Shaftesbury
Icanho

Annual report
2023 - 2024

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Annual outcomes report 2023 - 2024

Introduction

This report summarises activity and outcome data over the period from April 2023 to March 2024.

Shaftesbury Icanho continues to offer rehabilitation, with centre-based appointments, home visits and support to access community opportunities, as well as remote sessions where deemed appropriate.

This year we have seen over 20% increase in referrals. Headway data from 2019-20 highlights that there is still one admission to hospital for brain injury every 90 seconds, one head injury every three minutes and one stroke every four minutes in the UK. The numbers of people with recorded diagnosis of Acquired Brain Injury in the UK continues to rise and we are aware of a similar increase in referrals within the Suffolk neuro rehabilitation pathway.

We have been working closely with the commissioners of our service, other NHS and voluntary sector organisations to seek opportunities for more integrated working to meet the increasing demand for services. One such example has been our involvement in an NHS England catalyst funded project to ensure all stroke survivors have access to a holistic 6-month review across Suffolk and North East Essex. Icanho has taken a leadership role in establishing a referral hub and an integrated MDT involving collaboration of 6 organisations. Additional resources from this project has enabled us to grow our interdisciplinary team with recruitment of a stroke nurse.

Working closely with our service user group we had a successful open day in July where we launched our Community Opportunities project. Our specialist service is time limited, and our aim is to raise awareness of ABI and work with community groups and organisations who can provide support for our clients and families post discharge.

Ensuring we have fit for purpose systems and processes continues to be a focus for us so we can ensure we utilise our resources in the best possible way. We are currently working with NHS partners to move to an electronic patient record system ‘SystmOne’ used by NHS community teams and GPs. Once in place and with clients consent this will enable us to access and share health information in timely way with other professionals to benefit our clients and families.

Jo Marshall

Service Manager

Referrals, screenings and assessments

Referrals

226 referrals were received, an increase from 187 received in the previous year.

140 (62%) had a diagnosis of stroke and **86 (38%)** other ABI.

ICB	Total referred	Stroke	Other ABI
I&ES ICB	143	89	54
WS ICB	49	31	18
GY&W ICB	30	18	12
No Address/other	4	2	2
Total	226	140	86

Referrals accepted

CCG	Number accepted	Non-acceptance and reason
I&ES ICB	Core contract 130	IFR 13
WS ICB	Core contract 44	IFR 5
GY & W ICB	Core contract 25	IFR 5
Other	3	IFR 1
Total	202	24

Average wait times

The graph represents the number of weeks (on average) from the point the client becomes available to undertake rehabilitation, to receiving their assessment at Icanho. **(9.5 weeks)**

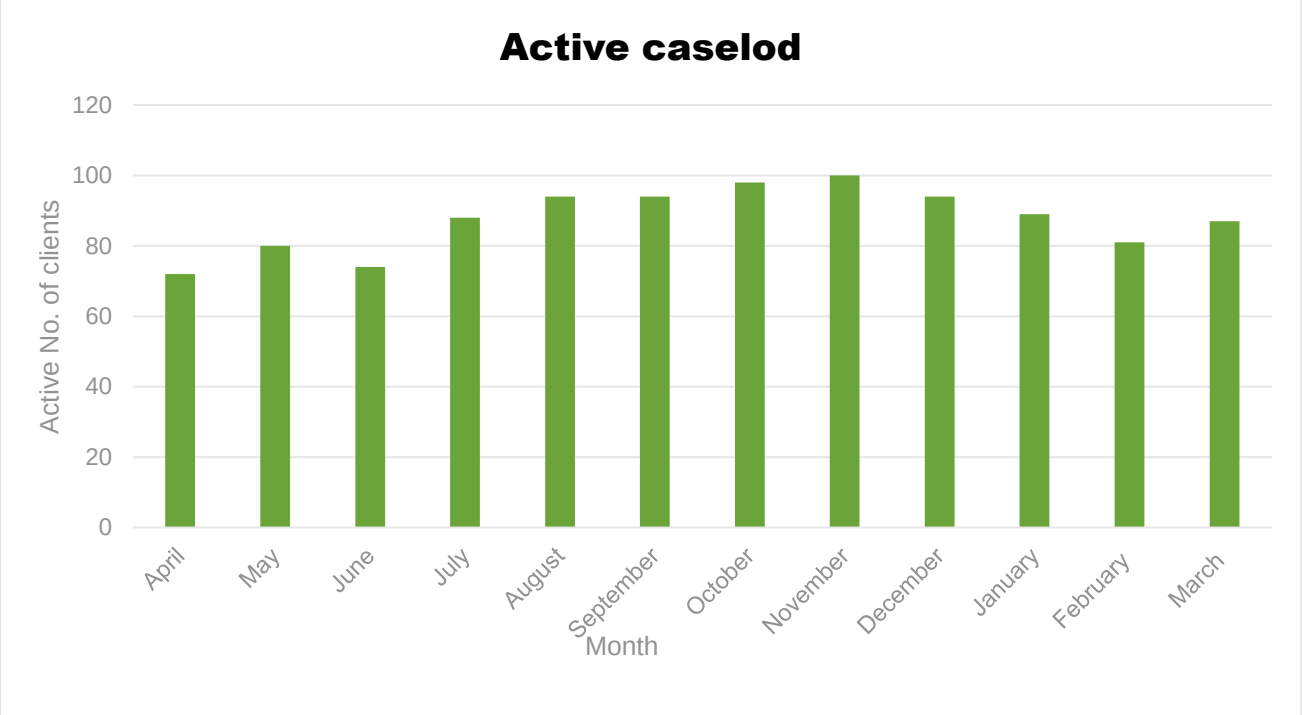
New clients accepted for full rehabilitation programme

171 clients were assessed and subsequently, **146** went through the service, with **102** clients being offered and commencing upon rehabilitation.

Active caseloads

The number of **core contract clients** (excluding IFR-funded clients) who are active on our caseload is constantly changing, as new assessments and discharges occur.

To provide an estimate of our active caseload, it was agreed we would calculate this on the first of each month. The monthly average between **April 2023 – March 2024 was 88 active clients.**



Annual report: outcomes

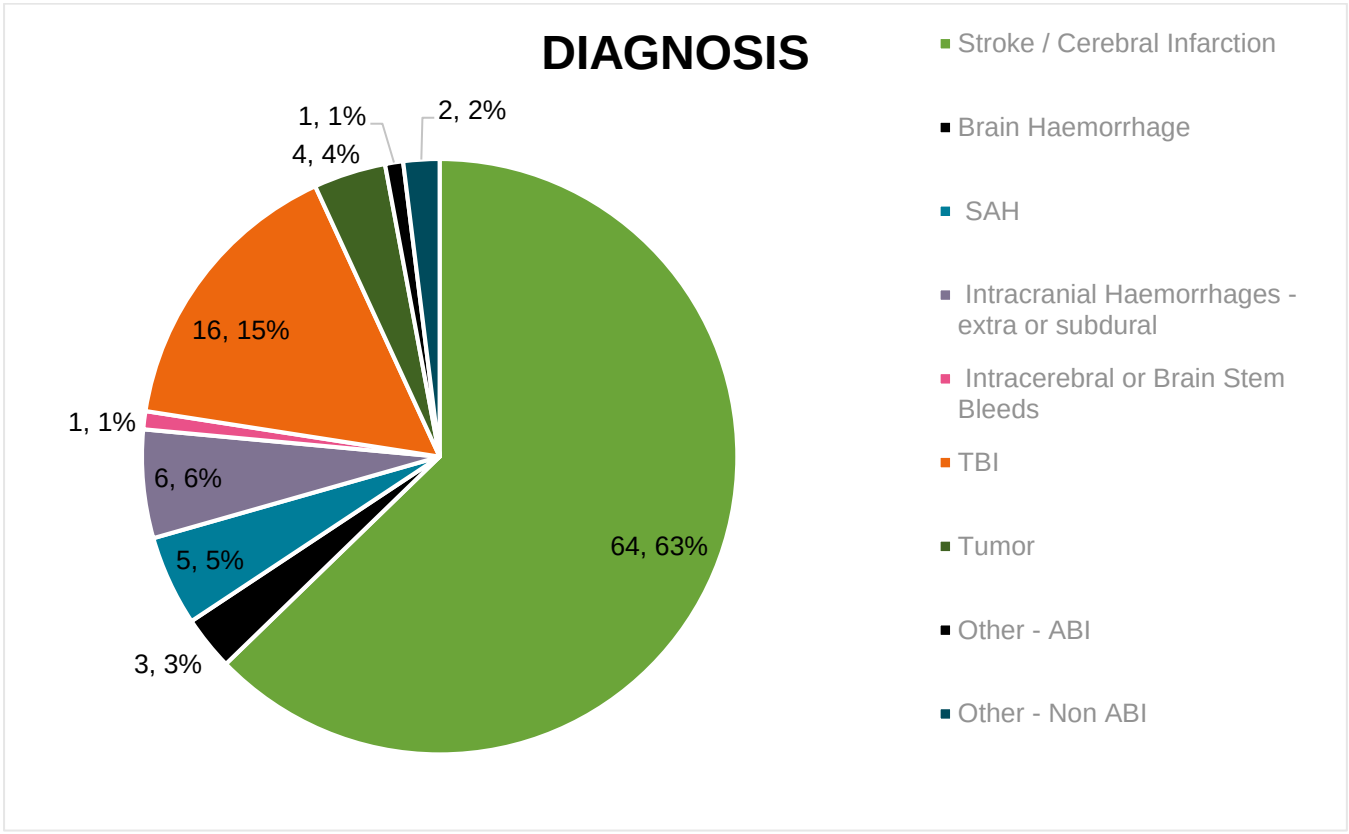
Over the year, **184** clients (of these are **22** IFRs) were discharged from the service. This includes those discharged at all stages in the process, from receipt of referral to completion of a full rehabilitation programme.

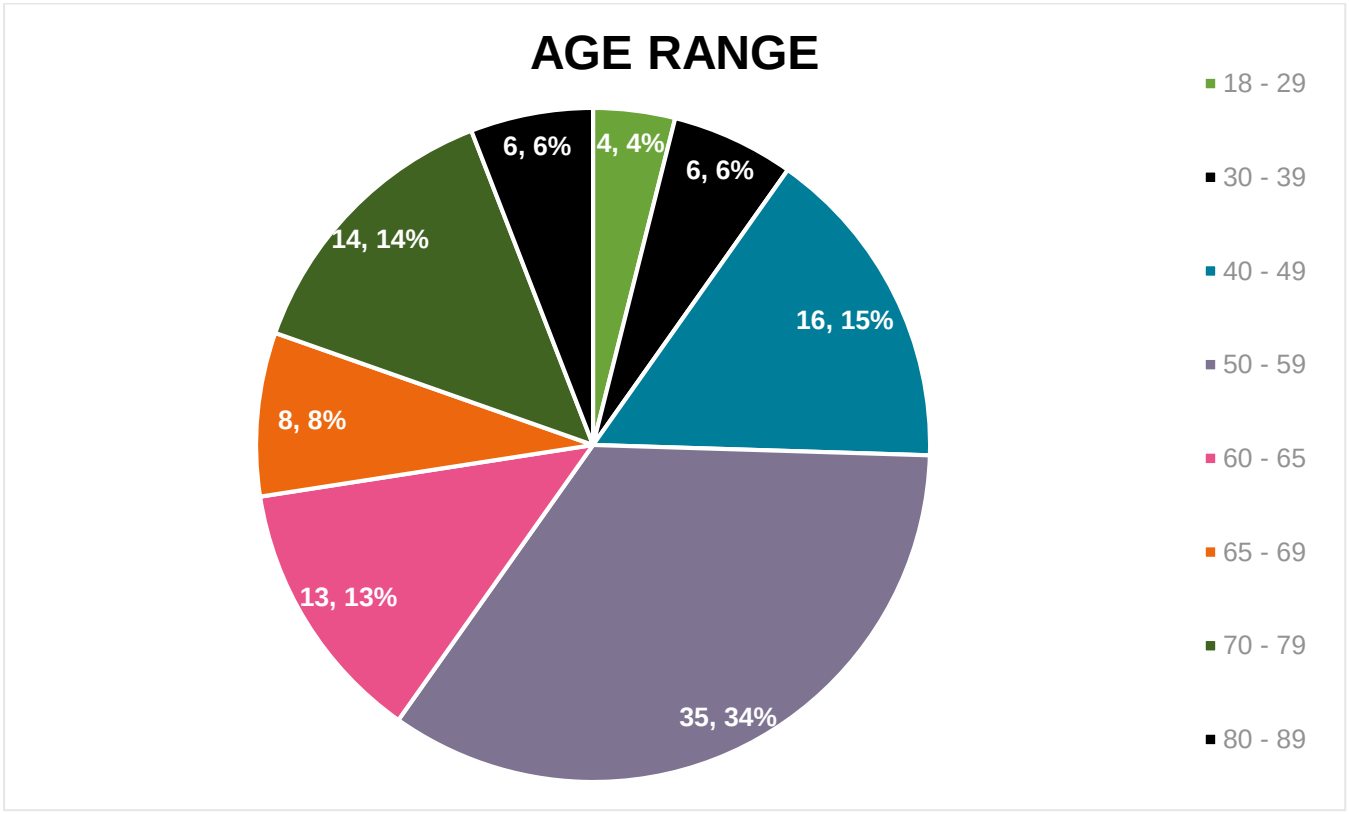
CCG	Total discharges
I&ES ICB	**115 (Inc 13 IFR)**
WS ICB	**49 (Inc 6 IFR)**
GY&W ICB	**16 (Inc 1 IFR)**
Outside of ICB	**4**
Total	**184**

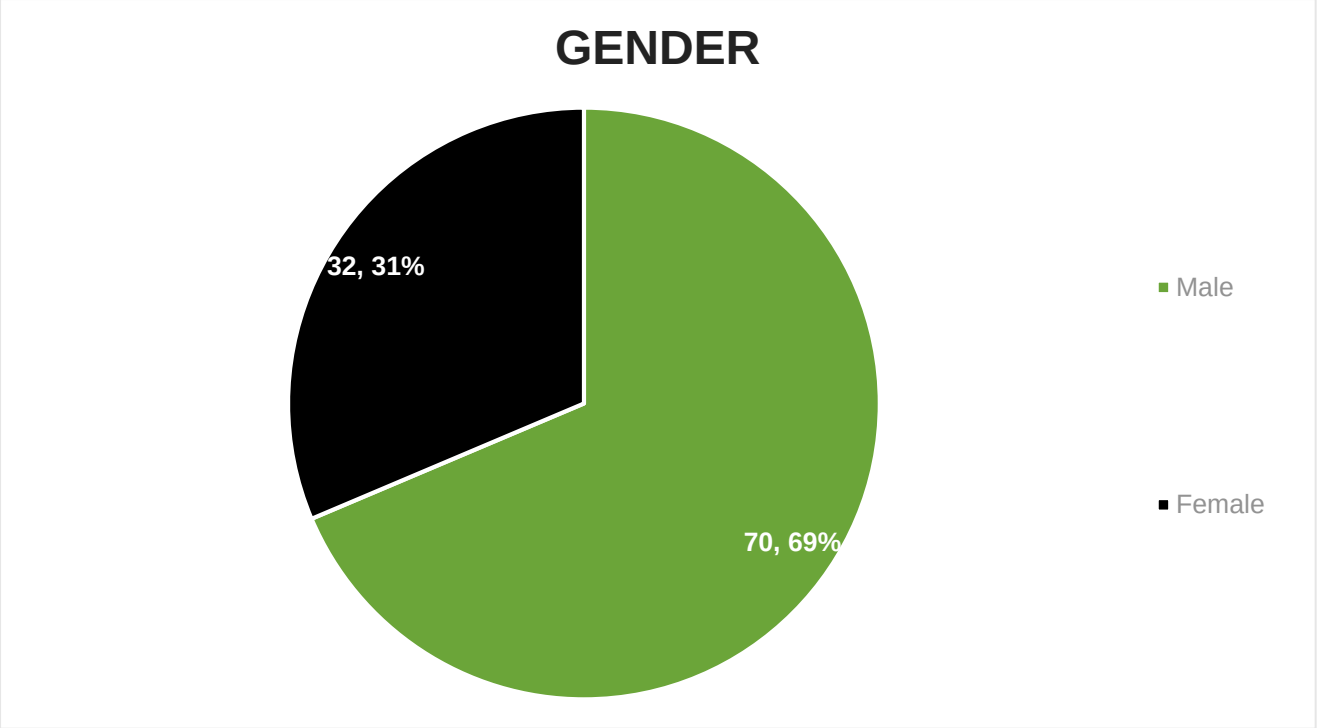
Of the 184 clients discharged:

- **25** clients were referred to another service's rehabilitation programmes. (Of these, **19** clients were offered assessments and attended the centre for rehabilitation, before being referred elsewhere.)
- **35** clients were assessed and it was deemed that no further treatment via Icanho was appropriate (However, please note, of these **14** clients were offered assessments and undertook clinical sessions / rehabilitation.)
- **2** clients died, prior to commencing and during their programme of rehabilitation.
- **1** clients moved out of the area.
- **8** clients did not attend and despite attempts to contact them, subsequently have been discharged.
- **11** clients requested discharge (Please note, this includes clients who had undergone rehabilitation, however due to changes in circumstances were unable to continue i.e. deterioration in partner's health, deterioration in own health.)
- Outcomes will be provided for the **102 clients** who have **undergone and completed their full rehabilitation** with Icanho.

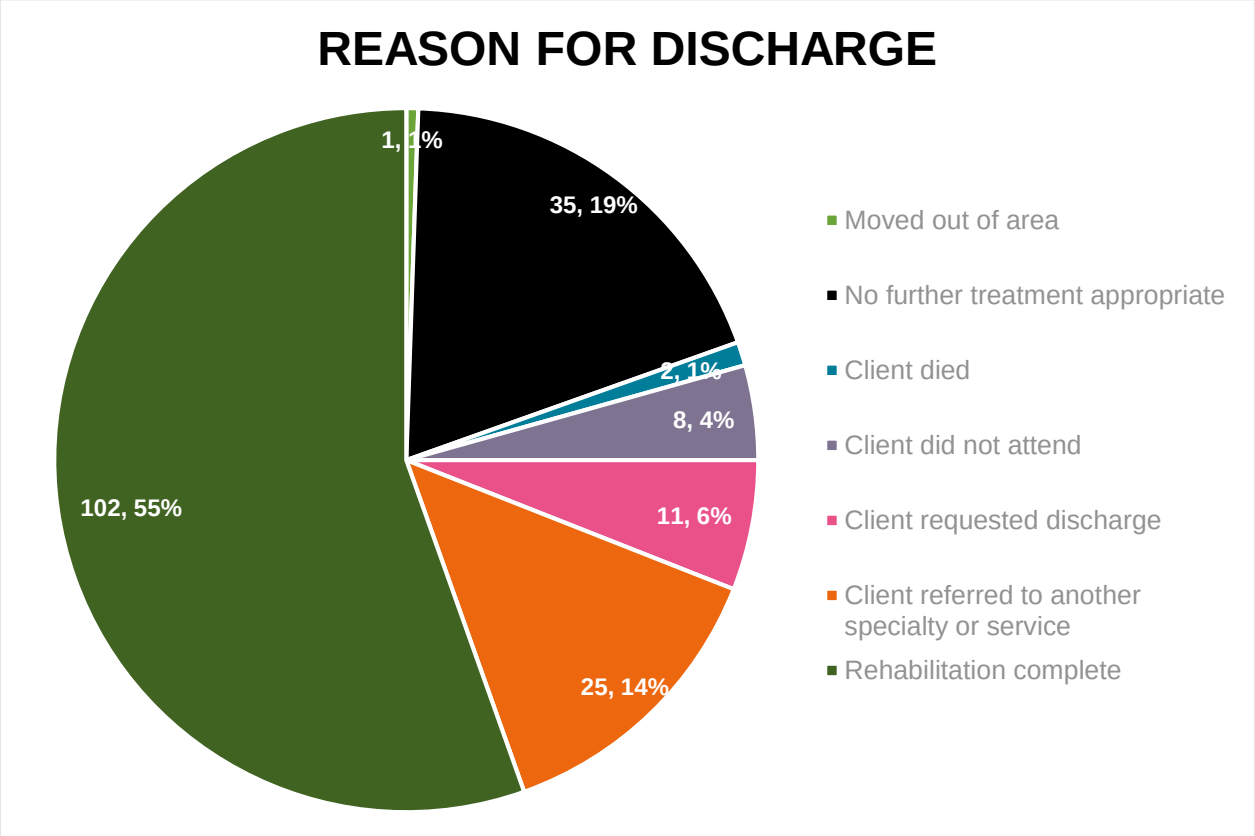
Discharge demographics







The next graph displays the data for all **184** discharges, from the Icanho service.



“I left Icanho with much more hope that I arrived with. Nothing fazes people at Icanho - you feel they see you as an individual and not as a ‘case’. I’m ok to drive again and am working as a lab technician.”

Ross Horner

Case study: Ross Horner

Father-of-three Ross sustained a serious head injury when out on a seaside walk with his family. He shares what happened that day and his journey to healing with Shaftesbury Icanho

Just after Christmas 2022, we were having a nice family walk with my parents-in-law, along the seawall at Felixstowe. I slipped on the steps and did a kind of somersault, landing on my head on the concrete steps further down. I was in Addenbrookes Hospital for 11 days and was irrational and exhausted when I was discharged.

I was referred to Shaftesbury Icanho by Addenbrookes and I attended for around 25 sessions over 9 months. Prior to this, I’d tried returning to work but my concentration levels were hopeless.

I worked with the physiotherapist who identified quickly that cognition was a big part of my injury. I had speech and language therapy and psychological support. The emotional side of things was the toughest for me but all the therapies were very important.

I felt a completely different person after I finished at Icanho. That is the key thing I came out of Icanho with – an acceptance of who I am, my limitations and boundaries, and I’m not ashamed of that. I felt I’d been given the tools to deal with life going forward.

Icanho taught me very early on to speak to my family about what was going on, so we're all on the same journey. What was definitely apparent was that they had the effects of trauma. My boys saw the Icanho social worker, which is a service they offer families, and they found that really helpful to release their emotions.

I left Icanho with much more hope that I arrived with. Nothing fazes people at Icanho - you feel they see you as an individual and not as a 'case'. I'm ok to drive again and am working as a lab technician.

Outcomes Analysis

Of the **102** clients discharged between April 2023 and March 2024 following a full rehabilitation programme, **64** were post-stroke and **38** had other acquired brain injuries (e.g. traumatic brain injury, infection, haemorrhage).

Length of rehabilitation

The period of rehabilitation ranged from two months two weeks, to twelve months two weeks (where rehabilitation extended beyond the nine months' core delivery, this was an appropriate extension to ensure the client was discharged with the skills and knowledge required to retain as much independence as possible). On average, the period of rehabilitation was seven months three weeks.

Hopes achieved/partially achieved

Clients are invited at assessment to identify the hopes they have for rehabilitation and what they wish to address during their rehabilitation at Shaftesbury Icanho. These hopes are entirely set by the client, sometimes with carer support, and not censored as to whether team members see them as realistic or achievable. (Goals are also set by discipline with the client's involvement, and are reported later in this report).

	April 2023 – March 2024
Client	**404** Client hopes set of which, **367** were partially or completely achieved **(91%)**
Carer	**167** Carer hopes were set, of which **147** were partially or completely achieved **(88%)**
Team	**430** Team hopes set, of which **401** were partially or completely achieved **(93%)**

At discharge clients, carers and the treating team rate these initial hopes / goals on a five-point Likert scale. Of those discharged following rehabilitation, hopes/goals were achieved or partially achieved as rated by:

Further analysis

Stroke

Length of rehabilitation

120 people were discharged during this period following a Stroke / Cerebral Infarction. Of these, **60** completed a period of rehabilitation.

Hopes achieved/partially achieved

	April 2023 – March 2024
Client	**257** Client hopes set of which, **234** were partially or completely achieved **(91%)**
Carer	**104** Carer hopes were set, of which **90** were partially or completely achieved **(86%)**
Team	**264** Team hopes set, of which **249** were partially or completely achieved **(94%)**

Other ABI

Length of rehabilitation

64 people were discharged during this period following other ABI. Of these **38** completed a period of rehabilitation.

Hopes achieved/partially achieved

	Month / Year – Month / Year
Client	**134** Client hopes set of which, **121** were partially or completely achieved **(90%)**
Carer	**63** Carer hopes were set, of which **57** were partially or completely achieved **(90%)**
Team	**149** Team hopes set, of which **141** were partially or completely achieved **(95%)**

Disability Ratings

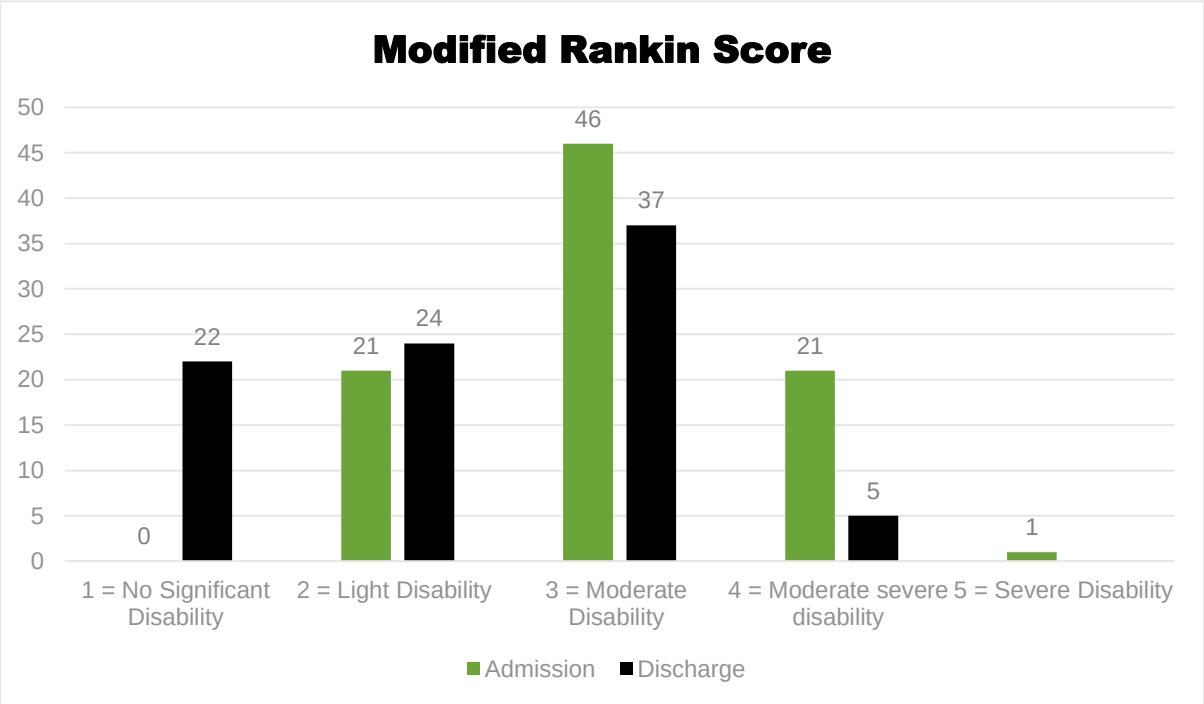
The modified Rankin scale, is a six-point scale used as a general measure of disability (largely physical disability) ranging from no disability to death, with relevant scores from one (no significant disability) to five (severe disability).

57 (out of **89** clients) Clients who were discharged improved on the Modified Rankin scale.

- **45 / 89 (51%)** clients improved their score by 1
- **12 / 89 (13%)** Clients improved their score by 2

To illustrate the significance of these figures, a change of two points could indicate, for instance, someone moving from being unable to walk without assistance or attend to their own bodily needs, to presenting with slight disability and able to manage their own affairs.

The scale is less sensitive at identifying changes in non-physical aspects of functioning.

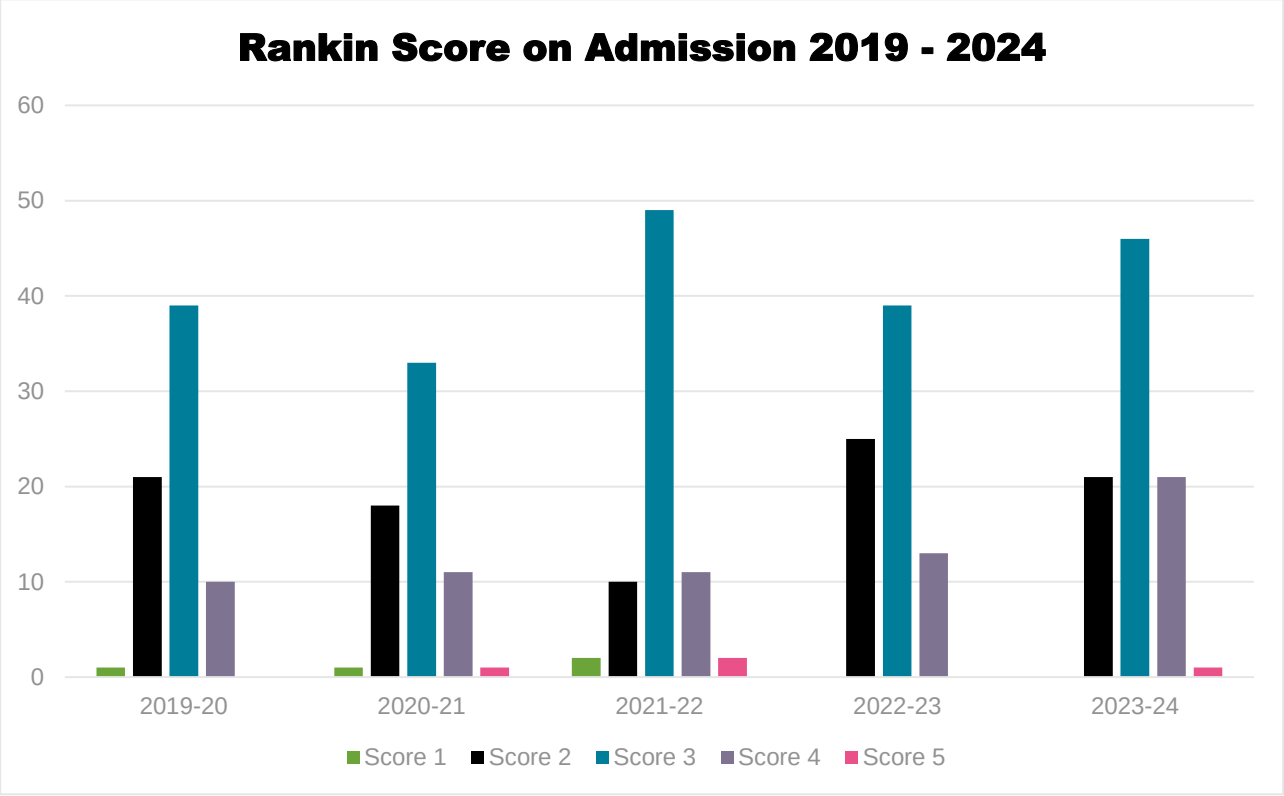


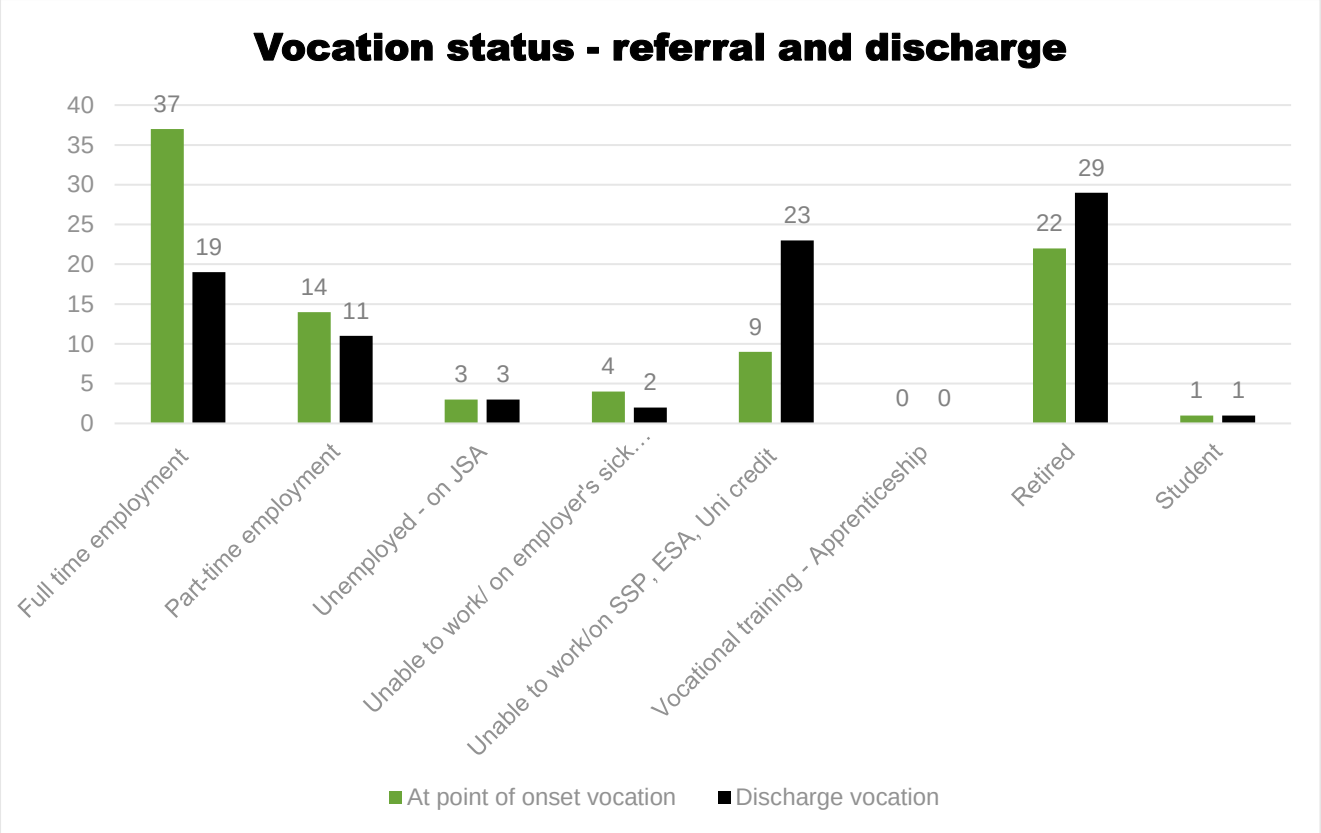
Return to work & other activities

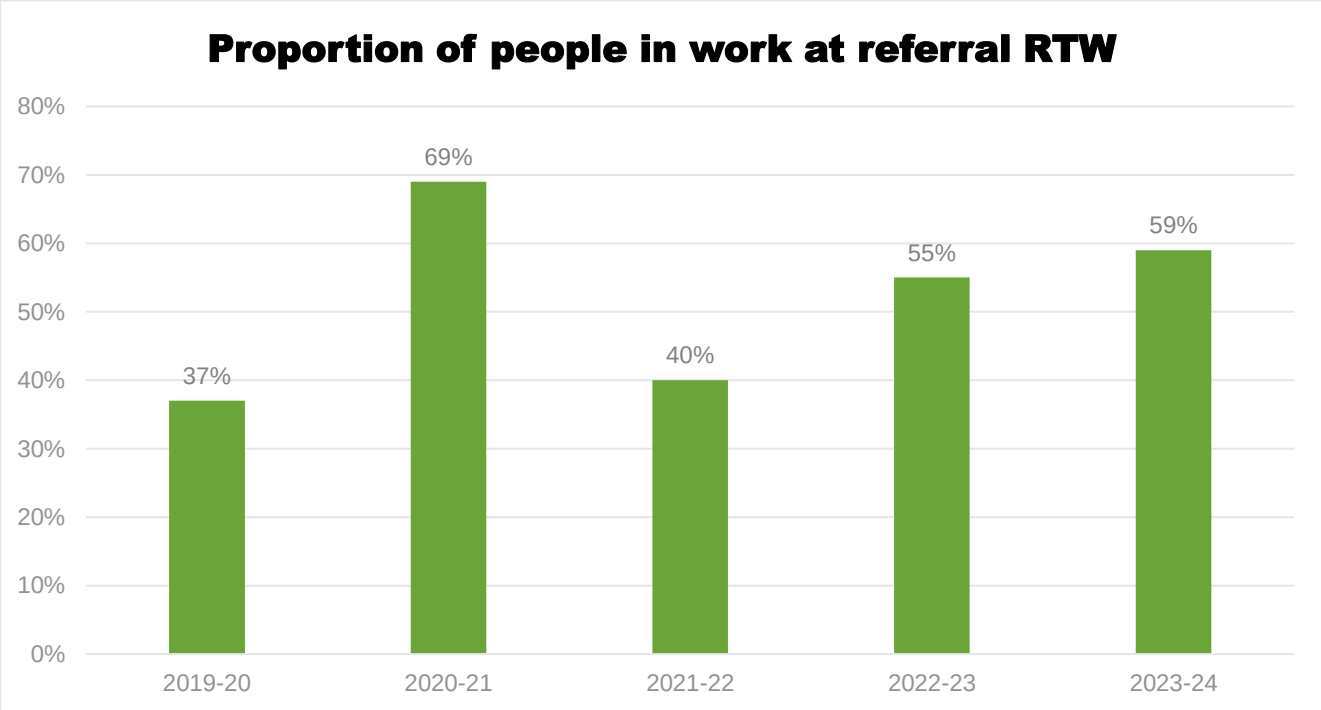
Of the data collected for **90** of the clients who have undergone rehabilitation, **57 / 90 (63%)** were in work at the time of the ABI. Of these, **31 / 57 (54%)** were able to return to work.

Those unable to return to work were supported to engage in other activities.

The following chart illustrates the vocation status of clients, both at point of referral and discharge.



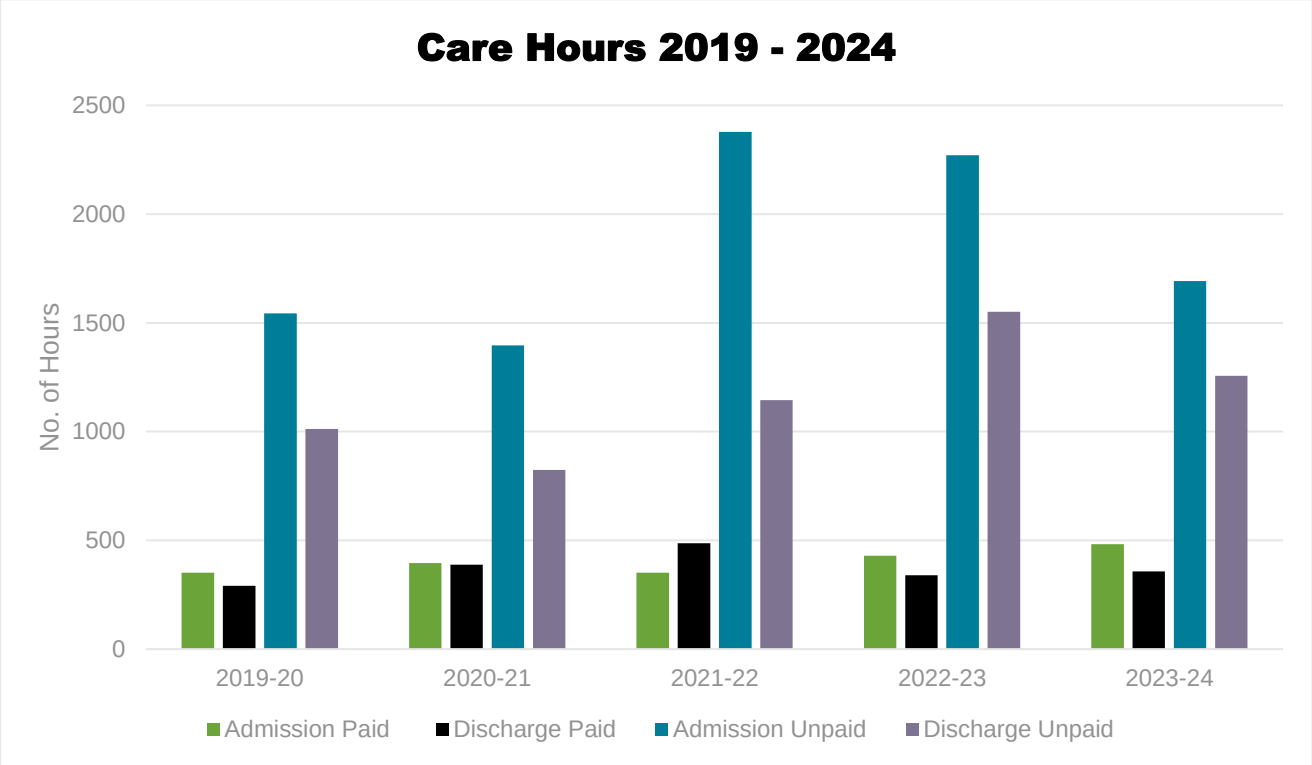

Vocation status - referral and discharge
40
35
30
25
20
15
10
5
0
37
19
14
11
3
3
4
2
9
23
0
0
22
29
1
1
Full time employment
Part-time employment
Unemployed - on JSA
Unable to work/ on employer's sick…
Unable to work/on SSP, ESA, Uni credit
Vocational training - Apprenticeship
Retired
Student
At point of onset vocation
Discharge vocation


Proportion of people in work at referral RTW
80%
70%
60%
50%
40%
30%
20%
10%
0%
37%
69%
40%
55%
59%
2019-20
2020-21
2021-22
2022-23
2023-24

Care hours/week

	Number of paid care hours/week	Saving [@£20-00/ hour cost]	Number of unpaid care hours/week	Reduction in carer burden/hours
Assessment	**483**		**1692**	
Discharge	**358**	**Saving = £2500.00 / per week**	**1257**	
Change in care hours needed	**Minus 125 hours / per week**	**Annual saving £130,000.00**	**Minus hours 435 hours / per week**	**If paid care: weekly saving = £8700.00** **Annual saving £452,400.00**

Over the course of the year, there has been a reduction in both paid and unpaid care hours needed. This reduction can be largely attributed to the rehabilitation process.

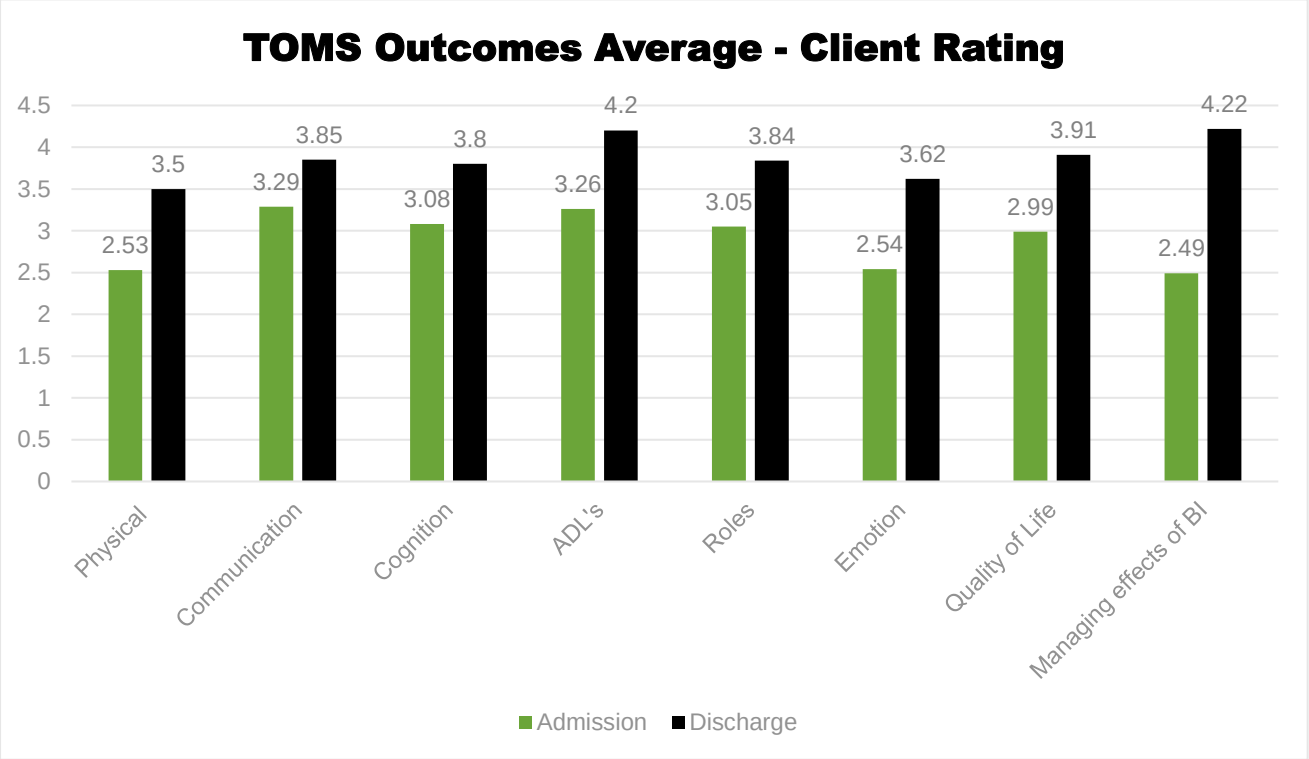


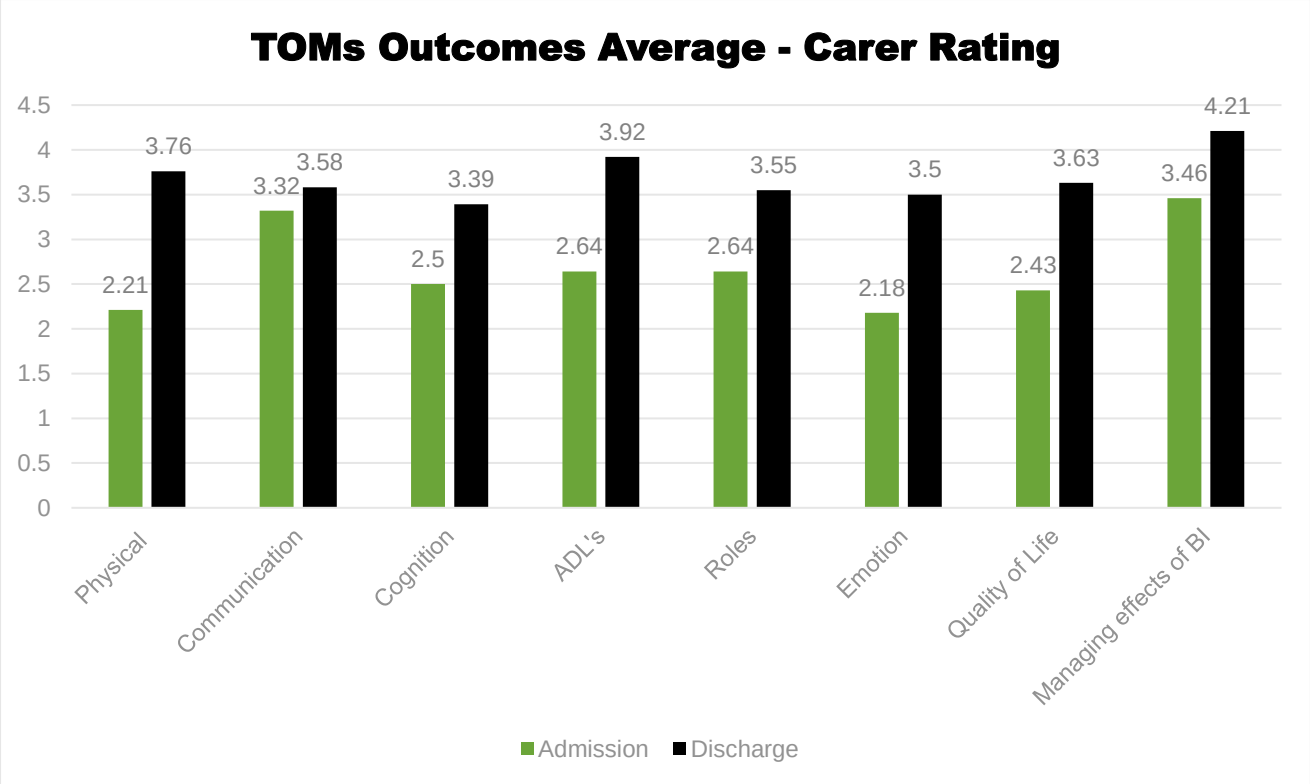
Icanho Therapy Outcome Measures (TOMS)

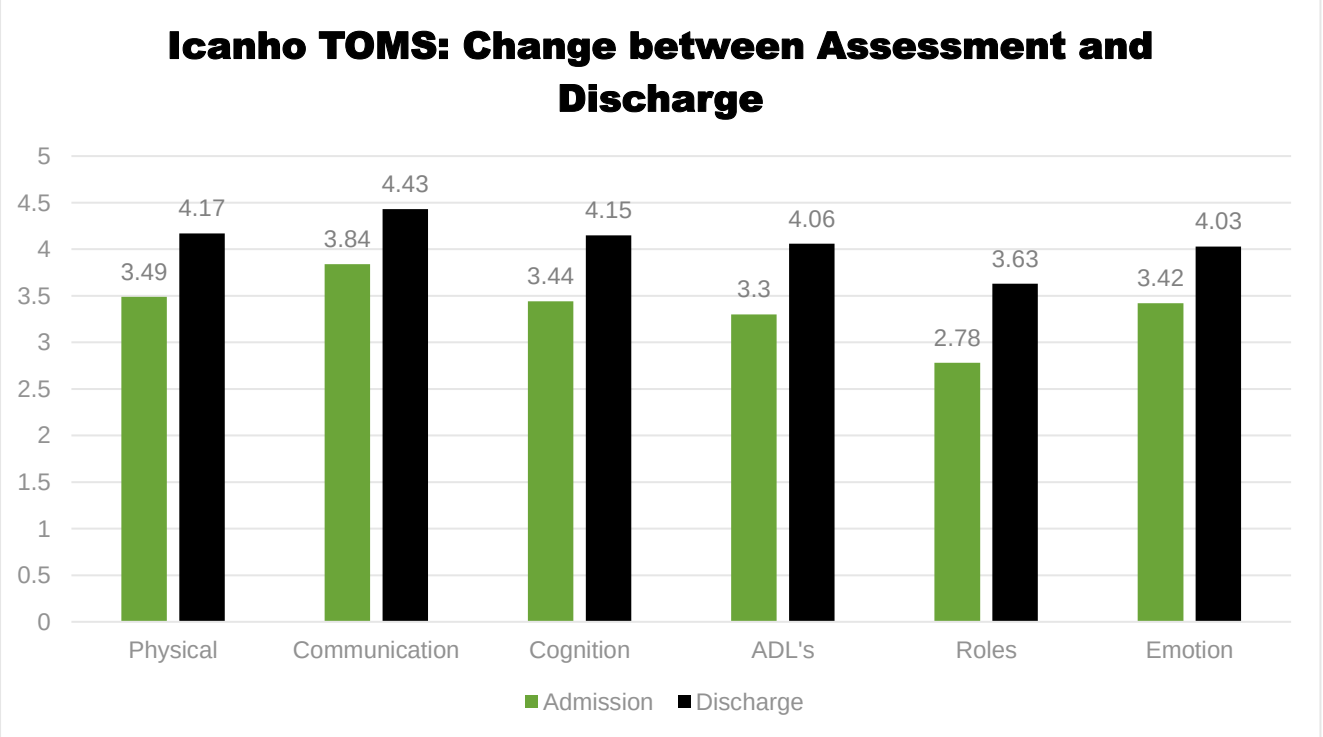
The following three charts illustrate the improvement in subjective ratings made by clients, carers and team members on a number of measures between assessment and discharge. Each scale is rated from zero (severe impairment) to five (no change due to ABI).

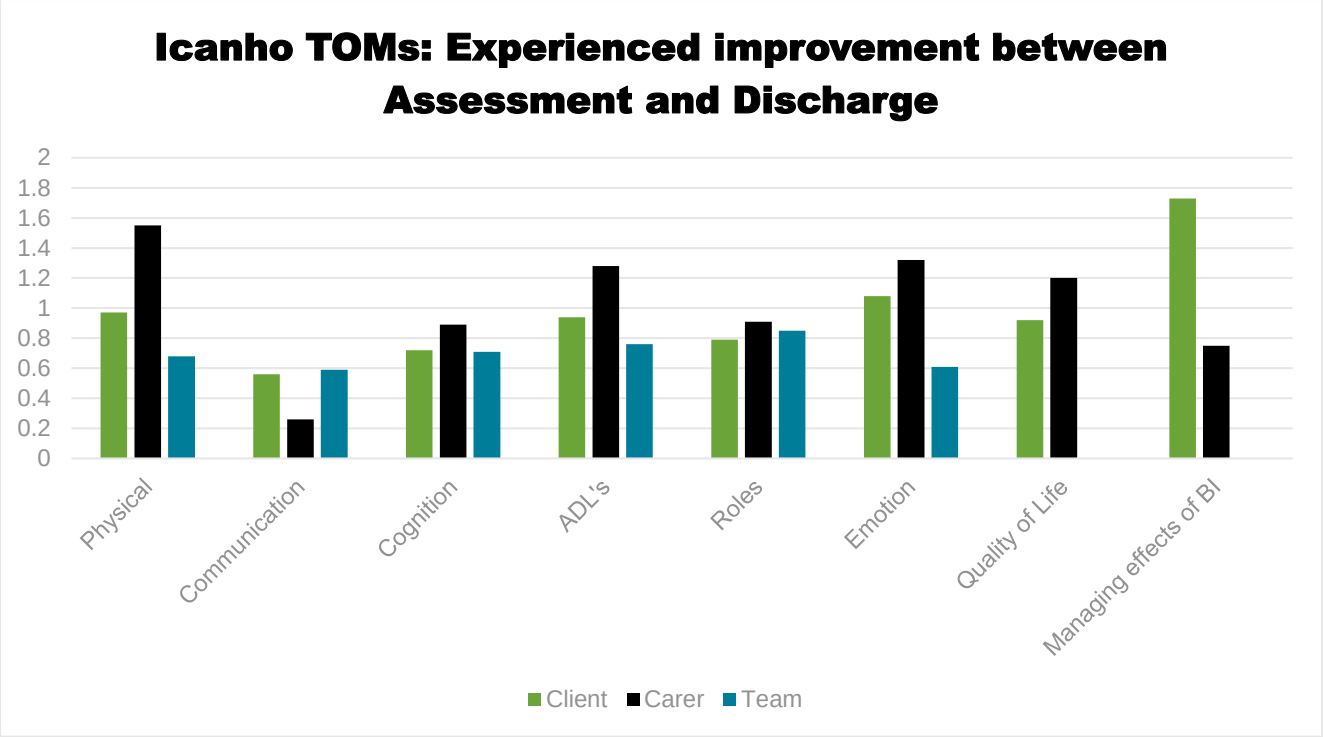
The fourth chart compares the improvements in ratings made by client, carer and the team. Whilst there is no such thing as an 'average client', the average change between assessment and discharge ratings made by clients, carers and the treating therapists indicate general improvement across all measures.

This chart illustrates the positive changes in the subjective experience of both client and carer in all areas. The differences between the groups is not significant, but the improved emotional and quality of life ratings for both client and carer is important in relation to future mental health, relationship maintenance and ability to continue to provide care. The quality of life rating is made by client and carer, each in relation to their own life, and is not applicable to the team.




TOMs Outcomes Average - Carer Rating
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
2.21
3.76
3.32
3.58
2.5
3.39
2.64
3.92
2.64
3.55
2.18
3.5
2.43
3.63
3.46
4.21
Physical
Communication
Cognition
ADL's
Roles
Emotion
Quality of Life
Managing effects of BI
Admission
Discharge


Icanho TOMS: Change between Assessment and Discharge
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
3.49
4.17
3.84
4.43
3.44
4.15
3.3
4.06
2.78
3.63
3.42
4.03
Physical
Communication
Cognition
ADL's
Roles
Emotion
Admission
Discharge



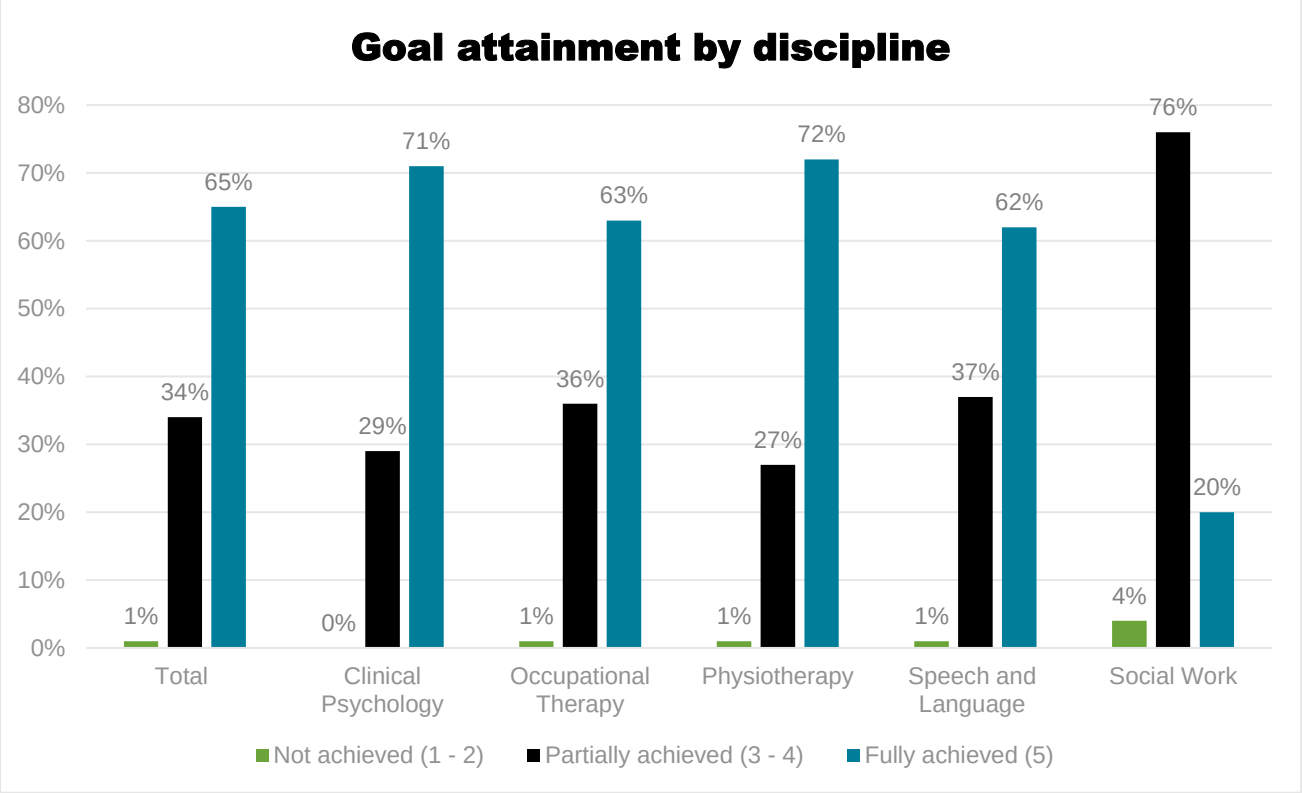
To illustrate the significance to individuals of these changes in ratings on everyday life, the difference between assessment and discharge based on the 'average' client scores could indicate a change physically from moderate severity, needing help from another person to transfer between wheelchair and bed, to, for example, only needing supervision and having controlled purposeful movement. The communication rating reflects moving from inconsistent ability to communicate to being able to hold conversations with most people, with occasional prompts.

Cognitively, the 'average' client at assessment presents with limited insight and poor memory, problem-solving and attention skills. Discharge scores illustrate improvements in everyday cognitive skills, reducing the need for supervision in ordinary daily activities, and reflecting improved cognitive skills/management. Emotionally, the scores reflect both a reduction in severity/frequency of distress and an increased ability, by discharge, to control and manage emotions.

Goal attainment by discipline

In addition to the rating of hopes, each client is involved in setting goals within the relevant disciplines, which contribute to the overall hope identified.

Over this period**, 937** individual goals were set, of which **916 (98%)** were partially to fully achieved (rated 3-5).



Occupational and Functional Outcomes

Icanho clients are assessed using the Modified Barthel index which looks at personal care activities and physical mobility **34 / 87** clients ie **39%**% were at ceiling (100%) on this score at assessment, but many of the clients referred to Icanho have higher level cognitive issues, to which this measure is not sensitive. Of those remaining, the average score on assessment was **75.6** and on discharge, **86.6** indicating a **14.5%** increase and improvement in independence.

On the ADLS [Assessment of Daily Living activities], **5 / 94 (0.05%)** clients were at ceiling at assessment, indicating that their brain injury was not impacting on everyday domestic skills. Of the remaining, on admission the average score was **3.20** and on discharge, the average score was **4.01,** an increase of **25%**. Many clients on assessment are limited in their involvement in domestic tasks. The underlying reduction in independence at assessment may relate to physical and/or cognitive causes. Therapists work with clients (and families/carers) to increase independence within the home, considering tasks such as meal preparation, cleaning and laundry, and the increased scores reflect significant improvements.

In relation to self-care (PADLS) – **16 / 87 (18%)** of clients were at ceiling at assessment, so fully independent in personal care. Of the remaining, on admission the average score was **72.37** and on discharge **85.70,** an increase of **18.5%.** This increase in independence with personal care stems from the use of therapy techniques to develop one-handed techniques, the use of equipment and environmental adaptation, for

example. The increased average scores reflect considerable gains in some individuals, with resulting increase in confidence, autonomy and self-respect/dignity.

In relation to participation in leisure and community activities, **76 / 87 (87.4%)** of clients improved the functional skills needed to access the community (such as being able to go shopping, use public transport, drive). **78 / 102 (76.5%)** developed their use of leisure activities (such as fishing, gardening and swimming). Clients' interests and hobbies are used as media through which to address physical and cognitive problems, through time-effective rehabilitation programmes. Meaningful leisure/community tasks can also be used to prepare people for return to work, developing fatigue management strategies, concentration skills and insight, for example, and learning about strengths and limitations.

Physical outcomes

Physical independence:

Normal or close to normal speed is indicative of a lesser degree of gait deviations, which means walking is more efficient, less tiring, and requires fewer compensatory adaptations. Reasonable speed is essential to be able to access the community through walking. **53 / 61** clients initially, could not walk 10 metres in seven seconds which is the normal speed.

By discharge**, 17 / 61 (28%)** were walking at normal speed, **52 / 61 (85%)** improved their walking speed, with an average walking speed of **20.2** seconds. Please note that eight of these clients, when initially assessed, were unable to complete the walking test.

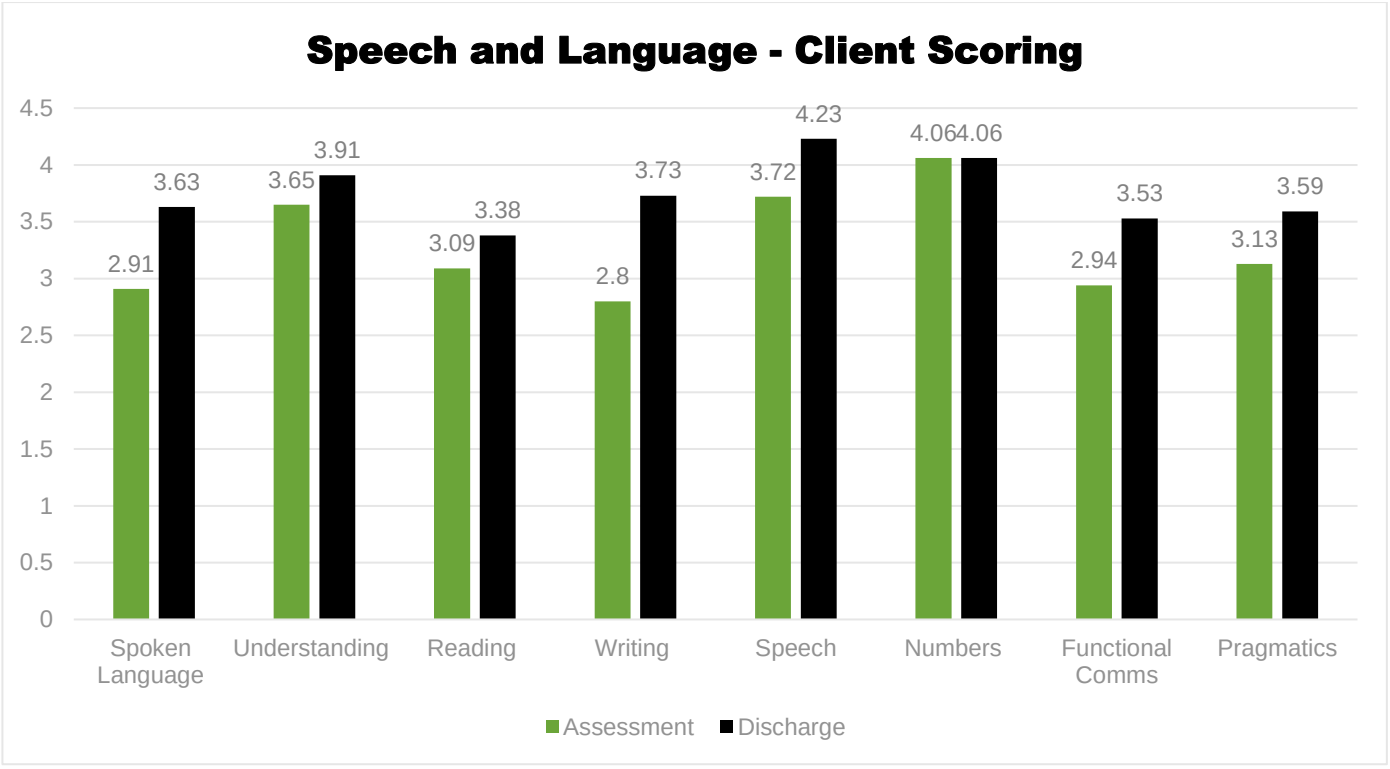
- The Tinetti Gait Outcome Measure evaluates walking (gait) pattern and efficiency eg evenness of stride, ability of the foot to clear the floor and trunk control.
- Of **44** clients, **8 (18%)** had full scores (the gait component of the Tinetti Outcome Measure) at admission. Of the remaining **36, 9 (25%)** achieved a full score and of the remaining **27** clients, **25 (93%)** improved.
- At assessment, **28** clients relied on a walking aid for support. At discharge, **19 / 28 (68%)** walked without a walking aid. Of the remaining **9** clients**, 2 (22%)** reduced their need for a supporting aid**.**
- Of the **58** clients assessed, **13 (22)%** required the physical support of one person to walk. **12 / 13 (92%)** were walking independently at discharge. The one remaining client who continued to need help, at assessment, was unable to complete the 10m timed walk, or steps assessment, however at discharge, was able to undertake the 10m timed walk as well as displaying improvement in their balance (Berg Balance Scale) and Tinetti Gait.

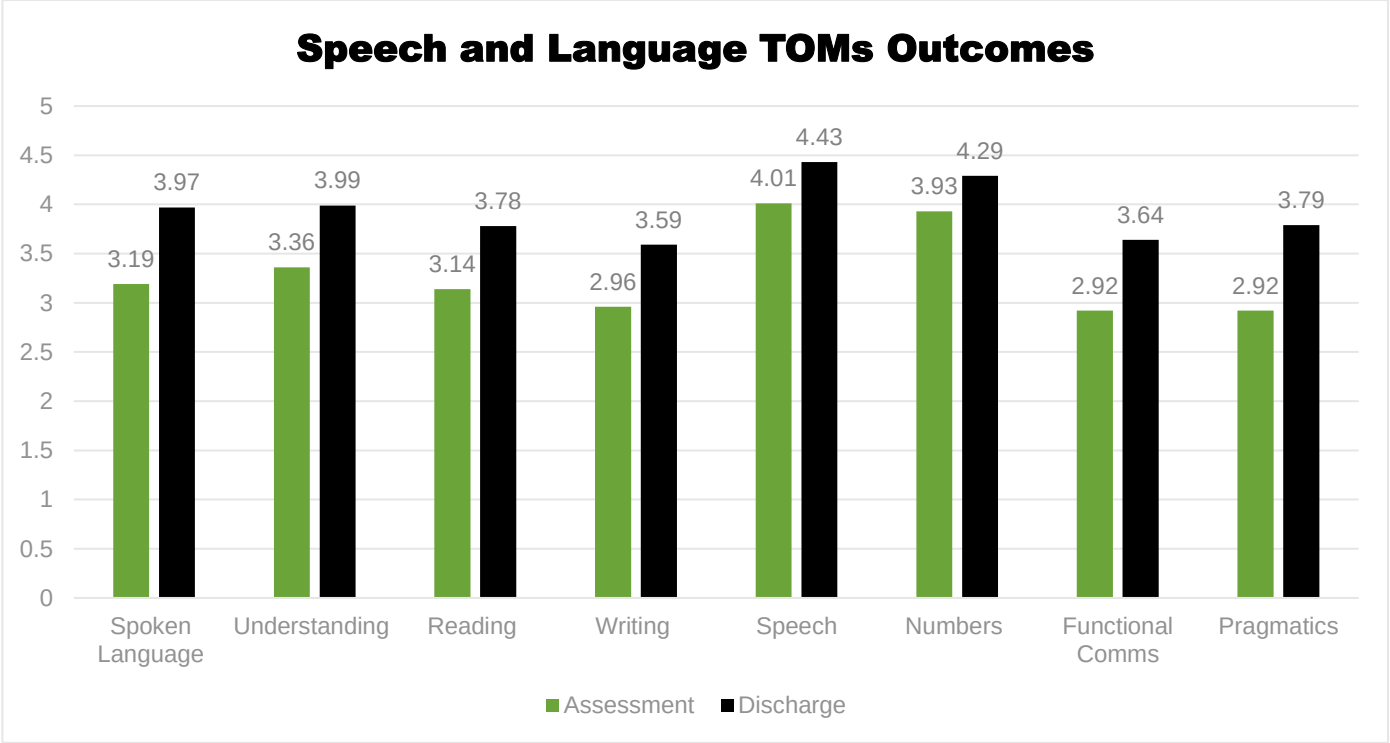
- Of the **62** clients assessed using the Berg Balance Scale: (maximum score 56 points) only **6 / 62** displayed a full score. Of the remaining **56** clients, **11 / 56 (20%)** had full scores at discharge. Of the remaining **45** clients, **42** improved their score by an average of **13.86** points. Of the **37** clients who scored in the "at high risk of falls" (category <45) **37 / 56 (66%)** however **19 / 37 (51%)** of clients improved their balance and moved into the 'low risk of falls' category (Scores <45). The reduction in falls risk from high to low represents potentially significant downstream savings for both health and social care and reduction of carer burden.

Communication

The bar chart illustrates an improvement in all aspects of communication, based on client ratings of their performance at assessment and discharge [Communication Questionnaire]. In the area of functional (everyday) communication, the average increased by **0.59,** indicating improved ability to interact with others and manage tasks which require communication in daily life.

Therapy outcome measures at assessment and discharge consider specific impairments, activity, participation and wellbeing. Individual impairment ratings show improvement, but the more significant increased scores in relation to activity, participation and wellbeing reflect greater ability to manage the disability and function within the environment. Overall, the average Speech and Language Therapy TOMs on assessment was **3.30** and on discharge **3.94,** an improvement of **19.3%** over the treatment period.


Speech and Language - Client Scoring
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
2.91
3.63
3.65
3.91
3.09
3.38
2.8
3.73
3.72
4.23
4.06
4.06
2.94
3.53
3.13
3.59
Spoken Language
Understanding
Reading
Writing
Speech
Numbers
Functional Comms
Pragmatics
Assessment
Discharge


Speech and Language TOMs Outcomes
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
3.19
3.97
3.36
3.99
3.14
3.78
2.96
3.59
4.01
4.43
3.93
4.29
2.92
3.64
2.92
3.79
Spoken Language
Understanding
Reading
Writing
Speech
Numbers
Functional Comms
Pragmatics
Assessment
Discharge

Emotional wellbeing

- **74** clients subjectively rated their own mood and wellbeing, both at assessment and discharge, on the Icanho TOMs. On the TOMs, individuals rate these factors out of five, with zero meaning 'severe problems' with emotions and 'poor quality of life', and up to five meaning 'no difference' with their emotions compared to pre-injury, and 'good quality of life.' Scores on the emotions rating showed on admission an average score of **2.56**, and on discharge an average score of **3.62,** which is an increase of **42%**. The client self-rating of quality of life showed an average rating of **2.99** with a score of **3.88** a percentage improvement of **30%.** This suggests a significant increase in mood, wellbeing and quality of life from admission to discharge from Icanho.
- **40** clients were evaluated using the Hospital Anxiety and Depression Scale (HADs). The HADs anxiety average score on admission was **9.18 ('moderate' anxiety symptoms);** on discharge, this was reduced to **6 ('normal' range**), which shows a reduction of symptoms of anxiety.
- The HADs depression average score on admission was **7.78 (normal range).** On discharge, this was reduced to an average score **4.68 ('normal' range).**
- It is very positive that clients are being discharged from Icanho with 'normal' levels of anxiety and depression. This means they are less likely to need further intervention for mood and at discharge are less likely to be referred on to mental health services.

Family and social relationships

The Icanho TOMs includes ratings of roles within the family/community, including work, leisure and social activities. On admission, clients' self-rating average score was **3.07** and at discharge was **3.81,** which is an improvement of **24%.**

Carers also rated their own quality of life using TOMs. On admission, the average score was **2.64**, which increased to an average score of **3.64**, a **38%** improvement. This reflects a highly significant improvement in how carers/families view their own situation and indicates a reduction in carer burden, likely to lead to reduced need for carers to make use of other services eg primary care, mental health.

These figures reflect the value of Shaftesbury Icanho's holistic approach, recognising the critical role of carers/families. The specialist social work post focuses on the needs of families, setting goals relating to advice and guidance (DWP), emotional support, and education. Alongside the improvement in client's functioning and independence, resulting from therapy intervention, the service provided to families contributes to the reduction in carer burden.

"It has been a godsend. As a carer, you don't realise about stroke and the hidden disabilities. Icanho has helped us to come to terms with what happened. There is light at the end of the tunnel. I have learnt a lot as well and continue to learn."

Wife of Icanho client

Transformation through teamwork: John and Julie's story

John and Julie from Ipswich had a busy life – work, a grandchild and two dogs. Everything changed when John's car hit a truck, at 70mph. The couple share their experience of rebuilding their life, with expert treatment from Shaftesbury Icanho.

John: I was driving back from Coventry when I hit the back of a stationary artic at 70mph. I had a broken back, partially severed foot, broken knees and wrists. But one of the biggest impacts was on my memory. I lost over 30 years of my life, which I still can't remember two years on.

Julie: When this happened to John, I just got through every day, not sure what was happening next. I was looking after everybody else, making sure they were ok – there wasn't really any time for me. I was running on adrenaline. At that point, John was very different to what he is now, he basically just sat in the chair and waited for the district nurses' visits. He would get very fixated on things and his anxiety would go higher and higher, which is not something he'd ever had before.

John: I'll never forget arriving at Icanho and meeting Phoebe, the receptionist – she made me feel warm and welcome and that Icanho could really help. All the team at Icanho were absolutely brilliant! I hope to God that people don't need them but I'm so relieved that the service is there for people who do.

Julie: Once he'd started at Icanho, John became more settled, having somewhere to go where he felt safe, where he could talk and express how he was feeling and someone listened.

John: One of the biggest things for me was that because of the memory loss, I didn't know who I was. I get quite emotional when I think about it – who is John? What are his values? What does he stand for? The team at Icanho really helped me with this and I'm trying to draw a line under it now, because those memories have gone. My body did what it needed to do to keep me alive and my brain binned what it thought wasn't important.

Julie: It's still difficult now – I don't know the memories from John's first marriage before I met him, to fill in the gaps. But occasionally he'll go 'oh!' and some memory pops up.

"I honestly do not know what I would have done or where I would be now if it wasn't for this service. It has aided me in making incredible gains physically and mentally in my recovery journey. The specialist staff that I have come into contact with are incredible and provide such a valuable service. I cannot thank Icanho enough for their support and I feel very lucky that I was in their catchment area at the right time of my rehab journey.

I have learned a lot of tricks, techniques to help care for my wife. It felt great to have this support, this invaluable help for my wife that I alone would not have been able to provide.

Very professionally run, but extremely friendly staff and a relaxed atmosphere, especially when everything about brain injury is rather unknown and daunting at the beginning. I cannot praise this service enough."

John: One of my goals at Icanho in my first three months was to improve physically. From when I had my accident, I went from a bed to a wheelchair, to a zimmer frame, to crutches, to one crutch to a walking stick. I wanted to progress to nothing! The physiotherapist at Icanho was fantastic; he understood and listened and worked with me. They were wonderful in supporting me and I worked incredibly hard too.

Ellie who does speech and language therapy tailored all the training and therapy to what I needed at that time. She set me a task which was really powerful for me, to think about someone who I thought was a good communicator, could be famous or a work colleague. I chose Morgan Freeman, and I had to list his qualities and that helped me identify what is important to me, what my values are. At the time I thought 'what are we doing!' But it was really helpful. Part of my job is doing presentations, and Ellie got me to do one to the team at Icanho. I spoke about my accident and she mentored and coached me, and it was really well received! That really did help me as well and it helped them understand this is who John is. It was wonderful.

Julie: Having Icanho meant having somewhere we could bring all our worries and ask all our questions. It made it so much easier being able to share it with somebody. Me being welcome to attend John's appointments really helped because I could carry on with treatment when we got home. So for instance, seeing what his physio was doing, I could encourage John to do more of it at home.

John: Pippa the occupational therapist helped me engage with workplace skills, and enabled me to go for a driving assessment to get my licence back. I was worried because I didn't know if I'd remember how to drive but Alex the physio reassured me that skill would be in my retained memory, and when I needed it, it would be there. I passed all the tests, on a manual and automatic and got my licence back! Driving is a huge part of work and life and allows me freedom. I didn't feel nervous when I started driving again.

Julie: It was nice having the six 'Living well with brain injury' support sessions, where I met with other partners or family whose loved ones had been injured, and John met the group who'd been injured. Those sessions were really good. I got to know people who were in similar situations and quite often when we went for appointments, I'd know someone else who was waiting for their partner and we could chat. That was really nice and I think those groups are important.

John: Even though awful stuff has happened, I feel incredibly blessed because of the family I've got, and the rehab I've had. Julie came to visit me in various hospitals every single day – at some points, about 1.5 hours' journey each way – and she's come to every single meeting at Icanho. That was so important to me – we come as a team. And Julie and I feel part of an Icanho family, we feel that all the team are friends and I couldn't have better friends.

Service development Project

Implementing Integrated 6- Month Stroke Reviews

6--month reviews are driven by national stroke guidance and standards and reviews are essential to identify unmet need and maximise quality of life for stroke survivors, yet under 30% of stroke survivors are offered one.

Icanho had not previously been involved in carrying out 6- month reviews with most clients attending an appointment at hospital for these.

Icanho was awarded funding to work alongside 5 other organisations in Suffolk and North East Essex to develop an integrated approach to completion of reviews.

At the start of the project Suffolk provision was inconsistent with estimated 29% receiving a review (March 2023)

Gaps were identified for patients in West Suffolk and for those living in Care Homes.

Icanho established a central referral hub to capture all eligible patients and support coordination of the most appropriate review.

Additional resources have been established including a new therapy post to enable more patients in West Suffolk to access a review and a Stroke Nurse has recently been recruited by Icanho to carry out reviews for East Suffolk care home residents and lead on secondary prevention education. West Suffolk NHS Early supported discharge team provided training for Icanho staff to carry out reviews for clients. Our organisations formed an integrated MDT encompassing a wide range of skills and expertise to share insights, patient feedback, learning; and to develop consistent practice, improving outcomes for patients and carers. Communications and Posters for GPs to promote self- referral were developed and surgeries visited to promote the project by an Icanho stroke survivor volunteer.

Icanho attended The East of England Regional Stroke Forum to present on the project jointly with SNEE ICB in September 2023. Results to date are promising with numbers of reported reviews increasing in West Suffolk and NE Essex. A final evaluation of the project conducted by The Stroke Association is expected in Autumn 2024.

Audits

During 2023 - 2024 the following audits were conducted, to monitor and ensure there is constant review of the service and quality improvement.

Service audits: Time audit, hand washing and infection control audits.

Discipline/task specific:

Occupational Therapy - Vocational Rehabilitation audit

Aims

Vocational rehabilitation is a term used to describe a return to contracted paid role for most clients, this can also incorporate preparation for work, a phased return to role or volunteering. The Audit focussed on 17 clients with a goal to return to work.

Summary Results:

- 53% achieved their aspirational hope of return to paid work
- 23% achieved a satisfactory outcome of non-paid occupation, e.g volunteering
- 18% did not, or were unable to, return to paid work at end of treatment/audit timescale
- 6% likely to return to work but unable to achieve this within audit timescale (but attained on discharge)

Conclusion:

From these results we can conclude that 82% achieved meaningful productive occupation and 59% achieved paid work ultimately, this compares favorably to national average figures for stroke (53%)

The department aims to maintain its achievement rate and continue to exceed national average, and increase percentage returning to paid work in any future audit and continue to record and report on those who achieve a meaningful alternative to work, e.g. volunteering.

Psychology – Living Well with Brain Injury Group (in progress)

Aims

To explore effectiveness of a weekly psychoeducation group held for 1.5 hours for 6 weeks for clients and parallel separate group held for carers covering the same content.

The purpose of the group is to provide education for clients and their family members on common changes after brain injury/ stroke. This includes supporting adjustment through peer support, a chance to learn and share with each other things that help and a chance to think about how the injury has affected them, their family and or work life and to work out ways forward.

Another purpose of the group structure is to support the rehabilitation programme, providing a baseline of education to clients and family members which in turn may reduce the workload of staff, as they will not need to provide the same base level of education to all clients.

Pre and post questionnaires are in progress for those clients and carers attending the group since June 2023 with results expected in July 2024

Operational and staffing report

Staffing

The service vacancy rate across the year was average 0.95%

Sickness/absence

Over the year the percentage of sick leave was 2%

Supervision and Mandatory training

All staff members received an annual appraisal and had regular supervision in line with professional and Shaftesbury best practice.

Mandatory training was 85% up to date at 31/03/2024. However an issue with counter fraud training provider reduced this percentage to 79%.

Other training:

A programme of Internal training sessions and reflective practice reviews were held 6 weekly throughout the year. Staff meetings are held every 8 weeks, and a weekly interdisciplinary clinical meeting is held to discuss current clients.
In addition, staff have attended a variety of continuing professional development courses.

Service Quality/Performance Report

Incidents

There was 1 accident/incidents/near misses. This related to staff moving and handling. In all cases incidents are reviewed/lessons learned. Details have been provided in the monthly reports.

Complaints & Safeguarding

No complaints were received.

There were 0 safeguarding reports raised with and closed by the local authority safeguarding team.

Client/carer questionnaires: family and friends test

Clients and carers are invited to complete and return a questionnaire following discharge from Icanho. During this period, **33** questionnaires were received from clients and **14** from carers.

32 / 33 (97%) of clients said they were 'extremely likely' to recommend the service.