

The Honorary Secretary's Report 2020

It is with deep sadness that I begin the annual secretary's report by recording the death of our dear friend and enthusiastic honourable secretary Dr John Johnston. As the Irish proverb says, "Death leaves a heartache no one can heal, love leaves a memory no one can steal." Dr John devoted his life to his patients in this area, unstinting of his time and efforts in the pursuit of their care. In retirement, even as his own health started to fail him, he continued to care for his wife Margaret and give of his time to causes that bettered the lives of the people of this area. He threw himself enthusiastically into the Frailty Project set up in the Robinson Hospital. He represented the carers in the "Big Room" which was formed to develop a Frailty Pathway. John championed a campaign for extended visiting rights of family and carers of patients with dementia in hospital. I will quote his feedback from March 2020.

" The holistic approach engendered by these meetings has given me, as a carer, a great encouragement that my situation is recognised by others involved in the care of my wife, and above all, the effort to appreciate her as she once was has given me a considerable uplift within a personal situation which at times might to some seem endless and without hope. Not so, when I see the efforts of the Big Room, revealing an insight into the so many obstacles and complications that frailty brings to patients' lives. It has been the most valuable project that I have ever witnessed develop over my fifty years of medical practice."

Dr John Johnston was the most passionate advocate of patients right to the best possible care throughout their lifetime and we on the Robinson Hospital board consider it a privilege to have worked alongside him.

The frailty project seeks to assess the level of frailty within patients admitted to the RMH, such as memory changes, falls, immobility, poly pharmacy, continence and nutritional issues as well as social isolation and loneliness. Care is now patient centred, with a multi-disciplinary/ multi agency collaboration and the needs of the carers recognised and addressed. The weekly meetings of the "Frailty Big Room" has resulted in the adoption of the Rockwood Clinical Frailty Scale to better understand a patient's profile. A comprehensive geriatric assessment was developed, designed and was in the test phase prior to the project being stood down when the pandemic struck. It is the intention of the Robinson Hospital Board to support this project in whatever way we can.

This leads me very nicely onto the report from the hospital itself. The hospital continues to deliver step-up and step-down treatment and rehabilitation thus reducing pressure for acute hospital admission. The ongoing "PJ paralysis" campaign encourages those patients, who are able, to be up and dressed to be more active during their hospital stay thus speeding up rehabilitation and positive mental health.

The two key performance indicators of the hospital are bed occupancy and length of stay. For the Robinson 2019/2020 these were 91% and 28 days respectively. Another important indicator is the outcome following discharge which shows the effectiveness of the rehabilitation provided. 51% were able to return home supported by the services their needs required. 20% were discharged to private nursing/residential homes and 16% remained in the hospital for "end of life care"

Dr. Fannin continues to support the hospital as Clinical Medical Lead and has also been invaluable in her support of Mary O'Boyle, the project lead for frailty. The input from this project has brought additional focus to the daily MDT meetings. Dr. Fannin also continues to mentor Justin O'Neill, trainee advanced nurse practitioner. Justin has been a valuable part of the Robinson team and is due to qualify this September.

Our second Deputy Sister, Lorna Sharkey, took up post in September 2019. This has helped greatly the provision of a senior nurse resource over weekends.

Recruitment within nursing remains an issue but the inclusion of Sister Joanne Montgomery in the recruitment interviews has highlighted to applicants the uniqueness of the Robinson Hospital and the exciting developments being implemented there.

The NHSCT in September 2019 recruited six new registrants as MSc trainees. We are delighted to report that two of these have taken up permanent posts in the Robinson. They have completed their degree in nursing and are being supported over a two-year period to complete an MSc in nursing.

In the national audit of intermediate care, the Robinson performed well. In the audit of community hospitals, despite a wide variety of service models making comparison difficult, the Robinson also performed well.

The Robinson Board has supported a staff nurse in her Palliative Care studies, and we are happy to assist projects which have a direct impact on the provision of care in the Robinson. The board and the NHSCT will continue to work together to ensure the Robinson Hospital delivers the high quality patient focused care for which it is renowned and we thank the staff and the attending GP's in the hospital who strive to deliver that care.

The community Hub which was setup in what was originally the mortuary and redeveloped by funding from the Robinson Board, has been very successful and extensively used by a wide variety of organisations including Cancer services, Alzheimer's Society, Ballymoney U3A, Cancer Focus NI, Ballymoney Rotary Club and Age Concern (Causeway Area).

Here are some of their thoughts.

"The accommodation is bright, quiet and private. There is easy access with a key Lock Box. The rooms are clean and tidy with useful kitchen and bathroom facilities. There is good space and seating and it is comfortable and warm."

Age Concern use the facilities and their story is one worth telling. In the mid 90's they started working with people living with dementia. One day a week for 2 hours willing volunteers collected people with dementia and brought them to a room behind a charity shop to have a cup of tea and a chat. At that time there was no support service in place and these people were stigmatised and socially excluded. The service grew by word of mouth to an established professional working relationship with local GP's, social workers and health and care personnel. Now 15 years later there are three groups a week, 4 hours per day with a staff of 3 and 6 volunteers. They have a working partnership with the Northern Trust and North Coast Community Transport. Dementia sufferers are now offered a safe environment in which to socialise but also cognitive stimulation therapies to improve thinking, concentration and memory. Another great result of this service is allowing the primary carer a much needed 4 hour break. This group has very kindly reported that without access to the community Hub, they could not exist in the same capacity. Some matters however need addressing, for example the lack of carparking space at the site and the lack of signage to direct newcomers to the Hub.

Cruse Bereavement Care service still operates out of the Robinson and is vital to the wellbeing of our community. They have 53 volunteers around 40 of whom are actively providing ongoing telephone support, tele friending and administrative work. Another 14 applicants are being processed. In any one month there are at least 40 clients in the service with between 20-60 new referrals as well. Pippa Campbell was stated as the Northern Area Co-ordinator at Christmas and the service has had to adapt to the present circumstances. They have developed and delivered online training to upskill their volunteers to provide telephone support. They have also piloted a new tele-friending service which

gives clients a weekly call and this is useful for triaging clients for a fuller bereavement support so managing their waiting lists effectively. They believe that there will be a long legacy to the situation bereaved people find themselves in with lack of social contact, small or non-existent funerals and an uncertain future.

The longest established department in the hospital is the physiotherapy department and it continues to be a very busy service. In the year 2019/20 there were 1995 new contacts, 1738 of which were MSK. When added to the existing contacts this totals 9569. The department has managed a slight reduction in waiting times due to access to locum physiotherapists and the re-allocation of staff to create equitable waiting times throughout the Trust. Rehabilitation programmes are still of paramount importance providing patients with confidence and improved skills to self-manage their conditions and increasing the efficiency in the delivery of physiotherapy services.

Clinical placements for physiotherapy students continue thus maintaining close links with teaching staff at the University of Ulster and clinical governance still underpins all the work the department does. Obviously, service provision has had to adapt to present circumstances but that will fall into the timescale of next years report and that is very much an unknown. There is a dedicated team at the Robinson, and they continue to provide an excellent service under increasing demands and awkward circumstances.

The Health centre continues to cater to the needs of the local population and their full report will be published later for the perusal of all members of association.

The Child Development Centre based in the old maternity end of the Robinson operates as part of the NHSCT northern hub which has centres in Cookstown, Ballymena and Magherafelt. Dr. Alison Livingstone the consultant paediatrician is the clinical lead for both northern and southern hubs. Medical clinics are continuing via zoom technology. Dr. Heather Jack retired this year, she was instrumental in ensuring the smooth running of medical clinics in the CDC and will be greatly missed. The team welcomed Dr. Sheenagh Cameron, so the team now includes Dr. Sinead Higgins, Dr. Carolyn McCandless and Dr. Ruth Sutherland. Children with more complex needs also benefit from the input of Dr. Shabaz Mirza, Locum Consultant Paediatrician, who runs MDT clinic sessions. Within the facility, other allied health professional colleagues are based, including Paediatric physiotherapy, speech and language therapy, dietetic and occupational therapy. The NHSCT Paediatric Autism service is also based here. The unit continues to be very busy, ably assisted by clerical staff based at the Route site and is appreciative of the support provided by the Robinson Board.

You will remember that the Temple Bequest was used to develop the Hospital Diversity Nursing Teams Unit within the Robinson, and this has proved very worthwhile. There were 900 patient visits over the last year and this has been possible due to the extension of the unit thus allowing two patients to be facilitated at the one time. A specialist chair purchased by funds released by the Robinson Board is greatly appreciated by patients requiring lengthy treatments

The reports from Podiatry and Adult Mental Health departments will also be reported in full at a later stage but it is heartening for the Board to note the diversity of services being provided from the Robinson site and also the commitment of all health professionals to provide the best possible service to the local community. I ask myself, is it just a Ballymoney thing that so many of our young people who train as health professionals return to the area to work when they have graduated. Surely that suggests that they perceive the working relationships we have here nurture good practice. The Robinson Board would like to thank everyone working on site both front of shop and behind the scenes for their continued professionalism in the service of the community.

We have to say goodbye to two directors in the NHSCT. Tony Stevens who has retired as CEO after four years in post. Thank you for your encouragement of our endeavours and we wish you well in the future. Phil Hughes has left her post as Director for Community Care, but before she left, she submitted their business plan to develop the RMH as a centre of excellence in Frailty and Palliative Care to the NHSCT. We wish her well in the future and hope her championing their plan brings it to fruition.

There have been two new appointments to senior management within the NHSCT. Jennifer Welsh was appointed Chief Executive in July this year and Roy Hamill was appointed as Interim Divisional Director of Community Care, also in July. We look forward to having a strong working relationship with these new directors and certainly if our hard working President David Robinson has anything to do with it, they will realise that the Board has a very keen interest in everything that is planned for the Robinson. My thanks to everyone who submitted reports for this AGM and my special thanks to Rosemary Lyttle our secretary who does all the hard work behind the scenes. Can I commend this report for your adoption?