

## HONORARY SECRETARY'S REPORT 2012

Good evening invited guests, members of association, ladies and gentlemen – welcome to the 2013 AGM of the Robinson Memorial Hospital. This is my first year to present this report and I ask your indulgence as I cannot remotely consider filling my predecessor Margaret Allison's shoes as Honorary Secretary. She has now moved to the ethereal heights as Honorary Vice-President and I wish her well and please come back soon. This year of 2013 marks the 80<sup>th</sup> Anniversary of the Opening of the Robinson Hospital. We particularly welcome Mrs. Una Cunning here tonight as Director of Primary and Community Care for Older peoples Services within the NHSCT – this includes Community Hospitals and Palliative Care services amongst many other areas of responsibilities for older people. The Honorary Secretary also welcomed Mrs. Jackie Elliott, Head of Intermediate, Rehabilitation and Palliative Care Services.

At this stage it is with sadness I report the death of Mrs. Eileen Hanna of Bushmills who died at the end of April 2013 and who had been a loyal member of the Board of Trustees for 25 years from 1970 to 1995. We are pleased to welcome Gordon Robinson as our most recent Board Member, having been appointed at last year's AGM.

In last year's Report our Honorary Secretary referred to the Day Hospice and the pressing need to expand space for their services. She had hoped for good news in this year's report. The Robinson Trust Board has agreed to provide financial support to the NHSCT towards the conversion of the Rest Room at the upper entrance of the Hospital into a facility to be used by the N.I. Day Hospice sharing with the Voluntary Sector. At the time of this report the new windows are now in place and we eagerly await the further alterations needed.

There has been some progress in the plans for the 12 en-suite rooms within the far end of the General Ward of the Hospital but delay at this stage is due to the need to await the outcome of the T.Y.C. (Transforming your Care) Consultation announced by the Minister of Health in October 2012. That Consultation is the result of the TYC review which was originally announced in June 2011. The Robinson Trust Board has responded positively to the TYC Consultation before the deadline of 15<sup>th</sup> January 2013. In summary our response emphasised the established Palliative Care Facilities within the Hospital and as an example of the TYC Vision we reminded the Consultation Process that the Robinson Site fulfilled several aspirations especially:

- (i) Delivery of services closer to home and all on one site;
- (ii) Greater improvement of chronic medical conditions management;
- (iii) Improved "End of life care";
- (iv) Management of Disability;
- (v) Family and Child Care;
- (vi) Mental health Care improvement.

We emphasised to the TYC Consultation our commitment, as Trustees, and our desire to enable in whatever way we can those particular aspirations listed and that they would be continued on site and indeed improved.

I would again draw your attention to our Web Site – [www.robinsonhospital.org](http://www.robinsonhospital.org). Much thanks to Board Member Joe Gillan and his sub-committee who have set up a most attractive, informative and easily accessible site.

There have been some changes in Personnel in the N.H.S.C.T but despite these changes our Board and in particular our President David Robinson have been able to arrange meetings and contacts so

that our vision of the Robinson Hospital does not become submerged. He has arranged at least 3 meetings in the first week of July with several of those heading up the NHSCT.

The Robinson Hospital is an Intermediate Care Bed Facility with 25 inpatient beds. There are 5 beds for the Home from Hospital Rehabilitation Team, to be used following surgery or soft tissue injury. The remaining 20 beds are used for GP admissions either step-up from their own home or step-down from an acute Hospital. Five of these beds, and sometimes more, can be used for palliative, respite or symptom control. There have been some difficulties with medical cover and these have become very important to be resolved if the long standing arrangement of GP care for their patients is to be maintained for inpatients in the Robinson Hospital. A new Model of Care Management is under consideration and being developed with Dr Shauna Fannin in conjunction with the NHSCT in which just a small number of GPs from the locality would provide morning on site cover of the Hospital and on call cover from their practice in the afternoon. DUC would then be involved out of hours at night and weekends. This adoption of smaller numbers of GPs having clinical input would allow better communication between Nursing Staff and the Doctors and allow greater ease of decision making. It would lead to more hands on patient care and probably allow earlier discharge of some patients and an improved "turnover". These discussions are still ongoing involving much work for Dr. Fannin with the NHSCT and her colleague GPs throughout Causeway and outside that District.

I have been given some reports from the various disciplines on the Robinson Hospital site which reflect the widespread services available locally. These reports, in each case, are thorough and necessarily so because of each Discipline's high level of workload.

### **Health Centre Report**

As usual this has been a very busy year for everyone who works in the Health Centre. Perhaps the biggest talking point is the renovations that are currently under way. There is a very large revamp happening at this time. This is the first major work to be undertaken for a number of years. It is very extensive and there is a massive amount of disruption for the Health Centre staff and our patients. The work is going well and hopefully when the job is complete it will prove to have been worthwhile. Primary care continues to be very busy. There are wide reaching changes coming to how and what care is delivered in the community. A great deal of work that used to be carried out in the hospital sector will in future be carried out in primary care. This will have workload implications for all of us working in the sector. Hopefully we will be able to adapt and meet the challenge, we have done so before and I am sure we will do so again.

Our reception staff cope very well with what is a very difficult job. They are expected to be happy and cheerful all the time no matter how much pressure they are under. It is not easy keeping twelve thousand people happy and that is not including the doctors!

Helen Cochrane and her team in the treatment room work extremely hard. They too are seeing a good number of patients who would previously have attended the hospital wards for treatment and post operative follow up.

There is another team of ladies who work very hard every day in the Health Centre but are only seen by those of us who are in the building in the evening - the cleaning team. These ladies clear up all the mess the rest of us leave behind. I think they have discovered the secret to contentment at work - they are always smiling and laughing. The last few weeks have been very difficult for them with copious amounts of dust from the builders every night.

Jimmy Kennedy opens the Health Centre every morning and does all sorts of odd jobs at that time - these include watering the bedding plants and taking orders for hanging baskets from the staff!

May I take this opportunity to thank everybody who works in the Health Centre and the Robinson site for helping to provide what are generally first class services for all of us who avail of them.

### **Child Development Service**

2012/13 as usual has been a very busy year for the Child Development Service and from April 2012 to March 2013 a total of 667 children have been seen by the medical professionals involved in our service.

There have been 278 new children accessing our services and approximately 583 children have been kept under review by our medical staff. We still continue as a department to be heavily involved in the implementation of the Department of Health "Integrated Elective Access Protocol". Recently we have progressed to record all our new referrals and patient contacts on the LCID electronic scheduler system and we continue to strive to work within a nine week timescale for all new referrals but this has been difficult due to medical staffing issues.

The Multi-Disciplinary Clinic still remains a very central part of the work of our service and 13 new patients have been assessed during this period. Children are normally kept under review, either being seen on a six monthly or annual basis, and at present 35 children are being kept under review. Dr Deirdre Walsh, Lead Consultant, has given parent(s) the opportunity to become more involved in the discussion group and this has been very successful for both parents and professionals alike. We have also extended our professional team to include Orthoptics and their input has been invaluable. We also continue to work with Contact A Family, SENSE, Child Brain Injury Trust and other outside agencies.

We continue to work alongside NEELB staff to provide a statement of special educational need service for children within the NHSCT area. This year 141 children have been processed through the system and we continue to work with our educational colleagues and health staff as changes within this system develop over the coming months.

We continue to work on dual sites, with our clinical base being in the Robinson Hospital complex, and our office facilities have recently successfully relocated to the Route Complex, Ballymoney. With this move unfortunately our team has become further fragmented, with our colleagues in Paediatric Occupational Therapy being relocated to Route House in the Route Complex, although we continue to work as collaboratively as possible.

Working on dual sites has enabled us to free up more clinical space in the Robinson in order to see more children, but even here we could benefit from additional capacity given the numbers of children currently accessing our services overall. Ideally it would be more acceptable for all professionals to be based together and we would be keen to work towards this with the assistance of Mr David Robinson and NHSCT staff in order to facilitate the development of a dedicated Children's Centre where increased services and more multi-disciplinary based work could be offered.

Our centre is currently being used by a number of professionals including Medical Staff, Speech & Language Therapists, Paediatric Dietetics, Paediatric Occupational Therapists and Paediatric Physiotherapists, Immunisation Team and our Paediatric Autism Service. We continue to work to improve the centre where possible. Our waiting room and some of our larger clinical/therapy rooms are also being used for group sessions, for example, our speech and language therapists hold a baby signing group. Our waiting room is also used out of hours by CRUSE to facilitate their bereavement counselling service to children and their families.

We would still like to be able to work more collaboratively with colleagues such as CAMHS, (Child & Adolescent Mental Health) but this type of multi-disciplinary work does require some capacity which we still do not have at present.

Our multi-disciplinary Autism Diagnostic Service has now been centralised to Antrim, however, some assessments continue to be carried out in our Child Development Centre and are supported by one of our Associate Specialist Paediatricians and one of our personal secretaries.

We have been involved in working alongside our colleagues in the Child Development Centre, Antrim and our medical staff continue to attend staff meetings with their counterparts. It is hoped that this linked up working will become more prevalent as the merger progresses and that all professionals involved in our service here will have the opportunity to input into the Review of Paediatric Services, which is still ongoing with the Trust.

From an administrative viewpoint, we currently have seven secretarial staff and are currently managed by a Locality Manager who is located off-site. The administrative staff are currently split over two sites, with one member of the team based as the main point of contact for children and parents attending the Robinson site and this continues to be an issue on a daily basis. In development terms, Dr Walsh and a number of professional staff will be involved over the coming months as Senior Managers and professionals within the Women and Children's Directorate to look at the services provided within the two Child Development Centres and to look at how services can be standardised and improved for our patients/clients.

Much of the work of the Child Development Centre is very dependent on the team working and expertise of all professionals involved. Unfortunately due to financial constraints within the Trust our team continues to be under threat, but we continue to strive to provide a high quality service even during this very difficult time.

The team based in Route and Robinson sites work very closely together to provide a comprehensive service to all children in the Causeway locality area. Children and families are very happy with the service they receive and the facilities in the Robinson create a very 'family friendly' environment in which children and parents can feel at ease during assessments. This year we have worked with Senior Management and Estates in order to try to improve our centre by improving our waiting room and other clinical rooms as much as we can within current Trust financial constraints.

### **Physiotherapy Department**

The Physiotherapy Department based at The Robinson Memorial Hospital is still continuing to provide a wide range of services to the residents of Ballymoney and surrounding areas.

They continue to play a very active part in the General Ward and the majority of all in-patients are receiving active rehabilitation.

This financial year has seen the commencement of Mr. Colin Brennan in the post of 8a Lead in Elective Musculo-Skeletal Services and Mrs Eleanor Bridges as the 8a Lead in Community Rehabilitation Services and we wish them both well in these demanding roles.

Once again this year, concerning the performance targets set by the Minister of Health, I am pleased to report that the Elective Musculo-Skeletal, Woman's Health and Hydrotherapy services have been successful in meeting the target of nine weeks up to date for which I must acknowledge the dedicated and committed work of the team members.

We have also continued to expand the clerical service based at the Robinson Physiotherapy Department to include the Waveney and Antrim regions in providing a central booking facility for the patients from the Ballymena and Antrim areas. It is hoped to role this service out to the Whiteabbey and Mid-Ulster locations in the near future.

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

Finally, all staff are still participating in courses to further their experience thus enabling us to provide a continuing quality service for the residents of the Ballymoney community.

### **Community Mental Health Team**

The Community Mental Health Team continues to be based at the Mental Health Resource Centre, 17-19 Newal Road, Ballymoney. They provide a service to Ballymoney Health Centre, Kilrea Health Centre, Garvagh Health Centre, Rasharkin Health Centre, Cloughmills Health Centre, Ballycastle Health Centre, Ballycastle Family Practice and the Country Medical Centre.

The team consists of a Consultant Psychiatrist, Team Leader, 0.5 Associate Specialist, 5 Community Psychiatric Nurses, 4.4 Social Workers, 2 Occupational Therapists and 2 Support Workers. We also have 4 Administrative staff. There is a satellite base in Ballycastle, which is manned from 9.00am - 5.00pm Monday to Friday by a multi-disciplinary team and offers support to service users who live in that area and primarily are registered with the Ballycastle, Country Medical and Cloughmills General Practitioners.

There have been a number of changes in the Community Mental Health team including a new Consultant and a new team leader. Dr Ryan O' Neill is now the new Consultant and Kieran Quinn is the new team leader.

New Ways of Working has now been fully implemented within the team and continues to benefit service users in the way services are delivered including a more streamlined service for those who require short-term intensive care from the team.

There continues to be good lines of communication between the team and the Primary Care teams within our area. The team also has strong links and communications with other teams within the Northern Health and Social Care Trust and statutory and non-statutory organisations. Some of these organisations use the Resource Centre in a bid to bring their services to the local community i.e. Citizens Advice Bureau and the Community Addictions Service. We have good working relationships with NIAMH (Northern Ireland Association for Mental Health) and avail of their services for extra support for service users with mental health difficulties. Unique to this area is the role of the Bridge-builder from Mindwise to work alongside our team helping service users with mental health difficulties realise their full potential.

The team continues to develop group therapies/activities and currently provides group activities such as Self Esteem and Anxiety Management Groups to Leisure and Creative Therapy groups.

### **Robinson Hospital In-Patients**

The 25 beds within the hospital continue to provide an essential element of the patient pathway for those who are ready to step down from both local and regional acute hospitals and also those who require to step up from the community for a period of treatment and rehabilitation thus preventing an acute admission.

The activity within the hospital is monitored through a number of key performance indicators. One such indicator is occupancy, the average of which during 2012/13 was 88.1% which although demonstrated an increase on 2011/12 remained slightly below our intended target of 90%.

A further indicator is length of stay, we had hoped to improve on our performance of 2011/12, however, our average length of stay increased from 29.6 days to 35.2 days. In recent months we have undertaken improvement work to address the issues which have been impacting on our ability to increase our occupancy and decrease our lengths of stay. We remain committed to work in partnership with all stakeholders to take this work forward in 2013/14 so that the beds within the Robinson will be fully utilised and enable us to maximise this essential local resource.

One of our most important indicators relates to the discharge outcomes for patients. These continue to demonstrate the effectiveness of the rehabilitation provided with the majority of our patients returning home supported by a variety of services to meet their needs.

The role of volunteers within the hospital continues to be developed. This year our numbers have started to grow and will hope to take forward a partnership with Age Concern Causeway to roll out the meal time companion pilot project that was undertaken in Causeway Hospital. We would still be keen to recruit further and would encourage anyone interested in volunteering to contact us directly at the Robinson.

In partnership with the Infection Prevention and Control Team, Support Services and the Ward staff a variety of planned and unannounced audits are undertaken to monitor our performance in relation to infection prevention and control targets, hand hygiene and environmental standards. These results are posted on the white board outside the ward office so that patients and visitors are kept updated as to our performance which has remained high.

Dr Alan Mc Pherson, Consultant in Palliative Medicine, has recently left the Trust to take up a new position and we are currently recruiting to fill this vacancy. Dr's Yvonne Duff and Caroline Mc Loughlin are providing support to both patients and families within the ward and also those who attend the weekly NI Hospice Day Hospital who meet each Thursday in the Robinson Conservatory. Claire McFall, Macmillan Nurse Specialist, remains a constant support for in-patients and their families.

We hope to take forward the preliminary work which commenced last year in relation to the further development of support services on site with our voluntary partners.

Staff development remains an important focus within the Robinson. A number of staff attended the Community Hospital Association conference in Manchester in May 2013. The speakers and presentations were informative and inspiring and afforded delegates a valuable opportunity not only to meet and network with colleagues from England and Wales but to benchmark our services with those in other community hospitals.

Staff at all levels are committed to delivering a high quality patient focussed service which is frequently reflected in the commendations and compliments received both at ward and corporate levels and reported in the local press.

We look forward to developing and enhancing further the service we provide to meet the ongoing needs of our local population by working in partnership and collaboration with all stakeholders to achieve this goal.

### **Roots Group**

The Horticulture Unit, under the leadership of Robert McIntyre, continues to provide a great service for the public with flowering baskets etc. commenced in the Growing Tunnels.

I had hoped to refer to the Volunteer Support Scheme. You may recall that at last year's AGM Mrs. Kristie-Lee Greene spoke about her work as the Volunteer Scheme Co-ordinator. Unfortunately she has resigned from her post and I understand applications have been invited for that job and hopefully we will soon learn of Mrs. Greene's successor. In the meantime new volunteers cannot be recruited – a temporary situation, so as according to Jackie Elliott's encouraging remarks about volunteers I would encourage people interested to contact the Robinson so that they can be considered when the new Organiser is appointed. Any volunteers in position are continuing with their excellent useful work and I hope we can give a follow up on this situation at the next AGM.

In concluding this year's report once more can I sincerely thank all those who have provided me with information – in particular Dr. Robert Burns, Dr. Deirdre Walsh, Sandra Anderson in the Physio Department, Kieran Quinn in the Adult Mental Health Unit and Sister Joanne Montgomery and Jackie Elliott, Head of Intermediate, Rehabilitation and Palliative Care Services in the Robinson Hospital In-Patient Unit and Robert McIntyre in the Horticulture Unit. We all must thank from our hearts all the

dedicated and expert care and service so many give to the people of this growing community in the Robinson Hospital and on the whole site surrounding. As the late Dr. Joe Burns used to write at the end of his well known Health Centre Annual reports –“Nothing great was ever achieved without enthusiasm” – Ralph Waldo Emerson.

Dr. John Johnston  
Honorary Secretary  
26 June 2013