

Annual report

2022-2023



My brilliant life after brain injury: Trisha's story

'I was scared, worried, and I had no money. Life was just dreadful,' says Trisha, of when she sustained a head injury from a road accident. Over time, the level of difficulty couture seamstress Trisha was facing became apparent. She was referred to Icanho for eight months of treatment.

One symptom of Trisha's injury was severe motion sickness when she or anyone around her moved. Physiotherapy at Icanho treated this successfully and cranio-sacral therapy also transformed Trisha's sleep pattern: 'I used not to sleep more than two hours and my anxiety was so high. Now I sleep the complete night and I haven't looked back.'

Offloading her worries onto Icanho's clinical psychologist was key for Trisha. 'She helped me accept that I have a head injury and I'm a different person.' With this acceptance, Trisha has found she can move forward. 'I get to carve out another life. I've still got ability.' Couture work is no longer for her but Trisha has completed a City and Guilds course in embroidery – gaining a distinction. Says Trisha: 'The therapists at Icanho don't just do their job, they really, really care. I have such a brilliant life now.'



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Annual outcomes report 2022 - 2023

Introduction

This report summarises activity and outcome data over the period from 1 April 2022 to 31 March 2023. Livability 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. As COVID-19 restrictions have reduced we have been able to restart group work and have launched a parallel 'Living well with Brain injury' group for both clients and carers.

We continue to ensure that we respond to the individual needs of those referred, with timely identification of the most appropriate therapy that can be offered by Livability Icanho and external stakeholders. Our integrated working approach seeks to ensure both clients, and those outside our remit, are given the maximum support in realising their full potential, following an acquired brain injury.

We have embarked upon a new chapter, reviewing and identifying potential opportunities available to both Livability Icanho, those we work alongside and those we work for. We are also actively engaged in the wider health integration agenda ensuring we are working closely with the other NHS and voluntary sector organisations within the neurological rehabilitation pathway to explore opportunities to work together to improve outcomes for people with acquired brain injury and their families.

Continuous quality improvement has also been a focus, with a successful project to reduce waiting times. Analysis of our processes, aims and ultimate service delivery, alongside listening to the voices of people with brain injury and their carers will enable us to provide the most proactive, responsive and efficient service possible, whilst maintaining our ethos of serving those in need by providing a truly person centred rehabilitation programme.

Jo Marshall

Service Manager

Referrals, screenings and assessments

Referrals

187 referrals were received, and increase of 14% compared to previous year.

114 (61%) had a diagnosis of stroke and 73 (39%) other ABI.

ICB	Total referred	Stroke	Other ABI
I&ES ICB	113	69	44
WS ICB	60	40	20
GY&W ICB	10	4	6
No Address/other	4	1	3
Total	187	114	73

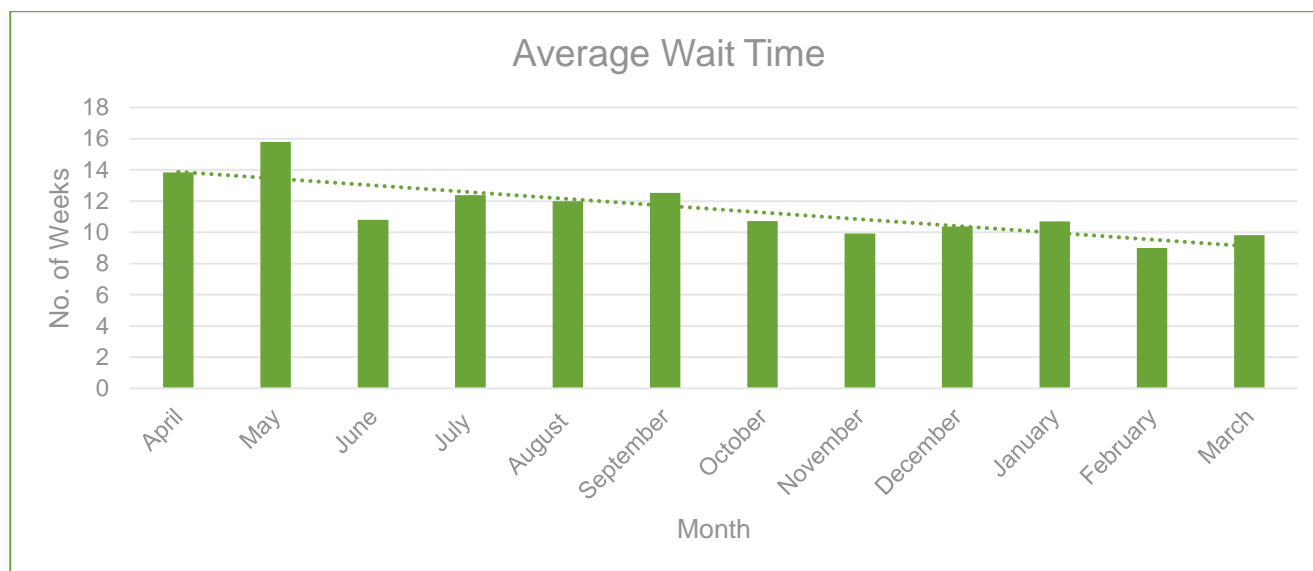
Referrals accepted

CCG	Number accepted	Non-acceptance and reason
I&ES ICB	104 core contract	9 - IFR
WS ICB	54 core contract	6 - IFR
GY & W ICB	10 core contract	
Other		4 (2 advised to make a request for IFR, 1 discharged and 1 being reviewed)
Total	168	19

Referrals accepted this year were up by 17%

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.



Average waiting times have reduced over the course of the year.

New clients accepted for full rehabilitation programme

Of 168 core contract clients, 146 were assessed and subsequently, 103 were offered and commenced upon rehabilitation (increase of 11 from last year) 1 inappropriate referral received as the client explained issues reported were not due to ABI.

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 2022 – March 2023 was 83 active clients.**

Annual report: outcomes

Case-study: Never say never, Ian and Rosy's story

Just about everything in life changed for Rosy and husband Ian when an accident left Ian with a brain injury - but treatment at Livability Icanho has been a key factor in helping the couple to cope. 'It's the constant positivity, reassurance and belief that progress can be made,' explains Rosy. 'No one ever says "never" here.'

Ian spent ten months in hospital after his accident. Up till then, Rosy had always assumed 'this was the kind of thing that happens to other people, not to us'. Ian was referred to Livability Icanho, where his treatment included physiotherapy with the centre's Bioness Vector bodyweight-bearing training system. 'The Vector has been marvellous for my husband,' says Rosy. 'At the beginning, he couldn't stand. Now he can walk at home with a stick, which means a great deal in terms of confidence and independence. His progress has been huge.' Rosy attended all Icanho sessions with Ian: 'Livability supported me and gave me skills I didn't know I had! I see ways I can help him at home during the week – bit like homework really.'



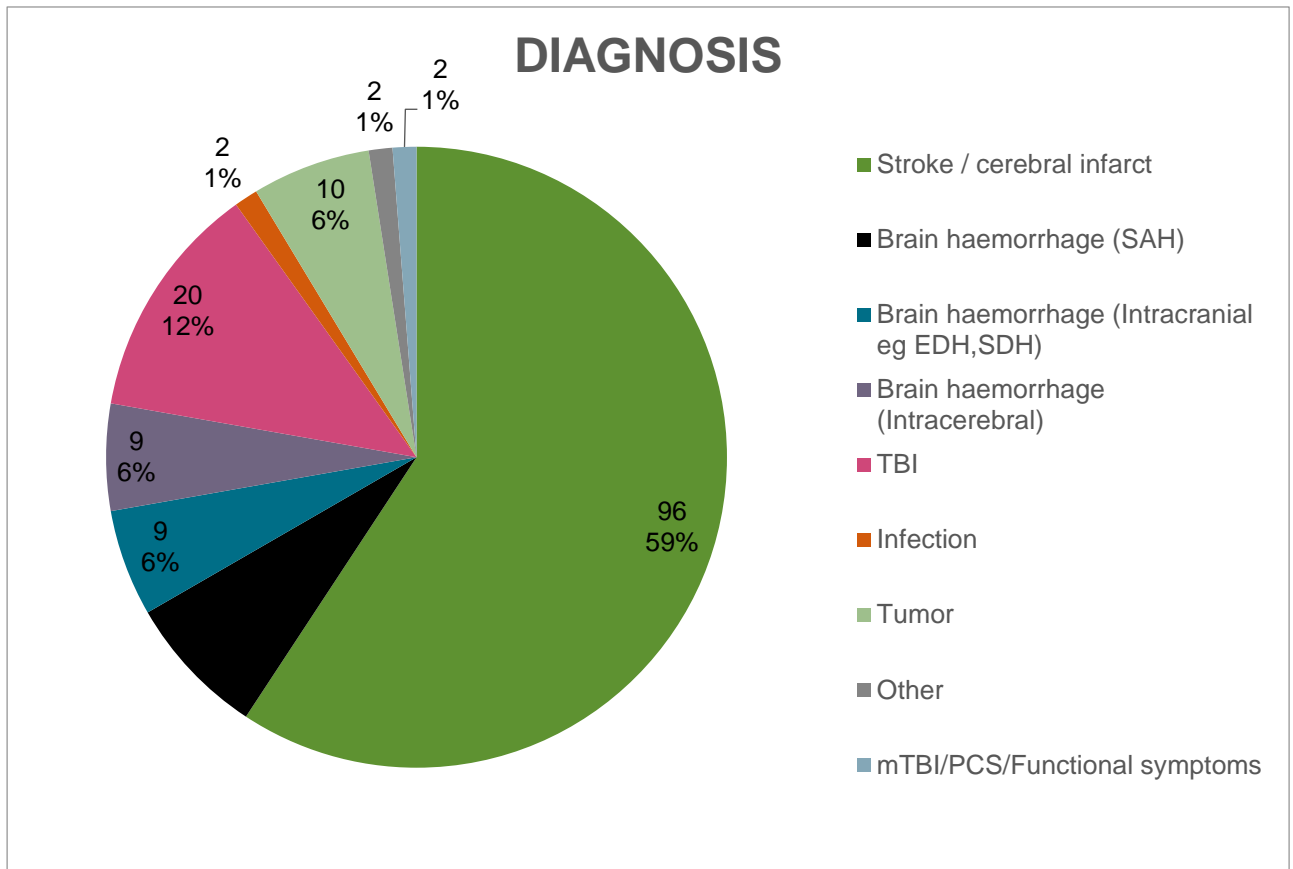
Over the year, 175 clients including 15 IFRs and 1 inappropriate referral, were discharged from the service. This includes those discharged at all stages in the process, from receipt of referral to completion of a full rehabilitation programme.

CCG	Total discharges
I&ES CCG	99 (10 IFR)
WS CCG	43 (3 IFR)
GY&W CCG	17 (2 IFR)
Total	159 + 15 IFR + 1 Inapp referral (175)

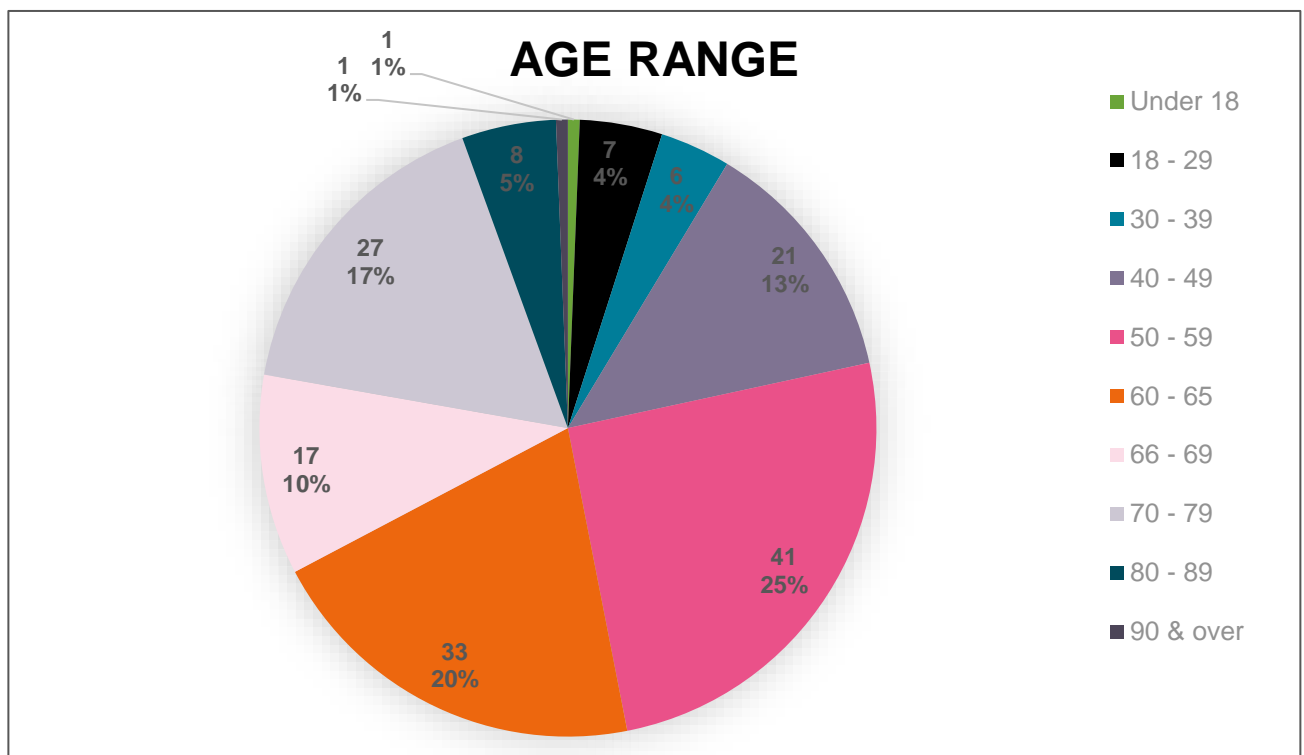
This section of the report focuses on the demographics of **146 core contract clients** who were assessed and/or offered a full rehabilitation programme. **Of the 146:**

- **16** were referred to another service's rehabilitation programmes. Another 3 were referred to alternative organisations for priority matters, such as mental health and substance abuse.
- **11** clients were assessed and it was deemed that no further treatment via Icanho was appropriate.
- **2** clients died, 1 prior to commencing and 1 during their programme of rehabilitation.
- **2** clients moved out of the area.
- **4** clients did not attend and despite attempts to contact them, subsequently have been discharged.
- **5** clients requested discharge, as they did not feel they would benefit from rehabilitation with Icanho.
- Outcomes will be provided for those who have **undergone** a rehabilitation assessment with Icanho.

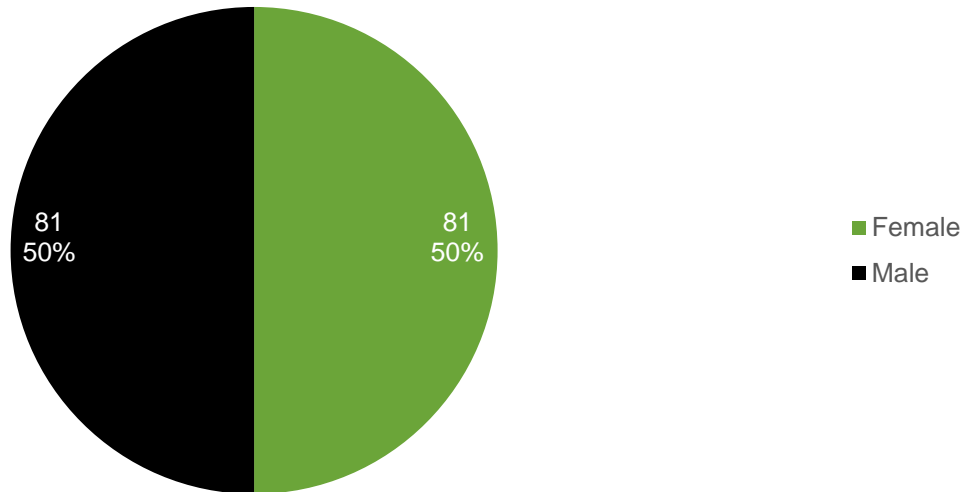
Discharge demographics



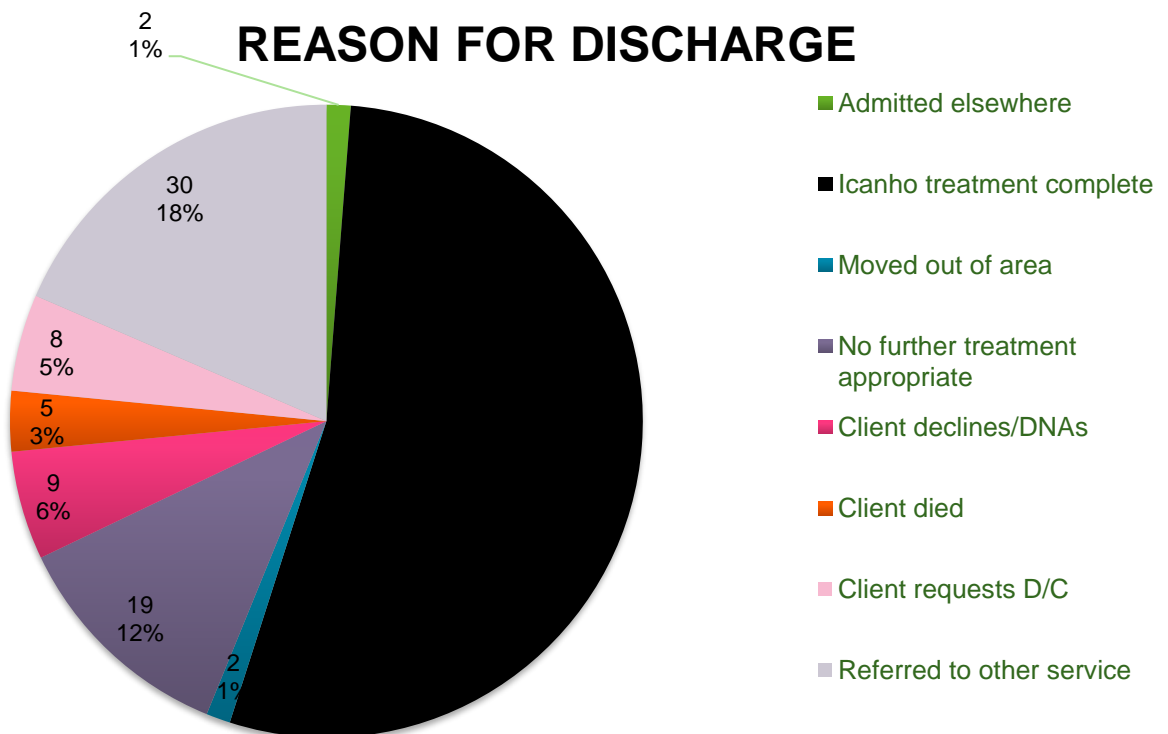
The category 'Other' includes, 1 degenerative condition and 1 hypoxic brain injury



GENDER



REASON FOR DISCHARGE



Outcomes Analysis

Of the **86** clients discharged between April 2022 and March 2023 following a full rehabilitation programme, **46** were post-stroke and **40** had other acquired brain injuries (e.g. traumatic brain injury, infection, haemorrhage).

Stroke [Infarct]

Length of rehabilitation

Of the **46** clients discharged following their completed rehabilitation programme in this period, following stroke, **34 ie 74%** were discharged within nine months, **12 ie 26%** were discharged at nine months, with one client exceeding their rehabilitation and discharged at ten months.

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 Livability 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).

At discharge clients, carers and the treating team rate these initial hopes/goals on a five-point Likert scale. Of those discharged following rehabilitation after a stroke, 80% of hopes/goals were achieved or partially achieved as rated by:

	April 2021 – March 2022
Client	42 / 46 (91%)
Carer	16 / 20 (80%)
Team	42 / 46 (91%)

Other ABI

Length of rehabilitation

40 people were discharged during this period following other ABI. Of these, **36** completed a period of rehabilitation.

26 clients ie **72%** were discharged within nine months, **eight** were discharged at the end of their nine months ie **22%** and two exceeded their nine months.

Hopes achieved/partially achieved

	April 2021 – March 2022
Client	23 / 34 (68%)
Carer	7 / 11 (64%)
Team	30 / 35 (86%)

Two clients did not submit outcomes.

One set of outcomes missing for the clinical team.

One set of outcomes missing for the clinical team.

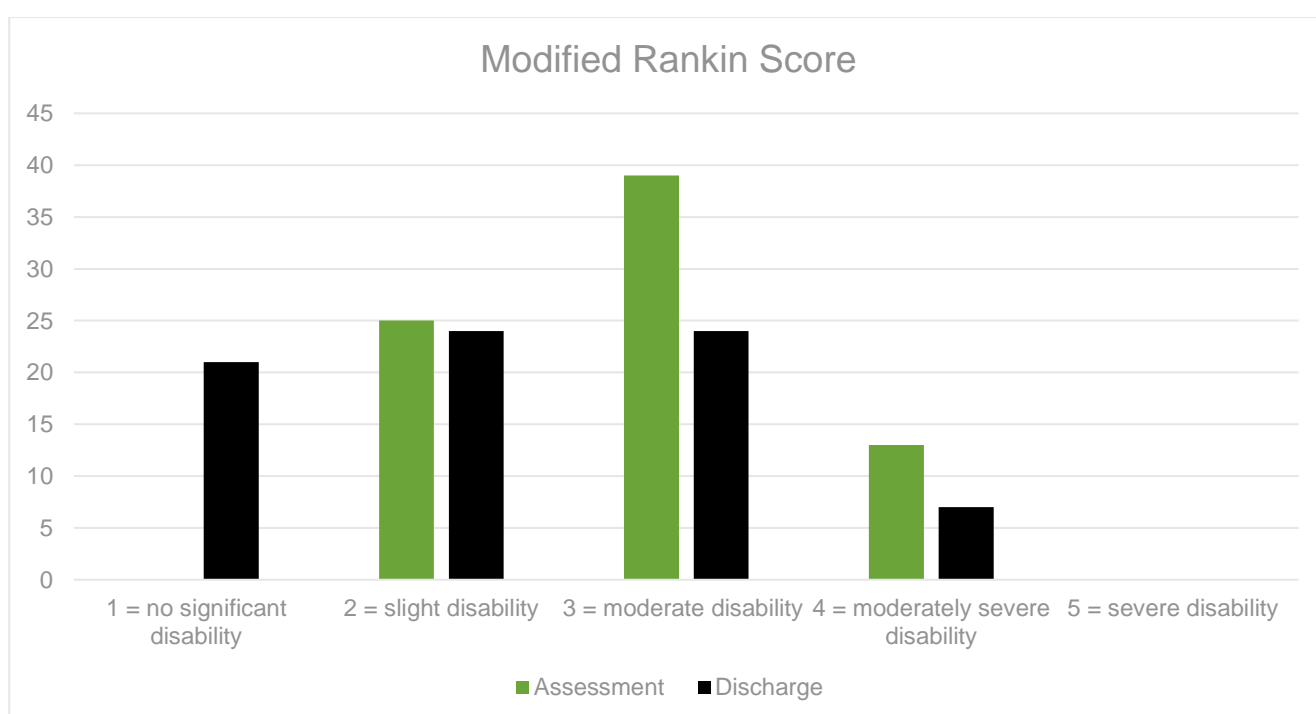
Disability Ratings [data from 77 clients]

The modified Rankin scale, which is a six-point scale ranging from no disability to death, is used as a general measure of disability.

- **43 / 77 (56%)** clients who were discharged improved on the Modified Rankin scale.
- **36 / 43 (84%)** improved their score by 1
- **7 / 43 (16%)** 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.



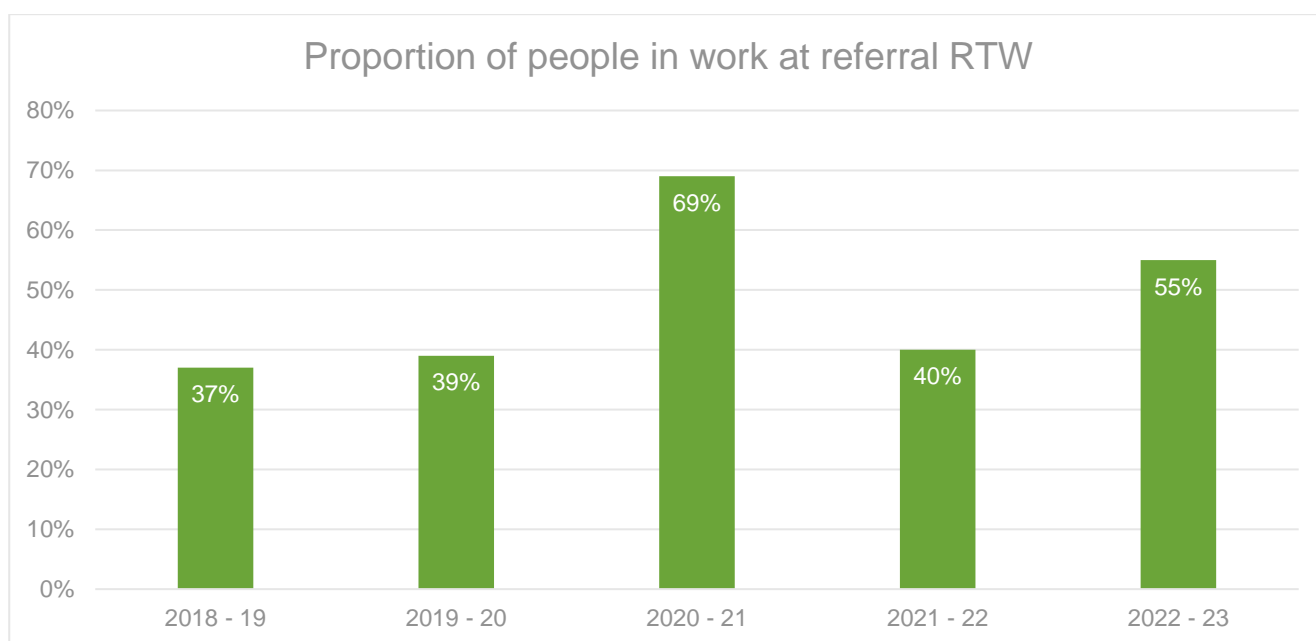
Return to work & other activities

'It's been an incredible experience. You already understood what was worrying and challenging me about Mark's return to work. You enabled a truly collaborative approach and made what would have otherwise been a difficult process, very easy. Thank you.' Comment from an Icanho client's employer

Of the data collected for **79** of the clients who have undergone rehabilitation, **53 / 79 ie 67%** were in work at the time of the ABI. Of these, **29 / 53 ie 55%** were able to return to work. In addition, of the **53** clients who had been in full- or part-time jobs at onset, **6** decided to retire on discharge.

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

The following chart illustrates return to work rates over the past five years.



Care hours/week

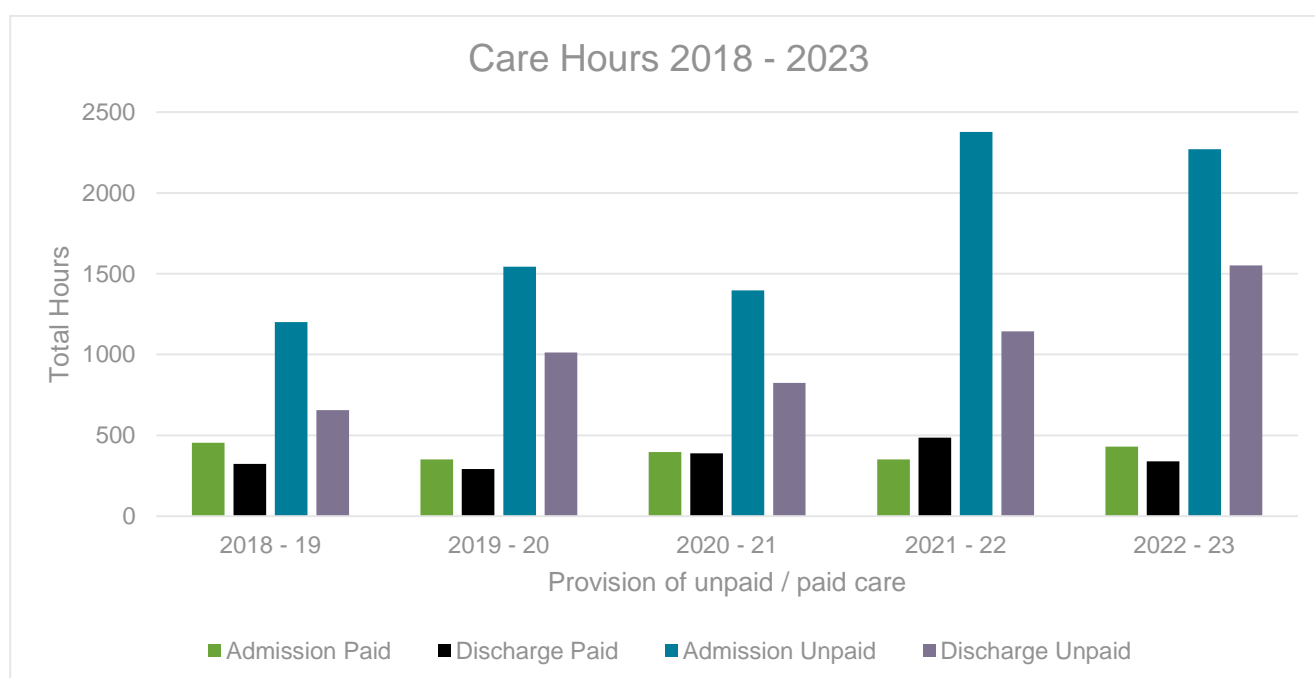
	Number of paid care hours/week	Saving [@£20-00/ hour cost]	Number of unpaid care hours/week	Reduction in carer burden/hours
Assessment	430.0		2270.5	
Discharge	339.5		1551.25	719.25
Change in care hours needed	Minus 90.5 hours pw	Saving = £1810.00 per week	Minus 719.25 hours	If paid care: weekly saving= £14,385.00

		Annual saving £94,120.00		Annual saving £748,020.00
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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.

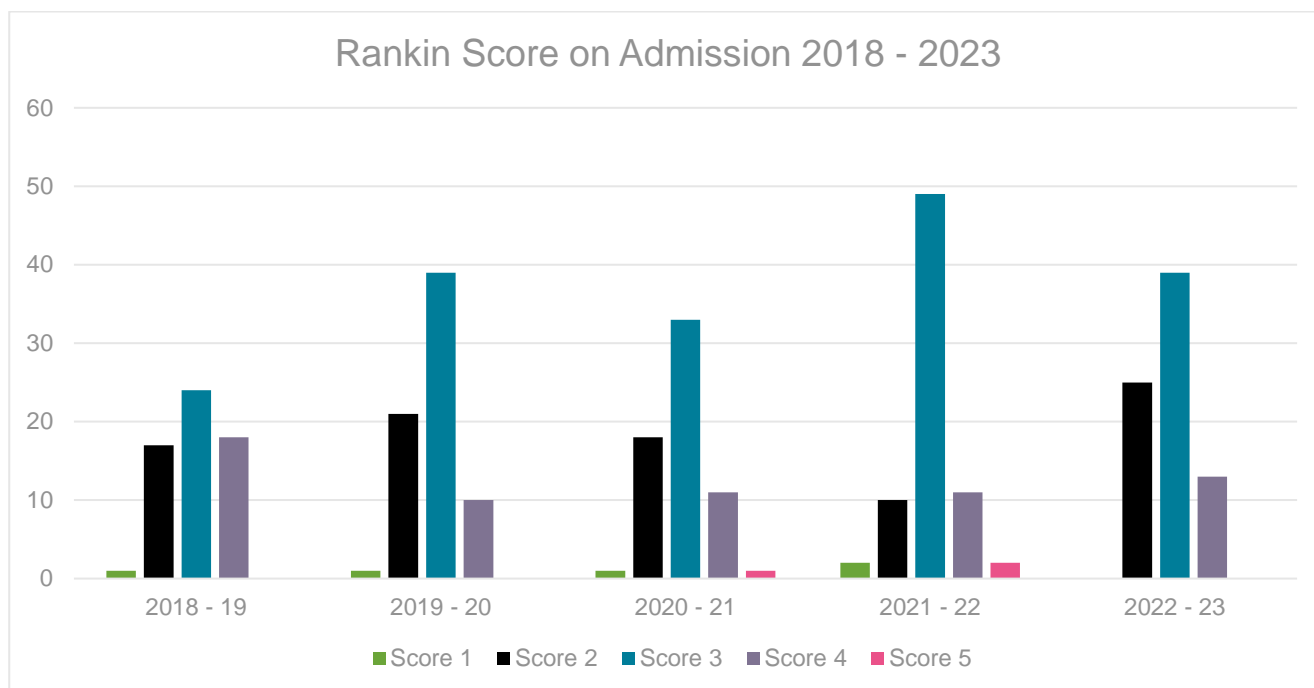
“A big thank you to Icanho for the rehabilitation. We feel we have got so much out of it. We feel ready to be discharged and manage this ourselves.”

Comment on discharge from client and their carer



The Rankin scale is a six-point scale, with relevant scores from one (no significant disability) to five (severe disability). It is largely a physical measure of disability.

A comparison over the past five years shows a slight trend towards an increase of clients presenting with Rankin scores of two, three and four.

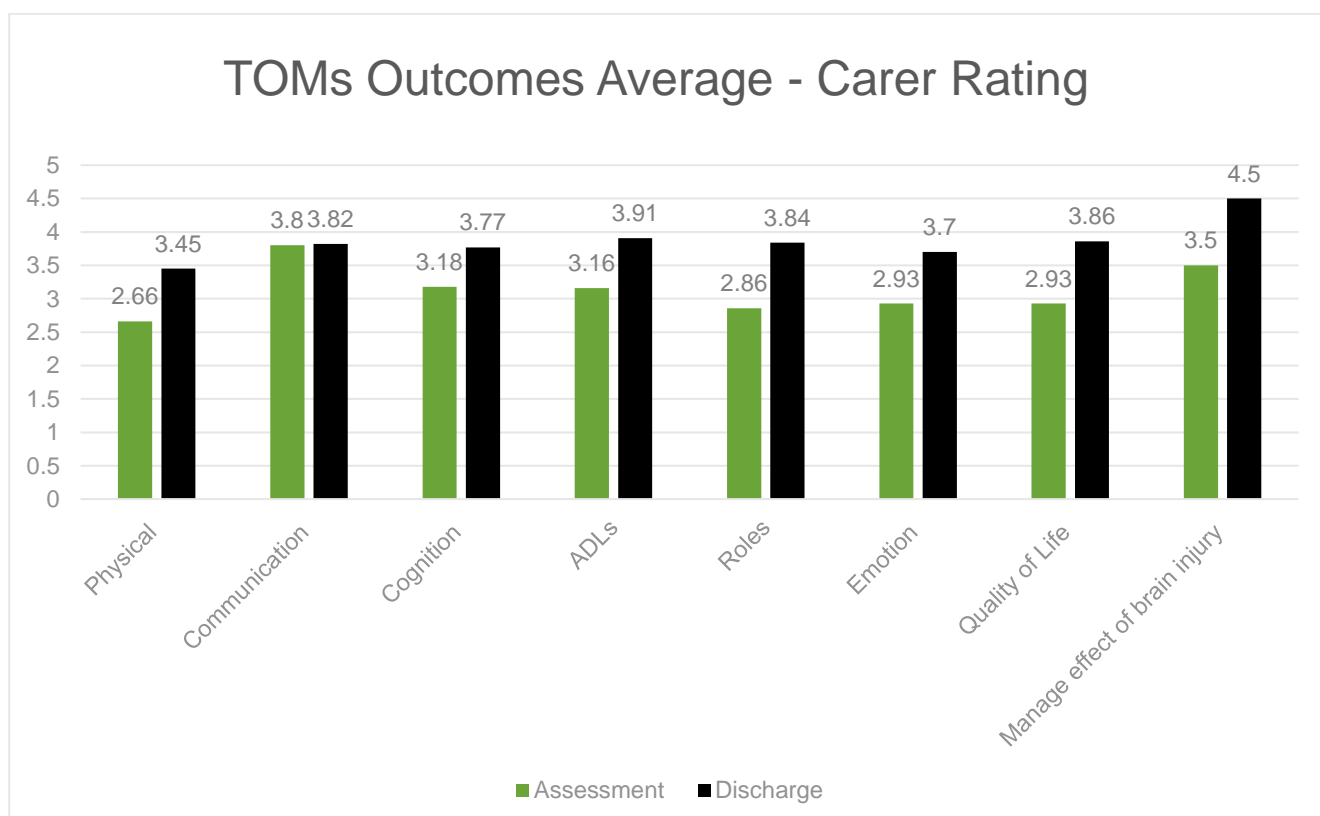
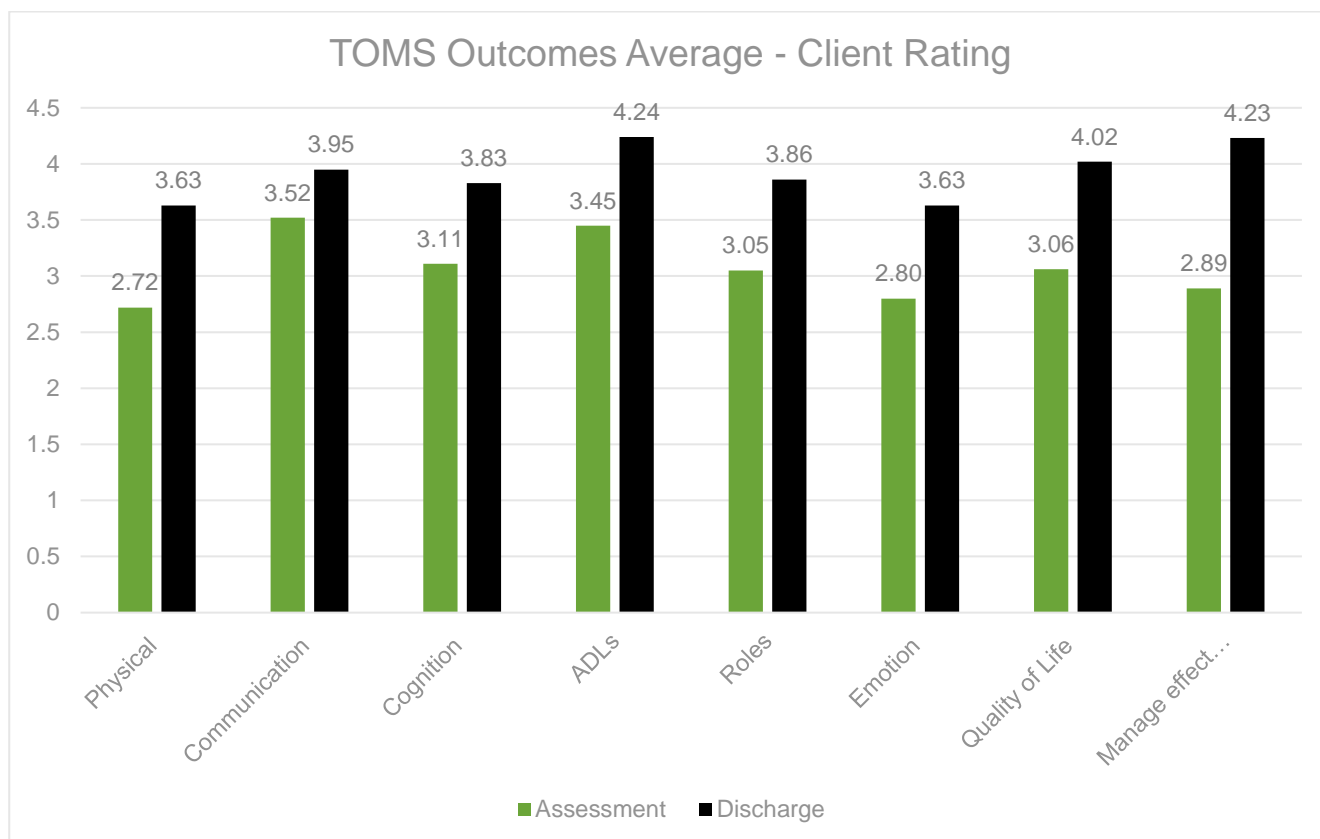


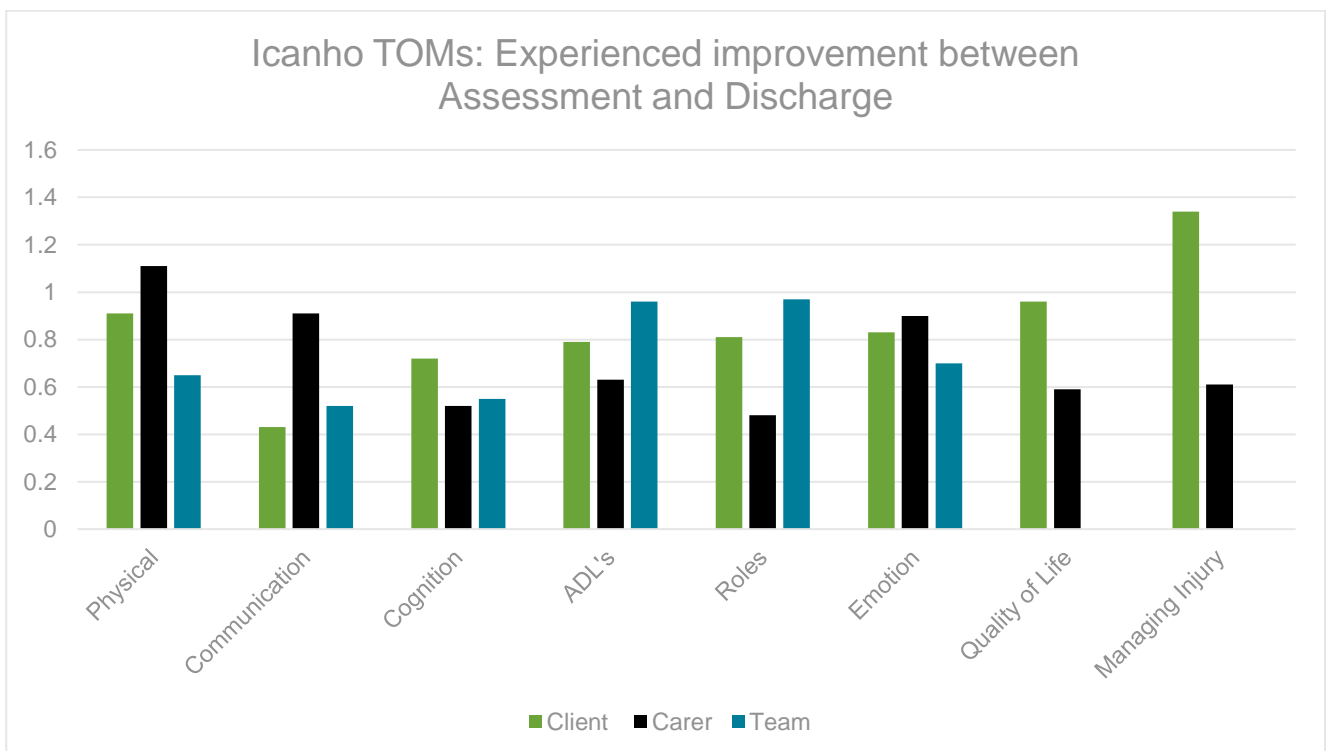
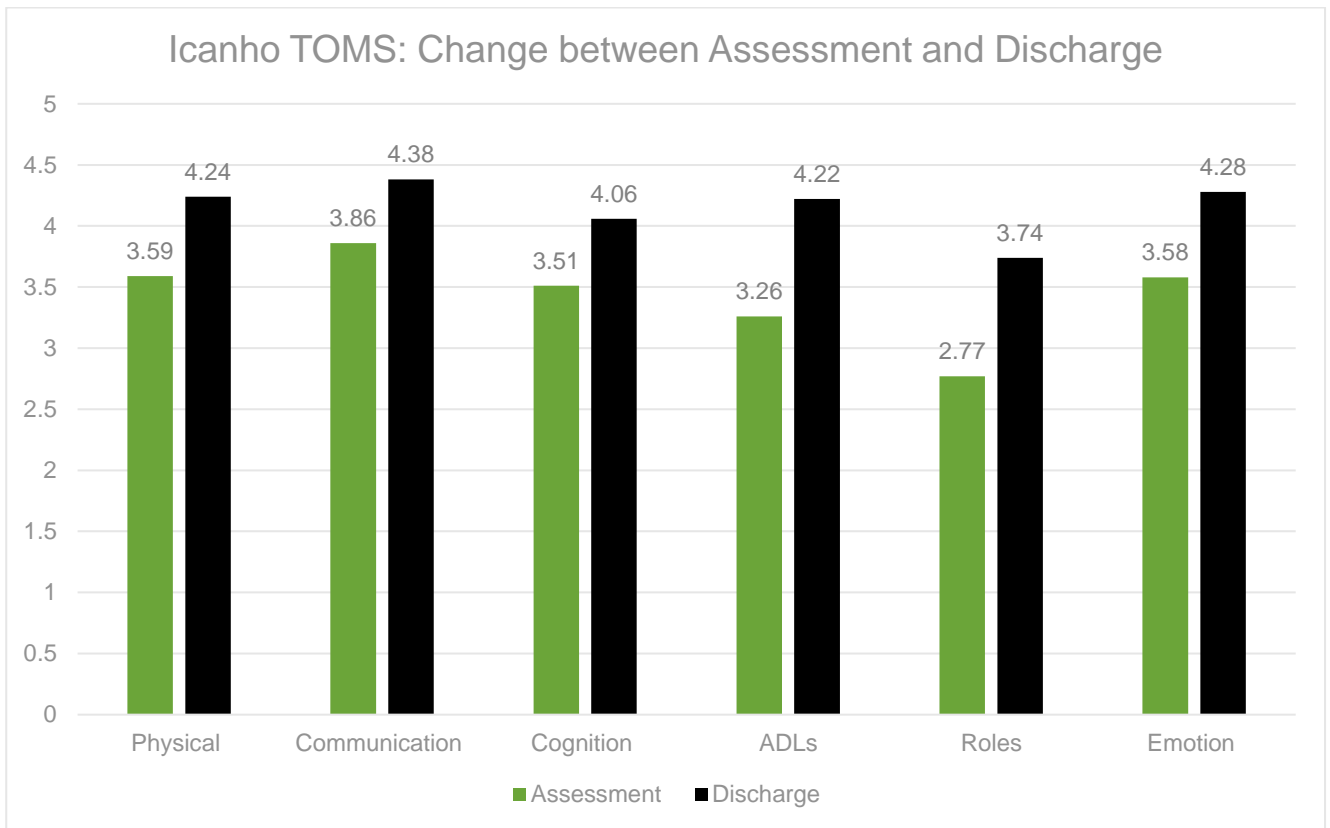
Icanho Therapy Outcome Measures (TOMS)

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.





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.

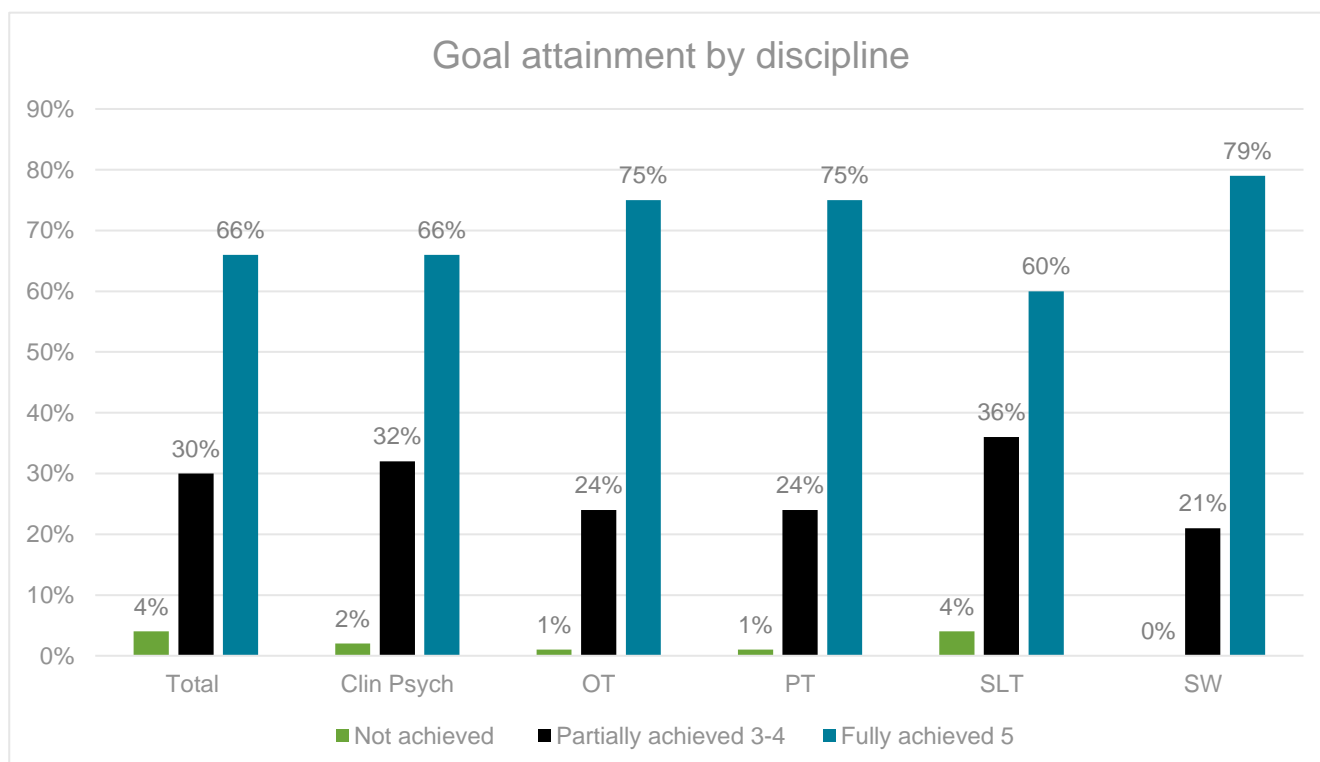
Cognitively, the ‘average’ client at assessment presents with limited insight and poor memory, problem-solving and attention skills. Discharge scores illustrate improvements in everyday cognitive skills, reducing the need for supervision in ordinary daily activities, and reflecting improved cognitive 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.

The greatest change is in the client’s perception of being able to manage their acquired brain injury.

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, **823** individual goals were set, of which **96%** 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. **32 / 74** clients ie **43%** 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 **75.84** and on discharge **87.47**, indicating a **15%** increase and improvement in independence.

On the ADLS [Assessment of Daily Living activities], **4 / 77 ie 3%** 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 **56.94%** and on discharge, the average score was **76.43%**, an increase of 34%. 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) – **14 / 77 ie 11%** of clients were at ceiling at assessment, so fully independent in personal care. Of the remaining, on admission the average score was **71.18%** and on discharge **83.32%**, an increase of **17%**. 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, **72 / 77 ie 96%** of clients improved the functional skills needed to access the community (such as being able to go shopping, use public transport, drive). **72 / 77 ie 96%** 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. **41 / 45** clients initially, could not walk 10 metres in seven seconds which is the normal speed. By discharge, **5 / 41 ie 12%** were

walking at normal speed, **31 / 36 ie 86%** improved their walking speed by an average of 15.9 seconds.

- The Tinetti Gait Outcome Measure evaluates walking (gait) pattern and efficiency eg evenness of stride, ability of the foot to clear the floor.
- Of **38** clients, **14 ie 37%** had full scores at admission. Of the remaining **26**, **13 ie 50%** achieved a full score and of the remaining **11** clients, **9 ie 82%** improved.
- At assessment, **22** clients relied on a walking aid for support. At discharge, **13 / 22 ie 59%** walked without a walking aid. Of the remaining **9**, **3 ie 33%** improved on their mobility.

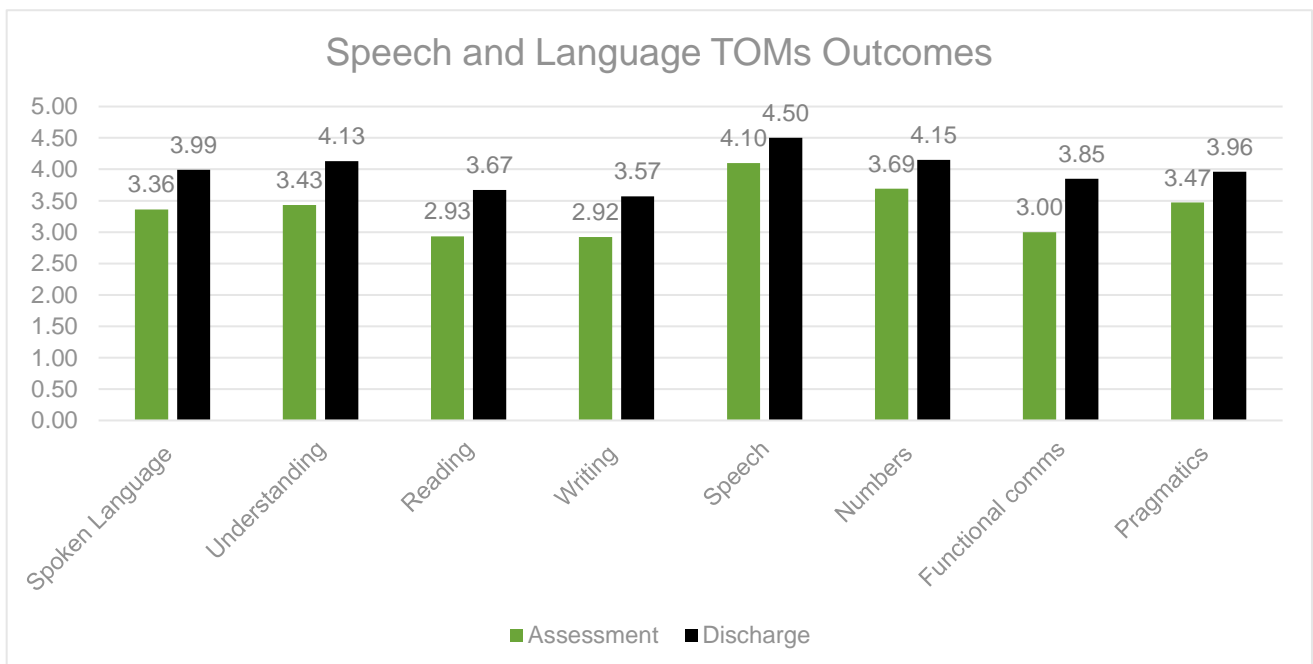
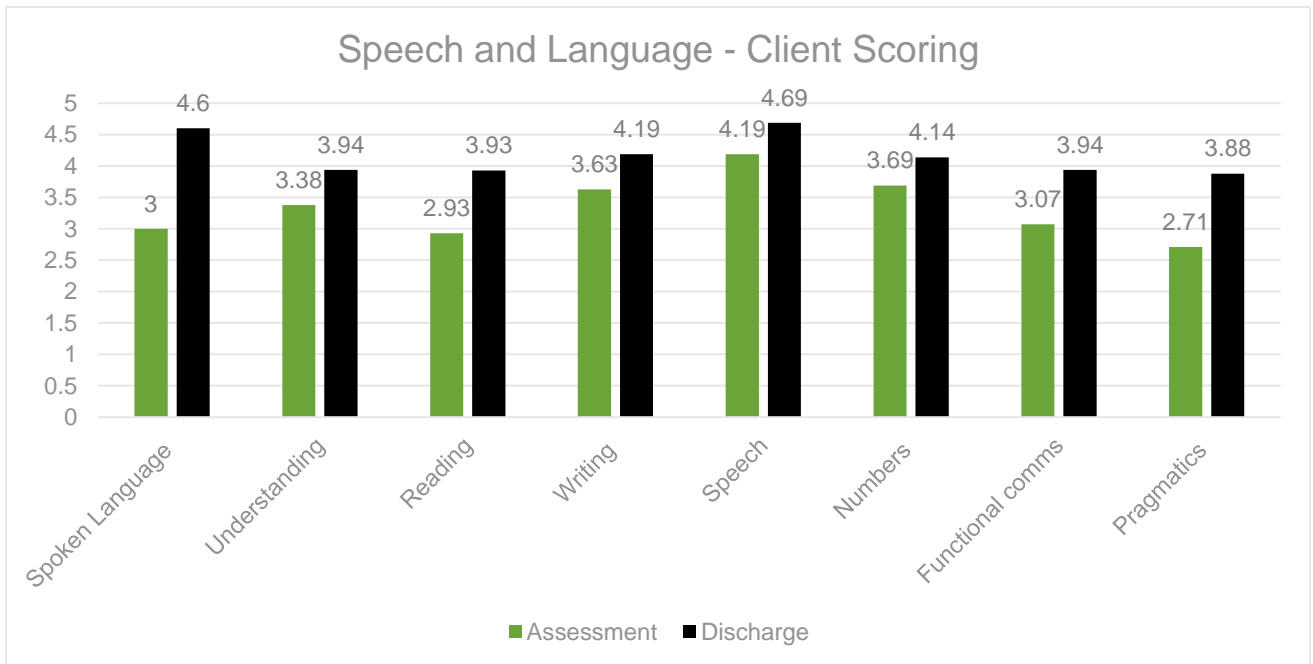
Of the **45** clients assessed, **19 ie 42%** required the physical support of one person to walk. **18 / 19 ie 95%** were walking independently at discharge. The **1** remaining client who continued to need help improved on their balance (Berg Balance Scale) and Tinetti Gait.

- Of the **55** clients assessed using the Berg Balance Scale: maximum score 56 points) only **7 / 55 ie 13%** displayed a full score. **12 / 48 ie 25%** had full scores at discharge. The remaining **36** clients improved their score by an average of **10.2** points. Of the **28** clients who scored in the “at high risk of falls” category < 45, **15 / 28 ie 54%** improved their balance and moved into the ‘low risk of falls’ category. The reduction in falls risk from high to low represents potentially significant downstream savings for both health and social care.

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 **0.72**, 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 **3.86** and on discharge **4.38**, an improvement of **13%** over the treatment period.



Emotional wellbeing

- **63** 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 **2.79**, and on discharge an average score of **3.61**, which is an increase of **29%**. The client self-rating of quality of life showed a percentage improvement of 26%. This suggests a significant increase in mood, wellbeing and quality of life from admission to discharge from Icanho.
- **25** clients were evaluated using the Hospital Anxiety and Depression Scale (HADs). The HADs anxiety average score on admission was **11.56 ('moderate' anxiety symptoms)**; on discharge, this was reduced to **6.48 ('normal' range)**, which shows a reduction of symptoms of anxiety.
- The HADs depression average score on admission was **8.68 ('mild' range)**. On discharge, this was reduced to an average score **4.16 ('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 **3.04** and at discharge was **3.84**, which is an improvement of **26%**.

Carers also rated their own quality of life using TOMs. On admission, the average score was **2.93**, which increased to an average score of **3.59**, a **23%** 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 Livability 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.

Case-study: Me, my family and brain injury, Tony's story

When Tony arrived at Livability Icanho, he was not in a good place physically or mentally. Tall and strongly built, with a young family, Tony was struggling to cope with the disabilities caused by a stroke six months earlier. The strain and frustration of an acquired brain injury and constant pain was making family life difficult. 'Tony was struggling to control his temper and that wasn't good around the kids,' his wife Angela remembers. Tony's family were reassured that experiencing tension and frustration is not unusual after a brain injury. 'The psychologist here is amazing,' says Angela. Physically, Tony improved with Icanho's holistic input. This has all added up to a huge turnaround for Tony and his family. 'I don't think we'd still be together if it wasn't for this place,' says Ang.



Quality Improvement

Quality Improvement Project to reduce wait times

This year we have implemented a project to look at how we can reduce waiting times for our service without having a negative impact on clinical outcomes.

What we set out to achieve

- Explore different options for rehabilitation delivery
- Explore ways of working to improve efficiency
- Reduce non attending/wastage of appointments
- Improve our alignment with other services on the pathway
- Maintain quality/interdisciplinary nature of the service

What we did.

We established work streams from a Team day which reviewed:

- Documentation and freed up clinical time
- Referral criteria with new criteria established
- Screening process which was replaced by a new initial assessment

- Therapy assessment process - Became more targeted at priority needs
- Goal setting- Became more integrated and interdisciplinary
- Electronic record - was adapted to match new processes

New Initial Assessment Process pilot

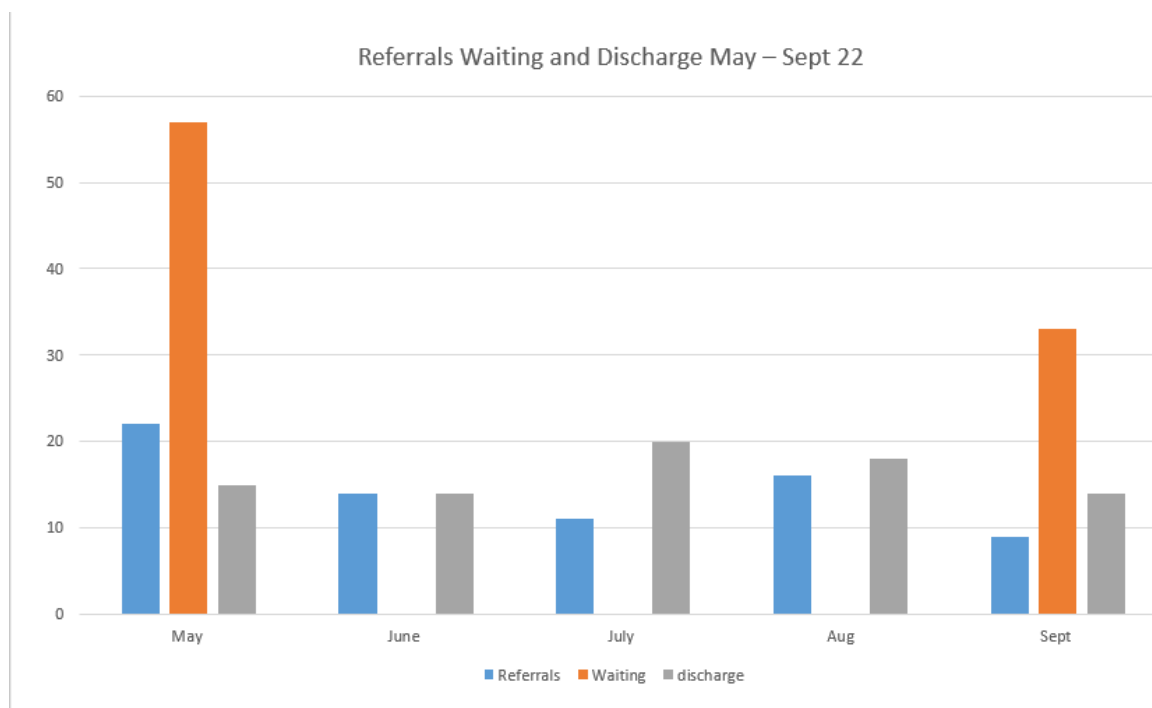
A new assessment process was piloted over 4 months June to September.

- 62 Clients offered new assessment appointment
- 4 clients didn't require triage and went straight onto assessment
- Rate of new clients assessed was increased from 2 per week to average 3.3
- 42 clients attended face to face and 12 via telephone.
- 50 therapy assessments were then completed, average 2.7 / week
- 40 are on rehabilitation programme (6 not appropriate, 1 ref to mental health, 1 palliative, 1 client declined, 3 referred onto community team, 4 unknowns as assessment yet to be completed)

Outcomes of changes made

The result of the quality improvement project has increased throughput leading to reduced wait times. Additionally, we have recorded other benefits:

- Robust initial assessment leading to accurate assessment or appropriate signposting onto other services.
- Planned face to face initial assessment better for brain injury clients due to nature of their cognitive and communication difficulties.
- Clients and carers report feeling listened to and understood.
- Improved family engagement from the beginning- supporting research that rehabilitation outcomes are improved with better family engagement.
- Improved staff satisfaction
- Flexibility in the system enabling better management of 'Did Not Attends'
- Reducing lost clinical time by identifying clients that are likely to not engage
- Being able to respond to clinical need in a timelier way including better alignment with other services
- Improved systems and organisation reducing admin time and increasing availability of clinical time
- Improved interdisciplinary goal setting



What's next

- Ongoing review and embedding of change
- Monitor and explore impact on client's rehabilitation (treatment)
- Understand impact on capacity in presently funded service.
- Explore throughput/client flow – timely discharge with access to other services. Estimate discharge dates
- IT systems a priority to further improve efficiency.
- Further client and carer feedback on the process to inform any future service quality improvements.

Audits

During 2022-23 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:

- Clinical Psychology
 - Audit results showed in 2022 significantly more initial Clinical Psychology assessments resulted in direct Clinical Psychology input (2022 = 85%, 2021 =

32%). This suggests that a new approach which was introduced this year is more efficient and effective way of using Clinical Psychology resources to conduct assessments, compared to the previous screening and block model.

- OT
 - Clinical note taking and best practice.
 - Vocational Rehabilitation outcomes (In progress)
 - Client flow and goal attainment. (Awaiting analysis)

Operational and staffing report

Staffing

The service vacancy rate across the year was average 3.4%

Sickness/absence

Over the year the percentage of sick leave was 3.03%

Supervision and Mandatory training

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

Mandatory training was 96% up to date at 31/3/23.

Other training:

A programme of Internal training sessions and reflective practice reviews were held throughout the year. Staff meetings are held every 6 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. In all cases incidents are reviewed/lessons learned. Details have been provided in the monthly reports.

Complaints & Safeguarding

No complaints were received.

There were 6 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, 15 questionnaires were received from clients and 1 from carers.

15/15 ie 100% of clients said they were 'extremely likely' to recommend the service.

"The last year has been really tough for me but your help has been amazing and you have truly helped me to get back on my feet again. I have found your support has played a key part in my recovery and I will always be grateful for this, thank you for everything"

"It's about recovering a life; it won't be the same but the feeling of achievement far exceeds what was expected from Icanho."

"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."

www.icanho.org.uk