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# **Queen Elizabeth National Spinal Injuries Unit for Scotland**

## **Appendix Three**

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## **Appendix Three Departmental Reports**

**Appendix 3.1    Physiotherapy**

**Appendix 3.2    Occupational Therapy**

**Appendix 3.3    Psychology**

**Appendix 3.4    Momentum**

**Appendix 3.5    Spinal Injury Scotland**

**Appendix 3.6    SPIN- in absentia**

**Appendix 3.7    Social Work in absentia**

### **Appendix 3.1    Physiotherapy Annual Report**

The Rehabilitation and Assessment Directorate of Greater Glasgow and Clyde Health Board provide the physiotherapy service to the QENSIU.

#### **Staffing Levels:**

Permanent

Jon Hasler MPhil MCSP Team Lead Clinical Specialist.

William Stewart MCSP, Claire Lincoln MSc MCSP and Susan King MCSP, Margaret O'Brien Physiotherapy Assistant.

Eight month rotating Senior 11 post:

Jennifer Rainey MCSP (May 09 to Jan 10)

Katy McKinnon MCSP (Feb 10 to present)

Four month rotating Staff grade posts:

Caroline Sweetman MCSP and Debbie Kehoe MCSP (April 09 to May

Emma Taylor MCSP and Christine Kerr MCSP (April 08 to May 08).

Margaret Fitzgibbon MCSP and Paul Crooks MCSP. (June 09 to Sept 09).

Danny Morrison MCSP and Caroline Vance MCSP. (Oct 09 to Jan 10).

Sonia Betts MCSP and Vacancy. (Feb 10 to present)

Our four permanent physiotherapists provide an excellent base of experience and expertise. We still continue to demonstrate stability, reliability and dedication.

## Service Access.

- Weekday Service Hours: 8.30am- 4.30 Mon to Fri.
- Weekend Service Hours: One of the SIU physiotherapists covers any work that is needed at the weekends. Once this work is completed they leave the hospital and the emergency call-out system is reverted to.
- Emergency cover:  
Mon-Fri 4.30pm-8.30am via the hospital wide on-call physiotherapy service. Weekends once the SIU physiotherapist has left the hospital, usually from midday onwards until 8.30 the following morning.

## Service Activity.

Breakdown of patient groups treated.

<b>New admissions</b>	06/07.	07/08.	08/09.	<b>09/10.</b>
Neurological Deficit	Total (%)	Total (%)	Total (%)	<b>Total (%)</b>
Incomplete Quadraplegia	31(43%)	37(44%)	49(54%)	<b>43(43%)</b>
Incomplete Paraplegia	4(5%)	17(20%)	7(8%)	<b>18(18%)</b>
Cauda Equina lesions	14(19%)	14(16%)	10(11%)	<b>10 (10%)</b>
Complete Quadraplegia	6(8%)	6 (7%)	12(13%)	<b>13 (13%)</b>
Complete Paraplegia	10(14%)	11(13%)	12(13%)	<b>14(14%)</b>
Monoplegia	6(8%)	0	1( 1%)	<b>0(0%)</b>
Incomplete Others	2(3%)	0	0	<b>1(1%)</b>
<b>Neuro deficits Total:</b>	<b>73(100%)</b>	<b>85(100%)</b>	<b>91(100%)</b>	<b>99(100%)</b>

<b>Intact.</b>	67	81	69	<b>52</b>
Total:	140	166	160	<b>151</b>

<b>Readmissions.</b>	16	28	20	<b>14</b>
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Every one of these patients was seen by the physiotherapy department, the incomplete tetraplegic patients taking the most time, through to the intact patients, who are seen as appropriate, but are usually only on the unit for approximately two weeks.

## Re-admitted patients.

All patients who are readmitted receive physiotherapy input if appropriate. This would be a number of times per day, in the case of a chest infection, to twice per week to maintain the range of movement in paralysed joints while the patient is on bed rest to heal a pressure sore.

## Inpatient attendance's and direct patient contact treatment units:

2009/10 Month	In-Patients				Out-patients			
	Totals	N.P	Attendances	Units	Totals	N.P	Attendances	Units
April	50	16	946	1999	0	0	0	0
May	54	15	849	1930	2	2	2	9
June	53	14	824	1824	3	1	3	8
July	63	13	1092	2141	1	1	2	2
August	51	12	1001	2057	6	6	12	34

<b>Sept</b>	59	9	1067	2324	3	2	10	17
<b>Oct</b>	48	7	1086	1519	4	13	10	23
<b>Nov</b>	54	9	1083	2341	4	1	4	7
<b>Dec</b>	56	16	938	2023	4	4	4	10
<b>Jan</b>	58	15	810	1738	5	5	6	14
<b>Feb</b>	53	12	731	1466	2	1	3	11
<b>March</b>	57	15	814	1785	1	0	2	4
<b>Totals</b>	656	153	6241	23158	35	36	58	139

**Summary of Inpatient attendance's and direct patient contact treatment units.( 15 minute units):**

April-March	07/08.	08/09.	<b>09/10.</b>
Attendance's	10424	9818	<b>6241</b>
Units.	28411	23781	<b>23158</b>
New patients	197	173	<b>153</b>

**Combined indirect patient contact and non patient contact units.( 15 minute units).**

07/08: 10512: 08/09: 8799: **09/10: 8568:**

**Weekend cover:**

Month	I/P Weekends		
	Att	Units	No.Pts
<b>April</b>	42	89	13
<b>May</b>	59	136	16
<b>June</b>	57	111	15
<b>July</b>	22	68	12
<b>August</b>	35	135	17
<b>Sept</b>	75	157	17
<b>Oct</b>	39	113	19
<b>Nov</b>	72	132	18
<b>Dec</b>	44	79	12
<b>Jan</b>	75	154	19
<b>Feb</b>	52	107	13
<b>March</b>	52	83	14
<b>Totals</b>	624	1364	185

**Weekend cover:**

To ensure the highest level of care, the spinal injury trained physiotherapists cover all the weekend work on the spinal unit. This year the work-load has been as follows:

Year.	06/07.	07/08.	08/09.	<b>09/10.</b>
Attendance .....	640	640	587	<b>624</b>
Direct units:	1416	1416	1220	<b>1364</b>
Indirect units:	524	524	452	<b>504</b>
Ave hours/wkd:	9.3	9.3	8	<b>9</b>

## Out Patients.

There are four types of out patient seen by the physiotherapy department. Firstly those patients continuing their rehabilitation having had an early discharge, secondly those patients returning for further rehabilitation having made some form of recovery, or deterioration. Thirdly patients requiring pain management, predominantly with acupuncture, and finally, those patients requiring a one off assessment.

### Outpatients:

The figure's were as follows:

Year:	06/07.	07/08.	08/09.	<b>09/10.</b>
Attendance	81	68	30	<b>58</b>
Direct units	127	192	92	<b>139</b>
New patients	39	42	28	<b>26</b>

We remain understaffed to treat outpatients as thoroughly as we would like to.

### On call after 5pm.

This service is provided by the on call physiotherapists for the whole of the Southern General Hospital, and is provided as pre arranged treatments for patients with chest complaints that will deteriorate if not treated at night and emergency call outs from a Registrar or Consultant.

During the past 3 years the figures were:

Year:	07/08.	08/09.	<b>09/10.</b>
Attendance	68	28.	<b>39</b>
Direct units	194	85.	<b>118</b>
Total hours	48.5hrs	21.25hrs.	<b>29.5hrs</b>

DEPARTMENT	ARRANGED			CALL-OUT		
	TOTAL Pt's	attendances	units	TOTAL Pt's	attendances	units
SPINAL 2009/10						
APRIL	4		4 11	2	2	7
MAY	1		1 3	2	2	9
JUNE	0		0 0	0	0	0
JULY	0		0 0	0	0	0
AUGUST	0		0 0	0	0	0
SEPT	5		6 17	2	2	6
OCT	0		0 0	1	1	4
NOV	0		0 0	0	0	0
DEC	1		2 5	0	0	0
JAN	1		1 2	1	1	4
FEB	7		10 28	0	0	0
MARCH	3		3 7	4	4	15
<b>TOTALS</b>	<b>22</b>		<b>27 73</b>	<b>12</b>	<b>12</b>	<b>45</b>

## **Education/ Training.**

For most physiotherapists learning about and gaining experience in Spinal Cord Injury rehabilitation is undertaken as a postgraduate. To enable students to have an experience of this specialist area all the Scottish training establishments send their students to us to gain an overview of this work.

Now the building works taking place in the gym are complete we have recommenced offering our half day courses to the universities here at QENSIU. This offer was taken up by Caledonian University for both their BSc Honours and MSc courses with approximately 100 students attending on 2 separate days. We also went to the Queen Margaret University Edinburgh to give a half-day presentation on our work.

Clinical supervision placements were given to 11 students, from these universities, and 2 students on electives from a variety of universities. These placements varied in length from 4 weeks to 6 weeks. In all a total of 49 weeks of student supervision were given in 2009/10.

All new key workers within the unit and all new SHO's were trained in the use of the Functional Independence Measure (FIM) enabling them to understand the use of this internationally recognised outcome measure and therefore to be able to participate in the units recording of our patient's FIM scores.

SHO's received lectures on the role of physiotherapy within QENSIU and on sport/recreation for SCI individuals.

Our staff also lectures to patients within the patient education programme on the following topics:

- ◆ Anatomy of the spinal column/spinal cord.
- ◆ Spasm/spasticity.
- ◆ Neurogenic pain.
- ◆ Wheelchairs.
- ◆ Sport and recreation.

Finally our commitment to training our own staff continued with regular in service training both for physiotherapy staff, the multidisciplinary team, and staff from other hospitals within Scotland. Staff have also attended relevant clinical talks presented to the Scottish Centre for Innovation in Spinal Cord Injury.

## **Service Clinical Governance Framework.**

- Clinical effectiveness (09/10).
  - Biannually the Team Lead attends the Inter-SIU Team Leads meeting. This group, along with our Occupational Therapy colleagues, has been renamed. It will now be known as the "Spinal Cord Injury Therapy Leads" (SCITL). We will continue to exchange current clinical effectiveness issues; clinical speciality standards for the management of SCI individuals are also reviewed. We are in the final stages of developing a number of risk assessment guidelines to be agreed across all twelve UK units. Again the meetings were in Birmingham centralising meetings with cost savings.
  - Current research/development papers are sometimes reviewed during in-service training and by attending specialist conferences.
  - Individual Case Studies have been presented as part of our in-service training programme.

- Each patient has outcome measures using the Functional Independence Measure (FIM) set at the beginning of their rehabilitation and these are monitored especially pre discharge.
- All staff have access to the library and the internet.
- Clinical Risk Management:
- This is also discussed between the SIU's and resulted in some of the agreed guidelines.
- Each individual physiotherapist assesses their abilities and those of their patients. This alters as the rehabilitation process continues. This however is not formally recorded at present.
- CPD.
- Weekly in-service training within the SIU.
- SGH Physiotherapy Department in-service training monthly:
  
- Courses attended by staff:
  - Moving and Handling.
  - Fire lectures.
  - CPR.
  - MASCIP annual conference.
  - Gutmann Annual lectures.

### **Developments in 09/10.**

- This year the 23rd Inter-Spinal Injury Unit Games were hosted at the Ludwic Gutmann stadium in Stoke Manderville. The team from QENSIU achieved a 5<sup>th</sup> place. This year, for the first time ever, the team made the journey by rail. This was as a result of the volcanic ash cloud causing the flights to be cancelled. However this gave the patients attending an insight into extensive use of public transport. It should be noted that the only reason we are able to send a team is due, in no small measure, to the fact that staff attending with the patients were willing to *volunteer* to give many hours of their own off duty time to make it all possible.
- We have commenced using the Erigo in appropriately selected patients. To date we have no positive evidence as to the overall therapeutic benefits over standard therapy and therefore are still formulating ideas/protocols for future use.

### **Patient Sport/Recreation and Community Reintegration.**

This year a programme of sporting activity, as a part of our weekly rehabilitation programme, was continued and is well attended by many patients. Each Wednesday afternoon a senior physiotherapist along with our new physiotherapy assistant has run a rolling programme of sport. Sports have ranged from archery, table tennis, basketball, wheelchair rugby etc.

Our links with local/national sports/recreational resources run by both council and private/charitable organisations has continued. This can be seen through the following activities:

- ❖ The physiotherapy staff introduced a number of patients to disability sailing with weekly midweek sailing with a local sailing club. This was only possible due to staff voluntarily giving of their own time on Wednesday evenings through the summer.
- ❖ The charity Back-Up continued to present quarterly talks to the patients about their outward bound and skiing activity courses. These were met with great interest by most patients.

- ❖ In partnership with Back-Up we ran very successful advanced wheelchair skills workshops here in the unit where individuals with long standing paraplegia demonstrated and tutored current inpatients in the advanced use of their wheelchairs. Back-Up have been very impressed with our new wheelchair skills training area outside the Step Down Unit. Indeed they have fed back this praise at a number of their visits to other SIU's.
- ❖ One of our permanent physiotherapists has just been accepted and trained by Back-Up to be one of their Group Activity Week Leaders, again demonstrating the high regard they have for the work of our department.
- ❖ We have taken patients to the Braehead curling rink on four occasions where they have received expert coaching from one of the paralympic squad.
- ❖ We have informed patients of the charity Walking on Air who aim to introduce disabled individuals to the sport of gliding and have taken a number of them to the gliding club to experience first hand the exhilarating sport of gliding.
- ❖ Links with disability sport continue to be strengthened offering advice and support re spinal cord injured athletes and by attending their quarterly meetings.

### **Research (09/10):**

The following research has been undertaken by the physiotherapy department during the year:

A retrospective study, looking at our patients functional locomotion outcomes (at discharge) as compared to admission ASIA B impairment status is in its final stages. This aims to increase subject numbers prior to publication.

- ◆ The physiotherapy research study entitled "Cardiovascular Effects of FES Assisted Leg Cycling vs Passive Leg Cycling in Sub-Acute SCI" has been complete and is being prepared for future publication.
- ◆ Physiotherapy assistance to the SCISCI team working on a variety of projects has continued throughout the year.

### **Areas for Development (10/11):**

We plan to formalise our use of community re-entry programmes this year continuing to make this a vital part of the rehabilitation process. Assisting spinal cord injured patients to learn to deal with social and environmental barriers through excursions into the community, including sporting, recreational and social activities should be fully incorporated into our programme of rehabilitation. As in other SIU's this will be a part of the rehabilitation therapy team role, in conjunction with our Occupational Therapy colleagues and we may try and link this in with the Spinal Injury Scotland (SIS) team.

The unit has access to suitable transport allowing access to the wider community and with our new staff in post we hope to overcome the problems of last year in achieving these goals. For the patients pathway through rehabilitation to be successfully completed efforts should be made to continue the process in their own local community. There is therefore a role for the team to be contacting local sports/recreational resources both council/private run to try and involve the discharged patient in activity out with their home that will also contribute to both their future physical and emotional rehabilitation/reintegration. This will be assisted by completion of the compilation of names and telephone numbers of all of Scotland's disability sports and recreation development officers. We will then put into practice the linking of our patients to their local council resources. This work is on going, and will also hopefully be linked with SIS.

We also are putting together a programme of community accessibility experiences where two staff will accompany two/three patients into the community using a variety of public transport systems to access the city centre with its shops, restaurants, places of public interest etc. The aim is to challenge wheelchair/limited walking ability and to help them gain confidence in community settings. This will be a joint physio/OT venture with nursing input whenever possible.

### **Moving research into clinical practice.**

- Partial Body Weight Treadmill Gait Training (Now in conjunction with the LOCOMAT). We are restricted in how many patients we can put on the locomat/treadmill, due to the amount of time it takes per patient, but will endeavour to increasingly use it with appropriate patients
- ◆ The physiotherapy research study entitled “Cardiovascular Effects of FES Assisted Leg Cycling vs Passive Leg Cycling in Sub-Acute SCI”. Was completed as part of Claire Lincolns MSc. This has provided additional evidence for FES cycling with acute SCI’s. This is being written up for publication and is guiding the development of protocols for our use of the systems available to us.
- ◆ Equipment requirements. We have renovated our Prone Trolley during 2008 and have placed orders via the RAD to replace 10 of our over worn physiotherapy plinths.

During the current funding constraints that all areas of NHSGGC, and indeed the whole NHS find themselves we too are being asked to assess our skill mix and consider ways of modifying the service we offer. This will need to be undertaken but will most constructively be done as a Multi Disciplinary Team.

With this in mind future Staffing Requirements/Developments may be as follows:

Senior physiotherapist:

To develop the service to patients attending the Out-Reach Clinic’s across Scotland including those clinics held at QENSIU.

With the increased number of regional out-reach clinics there have been an increasing number of physiotherapy related issues coming to our attention that need to be dealt with after the team return from the clinics and request our input. This inherently means the issue takes longer to deal with than it would do if the patient had actually been seen by a physiotherapist at the clinic. The fact that there is no physiotherapy input at the clinics also means that there is now less and less follow-up, within the first year of discharge, of patients than was the case when they came to the QENSIU for their 6 week/6 month follow-up appointments.

Since the introduction of the Functional Independence Measure (FIM), as the units primary outcome measure, we have never managed to follow up our patients progress/deterioration in function post discharge. This could clearly be a role for a clinic physiotherapist.

With the increasing SCI population growing older each year the number of spinal/limb degenerative wear and tear problems that patients are reporting at reviews is increasing. The out-patient Occupational Therapist has specifically identified this as an issues. She is regularly asked, by patients, to help them with such problems, but feels these are issues a physiotherapist should deal with. This certainly would improve the quality of care provided. This will continue to be a gap in the service we provide unless time/resources can be allocated to address these issues.

Such a physiotherapist would develop the role to meet the following needs:

- ❖ *Discuss/guide local physiotherapists in continued physiotherapy input for recently d/c patients.*
- ❖ *START collecting follow-up FIM scores for patients thus identifying improvements/deterioration's in function and with local resources devising possible ways of optimising function.*
- ❖ *There is little emphasis, in the current clinics, on assessing neurological changes, joint range of motion/contracture development, physical methods of managing spasticity and preventative interventions to minimise future problems. Such assessments of patients developing problems could allow appropriate interventions to be devised and discuss with local teams. This could reduce/minimise future problems. These issues could be taken on by a physiotherapist.*
- ❖ *Assessment of our growing number of incomplete patients could well assist in maximising continued recovery post discharge. It could also draw the teams attention to deterioration in function in the longer standing individuals. This is particularly true in the area of gait pattern changes. This was highlighted at the Inverness clinic in April this year where three of the patients were incomplete walkers all of whom had gait problems all relating to orthotic problems and two also to tone with the development of bad gait habits. Immediate discussion, by the physiotherapist, with the on site orthotist will have moved reviews closer much more quickly for the patients.*
- ❖ *Liasing with local council sport/recreation officers to encourage discharged patients to continue rehabilitation/reintegration following discharge but out with the NHS.*
- ❖ *Respiratory function reviews in long standing high level tetraplegic patients to try and prevent/minimise respiratory problems.*

### **Respiratory Physiotherapist**

As the role of Dr A McLean our Consultant, and his interest in the respiratory management of high tetraplegic patient develops, and the Domiciliary Ventilation Service continues to develop, we need to increase/review our respiratory skills. This would ensure that the breadth of physiotherapy input these patients could benefit from is achieved. This would also be true of the increasing number of short-term ventilated patients, and tracheostomy patients that the unit is now treating.

Most spinal injuries units within the UK that treat ventilated/tracheotomy patients now have a physiotherapist leading the work with this group of patients.

It is true that we have increased the number of anaesthetic sessions but more time could be spent with patients, one on one, to wean them off the ventilator or from their tracheotomy. In many other speciality areas speech and language therapists and physiotherapists work together to increase time spent with patients easing the weaning process along more quickly. This hopefully can be achieved from now onward by current physiotherapists having more time to give the one on one time required by allocating their more able patients to input from the newly appointed support worker, when necessary.

## Appendix 3.2 Occupational Therapy

### SERVICE AIM STATEMENT

To provide an effective Occupational Therapy service that will minimise disability, maximise independence and maintain health in the Spinal Injured of Scotland. This is achieved through assessment, treatment and evaluation.

### SERVICE FUNCTION STATEMENT

Occupational Therapy aims to

- Assist the recovery or rehabilitation of
  - Functional skills                      Educational skills
  - Vocational skills                      Social skills

This is to enable the individual to be maintained in the community or care environment at their maximum potential.

- Provide advice and support to carers and other agencies supporting the spinal injured.

The team of Occupational Therapists strives to:

- achieve the maximum level of service within allocated resources
- maintain a sound level of clinical expertise and excellence through skill sharing and education.

### ASSESSMENT

• Activities of Daily Living	• Community Skills
• Hand Function	• Lifestyle/Leisure
• Seating/pressure monitoring	• Keyworker/Needs assessment
• Home Environment	• Driving assessment screening (informal)
• Work Environment	• Power wheelchair control needs
• School	• Pre and post-op assessment in tendon transfer surgery

### TREATMENT

• Self-care skills	• Education
• Domestic skills	• Neuro-control follow-up
• Vocational skills	• Tendon transfer post-op training
• Hand and upper limb function/remedial activity	• Mouthstick training

<ul style="list-style-type: none"> <li>• Orthotics</li> </ul>	<ul style="list-style-type: none"> <li>• Environmental Control Unit training</li> </ul>
<ul style="list-style-type: none"> <li>• Communication skills</li> </ul>	<ul style="list-style-type: none"> <li>• Assistive technology advice</li> </ul>
<ul style="list-style-type: none"> <li>• Functional mobility</li> </ul>	<ul style="list-style-type: none"> <li>• Adaptation of equipment</li> </ul>
<ul style="list-style-type: none"> <li>• Family/carer training</li> </ul>	<ul style="list-style-type: none"> <li>• Prescription/recommendation of aids and equipment</li> </ul>

### *EVALUATION*

- FIM scale
- Ongoing functional evaluation

### *SERVICE SPECIALITIES*

- Seating assessment with specific attention to the special needs of the spinal injured. This includes posture control in high level tetraplegia and pressure sore prevention with the use of a pressure-reading monitor. Joint sessions with bio-engineers are arranged when necessary.
- Home assessment with recommendations for alteration to home or for rehousing, depending on the needs of patients and family
- Workplace and work skills assessment
- Equipment: assessment of patients needs with regard to specialist aids and equipment required to aid function
- Splinting the tetraplegic hand and fabrication of splints to aid specific functions e.g. writing, shaving.
- Patient Education: Skin/cushion care, pressure sore prevention in ADL  
Community resources
- Environmental control unit and assessment for switch selection/position
- Mouthstick training
- Adaptation of equipment and aids
- Unique information service for patient, carers and staff
- Pre and post-op assessment and treatment in tendon transfer surgery.

### *SERVICE ACCESS*

**Service hours:** Monday - Friday , 8.30 - 16.30

**System of referral:** Blanket

**Location:** Based within the Queen Elizabeth National Spinal Injury Unit, a comprehensive Occupational Therapy Service is provided to the Spinal Injured of Scotland. The Occupational Therapy Service is extended to outpatients and home follow-up. The unit open door policy is adhered to.

A holistic, multi-disciplinary team approach is adopted by the QENSIU

## STAFFING

All staff are well motivated, cohesive and committed to high quality patient care

Advice and expertise is often called upon by other Occupational Therapists and health care workers based in both hospitals and in the community

The service is staffed by 4.95 WTE. It should be noted that this remains one of the lowest ratio of staff to patients in the UK. In the recently published Review of Spinal Injuries Services for Health Authorities in the South West, South East, London and Eastern Regions it is recommended the ratio is one therapist per 6 – 8 patients

The Occupational Therapist Team Lead is responsible for

- the day to day management of the National Spinal Service
- development of the Assistive Technology Service
- staff supervision and development
- clinical caseload
- caseload allocation
- administration and statistical collation
- fieldwork educator
- line management of the Senior 1 staff within the Rehabilitation Directorate
- The Head OT is responsible to the:
  - Clinical Director of the Spinal Injury Unit
  - AHP Lead – Regional Services

Senior 1 x 0.75 WTE - out-patient service - is responsible for,

- assessment and treatment to the outpatient population of spinal cord injured. This service includes follow-up, annual review of needs and function and care for those re-admitted to the unit with complications associated with SCI
- overviewing OT input to satellite clinics
- patients contacting the service on the open door policy
- development and administration of out-patient service

Senior 1 x 0.7 WTE - (Hand Specialist) - is responsible for,

- co-ordination of all spinal unit upper limb assessment and treatment
- identification of patients who would benefit from or be suitable candidates for tendon transfer surgery
- Hand Service development
- supervision of the Occupational Therapy Assistant

Senior 1 (in-patients) is responsible for,

- assessment, treatment and rehabilitation of newly injured patients.
- supervision of Senior II
- fieldwork educator
- other duties as assigned by the Team Lead OT

Senior 11 is responsible for,

- assessment, treatment and rehabilitation of newly injured patients.
- other duties as assigned by the Team Lead OT
- fieldwork educator

Occupational Therapy Assistance x 0.5 WTE is responsible for

- carrying out assigned patient treatment under the direction of a qualified member of staff
- various clerical, administration and other duties as assigned

All team members provide training for professional under-graduate and postgraduate training to students from various health care professions

### **Appendix 3.3 Clinical Psychology**

The Psychology Department at QENSIU aim is to provide assessment, support, consultation and intervention to patients, their families and staff so as to support the rehabilitation of those with a spinal cord injury.

#### **Tasks of the Department**

Firstly psychology can assist in determining to what degree a patient understands their diagnosis and prognosis and thereby assist goal planning and rehabilitation. Secondly comprehensive and timely assessment will assist in the early identification of problems that limit rehabilitation and allow targeted intervention and support. The range of problems are many; adjustment, coping or skills deficits, motivation, anxiety, depression, serious pre-existing mental illness, drug and alcohol problems, or cognitive difficulties or social and relationship issues. Thirdly while the department's focus is primarily on the individual intervention and education with family and consultation with staff are important components of the psychology care that is offered at QENSIU. Fourthly the process of adjustment continues into the community over a period of years. The department is available for consultation with treating clinicians in the community and to provide brief psychological intervention in cases of urgent need.

#### **Staffing**

Staffing is currently one full time Clinical Psychologist. In the year a Glasgow University third year doctoral clinical psychology trainee has been attached to the unit.

#### **Achievements and Developments 2009-2010**

##### **Team Working**

The provision of psychology has continued to play a valuable part at QENSIU and strong working relationships with inter-disciplinary staff have been maintained. A pleasing achievement has been the successful integration of psychology trainees into the unit and to balance their training within other areas of neurosciences.

##### **Teaching and Training**

Lectures to para-medical, medical staff and teaching of students have been ongoing. Links and speaking to outside groups has grown with lectures to other psychology departments in the city. Participation in hospital journal clubs and conferences continues.

### **Audit/Research**

As part of good clinical practice and to support the profile of psychology within QENSIU audit and research continues. Three audit projects have either been led by or contributed to by psychology in the last year. These included demonstration of patient satisfaction and compliance with standards related to goal planning and audit and resultant practice change in referral practices to social work. The project initiated with Mr. Allan, Director, (history and outcome of those who sustained SCI by suicide) culminated in a journal submission and hopeful publication.

### **Clinical Research Links**

The outpatient service continues as do external consultation and teaching which is now well integrated into the current psychology case load. A number of useful discussions have occurred about possible research projects with the local training programme and psychology's input into the formal research programmes at the unit grows.

### **Clinical Activity**

The department has continued to see every new spinal injured patient. Intact, readmissions or urgent out-patients have been reviewed at medical staff's request.

*Table 1: Patients Seen – 31<sup>st</sup> of March 2009- 1<sup>st</sup> of April 2010*

	New Contacts	Return Appts.
New SCI Inpatients	102	319
Neurologically Intact Patients	6	38
Readmissions	7	19
Outpatient	15	34

*Other Clinical Activity:* Consultation, advice to staff, incidental patient/family contact, brief patient review and participation in goal planning meetings occur regularly and constitutes part of core clinical activity and is not counted in the above figures.

### **DEVELOPMENT GOALS FOR 2010-2011**

- For the current teaching and professional development activities to continue.
- Completion of a second audit cycle (and development into a paper) of the units practice on referral to social work.
- Continuing to develop contact and consultation to community teams.
- Make more explicit research links with local Universities and further develop the psychology research in QENSIU.



## 1. Introduction

Momentum Skills is one of Scotland's leading not-for-profit organisations. It is part of the Rehab Group, an independent not-for-profit organisation working for social and economic inclusion among people with disabilities and others who are marginalised.

The service at the Queen Elizabeth National Spinal Injury Unit is funded by Glasgow City Social Work Department under a Section 10 Grant. It is person centred with a number of underlying principles; needs led, flexible and integrates with the multi-disciplinary rehabilitation approach of the unit.

We provide a service that delivers a menu of options and return on investments within a Best Value framework. The key elements include:

- 1) Initial consultation and Assistive Technology assessment to appreciate the patient's needs and physical capabilities.
- 2) Primary goals are pre-vocational exploration and rehabilitation based on the use of computer technology.

Our service is designed to allow patients discover how using assistive technology can make access to home and office computing possible and open up a whole new world of independent communication and information for them.

For those patients using assistive devices such as speech recognition, single switch scanning or headset technology, training is pertinent to the technology and tailored so patients acquire command and independent control of their personal computer activities.

Computer technology is increasingly becoming an essential piece of home and work equipment. This service ensures that spinal cord injured people can approach this revolution of our times with confidence and without trepidation during a critical time in their lives.

For people retaining employment or further education we work closely with employers and other agencies to ensure the correct assistive technology devices are prescribed and continuity of training is provided by Momentum Skills' new Assist and Adapt Service.

The tangible results for patients participating in our service are: -

- a. More constructive use of leisure time, vocational independence and social integration to prevent social exclusion.
- b. Improved competency and confidence in using technology to reduce barriers and increased flexibility and adaptability, thereby reducing discrimination.
- c. As a result of working with computers and Assistive Technology, Momentum Skills makes a significant contribution in improve patients' work tolerance, volition, general endurance, self esteem and self worth.

Momentum Skill's Spinal Injury Service is in synergy with the equal access employment strategy of Glasgow City Council. The core purpose is to find the most appropriate assistance and support protocols allowing someone who has suffered paralysis to rebuild a productive and socially inclusive lifestyle. Without the technological and human foundation laid by this service, the future would be bleak indeed for our clients.

## 2. Service Developments

### 2.1) Adapt and Assist Service:

Research funded by The Big Lottery Fund's *Investing in Ideas* was commissioned in 2006 and gave strong evidence of a need for an outreach support service for spinal injury patients returning home, with recommendations about how this might be implemented. The **Adapt and Assist** Project, developed from these recommendations has been implemented and is now in full operation. A continually growing Volunteering Network, has been set up and is being utilised to deliver this service across Scotland: The geographical areas of Scotland with the greatest anticipated need in terms of clients have been researched, and volunteers sought particularly in those areas.

The Adapt & Assist vision is that people returning home after a long stay in hospital due to spinal cord injury, and who are facing the challenge of life with a disability, will have the confidence and skills to make that transition as successfully as possible, and have better chances in life. Adapt & Assist has been set up to provide a community volunteering network supporting better opportunities for people with spinal cord injury, and who have difficulty accessing I.C.T.

The programme has the following objectives:

- Increase the speed of return to vocational activities
- Provide technical assessment for assistive technology and computer training
- Create, encourage and develop early pre-vocational skills for rehabilitation in education, employment and leisure activities
- Provide a means for referral onwards of service users to appropriate services
- Provide support for the use of assistive technologies for independent living
- Investigate and evaluate new technologies for use by people who have difficulty accessing I.C.T.

To date

- 36 volunteers have been recruited across various parts of Scotland including Glasgow, Alloa, Edinburgh, Renfrewshire, East Dunbartonshire, Lanarkshire and Moray.
- 62 client referrals have been received
- 27 clients have received/are receiving volunteer support

## **2.2) Patient Internet and E Mail Wireless Network:**

The unit is equipped with a patient dedicated Wireless (802.11b &g) Network covering most of Philipshill and Edenhall wards and the Day Room. It is available 24 hours a day, 7 days a week. The signal has been boosted to achieve more coverage in Philipshill. It has been one of the most successful innovations in this service. A bank of wireless networked equipped laptops is available for short term loan to patients during their stay in the unit. The Broadband speed has been boosted to > 4mb to accommodate the growing usage of this service.

- On average about three bank laptops are out on loan to patients at any given time.
- At any given time about eight patients have laptops or other internet devices in use.
- Patients are expressly forbidden to use web cameras in any part of the unit without prior permission in a designated area.
- The use of laptops in rooms is at the discretion of the nursing staff.

Access points have been installed in Edenhall and the Step Down Unit to extend the WIFI. Final connection by the Trust IT Department will be carried out during 2010. Most of Edenhall is served by the current equipment.

## **2.3) Office Equipment:**

Thanks to Martin Currie Investments, the three office P.C.s have been replaced with powerful state of the art machines capable of handling all our requirements.

## **2.4) Patient Entertainment System:**

E Mail/Internet/Television and other computer based entertainment has now been implemented at the bedside in Edenhall (High Dependency) Ward. Five multimedia touch screen units have been put in place which provide all these services on one table mounted unit.



Use of these units is completely free of charge to patients and available at any time, subject to the agreement of the ward staff.

Funding for this project was made available through the Abbey Bank Trust.

## **2.5) Computer Hardware and Software Games:**

Although the unit has many young male patients the demand over the years for computer based games has been very small. So small in fact, that with limited funding and finite control over the priorities on project funding, this need has never been addressed to any great extent.

Momentum Skills have commenced a project to identify electronic gaming devices suitable for Spinal Cord Injured players. It is hoped that during 2010 some games can be introduced.

## **2.6) EqualSkills:**

We are accredited to award this certificate at no charge to patients.

Managed by the British Computer Society (BCS), EqualSkills is a short, staged training and assessment programme with a certificate awarded upon successful completion. The programme is, informal and easy-to-use to show newcomers to IT the very basics of computing from using a mouse and keyboard, to exploring the Internet and sending E Mail messages.

Specifically designed to address the needs of those intimidated by computers, EqualSkills is the first step on the IT skills ladder, with patients then encouraged to move on to gain the ECDL qualification, also managed by the BCS. It is a very basic level and so far has gained no interest from any patient.

EqualSkills covers four topics: -

- Computer Basics
- Introduction to the Desktop
- World Wide Web
- E Mail

## **3. Technology Developments:**

A watchful eye is always kept on developing and evolving technologies likely to have a significant impact on the delivery of future Momentum Skills Spinal Injury Services. Noteworthy assistive technology advancements likely to enhance the lives of spinal cord injured people are tracked and their significance monitored.

### **3.1) Speech Recognition:**

Over the years the accuracy of this technology has improved at a phenomenal rate.

Dragon Naturally Speaking – “Preferred” is the recommended product. Version 10 is the latest edition. The high standard of accuracy of this version is phenomenal and a marked contrast to

earlier versions.

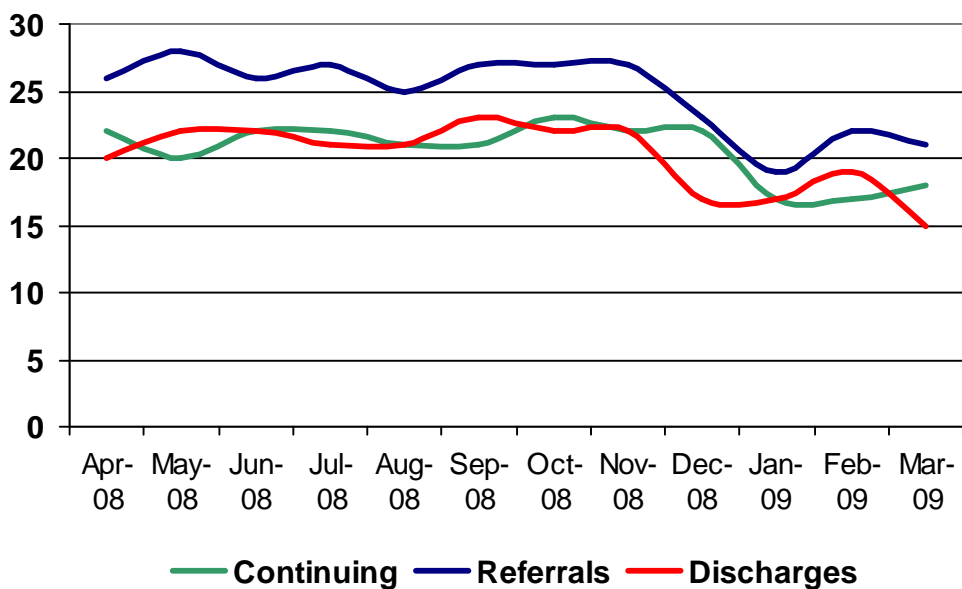
When this solution is selected it is made clear to the patient that success will depend upon their desire to succeed through their own perseverance and patience. Training and constant enhancement to the personal speech signature is the secret to success for accurate speech recognition.

The unit has an enterprise licence for the Professional version of the software. This has allowed us to implement on laptops, giving patients the opportunity to practice (and use in earnest) outwith our normal working hours.

#### 4. Proposed Service Innovations:

##### 1. Service Performance Indicators:

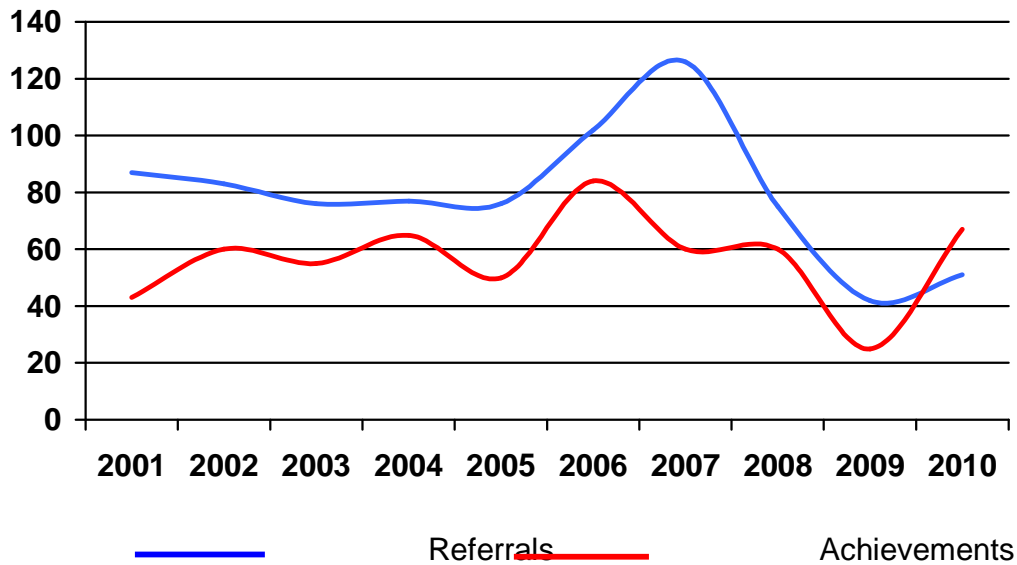
Referrals and Discharges 2009 / 2010 April to March (Inpatient):



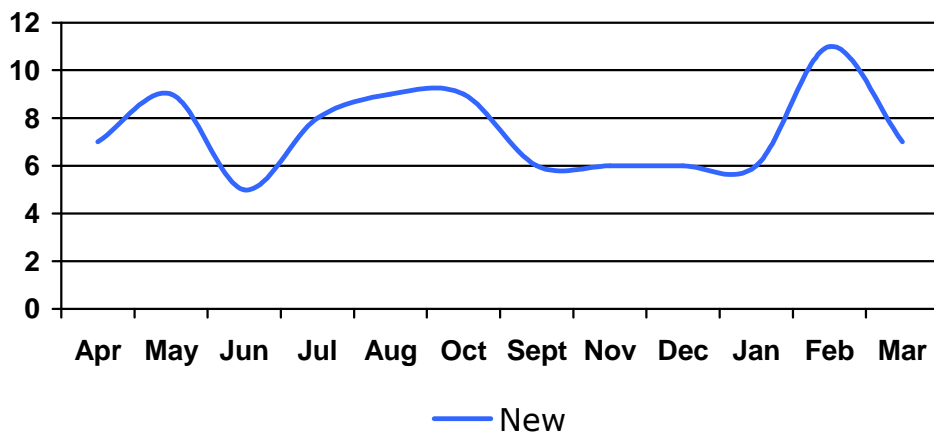
Patient Achievements 2009 / 2010 (Inpatient):

Initial Achievement	18
Therapy / Leisure Achievement	9
Assistive Technology Achievement	11
Family / Carer Achievement	16
Onward referral for Vocational Activities	3
Support for Continuing Education	5
Support for Employment	5
S/Total:	<u>67</u>

Ten Year Referral Trend: (End of March 2010)



Performance Targets for 2009 / 2010



**6. Project Highlights:**

- Membership of the AAATE (Association for the Advancement of Assistive Technology in Europe).
- Continued membership of MASCIP
- The new Adapt and Assist project is bedding in well.

**7. Staffing Levels:**

Staffing for this project has always been to an affordable level based on the Section 10 Funding and was a job share position between Geoff Orry and Shaun Digges. This equated to 1 person employed full time at the spinal unit. In March 2010 Geoff retired after almost 19 years of service and will be replaced for 2010-2011 by Sajid Ahmed who has been a volunteer with Momentum for six months.

## 8. Equipment Expenditure Requirements 2009 / 2011:

Item	Justification	Cost	Spend
Dragon Naturally Speaking Ver X Professional	Development of custom commands for patients	£0	<b>Implemented</b> 4 <sup>nd</sup> Qtr 2009
Desk Top PCs (3)	To update Computer Room Inventory and replace old obsolete Kit	£0 (Donated)	<b>Implemented</b> 1 <sup>st</sup> Qtr 2009

## 9. Staff Training:

Investment in staff training is a vital part of Momentum's corporate culture. Training will be performed through: -

AbilityNet; short courses

C.A.L.L. Centre, Edinburgh University, visit to try A/T Equipment

Central Remedial Clinic, Dublin, visit to the clinic understand their approach to assessment for A/T

Plus courses and seminars run by Momentum Scotland and the Rehab Group on matters relating to business and administration.

## 10. Issues and Concerns:

### Space

Request to the Spinal Injury Unit Management team for more space has always been viewed sympathetically and favourably. Until the space issue is resolved tackling the real issues that are holding back the progression of this service cannot begin.

- More space is needed, especially to accommodate those patients on bed rest and with power wheelchairs.
- Space for inventory storage is needed to protect valuable assets
- The air conditioning unit installed last year has made a dramatic effect on bringing the Computer Room temperature down to a reasonable and acceptable level, but cannot be used whilst some patients are in the room.
- The level and standard of lighting has been measured to be about 50% of the required standard. This problem has never been resolved despite many visits from SGH Estates and Health and Safety Departments

For further information on the Adapt & Assist Programme please contact either Doug Ross, Volunteer Network Co-ordinator ([doug.ross@momentumscotland.org](mailto:doug.ross@momentumscotland.org)) or Garry Ryan, Assistive Technology Co-ordinator on 0141 952 6494.

For further information about Momentum Skills Spinal Injury Service at the Queen Elizabeth National Spinal injury Unit please contact Shaun Digges or Sajid Ahmed on 0141 201 2205.

Shaun Digges                      May 2009

## Appendix 3.5 Spinal Injury Scotland



### 50<sup>th</sup> Anniversary:

2010 is a landmark for Spinal Injuries Scotland. It is the charity's 50<sup>th</sup> Anniversary. Founded as the Scottish Paraplegic Association in 1960, it later changed to the Scottish Spinal Cord Injury Association (SSCIA), as its focus developed from purely sport into dealing with other aspects of living with the injury.

In 1994 the SSCIA became Spinal Injuries Scotland and since then our focus has been primarily education, advice and support for people with a spinal cord injury, their family and friends and those that care for them.

### Services:

SIS has continued a high level of service to support the Spinal Cord Injured [SCI] community in Scotland over the last year. We continued to attend Outpatients at QENSIU on Tuesday through Thursday when appropriate to compliment the support SIS gives to the Outreach Clinics held in Aberdeen, Arbroath, Inverness, Dumfries and Melrose.

The weekly Inpatient Unit visit is now standard practice where a wide variety of topics, emotional support and advice can be given to both patients and relatives. Several relatives evenings and relatives days on a Saturday where held over the year with good attendance, success and effectiveness.

SIS continues to implement more detailed written procedures and protocol standards for all of our voluntary work. We continue to make it our policy that all staff and volunteers have enhanced disclosure clearance. Regular employee and volunteer meetings were held to ensure our services meet a high standard.

### Information & Advice:

SIS continues to offer a freephone line to those seeking our office based information and advice services. The charity's 'Newslines' magazine continues to prove very popular. The web-site ([www.sisonline.org](http://www.sisonline.org)) is constantly being upgraded and improved to enhance our communication with those affected by SCI. An information kiosk dedicated to Spinal Injuries Scotland has been installed in the day room of the QENSIU for visitors and in-patients perusal.

Free legal and welfare advice is available from Digby Brown Solicitors who offer this service free to those affected by SCI through SIS. Digby Brown through their sister company also offer Power of Attorney and will advice to the SIS membership. We have attended various exhibitions and conferences to promote spinal cord injury awareness as well representations on various disability access panels around Scotland.

### Spinal Injuries Awareness:

Fundraising events can be an effective way of spinal injury awareness. We host two large and successful annual fundraising events in Glasgow and Aberdeen. A number of members attend these events and this can help integration into a social environment for those with a SCI. We have had several companies and individuals fundraise for SIS which also increases the profile of SCI.

An Annual Awards lunch is held on Spinal Injuries Awareness day which is on the third Friday of every May. The 2<sup>nd</sup> Annual Awards was held at the Old Course Hotel in St. Andrews.

The worthy recipients of the prizes were:

*Keira Procter - "Volunteer of the Year "*

Volunteer of the Year this year went to Keira Procter; since 2005 Keira has been a regular volunteer covering the Spinal Unit visits and more recently the relative support evenings. The charity would simply not function without our dedicated group of volunteers, overseen by Peer Support Manager Dougy Johnstone. What is particularly impressive is that she is not exactly "handy" for the spinal unit-living, as she does, in Dunoon. This involves the ferry crossing between her home town and Gourrock and a thirty mile drive. There have been occasions when due to bad weather that the ferry has been put off; this then means that she has to drive the long way round, by the Rest and be Thankful in foul weather, a total of 70 miles. It is for her ongoing dedication to helping others and the lengths that she often has to go to, that Keira has been recognised by the charity.

*The Diced Cap Trust - "Supporter of the Year "*

Supporter of the Year in 2009 recognises the fantastic ongoing support given to SIS by the Diced Cap Trust and specifically their Chairman, Gordon Townson. The Diced Cap is the charitable organisation run by serving and retired members of Grampian Police and was formed in 1990. Since then the Trust has raised and distributed over One Million Pounds. SIS has been the grateful recipient of many thousands of pounds in recent years, which has gone a long way to enabling us to keep up our standard of service provision.

*Lynn Newborn - "Contribution to the spinal cord injured community."*

Contribution to the spinal cord injured community for 2009 goes to Lynn Newborn of ConocoPhillips based in Aberdeen. Lynn has been the driving force behind ensuring the success of the annual "Oil and Gas Quiz" held every March in Aberdeen and London at the same time.

### **Campaigning:**

Clare Byrne has joined the Mobility and Access Committee for Scotland. The Mobility and Access Committee for Scotland (MACS) was established by the Transport (Scotland) Act 2001 in 2002 as an Advisory Public Body to give advice to Scottish Ministers on matters relating to the needs of disabled persons in connection with transport. MACS provides advice on accessibility, in relation to transport and works with private and public operators on the planning and regulating of transport facilities to ensure that they are accessible for those with a disability.

### **Participation:**

SIS is involved with several other organisations to enhance the knowledge and make our work more effective. Spinal Injuries Together [SIT] are the five main charities for SCI in the UK (SIA, ASPIRE, Back-Up, Spinal Research and SIS) who work together to ensure that people with SCI receive the best possible services from each charity without duplication. The Joint Volunteer Group (JVG) is the umbrella of all main voluntary groups who work within the QENSIU that SIS works closely with to offer a varied, appropriate and attractive range of activities. SIS also participated in Long Term Conditions Alliance Scotland, Neurological Alliance Scotland and the Scottish Disability Equality Forum. SIS continued collaboration with the European Spinal Cord Injury Federation [ESCIF] and will attend this year's annual congress in Lobbach, Germany.

### **Education:**

SIS has provided presentations and training to health professionals at the QENSIU when requested.

We have given talks to school children and students to do with prevention of spinal cord injury and social care. For example Trevor Eakin, SIS vice Chairman has talk about the dangers of driving and road traffic collisions. Dougy Johnstone, Peer Support Manager has given talks to students at various educational establishments to talk on social care and the effects of spinal cord injury.

**Respite Facility:**

In a new and exciting future service Spinal Injuries Scotland is seeking approval to construct an extension to and upgrade the ground flat at Clober Farm in Milngavie. SIS seeks to adapt the existing accommodation into a modern respite unit for individuals that suffer from spinal cord injuries. The property occupies the ground floor of the Category 'C' listed Clober Farm house with a large garden. SIS saw the potential for the site to showcase a fresh approach to creating and retrofitting an existing property into a fully accessible home with a more design driven approach. Typically projects of this nature tend to be very institutional and clinical. The proposals are aimed to avoid this generalized approach and give its future residents a full sense of what life at home could be like while letting them experience a modern adapted environment. The aim of the project is also to explore and present ideas that can be carried forward to future accessible home adaptations. The garden offers the potential for residents to enjoy and take an interest in gardening.

**Summary:**

Spinal Injuries Scotland has continued to offer a high standard of services and maintained the level of income from 2008-2009 in the face of a difficult economic climate. We have almost a daily presence at the QENSIU. We routinely respond to requests from staff, patients and relatives.

Our staffing levels are one full-time Chief Executive and three part-time employees. Three of our employees have a spinal cord injury and are wheelchair users. We have maintained the number of volunteers and still look to increase the number to improve standards and coverage all over Scotland. We have also continued supporting the Outpatients clinics, where possible, at the Spinal Unit to compliment our Outreach clinic support. SIS has remained firmly focused on services delivered to the SCI community and those affected by SCI in Scotland.