

Robinson Memorial Hospital (Incorporated)—Hon.Sec. Annual Report

For year ending 31st. December 2013.

Good evening Members of the Association, Invited Guests, Ladies and Gentlemen--- welcome to the 2014 AGM of the Robinson Hospital. This is my second year to present this Annual Report--- having previously agreed to present it for one year, and here I am still stuttering, staggering, but still in position, if somewhat at a “kilter”.

The year of 2014 actually marks the 81st. Anniversary of the opening of the Robinson Hospital when it was originally built by Mr.H.Taggart (Sr) in 1933 and it is at this point I would refer with sadness to the death of Mr Hubert Taggart (Jnr.) on 4th April 2014. Hubert of course built this excellent Health Centre where we are meeting this evening – opening in January 1970. He retained throughout his life, an intense interest in the Hospital having served as a Member from 1978-1988, then as Hon.Sec. 1989-1994, and then as a Vice-President from 1995 until his retirement in 2012 at the age of 88 years. Hubert is sadly missed with his depth and width of experience and we convey our sincere sympathies to his wife, Joan. I would also wish on this occasion to refer to the recent passing of Dr. Billy McCartney on 20th May past. Although Dr. Billy was not a member of the Board he was always a loyal and much loved Physician to his patients in the Ballymoney District and to those in the Robinson Hospital over his 40 years of Service here. To his wife, Jean we would also convey our thoughts and memories.

We are pleased to welcome a new member to the Robinson Board – namely Dr. David Johnston who may be known to some of you, including myself! We wish him well in these crucial days of challenge and change in the NHS.

In the Reports of the last two years the Hon.Secs. have referred to the provision of extended space for the Day Hospice and other Voluntary providers. The Day Hospice still meets in the Conservatory at the end of the Main Hospital corridor but the space needed there is inadequate. The Robinson Board had agreed to provide financial help to the NHSC in this regard. I can report action at last and the windows replaced and considerable painting and new flooring installed in the conversion of the rest Room at the upper Entrance to the Hospital grounds. This work should be completed very

soon. In addition the Robinson Board had agreed to finance and purchase two large Containers in the grounds of the Hospital in the Physiotherapy access area and electricity has been installed allowing for storage of many pieces of furniture and equipment. This has freed up various corners of the Hospital and of the utmost importance allowing, once more, access to the dedicated Chapel for patients and relatives to benefit from the peaceful atmosphere within that small but vital room.

Through our President, David Robinson, we have maintained communication with the NHSCT despite changes in Senior Management. Last year we had met with the Acting Chief Executives of the NHSCT – Mary Hinds and Paul Cummins and they continued an Interest in the Robinson concept. However they have both moved on and the current Acting Chief Executive is Mr. Larry O’Neill until August 2014 at which date the new Chief Executive will commence his work – he is Dr Tony Stevens who is currently the Medical Director for the Belfast Health and Social Care Trust, a Post he has held since Jan. 2007. We are pleased to welcome Una Cunning here this evening as Trust Board Director and also welcome Wendy Magowan-(Deputy Board Director). David and some members of the Working Party have also met with Bob McCann the Trust Chairman.

We are pleased to welcome to the Hospital, Dr. Sara Millar as Consultant in Palliative Medicine this year as part of the Hospital Specialist Palliative Care team.

During this past year there has been a major readjustment of the long standing GP Care Input to the Hospital for the care of in-patients. There was concern over the previous bed occupancy levels and for turnover of beds leading to questions about the viability of the Hospital and certainly delaying decisions over the en-suite developments. There are figures showing the changes in the later report from Jackie Elliott of the Robinson Hospital and I will refer to those later. Suffice it to say that we are deeply appreciative of the herculean efforts of Dr. Shauna Fannin in achieving the new arrangements for Medical Cover within the Hospital and to the several GP practices which are part of those arrangements, together with Dalriada Urgent Care for “out of Hours” Cover. These changes have significantly improved communications within the “Team” and we hope also improved the Care for the Patients. Suffice it to say that, as

Jackie Elliott's report will show, an example of this improvement is the rise in Bed Occupancy in the last six months to 91% and the average length of stay has fallen from 37 days to 22 days.

As regards the "En-Suite" rooms project this is still an ongoing aspiration. We have drawn suggested plans for this extension to the Hospital – first published in January 2012. Members of the Board with David Robinson have met with Martin Sloan (Director of Planning). He has indicated still that everything is under review and performance and cost criteria will be essential in ensuring Service in the Hospital can be maintained. Any development of the Beds in the Robinson must be "able to demonstrate their viability". These new statistics reflect the "Viability" of the Hospital and provide a significant strengthening of the case for "Hopes|" of the en-suite rooms development.

Transforming your Care. I could not avoid referring to this initiative taken by the Minister of Health, Minister Poots MLA, initially in 2011. The Robinson Board had replied to the consultation process which closed in January 2013. The Minister made a further major statement about TYC in March 2013 in which we were reminded that demand for services is predicted to grow by 4% a year until 2015. TYC focuses on prevention and early intervention and highlights the need for more services in the Community closer to the patient's home. Quality of Care should improve and crucially so is an emphasis on patient management from Secondary to Primary Care. I can only summarise some of the aspirations of TYC here but one of the main aims has been to access "services in the local community" trying to obviate the need for acute Hospital admission We would maintain within the Robinson Board that this Hospital in Ballymoney and all the Disciplines within the immediate grounds, together, provide a major Facility to meet those aspirations of TYC ----a Hospital with inpatient beds and allowing for step-down and step-up ongoing care for the Patients – and still within a local setting. The following reports from those differing Disciplines emphasise this aspiration.

Donations. These continue to be a significant indicator of the local Community support for the Robinson Hospital and in particular for the ongoing support for Palliative care. It is a firm desire of many people that these funds will prove a valuable asset for the constant aspiration for the development of en-suite rooms. The Hospital has received donations from efforts such as the New York

Marathon on 13th November 2013 where Peter Wilson from Portrush raised £3,300-00 and locally where St. James Presbyterian Church contributed £1700 from their Annual Carol Concert at Christmas. The Bushmills Distillery raised £2058-40p and also the Glengad Vintage and Threshing club and the Garvagh Show each contributed £1000-0 . Mrs. Frankie McEldowney donated £1000.0 as recognition of her 70th Birthday in lieu of presents. . Bellaghy LOL 333 contributed £550-0 at a Church Service attended by our President. This year and for the next 3 years Mr. Davey Boyle MBE., the Caring Caretaker in Coleraine, has taken the Robinson Palliative Care as one of his many Charities to benefit from his efforts. Davey has recently had Cardiac Surgery and has reluctantly had to retire from his work as The Caretaker but ,despite that, intends to continue his charitable work which over the years has been amazing, having to date raised over £400,000-0 for a wide range of charities. We wish him well.

Over the past year many relatives and friends have quietly contributed to the Palliative Care fund in memory of their loved ones and we all greatly appreciate their contributions at a time when many are suffering their own loss.

So it gives those of us on the Robinson Board a sense of humility at the depth of compassion and dignified Care given within the Robinson Hospital. We recognise the wonderful Team of Nurses led by Sister Joanne Montgomery together with the Doctors, Domestic workers, Social and Counselling Staff, physiotherapists and Occupational therapists, Clergy, volunteers and so many supporters who work tirelessly for the comfort and alleviation of suffering within the Hospital and indeed in the Community. We further appreciate the interest and support from the NHSCT Board and the Senior Directors.

I would on behalf of Board Members draw your attention to the Hospital Board's web site address www.robinsonmemorialhospital.org.uk This represents the hard work of Board Member ,Joe Gillan, and he has much information collated on that site. We are very grateful to Joe in producing such a clear and concise web site and trust many of you might be minded to take a look. In addition Alan Mathewson Board Member has arranged for the transfer of the 50th Anniversary Celebrations of 1983 to be transferred on to DVD format. These were originally on cine film and are a fascinating reflection

of people and events in The Hospital over 30 years ago. In a similar vein the book “One Man’s Gift” —a history of the Robinson Hospital by Alex Blair – is currently having further editions reprinted and should be available soon either at the Hospital Reception or from any Member of the Board .

It is now at the stage of my report where I will give the Reports of the five Departments on the Hospital site, but of necessity for this evening I have summarised their contents. The full report of each Discipline will be printed in the full report of this AGM which will appear later in the Year, as each report reflects and underlies a sincere commitment to their patients or clients.

Ballymoney Health Centre Report;

This is an extensive report and I have tried to summarise it mentioning the important points. However the full report is a fascinating and “Open” insight into General Practice today and will, as I said earlier, be printed in full later. The two G.P. Practices in the Health centre now have a total of 17,480 patients registered--- this compares to 16,000 in 2005 and 11,711 at the Opening of the Health Centre in 1970. The G.P.’s role has evolved from being as it was “Reactive” but now moved to be more “proactive” in managing long term conditions--- often as a Team approach with Practice Nurses, and Specialist Nurses in eg. Diabetes, Cardiac, Respiratory ,COPD, and Palliative care and more.

The new GMS Contract for Primary Care is now all of 10 years old and the approach to Care is Target driven, especially for chronic diseases. Whilst some may feel this is a rather inhumane approach to the “Art” of General Practice there is good evidence of improved outcomes, especially for Cardiac disease, hypertension, asthma and COPD. Locally Enhanced Services (LES) have been introduced including Annual Health Checks on patients with M.S. and Parkinsons Disease, Atrial Fibrillation and the introduction of anti coagulation therapy vital in some stroke prevention and a LES for Carers offering annual Health checks.

The increase in the numbers of “Older People” has led to patients who are frail with multiple co-morbidities and often limited support networks. They are

more prone to un-scheduled Hospital attendance and with a LES they can be identified and recognised as such a risk--- a complex Computer search identifies the patient and allows a review in a Multidisciplinary setting. In a similar vein there are annual checks for Patients long term resident in Nursing Homes. All these more active interventions are part of the Transforming Your Care Policy discussed earlier.

An interesting set of statistics shows the large workload with figures for the year of 64,955 GP Consultations, 18,870 Nurse Contacts and 3,160 Home visits.

The G.P.'s now have much improved access to investigation such as MRI scans, Echo Cardiography etc and results come rapidly by direct electronic linkage to the computers. There were 112,632 results received electronically last year.

As regards prescriptions there were 202,293 repeat scripts and 124,652 acute scripts.

The Family Practice has 11 Admin staff with the health Centre Manager, Nuala Lamont who also liaises greatly with the Trust regarding accommodation issues and we must congratulate Nuala on the recent arrival of a baby daughter.

David Simpson continues to lead the Administration for Dr. Fannin and Boyd and Hutchinson Practice with 6 employed and we would congratulate Margaret McClelland who has recently retired after 10 years answering the phones cheerfully.

Dr. Bob. Burns retired at the end of March this year after 30 years in General Practice and 67 years of care from the Burns Family and we wish him well in retirement. He has been replaced by 2 Part time GPs – Dr Elaine Caldwell from Portglenone and the wife of Dr. Johnny Burns, and also by Dr Sara Fleming a Ballymoney Girl who like Bob has a keen interest in Dermatology. So now there are 9 GPs in the Family Practice --- 5 Part Time and 4 Full Time ----- as opposed to 1991 when there were 5 Full Time GPs and indeed in 1970 when there were just 3 – but the Practice Patient Numbers speak for themselves .

The other work continues to thrive with Speech and Language, Health Visiting and Dental depts., growing all the time. Antenatal Care is carried out predominantly by the Comm. Midwives seeing patients at home and in the H.

Centre. Our Health Visitors are based in the building but most of their work is carried out in the child's home.

The treatment room remains very busy under the steady leadership of Sr. Helen Cochrane who always manages to remain unflustered in the face of a full waiting room. In response to complaints from patients the Dr.s have had discussions with the Trust to introduce an appointment system for the treatment room and hope this will start soon.

The building itself has undergone some upgrading this year with the NHSC funding extensive improvements to all the consulting rooms and Waiting Rooms—new sink and storage units flooring and re-decoration as well as essential Health and Safety changes. The Dental Dept too has had an extensive redevelopment and upgrade. The practices would like to thank the NHSC for this invaluable investment in the building.

Physiotherapy Report -- the Department continues to provide a range of Physio T. Services. However in Dec. 2013 it was decided that the Robinson General Ward would no longer be the responsibility of the Musculoskeletal Service. The Rehab of patients on the Ward would thus be managed by the IRST Service headed by Eleanor Bridges, Physio. Clinical Lead for IRST.

Miss Nadine Bibby who is currently Band 6 Physiotherapist in MSK and Hydrotherapy based in the Robinson Dept. has just been successful in achieving Band 7 post in ICATS. Our team has been very sorry to lose Nadine but we wish her every success in her new post starting in July.

Once again this year the Elective MSK and Hydrotherapy Services are continuing to work hard to meet the target of nine weeks for patients to receive their initial consultation.

The Clerical Service based at the Robinson Physio Dept. have further expanded to now include Mid-Ulster, Antrim and Carrickfergus areas to provide central booking facility for patients in those areas and it is anticipated that Whiteabbey and Moyle will be included in the near future.

We are still providing placements for students from the University of Ulster.

Finally all staff still participate in Courses to further their experience thus enabling us to provide a continuing quality Service for the residents of Ballymoney Community.

To conclude I would like to acknowledge and thank all the physiotherapists in the MSK and HydroT. Service for their hard work and commitment over the last year --- Sandra Anderson. The Full figures of Contacts , initial and review etc are listed in Table Form accompanying this report—indicating a total of new, review and assisting contacts of 16,383 and a figure of total antenatal contacts of 398.

Community Mental Health Team --

Full Report will be read --- contributed by Kieran Quinn (CMH Team Leader)

Child Development Centre--- contributed by Dr. Deirdre Walsh –Consultant Paediatrician.

Robinson Hospital Report--- contributed by Jackie Elliott—Head of Intermediate, Rehabilitation and Palliative Care services..

Conclusion: Thus I would once more like to sincerely thank all those who have provided me with information—in particular – Dr. David Johnston, Dr. Deirdre Walsh, Sandra Anderson in the Physio Dept., Kieran Quinn in the Adult Mental Health Unit and Jackie Elliott Head of the Intermediate ,Rehabilitation and Palliative Care Services in the Robinson , Dalriada and Moyle Hospitals As usual I like to refer to and mention the Vision of the late Dr. Joe Burns who used to write, at the end of his Legendary Annual Reports, way back in 1970 and onwards – and may I say without the Help of a computer also – just the nimble fingers of Margaret Jones on a typewriter at that time – he referred to the words of Ralph Waldo Emerson –“Nothing great was ever achieved without Enthusiasm”--- I commend this report hopefully for your approval --- Thank You – Dr. John Johnston (Still retired)—Hon Sec.