

HONORARY SECRETARY'S REPORT 2017

Good evening invited guests, Members of the Association, Ladies and Gentlemen, welcome to the 2018 AGM of the Robinson Memorial Hospital Trustee Board for this the 87th Annual Report, for the period 1st January 2017 to 31st December 2017.

At the outset of this the Honorary Secretary's Report I would mention with sadness and respect to the deaths during this past year of two of our medical colleagues within our medical community.

Mr. John Robb FRCS who served as a surgeon to the Route and Robinson Hospitals as well as the Coleraine Hospital from 1973 until his retirement in 1992. His contribution to this community was immense and he will always be remembered for his eloquence and humour as well as for his surgical skills. As a Senator in Dublin in the Dail, serving for three terms, he brought to Ballymoney a breadth of political shared understanding and a huge respect from all sides of our community. In 1987 he led, as President, a Conference in Ballymoney over a 3 day period of the Viking Surgeons of Great Britain and Ireland which is much remembered by many of us. As medical colleagues we walked through Ballymoney on a beautiful September evening behind the McNeilstown Pipe Band starting off here at the Health Centre and ending with a reception in the Town Hall given by the Council and the then Mayor, Mr Joe Gaston. John Robb wrote many medical articles, many letters to the Press, he published the Surgical Text Book, "The Surgical Route", and from 1988 until 1992 he was the strong force behind the New Hospital Campaign which after 4 years ended in the decision to build the new Causeway Hospital on a Greenfield site in Coleraine. He singlehandedly arranged and led a large lobby from the whole district to Parliament at Westminster and managed to get many of us interviews with a variety of then influential MPs. After his retirement he kept himself active in supporting many groups in our society and in his own success in learning and understanding the Irish language. To his wife, Sylvia, we send our support and to tell her how much we all appreciated knowing not only John but his whole family who are all remembered so lovingly today.

We also sadly remember Professor Dr. Hugh McGavock who died in April 2018. He too was a distinguished medical colleague in our district. He wrote a book on prescribing which reached its third edition and had associated Swedish and Australian Editions and was also translated into Chinese and Arabic. He had worked as a GP in Portrush as a partner, with his wife Elizabeth, from 1970-1980. He gained a Doctorate in Human Physiology research in 1968 whilst serving in the RAMC. He set up the first nursing degree course in the U.U. in Coleraine in 1975.

He worked tirelessly as an advisor to the House of Lords on the emerging anti-microbial resistance to drugs and on one occasion gave a lecture in Germany fully in the German language. Just before his death in April past he was involved with the Planning Committee for the new Medical School being planned at the University of Ulster (Magee Campus). To his wife Betty we send our support at this time and know that Hugh will always be remembered in Ballymoney as he was always very supportive of the aims of the Robinson Hospital - indeed just 3 years ago he spoke at our AGM pointing out the dangers of erosion of the Causeway Hospital facilities.

During this past year the Robinson Board's Working Party has continued to meet regularly with the NHSCT. One of the most useful and significant meetings was with Dr Tony Stevens, the Chief Executive of the NHSCT, on 31st July 2017. Unfortunately Dr Stevens was unable to be present tonight so I hope I am able to comment on that meeting without fear of contradiction but at the same time not revealing any confidential information. Dr Stevens did agree to (1) revisit plans for the ensuite rooms in the hospital, (2) he also agreed to explore the possibility of a dedicated Palliative Care Unit for the Causeway area based at the Robinson, (3) he outlined a successful Acute Care at Home Model being implemented and funded in, the Southern Trust and (4) he discussed GP Federations having a larger future control of services.

Also during the year, in January 2018, a strong delegation from the Robinson Board's Working Party visited the new Omagh Hospital and Primary Care Complex which had just opened in June 2017. The Working Party from Ballymoney was accompanied on this visit by Nurse Sally Convery from The Mid-Ulster Hospital - Sally is the Macmillan Lung Cancer Specialist Nurse, who established the Macmillan Lung Cancer Support Group in the Northern Area and who recently won the RCN Cancer Nurse of the Year Award.

Also during the past year, Mr John Pinkerton has produced the Robinson Board's Privacy Statement as regards the General Data Protection Regulation which came into law on 25th May 2018. The Privacy Statement, in relation to data held by the Robinson Board, can be viewed on the hospital website - www.robinsonmemorialhospital.org.uk. In keeping with the GDPR the full names of members will no longer be published with the printed report of the AGM which is usually published in September.

A new Application Form for new members of the Association together with detailed information of services on the Robinson Hospital site has now been produced and is currently with the printers. Anyone wishing to join the Association can complete

the form and send it to the Hospital Secretary, Ms. Rosemary Lyttle, at the Robinson Hospital. These forms will be available shortly at the Hospital Reception or from any Member of the Board. It is appropriate at this stage to acknowledge the endeavours of our Hospital Secretary for her alertness, ability to keep the minutes of board meetings, ensure that Board Members receive any emails or paper documents before each quarterly meeting, respond efficiently to the large number of emails which emerge from our President's computer and above all to keep a grip on the Honorary Secretary to ensure he does what he is meant to do.

During this past year Mr. Henry Algeo has taken over as Honorary Treasurer to the Board following the retirement of Mr. Connor Taggart, who sensibly has withdrawn from the complexities of that office, having served in that post since 2003. During the year the Board has confirmed Connor's secondment to the position of Board Member.

The Board, as always, is grateful for the generosity and thoughtfulness of different people and local organisations who contribute of their time and money for donations to the work of the hospital. In this past year Ballymoney Rotary Club has donated first £100 and then a further £840 to the hospital, Dunloy PW have donated £500 and several individuals have anonymously donated. Indeed had the Honorary Secretary not attended the Midnight Carol Service in the Church of Ireland, St Patricks he might have missed one of these donations. On that night he attended, on loan, as a bass bringing up the rear of the choir and as he progressed down the aisle a hand reached out from one of the pews thrusting surreptitiously a generous cheque in his hand. Fleeting, the thought that this might have been a bribe to silence his attempts to sing "Once in Royal David's City" but that thought was quickly dispelled when the cheque was noted to be instead for the Palliative Care Fund of the hospital. All of these donations are indeed deeply appreciated.

Equally I am very grateful for the reports I receive from the different clinical disciplines on the Robinson Site – from Colin Brennan in Physiotherapy, from Henry McKinney in Podiatry, from Jackie Elliott, Community Locality Manager for her report on the in-patient activities of the Hospital, from Dr Heather Jack, Associate Specialist Paediatrician at the Child Development Unit, Rhonda Mullan for the Community Adult Mental Health Team and Dr. David Johnston GP for his report on the Health Centre. Also an update on the first year of the Hospital Diversion Team Clinical Room which was the room extended and refurbished by funds last year from the bequest of the Estate of Dr.'s Wilbur and Margaret Temple. The Co-ordinator, Sister Catherine Skeet (Home Care Division), writes enthusiastically of this new facility. She tells us that the room is bright and airy and so much more comfortable

for patients to have their treatment. They are now treating up to 90 patients per month and because the treatments are often lengthy they can treat 4-5 patients simultaneously. In addition they have the availability of tea/coffee and lunch if required. This has been a very successful development in active clinical care on an out-patient basis.

Time prevents me from reading out these very thorough reports of the various units in full but the full report for each discipline will still be published in September along with the report of this AGM and then distributed to all members of the Association.

However, I would mention a few points from these reports. In her report on the Robinson Hospital beds, Jackie Elliott refers to the great support given by Dr Fannin and how she is constantly communicating on behalf of the hospital with the NHSCT. We too in the Robinson Board appreciate Dr Fannin's efforts to negotiate tirelessly with the NHSCT to achieve beneficial developments for the beds and thus for the patients of our Causeway Community. Once more Jackie refers to the excellent performance figures for the hospital – for example the bed occupancy remains high at 95% and the average length of stay of 23 days. One of the most important indicators relates to discharge outcomes for the patients, thus demonstrating effectiveness of rehabilitation with 54% of patients returning to their own home supported, if required, by a variety of services. She reports that the Robinson Hub is now well embedded with the core of existing users of NI Hospice, Alzheimers Antrim and Coleraine, Age Concern, Nexus Causeway, Cancer Focus, the Clinical Psychology Service and the Parkinson Nurse Specialty and now this year they have been joined by Mindwise and a New Warfarin Clinic is commencing next month. I was also delighted to hear from Jackie's report that one of the Hospital Health Care Associates, Eleanor Coulter, was nominated at the UK's Health and Care Top 70 Stars Award. The NHSCT, and indeed ourselves, were delighted to hear she was one of the top 10 nominated at the Manchester Conference Centre. Eleanor indeed is one of the longest serving members of staff at the Robinson.

During the past year three very experienced nurses in the Robinson have retired - Ruth Ferris, Ruth Magilton and Carmel Devlin. They gave many years of expertise and dedication to their patients and on your behalf I would sincerely like to pass on our thanks. Thanks also to Isobel McKay who has retired after 5 years of very diligent work in administration in the hospital.

There was a well attended Carol Service held on 5th December 2017 and thanks to the clergy who led the Service – Rev. Andrew Sweeney (C of I), Rev Gareth

MacLean (Presb.) and Father Francis O'Brien assisted by the Hospital Chaplain, Rev. John Gilkinson.

Dr. Fannin has advised me that a delegation from the Robinson met with the Orthopaedic Team in Altnagelvin Hospital to streamline the orthopaedic pathway for those recovering from fractures in the Robinson. Also Dr Fannin has been part of a Frailty Assessment Unit in Causeway looking at how community beds might work to best support these assessments. The NHSCT are planning to hold a Community Hospital Conference in the autumn, open to all staff - the Robinson will be involved in developing the programme.

The lack of Specialist Palliative Care Support remains a matter the Robinson would wish to see enhanced and perhaps ongoing discussions can lead to some advance in coming months?

In Dr David Johnston's report about activity at the Health Centre it was interesting to read his comments about the movement of the patient population. In the two Practices at the Centre there are currently listed a total of 17,850 patients which is just 5 more than last year yet there is a high turnover of patients as each week on average it is not unusual to see 20 or more new patients registering.

The demand for GP services is high and taking the Family Practice, for example, there were 32,631 patient consultations with the GP, with 2,506 home visits over the year and each week 3,000-4,000 prescriptions were written.

Early in my report I mentioned that Dr. Tony Stevens had referred to the importance of the new development of Federations of Locality GP Practices. Dr David Johnston, in his report, has emphasised their importance and an example of their work has resulted now in the introduction of a Pharmacist attached to each Practice. This has freed up GPs from much of routine repeat prescribing and has allowed rationalising of complex drug regimes in individual patients, helped develop protocols and being involved in chronic disease management clinics. Without doubt GPs feel that the introduction of Pharmacists has proved to be one of the most successful "innovations" for General Practice in the past 20 years. Plans are afoot to introduce Physiotherapy and Social Worker Professionals bringing General Practice back full circle to the more collaborative team envisaged by the late Dr. Joe Burns when the Health Centre was first opened in 1970. Of necessity this will put more demands on space within the Health Centre.

On a worrying note is the lack of adequate numbers of trained GPs coming through the system – at present barely 50% of the numbers required to replace the numbers of doctors expected to retire in the next few years.

Finally in his Health Centre report is the difficulty with the numbers of GPs taking part in Out of Hours Care. The percentage of GPs working at night and weekends has fallen from the previous level of 99%, at the start of the new Contract some 14 years ago, to just 30% leaving holes in the rota and leading in part to the increased numbers of patients presenting to the already overstretched A & E Units. This too could impact in the future Out of Hours Care so essential to help provide medical cover for the Robinson. At present by day the hospital is receiving full cover from just 4 Practices as one Practice has withdrawn their cover because of demands within their own Practice.

I would like to refer more to the other reports here from Physiotherapy, Podiatry and the CDU but I must stop. I must mention the retirement in February 2018 of Dr Deirdre Walsh as Paediatrician in the Child Development Unit. She gave great leadership within that speciality and has always produced an annual report for our AGM which was useful and informative. I would remind you again that these reports will be published in full together with the report of this AGM in September. I would however thank Rhonda Mullan from the Adult Mental Health Team based here for her extensive report this year, despite the fact that she has moved to work in the last few weeks to Magherafelt and is based in the Mid Ulster. We wish her well and thank her for all of her excellent reports over recent years and for this most recent report. Her work continues here in Ballymoney with the new Team Leader of Jane Reynolds.

I would just like to finish with reference to two wonderful nurses who retired from the Health Centre scene in the past year. To Rosemary Dunlop, Specialist Nurse Practitioner, who retired from Dr Fannin's Practice – a nurse who gave fully to her patients and supported many with her compassion and expertise. And then Sister Sheila Long retired from the Treatment Room – a nurse, too, of so many years and then some, experience. She was a former Nurse of the Year and many regarded her as of the old school – often seen cycling around the town and one we thought would never retire, but she did and now she is back working again in that special team in the Treatment Room, capable of taking blood out of a tattoo as Sheila has been known to attempt. So the Robinson Board would like to wish these two special nurses well in their retirement and a special thank you to them for the contribution they both have made to the improved health of many in our community.

The following reports come from the various departments within the hospital site.

Health Centre

The 2 primary care practices, Ballymoney Family Practice and the Fannin, Boyd & Hutchinson Practice, continue to co-exist harmoniously and thrive within the excellent facilities provided in the Health Centre building.

Over recent years the Practice numbers have continued to grow reflecting the growth of the town. In 2017 to 2018 the overall increase in numbers has been small with the 2 Practices now serving 17,850 (only an increase of 5 in total since last year), however, as before turnover of patients is high as families move into and away from the town on a regular basis reflecting an increasingly mobile section of society. It is not unusual to see 20 or more people registering in 1 week.

Demand for GP services remains high in both Practices. The numbers are very large; the Family Practice saw 32,631 patients in face to face GP appointments, 8,237 telephone consultations and carried out 2,506 home visits and in each week issue between 3,000 and 4,000 prescriptions.

The teams within the 2 Practices continue to enjoy the excellent accommodation within the Health Centre. Maintenance is carried out by the Northern Health & Social Care Trust and the GPs are grateful for input. The building, at times, shows its age, most notably with recurrent roof leaks in heavy rain.

The medical staff has remained unchanged in the past year with a team made up of full and part time doctors; 4 GPs in Dr. Fannin's Practice and 8 GPs in the Family Practice.

The GPs are supported by their own Practice employed nurses carrying out much of the chronic disease management and screening as well as employing large administrative teams and mental health counsellors. The Practices also work closely with Trust employed treatment room nurses, district nurses, midwives and health visitors. In addition dental and speech therapy services are still provided in the building.

The 'transforming your care agenda' aims to move funding and provision of health care into the community setting, closer to the patient's home and will see increasing initiatives in primary care. Federations of locality GP Practices have been set up to guide some of this work. To date their most successful initiative has been the introduction of pharmacists attached to Practices. These pharmacists are able to take

much of the routine repeat prescribing burden away from GPs to free up their time, they can also be involved in a myriad of other tasks reviewing and rationalising patients with increasingly complex drug regimes. They are involved with medicines management and safety initiatives, developing protocols as well as being involved in chronic disease management clinics. Without doubt the introduction of pharmacists has been one of the most successful initiatives to support general practice in the past 20 years. Plans are afoot to introduce other services at a practice level including physiotherapy and social work moves which will ultimately bring us back full circle to collaborative teams Dr. Joe Burns envisaged when he developed Ballymoney Health Centre. Increasing practice teams in this way will, however, put pressure on the limited space in the Health Centre and will require investment in increased accommodation.

Primary care in Northern Ireland continues to face crisis point with a lack of trained GPs coming through the system; barely 50% of the numbers required to replace the doctors likely to be retiring or leaving the profession in the next few years. The changing workforce and patterns of work are impacting the provision of services across primary care. This is particularly seen in the out of hours service (locally provided by Dalriada Urgent Care). Since the introduction of the latest contract 14 years ago, when doctors were no longer compelled to cover on call, the percentage of GPs working at night and weekends has fallen steadily from 99% to 30%. At the same time there has been a steady increase in demand for a 24 hour easy access service. This is now reaching a tipping point leaving holes in the rotas, increasing strain and has potential to lead to a less responsive service and increasing numbers of patients presenting to already strained A & E Departments.

Physiotherapy Department

The Physiotherapy Department based at The Robinson Memorial Hospital continues to provide a range of physiotherapy services to the residents of Ballymoney and surrounding areas.

The continuing demand for the physiotherapy service coupled with minimal funding for new posts unfortunately is still leading to long waits for patients to access treatment.

This ever increasing demand on the Physiotherapy Service had necessitated new initiatives to manage long waiting lists. Last year saw the introduction of "Back on Track" and "Active Bodies following a Pilates based Approach" group sessions to empower patients to manage pain. This year, two additional group sessions have been commenced to manage shoulder pain and rehabilitation of the lower limb.

These class based approaches are proving to be well endorsed by patients and when audited are producing favourable outcomes.

MSK Pain Pathway team led by Alan Millar and Occupational Health Physiotherapy Service provided by Jane Convery and Ruth Meehan continue to use the Robinson Physiotherapy Department for their clinics.

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.

To conclude, I would once again like to acknowledge and thank all the physiotherapists in the MSK and Hydrotherapy Service for their hard work and commitment over the last year.

Community Mental Health Team

The Community Mental Health Team continues to be based at the Mental Health Resource Centre, 17-19 Newal Road, Ballymoney. The Ballymoney Mental Health Team provides 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, 3 Social Workers, 1 Occupational Therapist, 1 Brief Intervention Practitioner and 2 Support Workers. We also have 4 Admin staff. There is a satellite base in Ballycastle, which is manned 9-5, only on a Thursday and a 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.

The brief intervention therapy role is now well established within the team. The well-being/recovery hub is a service in the Causeway area and there will be increased provision of service for service users presenting with low level anxiety or depressive symptoms utilising voluntary and community services.

The team continues to develop and with CAPA (Choice And Partnership Agreement) now implemented, service users are now more than ever involved in their treatment.

The emphasis on recovery is facilitating service users to have more control of their lives. Recovery is a personal unique process that enables the service user to live a satisfying, hopeful and contributing life even with the limitations caused by illness. Every interaction by our members of staff now reflects recovery principles and values. We have two staff members that are trained in Wellness Recovery Action Plan (WRAP) and this will be facilitated in our MHRC. We have also developed a carer's clinic to address the needs of carers within our community

We continue to develop good relationships with other agencies including Action Mental Health and Mindwise. In co-operation with these organisations and our Bridgebuilder we have developed new groups to add to our Anxiety, Self-esteem and Leisure groups that are already well established. These groups include the Young Men's Group (with NEELB), Wellness Recovery Action Plan Peer Support Group (now run by service users alone), the Mindfulness Walking Group and the Psycho Education Group. We also have an ART group where service users are designing ART pieces for the CMHT building.

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. Some of these organisations use the Resource Centre in a bid to bring their services to the local community. These include the Citizens Advice Bureau, the Community Addictions Service, the Forensic Mental Health Service and the Mental Health and Older People Service. In addition these services also use the Robinson facility to see service users in order to aid less travel and to also be accessible to service users who live in a rural area

More recently the Ballymoney CMHT has been undertaking a process to become an accredited service. Accredited services are measured against a set of national quality standards to check that the right things are in place to encourage good quality care. The accreditation process looks for evidence that staff members are well trained, well supported and working within organised and safe systems. Accredited services also need to demonstrate that they provide the right type of care to patients, in a reasonable time-frame and that they have the appropriate equipment and facilities to do this.

A service can be accredited only if local patients and carers are generally satisfied with the overall quality of the service. As part of the accreditation process, patients and carers are invited to complete anonymous questionnaires to rate the quality of the service. Patients need to be satisfied with the way that staff treated them, the

information provided to them and the level of involvement they had in making decisions about their care. If any of the questionnaire responses raise serious concerns about a service, that service needs to address these issues before they can become accredited. Therefore we are delighted to undergo this process and ensure that our standard of care is at its highest. We will be receiving a visit on the 21st June to ascertain if we have been successful in this process.

We are grateful for the unanimous support we received from the Robinson Board. It is vital to the care that is provided to individuals that experience mental health difficulties.

I have recently moved to the Magherafelt CMHT. The new Team Leader is Jane Reynolds and she will provide the report for next year's AGM. I have really enjoyed my time in Ballymoney CMHT and thank-you for your support.

Child Development Centre

2017/18 has once again been a busy year for the Child Development Centre.

Most significantly, Deirdre Walsh, Consultant Community Paediatrician within the Causeway locality retired after 20 years of dedicated service to children with disabilities in March 2018. She will be deeply missed by many of the families with whom she closely worked. Fortunately we currently have a Locum Consultant Community Paediatrician with us and the multi-disciplinary work at the Child Development Centre is continuing. Our team of community paediatricians continues to be Dr. Carolyn McCandless, Dr. Heather Jack and Dr. Ruth Sutherland.

The Multi-disciplinary Child Development Clinic continues to be one of our core services. The review of Community Paediatric Services in the Northern Trust is in progress having recently moved to a two hub model. The Northern Hub is based in Ballymoney and now also covers Ballymena, Magherafelt and Cookstown.

There has been an expansion of children's AHP Clinics in the Robinson, in particular, SLT, OT and Physiotherapy, with room for Multi and Uni-disciplinary Autism Diagnostics Clinics and group sessions with SLT and OT.

We continue to be very ably supported by our dedicated clerical staff who, while they may not be based at the Robinson, continues to maintain and support the Paediatric Medical Clinics from the Route site on the other side of Ballymoney.

While we continue to experience many challenges, all our staff at the Child Development Centre are fully committed to providing the best possible Community Paediatric Service to the children of the area and we very much appreciate the support given by the Robinson Trust to our efforts.

Robinson Hospital In-Patients

The 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.

We continue to meet quarterly with Dr Fannin, our Clinical Lead, to review our performance. The ability to provide enhanced medical care, screen referrals and provide full rehabilitative support has enabled us to fully utilise all available beds on a daily basis which has supported a more timely patient journey. Dalriada Urgent Care continues to provide an enhanced service to admit during weekends and public holidays and we have seen continued growth in admissions during these periods. The Trust continues to be challenged with the recruitment and retention of qualified nursing staff. The Trust recognise the importance of marketing the Robinson Memorial Hospital as a great place to work and intend to run a series of media campaigns to show case employment opportunities available. The Robinson has embraced a 70 day challenge called end PJ Paralysis Campaign. This commenced on 17th April. The aim of this campaign is for staff to encourage patients not to wear their night wear during the day and to stay out of bed. Also staff encourages the patients to be more active during their hospital stay. Evidence shows that this approach aids faster recovery and improves mental health.

Our community integrated teams are now responsible for the on-going management of patients and provide input into the weekly multi-disciplinary meeting, together with ward based staff reviewing each patient's progress, including goals that have been set to ensure each patient reaches their optimal rehabilitative potential and put plans in place to facilitate their discharge. This is further enhanced with the introduction of a Community Discharge Facilitator post (CDF) and their role is to co-ordinate appropriate the discharge pathway of patients. This role is crucial to streamline the process of communication with families and within the Multi-disciplinary team to assist with timely discharges.

The activity within the hospital continues to be monitored through a number of key performance indicators. Two such indicators are occupancy and length of stay, our occupancy for 2017/18 has averaged at 95% and our length of stay at 23 days. One

of our most important indicators relates to the discharge outcomes for patients. These continue to demonstrate the effectiveness of the rehabilitation provided with 54% of our patients returning to their own home supported by a variety of services to meet their needs despite the increasing acuity of our frail elderly patients.

Our mealtime companion volunteer service partnership with Age Concern continues and this year we have seen a decrease from 4 volunteers to 1. As always we remain keen to increase this service and would encourage any individuals who are interested to contact us and we will put them in touch with Age Concern Causeway.

In partnership with the Infection Prevention and Control Team, support services and the ward staff, a variety of planned and unannounced audits were 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. The Trust further continues to monitor the performance of the Robinson against a range of indicators of good quality; these include skin care, falls and nutritional requirements. The compliance against these indicators has been recently scored at 100%.

The Regulation and Quality Improvement Authority (RQIA) undertook an unannounced inspection of the Unit in September 2016. We were delighted with their findings which praised the excellent practice of all staff within the Unit and no recommendations were made for improvement. The report is available for public viewing on their website www.rqia.org.uk.

The Robinson Community Hub is now well embedded, our core existing users NI Hospice, Alzheimer's Society Antrim and Coleraine Groups, Age Concern, Nexus Causeway, Cancer Focus NI (Bra fitting service), Clinical Health Psychology service and Parkinson Nurse Specialist have been joined by Mindwise and there is a new Warfarin Clinic due to commence later this month.

Staff development and recognising achievement remains an important focus within the Robinson. The Trust are proud to announce that Eleanor Coulter who is a Health Care Assistant was nominated at the U.K's Health and Care Top 70 Stars Award. Eleanor attended this ceremony which was on the 14th June at the Manchester Conference Centre, where the top 10 nominations were revealed. The Trust is delighted to announce that Eleanor was included in the top 10 nominations.

Provision of care for people with a diagnosis of dementia remains on the Trust agenda. Training for the Dementia Companions is now available and the Trust intends to recruit a Dementia Companion for the Robinson.

The Unit also has a Dementia Champion who has been supporting staff to ensure we are providing quality care for those patients with dementia. Staff attended a bespoke training programme last year which has now been rolled out to staff working in the unit.

Staff at all levels are committed to delivering a high quality patient focused 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.

Podiatry Service

The Northern Trust Podiatry Service is situated at the bungalow at the entrance of the Robinson site which was renovated a couple of years ago to bring it in line with infection control standards and also to increase the capacity of work that could be carried out on the Robinson site. Referrals to Podiatry Services still continue to increase each year and priority has to be given to high risk patients. There is open access to Podiatry Services and all patients referred will be assessed and risk stratified. The Northern Trust Podiatry Service offers assessment and treatment for patients who have foot conditions that may affect their general health and wellbeing, or who, as a result of medical conditions, have feet that are at risk of developing serious complications. These may include Diabetes, Peripheral Vascular Disease or Auto Immune Disorders to name a few. Patients are being discharged from hospital much sooner after surgery and require intensive foot care which also places pressure on the service so it is imperative that caseloads are managed carefully and that the service is being accessed by those that really need our skills. There is a wound clinic operating from the bungalow twice a week and this facilitates patients with ulcers and wounds to be treated in a timely fashion. At risk patients will be retained on our caseload but all others will be offered advice on foot health care and then discharged from the service.

The Podiatry Service is not a nail cutting service and patients and refers alike must realise that resources are limited and must be directed at those patients most at risk. If the Podiatry Service receives a referral for a patient that has previously been

assessed and discharged then the referral will be returned to the referrer unless there has been a change in the medical history of the patient. Also the myth that a patient with diabetes cannot look at their own feet must also be dispelled. Patients that are capable of completing their own nail care should be doing so and will be instructed as to how to carry this out safely and carefully. An annual assessment will be carried out on patients with diabetes to ensure they are not developing any problems and of course should a patient be concerned they can contact us at any time.

Patients from the surrounding area of Ballymoney attend the Podiatry Clinic and can be offered a full range of services 5 days a week. These services are Biomechanical examinations, diabetes annual assessments, wound care and new patient and review assessments. There is a full skill mix of podiatrists working in the Bungalow which include Band 6 High Risk Podiatrists, Band 5 Podiatrists and Podiatry Assistants.

Podiatry student placements continue throughout the academic year and the Podiatry Service work closely with the Ulster University facilitating and supervising these placements and the additional clinical space has aided in fulfilling this function.

In conclusion my memory of our Mentor Dr. Joe Burns remains as clear as ever and indeed I strongly feel that he would be pleased, cautious but pleased. Cautious as we still face an uncertain future but he would be pleased and impressed by the team spirit that seems to me to run through many of the reports I have received for this AGM Report – a team spirit which he formulated way back in 1970 with the opening of the Ballymoney Health Centre at a time when Doctors often worked so much in isolation and now how well the fruits of his vision continue to develop and ripen in this District of Ballymoney - ripen on the Robinson root-stalk planted with such charity and foresight by the late Samuel Robinson in 1933 - some 15 years before the NHS, whose 70th anniversary we now celebrate.

Dr. John Johnston
Honorary Secretary