

Good evening members of association, invited guests, ladies and gentlemen - welcome to the 2011 AGM. As you can see the hospital exterior has got its much needed face-lift and is now restored to its best. As I reported in 2008 we visited the new Marie Curie Centre in Belfast where they have adopted the concept of therapeutic environments - a belief that a patient's surroundings influence their healing process so we can only assume that a well maintained building helps both the staff who work and the patients being cared for in it. When speaking to families and patients I am always struck by how often the phrase "It has a lovely atmosphere and homely feel to it" is used to describe the Robinson.

As I mentioned in last years report board member Joe Gillan and his sub-committee have put a lot of work into our website which I can now announce is 'live' so please visit this site as it will inform you of all the activities going on around the Robinson Hospital. You can read Connor's and my reports and find out how to join the association and bequests etc. There are cards giving the website address available so please get one during supper.

The Board vacancy, created by the death of our dear friend Brendan Smyth, was filled by us co-opting Mrs. Joan Carey to the Board. We welcome her and hope she finds the task both interesting and rewarding.

During the year the working party met with various Directors of the NHSCT to promote the work of the Robinson and attempt to enhance the services provided on this site. We first met with Pamela Craig, Heather Weir and Barbara Watson from N.I. Hospice. They are very keen to expand services at the Robinson but the conservatory is too small for purpose. They require a common room with a kitchen area plus two other rooms, 1 for therapy and 1 for consultations. Unfortunately we haven't been able to provide that space at the minute but if our development plans could be progressed we feel sure we could assist in the development and expansion of hospice day services at the Robinson.

We then met with Una Cunning (Director of Primary Care and Community Care for Older People's Services/Executive Director of Nursing) concerning our en-suite rooms project. Alison Renfrew, who chairs the RMH Steering Group, was asked to provide us with costings for this work. Based on units in Antrim Area Hospital this was calculated at £1.1m. An independent estimate of the work requested by the Board was nearly 40% lower than the NHSCT figure. Some of the figures bandied about for additional revenue costs for this extension have been unbelievable and we have steadfastly disputed them and championed our cause to finance this project.

Members of the working party went to view the newly opened Macmillan unit at Antrim hospital two weeks ago before patients were admitted. I believe the unit will be up and running this week. This is a twelve en-suite room facility which is geared to accommodate patients whose symptoms are complex and difficult to control anywhere other than in a highly specialised unit. It is a wonderful building where a great deal of thought has gone into the comfort of those in need of end of life care. Like the new Marie Curie Centre in Belfast it is a light, airy unit and each room has its own private patio, a hoist, flat screen TV, I-pod dock, reclining chair with massage facility and a bed with ripple mattress. The bathroom is easily accessed with a wheelchair and a walk-in shower. Even the window blinds are contained within the

double-glazing unit so all surfaces are easy to clean and maintain from a disease control perspective. The décor is calming and there are some beautiful stained glass windows throughout. As one of the staff said to me you wouldn't want to need the service but if you did need it the unit would be the best place you could be. It was built at a cost of £5.26m and has a staffing ratio of 1 to 1.8. It must be remembered that this is a "specialist palliative care unit" but we believe that with our financial input and enthusiasm we could develop a unit here at the Robinson that would cater for most palliative care needs in this area.

The working party also met with Martin Sloan (Director of Planning, Performance Management and Support Services), Alison Renfrew and Pamela Craig to discuss the challenges and opportunities posed by the Tribal Report with regard to the provision of non-acute beds in the NHSCT area. We on the Board feel that we have a facility that with commitment and imagination would be a great asset to the NHSCT.

Finally we also met with Mr. Sean Donaghy, the new Chief Executive of the NHSCT, and Dr. Shauna Fannin gave an excellent presentation about palliative care in the Robinson. This meeting took place in February so doesn't fall into this year's report. Suffice to say Mr. Donaghy has been appraised of the facilities we have here, of our plans for the future and the commitment of the Robinson Board to promote the development of the Robinson and its site. We would vigorously contest any threat to the continuance of palliative care provision in the hospital. With the level of donation to the unit running at 1 to 2 a week it is testimony to the esteem in which it is held within this area.

The Child Development Centre has had a busy year seeing 1083 children, of these 242 were new patients accessing their services and 456 children have been kept under review by the medical staff. The department is heavily involved in the implementation of the Department of Health "integrated elective access protocol" and recently they have progressed to record all new referrals and patient contacts on the LCID electronic scheduler system.

Central to the work of the unit is the multidisciplinary clinic and 8 new patients have been accessed here. Children are also kept under review and are seen either six monthly or annually. The professional disciplines contained within this unit have been extended to include Orthoptics and a Regional Care Advisor from the NI Muscular Dystrophy Campaign. As you all know from previous AGM reports this unit operates from dual sites with the administrative staff being based at the Acorn Centre - this freed up much needed space at the Robinson for clinical work. As I mentioned earlier a report called the Tribal Report has recommended that the intermediate care beds required in the NHSCT area would be most efficiently provided by consolidating them on three or four sites. Now while we may not entirely agree with the numbers we see this as an opportunity for the Robinson to establish itself permanently in the provision of care in the Trust area. This would require freeing up the Maternity wing again which we could do if we could provide a purpose built Child Development Centre on the site of nos. 11 and 13 Newal Road. We had already mooted this idea to the Board three years ago and we still feel this is possible. The Child Development Centre is used by a number of professionals including medical staff, speech and language therapists, paediatric dietetics, occupational therapists, paediatric physiotherapists, an immunisation team and an autism service.

Larger rooms and waiting areas are used for group sessions such as a baby signing group held by the speech and language therapists. If more space was available they would like to work more closely with the Child and Adolescent Mental Health Service. Although the Autism Diagnostic service is now centralised at Antrim much of the initial work and reviews are still carried out at the Robinson unit. The staff at Antrim and Ballymoney continue to attend joint meetings and it is hoped that all professionals involved in the children's services will have the opportunity to input into a more collaborative service between the two sites.

As already stated the administrative staff are split over the two sites in Ballymoney but with one team member based at the Robinson which is the main point of contact for parents and children. 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 look at the services provided within the two Child Development Centres and look at how services can be standardised and improved for our patients and clients. Unfortunately due to financial constraints within the NHSCT the team continues to be under threat but they strive to provide a high quality service to this area. The feedback from the children and parents is very positive and they find the Robinson a family friendly environment where they feel at ease during assessments.

The physiotherapy team based at the Robinson continues to play a very active roll in the general ward with the majority of in-patients receiving active rehabilitation. Joanne Culley is to be congratulated on achieving her Certificate in Essential Palliative Care for Allied Health Professionals. Joanne manages the ward at the minute. During the year Elaine Dinsmore retired as Senior Clinician after twenty seven years of unbroken service and we wish her well in her retirement. Nadine Bibby was successful in recruiting into this post and we wish her well in her career. Once again this year, regarding performance targets set by the Minister of Health the Robinson team has been successful in meeting the target of nine weeks in musculo-skeletal and hydrotherapy services. This is in no small part due to the dedicated and committed work of the department. They are still providing placements for students from the University of Ulster and on this note the department is receiving funding from the University to participate in a research trial involving advice and exercise in the management of low back pain. The results of this are still pending. Continued professional development within the department enables them to provide a quality service for the residents of Ballymoney and the surrounding area. New contacts for the year were 1525 at the department, 232 in-patients and 66 at the hydro pool i.e.. a total of 1823 with 9820 review patients showing this to be a very vibrant facility.

The Health Centre has seen an increase in workload over the past year. Within the Family Practice there has been two major changes. Firstly Mrs. Nuala Lamont has taken up the post of Practice Manager following the retirement of Mrs. Edwina Milliken. This has been a busy time for her but she has tackled the job with diligence and humour. The second major change was the arrival of a new software system for the computers. While they were approaching D-Day it was described by one of the partners as being like waiting for a train to hit you. It is difficult to come to terms with new technology while having to continue your daily workload. The reception staff have adapted very well and hopefully the advantages of the new system will outweigh the initial stress. In the near future it is hoped to be able to offer online

booking of appointments. Already repeat prescriptions can be ordered online with the added safe-guard of flagging up patients who require a consultation to assess their progress. This will remove some of the surplus workload of the reception staff. The treatment room continues to be a busy place and Sister Helen Cochrane and her staff are to be congratulated on the service they provide and the manner in which they provide it. The professional staff would also like to thank the domestic and caretaking staff for their input to the efficient running of the Centre which makes it a pleasant place both to work in and to attend.

The Community Mental Health team are based at the Mental Health Resource Centre, 17-19 Newal Road which you will remember the Robinson Board facilitated the building of. This team consists of a Consultant Psychiatrist, Team Leader, 4 Community Psychiatric nurses, 2.4 Social Workers, 1 Occupational Therapist and 1 Support Worker. There are also three administrative staff. Most of the referrals to the team are from GP's.

Over the past year the Mental Health team in Ballymoney has been going through a time of change. They are involved in a pilot project which is looking at the ways in which they work, the services they offer and the way in which those services are delivered. Service users who are open to a team member are now seen jointly at the out-patients clinic by both the consultant Psychiatrist and the key-worker. They are also looking at streamlining the service for those who require short term intervention from the team. This pilot scheme will run for at least another eight months with other changes to the service being looked at. There has been a change of personnel with Dr. O'Neill, Consultant Psychiatrist, moving on to an in-patient position in the Ross Thompson unit and Dr. Tareen joining the team in August 2010. The unit continues to strive to provide a high quality service to the GP populations of Ballymoney Health Centre, Kilrea Health Centre, Garvagh Health Centre, Rasharkin Health Centre and Cloughmills Health Centre. There are 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 NHSCT 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. Group activities, which range from Self Esteem and Anxiety Management to Leisure and Creative Therapy groups, are provided and it is hoped to develop these group therapies further. All in all, the unit has settled well onto the site and anyone who has ever been in the building will appreciate how user friendly it is.

The Robinson Hospital Inpatient Unit is well utilised as a key patient pathway for those stepping down from local and regional Acute hospital sites and also for patients who require step up from the community for treatment and rehabilitative care therefore preventing the necessity of acute hospital admission. The unit continues to be managed by Mrs. Jackie Elliot (Head of Intermediate Care and Rehabilitation Services).

The bed occupancy within the unit during the past year remained high for GP general beds (this includes intermediate and palliative care), also for the Home from Hospital step down and orthopaedic rehabilitation schemes. This was clearly demonstrated in the final quarter of last year with the overall occupancy ranging between 87.6% and 92.1%. The continued focus on the education of staff, patients and family in relation

to the prevention and reduction of hospital acquired infection remains a high profile within the unit. In partnership with the Infection Prevention and Control Team, Domestic Services and the Ward Infection Prevention and Control link staff, a variety of daily, weekly and monthly audits are completed to monitor the Unit's performance in relation to infection prevention and control targets. The unit's performance is illustrated on the white board outside the ward office.

The Palliative Care Education Group continues to focus on the ongoing education of staff to meet the needs of palliative care patients and their families. At this point I am obliged to mention the Volunteer Scheme. Here is an exact quote from my 2005 report "Early in the year the idea of a volunteer group in the Robinson was mooted - this is keenly supported by staff and carers associated with the Robinson and it is hoped to have it up and running before the end of the year". Every year since then I have mentioned the scheme hoping that someone in the Trust would take ownership of the project and it would come to fruition. This has clearly not happened, every time I enquired what the hold-up was I was told they were setting out a policy. Last year I was told the policy was in place but was yet to be ratified by the senior management team, this still has to happen but I'm assured it will happen soon and then they will sort out job descriptions. I have several questions I would like to ask: Hospice have many excellent volunteers - could their policy not have been quickly adopted? Macmillan have a volunteer co-ordinator in the new unit at Antrim - could they not be utilised? And how could it possibly take 6 years to put a policy in place? And call me naive but the volunteers we did have were not asking to perform open-heart surgery they simply wanted to enhance the hospital experience of palliative care patients. I have little hope of David Cameron's "big society" succeeding when volunteers are treated so shabbily. Anyway if anyone present would like to put their name forward please apply to Joanne Montgomery, sister of the General Ward and she will pass your application on to the relevant person and please lobby among your friends.

My thanks to all who contributed to this report. Ladies and gentlemen can I commend it for your adoption.