep.
Richard Hay	- Taradale Rotary Rep
Tracey Hunter	- Taradale Rotary Rep from 8/2021
Dr Libby Smales	- Independent Medical Practitioner
Mollie Wilson	- Independent Child Health Consultant - Chair from 5/2021
Dr Philip Moore	- Te Whatu Ora – Health New Zealand, Te Matau a Māui Hawke's Bay, Medical Director, Whānau and Communities
Penny Rongotoa	- Te Whatu Ora – Health New Zealand, Te Matau a Māui Hawke's Bay, General Manager, Whānau and Communities
Jill Lowrey	- Te Whatu Ora – Health New Zealand, Te Matau a Māui Hawke's Bay, Director of Nursing, Whānau and Communities
Claire Caddie	- Independent Trustee

### Resignations

Mark Read	(2006)
John Pine	(2008)
Rika Henschel	(2015)
John Aikman	(2017)
Richard Howell	(2018)
Chris Lord	(2019)

### Deceased

Kevyn Moore	May 2020
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