

## HONORARY SECRETARY'S REPORT 2011

Good evening invited guests, members of association, ladies and gentlemen welcome to the 2012 AGM. When I start to work on my annual report I go back to re-read the last four reports that I submitted. This is to refresh my memory about the time scale of the projects we are trying to promote. Initially I undertook this exercise to prevent me from repeating myself, and you the audience from coming to the conclusion that I was starting to dote. Unfortunately I find that the thrust of our proposals started in 2008, when we submitted an agenda to the NHSCT in April, followed by the setting up of a workshop on the 1st August, since then little has happened to encourage us in our endeavours. We feel, that as our President says "we should be pushing against an open door" in fact it feels as if we are pushing a revolving door. Our thrust is still to provide financial help from Free Funds [which is the income generated by the Robinson portfolio and donations received by the Palliative Care fund in the hospital] to achieve at least 12 en-suite rooms in the general end - at present we have 2. We would also like to use the properties we own along the Newal Road to help the Child Development Centre with its capacity problems, as you will hear later in the CDC report.

As mentioned in last years report, Day Hospice are keen to expand their services in the Robinson, but are stymied by an acute lack of space. The Board has been working over the last three months on a solution but it does not fall into the time of this report so hopefully we will be able to give good news next year. The beauty of this project is that it need not concern the NHSCT financially. We feel it is essential to facilitate Day Hospice on the Robinson site as it is complimentary to the great palliative care work carried out here.

The response of the Chief Executive to the Northern Ireland Executive Draft Budget for 2011-2015 doesn't make easy reading and the Robinson Board appreciates the financial constraints imposed upon the NHSCT, surely that is the time to fully engage with independent bodies who are prepared to finance projects which enhance the current service. On a happier note I can announce that the volunteer scheme in the hospital is up and running. Responsibility for it has been taken over by Kristie-Lee Greene who is very enthusiastic and will be speaking to us later as she is keen to promote it. We look forward to hearing what she has to tell us.

Can I just encourage all members to access the web site as it really is very well set out and we have to thank Joe Gillan and his sub-committee for their hard work in setting it up.

The Health Centre has had a most busy year. The population is getting older and the health needs are becoming more complicated, this in turn impacts on the workload of providing care. Also with the economic downturn comes increasing financial difficulties for many families which leads to increased levels of stress in the community. A combination of these factors and very tight budget controls makes it difficult for the medical staff to provide the level of service that they would like to. The reception staff continue to work with great enthusiasm. They have had to cope with changes in the computer system which was very difficult for a few months. There have also been some changes to the telephone system which it is hoped will be an improvement. Increasing numbers of people are using the internet or the message system to order prescriptions which saves time both for the receptionists and the person ordering the prescriptions. It also frees up the telephone lines which will hopefully help in a small way towards making it easier to speak to a receptionist if necessary.

Sister Cochrane and her staff continue to be very busy in the treatment room. The numbers passing through continue to rise year on year. For the nurses, lunch is often late and possibly their evening meal as well.

The doctors would like to thank all the Health Centre staff for their dedication to work. Everybody works very hard to provide a high quality service for the patients who are

registered at the Centre. No doubt the coming year will be as difficult as ever but there is a great team who are more than capable of meeting the challenge.

The Physiotherapy Department based at the Robinson continues to provide a wide range of services to the residents of Ballymoney and the surrounding area. The physiotherapy team play a very active part within the hospital and are involved with the general ward, the majority of in-patients receive active rehabilitation.

The new physiotherapy structure has been passed and the department can now welcome Mr. Colin Brennan who will be based at the Robinson as an 8a Lead in Elective Musculo-Skeletal Services and Mrs. Eleanor Bridges as the 8a Lead in Community Rehabilitation Services.

Once again this year with regard to the performance targets set by the Minister of Health, the physiotherapy department can report that the Elective Musculo-skeletal services, Woman's Health and Hydrotherapy services have been successful in meeting the target of nine weeks up to date for which we must acknowledge the dedicated and committed work of the team members.

The department still provides placements for students from the University of Ulster and the staff continue their professional development by attending courses to further their experience enabling them to provide a quality service to their clients. During the year there were 2,444 new contacts, 1,681 in the hospital, 244 as in-patients, 440 in woman's health and 79 in hydrotherapy. The numbers of review contacts were 6,645 at the hospital, 2,909 in-patients, 964 in woman's health and 868 in the hydrotherapy department. This makes a grand total of 14,011 new and review contacts. Our thanks to the dedication of the team within this department, as my figures from last year show an increased workload of 2,368 contacts. We, the Board, are committed to the work of this department at the Robinson as it's input to in-patients is invaluable. We are aware of the difficulties of storage that they are experiencing and we are looking at ways of alleviating the problem.

The Child Development Centre has had another busy year, with 984 children seen by the professionals involved in that service. There have been 278 new patients accessing the service and approximately 458 children kept under review. The department still implements the department of health's 'integrated elective access protocol' and recently have progressed to record all our new referrals and patient contacts on the LCID electronic scheduler system.

Central to the work of this department is the multi-disciplinary clinic and 6 new patients have been accessed during this period. Forty children are held under review and this entails being seen either six monthly or annually. Dr. Deirdre Walsh encourages parental involvement in the discussion group and this has proved invaluable. The professional team has been extended to include Orthoptics which has greatly enhanced the service.

The Department continues to work on two sites, the clinical base is at the Robinson and the office facilities have moved from the Acorn Centre to the Route Complex in Ballymoney. This has further fragmented the service with Paediatric Occupational Therapy being relocated to the Route site although the two sites continue to work collaboratively.

Using the two sites has freed up some clinical space at the Robinson but they are still pushed for room given the numbers of children currently accessing the service.

In an ideal world it would be more efficient if all the professionals were based together and the CDC and the Robinson Board have been in negotiations with NHSCT staff to try to facilitate the development of a purpose built Children's Centre where increased services and more multi-disciplinary based work could be offered. In the present financial climate this may seem a bit of a pipe dream but we are nothing if not persistent.

The Centre is used by medical staff, speech and language therapists, paediatric dietetics, paediatric occupational therapists and paediatric physiotherapists. There is an immunisation team and an autism service. The waiting room and some of the larger clinical/therapy rooms are used for group sessions. Cruse also use the waiting room to facilitate their bereavement counselling service to children and their families.

If the capacity was improved it would aid more collaboration with CAMHS [Child & Adult Mental Health].

The multi-disciplinary autism diagnostic service is now centralised at Antrim but assessments continue to be carried out at the CDC and are supported by one of the associate Specialist Paediatricians. In the last year 393 children were seen in relation to this service, many of those were facilitated at the Robinson.

There is good collaboration between colleagues on the Robinson and Antrim sites and staff meetings are combined and it is hoped that this will be more prevalent as the merger progresses. It is hoped that all professionals involved with this service will have the opportunity to input into the review of Paediatric Services being carried out within the Trust.

There are currently six secretarial staff and one clerical officer managed by a Locality Manager who is off site. These staff are split between the two sites. Dr. Walsh and a number of professional staff will be involved in the future as senior managers and professionals within the Woman and Children's Directorate to look at the services provided at the Robinson and Antrim, how these services can be standardised and improved for the patients.

Financial constraints mean the multi-disciplinary team continues to be under threat but they endeavour to provide an integrated and skilled service to their patients. There is good cohesion at the Robinson and the children and parents alike feel the site is user friendly.

The community Mental Health Team based at the Mental Health Resource Centre have now amalgamated with the Ballycastle Mental Health Team where there is an additional team base.

The team consists of a Consultant Psychiatrist, Team Leader, 4 Community Psychiatric Nurses, 2.4 Social Workers, 1 Occupational Therapist and 1 Support Worker. The administrative support staff consists of three secretaries. The majority of referrals to the team are from GP's. The Ballycastle team has 2 Community Psychiatric Nurses, 2 Social Workers, 1 Occupational Therapist, 1 support worker and 1 secretary.

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.

As I mentioned last year Dr. Tareen is the Consultant Psychiatrist for both teams and he has a grade staff doctor and a junior doctor within the medical team.

In the past two years the Mental Health Team has been going through a time of change and the scheme of "new ways of Working" has now been fully implemented within the team. The way in which services are delivered has changed and they continue to look at stream-lining services for those who require short term intensive care from the team.

The team strives to provide a high quality service to the GP practices in the Health Centres of Ballymoney, Kilrea, Garvagh, Rasharkin, Cloughmills, Ballycastle and the Country Medical Centre. There are good lines of communication between the Mental Health Team and the Primary Care teams within the NHSCT area and they have also fostered good co-operation

with the statutory and non-statutory bodies within the NHSCT. The Mental Health Resource Centre is used by such groups as Citizens Advice Bureau and the Community Addictions Service.

Group activities range from self-esteem and anxiety management groups to the leisure and creative groups. Group therapy is another area which is continuing to be developed within the team.

The Robinson Hospital In-patient 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 rehabilitation care. This saves an acute hospital admission.

The bed occupancy within the unit during 2011 remained high for GP general beds [this includes intermediate and palliative care] and for the "Home from Hospital". This is now known as the Intermediate Rehabilitation and Stroke Service Team, Step Down and Orthopaedic Rehabilitation Scheme. This was clearly demonstrated in the final quarter of last year with the overall occupancy of 90.

The time patients stay in the unit is also monitored and the average length of stay was 29.6 days which requires a level of improvement to bring the Robinson towards the 28 days average length of stay required for this type of unit.

There is continued focus on the education of staff, patients and families in relation to the prevention and reduction of hospital acquired infection. This is very high profile in 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 Robinson's performance in relation to infection prevention and control targets, hand hygiene compliance and environmental cleanliness standards. The unit had its first unannounced inspection carried out by the Regulation Quality Improvement Authority in August 2011 and the hospital's compliance score against standards was 92%.

As I mentioned earlier in this report the Trust Volunteer Scheme is managed by Mrs. Kristie-Lee Greene who is volunteer co-ordinator and the management of the Robinson have been working closely with her to take forward those individuals who had expressed an interest in volunteering within the unit. The NHSCT recently held their first Volunteer Award ceremony at which one of their volunteers Arlene Watson received her 5 year recognition award. We would still be very keen to attract more volunteers so it is very fortuitous that Mrs. Greene is with us tonight.

The Palliative Care Education Group continues to support the on-going education of staff to meet the needs of the palliative care patients and their families. A further two members of staff have completed the Module in Palliative Care and the Robinson continues to have representation at the Palliative Care Link Nurse Group within the NHSCT. The Trust welcomed the appointment of Dr. Alan McPherson, Consultant in Palliative Care. The working party of the Robinson Board met with Dr. McPherson to appraise him of our hopes and plans for the unit and we seemed to be singing off the same hymn sheet. Dr. McPherson not only provides support to palliative care patients and their families within the unit but also links with those patients and families who attend the weekly N I Hospice day hospice held at the minute in the conservatory. As I mentioned at the start of my report the Robinson Board is hoping to finance a project to alleviate their acute lack of space and this should be progressed very quickly and easily.

In closing this years report can I thank everyone working on the Robinson Hospital site for their continued diligent service to the people of this community and personally thank Joanne Montgomery, Martin Hone, Dr. Robert Burns, Dr. Deidre Walsh and Sandra for their reports.

Can I draw your attention to the display boards which show our hopes and plans for the future. I firmly believe there are exciting opportunities ahead and maybe next years report will reflect that. Ladies and gentlemen can I commend this report for your adoption.