Royal College of Physicians | SSNAP

Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit

Clinical audit

August 2017 – November 2017

Public Report

National results

March 2018

Based on stroke patients admitted to and/or discharged from hospital between August 2017 – November 2017

Prepared by

Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party

Document purpose	To disseminate results for the process of stroke care for patients admitted and/or discharged in the period between August 2017 – November 2017
Title	Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit August 2017 – November 2017 Public Report
Author	Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party
Publication	March 2018
Target audience	General public, stroke survivors and carers, health and social care professionals, stroke researchers
Description	This is a public report on the clinical component (process of care) of the national stroke audit, the Sentinel Stroke National Audit Programme (SSNAP). It publishes national and named team results on the quality of stroke care for patients admitted and/or discharged between 1 August and 30th November 2017. It covers many processes of care across the entire inpatient stay including comparisons with most recent reporting periods. The report findings enable the processes of stroke services at national level to be compared with national standards outlined in the fifth edition of the National Clinical Guideline for Stroke (2016) published by the Intercollegiate Stroke Working Party, the NICE (National Institute for Health and Clinical Excellence) Clinical Guidelines, the National Stroke Strategy 2007 and the NICE Quality Standards for Stroke (2016).
Supersedes	SSNAP Clinical Audit April 2017 – July 2017 public report
Related publications	National clinical guideline for stroke 5th edition (Royal College of Physicians, 2016): www.strokeaudit.org/guideline National clinical guideline for stroke 5th edition patient version http://www.strokeaudit.org/Guideline/Patient-Guideline.aspx SSNAP Clinical audit public report – August-November2016 http://www.strokeaudit.org/results/National-Results.aspx SSNAP Post-Acute Stroke Service Provider Audit https://www.strokeaudit.org/results/PostAcute/National.aspx SSNAP Acute Organisational Audit Report – November 2016 https://www.strokeaudit.org/results/Organisational/National-Organisational.aspx NICE Quality Standard for Stroke 2016: https://www.nice.org.uk/guidance/qs2 National Stroke Strategy (Department of Health, 2007): http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062 Department of Health: Progress in improving stroke care (National Audit Office, 2010): http://www.nao.org.uk/publications/0910/stroke.aspx National Cardiovascular Outcomes Strategy: https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy CCG Outcomes Indictor Set: https://indicators.hscic.gov.uk/webview/
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Foreword

This report on the Sentinel Stroke National Audit Programme (SSNAP) uses data collected between August and November 2017. It includes named hospital results for the entire inpatient care pathway, where the numbers of patients entered in SSNAP for this period make this viable.

In this reporting period, 44 teams achieved an overall 'A' score in SSNAP, which indicates a world-class stroke service. That services are continually improving the stroke care provided to patients is evident from the fact for the January-March 2016 reporting period only 25 teams achieved an A grade. Even more important is that the number of hospitals delivering care rated as D or E. There are now just 28 routinely admitting teams scoring a D and 4 scoring an E or failing to submit any or sufficient data to be included in the report.

The improvements in results are symptomatic of the continued efforts made by teams to use SSNAP data as a tool for continuously improving the quality of the stroke services they provide to patients. The genuine commitment to submitting timely and complete data each reporting period and acting on audit results to improve clinical care should be celebrated. Even more teams would have scored an 'A' if they had not been marked down because of issues around the timeliness and quality of data submission, which should be fairly easily solvable. These latest audit results reinforce our belief that although SSNAP has set stringent, aspirational targets the top score is achievable and sustainable over time.

One area of concern is that performance on the 'Stroke Unit' domain has if anything deteriorated over recent reporting periods. Only three routinely admitting teams achieved an 'A'. This I think reflects the increasing pressure there has been in recent months on acute hospitals generally and the consequent problems trying to keep sufficient empty beds on the stroke unit. This is particularly concerning because it is probably the most important intervention a patient receives after a stroke and many of the other measures of quality of care inevitably deteriorate if the patients' admission to specialist care is delayed.

There is still unacceptable variation across the country. Performance on six month assessments after stroke is still very weak and this is another particular area of concern

Congratulations to everyone who has contributed to the data presented in this report. It is a fantastic achievement that roughly 28,500 patient records are available for analysis this reporting period. We estimate that approximately 85,000 patients are admitted to hospital with stroke per year so we are achieving very high levels of case ascertainment. Complete and high quality data will be extremely powerful in shaping the future developments in stroke care in England, Wales and Northern Ireland. They will enable a much stronger case to be made for improvements and greatly help patients, commissioners and clinicians alike get the best out of the services.

We have received numerous case studies from stroke care providers outlining how they have used the data to improve their services. It is motivating and encouraging to see that our reporting outputs are valued and we hope to see continued improvements in results in future reporting periods.

Professor Anthony Rudd FRCP CBE
Clinical Director of RCP Stroke Programme

Introduction to SSNAP

The Sentinel Stroke National Audit Programme (SSNAP) is the single source of stroke data in England, Wales and Northern Ireland. There are three main components of SSNAP, the clinical audit, acute organisational audit and post-acute organisational audit. This document outlines findings from the clinical audit and through clinical commentary, contextualises this data. This report presents a national overview of stroke care across England, Wales and Northern Ireland and is intended to be accessed by members of the public with an interest in stroke care as well as by health care professionals.

How to read this report

National results (out of all patients submitted to the audit in England, Wales, Northern Ireland and the Islands): In this report national results are presented as percentages, medians and interquartile ranges (IQR). The median is the middle point of the data; 50% of patients' results lie on either side. The interquartile range is the middle half of values; the bottom 25% of patients' results are below this range and the top 25% of patients' results are above this range. Unless otherwise stated in the report, 100% is the optimal performance and the higher the percentage, the higher the quality of care. For timings, the shorter the median time to intervention the better the care.

Clinical Commentary: This report contains clinical commentary from the Stroke Programme Clinical Director, Professor Tony Rudd.

No, but…answers: The diversity of effects from a stroke creates difficulties for clinical management and for determining overall standards of care. The audit therefore designated specified circumstances where standards would not be applicable. The full wording of questions can be found in Appendix 2.

Compliance rates: The compliance rate is recorded as a percentage, with 100% being optimal (unless otherwise stated). The denominators for the compliance rates are those cases for whom the standards applied, i.e. any *No, but…* exceptions have not been included in the calculations of compliance. There are some time-points along the stroke pathway at which the concept of applicability is not relevant (i.e. when all patients are deemed applicable for a standard). Please see the technical guidance on the final tab of the 'Full results portfolio' for more details (www.strokeaudit.org/results/national).

Reference numbers: These refer to the position in the accompanying MS Excel spreadsheets where individual team level results for standards and indicators can be found.

'Patient-centred' and 'team-centred' results: SSNAP reports on the processes of care and patient outcomes in two ways; 'patient centred' and 'team centred'. 'Patient centred' attribute the results to every team which treated the patient at any point in their care. A team's patient-centred results demonstrate the quality of care that their patients received across the whole inpatient care pathway, regardless of how many teams each patient went to, or which of the teams provided each aspect of care. 'Team centred' attribute the results to the team considered to be most appropriate to assign the responsibility for the measure to. In Section 1 (national level domains and scoring), it is clearly stated whether team- or patient-centred results are being presented. In Section 8 (domains and scoring by named team), both team- and patient-centred results are provided.

Both patient-centred and team-centred results are presented on separate tabs in the accompanying full results portfolio. For the majority of cases, the national level results in this PDF report will match those in *both* the patient-centred and team-centred results tab in the portfolio. One exception is therapy provision, where the national level patient-centred and team-centred results differ. National level results for therapy intensity in Section 5 of this report are patient centred. For comparisons between an individual team's performance (team-centred results) with the national, please refer to the team-centred national results in the post 72 hour 'team centred' tab of the portfolio.

Team type: This report includes data from the following types of team and highlights which team type data are used when appropriate. The team types are as follows:

- **Routinely admitting acute teams** (teams which admit stroke patients directly for acute stroke care)
- **Non-routinely admitting acute teams** (teams which do not generally admit stroke patients directly but continue to provide care in an acute setting when patients have been transferred from place of initial treatment)
- **Non-acute inpatient teams** (teams which provide inpatient rehabilitation in a post-acute setting e.g. community hospitals)
- **Post-acute non inpatient teams** (these teams include early supported discharge and community rehabilitation teams)
- **Six month assessment providers** (community based teams that provide six month reviews)

100% of routinely admitting teams and non-routinely admitting acute teams in England, Wales, Northern Ireland, and the Islands are registered on SSNAP. Recruitment of post-acute teams and teams providing six month assessments is continuing.

Background

The Sentinel Stroke National Audit Programme (SSNAP) has been collecting and reporting on the processes of stroke care since June 2013. The Clinical Effectiveness and Evaluation Unit (CEEu) in the Care Quality and Improvement Department of the Royal College of Physicians first conducted the National Sentinel Stroke Audit (NSSA) in 1998 (www.rcplondon.ac.uk/sentinel) and subsequently a total of 7 rounds were undertaken with 100% participation achieved since 2006. SSNAP combines the NSSA and the Stroke Improvement National Audit Programme (SINAP) which audited care in the first 72 hours after stroke between 2010 and 2012. (www.rcplondon.ac.uk/sinap).

Aims of this report

- To publish national and team level results for the entire inpatient stroke care pathway in the public domain.
- To allow comparisons to be made between the latest results and the previous three reporting periods.
- To describe the methods for calculating the pre-existing or upcoming national measures for stroke in England: the CCG Outcomes Indicator Set; and NICE Quality Standard for Stroke measures.

Organisation of this report

- Summary of overall performance by domains and key indicators (Section 1)

- National level results for patient casemix (Section 2)
- National level results for processes of acute stroke care in the first 72 hours (Section 3)
- National level results for therapy provision (Section 4)
- National level results for processes of care by discharge (Section 5)
- Early Supported Discharge and Community Rehabilitation Results (Section 6)
- Six month follow-up assessments (Section 7)
- SSNAP Performance Tables (by named team) (Section 8)

Supplementary reporting outputs

With the exception of Section 8, this PDF report presents national level results. Detailed results by named teams are available on the SSNAP Reporting Portal www.strokeaudit.org/Results/National including:

- **Summary results spreadsheet:** An overview of performance by reporting 44 Key Indicators within 10 domains of care by named team.
- **Full results portfolio:** A very detailed reference document which includes 72 hour and discharge results for SSNAP data item by named team in addition to information about casemix, patient cohorts and pathways, and inter-team variation.
- **Regional slideshows:** Hospital and ESD/CRT results are grouped by region and presented in graphs.
- **Dynamic maps:** Allow you to find information about stroke services for your local provider. You can compare different standards of care within your team, and compare your local provider to other providers and against regional and national averages. www.strokeaudit.org/results/Clinical-audit/maps

Key indicators, domains and scoring

44 Key Indicators have been chosen by the ICSWP as representative of high quality stroke care. These include data items included in the CCG Outcomes Indicator Set and NICE Quality Standards (covering England only). The key indicators are grouped into **10 domains** covering key aspects of the process of stroke care. Both patient-centred domain scores (whereby scores are attributed to every team which treated the patient at any point in their care) and team-centred domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to) are calculated.

Evidence based standards and indicators

SSNAP is the single source of data for stroke in England and Wales. It provides the data for all other statutory data collections in England including the NICE Quality Standard and is the chosen method for collection of stroke measures in the NHS Outcomes Framework and the CCG Outcomes Indicator Set. SSNAP metrics are aligned with those in the Cardiovascular Disease Outcomes Strategy. SSNAP data are being used as risk indicators for Care Quality Commission's Intelligent Monitoring and for the Stroke Care in England NHS Marker.

The results from this clinical audit compare delivery of care with standards derived from systematically retrieved and critically appraised research evidence and agreed by experts in all disciplines involved in the management of stroke. The strength of evidence is outlined in the guidelines. No references have been quoted in this report for reasons of space. All relevant evidence and standards are available in the following:

- National clinical guideline for stroke 5th edition (Royal College of Physicians, 2016) www.strokeaudit.org/guideline
- National clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (NICE, 2008) https://www.nice.org.uk/guidance/CG68
- Stroke rehabilitation: Long-term rehabilitation after stroke (NICE 2013): www.nice.org.uk/CG162
- NICE Quality Standard for Stroke 2016 https://www.nice.org.uk/guidance/qs2

Datasets and methodology

A core, minimum dataset (Appendix 2) was developed by the ICSWP in collaboration with key stakeholders. Prospective data were collected via a secure web-based tool provided by Net Solving Ltd. Security and confidentiality are maintained through the use of passwords and a person specific registration process. Detailed help notes and FAQs are provided to ensure standard interpretation of the dataset questions across all participants. Data are analysed by the Stroke Programme at the Royal College of Physicians.

Only 'locked' data are included in SSNAP analysis. The process of locking ensures high data quality and signifies that the data have been signed off by the lead clinician and are ready for central analysis.

To view the SSNAP core dataset and help-notes, and for more details about the methods of data collection, submission and analysis, please visit https://www.strokeaudit.org/Support/Datasets.aspx

Eligibility and audit scope

SSNAP aims to measure the quality of stroke care along the patient pathway from initial admission, through all subsequent locations, up to and including six month assessment. Teams which treat at least 10 stroke patients a year at any point up to six months are eligible to participate. Data are therefore collected by different types of teams along the stroke pathway. These include:

- Routinely admitting acute teams (teams which admit stroke patients directly for acute stroke care)
- Non-routinely admitting acute teams (teams which do not generally admit stroke patients directly but continue to provide care in an acute setting when patients have been transferred from place of initial treatment)
- Non-acute inpatient teams (teams which provide inpatient rehabilitation in a post-acute setting e.g. community hospitals)
- Post-acute non inpatient teams (these teams include early supported discharge and community rehabilitation teams)
- Six month assessment providers.

100% of routinely admitting teams and non-routinely admitting acute teams in England, Wales, Northern Ireland, and the Islands are registered on SSNAP. Recruitment of post-acute teams and teams providing six month assessments is continuing. Given the fact that these teams have not previously participated in national stroke audit there has been a slower uptake but more post-acute teams are submitting data to the audit each reporting period.

Section 1: Executive Summary: summary of domain and key indicator results

This section provides a summary of performance at national level. It is based upon results for **44 key indicators** which are grouped into **10 domains** covering key aspects of stroke care (for more information see the section at the end of the report).

The section begins with the **overall SSNAP score** calculated as follows:

- **Domain levels** are combined into separate patient-centred and team-centred **total key indicator scores**
- A **combined total key indicator score** is derived from the average of these two scores
- This combined score is adjusted for **case ascertainment** and **audit compliance**

Themes covered by the SSNAP domains:

- Domain 1: Scanning
- Domain 2: Stroke unit
- Domain 3: Thrombolysis
- Domain 4: Specialist assessments
- Domain 5: Occupational therapy
- Domain 6: Physiotherapy
- Domain 7: Speech & language therapy
- Domain 8: MDT working
- Domain 9: Standards by discharge
- Domain 10: Discharge processes

Unless otherwise stated, 100% is the optimal performance. For timings, the shorter the median time to intervention the better. More information is available in the technical annex of the full results portfolio.

SSNAP Level

Distribution of SSNAP levels across inpatient teams

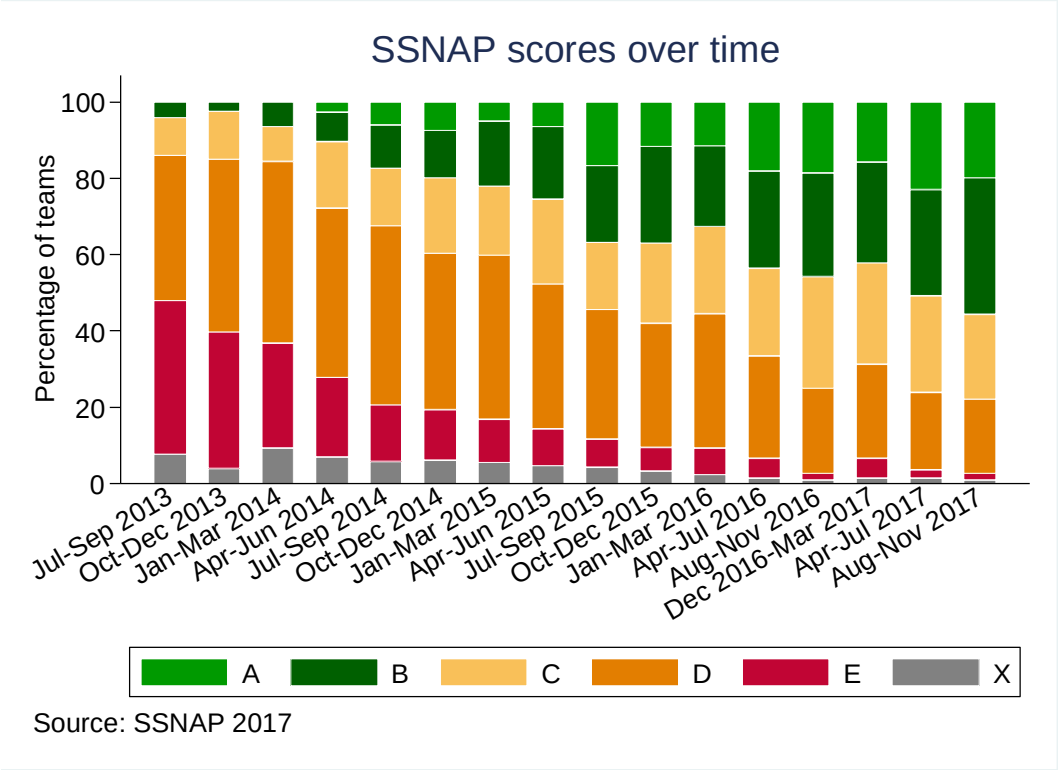
SSNAP levels:	Aug-Nov 2016 218 teams	Dec 2016-Mar 2017 225 teams	Apr-Jul 2017 219 teams	Aug-Nov 2017 219 teams
A	41 (19%)	36 (16%)	51 (23%)	44 (20%)
B	60 (28%)	60 (27%)	62 (28%)	79 (36%)
C	64 (29%)	61 (27%)	56 (26%)	49 (22%)
D	49 (22%)	56 (25%)	45 (21%)	43 (20%)
E	4 (2%)	12 (5%)	5 (2%)	4 (2%)

Explanation of grading:

A = First class service
B = good or excellent in many aspects
C = reasonable overall - some areas require improvement
D = several areas require improvement
E = substantial improvement required

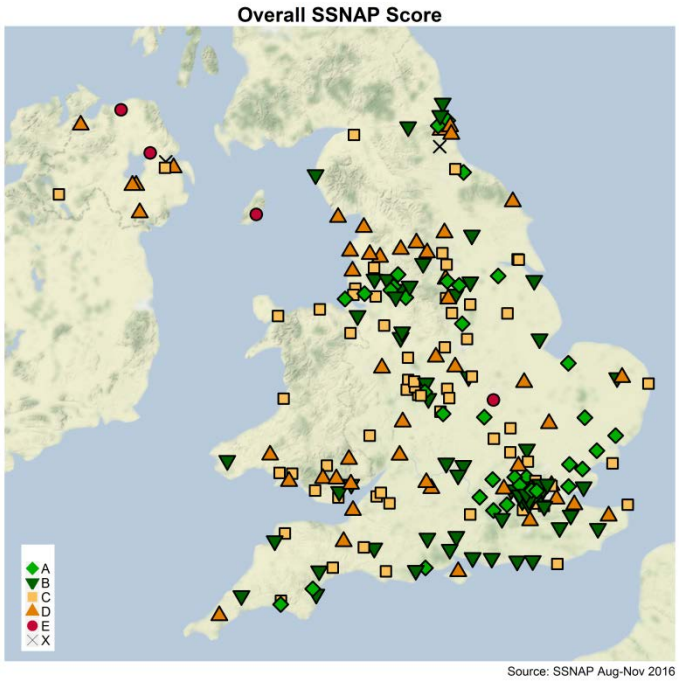
National expectation:

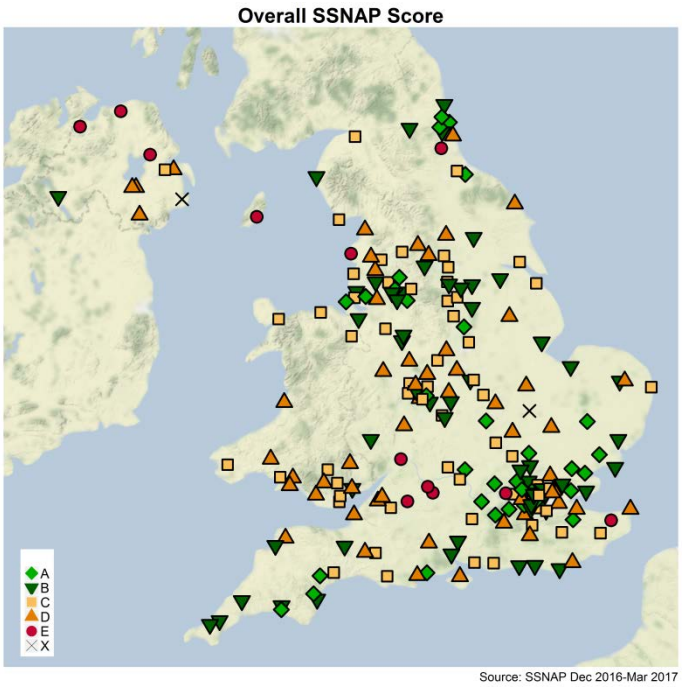
Teams are expected to achieve an A or B SSNAP grade, such scores are indicative of world-class stroke care and a good or excellent service in many aspects respectively. A SSNAP score of a C or less would suggest that some or several areas of care require improvement.

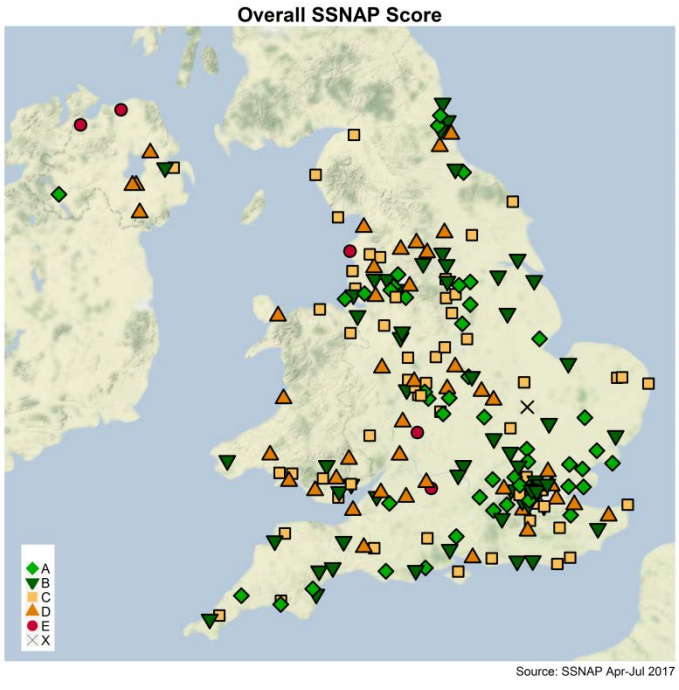


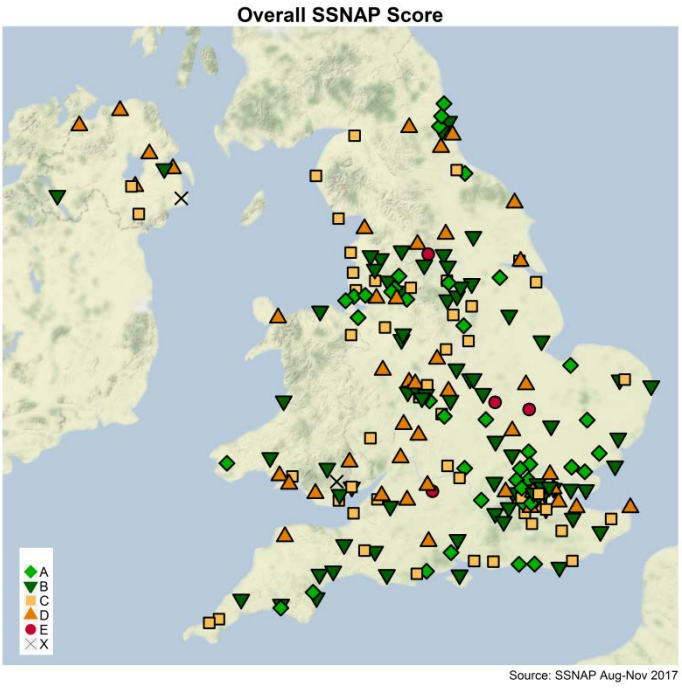
Source: SSNAP 2017

The maps below show the SSNAP level achieved by all *inpatient teams* in England, Wales, and Northern Ireland for the last four reporting periods. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or no records are highlighted with an **X**.









You may also be interested in…

SSNAP domain and key indicator results are also available in the form of interactive maps on the SSNAP Reporting Portal (www.strokeaudit.org/results/Clinical-audit/maps). These dynamic maps enable comparisons between standards of care within teams, and compare local providers against regional and national averages.

Domain 1: Scanning

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

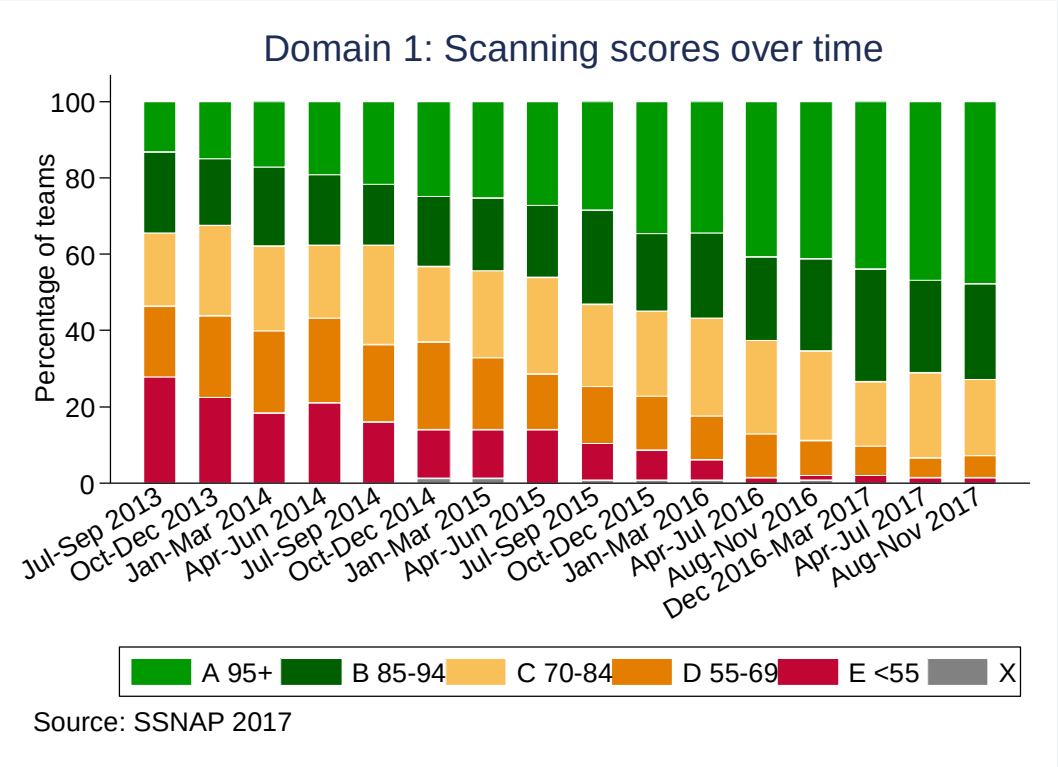
2.3.1

E Acute stroke services should have continuous access to brain imaging including CT angiography and should be capable of undertaking immediate brain imaging when clinically indicated.

3.4.1

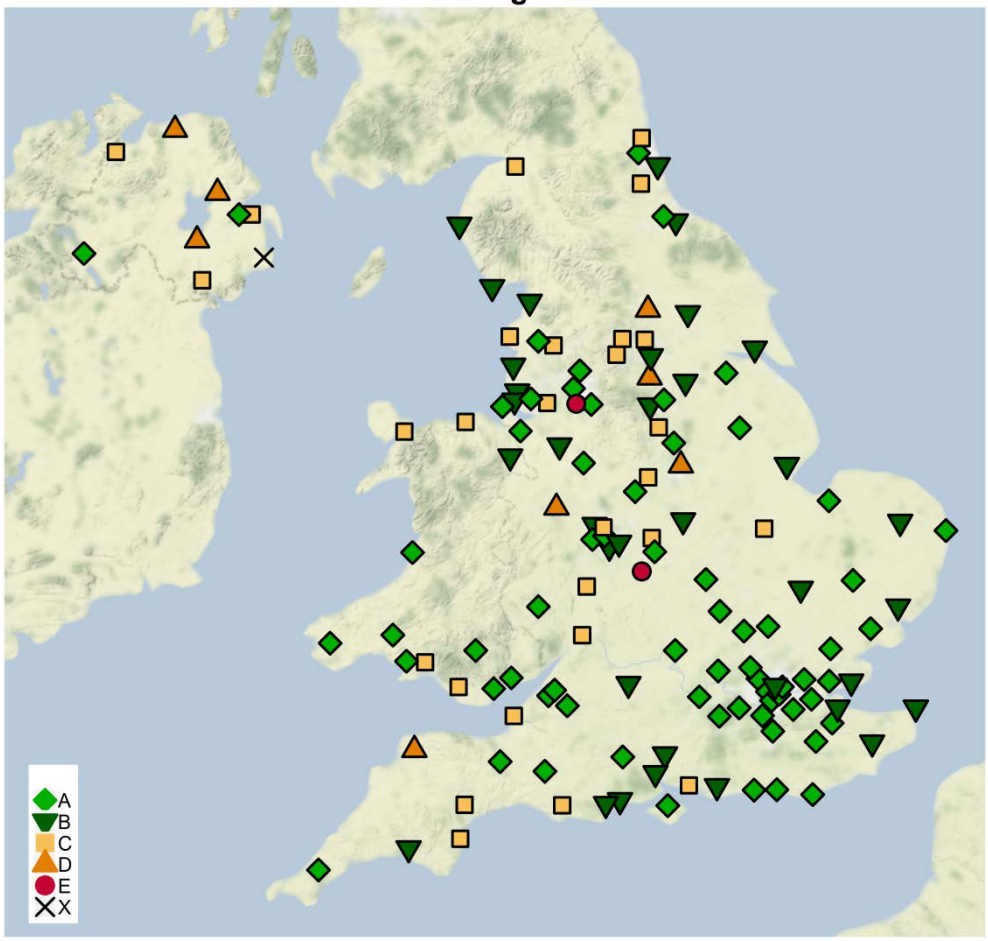
B Patients with suspected acute stroke should receive brain imaging urgently and at most within 1 hour of arrival at hospital.

Distribution of scores across all inpatient teams for Domain 1 (140 teams)



The map below shows the team centred performance of all *routinely admitting teams* for Domain 1. Each symbol represents a team, colour coded by the overall score achieved.

Brain Scanning: Domain 1



Source: SSNAP Aug-Nov 2017
Team-centred

Quality Improvement Case Study

A good example of how SSNAP data have been used to improve the timeliness of brain scanning has been provided by Mid Yorkshire Hospitals NHS Trust. The model the stroke team implemented to ensure rapid brain scanning of suspected stroke patients could be adapted by other stroke services.
It is available to read here: https://www.strokeaudit.org/AnnualReport/Case-Studies.aspx

Domain 2: Stroke Unit

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

2.2.1 B People with an acute neurological presentation suspected to be a stroke should be admitted directly to a hyperacute stroke unit which cares predominantly for stroke patients.

C Acute hospitals receiving medical admissions that include people with suspected stroke should have arrangements to admit them directly to a hyperacute stroke unit on site or at a neighbouring hospital, to monitor and regulate basic physiological functions such as neurological status, blood glucose, oxygenation, and blood pressure.
D Acute hospitals that admit people with stroke should have immediate access to a specialist stroke rehabilitation unit on site or at a neighbouring hospital.

2.3.1 B People with suspected acute stroke (including when occurring in people already in hospital) should be admitted directly to a hyperacute stroke unit and be assessed for emergency stroke treatments by a specialist physician without delay.

2.4.1 A People with stroke should be treated on a specialist stroke unit throughout their hospital stay unless their stroke is not the predominant clinical problem.

K A facility that provides treatment for in-patients with stroke should include:

- a geographically-defined unit;
- a co-ordinated multi-disciplinary team that meets at least once a week for the exchange of information about in-patients with stroke;
- information, advice and support for people with stroke and their family/carers;
- management protocols for common problems, based upon the best available evidence;
- close links and protocols for the transfer of care with other in-patient stroke services, early supported discharge teams and community services;
- training for healthcare professionals in the specialty of stroke.

NICE Quality Standards

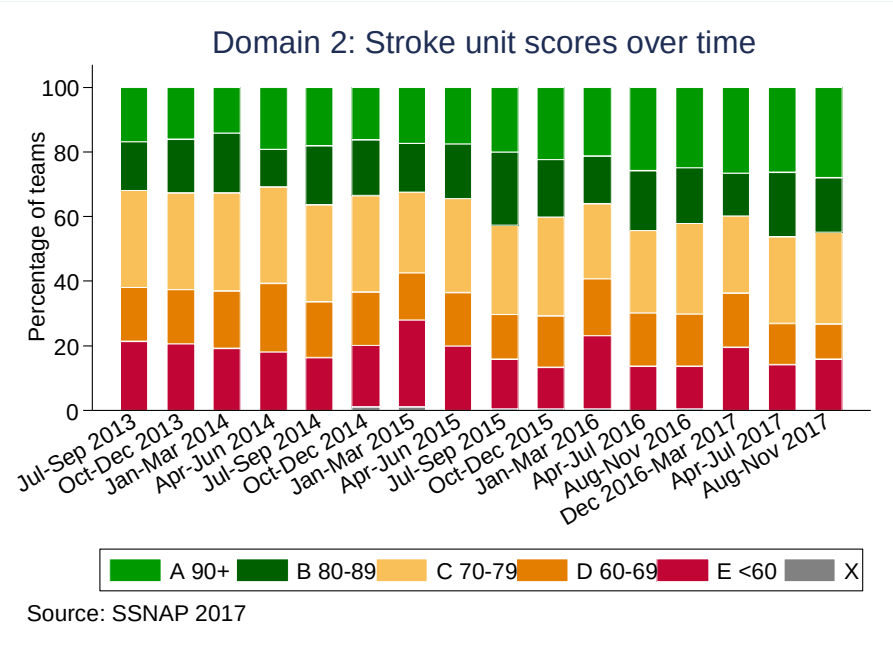
Statement 1: Adults presenting at an accident and emergency (A&E) department with suspected stroke are admitted to a specialist acute stroke unit within 4 hours of arrival.

[2010, updated 2016]

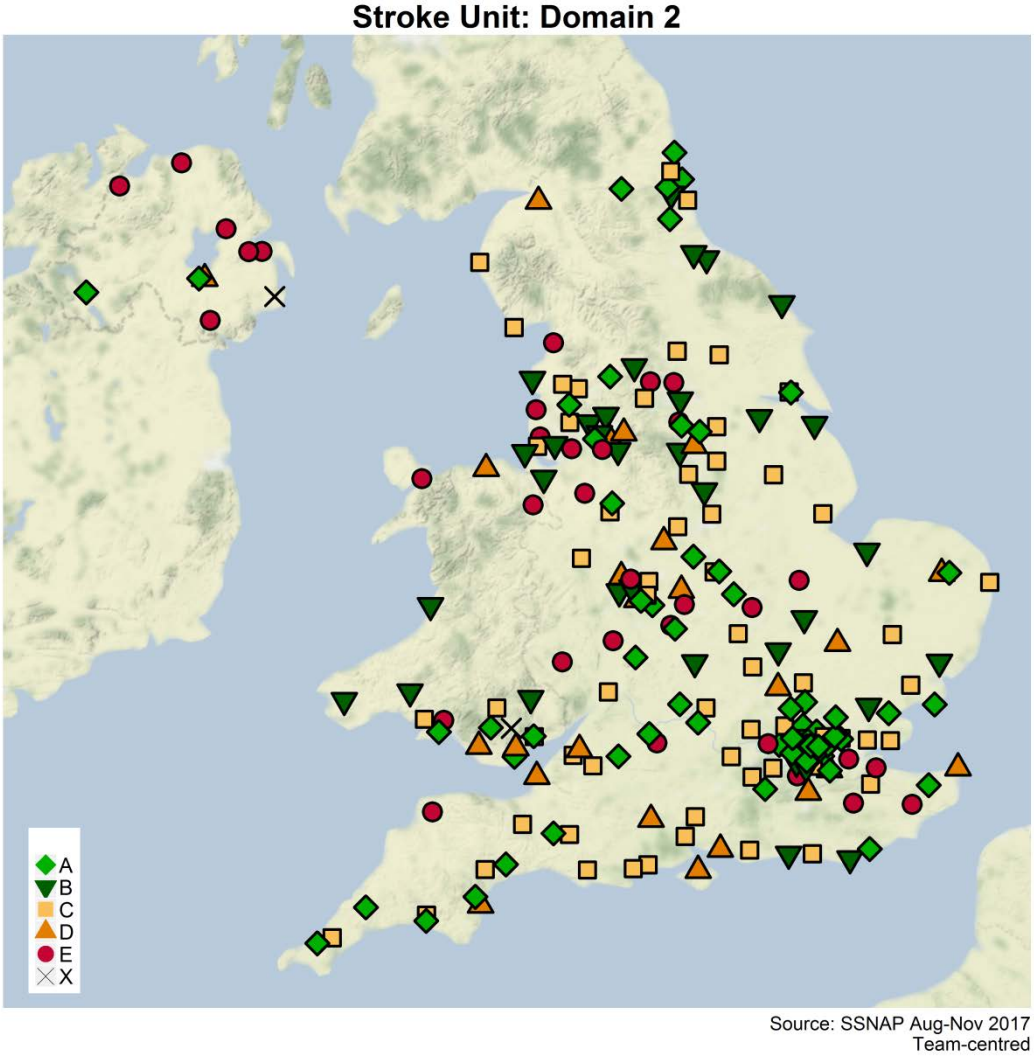
Quality Improvement Case Study on improving stroke unit management

Dr Andrew Hill, Stroke Consultant at Hospital St Helens and Knowsley NHS Trust, provides a powerful example of how SSNAP data have been used to explain locally why there were delays in stroke unit admission and subsequent acute assessments, and describes simple ways in which the stroke team were able to improve their performance without requiring additional resources. It is available here: https://www.strokeaudit.org/AnnualReport/Case-Studies/Using-SSNAP-Data.aspx

Distribution of scores across all inpatient teams for Domain 2 (221 teams)



The map below shows the team centred performance of all *inpatient teams* for Domain 2. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.



Domain 3: Thrombolysis

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

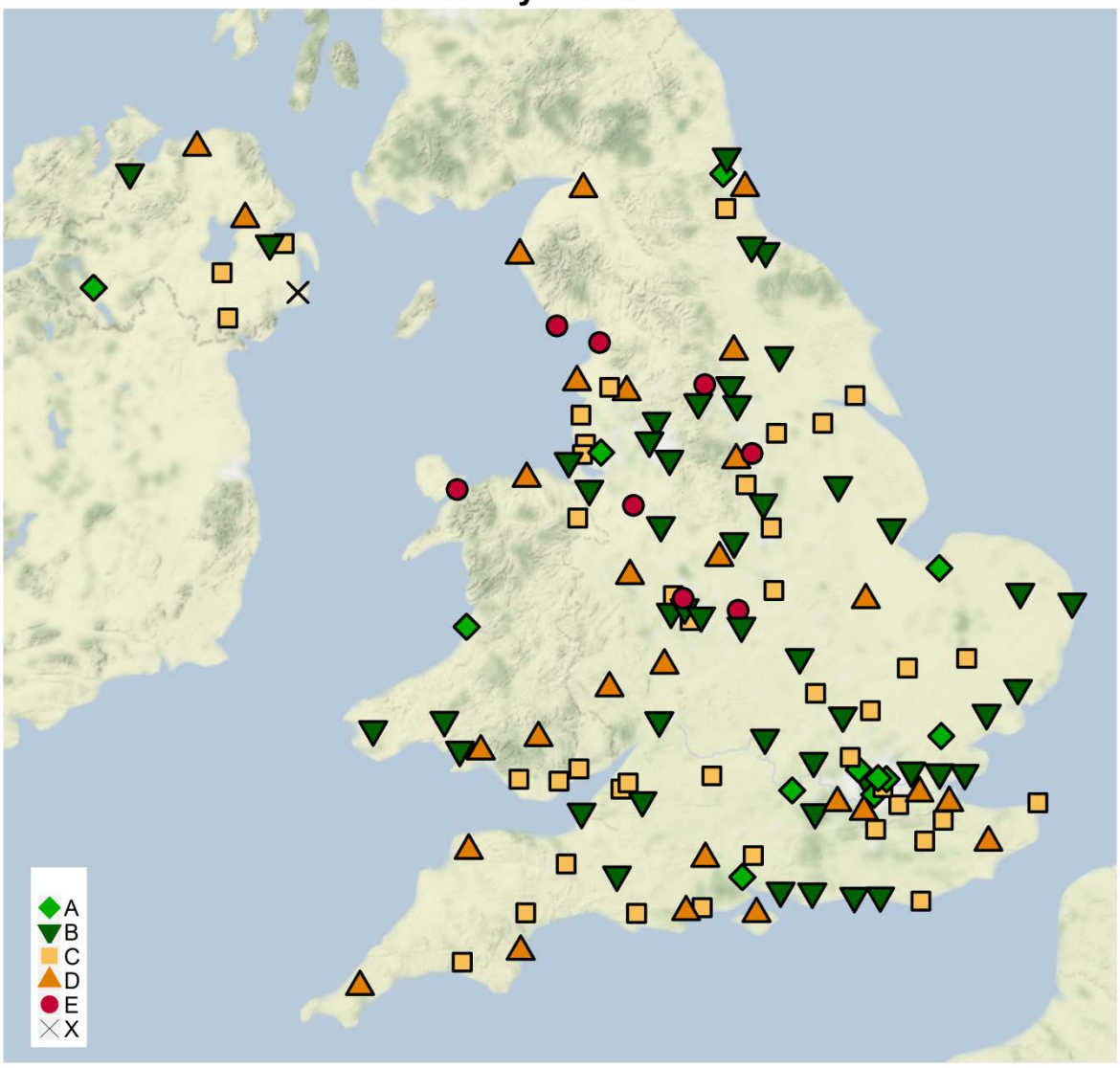
3.5.1A Patients with acute ischaemic stroke, regardless of age or stroke severity, in whom treatment can be started within 3 hours of known onset should be considered for treatment with alteplase.

- **3.5.1E** Alteplase should only be administered within a well-organised stroke service with:
  processes throughout the emergency pathway to minimise delays to treatment, to ensure that thrombolysis is administered as soon as possible after stroke onset;
- staff trained in the delivery of thrombolysis and monitoring for post-thrombolysis complications;
- nurse staffing levels equivalent to those required in level 1 or level 2 nursing care with training in acute stroke and thrombolysis;
- immediate access to imaging and re-imaging, and staff appropriately trained to interpret the images;
- protocols in place for the management of post-thrombolysis complications.

Distribution of scores across all inpatient teams for Domain 3 (136 team)

The map below shows the team centred performance of all *routinely admitting teams* for Domain 3. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.

Thrombolysis: Domain 3



Source: SSNAP Aug-Nov 2017
Team-centred

Domain 4: Specialist Assessments

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

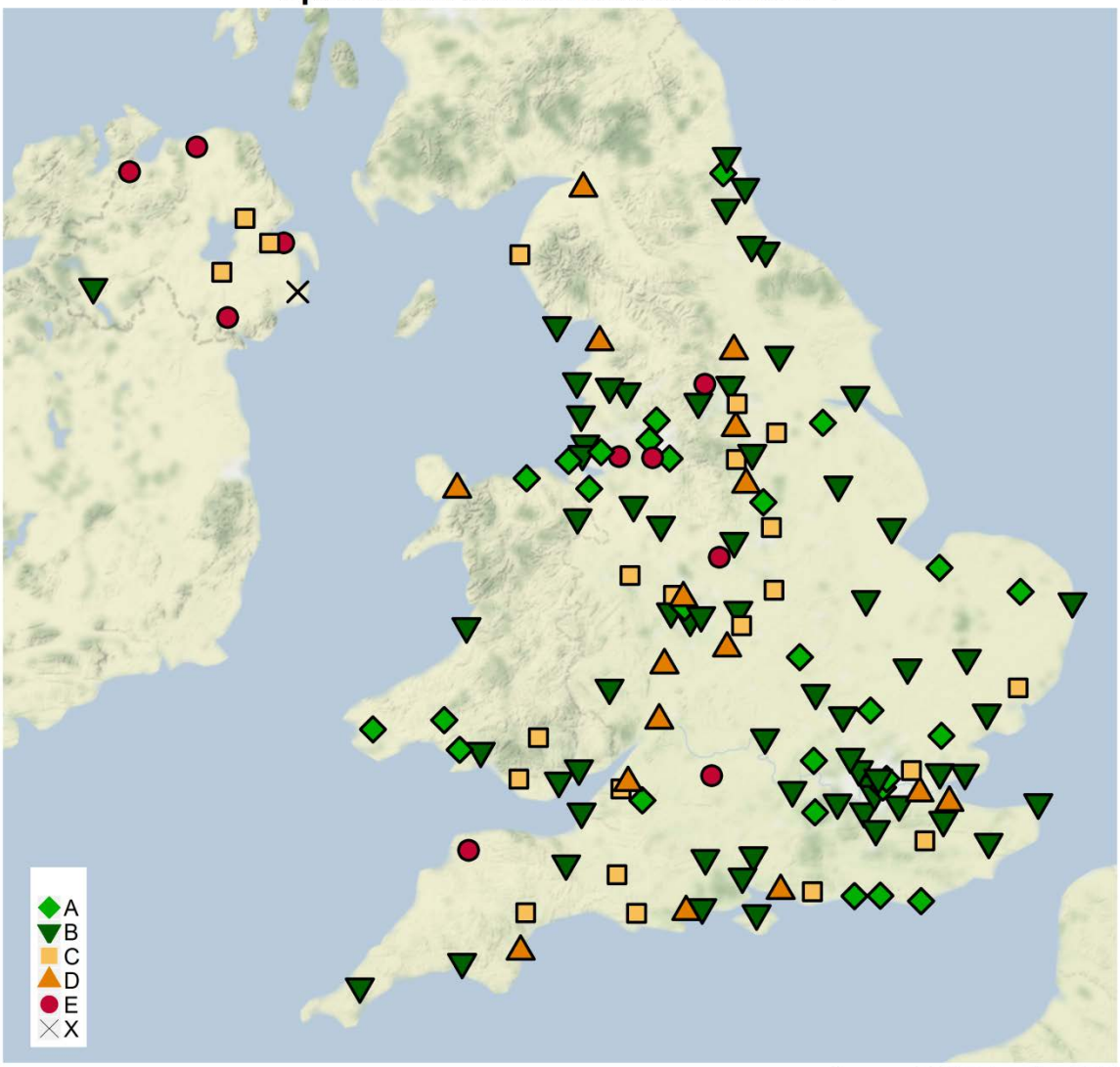
2.3.1B People with suspected acute stroke (including when occurring in people already in hospital) should be admitted directly to a hyperacute stroke unit and be assessed for emergency stroke treatments by a specialist physician without delay.

3.10.1E Patients with acute stroke should have their swallowing screened, using a validated screening tool, by a trained healthcare professional within four hours of arrival at hospital and before being given any oral food, fluid or medication.

Distribution of scores across all inpatient teams for Domain 4 (140 teams)

The map below shows the team centred performance of all *routinely admitting teams* for Domain 4. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol

Specialist Assessments: Domain 4



Source: SSNAP Aug-Nov 2017
Team-centred

Domain 5: Occupational Therapy

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

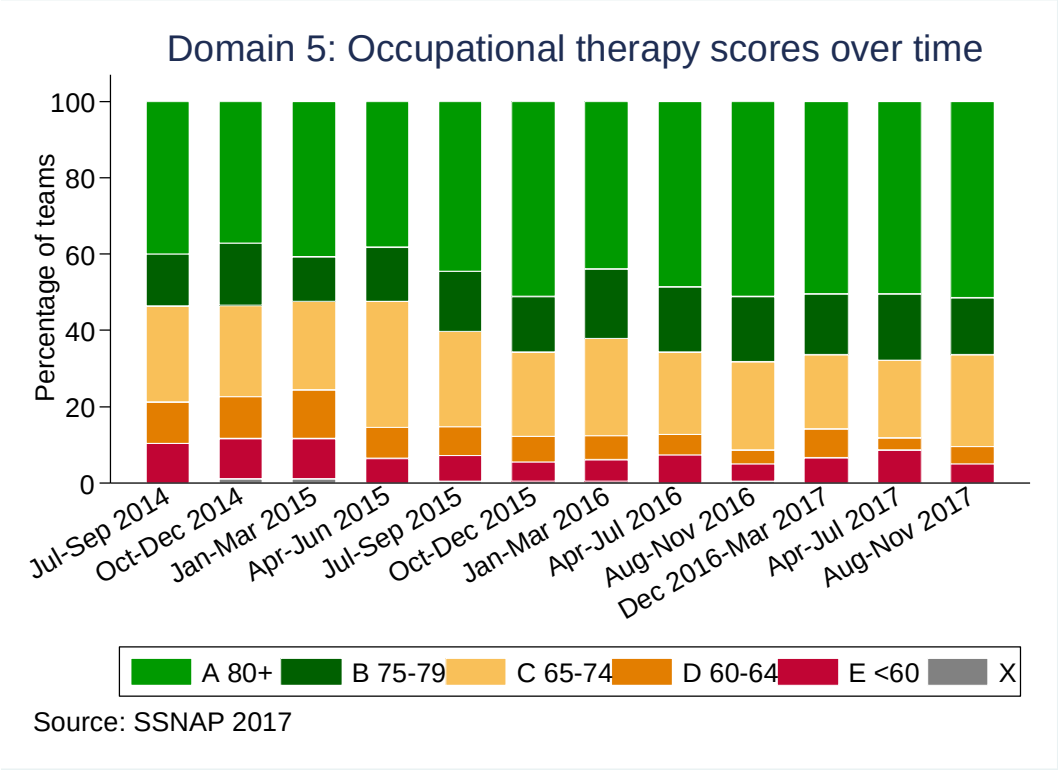
2.11.1A People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment.

NICE Quality Standards

Statement 2: Adults having stroke rehabilitation in hospital or in the community are offered at least 45 minutes of each relevant therapy for a minimum of 5 days a week.

[2010, updated 2016]

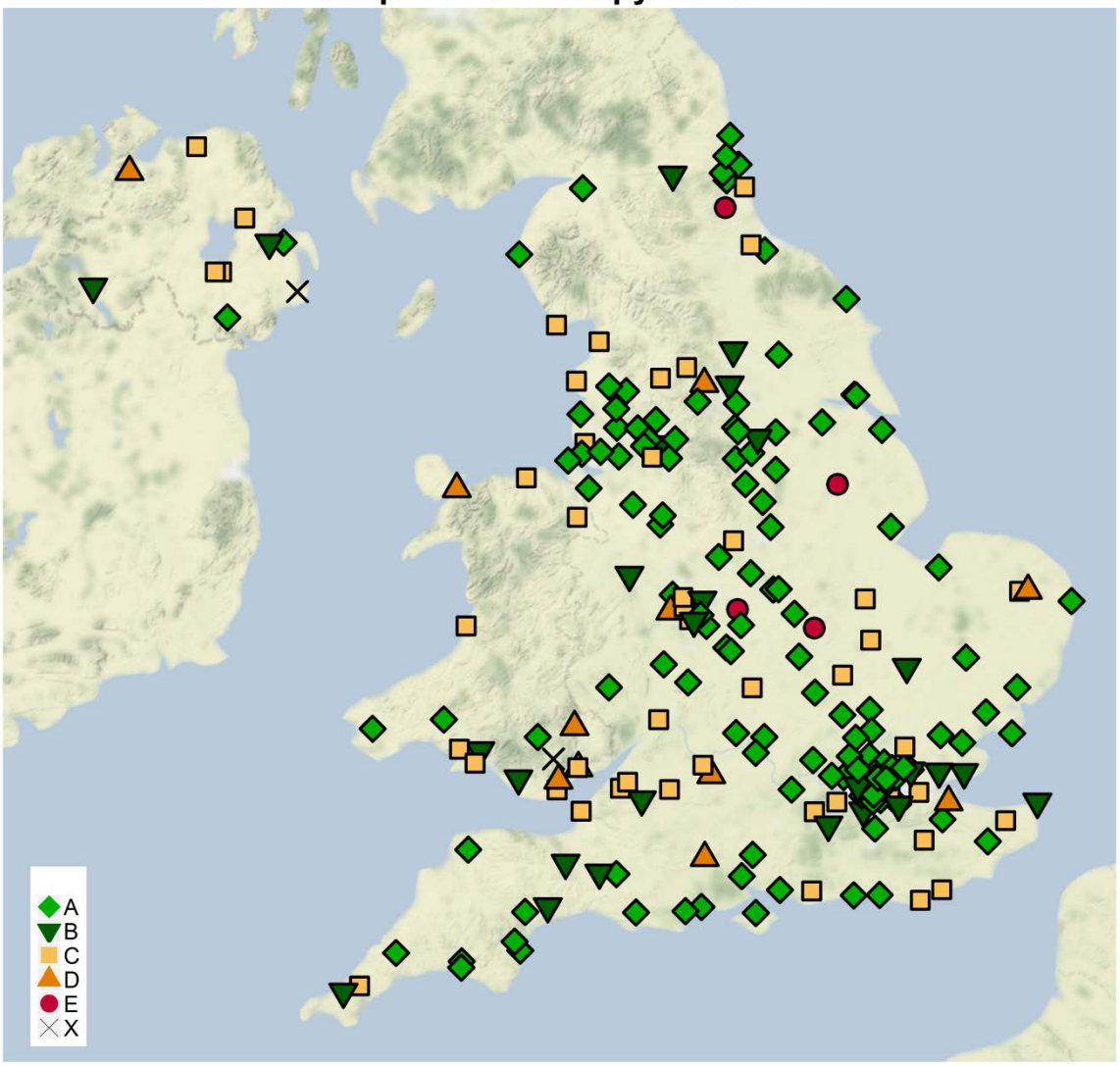
Distribution of scores across all inpatient teams for Domain 5 (221 teams)



Source: SSNAP 2017

The map below shows the patient centred performance of all *inpatient teams* for Domain 5. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.

Occupational Therapy: Domain 5



Source: SSNAP Aug-Nov 2017
Patient-centred

Domain 6: Physiotherapy

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

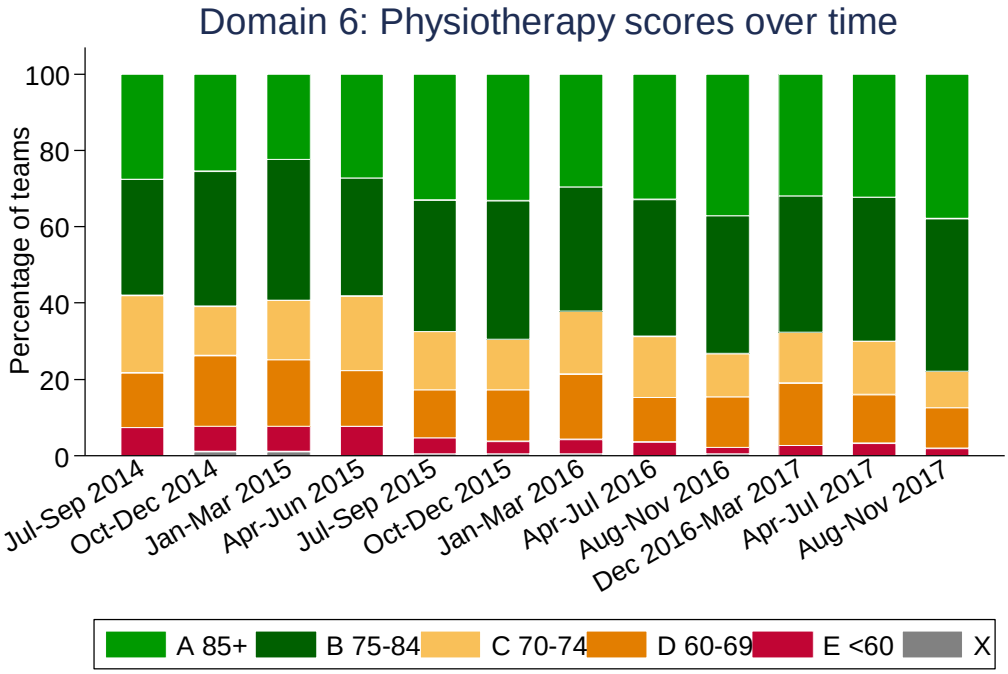
2.11.1A People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment.

NICE Quality Standards

Statement 2: Adults having stroke rehabilitation in hospital or in the community are offered at least 45 minutes of each relevant therapy for a minimum of 5 days a week.

[2010, updated 2016]

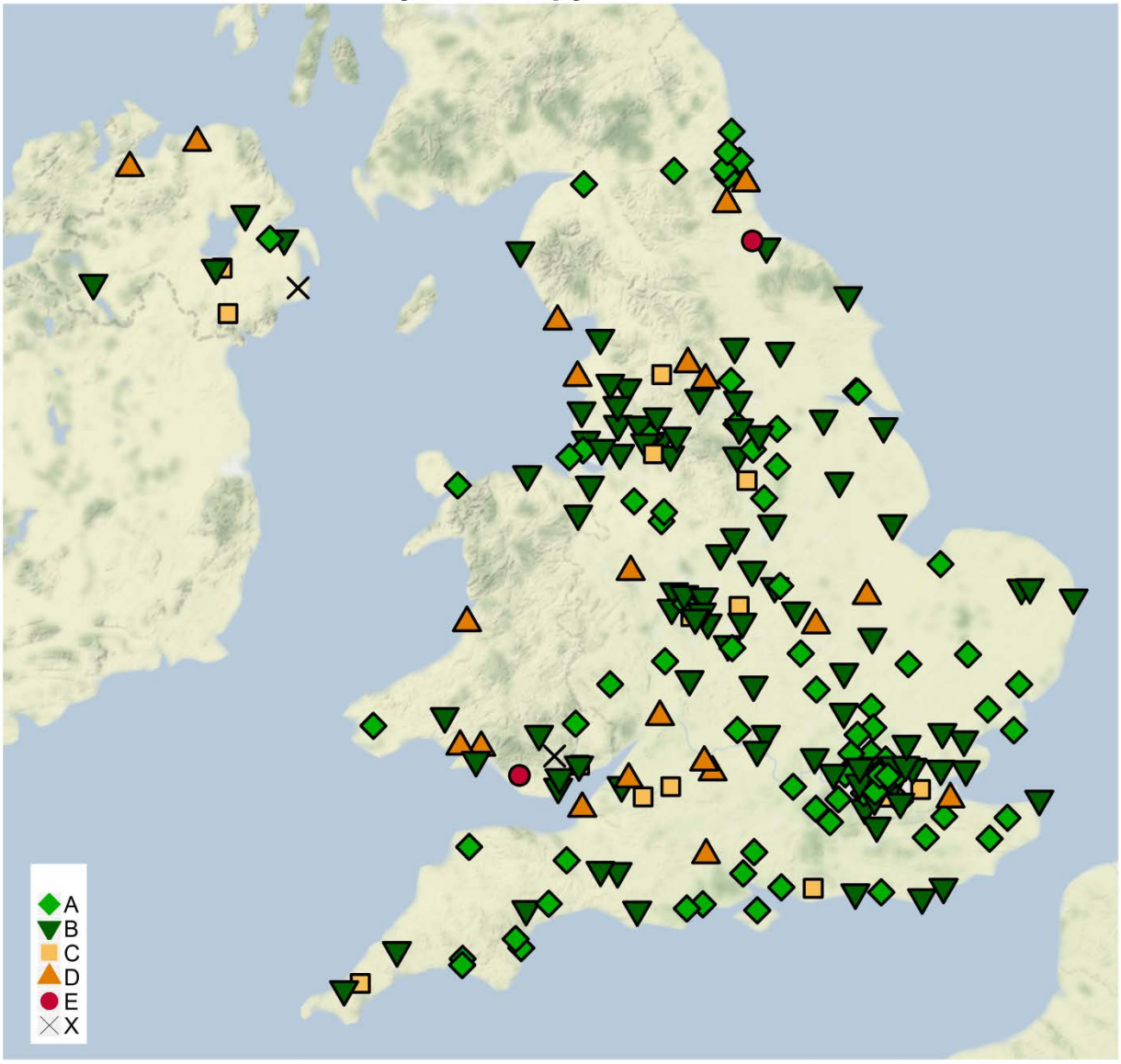
Distribution of scores across all inpatient teams for Domain 6 (221 teams)



Source: SSNAP 2017

The map below shows the patient centred performance of all *inpatient teams* for Domain 6. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.

Physiotherapy: Domain 6



Source: SSNAP Aug-Nov 2017
Patient-centred

Domain 7: Speech and Language Therapy

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

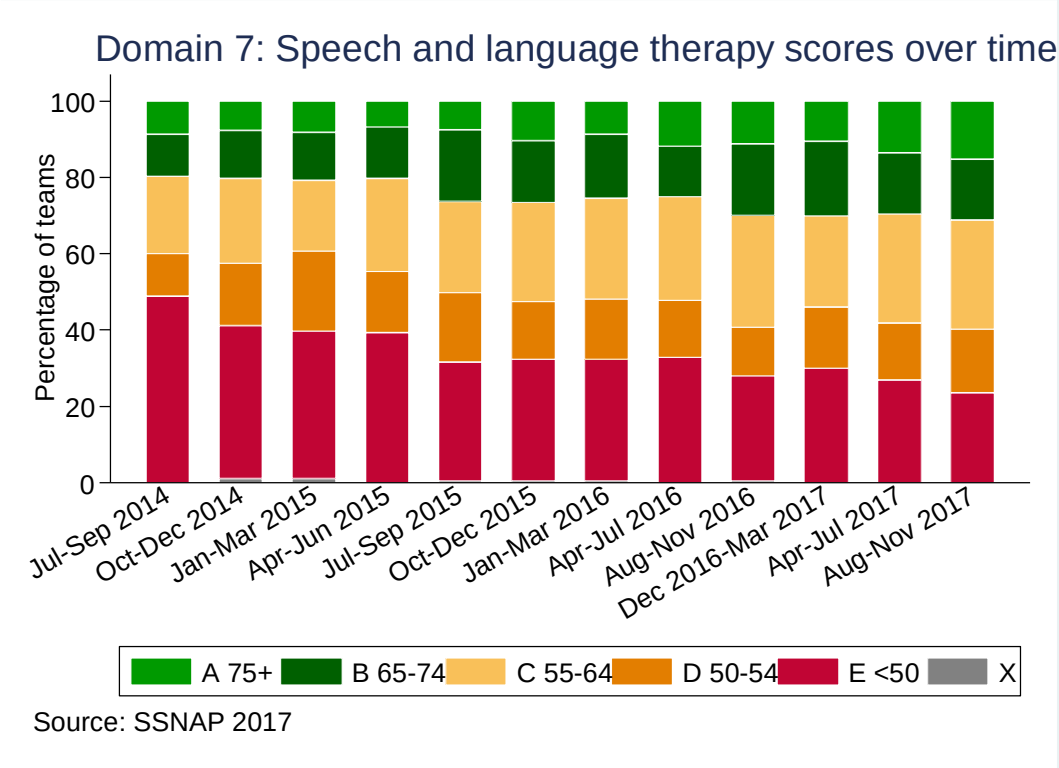
2.11.1A People with stroke should accumulate at least 45 minutes of each appropriate therapy every day, at a frequency that enables them to meet their rehabilitation goals, and for as long as they are willing and capable of participating and showing measurable benefit from treatment.

NICE Quality Standards

Statement 2: Adults having stroke rehabilitation in hospital or in the community are offered at least 45 minutes of each relevant therapy for a minimum of 5 days a week.

[2010, updated 2016]

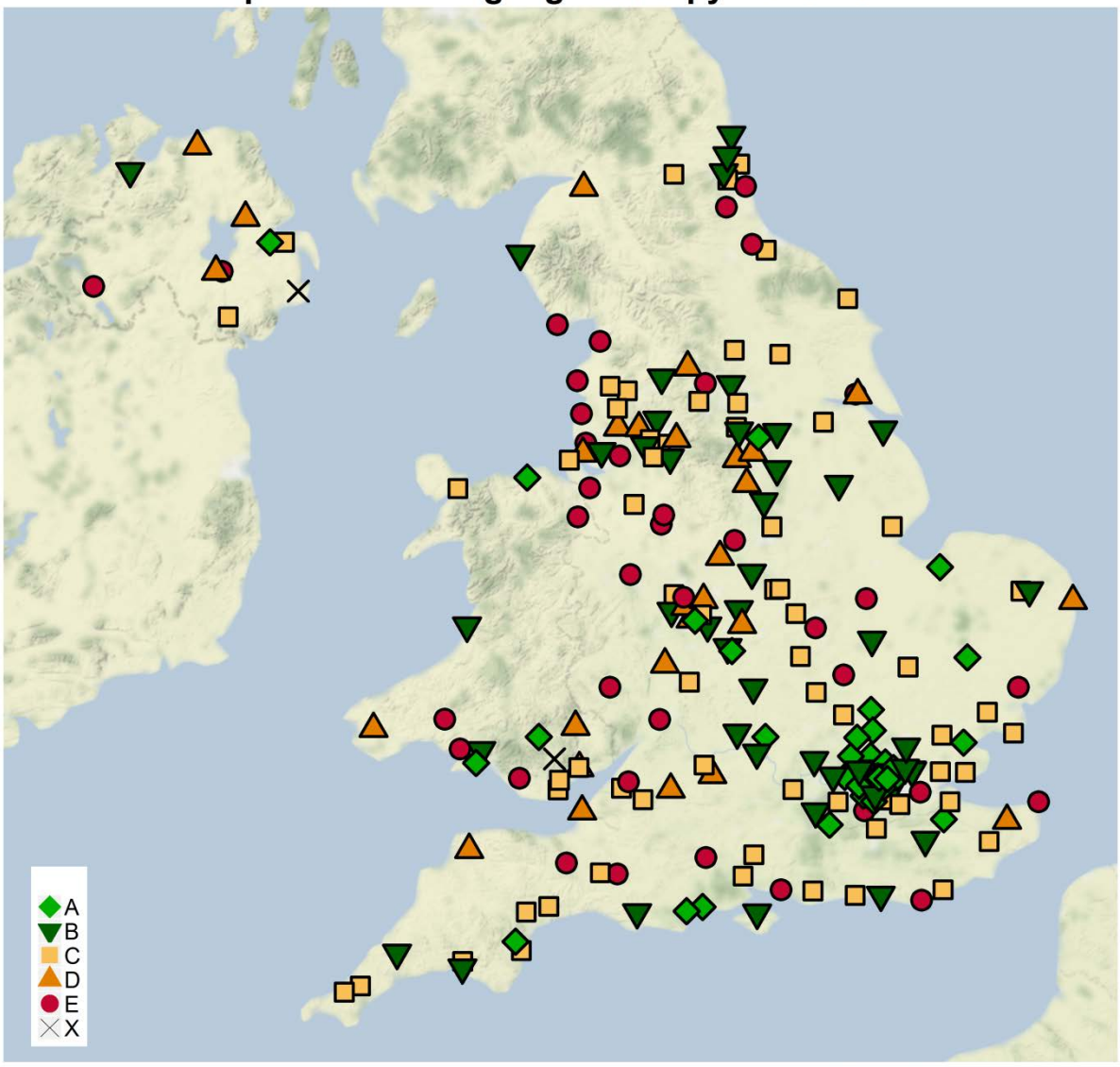
Distribution of scores across all inpatient teams for Domain 7 (221 teams)



Source: SSNAP 2017

The map below shows the patient centred performance of all *inpatient teams* for Domain 7. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.

Speech and Language Therapy: Domain 7



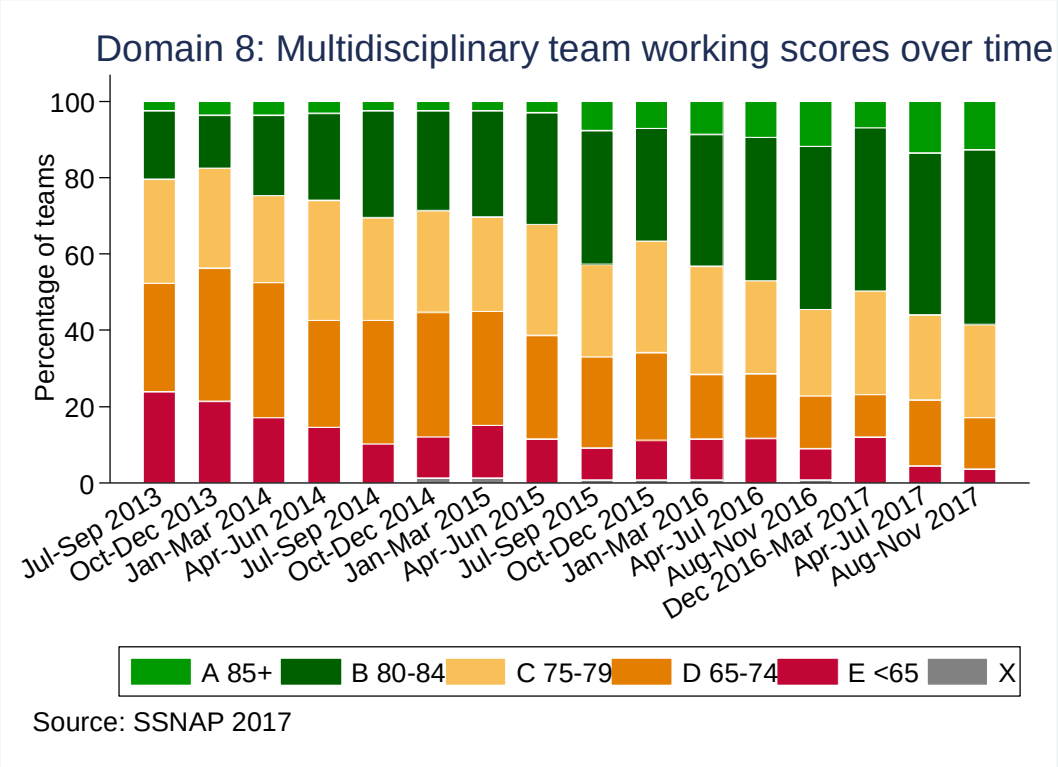
Source: SSNAP Aug-Nov 2017
Patient-centred

Domain 8: Multidisciplinary team working

RCP National Clinical Guideline for Stroke, 5th Edition

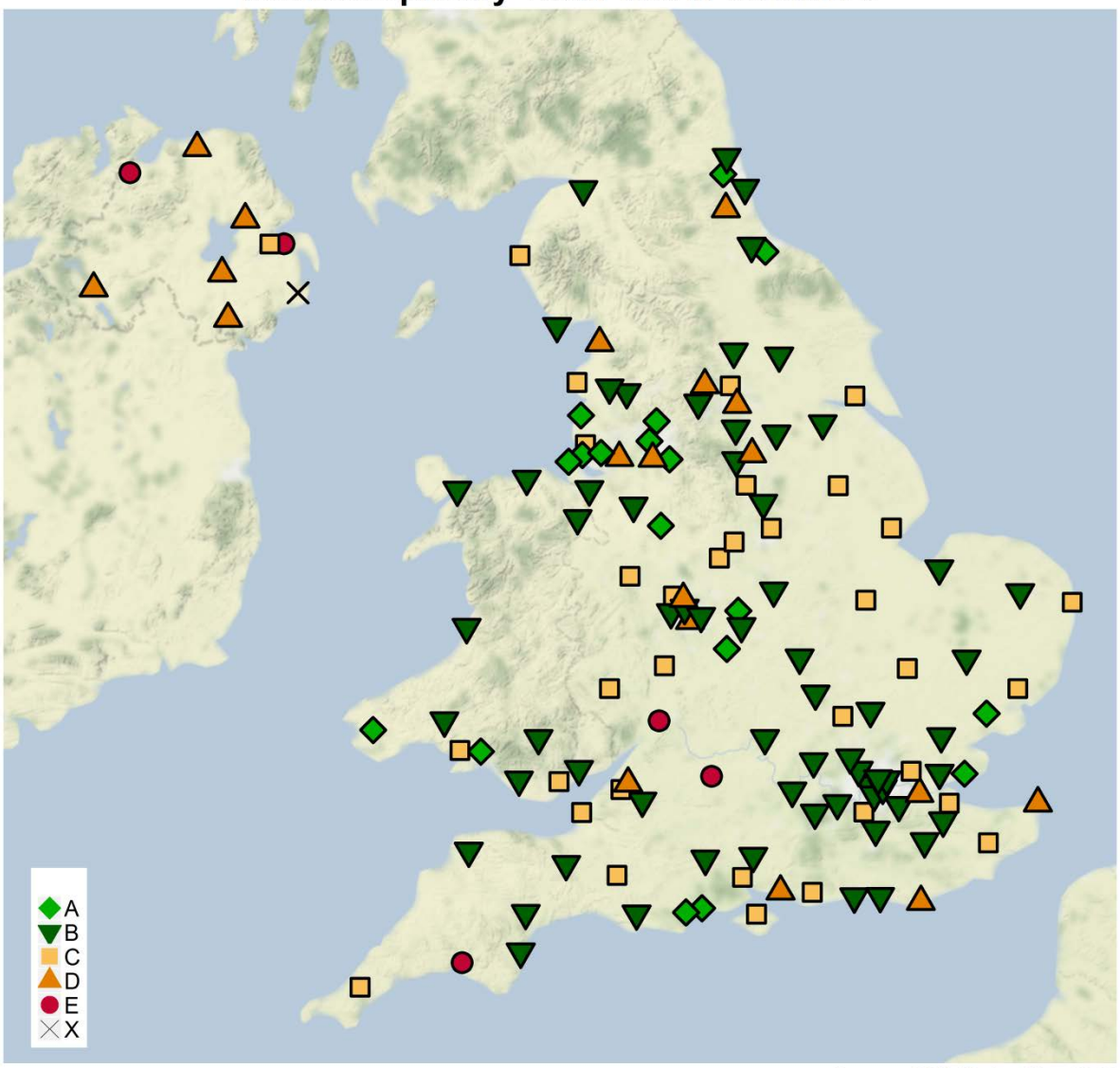
4.4.1.1A People with communication problems after stroke should be assessed by a speech and language therapist to diagnose the problem and to explain the nature and implications to the person, their family/carers and the multidisciplinary team. Reassessment in the first four months should only be undertaken if the results will affect decision making or are required for mental capacity assessment.

Distribution of scores across all inpatient teams for Domain 8 (140 teams)



The map below shows the team centred performance of all *routinely admitting* teams for Domain 8. Each symbol represents a team, colour coded by the overall score achieved.

Multidisciplinary Team Work: Domain 8



Source: SSNAP Aug-Nov 2017
Team-centred

Domain 9: Standards by Discharge

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

2.12.1F Services for people with stroke should include specialist clinical neuropsychology/clinical psychology provision for severe or persistent symptoms of emotional disturbance, mood or cognition.

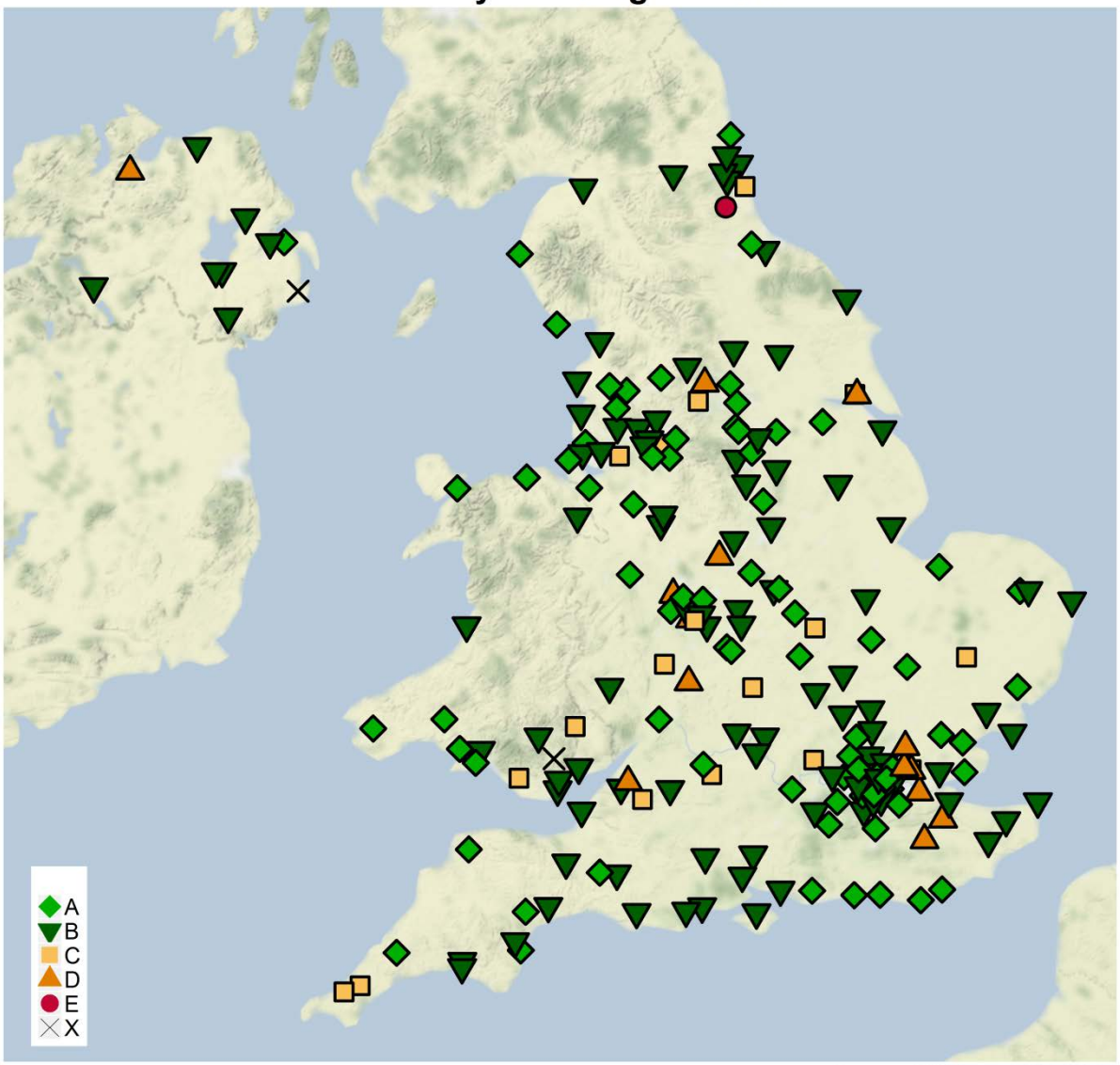
4.7.1F Patients with stroke who are unable to maintain adequate nutrition and fluids orally should be:

- referred to a dietitian for specialist nutritional assessment, advice and monitoring;
- be considered for nasogastric tube feeding within 24 hours of admission;
- assessed for a nasal bridle if the nasogastric tube needs frequent replacement, using locally agreed protocols;
- Assessed for gastrostomy if they are unable to tolerate a nasogastric tube with nasal bridle.

Distribution of scores across all inpatient teams for Domain 9 (220 teams)

The map below shows the team centred performance of all *inpatient teams* for Domain 9. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.

Standards by Discharge: Domain 9



Source: SSNAP Aug-Nov 2017
Team-centred

Domain 10: Discharge Processes

What should be done?

RCP National Clinical Guideline for Stroke, 5th Edition

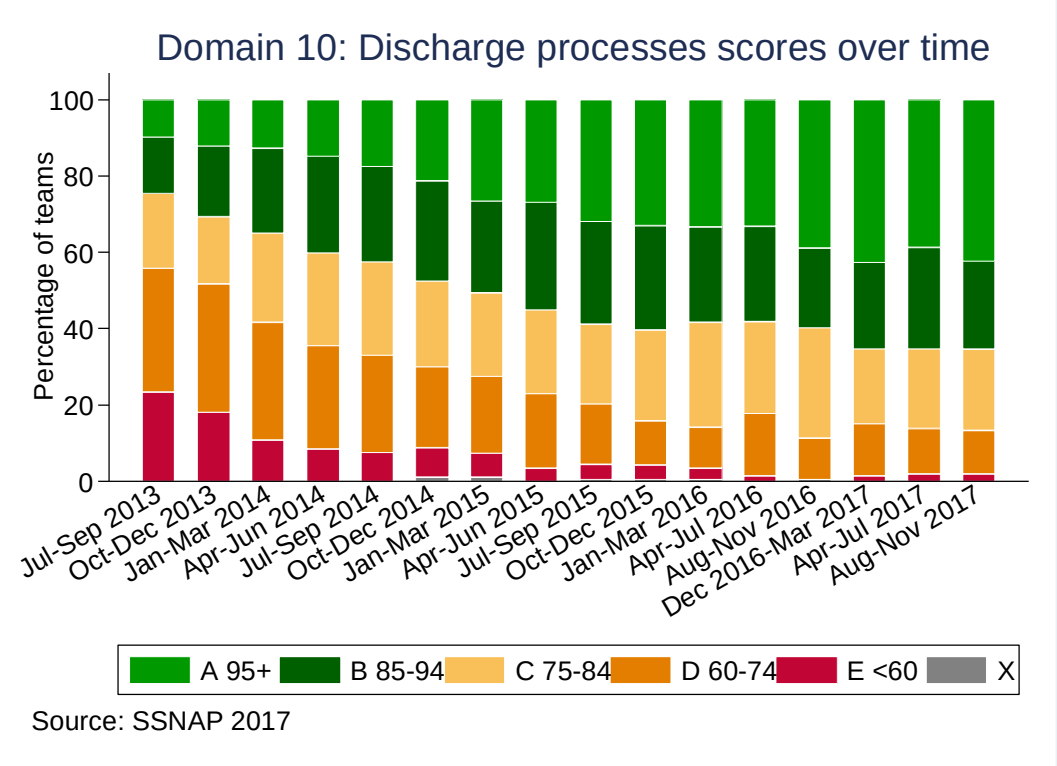
2.7.1A Hospital in-patients with stroke who have mild to moderate disability should be offered early supported discharge, with treatment at home beginning within 24 hours of discharge

NICE Quality Standards

Statement 4: Adults who have had a stroke are offered early supported discharge if the core multidisciplinary stroke team assess that it is suitable for them.

[2016]

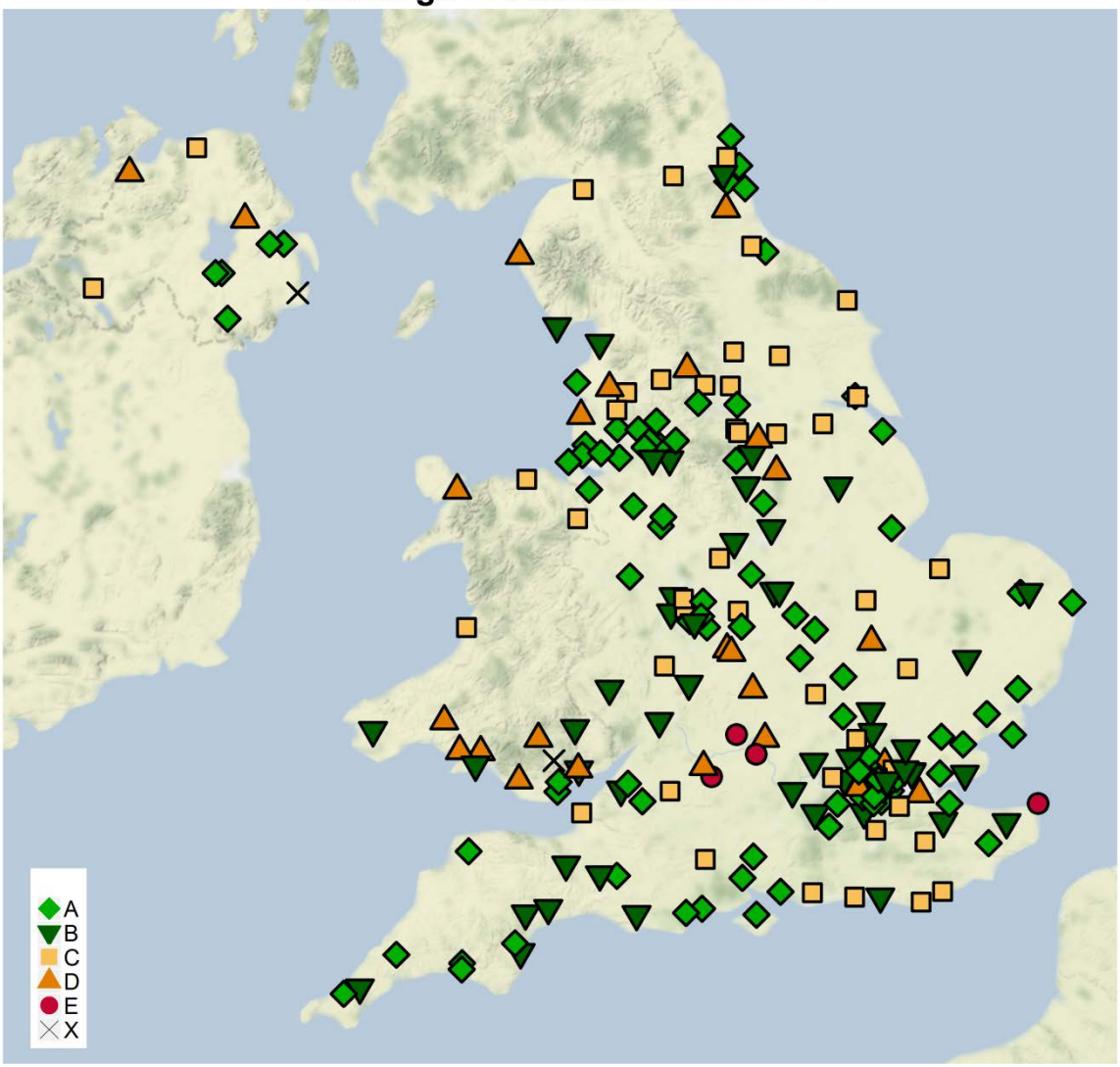
Distribution of scores across all inpatient teams for Domain 10 (220 teams)



Source: SSNAP 2017

The map below shows the team centred performance of all *inpatient teams* for Domain 10. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient records submitted are highlighted with an X symbol.

Discharge Processes: Domain 10



Source: SSNAP Aug-Nov 2017
Team-centred

Section 2: Casemix

Casemix describes the characteristics of the group (or cohort) of stroke patients treated by a team. It includes demographics and type of stroke. The figures for casemix are used in other reports to adjust for patient outcomes including mortality. It is therefore extremely important that the casemix data entered is of the highest quality and validated by the lead clinical contact. The casemix figures in this section relate to those patients admitted between April 2016 and March 2017. The casemix of the patients discharged during this current time period are very similar and have not been included in this public report. Comprehensive tables outlining casemix data for the past four reporting periods can be found in the appendix of this report. Teams have the ability to analyse their own casemix during interim periods, they can do so via the downloadable casemix tool.

In April 2016- March 2017, the percentage of patients newly arriving in hospital was 94.3% and the number of patients that were inpatients at the time of stroke was at 5.7%.

2.1 Patient Numbers

85,122 patients were included in the April 2016 – March 2017 report. Of these 80,235 (94.3%) patients were newly arriving in hospital and 4,887 (5.7%) patients were already in hospital at the time of stroke.

2.2 Gender

Of all stroke patients admitted and discharged between April 2016 to March 2017 48.8% have been female and 51.2% have been male.

2.3 Age

The median age for April 2016-March 2017 is 77 years.

Comment The patients being entered onto SSNAP appear to be very similar in terms of age to previous audits that we have conducted (Sentinel and SINAP).

2.4 Co-morbidities

The types of co-morbidities for April 2016 – March 2017 are as follows.

- 5.4% Congestive Heart Failure
- 53.3% Hypertension
- 20.8%Diabetes
- 26.1% Stroke/TIA
- 19.7% Atrial Fibrillation

SSNAP collects information on the type of co-morbidity of patients that are admitted with stroke. Data for the last four reporting periods suggest that there is very little change in this area (See appendix).

Atrial Fibrillation: In focus

Overview

The following section discusses atrial fibrillation as reported by SSNAP. Atrial fibrillation, or AF, is a heart condition that causes an irregular and often abnormally fast heartbeat. SSNAP reports on AF status upon admission to hospital, on leaving hospital, and at six months after stroke. SSNAP also provides information on provision of anti-coagulation medication. These are medicines that help prevent blood clots by interrupting the process involved in their formation. Increasing the proportion of people with AF on anticoagulants will reduce the number of people having stroke.

About 20% of patients have been reported as being in AF before their stroke and this has been largely consistent across the four years of SSNAP reporting. Increasingly fewer patients are being prescribed anti-platelet medication deemed ineffectual for patients with AF which is reassuring. Conversely more than 50% of patients with AF are now on anticoagulant medication, which reduce risk of stroke. This is a substantial increase from only 38% in the first year of SSNAP reporting but much work still needs to be done to ensure all patients who would benefit from anti coagulant medication are prescribed them.

More detailed information on atrial fibrillation is provided in the appendix.

Atrial Fibrillation on admission

If patient has Atrial Fibrillation, was the patient on antiplatelet medication prior to admission? (Q2.1.6)	**Aug-Nov 2016 N=5313**	**Dec 2016-Mar 2017 N=5739**	**Apr-Jul 2017 N=5325**	**Aug-Nov 2017 N=5449**	*Ref*
Yes	22.5%	21.2%	19.5%	17.7%	*F6.6*
No	64.9%	65.2%	65.5%	67.1%	*F6.8*
No but	12.6%	13.6%	15.0%	15.2%	*F6.10*

If patient had Atrial Fibrillation, was the patient on anticoagulant medication prior to admission? (Q2.1.7)	**Aug-Nov 2016 N=5313**	**Dec 2016-Mar 2017 N=5739**	**Apr-Jul 2017 N=5325**	**Aug-Nov 2017 N=5449**	*Ref*
Yes	53.8%	54.0%	56.5%	59.0%	*F6.13*
No	35.5%	35.1%	32.2%	29.2%	*F6.15*
No but	10.7%	10.9%	11.3%	11.7%	*F6.17*

If patient had Atrial Fibrillation, what combination of anticoagulant and antiplatelet medication was the patient on prior to admission?	Aug-Nov 2016 N=5313	Dec 2016-Mar 2017 N=5739	Apr-Jul 2017 N=5325	Aug-Nov 2017 N=5449	*Ref*
Anticoagulant AND antiplatelet medication	3.3%	3.4%	3.4%	3.6%	*F6.20*
Anticoagulant medication only	50.5%	50.6%	53.1%	55.5%	*F6.22*
Antiplatelet medication only	19.1%	17.8%	16.1%	14.1%	*F6.24*
Neither medication	27.1%	28.2%	27.4%	26.9%	*F6.26*

Comment: These data are similar to the last National Sentinel Stroke Audit and reveal that there are still major issues in primary and secondary care about ensuring that patients have effective stroke prevention. Approximately one fifth of patients are in atrial fibrillation (AF) on admission. Over 55% of patients in AF on admission are taking anticoagulants with almost 15% taking only antiplatelet drugs which are considered ineffective for patients in AF. Over a quarter of patients have had a prior stroke or TIA.

Atrial Fibrillation on discharge

If discharged alive, is patient in Atrial Fibrillation (AF) (Q7.10)	Aug-Nov 2016 N=22834	Dec 2016-Mar 2017 N=23749	Apr-Jul 2017 N=23951	Aug-Nov 2017 N=24232	*Ref*
Patient in Atrial Fibrillation	21.3%	22.6%	21.6%	21.9%	*J32.3*

If in AF, patient given anticoagulation (Q7.10.1)	Aug-Nov 2016 N=4858	Dec 2016-Mar 2017 N=5361	Apr-Jul 2017 N=5167	Aug-Nov 2017 N=5311	*Ref*
Yes	83.3%	85.0%	86.2%	85.7%	*J32.6*
No	2.1%	1.8%	1.6%	1.7%	*J32.8*
No but	14.6%	13.2%	12.2%	12.6%	*J32.10*
Applicable for receiving anticoagulation	15.6%	16.6%	16.4%	16.5%	*J32.13*
Compliant	97.5%	98.0%	98.2%	98.1%	*J32.16*

About 20% of patients are recorded as being in AF upon leaving hospital. Over 95% of patients deemed applicable for anti-coagulant medication are being prescribed these drugs upon leaving

hospital which is reassuring. This also represents a 5% increase in anti-coagulation provision since the first year of SSNAP reporting in 2013/14.

Atrial Fibrillation at six months

SSNAP provides an opportunity to measure the number of patients identified as being in AF six months post admission. From April 2014 a “not known” option was added to the dataset for the following questions, however the percentage of patients for whom “not known” was answered is less than 8. It is important to note that SSNAP only has information on a subset of patients at 6 months, approximately 30-35% of all patients deemed applicable for a six month assessment due to low case ascertainment levels. More details on the rationale and methodology for collecting data on patients at six months after stroke is provided in the six month section of this report.

Between 20-25% of patients are reported to be in AF at six months, with about 80% of these patients taking anti-coagulant medication. However close to 20% of patients who were prescribed anti-coagulant medication upon leaving hospital were no longer taking them at six months. This is concerning particularly as the percentage has remained quite stable over time. More details on medication at six months including anti-platelets, lipid lowering and anti-hypertensive is provided in the appendix of this report.

2.5 Stroke Type

Stroke Type (Q2.5)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Infarction	87.1%	87.2%	87.9%	87.2%	*F7.3*
Intracerebral Haemorrhage	12.5%	12.3%	11.5%	12.3%	*F7.5*
Unknown (not scanned)	0.4%	0.5%	0.5%	0.4%	*F7.7*

2.6 Modified Rankin Scale scores before stroke

This is fully recorded for all patients in this cohort.

Modified Rankin Scale score before stroke (Q2.2)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
0 (no symptoms)	55.0%	54.2%	54.1%	53.7%	*F8.3*
1 (no significant disability)	14.7%	15.0%	15.9%	15.7%	*F8.5*
2 (slight disability)	10.3%	10.7%	10.6%	10.3%	*F8.7*
3 (moderate disability)	12.0%	12.1%	11.6%	12.0%	*F8.9*
4 (moderately severe disability)	6.2%	6.4%	5.8%	6.6%	*F8.11*
5 (severe disability)	1.8%	1.6%	2.0%	1.8%	*F8.13*
Groups					
1 or 2	25.0%	25.7%	26.5%	26.0%	*H1.12*
3, 4 or 5	20.0%	20.1%	19.4%	20.4%	*H1.13*

Comment: These data reinforce the message that stroke often occurs in frail patents. Approximately half of the cohort had restriction of activity before their stroke (Rankin score greater than 0) with approximately one fifth having very significant pre-stroke problems (Rankin Score greater than 2). These data will be used in the future to evaluate stroke outcomes at six months to assess how effective treating the stroke has been.

2.7 Completion rate of NIHSS items

High quality data are needed to assess the severity of stroke at admission. The best way of doing this is by using the National Institutes of Health Stroke Scale (NIHSS). It is a 15 item scale with one item that is mandatory on SSNAP (level of consciousness (LOC)). NIHSS completion is included in the audit compliance score for individual teams with the expectation that completion rates will continue to improve.

Number of NIHSS components completed (Q2.3)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
1 (only the compulsory LOC)	4.2%	4.2%	3.1%	3.1%	*F9.12*
2-14	3.9%	3.6%	3.8%	3.3%	*F9.14*
15 (all components)	91.9%	92.2%	93.2%	93.7%	*F9.16*

Comment: It is encouraging to see a consistent increase in the rate of NIHSS completion each reporting period. Completing an NIHSS for all stroke patients is fundamental in quantifying the level of impairment caused by a stroke and we would expect the level of completion to continue to increase in future reporting periods.

2.8 Summary of total NIHSS score

If NIHSS fully completed, severity groups:	**Aug-Nov 2016 N=25106**	**Dec 2016-Mar 2017 N=26333**	**Apr-Jul 2017 N=26232**	**Aug-Nov 2017 N=26879**	*Ref F9.17*
0	7.0%	6.8%	7.2%	7.2%	*F9.19*
1-4= minor stroke	42.1%	41.0%	43.2%	41.9%	*F9.21*
5-15= moderate stroke	35.0%	35.7%	34.4%	34.7%	*F9.23*
16-20= moderate/severe stroke	7.4%	7.6%	6.7%	7.4%	*F9.25*
21-42= severe stroke	8.5%	8.9%	8.5%	8.8%	*F9.27*

Median and mean NIHSS scores are publicly available in the full results portfolio, which is available at the link below.
https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx

Comment: A score of 0 does not mean that the patient did not have a stroke. There are deficits that are unrecorded by the score and some patients will have presented after the first 24 hours following stroke and have made a complete recovery. The distribution of the NIHSS scores is in line with what we expected again reassuring us that a representative sample of stroke patients is being submitted to SSNAP.

2.9 Palliative Care within 72h

All data items collected regarding palliative care can be found within the Full Results Portfolio within the casemix tab. https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx

Palliative Care Decisions	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Has it been decided in the first 72 hours that the patient is for palliative care? (Q3.1)	5.5%	5.7%	5.3%	5.7%	*F10.3*

Comment: About 6% of patients have such severe strokes that a decision is made within the first 72 hours to palliate.

2.10 Onset of symptoms

The provision of standards of care within a specific timeframe depends on whether or not the day and time of onset can be obtained. The audit recognises that it may not be possible to identify a precise time for all patients, in which case the 'best estimate' is used.

Date of symptom onset (Q1.11.1)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Precise	66.1%	66.1%	65.8%	64.7%	*H2.3*
Best estimate	21.6%	21.1%	21.1%	22.0%	*H2.5*
Stroke during sleep	12.3%	12.9%	13.1%	13.3%	*H2.7*

Time of symptom onset (Q1.11.2)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Known	68.4%	68.6%	68.4%	68.2%	*H2.17*
Precise	32.7%	33.0%	33.7%	32.6%	*H2.10*
Best estimate	35.8%	35.7%	34.7%	35.6%	*H2.12*
Not known	31.6%	31.4%	31.6%	31.8%	*H2.14*

Time of onset is an important measure of data quality as it reflects the care taken to ascertain the time of onset as accurately as possible. From a clinical perspective a known time of onset will determine whether patients are appropriate for thrombolysis and intra-arterial treatment.

Comment: It is notable that a low percentage of patients reported as having stroke during sleep. The data highlights how important it is that specialist services are available 24 hours a day and seven days a week.

2.11 Ethnicity

Ethnicity (Q1.8)	April 2015-March 2016		April 2016-March 2017	
Known	79069	93.9%	79922	93.9%
White	74408	88.4%	75216	88.4%
Mixed / multiple ethnicity group	374	0.4%	321	0.4%
Asian / Asian British	2381	2.8%	2342	2.8%
Black / African / Caribbean / Black British	1048	1.2%	1045	1.2%
Other ethnic group	858	1.0%	998	1.2%
Not known	5115	6.1%	5200	6.1%

Due to low numbers in some categories, the ethnicity data is reported on an annual cohort. The high proportion of not known responses indicates difficulties in collecting this data. Furthermore the low completion rate makes the results difficult to interpret.

Section 3: Acute Stroke Care Processes of care in the first 72 hours

Introduction: Getting to hospital FAST

It is important for patients to get to hospital as soon as possible following a stroke to ensure they receive the specialist care needed to reduce the impact of stroke and ensure the patient has the best possible chance of making a recovery. SSNAP reports timings from onset of stroke to arrival at hospital as well as timings for receiving key interventions such as scanning and thrombolysis. Since SSNAP started collecting data in April 2013, onset to arrival times at hospital have increased year on year at national level which is a cause for concern and will need to be continuously monitored. Median onset to arrival time for 2016/2017 was 2 hours and 50 minutes, an increase of 25 minutes from data reported in 2013/2014. It should be noted that the percentage of patients arriving on the same day as stroke has reduced year on year. The tables below provide latest periodic results.

3.1 Timings from onset

Timings from onset (precise and best estimate times) (Q1.11.1 and 1.11.2)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Time from onset to arrival † Median (h:mm) (IQR)	2:54 (1:30-8:52)	2:50 (1:28-8:37)	2:58 (1:29-9:20)	3:01 (1:33-9:21)	*H3.1* *H3.2* *H3.3*
Time from onset to stroke unit admission* Median (h:mm) (IQR)	7:33 (4:18-20:04)	7:56 (4:20-21:01)	7:30 (4:10-20:17)	7:40 (4:18-20:00)	*H3.4* *H3.5* *H3.6*
Time from onset to scan* Median (h:mm) (IQR)	4:02 (2:00-11:56)	3:55 (1:57-11:23)	4:05 (1:59-12:03)	4:03 (2:03-11:54)	*H3.7* *H3.8* *H3.9*
Time from onset to thrombolysis* Median (h:mm) (IQR)	2:25 (1:50-3:09)	2:25 (1:51-3:09)	2:24 (1:50-3:08)	2:25 (1:51-3:10)	*H3.10* *H3.11* *H3.12*

†excluding in hospital stroke onset

*including in hospital stroke onset

Comment: There are clearly major improvements to be made in terms of reducing the time from symptom onset to arrival in the hospital. This will require further campaigns such as the FAST campaign to improve the understanding of the public and also work with the ambulance services to reduce the time from call to hospital arrival.

3.2 Arrival by ambulance

Over 80% of patients newly arriving at hospital following their stroke arrival by ambulance. This percentage has been approximately 82% consistently over the four years of SSNAP reporting. Exact percentages on changes over time are provided in the appendix of this report.

Comment: As in previous audits, most patients arrive at hospital by ambulance, highlighting the importance of ensuring that paramedics are seen as an integral part of the stroke team and are included in training education and quality improvement. We aspire to link ambulance data to SSNAP so that we can report an accurate account of the whole acute care pathway.

3.3 Timings from Clock Start

Clock start is defined as the time of arrival for newly arrived patients, and the symptom onset time (precise and best estimate) for patients who have a stroke while in hospital. There have been continuous improvements in clock start to thrombolysis times and even more substantial improvements in clock start to scan times in the past four years as reported by SSNAP. Time to stroke unit admission has been more varied however and may reflect delays in A&E and as well as lack of available stroke unit beds. Most recent results are provided in the table below.

Timings from clock start	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Time from clock start to first arrival on a stroke unit Median (h:mm) (IQR)	3:38 (2:07-6:48)	3:47 (2:11-7:57)	3:31 (2:00-6:30)	3:36 (2:01-6:45)	*H7.4* *H7.5* *H7.6*
Time from clock start to scan Median (h:mm) (IQR)	0:59 (0:23-2:33)	0:55 (0:23-2:26)	0:55 (0:22-2:24)	0:55 (0:22-2:23)	*H6.4* *H6.5* *H6.6*
Time from clock start to thrombolysis Median (h:mm) (IQR)	0:51 (0:36-1:15)	0:52 (0:36-1:15)	0:50 (0:34-1:12)	0:50 (0:35-1:14)	*H16.42* *H16.43* *H16.44*

3.4 Period of Arrival Arriving In Hours v Out of hours

Arrival times have remained fairly consistent in recent years with slightly more patients arriving at hospital 'out of hours', approximately half of all patients, with about 45% arriving during 'normal hours. Between 5-6% of patients had their onset of stroke whilst already an inpatient. More details are available in the appendix.

3.5 Brain Scanning (Domain 1)

Contextualising information regarding brain scanning of stroke patients is provided in the 'executive summary' section of this report.

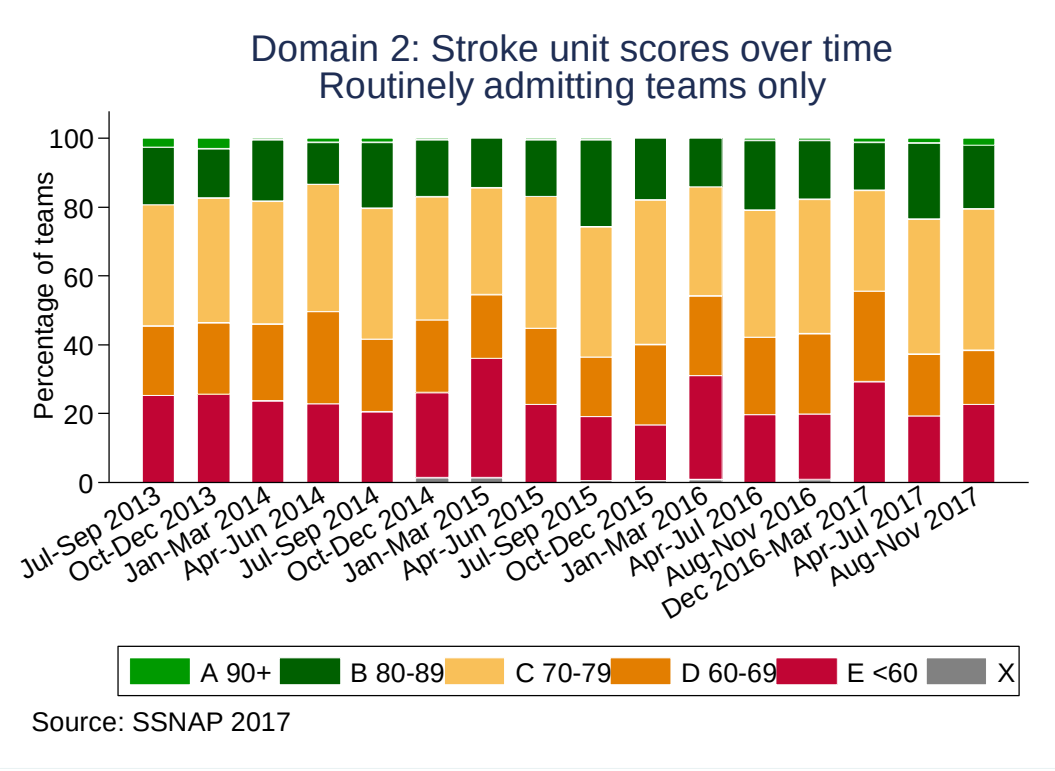
Virtually all patients are brain scanned during their hospital stay. The new RCP National Clinical Guideline for Stroke (fifth edition, 2016) recommends that all patients are scanned within 1 hour, and this is now being achieved for more than half of stroke admissions. It is appreciated that this change will take time to implement. The National Clinical Guideline for Stroke 2012 recommended that all patients are scanned within 12 hours of clock start; this standard has been achieved for more than 90% of all patients.

Comment: Improved access to scanning has been one of the main successes in stroke care over recent years, with over 90% of patients in the cohort for this report being scanned within 12 hours. Many services appear to be adopting the logical policy of scanning patients immediately on arrival at hospital. However SSNAP data has shown that there is a lower chance of patients being scanned at weekends than during the week and there are still relatively few patients scanned at night time.

3.6 Stroke Unit Admission (Domain 2)

Over 95% of applicable stroke patients now spend at least some of their time on a stroke unit. More information on the importance of stroke units is provided in the executive summary. Timings for onset and arrival to stroke unit admission are provided in the previous section.

The graph below demonstrates domain 2, stroke unit scores over time for routinely admitting teams. It is important to analayse routinely admitting teams and non-routinely admitting teams separately in the stroke unit domain, this is because non-routinely admitting teams are only measured on the 90% of stay on a stroke unit measure and not the speed at which a patient is directly admitted to their stroke unit.



3.7 First ward of admission

It is acknowledged that for a small proportion of patients direct admission to a stroke unit is not appropriate and the audit captures and differentiates between those who go to an acceptable other location (e.g. intensive care) compared to a 'non acceptable' location (e.g. generic admissions unit). It is encouraging that since 2013 a lower proportion of patients are being admitted to a general medical ward, 21% in 2013/2014 to fewer than 15% in 2016/2017, and that nearly 80% of patients are now admitted directly to a specialist stroke unit. Most recent results are provided in the table below. Despite these improvements there is wide hospital level variation in direct stroke unit admissions as reported in the SSNAP full results portfolio. More work is required to address this.

First ward of admission (at first admitting team) (Q1.14)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Stroke Unit	78.9%	77.8%	79.1%	79.4%	*H7.11*
Medical Assessment Unit / Acute Admissions Unit / Clinical Decisions Unit (unacceptable)	14.3%	14.8%	14.2%	13.7%	*H7.9*
Intensive Therapy Unit / Coronary Care Unit / High Dependency Unit (acceptable)	2.2%	2.3%	2.1%	2.2%	*H7.13*
Other (unacceptable)	4.6%	5.1%	4.6%	4.8%	*H7.15*

Comment: Almost all of this group of patients were treated at some time during their stay on a stroke unit although it is still of great concern that such a large percentage of patients are admitted initially to a general ward such as a medical admission unit. Direct admission to a stroke unit remains the most important intervention we have for acute stroke and so it is concerning that a significant number of patients are failed in this way. Correcting this part of the pathway should be a top priority for all hospitals operating such systems. In some cases this will be understandable if the patient has their stroke post-surgery or while on an intensive care unit, but we know that in-hospital stroke patients do tend to be identified and managed more slowly.

3.8 Thrombolysis (Domain 3)

Thrombolysis is a clot busting drug which can be a very effective way of treating ischaemic strokes (caused by blood clot). The eligibility criteria for thrombolysis are based on age, type of stroke and time lapse since stroke onset. Based on these criteria, it is expected that between 15 and 20% of patients would be eligible for thrombolysis. More details on thrombolysis are provided in the executive summary.

Was the patient given thrombolysis (Q2.6)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	11.5%	11.6%	12.0%	11.2%	*H16.3*
No	1.0%	1.4%	1.0%	0.6%	*H16.5*
Thrombolysis not available at hospital	*0.6%*	*0.4%*	*0.3%*	*0.4%*	*H16.14*
Outside thrombolysis service hours	*0.2%*	*0.5%*	*0.1%*	*0.0%*	*H16.16*
Unable to scan quickly enough	*0.0%*	*0.0%*	*0.0%*	*0.0%*	*H16.18*
None	*0.2%*	*0.5%*	*0.5%*	*0.2%*	*H16.20*
No but*	87.5%	87.0%	87.0%	88.2%	*H16.11*

*Since a patient can have more than one "no but" reason, the breakdown is given in the above table.

Comment: It is encouraging to see that a higher level of thrombolysis is being sustained compared to other high income countries.

'No but' is answered when there was a medical reason stated for not giving thrombolysis according to the hospital. The most common reasons are outlined below for April 2016 – March 2017 and year on year changes are available in the annual portfolio for 2016/2017.

- 32.4% Patient arrived outside the time window for thrombolysis
- 37.2% Wake up time unknown
- 13.7% Stroke too mild/severe
- 14.6% Haemorrhagic stroke

Other reasons for not giving thrombolysis were that the patient's condition was improving, the patient had other co-morbidities and 'other medical reasons'. Other less common 'No but' reasons were the patient's age, medication, and patient refusal.

Further details of less common "No but" reasons, can be found within the results portfolio.

www.strokeaudit.org/results/national

3.8.1 Thrombolysis timings

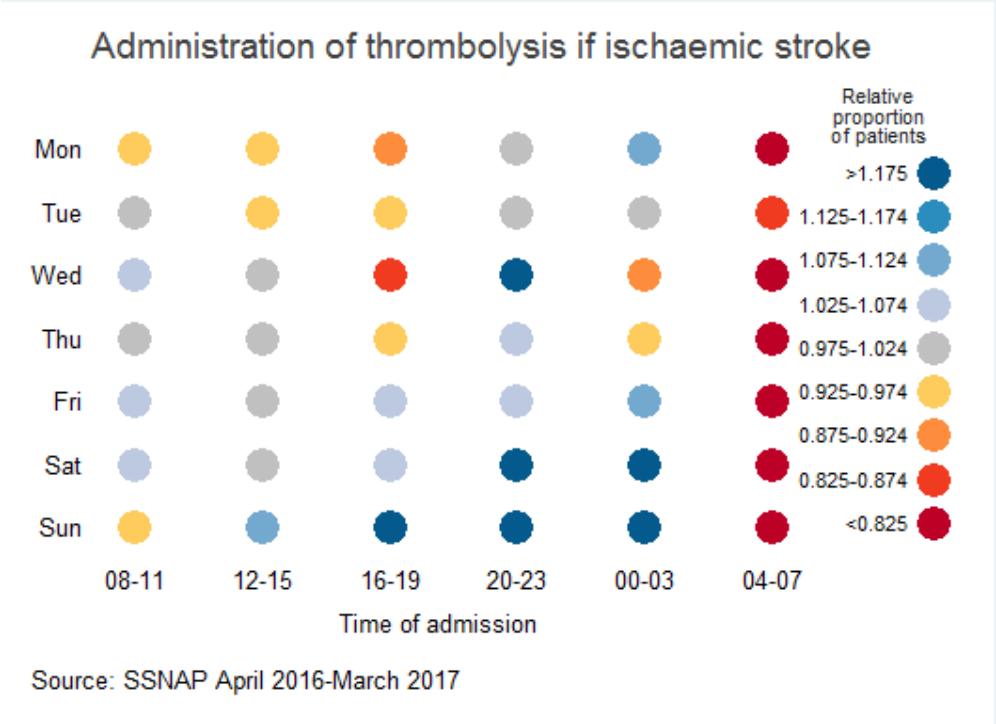
For patients who are thrombolysed SSNAP data from 2013-2017 have shown that:

- Onset to clock start has increased slightly from 1 hour 16 minutes to 1 hour 22 minutes
- Clock start to scan has reduced a few minutes from 23 minutes to 19 minutes
- Time from scan to thrombolysis has remained steady at approximately 30 minutes

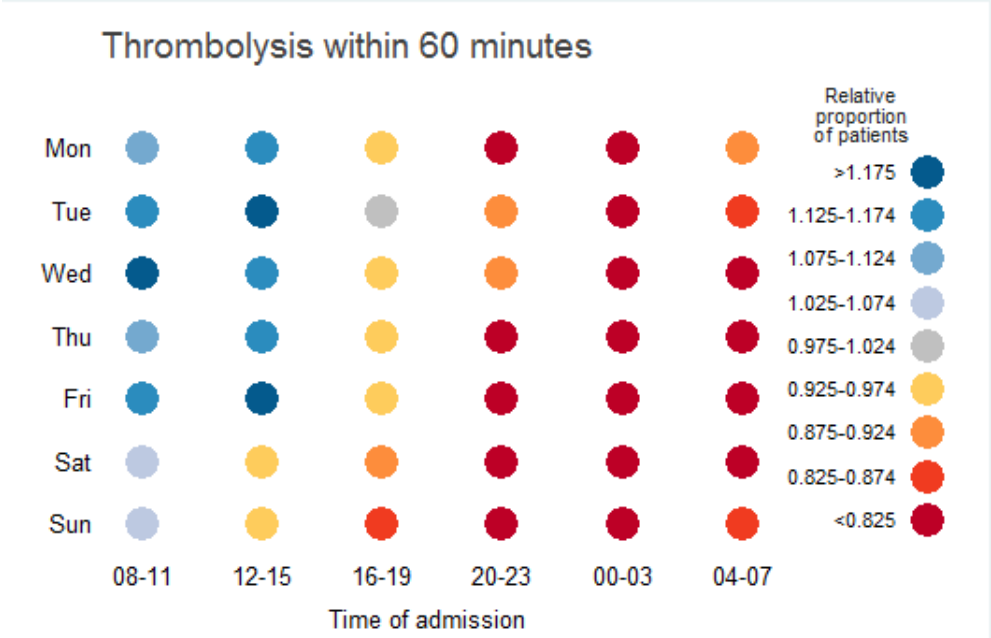
Comment: These data show there are still improvements to be made in door to needle time for patients receiving thrombolysis. There are big variations between units demonstrating that it is possible to set services up to operate more efficiently.

Most recent data is available in the appendix.

The heatmaps below demonstrate the variation across time of day and day of week. The first of which highlights varation in the administration of thrombolysis if the patient has an iscahemic stroke. The second map highlights the day and time variation for thrombolysis to be administered within 60 minutes.



Source: SSNAP April 2016-March 2017



Source: SSNAP April 2016-March 2017

3.8.2 Thrombolysis based on eligibility

There are several reasons why thrombolysis might not be clinically appropriate for certain patients. This section presents results for eligible patients only. Eligibility is defined by the National Clinical Guideline for Stroke 2016 and includes:

Patients with a final diagnosis of stroke (Q1.9 recorded as 'Stroke'), and one of:

- newly arrived patients aged under 80 with an onset to arrival time of less than 3.5 hours
- newly arrived patients aged 80 or over with an onset to arrival time of less than 2 hours
- patients already in hospital at time of stroke

except patients with at least one medical reason for not giving thrombolysis that is **consistent** with information provided in other sections of the audit.

Minimum threshold for thrombolysis	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Percentage of patients eligible for thrombolysis (according to the RCP guideline minimum threshold)	11.6%	12.0%	12.0%	11.1%	*H16.50*
Percentage of eligible patients (according to above threshold) who were given thrombolysis	88.1%	85.5%	87.4%	88.3%	*H16.55*

See the 'Technical Information' section of the 'Full Results Portfolio' on the SSNAP reporting portal for more details about how eligibility is calculated.

3.8.3 Complications following thrombolysis

Thrombolysis carries two main risks, brain haemorrhage (bleeding into the brain which can be fatal) and swelling of the mouth and face. Swelling (AO) is more common in people taking one type of blood pressure lowering medicine (ACE inhibitor), it needs prompt recognition and treatment and resolves quite rapidly. Complication rates and type are provided in the tables below.

Thrombolysis complications (Q2.8) if patient received thrombolysis	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Patient had complications	7.7%	7.5%	8.8%	8.1%	*H17.3*
(Patients with complications/total number thrombolysed)	(243/3137)	(249/3309)	(297/3389)	(261/3210)	*H17.1* *H17.2*

Type of complication (as reported) (Q2.8.1)*	Aug-Nov 2016 N=3137	Dec 2016-Mar 2017 N=3309	Apr-Jul 2017 N=3389	Aug-Nov 2017 N=3210	*Ref*
Symptomatic intracranial haemorrhage (SIH)	3.8%	3.5%	3.6%	4.2%	*H17.6*
Angio oedema (AO)	0.8%	0.5%	0.8%	0.5%	*H17.8*
Extracranial bleed (EB)	0.5%	0.4%	0.8%	0.4%	*H17.10*
Other	2.8%	3.2%	3.7%	3.2%	*H17.12*

*some patients had more than one type of complication

Comment: The symptomatic intracranial haemorrhage rate in patients treated with thrombolysis is in line with data from randomised controlled trials.

3.8.4 NIHSS 24 hours after thrombolysis (Measuring stroke severity/recovery after thrombolysis)

Cases that do not report NIHSS 24h after thrombolysis cannot be used in analyses into clinical outcomes after thrombolysis. SSNAP therefore requires high completion rates of NIHSS scores 24 hours after thrombolysis. Teams with less than 90% completion rate of NIHSS score after 24 hours are excluded from the SSNAP Collaboration. The SSNAP collaboration is an acknowledgement for use in peer reviewed papers, more details of which can be found in the link below.
https://www.strokeaudit.org/Research/SSNAP-Collaboration.aspx

NIHSS 24h after thrombolysis, if patient received thrombolysis (Q2.9)	Aug-Nov 2016 N=3137	Dec 2016-Mar 2017 N=3309	Apr-Jul 2017 N=3389	Aug-Nov 2017 N=3210	*Ref*
Known	94.1	94.3	93.3	94.4	*H18.3*
Not known	5.9	5.7	6.7	5.6	

If NIHSS 24h after thrombolysis is known, severity groups:	Aug-Nov 2016 N=2951	Dec 2016-Mar 2017 N=3121	Apr-Jul 2017 N=3163	Aug-Nov 2017 N=3031	*Ref*
0	15.1	15.2	15.7	14.2	*H18.6*
1-4 (minor stroke)	33.8	33.4	34.0	34.9	*H18.8*
5-15 (moderate stroke)	33.5	33.2	32.8	31.5	*H18.10*
16-20 (moderate/severe stroke)	9.1	9.0	8.3	8.7	*H18.12*
21-42 (severe stroke)	8.4	9.2	9.1	10.7	*H18.14*

Comment: A higher percentage of stroke admissions are thrombolysed than nearly every other country. The majority of patients not being thrombolysed, when there were no medical contraindications, were the result of services not being available on site or at the hour the patient arrived. Reorganisation of services is urgently needed in those areas that are still not providing specialist 24 hour hyperacute stroke care.

3.9 Emerging treatment: Thrombectomy

Thrombectomy is an emerging treatment in ischaemic stroke. It involves insertion of a guidewire catheter tube into an artery in the groin, and feeding this up into the blocked artery in the brain. The clot is then removed using a mechanical device with the aim of restoring blood and oxygen flow to the brain. If technically successful and done in time thrombectomy can greatly improve the outcome of the brain injury due to stroke in selected patients.

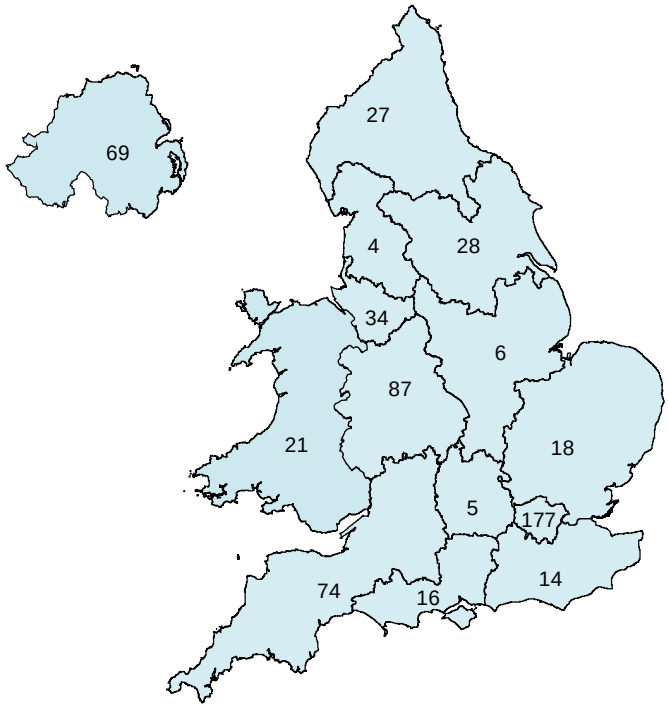
The evidence base for using thrombectomy in treating ischaemic stroke has expanded enormously over the past 2 years but the implications for implementation in routine clinical practice are still emerging. For any service providing thrombectomy, ensuring that treatment is provided safely and effectively is of the highest clinical importance. For this reason SSNAP added questions on intra-arterial therapy to the mandatory core dataset on 1 October 2015. Between April 2016 and March 2017, it was reported that 220 patients out of 24,912 ischaemic stroke patients received intra-arterial intervention and data on thrombectomy was submitted by 29 teams. The median number of thrombectomies per team was 5 (IQR 2-8) with one team carrying out 34 and three teams carrying out 19-29. According to the 2016 Acute Organisational Audit 107 out of 158 sites that treat patients in the first 72 hours (including two neurosurgical centres), are able to provide patients with intra-arterial thrombectomy either on site (28/158) or by referral (51/158).

Though it is not possible to make meaningful conclusions on thrombectomy provision based on such low numbers at this early stage of data collection, median thrombectomy timings are provided in the table below to give the reader some insight into proposed future reporting. As thrombectomy provision becomes more widely available to patients across the country, it is expected that the number of cases submitted to SSNAP will continue to increase making the data more robust. It will then be possible to provide more detailed results. Until the uptake of intra-arterial intervention increases and this is reflected in SSNAP data, national level results only will be reported on. Teams performing thrombectomies can however access their thrombectomy results through bespoke thrombectomy tools, available within the team level results section of the webtool.

Thrombectomy timings	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Number of patients receiving thrombectomy	155	220	222	272	*H.20.1*
Onset to puncture Median (min) (IQR)	243 (176-312)	240 (185-308)	250 (180-300)	242 (183-310)	*H20.4* *H20.5* *H20.6*
Onset to completion Median (min) (IQR)	310.5 (248.5-374)	298 (241-370)	297.5 (241-369)	297 (240-357)	*H20.7* *H20.8* *H20.9*
Clock start to puncture Median (min) (IQR)	130 (90-204)	142 (81.5-205)	153 (82-207)	139 (86-196)	*H20.10* *H20.11* *H20.12*
Puncture to deployment* Median (min) (IQR)	21.5 (11-34)	20 (12-30)	20 (12-34)	20 (13-32)	*H20.13* *H20.14* *H20.15*
Puncture to end of procedure* Median (min) (IQR)	53 (34-81.5)	54.5 (32-75)	50 (30-79)	48 (30-76.5)	*H20.16* *H20.17* *H20.18*

**For patients where the device was not deployed these patients have been excluded from this timing*

Number of patients treated with thrombectomy and entered onto SSNAP by hospitals in each region



Source: SSNAP Apr 2016-Mar 2017

Annual thrombectomy data for 2016/17 is available here:
https://www.strokeaudit.org/Results3/Clinical/National.aspx

3.10 Specialist assessments (Domain 4)

Following admission, there are a number of assessments that are considered mandatory elements of high quality stroke care. Some assessments (e.g. being seen by a nurse or stroke consultant) are applicable for all stroke patients. There are other instances where certain assessments do not apply for valid reasons. In these cases, teams can answer 'No but' and the record is excluded from the analysis of that particular standard. For example some patients may not need a formal swallow assessment as they had already passed their initial swallow screen. The 'compliant' percentage in the tables below indicates the proportion of *applicable* patients receiving the assessment in question.

3.10.1 Swallowing screening and assessments

Swallow screening within 4h (Q2.10)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Percentage of patients applicable to have swallow screening within 4h*	90.7%	90.2%	91.3%	90.8%	*H14.17*
Percentage of applicable patients who had swallow screening in 4 hours	74.0%	73.5%	75.7%	76.3%	*H14.20*
Median (IQR) time from clock start to swallow screening within 4h (h:mm)	1:21 (0:43-2:25)	1:19 (0:42-2:22)	1:17 (0:41-2:18)	1:16 (0:40-2:19)	*H14.12* *H14.13* *H14.14*

*Applicable patients are those for whom Q2.10.1 is not answered "Patient refused" or "Patient medically unwell until time of screening"

Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment within 72 hours (Q3.8)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Percentage of patients applicable for a formal swallow assessment within 72 hours*	39.4%	39.5%	38.0%	37.6%	*H15.21*
Percentage of applicable patients who had formal swallow assessment within 72 hours	87.2%	86.9%	87.6%	88.4%	*H15.24*
Median (IQR) time from clock start to formal swallow assessment (h:mm)	19:54 (7:24-30:39)	20:22 (7:27-32:10)	19:40.5 (6:25-30:03)	19:50 (7:20-29:36)	*H15.1* *H15.2* *H15.3*

*Applicable patients are those for whom Q 3.8.1 is answered "patient refused", "patient medically unwell" or "Patient passed swallow screening"

Comment: Over 75% of applicable patients are screened for the safety of their swallowing within 4 hours of arrival. While this has improved since data collection began, it is disturbing that there are still so many cases not meeting this standard. This screening should be an essential component of the immediate evaluation of the patient. Swallow assessment within 72 hours of admission is achieved for almost 90% of applicable patients which is another area where results have improved.

3.10.2 Assessment by nurse

Assessed by a nurse trained in stroke management (Q3.2)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Assessed within 72h	95.2%	94.6%	95.2%	95.8%	*H8.6*
Within 12h	*84.6%*	*84.0%*	*85.7%*	*85.9%*	*H8.9*
12-24h	*5.4%*	*5.3%*	*4.7%*	*5.0%*	*H8.11*
24-72h	*5.1%*	*5.3%*	*4.7%*	*4.9%*	*H8.13*
Median (IQR) time from clock start to assessment by stroke nurse	1:16 (0:06-4:13)	1:12 (0:05-4:28)	1:07 (0:05-3:58)	1:09 (0:05-4:00)	*H8.14 H8.15 H8.16*

3.10.3 Assessment by stroke specialist consultant

Assessed by a stroke specialist consultant physician (Q3.3)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Assessed within 72h	94.6%	94.2%	94.9%	95.4%	*H9.6*
Within 12h	49.0%	49.0%	50.5%	53.7%	*H9.9*
12-24h	32.9%	32.1%	32.4%	30.7%	*H9.11*
24-72h	12.7%	13.1%	12.1%	11.0%	*H9.13*
Median (IQR) time for assessment by stroke consultant physician	11:09 (1:45-19:45)	11:03 (1:43-19:54)	10:29 (1:42-19:20)	8:38 (1:44-18:28)	*H9.14 H9.15 H9.16*
Assessed within 14h	54.1%	53.7%	55.7%	58.9%	*H9.19*

Comment: Approximately a fifth of stroke admissions are not seen by a specialist stroke physician within 24 hours of admission.

3.11 Therapy Assessments in first 72 hours (Part of Domain 8)

For physiotherapy, occupational therapy and speech and language therapy assessments, applicable patients are those that remain after patients who refused, were medically unwell or had no relevant deficit are excluded. According to the findings of the 2016 Acute Organisational Audit 31% of sites provided at least two types of therapy 7 days a week.

The 'compliant' percentage in the tables below indicates the proportion of *applicable* patients receiving the assessment in question.

NB The audit did not ask about applicability in relation to therapy assessments within 24 hours. Adherence is therefore calculated out of all patients but it is not aimed at 100% optimal level/value.

Please refer to Section 4.1 'assessments by discharge' and Section 5 'therapy intensity' for further information about each of the therapy disciplines.

3.11.1 Occupational Therapy Assessments in first 72 hours

Assessed by an Occupational Therapist within 72h of Clock Start (Q3.5)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Percentage of patients applicable to be assessed by an OT within 72h*	87.1%	86.2%	86.5%	86.1%	*H10.21*
Percentage of applicable patients assessed by an OT within 72 hours	91.7%	91.2%	91.9%	92.8%	*H10.24*

*Applicable patients are those for whom Q3.5.1 is not answered as "Patient refused", "Patient medically unwell" or "Patient had no relevant deficit"

3.11.2 Physiotherapy Assessments in first 72 hours

Assessed by a Physiotherapist within 72h of Clock Start (Q3.6)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Applicable to be assessed by a PT within 72h*	89.4%	88.5%	88.6%	88.3%	*H11.21*
Percentage of applicable patients assessed by an PT within 72 hours	95.1%	94.3%	94.8%	95.6%	*H11.24*

*Applicable patients are those for whom Q3.6.1 is not answered as "Patient refused", "Patient medically unwell" or "Patient had no relevant deficit"

3.11.3 Speech and Language Therapy in first 72 hours

Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Applicable* to be assessed by a SALT within 72h	49.9%	49.7%	48.8%	48.8%	*H12.21*
Percentage of applicable patients assessed by a SALT within 72 hours	89.0%	87.8%	89.1%	89.6%	*H12.24*

Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Applicable* to be assessed by a SALT within 72h	49.9%	49.7%	48.8%	48.8%	*H12.21*
Percentage of applicable patients assessed by a SALT within 72 hours	89.0%	87.8%	89.1%	89.6%	*H12.24*

*Applicable patients are those for whom Q3.7.1 is not answered as "Patient refused", "Patient medically unwell" or "Patient had no relevant deficit"

Comment: Assessment by SALT, OT or PT within 72 hours of admission is not a particularly stringent target and should be achievable in the vast majority of cases. It is likely that services with rapid access to therapists are working more efficiently and are more likely to get their patients home more quickly, as well as initiating treatment earlier with the probability of a better

Section 4: Therapy provision

2016 NICE QS Statement 2

Patients with stroke are offered a minimum of 45 minutes per day of each active therapy that is required, for a minimum of 5 days a week, at a level that enables the patient to meet their rehabilitation goals for as long as they are continuing to benefit from the therapy and are able to tolerate it

The aim of the therapy measures reported on by SSNAP is to get an overall picture of the intensity of each therapy being provided to patients i.e. to look at national changes over time, for teams to benchmark themselves against national level results and to look at differences between teams in terms of percentage of patients being considered to require each therapy and the average time patients get across their entire length of stay as an inpatient. SSNAP allows teams to reflect when a patient no longer requires one type of therapy but still requires another. This way the intensity of each therapy provided can be compared against what was required.

Note: SSNAP collects data on whether a patient was considered to require therapy at any point in the admission and does not reflect whether the patient required or was able to tolerate therapy on each day.

We have calculated a proxy measure for the **NICE quality standard** by combining the percentage of patients considered to require therapy, the percentage of days on which each therapy was received, and the average number of therapy minutes received per day.

Patients: The benchmark for levels of patients requiring therapy is 80% for occupational therapy, 85% for physiotherapy and 50% for speech and language therapy. This has been derived using data collected in previous rounds of stroke audit and has proved to be consistent at national level.

Minutes: In line with the NICE quality standard, the benchmark is 45 minutes of therapy provided per day 5 days a week. If a patient receives therapy 7 days a week the benchmark is equivalent therefore to 32 minutes per day.

Days: In line with the NICE quality standard, an adjustment is made to the total number of days on which therapy was received to approximate the number of *working* days by multiplying by 5 out of 7 (approximately 70%).

To improve performance in the therapy domains, teams may need to improve one or more of the 3 elements. Taking annual national level results for occupational therapy as an example,

- 83.9% of patients nationally were considered to require therapy
- a median of 40.1 minutes of therapy was provided per day (based on 7 day week)
- therapy was delivered on 66.7% of inpatient days.

These figures show that the percentage of patients considered applicable is in line with the expected level of 80% and the number of therapy minutes *across 7 days* exceeds what would be recommended across this time period (target for 7 days = 32 minutes) if the NICE quality standard was extrapolated. However, the percentage of days on which therapy is provided is below the NICE quality standard of approximately 70%.

With limited resources to achieve equilibrium between patients, days and minutes, the goal is to maximise the use of resources to benefit the highest number of patients throughout their stay. Therapy teams can chose to deliver this therapy as either one 45 minute session a day or through several shorter sessions throughout the day.

In addition to this, SSNAP produces a therapy pack, a comprehensive guide to therapy data and reporting in SSNAP. The guide is published each reporting period and contains useful information on the submission of data, FAQs and an explanation of how data are presented.

The guide is available to logged in users at:
https://www.strokeaudit.org/Support/Resources/Therapy-Resources.aspx

4.1 Occupational Therapy (Domain 5)

Key Indicators: Occupational Therapy	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients reported as requiring occupational therapy	83.6%	84.4%	84.5%	83.9%
Median number of minutes per day on which occupational therapy is received	40.7 min	40 min	40.1 min	40.1 min
Median % of days as an inpatient on which occupational therapy is received	64.9%	64.1%	65.0%	66.7%
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of occupational therapy required (according to 2016 NICE QS-S2) which were delivered	85.9%	84.2%	85.6%	87.3%

4.2 Physiotherapy (Domain 6)

Key Indicators: Physiotherapy	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients reported as requiring physiotherapy	85.1%	86.3%	85.9%	85.0%
Median number of minutes per day on which physiotherapy is received	35 min	35 min	35 min	35 min
Median % of days as an inpatient on which physiotherapy is received	73.7%	71.2%	72.7%	75.4%
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of physiotherapy required (according to 2016 NICE QS-S2) which were delivered	80.3%	78.7%	80.1%	82.1%

4.3 Speech and Language Therapy (Domain 7)

Key Indicators: Speech and Language Therapy	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients reported as requiring speech and language therapy	50.7%	51.4%	51.2%	50.1%
Median number of minutes per day on which speech and language therapy is received	31.5 min	31.7 min	31.7 min	32.1 min
Median % of days as an inpatient on which speech and language therapy is received	48.1%	47.9%	49.6%	51.2%
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of speech and language therapy required (according to 2016 NICE QS-S2) which were delivered	47.8%	48.6%	50.1%	51.3%

4.4 Psychology

Psychology (Q4.4 – 4.6)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Applicable for psychology	5.3%	5.6%	5.7%	5.6%	*J7.3*
Median % of the days in hospital on which psychology is received	9.9%	10.8%	10.3%	10.7%	*J7.4*
Median number (IQR) of minutes per day on which therapy is received	40 min (30-54 min)	40 min (30-53 min)	40 min (30-50 min)	40 min (30-50 min)	*J7.5* *J7.6* *J7.7*

Comment: The finding that only about 6% of patients need psychology is not consistent with published literature on the prevalence of cognitive and mood difficulties, or the self-reported, long term, unmet needs of stroke survivors. It is important to clarify that teams should answer that the patient is applicable if the patient has any psychological difficulty even if the service does not have access to a psychologist or other mental health professional.

The graph below demonstrates the high number of teams recording that none of their patient's are applicable for psychology. The finding from the acute organisational audit is that only 6% of hospitals have access to sufficient clinical psychologists and therefore it is important to reiterate that all patients requiring psychology input at any point during their stay should be recorded as requiring psychology, regardless of whether the psychology service is available at that team.

Section 5: Care before leaving hospital

5.1 Multidisciplinary Working (part of Domain 8)

Rehabilitation goals agreed (Q4.7)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Percentage of patients applicable for rehab goals within 5 days*	82.8%	83.2%	82.8%	82.8%	*J13.12*
Percentage of applicable patients who have rehab goals set within 5 days	91.9%	92.3%	92.3%	92.3%	*J13.15*

*Patients are applicable unless they have no deficits, refuse rehabilitation goals, or are on palliative care and have no rehabilitation potential

Bundle of care	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
If applicable, assessed by stroke nurse within 24h, at least one therapist within 24h, all applicable therapists within 72h and rehab goals agreed within 4 days	61.8%	60.4%	62.9%	64.0%	*J14.3*

5.2 Standards by Discharge (Domain 9)

5.2.1 Nutritional screening, risk of malnutrition and dietitian

Nutritional screening (Q6.6)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Percentage of ALL patients screened	96.8%	96.5%	96.5%	96.0%	*J16.3*
If screened for nutrition:					
Identified as being at high risk of malnutrition	19.6%	20.1%	18.9%	19.7%	*J16.6*
If identified as being at high risk of malnutrition following nutritional screening:					
Seen by a dietitian	92.4%	92.7%	93.1%	93.5%	*J16.9*

Comment: Over 6% of patients identified as being at high risk of malnutrition on screening do not get to see a dietitian.

Combination of nutritional screening, risk of malnutrition, and seen by dietitian:	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Percentage of patients applicable for nutritional screening/being seen by a dietitian *	15.5%	16.1%	15.6%	16.5%	*J16.12.1*
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge**	83.3%	82.7%	82.5%	80.7%	*J16.15.1*

*Patients are applicable if screened for nutrition AND identified as high risk, or not screened for nutrition.

** Patients who are indicated as being for palliative care (either within 72 hours or by discharge) are excluded from this measurement

5.2.2 Urinary continence plan

Urinary continence plan by discharge from inpatient care (Q6.5)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Percentage of ALL patients for whom urinary continence plan drawn up	40.4%	41.7%	40.5%	40.8%	*J15.3*
Median (IQR) time from clock start to continence plan drawn up (in days)	0 days (0 - 1)	0 days (0 - 1)	0 days (0 - 1)	0 days (0 - 1)	*J15.12* *J15.13* *J15.14*
Percentage of patients applicable for urinary continence plan by discharge*	43.2%	44.7%	42.9%	42.6%	*J15.17*
Percentage of applicable patients for whom urinary continence plan drawn up by discharge	93.5%	93.3%	94.4%	95.7%	*J15.20*

*Applicable patients are those for whom Q6.5.1 has not been answered "Patient refused" or "Patient continent"

Comment: Over 95% of patients with incontinence are having an assessment performed while an in-patient. It is encouraging to see sustained improvements in results each reporting period but given the profound impact of incontinence on a person's life, the fact that around 4% of patients are not being adequately assessed is unacceptable. Becoming incontinent as an adult is embarrassing and demoralising. It should be treated with the utmost sensitivity and skill. To ignore it and not even bother to establish the cause and treatment is unacceptable practice.

5.2.3 Mood and Cognition screening

Mood screening (Q6.7)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Percentage of patients applicable for mood screening by discharge*	85.2%	84.7%	86.1%	86.4%	*J17.14*
Percentage of applicable patients who received mood screening by discharge	89.9%	88.6%	88.6%	89.1%	*J17.17*

*Patients that are not applicable are those who refused either or both screens, patients who were medically unwell for entire admission and patients who were discharged from inpatient care within 7 days of clock start without receiving both screens are excluded from this indicator.

Comment: There remains a significant issue in terms of screening patients for mood disturbance. Over 50% of patients are likely to have a significant depression or anxiety state at some time after their stroke. This is frequently seen early after the stroke and it is vital that the diagnosis is made early and patients helped to deal with the problem. While there have been continued improvements in mood screening many patients who should be screened are not.

Cognition screening (Q6.7)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Percentage of patients applicable for cognition screening by discharge*	82.9%	82.9%	83.9%	84.1%	*J18.14*
Percentage of applicable patients who received cognition screening by discharge	93.5%	93.9%	93.5%	94.2%	*J18.17*

*Applicable patients are those for whom Q6.7.1 or Q6.8.1 has not been answered "Patient refused" or "Patient medically unwell for entire admission" and whose total length of stay is 7 days or longer.

Comment: There are similar issues with screening for cognitive impairment where about 6% of patients are not being evaluated in the way that they should.

5.3 Patient Condition up to discharge

5.3.1 Worst Level of consciousness in first 7 days

Patient's worst level of consciousness (LOC) in the first 7 days (Q5.1)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
0: Alert keenly responsive	79.9%	79.1%	81.0%	80.8%	*J24.3*
1: Not alert but arousable by minor stimulation	8.3%	9.0%	8.2%	8.4%	*J24.5*
2: Not alert but require repeated stimulation to attend	4.7%	4.8%	4.6%	4.4%	*J24.7*
3: Respond only with reflex motor or autonomic effects /totally unresponsive	7.1%	7.0%	6.2%	6.4%	*J24.9*

5.3.2 Urinary tract infection in first 7 days

Did the patient develop a urinary tract infection in the first 7 days? (Q5.2)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	4.7%	4.5%	4.4%	4.4%	*J25.3*
No	94.6%	94.6%	95.0%	95.0%	*J25.5*
Not known	0.6%	0.9%	0.6%	0.6%	*J25.7*

5.3.3 Pneumonia in first 7 days

Did the patient receive antibiotics for a newly acquired pneumonia in the first 7 days? (Q5.3)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	8.7%	9.2%	8.1%	8.3%	*J26.3*
No	90.7%	90.0%	91.4%	91.1%	*J26.5*
Not known	0.6%	0.9%	0.6%	0.6%	*J26.7*

The following paper authored by Prof Craig J. Smith and Dr Benjamin D. Bray and published in the Journal of the American Heart Association, uses SSNAP data to derive a clinical risk score for predicting stroke-associated pneumonia.
https://www.strokeaudit.org/SupportFiles/Documents/Research/J-Am-Heart-Assoc-2015-Smith.aspx

5.3.4 Modified Rankin Scale score at discharge

Modified Rankin Scale (mRS) score at discharge (Q7.4)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	Ref
0 (no symptoms)	12.2%	12.2%	12.5%	11.6%	*J28.3*
1 (no significant disability)	18.2%	17.8%	19.4%	18.9%	*J28.5*
2 (slight disability)	16.3%	15.3%	15.6%	15.9%	*J28.7*
3 (moderate disability)	17.3%	17.6%	17.1%	17.4%	*J28.9*
4 (moderately severe disability)	14.6%	14.7%	14.5%	15.2%	*J28.11*
5 (severe disability)	7.0%	7.0%	7.3%	7.2%	*J28.13*
6 (Dead)	14.3%	15.4%	13.5%	13.8%	*J28.15*

Modified Rankin Scale (mRS) score Median (IQR)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	Ref
mRS score before stroke	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-2)	*J28.16 J28.17 J28.18*
mRS score at discharge	3 (1-4)	3 (1-4)	3 (1-4)	3 (1-4)	*J28.19 J28.20 J28.21*
Change in mRS score	1 (0-3)	1 (0-3)	1 (0-3)	1 (0-3)	*J28.22 J28.23 J28.24*

5.3.5 Palliative care

Patients for palliative care after 72 hrs* (Q6.9)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	Ref
Yes	12.1%	12.8%	11.4%	11.9%	*J29.3*

*Palliative care decision between 72h and discharge from inpatient care.

Comment: One of the areas of care that we need to improve is care of the patients when they are unlikely to survive. The evidence suggests that patients prefer to die at home. We appear to be achieving this for only a small minority of patients.

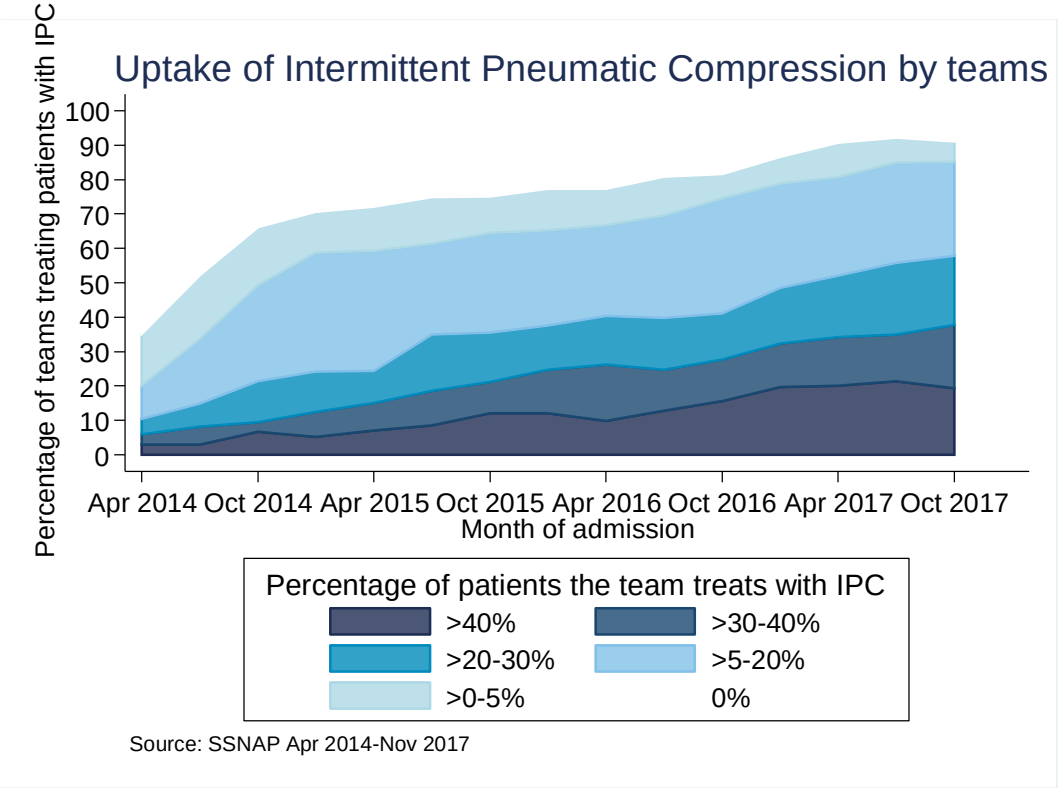
5.3.6 Intermittent Pneumatic Compression (IPC)

Intermittent Pneumatic Compression (IPC) reduces the risk of a person admitted to hospital with a stroke developing a deep vein thrombosis (DVT). The CLOTS 3 trial results showed a 3.6% decrease in absolute risk reduction in the incidence of DVT and that IPC improves the six month survival rate of stroke patients.

In August 2013 NHS England and NHS Improving Quality (NHS IQ) put forward a bid to supply approximately six months' worth of IPC sleeves to all stroke units in an effort to realise the benefits

in every day practice. To ascertain the level of implementation of IPC sleeves following the findings of the trial, the questions related to IPC were added to the revised SSNAP dataset and are mandatory for patients admitted on or after 1 April2014.

The graph below shows that whilst the percentage of teams treating at least some patients with IPC has increased substantially over time there are still very few teams treating more than 40% of their patients with IPC.



Patients who have intermittent pneumatic compression applied at any point	**Aug-Nov 2016** N=26658	**Dec 2016-Mar 2017** N=28072	**Apr-Jul 2017** N=27681	**Aug-Nov 2017** N=28122	*Ref*
Yes	20.6%	22.7%	25.5%	28.1%	*J35.3*
No	77.7%	75.8%	73.1%	70.7%	*J35.5*
Not Known	1.7%	1.5%	1.4%	1.2%	*J35.7*
If yes:	N=5491	N=6364	N=7065	N=7908	*J35.2*
Median length of time IPC is applied for	6 days (2 - 15)	6 days (2 - 15)	6 days (2 - 15)	6 days (2 - 15)	*J35.8* *J35.9* *J35.10*
Mean length of time IPC is applied for	12 days	12 days	13 days	12 days	*J35.11*

Comment: Since 2012 there is new RCT evidence to support intermittent pneumatic compression device use in selected stroke patients. We will look to monitor the implementation of this at a patient level in SSNAP.

5.3.7 Mortality Data on SSNAP

Based on data collected on SSNAP from April 2016 - March 2017, it is reported that 13.7% of stroke patients admitted to hospitals in England and Wales died (either in hospital or after being discharged from inpatient care) within 30 days of clock start. Annual mortality results including those for 2013/14, 2014/15, 2015/16 and 2016/17 at provider level are publicly available on the SSNAP webtool. Provider level mortality results are adjusted for case mix including stroke severity and presented as a standardised mortality ratio. Data for 2017/18 will be available later in the year.

https://www.strokeaudit.org/results/Clinical/National-Results

5.4 Discharge Processes (Domain 10)

5.4.1 Discharge destination

Discharge destination (Q7.1)	**Aug-Nov 2016** N=26659	**Dec 2016-Mar 2017** N=28072	**Apr-Jul 2017** N=27681	**Aug-Nov 2017** N=28125	*Ref*
Discharged alive from inpatient care	85.7%	84.6%	86.5%	86.2%	*J9.14*
Discharged to a care home	*9.3%*	*9.4%*	*8.8%*	*8.5%*	*J9.5*
Discharged home	*35.4%*	*33.7%*	*34.9%*	*33.6%*	*J9.7*
Discharged somewhere else	*2.1%*	*2.0%*	*1.9%*	*1.8%*	*J9.9*
Transferred to an ESD/community team	*32.3%*	*32.7%*	*34.2%*	*35.1%*	*J9.10.2*
Transferred to a non-participating inpatient team	*3.6%*	*3.8%*	*3.8%*	*4.2%*	*J9.11.2*
Transferred to a non-participating ESD/community team	*3.0%*	*2.9%*	*2.9%*	*3.0%*	*J9.11.4*

If discharged home (Q7.6)	**Aug-Nov 2016** N=9431	**Dec 2016-Mar 2017** N=9450	**Apr-Jul 2017** N=9666	**Aug-Nov 2017** N=9436	*Ref*
Living Alone	25.2%	25.4%	25.0%	24.8%	*J9.21*
Not living alone	73.1%	72.3%	73.1%	73.4%	*J9.23*
Not known	1.7%	2.2%	2.0%	1.9%	*J9.25*

5.4.2 Care home discharge

If discharged to a care home (Q7.5)	Aug-Nov 2016 N=2466	Dec 2016-Mar 2017 N=2641	Apr-Jul 2017 N=2438	Aug-Nov 2017 N=2385	Ref
Previously a resident	34.8%	36.5%	36.7%	37.7%	*J9.28*
Not previously a resident	65.2%	63.5%	63.3%	62.3%	*J9.30*

If discharged alive from inpatient care:	Aug-Nov 2016 N=22834	Dec 2016-Mar 2017 N=23749	Apr-Jul 2017 N=23951	Aug-Nov 2017 N=24232	Ref
Newly institutionalised (discharged to a care home where not previously a resident)	7.0%	7.1%	6.4%	6.1%	*J9.33*

If newly institutionalised:	Aug-Nov 2016 N=1610	Dec 2016-Mar 2017 N=1676	Apr-Jul 2017 N=1543	Aug-Nov 2017 N=1486	Ref
Temporary	20.9%	20.6%	18.9%	22.2%	*J9.36*
Permanent	79.1%	79.4%	81.1%	77.8%	*J9.38*

Comment: About 85% of patients leave hospital alive after a stroke, with over a third of those returning home. Close to 10% are discharged to a care home, with approximately 65% of these being sent to a home for the first time. Approximately 80% of these were expected to become permanent residents. The new institutionalisation rate is an important measure of outcome, which at 7% is lower than we have previously seen in the Sentinel audits where there were rates of about 10-15%.

5.4.3 Activities of Daily Living

If discharged alive, required help with activities of daily living (ADL)? (Q7.9)	Aug-Nov 2016 N=22834	Dec 2016-Mar 2017 N=23749	Apr-Jul 2017 N=23951	Aug-Nov 2017 N=24232	Ref
Yes	40.4%	40.5%	39.9%	40.8%	*J30.3*
No	59.6%	59.5%	60.1%	59.2%	

If patient required help with ADL, what help did they receive (Q7.9.1)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	Ref
Paid carers	68.2%	67.8%	67.0%	67.8%	*J30.6*
Informal carers	17.9%	19.2%	19.5%	19.6%	*J30.8*

Paid and informal carers	12.9%	11.8%	12.4%	11.3%	*J30.10*
Paid care services unavailable	0.1%	0.1%	0.1%	0.1%	*J30.12*
Patient refused	0.9%	1.1%	1.1%	1.2%	*J30.14*
Applicable for receiving help for ADL (not refused)	99.1%	98.9%	98.9%	98.8%	*J30.17*
Compliant (any type of paid services)	81.8%	80.5%	80.2%	80.1%	*J30.20*

If patient required help with ADL, number of social service visits per week (Q7.9.2)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
0 visits	34.4%	36.3%	35.1%	36.2%	*J31.18*
At least one visit per week	33.0%	32.8%	33.7%	35.3%	*J31.20*
1-6 visits	*0.9%*	*0.8%*	*0.8%*	*1.1%*	*J31.5*
7-13 visits	*5.7%*	*5.1%*	*4.3%*	*5.1%*	*J31.7*
14-20 visits	*6.4%*	*6.1%*	*7.1%*	*6.7%*	*J31.9*
21-27 visits	*5.6%*	*6.0%*	*6.0%*	*5.8%*	*J31.11*
28+ visits	*14.4%*	*14.8%*	*15.5%*	*16.6%*	*J31.13*
Not known	32.6%	30.9%	31.2%	28.4%	*J31.15*

Comment: Approximately 40% of patients are discharged needing help with activities of daily living. Nearly a fifth receive this solely from unpaid carers and about two thirds from only paid carers. The remainder receive help from both paid and unpaid carers. Approximately 20% of patients requiring help with ADL receive three or more visits a day from social services.

5.4.4 Joint Care Planning

If discharged alive, did the patient receive a joint health and social care plan at discharge (Q7.11)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Yes	49.4%	49.1%	47.7%	48.9%	*J33.3*
No	5.2%	5.4%	4.7%	3.1%	*J33.5*
Not applicable	45.4%	45.5%	47.6%	48.0%	*J33.7*
Applicable for receiving a joint care plan	46.8%	46.1%	45.4%	44.8%	*J33.10*
Compliant	90.6%	90.1%	91.0%	94.1%	*J33.13*

The graph below deomstrates the wide range of reported applicability for joint health and social care plan.

5.4.5 Named contact at discharge

If discharged alive, was there a named person for the patient and/or carer to contact after discharge? (Q7.12)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	96.6%	96.9%	96.8%	97.2%	*J34.3*
No	3.4%	3.1%	3.2%	2.8%	

5.5 Length of Stay

Participation of post-acute teams has continued to increase, and therefore an increased number of records have been fully completed and locked to discharge which will more accurately reflect length of stay across the entire pathway.

(See section 3.6 for additional stroke unit key indicators).

5.5.1 Length of stay in an inpatient setting

Length of stay (days)		Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Length of stay from Clock Start to final inpatient discharge including death	Median (IQR)	7.2 (2.8-23.6)	7.5 (2.8-23.5)	7.1 (2.6-23.2)	7.0 (2.7-22.5)	*J8.1 J8.2 J8.3 J8.4*
	Mean	19.2	18.7	18.8	18.5	

Comment: The median length of stay in this cohort for all patients (including deaths in hospital) is between 7-8 days which is shorter than we would have expected.

5.5.2 Length of stay on Stroke Unit

Length of stay on stroke unit (days)		Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Length of stay on an SU across inpatient pathway (based on component parts of provider level)	Median (IQR)	6.2 (2.1-21.6)	6.4 (2.1-21.2)	6.1 (2.1-21.0)	6.0 (2.1-20.7)	*J8.5 J8.6 J8.7 J8.8*
	Mean	17.7	17.1	17.2	16.9	

(excludes patients who go straight to ITU/CCU/HDU at any provider during their inpatient stay)

5.5.3 90% of stay on Stroke Unit (Part of Domain 2)

Is over 90% of a patient's stay in hospital spent on a stroke unit?	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	84.8%	82.7%	84.7%	84.7%	*J8.11*

(excludes patients who go straight to ITU/CCU/HDU at any provider during their inpatient stay)

Comment: While we are managing to treat most patients at some stage on a stroke unit, approximately 15% are not spending at least 90% of their stay on the unit.

5.5.4 Delays in discharging patients who no longer require inpatient rehabilitation

Date patient considered by the multidisciplinary team to no longer require inpatient rehabilitation (Q7.3.1)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Number of days from patient no longer requiring inpatient rehabilitation to stroke unit discharge (Mean)	0.9	0.7	0.7	0.6	*K20.7*
Number of days from patient no longer requiring inpatient rehabilitation to hospital discharge (Mean)	1.1	1.0	1.1	1.1	*K20.8*

Comment: It is important that where there are delays in arranging discharge, for whatever reason, these are documented and data submitted to SSNAP.

Section 6: Early supported discharge and community rehabilitation preliminary results

6.1 Introduction

Although national stroke audits have routinely collected data for acute stroke care and services since 1998, up until recently, there has been limited opportunity to audit and benchmark post-acute stroke services in the same way. With the arrival of SSNAP in early 2013, and the expansion of stroke clinical audit up to 6 months post-stroke, this changed and there are now 129 domiciliary services submitting data and receiving reports on the care they provide their stroke patients.

6.1.1 Domiciliary teams and SSNAP

There is no single model of stroke care organisation or commissioning and consequently pathways of stroke care beyond the acute setting are complex. The 2015 post-acute audit reported on the availability and structure of stroke services in community settings, we can now estimate that there are 160 teams providing ESD and approximately 200 community rehabilitation services in England and Wales. More information on this pioneering audit can be found here: http://www.strokeaudit.org/results/PostAcute.aspx

There are currently 323 teams working in the community registered on SSNAP, a total of 202 domiciliary teams have submitted at least one record to this report and 129 of these teams submitted enough records to receive named team results. We congratulate these teams for leading the way in SSNAP data collection. A full list of the domiciliary teams which submitted sufficient data to receive results can be found in the results portfolio.

https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx

It is clear that certain areas of the country are performing significantly better than others in terms of submitting domiciliary data to the audit. It is therefore important that all post-acute inpatient teams and community teams are encouraged to register for SSNAP and fully complete the information collected at this stage on all records transferred to them to give an accurate picture of the whole of the patient pathway.

6.1.2 Early supported discharge and community rehabilitation

A key element of the National Stroke Strategy is the implementation of early supported discharge (ESD). ESD is a system in which rehabilitation is provided to stroke patients at home instead of at hospital by a multi-disciplinary team at the same intensity as inpatient care. ESD should be stroke specific and delivered by teams with specialist stroke skills. According to literature, approximately 34% of stroke patients are considered eligible for ESD [1].

ESD can result in better outcomes for patients including reduction of long-term mortality and institutionalisation rates, increased independence six months after a stroke and increased capacity to undertake activities of daily living and greater patient satisfaction (Langhorne et al 2005). Benefits have also been identified for acute hospital providers with reduced lengths of stays for stroke patients.

[1] http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard

Community stroke rehabilitation services cater for those stroke survivors who are able to return home following inpatient rehabilitation or ESD. Access to a specialist stroke multi-disciplinary community rehabilitation team should be available to all those for whom it is clinically appropriate.

The needs of patients being treated by these teams will differ case by case. For example, some will need only one therapy while others will need several. Domiciliary stroke services should be designed around the needs of the stroke survivor and their family and be appropriate for all ages. For example, patients with aphasia and other communication-related impairments will have specific needs while working age adults will have different recovery goals such as returning to work or parenting.

From research literature, it is known that there is a wide variation in the availability of rehabilitation and community services. Some areas have ESD, responsive community stroke rehabilitation teams and vocational rehabilitation services which demonstrate good outcomes and value for money. Other areas have no dedicated community stroke service and are without access to even generic rehabilitation teams. This inequality of access to services results in variation in patient experience and outcomes. The Care Quality Commission (CQC, 2011) reported across a number of aspects of ESD and community rehabilitation services and concluded: 'the overall picture is one of inconsistency, waits between transfer home and commencing community rehabilitation and lack of specialist access.'

6.1.3 Interpreting the SSNAP results

SSNAP publicly reports results for domiciliary teams at national and provider level. SSNAP now reports domiciliary results over a four month reporting period, in the same way that results for inpatient teams are reported. In the past, SSNAP combined 2 quarters worth of domiciliary data due to the slower rate of recruitment of these teams but now SSNAP has been collecting data for years it is expected that all domiciliary teams should be participating and entering all their data to SSNAP.

National figures have been calculated based on the combined data input by ESD teams, CRT teams and a small number of teams which provide both of these functions. In the text that follows the term used will be 'domiciliary team' as there is insufficient data to report on the different types of team separately. However, it should be noted that ESD and CRT teams have distinct functions and, in the future, results for each type of team will be presented separately to better reflect this.

The mechanics of collecting information at this stage of the pathway require the inpatient team to collect data on SSNAP about the processes of care as an inpatient and to send the data electronically to the next team to continue the electronic data capture. The domiciliary team has to be registered to have permission to complete the electronic record. Between August – November 2017:

12,195 patients were reported in SSNAP as being discharged with a stroke specific domiciliary service (ESD or CRT team). This is approximately 50.3% of all patients discharged alive from inpatient care.

- However, only 9,873 patient records were electronically transferred to domiciliary teams for further information to be collected on SSNAP.
- In this time period, 7419 electronic records were **fully** completed by the domiciliary team for 7239 patients.

It is planned to report on case ascertainment for domiciliary teams using data from the post-acute organisational audit in the future.

Provider level results for teams submitting at least 20 records are publicly available. Please see Tab L of the 'Full Results Portfolio' on the SSNAP Reporting Portal for these results.
http://www.strokeaudit.org/results/National-Results.aspx

6.2 Results for Domiciliary Teams

Rehabilitation Goals	**Aug-Nov 2016** N=6564	**Dec 2016-Mar 2017** N=6862	**Apr-Jul 2017** N=7046	**Aug-Nov 2017** N=7419	*Ref*
Reported on SSNAP as applicable for rehabilitation goals while being treated by a domiciliary team	91.5%	90.7%	89.9%	90.1%	*L2.3*
If applicable, rehabilitation goals set by domiciliary team	95.4%	95.3%	96.2%	94.3%	*L2.6*
Median (IQR) days under the care of a domiciliary team until rehabilitation goals are set	0 (0-1)	0 (0-2)	0 (0-1)	0 (0-1)	*L2.7 L2.8 L2.9*

Modified Rankin Scale (mRS) score	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Median (IQR) mRS score at discharge from domiciliary teams	2 (1-3)	2 (1-3)	2 (1-3)	2 (1-3)	*L3.1 L3.2 L3.3*

Duration of treatment	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Median (IQR) duration of treatment with a domiciliary team (days)	37 (17-56)	35 (16-53)	37 (18-55)	35 (16-52)	*L4.1 L4.2 L4.3 L4.4*
Mean	49	45	48	46	
Median (IQR) days between discharge from inpatient care to first direct contact with domiciliary team	1 (0-3)	1 (0-3)	1 (0-3)	1 (1-3)	*L4.5 L4.6 L4.7*

6.2.1 Therapy results

This section presents results about the intensity of rehabilitation provided by domiciliary teams in the community. As described earlier in this report, intensity of therapy is collected separately for each part of the patient's pathway.

The tables in this section present results for the 7,419 patient records for which data on therapy whilst under domiciliary care is available.

The results cover 4 aspects:

- the percentage of patients reported as being **applicable** for each therapy during their domiciliary rehabilitation
- the percentage of **days** on which therapy was provided
- the median number of **daily therapy minutes** received on **each day** therapy was provided
- the median number of **daily therapy minutes** received across the **entire treatment period** under domiciliary team (i.e. regardless of whether or not therapy was provided every day).

Note: SSNAP collects data on whether a patient was considered to require therapy at any point whilst under the care of a domiciliary team and does not reflect whether the patient required or was able to tolerate therapy on each day.

Occupational Therapy whilst being treated by a domiciliary team	**Aug-Nov 2016** N=6564	**Dec 2016-Mar 2017** N=6862	**Apr-Jul 2017** N=7046	**Aug-Nov 2017** N=7419	*Ref*
Percentage of **patients** reported as **applicable** for OT at any point during treatment	80.2%	80.4%	80.0%	77.8%	*L6.3*
Median percentage of **days** on which OT is received by the patient	21.3%	21.1%	19.4%	20.7%	*L6.4*
Median (IQR) number of OT **minutes** received per day (on days when OT is provided)	50 (40-60)	50 (42-60)	50 (42-60)	49 (41-60)	*L6.5 L6.6 L6.7*
Median (IQR) number of OT **minutes** received per day (across entire treatment period)	10 (5-19)	10 (5-19)	10 (5-18)	10 (5-18)	*L6.12 L6.13 L6.14*

Physiotherapy whilst being treated by a domiciliary team	**Aug-Nov 2016** N=6564	**Dec 2016-Mar 2017** N=6862	**Apr-Jul 2017** N=7046	**Aug-Nov 2017** N=7419	*Ref*
Percentage of **patients** reported as **applicable** for PT at any point during treatment	72.4%	73.7%	72.0%	71.4%	*L7.3*
Median percentage of **days** on which PT is received by the patient	27.0%	26.5%	25.7%	25.8%	*L7.4*
Median (IQR) number of PT **minutes** received per day (on days when PT is provided)	46 (38-57)	47 (40-58)	47 (40-58)	46 (40-57)	*L7.5 L7.6 L7.7*

Median (IQR) number of PT **minutes** received per day (across entire treatment period)	12 (6-22)	12 (6-21)	12 (6-21)	12 (6-21)	*L7.12* *L7.13* *L7.14*

Speech and language therapy whilst being treated by a domiciliary team	**Aug-Nov 2016** N=6564	**Dec 2016-Mar 2017** N=6862	**Apr-Jul 2017** N=7046	**Aug-Nov 2017** N=7419	*Ref*
Percentage of **patients** reported as **applicable** for SALT at any point during treatment	33.4%	32.8%	34.7%	34.2%	*L8.3*
Median percentage of **days** on which SALT is received by the patient	16.1%	15.8%	15.6%	16.3%	*L8.4*
Median (IQR) number of SALT **minutes** received per day (on days when SALT is provided)	48 (40-60)	49 (40-60)	48 (40-60)	48 (40-60)	*L8.5* *L8.6* *L8.7*
Median (IQR) number of SALT **minutes** received per day (across entire treatment period)	7 (3-15)	8 (3-15)	7 (3-15)	8 (3-15)	*L8.12* *L8.13* *L8.14*

Psychology whilst being treated by a domiciliary team	**Aug-Nov 2016** N=6564	**Dec 2016-Mar 2017** **N=6862**	**Apr-Jul 2017** **N=7046**	**Aug-Nov 2017** **N=7419**	*Ref*
Percentage of **patients** reported as **applicable** for psychology at any point during treatment	8.0%	7.6%	8.0%	8.4%	*L10.3*
Median Percentage of **days** on which psychology is received by the patient	6.1%	6.5%	6.5%	4.9%	*L10.4*
Median (IQR) number of psychology **minutes** received per day (on days when psychology is provided)	56 (45-60)	55 (43-60)	60 (45-60)	57 (45-60)	*L10.5* *L10.6* *L10.7*
Mean number of psychology **minutes** received per day (across entire treatment period)	5	6	6	5	*L10.8*

Comment: The figure reported for patients applicable for psychology from an ESD/CRT team is unlikely to be an accurate reflection of the care needs for patients post-stroke. It is expected that at least 50% of stroke patients will suffer from depression or cognitive impairments in the weeks following their stroke and will therefore require psychological support. We urge all teams to indicate when a patient is applicable for psychology, even if the team is not in a position to provide this service to their patients.

Section 7: Six month follow up assessments

Collection of six month outcome data is key to assessing the outcomes of stroke care. It notably forms part of the CCG Outcomes Indicator Set that was reported in December 2014 ,December 2015 and December 2016 in England.

203 teams have submitted data for at least one patient who received a six month assessment. 101 teams have provided a six month assessment for at least 20 patients and the breakdown is shown in table below. These include acute hospitals, domiciliary teams, and voluntary organisations e.g. the Stroke Association. As this is a relatively small number, the results may not be representative of six month follow-up provision nationally. A full list of six month assessment provider teams which submitted at least 20 records to SSNAP can be found in the results portfolio. Named team results for teams providing six month follow ups are publicly available. Please see the 'Full Results Portfolio' on the SSNAP Results Portal for individual team results: www.strokeaudit.org/results/national

Region	Number of teams providing at least 20 six month assessments Aug-Nov 2016	Number of teams providing at least 20 six month assessments Dec 2016-Mar 2017	Number of teams providing at least 20 six month assessments Apr-Jul 2017	Number of teams providing at least 20 six month assessments Aug-Nov 2017
East Midlands	2	2	3	2
East of England	10	9	10	9
Greater Manchester and Eastern Cheshire (formerly Manchester, Lancashire and South Cumbria)	7	7	8	6
Islands	0	1	0	0
London	5	9	9	7
North West Coast (formerly Cheshire and Mersey)	12	10	10	9
North of England	12	11	11	11
Northern Ireland	5	6	7	9
South East	3	4	3	3
South West	6	9	6	6
Thames Valley	4	4	3	4
Wales	9	7	6	9
Wessex	5	6	5	5
West Midlands	8	7	7	9
Yorkshire and The Humber	14	14	14	12
Total	**102**	**106**	**102**	**101**

7.1 Interpreting the Results

The results which follow are based on six month assessments which were due in this reporting period. The record completion analysis below concerns whether the question about six month assessment has been answered at all, and the analyses covering the percentage of patients applicable to receive this assessment and the percentage of those who actually received it are based on all patients who were alive at the relevant time point.

Breakdown of six month assessment analysis

Record completion

Information on record completion for the six month assessment question is provided to give an indication of how widely this section of the audit is being answered, rather than indicating the numbers of patients who had a six month assessment completed. If this question is not answered, it is interpreted as an assessment did not take place.

- 24,527 patient records should have had an answer recorded on the webtool
- Of these, 11,194 patient records (45.6%) did have an answer.

Comment: It is extremely important that data regarding a patient's six month follow up is recorded on SSNAP. This is regardless of whether or not the assessment was provided. These data have the potential to reveal variations in access to six month assessments across the country. In cases where six month assessments are being provided but are not recorded on SSNAP, valuable information about patient outcomes post stroke is being missed.

Applicability for six month assessment

Patients are considered to be applicable to receive a six month assessment unless they are known to have died before six months after admission, or if they have a 'no but' reason recorded for the six month assessment question. Therefore any patients alive six months after admission who do not have an answer recorded in the audit are deemed applicable.

- 20,188 patients were considered to be applicable to receive a six month assessment (excludes died in care, died within six months of admission* and 'no but')
  *either as recorded on SSNAP or from the national register of deaths, the Office for National Statistics

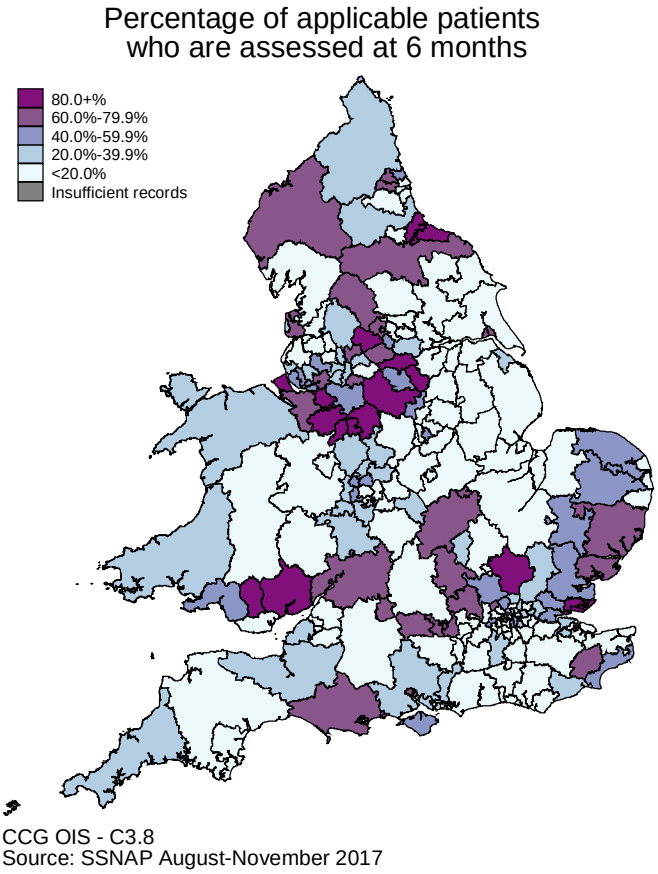
Note: SSNAP records are linked with mortality information from the Office for National Statistics (ONS). Usually, SSNAP data are securely sent for linkage following each reporting deadline, enabling SSNAP to track mortality other than as reported on SSNAP (i.e. after patients have left care). We use this in determining eligibility for receiving a six month assessment and for other purposes, such as providing casemix adjusted mortality rates for providers. (Following lengthy delays, SSNAP was able to perform linkage with ONS to obtain information for patients that died up to mid-2017. Casemix-adjusted mortality results were publicly reported earlier in the year. It has therefore been possible to exclude these patients from the denominator for 6 month assessments).

Patients assessed at six months

Out of 20,188 patients considered to be applicable to receive a six month assessment:

- 6,233 patients (30.9%) received a six month assessment
- The inpatient teams which had the highest percentage of patients going on to receive a six month assessment are:
    - *Arrowe Park Hospital, Chesterfield Royal, Hexham General Hospital, Airedale General Hospital, Singleton Hospital, Nevill Hall Hospital, Kendray Hospital*
- N.B. This does not necessarily indicate that these were the teams who carried out the six month assessments, only that their patients went on to have them.

Comment: While the vast majority of patients alive at this time after stroke are applicable to receive a six month review this is currently happening in a minority of cases. Clinical teams and commissioners need to work closely together to see this improve to get the most value from the audit for service improvement.



7.2 Preliminary Result

Six month review timings Median (IQR)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Time from admission to hospital (or stroke in hospital) to six month review assessment	6.5 (5.9-7.5) *months*	6.5 (5.9-7.5) *months*	6.4 (5.7-7.3) *months*	6.4 (5.8-7.2) *months*	*M5.1 M5.2 M5.3*
Time from discharge from all care (In patient and domiciliary) to six month assessment	5.6 (4.4-6.4) *months*	5.6 (4.4-6.4) *months*	5.3 (4.1-6.3) *months*	5.4 (4.2-6.2) *months*	*M5.4 M5.5 M5.6*

SSNAP is collecting the mode of administration of the review as it provides context.

Method of assessment (Q8.1.2) % (n)	**Aug-Nov 2016** N=6555	**Dec 2016-Mar 2017** N=6182	**Apr-Jul 2017** N=6194	**Aug-Nov 2017** N=6233	*Ref*
In person	83.1% (5445)	80.8% (4996)	81.7% (5058)	82.7% (5154)	*M6.2 M6.3*
By telephone	16.6% (1085)	18.7% (1158)	17.8% (1105)	16.6% (1037)	*M6.6 M6.7*
By post	0.3% (22)	0.4% (26)	0.5% (28)	0.6% (37)	*M6.8 M6.9*
Online	<0.1% (3)	<0.1% (2)	<0.1% (3)	0.1% (5)	*M6.4 M6.5*

SSNAP offers six categories to identify the person who contacted the patient for a review. Unfortunately, this question was not well recorded throughout this reporting period and "*other*" was recorded for approximtely 30% of cases.

Discipline providing the six month follow up? (Q8.1.3) %(n)	**Aug-Nov 2016** N=6555	**Dec 2016-Mar 2017** N=6182	**Apr-Jul 2017** N=6194	**Aug-Nov 2017** N=6233	*Ref*
Stroke coordinator	33.7% (2209)	33.1% (2049)	32.2% (1996)	32.8% (2044)	*M6.13 M6.14*
Secondary care clinician	7.4% (483)	8.0% (496)	8.0% (494)	9.0% (563)	*M6.21 M6.22*
Therapist	13.1% (858)	12.3% (763)	11.9% (739)	11.8% (737)	*M6.15 M6.16*
Voluntary services employee	6.5% (425)	6.6% (406)	6.9% (429)	6.6% (413)	*M6.19 M6.20*
District/community nurse	7.7% (507)	8.0% (495)	11.6% (716)	10.1% (631)	*M6.17 M6.18*
GP	0.1% (8)	<0.1% (2)	0.1% (7)	0.1% (5)	*M6.11 M6.12*
Other	31.5% (2065)	31.9% (1971)	29.3% (1813)	29.5% (1840)	*M6.23 M6.24*

Was the patient screened for mood, behaviour or cognition (Q8.2) %(n)	**Aug-Nov 2016** N=6555	**Dec 2016-Mar 2017** N=6182	**Apr-Jul 2017** N=6194	**Aug-Nov 2017** N=6233	*Ref*
Yes	74.2% (4861)	74.1% (4583)	74.1% (4592)	75.1% (4678)	*M7.2 M7.3*
No	19.4% (1273)	19.5% (1207)	19.9% (1235)	17.7% (1104)	*M7.4 M7.5*
'No but'*	6.4% (421)	6.3% (392)	5.9% (367)	7.2% (451)	*M7.6 M7.7*

*'No but' is an appropriate response if a problem has already been detected and there is an action plan in place

Patient identified as needing support (if screened) (Q8.2.1) % (n)	**Aug-Nov 2016** N=4861	**Dec 2016-Mar 2017** N=4583	**Apr-Jul 2017** N=4592	**Aug-Nov 2017** N=4678	*Ref*
Yes	19.1% (928)	18.7% (859)	22.0% (1008)	21.9% (1026)	*M7.8 M7.10*
Of those identified as needing support, support given (Q8.2.2)	*N=928*	*N=859*	*N=1008*	*N=1026*	*M7.8*
Yes	60.8% (564)	62.9% (540)	62.8% (633)	67.3% (691)	*M7.12 M7.13*
No	28.0% (260)	26.8% (230)	24.2% (244)	21.7% (223)	*M7.14 M7.15*
No but	11.2% (104)	10.4% (89)	13.0% (131)	10.9% (112)	*M7.16 M7.17*

Patient location at the time of the review (Q8.3) % (n)	**Aug-Nov 2016** N=6555	**Dec 2016-Mar 2017** N=6182	**Apr-Jul 2017** N=6194	**Aug-Nov 2017** N=6233	*Ref*
Home	89.5% (5867)	90.7% (5607)	90.3% (5596)	90.6% (5645)	*M8.2 M8.3*
Care Home	9.4% (618)	8.2% (506)	8.4% (521)	8.5% (527)	*M8.4 M8.5*
Other	1.1% (70)	1.1% (69)	1.2% (77)	1.0% (61)	*M8.6 M8.7*

Changes in Rankin Score between time periods

Information about the function of stroke patients six months after admission to hospital is also collected. During this period it is available for 6,103 out of 20,188 patients applicable for a review during this reporting period and cannot be interpreted as representative until the data have been collected for a longer time period. The data on this cohort shows that patients who are receiving a review include all severity levels.

Comment: Though the percentage of patients with follow up data recorded on SSNAP is improving each reporting period, it may not be entirely representative of the national picture. As recruitment of six month providers continues to increase, data will become more meaningful and robust. The results below reinforce how invaluable these data could be.

Modified Rankin Score at 3 time points for the 6103 patients for whom data was available*	Pre stroke		At discharge from all care		At six months	
	N	%	N	%	N	%
0 (no symptoms)	3853	63.1	957	15.7	1119	18.3
1 (no significant disability)	979	16.0	1777	29.1	1622	26.6
2 (slight disability)	564	9.2	1340	22.0	1274	20.9
3 (moderate disability)	462	7.6	1071	17.5	1175	19.3
4 (moderately severe disability)	201	3.3	721	11.8	660	10.8
5 (severe disability)	44	0.7	237	3.9	253	4.1

Change in mRS from before stroke to six months after stroke	Number of patients	Percentage of patients
-4	5	<0.1%
-3	37	0.6
-2	98	1.6
-1	338	5.5
0	1600	26.2
1	1800	29.5
2	1145	18.8
3	741	12.1
4	260	4.3
5	79	1.3
Total	**6103**	**100.0**

The graph below demonstrates the change in mRS from pre-stroke to 6 months post-stroke.

Section 8: SSNAP Performance Tables (by named team)

This section aims to provide a summary of performance for named teams based on **10 domains** of care. Both patient-centred domain scores (whereby scores are attributed to every team which treated the patient at any point in their care) and team-centred domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to) are calculated. Each domain is given a performance level (level A to E) and a **key indicator score** is calculated based on the average of the 10 domain levels for both patient-centred and team centred domains.

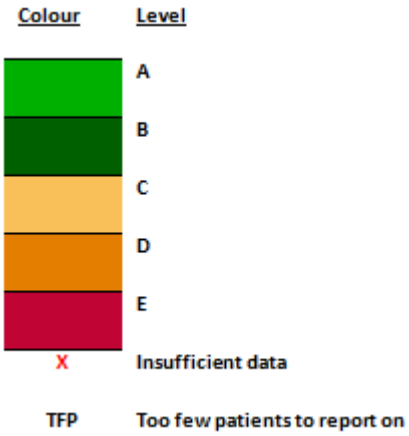
The **overall performance** section of the table consists of:

- A **Combined Key Indicator (KI) Score** derived from the average of the patient- and team-centred total KI score.
- **Case ascertainment** and **audit compliance** levels
- **SSNAP level** which is the combined total key indicator score adjusted for case ascertainment and audit compliance.

The results in this table should be read in combination with the SSNAP 'Summary Report' which includes named team results for the 44 key indicators which comprise the 10 domains: www.strokeaudit.org/results/National-Results

To be included in the SSNAP scoring, teams had to achieve a minimum case ascertainment requirement. Teams which did not meet this requirement (i.e. with insufficient records to be included in the named team results) are shown by an **X**. Some teams did not receive results due to them treating small number of patients during the time period. These teams are shown by 'TFP' (too few patients to report on).

Across the SSNAP domain results a consistent colour code is used to represent each team's performance for specific domains and overall.



Changes over time

Teams are being encouraged to review their results (which are provided every 4 months) and plan to implement change. In some aspects it may be possible to make change rapidly, in other areas of care this may take longer. We are providing information on how the current results compare with the previous reporting period for an indication of where changes may be starting to be made. These need to be interpreted with caution at this stage as a number of factors may be influential at this time. Changes between the August 2017 – November 2017 results and the previous reporting period

are illustrated within the table by arrows. Upward pointing arrows indicate that the team has achieved a higher level this reporting period than in the previous reporting period; downward pointing arrows that the team has achieved a lower level this reporting period than previously. The number of arrows represents the extent of the change.

For example, an *increase of 2 levels* from D to B would be shown by the symbol 

Six month follow up results

SSNAP report upon the numbers and percentage of patients going on to receive a six month assessment; these results are patient-centred (attributed to all teams who treated the patient). Therefore, the named-team results do not necessarily indicate that these were the teams who carried out the six month assessments, just that their patients went on to have them. Please refer to results in the 'Full Results Portfolio' for details about the clinical information related to these reviews reported on SSNAP, for example, whether patients are taking appropriate medication at six months.

Interpreting the results

The colour-coded tables are structured as follows:

1. Patient-centred results
    - A. Routinely admitting teams
        - i. Geographical Region
            - Hospital (ordered alphabetically)
    - B. Non-routinely admitting teams *(as above)*
    - C. Non-acute teams (as above)
2. Team-centred results
   Same structure as above

The column headings in the performance tables have been abbreviated for reasons of space. Please use the following key as a guide when using the results.

Abbreviated heading	Full Description
SSNAP Level	SSNAP Level
CA	Case ascertainment
AC	Audit compliance
Combined KI level	Combined Total Key Indicator Level
D1 Scan	Domain 1: Scanning
D2 SU	Domain 2: Stroke unit
D3 Throm	Domain 3: Thrombolysis
D4 Spec asst	Domain 4: Specialist assessments Domain
D5 OT	5: Occupational therapy
D6 PT	Domain 6: Physiotherapy
D7 SALT	Domain 7: Speech and language therapy
D8 MDT	Domain 8: Multi-disciplinary team working
D9 Std disch	Domain 9: Standards by discharge
D10 Disch proc	Domain 10: Discharge processes
PC KI level	Patient-centred Total Key Indicator Level
TC KI level	Team-centred Total Key Indicator Level

44 teams in England have achieved the top overall performance level this reporting period. Considering the extremely high standards SSNAP has set, an 'A' score is a fantastic achievement for these teams. Though nowhere else in the world has set such stringent standards, it does show that this top score is achievable. It is expected that the number of teams achieving top scores will increase as further improvements to stroke services are made nationally in future reporting periods.

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data										Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
London - London SCN																						
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford HASU	408	393	B↑↑	A	A↑	B↑	A	C↑↑	B↑	B↑↑	A	B	B↓	C↑	D↑	B↑↑	B↑	233	91%	41	18%
Barts Health NHS Trust	Royal London Hospital HASU	302	303	B	A↑	C↓	A	A	C	A	A↑	A	A	A↑	C↓	B	B	A	181	89%	16	9%
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	386	344	B	A	A↑	B	A	C	B↓	B	A	B	C	B	C	B	B	268	95%	30	11%
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	300	281	B↓	A	B	B↓	A	E↓↓	C↓	B	C↓↓	B↓	C	C↓	A	A	B↓	218	97%	50	23%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	268	261	B	A↑	C	B↓	A	D↓	C↓	B	A	A	C	B↑	A	C↓	B↓	193	98%	12	6%
London North West Healthcare NHS Trust	Northwick Park Hospital HASU	447	406	A	A	A	A	A	B	A	B	A	B	B	A	A	A	A	238	94%	48	20%
St George's University Hospitals NHS Foundation Trust	St George's Hospital HASU	397	369	A	A	A	A	A	C	A	B	A	A	A	A	A	A	A	293	94%	25	9%
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	409	365	A	A	A	A	B↓	C↑	A	B	A	B↓	B↓	B	B	A↑	A	274	90%	45	16%
Midlands & East - East Midlands SCN																						
Derby Teaching Hospitals NHS Foundation Trust	Royal Derby Hospital	248	270	C	A	B	C↓	C	C	B	B	C	B	E↓	C↓	B	B	C↓	216	100%	0	0%
Northampton General Hospital NHS Trust	Northampton General Hospital	273	259	A	B↓	A	A	A	C↓	B	A	A	A	C↓	B	A↑	B↓	A	133	67%	80	60%
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	417	415	C	A	A↑	C↓	D↓	C↓	C↓	C	A	B↓	C↑	C↓	B	B↑	C↓	292	99%	47	16%
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	149	138	A	B↓	A	A	A↑	B	B	A	A	A	B	A↑	A	A	A	131	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	202	201	B	A	A↑	B	A	C↑	B↓	B	E↓↓	B	B	C	B	B	B	157	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	173	171	B↓	A	A	B↓	B↓	C↓	B↓	B↓	A	B↓	C	B	B	A	B↓	119	99%	0	0%
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	445	409	B↓	A	A	B↓	B	C	B	C↓	A	B	C	B	B↓	B	B	275	100%	1	0%
Midlands & East - East of England SCN																						
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	174	161	B↓	A	A	B↓	A	C	B↓	B	B↓	B	C	B	B↓	A	B↓	83	74%	32	39%
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	226	233	B	A	B	B	B↓	D	B	B	B↓	A	C	C	A↑	C	B	184	98%	0	0%
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	219	218	A	A	A	A	A↑	C	A↑	B	A	A	C	A	B	A	A	94	77%	69	73%
East and North Hertfordshire NHS Trust	Lister Hospital	284	280	A	A	B↓	A	A	C	C	A	A	A	A	B	B	B↓	A	118	56%	48	41%
Ipswich Hospital NHS Trust	Ipswich Hospital	193	189	B	A	A	B	B	B	B	C	A	A	E	C↑	A	A	B	110	62%	94	85%
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	130	150	B↑	A	B	B↑	A↑	C	B↑↑	B	A↑	B	D	D	B↓	A↑	B↑	104	100%	1	1%
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	225	211	B	A	A	B	A	D	B	B	A	B	C↑	D↓	B	B	B	203	94%	4	2%
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	143	142	A	A	A	A	A	B	A	A	A	B	C	B	A	A	A	124	100%	43	35%
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	387	389	B↑	A	A↑	B↑	B↑	D	B↑	A↑	C	B	C↑	B↑	B↓	A	B↑	220	100%	78	35%
North West Anglia NHS Foundation Trust	Peterborough City Hospital	237	227	D↓	A	A	D↓	C	E↓↓	D	B	C	D↓	E	D	B↓	C	D	150	100%	0	0%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	211	212	A↑	A	B↑	A↑	A↑	B↑	A↑	A↑↑	A	A	A↑↑	C↓	A	C	A↑	101	87%	0	0%
Southend University Hospital NHS Foundation Trust	Southend Hospital	222	217	B↓	A	A↑	B↓	B↓	C	B	B	B	B	C↓↓	B	B	B↓	B↓	128	83%	105	82%
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	209	205	A	A	A	A	A↑	C	C↓	B	A	A	A	B↑	A	B↓	A	87	64%	33	38%
West Suffolk NHS Foundation Trust	West Suffolk Hospital	163	167	A	A	A	A	A	C	C	B↓	A	A	A	B	C↑	B↓	A	119	84%	72	61%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
Midlands & East - West Midlands SCN																						
Burton Hospitals NHS Foundation Trust	Queens Hospital Burton upon Trent	123	117	D↓	B↓	B	D↓	A	D	D	E↓	A	B↓	D↓	C↑	D	C↓	D↓	91	94%	13	14%
George Eliot Hospital NHS Trust	George Eliot Hospital	89	82	D	A	B↑	C↑	B	D	D	B	E	C↑	B	B↓	B	C	C	45	100%	0	0%
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	255	274	B↓	A	A	B↓	B	C	B	B↓	A	B	C	B	B	A	B↓	228	100%	0	0%
Royal Wolverhampton NHS Trust	New Cross Hospital	171	171	D↓	B↓	B	C↓	B	D↓	C↓↓	C↓	A↑↑	B	C	D↓	D↓	B	C↓	94	90%	26	28%
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	197	191	B↑	A	B	B↑	A	B	B↑↑	A↑	C	A↑	D↑	B↑	B	C↓	B↑	153	96%	16	10%
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	309	313	D	A	B	D	D	C↑	D↓	C↑	B	D	E	D	A↑	A↑	D	244	98%	3	1%
South Warwickshire NHS Foundation Trust	Warwick Hospital	105	108	C	A	A	C	D	D↑	C	D	A	B	B	A↑	A	D↓	C	78	100%	0	0%
The Dudley Group NHS Foundation Trust	Russells Hall Hospital	164	150	B	B↓	A↑	A↑	A↑	B	B↑	A↑	D↓	B	B↑	A↑	A	B	A↑	99	83%	35	35%
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	200	171	C	A	A	C	B↓	C	D↓	B↑	C	C	D↓	D	D	A↑	C	129	84%	41	32%
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	306	317	B↓	A	A	B↓	A	E↓	B↓	C↓	A	B	D↓	B	B	A	B↓	181	100%	19	10%
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	412	397	B	A	A	B	A	D	C	B	A	A	E↓	A	B	A	B	257	88%	174	68%
Walsall Healthcare NHS Trust	Manor Hospital	121	101	D	A	A	D	C↓↓	E	E	D↓↓	C	B↑↑	E	D↓	A	C↓	D	75	90%	26	35%
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	323	297	D	A↑	C	D	C	E	D	D↑	A	A↑	D	D	D	C↓↓	D	151	75%	17	11%
Wye Valley NHS Trust	Hereford County Hospital	173	171	C	A	A	C	A↑	E↓	D	B↑↑	A	A↑	E	C	B	B↑	C	140	99%	4	3%
North of England - Greater Manchester & Eastern Cheshire SCN																						
Manchester University NHS Foundation Trust	Wythenshawe Hospital	114	116	D↓	A↑	A	D↓	D	E	D↓	D↓	C↓	C↓	C	C↓	B↓	B	D↓	59	97%	22	37%
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	358	348	A	A	A	A	A	B	B	A	A	B	B	A	B	A	A	232	99%	64	28%
Salford Royal NHS Foundation Trust	Salford Royal Hospital	703	694	A	A	A	A	A	B	C↓	A	A	A	C↑	A↑	B↓	A	A	506	97%	105	21%
Stockport NHS Foundation Trust	Stepping Hill Hospital	401	418	A	A	A	A	A	B	B	A	A	B	B	A	A	B	A	231	81%	127	55%
North of England - North West Coast SCN																						
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	148	143	C	A	A	C	B↑	E	C↑	B	C	B	E↓↓	C↑	A	A	C	116	88%	30	26%
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	182	179	C↑↑	A	A↑↑	C↑	C	B↑↑	D	B↑↑	C↑↑	D↑	E	C↑↑	B↑	A	C↑	84	92%	27	32%
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	104	111	A↑	A	A	A↑	A	C↓	B↑	A↑	A↑	B	E	B↓	A↑	A	A↑	32	71%	16	50%
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	239	233	B↑	A	A	B↑	C↓	C↑	D↓	B↑↑	A↑↑	B↑↑	C	B	A	C↑	B↑	167	99%	39	23%
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	213	193	B↑	A	A	B↑	A↑↑	C	C↑	B↑↑	A	B	C	C	A↑	D	B↑	159	98%	2	1%
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	189	173	C	A	A	C	A	E	D↑	B	A	A	C	A	A↑	A	B	79	70%	64	81%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	213	213	A↑	A↑	A	A↑	B	C↑	C↓	B	A	A	D	A	A↑	A	A↑	141	87%	43	30%
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	108	120	C	A	A	C	B	E	C↑	B	A	B	E	A	B↑	D	C	96	98%	11	11%
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital HASU	242	253	A	A	A	A	A	B	A↑	A↑	A	B↑	B↑	A	B	A	A	204	93%	91	45%
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	86	88	C	A	A	C	B	C↑	E	B↑	C↓	D↓	E	B	A	B	C	47	92%	25	53%
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	107	98	D	A	B↑	D	B↓	E	E	D	C↑↑	B↑	E	D	B↓	B	D	102	100%	2	2%
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	90	85	D	A	B↓	D	C↑	E	C	E	A	B	E	B	C	A	C↑	36	62%	27	75%
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	211	222	A	A↑	A	A	A	B↑	B	A↑	A	A↑	C	A	A	A	A	111	82%	103	93%
North of England - North of England SCN																						
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	245	257	D	A	B↓	C↑	B	C	D	B	C↑↑	D↑	E	B	C	A↑↑	C↑	195	100%	10	5%
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	307	305	D	A	A↑	D	C	A↑	C	B↑	E	D↓	E	D	D	D↑	D	194	100%	1	1%
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	350	357	A	A	A	A	A	A↑	A↑	A	A	A	B↓	A	B	B↓	A	205	92%	100	49%
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	136	134	C	A	A↑	C	B↑	D↓	D↓	D	A	A	D	B	B↑	C	C	99	94%	52	53%
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	94	85	C	A	A	C	B↑	C↑	D↑	C↑↑	A	B↓	B	C	A	D	B↑	68	91%	54	79%
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	224	225	C↓	A	A↑	C↓	A	B↓	B↓	B	C↓	E↓	E	B↓	A	C↑	C↓	150	94%	120	80%
Northumbria Healthcare NHS Foundation Trust	Northumbria Specialist Emergency Care Hospital HASU	312	312	A	A	A	A	B	C↓	B	B	A	A	B↑	B↓	B	B	A	222	92%	86	39%
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	232	241	A	A	A	A	B	B	B↓	B	A	B	C↓	A	B	A	A	145	82%	124	86%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
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North of England - Yorkshire and The Humber SCN																						
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	186	178	C	A	A	C	C	E↓	D	C↑	A	A	C	B	A	C	C	57	76%	49	86%
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	241	232	E↓	A	B↑	E↓	C	E↓↓	E↓	E↓	D↓↓	D↓	E↓	E↓	C↓	C	E↓	116	74%	86	74%
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	185	211	B	A	B↓	B	C	C	B↓	B	A	B	C	C	C	A	B	87	77%	61	70%
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	163	161	C	A	B	C	C↓	C	C↑	D	A↑	C↓	D↑	C↓	B	A	C	109	65%	107	98%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	224	224	B↓	A	A	B↓	B	C	C	C↓	A	A	B	B	B↓	C	B	139	87%	2	1%
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	68	70	D	C↓	B	C	D	C	D↓	D↓	B↓	B	C↑	C↑	B	C	C	76	97%	1	1%
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	285	286	C↓	A	C↓	B	B	C↓	B↑	B	A	A	E↓	C↑	C	A↑	B	163	91%	44	27%
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	301	298	B	A	A	B	C	E↓	B↑	B	B	A↑	B	C	A	C	B	201	100%	2	1%
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	270	278	B	A	A	B	B	B↑	B	C	A	B	C↑↑	D	A	A	B	159	73%	40	25%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	232	228	A↑	A	A	A↑	A↑	B	C↓	B	A	B	C	B↑	A	B	A↑	165	100%	17	10%
Rotherham NHS Foundation Trust	Rotherham Hospital	152	146	B↑	A	A	B↑	A↑	D	E	B↑↑	A	A	D↑	D	A	B	B↑	56	68%	44	79%
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	297	324	B↑	A	B	B	B	B	D↓	C	A	B	D	B↑	B	A↑	B	214	90%	109	51%
York Teaching Hospital NHS Foundation Trust	York Hospital	299	299	B↑	A	A	B↑	B	C↑	B↑	A↑	A	B	C↑	B↑↑	B↓	C	B↑	241	93%	38	16%
South England - South East SCN																						
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	164	166	B↓	A	A	B↓	A	C	C	B	C↓	A	C↓	B	A	A↑	B↓	121	99%	0	0%
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	210	180	A↑	A	A	A↑	A	C↓	B	A	A↑	A↑	B↑	B↑↑	B↓	B	A↑	104	98%	2	2%
Dartford and Gravesham NHS Trust	Darent Valley Hospital	132	93	D	A	B	D	A	E	D↓↓	D	C↑	C	E	D	D↓↓	D↓	D	95	100%	0	0%
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	118	119	D↓	A	A	D↓	B↓	D↓	C↓	B↓	B	B↑	E	D	B	E↓	D↓	82	100%	10	12%
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	201	178	B	A	A	B	B↓	E↓↓	D↓	B↓	A	A	C↑	C↑	B	A↑	B	97	94%	37	38%
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	146	188	B↑	A	A	B↑	A	B	C	A↑	C	B↑	E	D	A	C↓	B↑	126	100%	13	10%
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	103	97	C↑	A	A↑	C↑	A	E	D↑	B↑	B↑	B	E	C↑	B	B↑	C↑	38	76%	19	50%
Frimley Health NHS Foundation Trust	Frimley Park Hospital	226	204	B↓	A	B	A	A	C↓	A↑	A	C↓↓	A	B	B	B	B	A	163	99%	0	0%
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	122	111	B↓	A	A	B↓	A	C	C	B	A	A	A	B	D↓	B	B↓	75	100%	0	0%
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	148	132	C	A	A	C	A	E↓	D	C	C↓	A	B	B↑	D	C↓	C	88	100%	0	0%
Medway NHS Foundation Trust	Medway Maritime Hospital	100	96	D	A	B↑	D	B↑	E	D	D	D↑	D	C	D	B↓	A↑	D	74	97%	5	7%
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	193	177	C	A	C	B	A	D	B	B	A↑	B↑	C	B	A↑	D	B	158	98%	0	0%
Western Sussex Hospitals NHS Foundation Trust	St Richards Hospital	148	145	C	A	A	C	B	C	A↑	C	C	C	C↓	C	A↑	D↓	C	114	100%	0	0%
Western Sussex Hospitals NHS Foundation Trust	Worthing Hospital	164	159	A↑	A	A	A↑	B↓	B↑	B	A	A	B	C	B	A	C↑	A↑	124	100%	0	0%
South England - South West SCN																						
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	288	276	D	A	A	D	C↑	C↑↑	B↑	C↑	C	D	E	E	A↑	B↑	D	121	72%	65	54%
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	127	133	E	C↓↓	C↓	D↑	B↓	E	C↑	E	D	D	D↑	E	C↓	D	D	97	89%	18	19%
North Bristol NHS Trust	North Bristol Hospitals	274	259	D	A	B	D	A	D	C↓	D	C	D	E↓	E↓	D	A	D	189	97%	5	3%
Northern Devon Healthcare NHS Trust	North Devon District Hospital	141	144	D↓	A	B	C↓	D↓	E↓	D↓	E	A	A	D↓	C↓	A	A	C↓	108	100%	0	0%
Plymouth Hospitals NHS Trust	Derriford Hospital	311	319	B↑	A	A	B↑	B↓	C↑	C↓	B	A↑	A	C↑↑	E	B	A	B	209	94%	29	14%
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	281	279	C	A	A↑	C↓	A	C	D↓	B	C	C↑	C↓	C	C	A	C↓	159	99%	22	14%
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	250	250	B	A	A	B	C↓	C	C↓	C↓	A↑	B	C	B↑	B↓	B	B	177	100%	0	0%
Royal United Hospital Bath NHS Foundation Trust	Royal United Hospital Bath	184	172	B↓	B↓	A	B↓	A	C	B	A	B↓	C↓	C↓	B	C	A	B↓	150	98%	16	11%
Salisbury NHS Foundation Trust	Salisbury District Hospital	121	124	D↓	A	B	D↓	A↑	D↓	D↓	C	D↓↓	D↓↓	E↓	B	B	C	D↓	74	93%	12	16%
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	210	185	B	A	A	B	A	C	C	B↑	B↑	A↑	E↓	B↑	B↓	B	B	138	93%	13	9%
Torbay and South Devon NHS Foundation Trust	Torbay Hospital	201	203	B	A	A	B	B↓	C	D↓↓	D	A	A	C	B	A↑	A	B	152	99%	1	1%
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	136	157	C↓	B↓	A	C↓	A	C	C↓	C↑	C	B	C↓	C	B	B↑	B	136	100%	5	4%
Weston Area Health NHS Trust	Weston General Hospital	82	84	C↑	A	A	C↑	B↑	D↓	B↑	B↑	C	D↓	D↑	D	B	C	C↑	38	75%	11	29%
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	141	156	B↑	A	A	B↑	A↑	C	B	C↑	A	B↓	E	C	B	A↑	B	71	97%	15	21%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
South England - Thames Valley SCN																						
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	238	232	B↓	A	B↓	A	A	C↓	B↓	B↓	A	B	B	B	B↑	C↓	B↓	145	85%	43	30%
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes General Hospital	87	84	B	A	B	B	A	C	B	B↑	A	A	C	C↓	B	C	B	42	82%	11	26%
Oxford University Hospitals NHS Foundation Trust	Horton General Hospital	TFP	23	TFP	A	TFP	TFP	NA	C↑↑	NA	NA	C	B↑↑	B↑	E↓	D↑	D↑	TFP	20	100%	0	0%
Oxford University Hospitals NHS Foundation Trust	John Radcliffe Hospital	214	208	A↑	A	A	A↑	A	C	B	B↑↑	A	B	A↑	B	B	D↓	B	164	99%	4	2%
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	227	215	A	B↓	A	A	A	C	A	B	A	A	C↓	B	A	B	A	124	85%	70	56%
South England - Wessex SCN																						
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	130	117	B↓	A	A	B↓	C	C↓	C↓	C↓	A	B	B↓	B	B↓	B↑	B↓	56	84%	49	88%
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	192	187	B↓	A	A	B↓	B↑	C↓	C↓	B	A	A↑	C↓	B	B	A	B↓	129	98%	4	3%
Isle of Wight NHS Trust	St Mary's Hospital Newport	99	105	B↑	A	B	B↑	A	D↑	D↑	B	A↑↑	A↑	B↑	C	B↓	A	B↑	65	98%	39	60%
Poole Hospital NHS Foundation Trust	Poole Hospital	162	165	C↓	C↓↓	A	B	B↑	C	D↓	D	A	A	A	A	B↑	A	B	73	90%	43	59%
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	343	319	C↑	A	B↓	C↑	C↑	D↑	B↑	C↑	A↑	A↑	E↓	D	B	A	C↑	219	89%	36	16%
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	272	275	A	A	A	A	B	C	C	B	A	A	A	A	B	A	A	133	88%	56	42%
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	278	276	A↑	A	A↑	A↑	B	C↓	A↑	B	A	A	C↑	C	B	A	A↑	208	98%	98	47%
Northern Ireland																						
Belfast Health and Social Care Trust	Royal Victoria Hospital Belfast	194	180	B	A	A	B	A	E↓	B	C↓	B↑	A↑	A↑	C	B	A	B	168	99%	4	2%
Northern Health and Social Care Trust	Antrim Area Hospital	172	182	D	A	A↑	D	C↓	E	D↓	C	C	B↑↑↑	D↑	D	B	D↓	D	110	94%	25	23%
Northern Health and Social Care Trust	Causeway Hospital	76	72	D↑	A	A↑	D↑	D↓	E	D	E	C↑↑	D↑	D	D↑	B↑	C	D↑	47	100%	18	38%
South Eastern Health and Social Care Trust	Downe General Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	2	100%	0	0%
South Eastern Health and Social Care Trust	Ulster Hospital	158	155	D↓	A	B↓	C	C↑	E	C↓	E	A	B	C	E↓	A	A	C	81	87%	65	80%
Southern Health and Social Care Trust	Craigavon Area Hospital	124	111	D	A	A	D	D↓	D↑	C↑	C↑	C	C↑	E	D↑	B	A	D	95	90%	54	57%
Southern Health and Social Care Trust	Daisy Hill Hospital	46	54	C↑	A↑	A	C↑	C↑	E	C↑	E	A↑	C↑	C↑	D	B	A	C↑	17	74%	10	59%
Western Health and Social Care Trust	Altnagelvin Hospital	103	91	D↑	A	B	D	C	E	B	E	D	D	B↑↑	E	D	D↓	D	60	94%	32	53%
Western Health and Social Care Trust	South West Acute Hospital	94	87	B↓	A	A	B↓	A	A	A	B↓	B↓	B	E↓↓	D↓	B	C	B↓	62	93%	48	77%
Wales																						
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	245	215	C	A	A	C	C↑	E	D	B↑	B	D↓	B	A	B↓	C	C	118	80%	30	25%
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	122	115	D	A	B	D	C	D↓	C	C↓	B↑↑↑	E	E	B	C↓	D	D	73	89%	41	56%
Aneurin Bevan University Health Board	Royal Gwent Hospital	266	253	B	A	A	B	A	C	C↓	B↓	D↓	C↑	D	B	B	C	C↓	66	30%	50	76%
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	171	173	B↑	A	A	B↑	C	D↓	D	A↑	C	B↑↑	A↑	A↑	A	C	B↑	54	78%	6	11%
Betsi Cadwaladr University Health Board	Maelor Hospital	117	97	C	A	A↑	C	B↑	E	C↓	B	C	B	E	B	B↓	C	C	98	84%	44	45%
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	104	88	D	A↑	A	D	C	E↓	E↓	D↓↓	D↑	A	C	B↑	A↑	D	D	94	97%	18	19%
Cardiff and Vale University Health Board	University Hospital of Wales	210	202	B	A	A	B	A	D↓	C	B	D↓	B	C	C	B	A	B	149	99%	1	1%
Cwm Taf University Health Board	Prince Charles Hospital	166	156	B	B↓	A	B	A	C↑	D↓	C	A	B↑↑	A	B	B	D	B	110	92%	93	85%
Hywel Dda Health Board	Bronglais Hospital	41	34	B↑↑	A	B	B↑↑	A↑	B↑	A↑↑	B↑	C↑	D	B↑	C	B	D	B↑↑	28	90%	2	7%
Hywel Dda Health Board	Prince Philip Hospital	73	39	D↓	B	B↓	C	A	C	B	A↑	C↑	D↑	E	B	A	D↓	C	51	100%	0	0%
Hywel Dda Health Board	West Wales General	81	73	B↑↑	A	B↑	B↑	A	B	B↑	B	A↑↑↑↑	B↑↑	E↓	B↓	A	D	B↑	32	67%	26	81%
Hywel Dda Health Board	Withybush General Hospital	90	82	A↑	A	B	A	A	B	C↓	A↑	A	A↑	D	A	A	B↑	A	26	70%	15	58%

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
London - London SCN																						
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford SU	242	234	D	A	C↑	C↑	A	C↑	C	B↑↑	B	B	B	C↑	D↑	B↑	B↑	108	90%	20	19%
Barts Health NHS Trust	Newham General Hospital	55	56	B↑	A↑↑	D↓	A	B↓	C↑	B↑↑↑	A↑	A	A	A↑	D	B	A	A↑	15	45%	7	47%
Barts Health NHS Trust	Royal London Hospital SU	109	95	C↓	B	D	A	A	D↓	B↓	A↑	A	A	A↑↑	C↓	B↓	A	A	58	94%	2	3%
Barts Health NHS Trust	Whipps Cross University Hospital	54	53	B	A	A	B	A↑	E↓	C	B↑	A↑	B	A	D	A	C↓	B	37	73%	12	32%
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	36	31	B	B↓	B↑↑	A	A	C	A	C↓	A	A	A↑	B	B↑↑	A	A	28	100%	1	4%
Chelsea and Westminster Hospital NHS Foundation Trust	West Middlesex University Hospital	54	44	C	B↑	D	B↓	A	C↓	A	B↓	B↓	B↓	A	B	B	D↓↓	B↓	32	89%	4	13%
Croydon Health Services NHS Trust	Croydon University Hospital	74	80	C	A	B↑↑	C↓↓	C↓↓	E↓	E↓↓	D↓	A	C↓	C↓	C↓	A	A	C↓	49	94%	17	35%
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	60	45	D↓↓	D↓↓↓	C↓	A↑	A↑	C↑	A	D↑	A	B	A↑	B↑↑	B	A	A↑	35	85%	6	17%
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	74	68	A↑	A	A↑	A↑	A	E↓	C	B↑	A	A	A↑	D↓	B	A↑	B	46	96%	20	43%
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	50	43	B	B	C↑	A	A	C↓	B↓	B↓	A	A	A	B↓	A	B↑	A	38	100%	0	0%
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	38	51	B↑↑	A↑↑↑	D↑	A	B↓	C	A	A↑	A	A	A	D↓↓	B	A	A	31	94%	3	10%
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU - Nine South Ward	115	84	C↓	C↓↓	B	A↑	A	B↑	B↓	B	A	A↑	B	B	B↑↑	B	A↑	116	94%	5	4%
King's College Hospital NHS Foundation Trust	King's College Hospital SU	43	32	B↓	B↓	C↓	A	A	E↓	E↓↓	B	A	A	A↑	C	A	A	B↓	35	90%	16	46%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	92	107	C	A	C↑	C↓	B↓	D↓	D↓↓	C↓	B	B	C	C↑	A	C	C↓	62	98%	5	8%
Kingston Hospital NHS Foundation Trust	Kingston Hospital	59	55	A↑	A	A↑	A	A↑	D↑	D	D	A	A	A	B↑	A↑	A	B	40	95%	3	8%
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	109	95	C	B↑↑↑	D	A	A	C	B	B	C	B	B	B	A	A	A	90	99%	11	12%
London North West Healthcare NHS Trust	Northwick Park Hospital SU	231	202	A	A	A↑	A	A	C↓	B	B	A	B	B↓	A	A	A	A	154	96%	26	17%
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	65	64	B	A↑	D↓↓	A↑	A	B↑↑	A↑	A↑↑	A	A	A	B	B↓	D	A↑	32	97%	2	6%
Royal Free London NHS Foundation Trust	Barnet General Hospital	48	36	A↑↑	A	A↑	A↑	A↑↑↑↑	C↑↑	A↑↑	B↑↑↑	A	A	A↑	B↑↑↑	B	A	A↑↑	28	93%	5	18%
Royal Free London NHS Foundation Trust	Royal Free Hospital	66	53	B↓	B↓	C↓↓	A	B↓	C↑	A	B	A	A	B↓	B	B	A	A	50	89%	8	16%
St George's University Hospitals NHS Foundation Trust	St George's Hospital SU	57	54	A	B↓	A↑	A	A	C	B	C↓	A	A	B↓	A↑	A	A	A	74	91%	4	5%
University College London Hospitals NHS Foundation Trust	University College Hospital SU	59	49	B	A↑↑	D↓↓	A	A	C↑	A	B	A	A	A	C↓	B	B	A	48	81%	4	8%
Midlands & East - East Midlands SCN																						
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	33	45	E↓	A	C	D	B	D	D↓	D↓	E↓	D	E	D↓	C	B↓	D	29	85%	9	31%
Midlands & East - East of England SCN																						
Bedford Hospital NHS Trust	Bedford Hospital	34	38	D↓	A	D↓↓↓	C	B↓	E↓	C↓	B↑	C↑	B	E	D↓	B↑	A	C	55	100%	0	0%
North West Anglia NHS Foundation Trust	Hinchingbrooke Hospital	30	22	E	D	E	B	A	C	A	B	C	B	B	C	A	D	B	16	100%	0	0%
PAPWORTH HOSPITAL NHS FOUNDATION TRUST	Papworth Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	4	67%	1	25%
Midlands & East - West Midlands SCN																						
Heart of England NHS Foundation Trust	Good Hope General Hospital	72	77	C	A	A↑	C	D	E	D↓	E	B↓	B	D↑	C	A	A	D↓	57	100%	0	0%
Heart of England NHS Foundation Trust	Solihull Hospital	49	51	A	A	A	A	B	D↓	C↓↓	B	A	B↑	B↑	B	B↓	A	B↓	52	100%	0	0%
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	11	100%	0	0%
University Hospitals of North Midlands NHS Trust	County Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	24	96%	7	29%
North of England - Greater Manchester & Eastern Cheshire SCN																						
Bolton NHS Foundation Trust	Royal Bolton Hospital	89	81	B	A	B	B	C↓	C	C↓	C↓	A	B	D	C	A	A	B	60	98%	4	7%
Manchester University NHS Foundation Trust	Manchester Royal Infirmary	57	58	B	A	A	B	B↑	D	C↑	C	B↓	B	C	C↑	B↓	A	B↑	52	90%	16	31%
Manchester University NHS Foundation Trust	Trafford General Hospital	43	41	A	B↓	A	A	A	B↑	A↑	A↑	A	B	B↑	A↑↑	B↓	A	A	29	97%	2	7%
Tameside and Glossop Integrated Care NHS Foundation Trust	Tameside General Hospital	82	85	C↑	A↑	B↓	B↑	A↑	D	D↓	D	A	B	D↑	B↑	B	A↑	B↑	47	100%	0	0%
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	134	134	C↓	A	D↓	B↓	B↑	D	D↓↓	C	A	B	D↓	C↓	B↓	A	C↓	65	97%	27	42%

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
North of England - North of England SCN																						
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	96	99	B	A↑	B↑	A	A↑	B	A↑	A↑	A	A	C↓↓	B↓	B↑	A	A	25	81%	18	72%
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	31	33	D	A	D	C	B	C	B	B	B	A	C	B	B	C	B	13	76%	12	92%
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	69	74	B	A	B	A↑	C↓	C↓	B	B	A↑	A↑	C↓↓	B	B	A	B↓	50	91%	20	40%
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	71	71	A↑	A	A	A↑	A	C	A↑	B	A↑↑	A	B↑	A	B	A	A	43	93%	9	21%
North of England - Yorkshire and The Humber SCN																						
Airedale NHS Foundation Trust	Airedale General Hospital	67	67	D	A	A	D	D	E↓	E	E	C↑	D	D	E	B	D	E	67	84%	63	94%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	57	54	C↓	A	B↓	B	B	C	E↓	D	A	B	B	D	A	A↑	B	30	100%	2	7%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Goole District Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	10	100%	0	0%
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	63	58	D↓	B↓	D↓	C	D↓	E	D	B	A	B	C↑	C↑	B	C↓	C	42	100%	10	24%
South England - South East SCN																						
East Kent Hospitals University NHS Foundation Trust	East Kent Neuro Rehab Unit	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	.	.	.	.
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	53	45	C↑	A	A↑	C↑	B	E↓	D↓	A↑	C↑↑	A↑↑↑	D↑	D	B↑	A↑↑	C↑	66	93%	19	29%
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	31	23	B	B↓	D	A	A↑	B	A↑	A	B↓	A	A	B	A	A↑	A	80	100%	0	0%
Wales																						
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	32	31	D	A↑	D	C↑	B↑↑	D↑	D	B↑	C↑	B	A↑	A↑↑	A↑	B↑↑	B↑↑	26	68%	25	96%
Aneurin Bevan University Health Board	Nevill Hall Hospital	62	60	D	A	D	C	C↓	E↓	C↓	C↓	D↓	A↑↑	D	B↑	B	B	C	4	22%	4	100%
Aneurin Bevan University Health Board	Ysbyty Ystrad Fawr	X	X	X	E↓↓↓	X	X	X	X	X	X	X	X	X	X	X	X	X	6	30%	4	67%
Cardiff and Vale University Health Board	Llandough Hospital	86	78	C	A	D	B	A	C	C	B	C↑	B	C	C↑	B	A	B	64	100%	0	0%

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
London - London SCN																						
Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital Inpatient Rehab Team	TFP	43	B	A	A	B	NA	B↓	NA	NA	A↑	B	B	E	D↑	B	C	28	93%	3	11%
Central and North West London NHS Foundation Trust	St Pancras Hospital	TFP	20	D↓↓	D↓↓↓	C↓↓	B	NA	E	NA	NA	A	A	A	C↓↓	A↑	C↑	B	19	86%	5	26%
Midlands & East - East Midlands SCN																						
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	42	B↑↑	A↑↑↑	E↓↓	A	NA	A	NA	NA	A	B	B	A↑	A	A	A	39	100%	0	0%
Leicestershire Partnership NHS Trust	St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TFP	40	B↑↑	B↓	C↑↑	A↑	NA	A↑	NA	NA	A↑↑	B↑	C	B	A	A	A↑	38	100%	0	0%
University Hospitals of Leicester NHS Trust	Leicester City Stroke Rehabilitation Unit	TFP	51	B	B↓	B↑	A	NA	A	NA	NA	A	A	C↓	B↑	A	B	A	38	100%	0	0%
Midlands & East - East of England SCN																						
Anglian Community Enterprise CIC	Clacton Hospital	TFP	29	B↓	A	D↓↓	A	NA	B↓	NA	NA	A	A	C↓	C↓↓	A	A	A	21	91%	9	43%
Essex Partnership University NHS Foundation Trust	St Margaret's Hospital Essex	TFP	20	D	B↓	D	C	NA	A	NA	NA	C	B	B	D	E	B↓	C	17	81%	10	59%
Hertfordshire Community NHS Trust	Danesbury Neurological Centre	TFP	27	A	A↑	B↓	A	NA	B↓	NA	NA	A	A	A	D↓↓	B	B	A	12	50%	4	33%
Hertfordshire Community NHS Trust	Holywell Rehabilitation Unit	TFP	20	A↑	A	B	A	NA	A	NA	NA	A	A	A	D↓	A	C	A	20	95%	4	20%
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	48	C	B↓	A↑	B	NA	A	NA	NA	D	B↑	B	D↓	B	B↓	B	41	100%	19	46%
Provide	St Peter's Community Hospital Rehab Unit	TFP	31	A	A↑	B↓	A	NA	A	NA	NA	A↑	B	A	C↓↓	A	A	A	31	100%	19	61%
Midlands & East - West Midlands SCN																						
Birmingham Community Healthcare NHS Foundation Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	39	B↑	A	C	A↑	NA	A	NA	NA	B	B	A	D↑	B↑	B	B	36	95%	9	25%
South Warwickshire NHS Foundation Trust	Feldon Stroke Rehabilitation Unit SWFT	TFP	47	A	A	B	A	NA	A	NA	NA	A	A	A	A	A	D↓	A	41	100%	0	0%
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	40	B	B↓	C↓↓	A↑	NA	A↑	NA	NA	A	A	E	A↑	B↑	A	A↑	29	97%	23	79%
Worcestershire Health and Care NHS Trust	Worcestershire Stroke Rehabilitation Unit	TFP	66	D↑	D	D	C	NA	A	NA	NA	A	B	C↑↑	E	D↓	B	C	.	.	.	.
North of England - North West Coast SCN																						
East Lancashire Hospitals NHS Trust	Pendle Community Hospital - Marsden Stroke Unit	TFP	45	B↑↑	B↑	A	B↑	NA	A↑	NA	NA	C	C	B	B↑	A	C↑	B↑	52	98%	8	15%
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	49	B↑↑	A	B↑↑	B↑	NA	A↑	NA	NA	A↑	B	C	E	A	C↑	B↑	60	100%	0	0%
North of England - Yorkshire and The Humber SCN																						
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	35	C↓↓	B↓	B↓	C↓↓	NA	B↓	NA	NA	A	A	B↓	A	C↓	D↓	B↓	17	100%	0	0%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	35	B↓	A	A↑	B↓	NA	B↓	NA	NA	B↓	B	A	B	A	D↓	B↓	23	92%	0	0%
Humber NHS Foundation Trust	Rossmore Unit, Hull Integrated Stroke Service	TFP	22	D	A	D	C	NA	B	NA	NA	A	A	D	E	C	C	C	12	86%	10	83%
South West Yorkshire Partnership NHS Foundation Trust	Kendray Hospital	TFP	47	A↑	A	B↓	A↑	NA	A	NA	NA	A	B	B	B	B	C↑	A↑	85	80%	82	96%
South England - South East SCN																						
East Sussex Healthcare NHS Trust	Bexhill Hospital - Irvine Unit	TFP	28	C	A	D	B	NA	A	NA	NA	C	B	C↑	E	A	C↓	C	26	100%	1	4%
South England - South West SCN																						
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Lanyon Stroke Rehabilitation Unit	TFP	67	C↓	B↓	D	B↓	NA	B↓	NA	NA	B↓	B	C↓	C	B	A	B↓	55	100%	6	11%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Woodfield Stroke Rehabilitation Unit	TFP	39	B↓	A	C↓	A	NA	A	NA	NA	A	B	B↓	D↓	B	A	A	31	100%	6	19%
Great Western Hospitals NHS Foundation Trust	Forest Ward - Swindon Intermediate Care Centre	TFP	27	D	B	D	C↑	NA	A↑	NA	NA	C	D	C↑↑	E	A↑	D	C↑	14	93%	7	50%
Livewell Southwest	Mount Gould Hospital	TFP	49	A	A	A	A	NA	B	NA	NA	A	A	B	E	B	A	B	35	97%	2	6%
Royal Devon and Exeter NHS Foundation Trust	East Devon Community Stroke Rehab Unit	TFP	47	B	A↑	B↓	B	NA	A	NA	NA	B↓	A↑	C	C	B	B	B	39	100%	0	0%
Somerset Partnership NHS Foundation Trust	South Petherton Community Hospital	TFP	50	C↑	A	D	B↑	NA	A↑	NA	NA	B↑	B↑↑	C↑	C	A	B↑↑	B↑	34	94%	5	15%
Torbay and South Devon NHS Foundation Trust	Newton Abbot Hospital	TFP	80	A	A	B	A	NA	A	NA	NA	A	A	A	D	A	A	A	61	100%	0	0%
Wiltshire Health and Care	WHC Mulberry Stroke Rehabilitation Ward	TFP	35	D	A	D	C	NA	A↑	NA	NA	C	C↑	D	D↑	B	C	C↑	37	100%	1	3%

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
South England - Thames Valley SCN																						
Frimley Health NHS Foundation Trust	Wexham Park Hospital	TFP	55	D	A	D	C	NA	E↓	NA	NA	A	B	B	E	B↑	C↓	C	59	97%	0	0%
Oxford Health NHS Foundation Trust	Abingdon Community Hospital	TFP	25	C↓	A	D↓↓	B	NA	A	NA	NA	A	B	B	C↑	A	E↓	B	27	100%	0	0%
Oxford Health NHS Foundation Trust	Witney Community Hospital	TFP	20	C	A	D	B	NA	A	NA	NA	A	A	B	A	A	E	A	20	100%	0	0%
Northern Ireland																						
Southern Health and Social Care Trust	South Tyrone and Lurgan Hospitals	TFP	37	C↑	B↓	A↑	B↑↑	NA	A	NA	NA	C	B↑	D	E	B↑	A↑	C	37	86%	16	43%
Wales																						
Aneurin Bevan University Health Board	St Woolos Hospital	TFP	51	C	A	B↑	C↓	NA	A	NA	NA	C↓	B	C	A	B	D↓	B	8	27%	3	38%
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	TFP	TFP	NA	B↑↑	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	22	96%	17	77%

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford HASU	400	405	B↑↑	A	A↑	B↑	A	C↑↑	B↑	C↑	A	A↑	A	C	C↑↑	B↑↑	B↑
Barts Health NHS Trust	Royal London Hospital HASU	294	303	B	A↑	C↓	A	A	C	A	A↑	A	A	A	B	B↑↑	C	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	367	403	B	A	A↑	B	A	C	B↓	B	A↑	B↓	B↑	B	D	B↑	B
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	287	299	B↓	A	B	B↓	A	E↓↓	C↓	A↑	B↓	A	C	B	A	A	B↓
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	264	271	B	A↑	C	B↓	A	D	C↓	B	A	A	B	B↑	A	C↓	B↓
London North West Healthcare NHS Trust	Northwick Park Hospital HASU	446	439	A	A	A	A	A	B	A	B	A↑	A↑	B↑	B	A	A	A
St George's University Hospitals NHS Foundation Trust	St George's Hospital HASU	386	397	A	A	A	A	A	C	A	B	A	A	A	B	A	A	A
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	404	403	A	A	A	A	B↓	B↑↑	A	B	B↓	B↓	B↓	B	B	A↑	A
Midlands & East - East Midlands SCN																		
Derby Teaching Hospitals NHS Foundation Trust	Royal Derby Hospital	241	269	C	A	B	C↓	C	C	B	B	C	B	E↓	C↓	B	B	C↓
Northampton General Hospital NHS Trust	Northampton General Hospital	267	258	A	B↓	A	A	A	C↓	B	A	A	A	B↑	B↓	A↑	A	A
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	411	418	C	A	A↑	C↓	D↓	C↓	C↓	C↑	A	B	C↑↑	C	B	B↑	C
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	142	139	A	B↓	A	A	A↑	B	B	A	A	A	B	B	A	A	A
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	201	199	B	A	A↑	B	A	C↑	B↓	B	E↓↓	B	B	C	B	B	B
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	172	173	B↓	A	A	B↓	B↓	C↓	B	B↓	A	B↓	C	C↓	B	A	B↓
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	429	426	B↓	A	A	B↓	B	C	C↓	C↓	A	A	C	B	B↓	B	B↓
Midlands & East - East of England SCN																		
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	173	173	B↓	A	A	B↓	A	C	B	B	B↓	B	C	B	B↓	A	B↓
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	220	239	B	A	B	B	B↓	D	C↓	B	A	A	C	C↓	A↑	C	B
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	217	214	A	A	A	A	A↑	C	B	B	A	A	B↑	A	B	A	A
East and North Hertfordshire NHS Trust	Lister Hospital	271	286	A	A	B↓	A	A	C	C	A↑	A	A	A	B	B	B↓	A
Ipswich Hospital NHS Trust	Ipswich Hospital	192	190	B	A	A	B	B	B	B	C	A	A	E	C↑	A	A	B
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	126	144	B↑	A	B	B↑	A↑	C	B↑↑	B	B	B	D	C↑	B↓	A↑	B↑
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	221	220	B	A	A	B	A	D	B	B	A	B	C	C	B	A↑↑	B
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	140	146	A	A	A	A	A	B	A↑	A	A	B	B↑	B	A	A	A
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	386	396	B↑	A	A↑	B↑	B↑	D	B↑	A↑	C	B	C↑	B↑	A	A	B↑
North West Anglia NHS Foundation Trust	Peterborough City Hospital	234	227	D↓	A	A	D↓	C	E↓↓	D	B	C	D↓↓	E	C↓	B↓	C	D↓
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	209	212	A↑	A	B↑	A↑	A↑	B↑	A↑	A↑↑	A	A	A↑↑	B	A	C	A↑
Southend University Hospital NHS Foundation Trust	Southend Hospital	219	218	B↓	A	A↑	B↓	B↓	C	B	B	B	B	C↓↓	A	A↑	B↓	B↓
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	204	208	A	A	A	A	A↑	C	C↓	B	A	A	A	B↑	A	B↓	A
West Suffolk NHS Foundation Trust	West Suffolk Hospital	161	166	A	A	A	A	A	C	C	B↓	A	A	A	B	C↑	B↓	A

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
Midlands & East - West Midlands SCN																		
Burton Hospitals NHS Foundation Trust	Queens Hospital Burton upon Trent	119	118	D↓	B↓	B	D↓	A	D	D	E↓	A	B↓	C	C	D	C↓	C
George Eliot Hospital NHS Trust	George Eliot Hospital	70	82	D	A	B↑	C↑	C	D↑	E	B	E	D	B	A	B	C	D
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	252	265	B↓	A	A	B↓	B	C	B	B	A	B	C↓	B	B	A	B↓
Royal Wolverhampton NHS Trust	New Cross Hospital	160	169	D↓	B↓	B	C↓	B	D↓	C↓↓	C↓	A↑↑	B	C	C	D↓	B	C↓
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	190	187	B↑	A	B	B↑	A	B	B↑↑	A↑	C	A↑	D↑	B	B	C↓	B
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	304	317	D	A	B	D	D	C↑	D↓	C↑	B	D	E	C↑	A↑	A↑	C↑
South Warwickshire NHS Foundation Trust	Warwick Hospital	92	105	C	A	A	C	E	E	NA	D	A	A	C↓	A↑	A	D↓	C
The Dudley Group NHS Foundation Trust	Russells Hall Hospital	163	170	B	B↓	A↑	A↑	A↑	B	B↑	A↑	C	B	B↑	B	A	B	A↑
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	196	168	C	A	A	C	B↓	D↓	C	B↑	C	C	D	D	D	A	C
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	303	316	B↓	A	A	B↓	A	E↓	B↓	C↓	A	A↑	D↓	B	B	A	B↓
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	316	405	B	A	A	B	A	C	B	B	A	A	E	A↑	B	A	A↑
Walsall Healthcare NHS Trust	Manor Hospital	120	103	D	A	A	D	C↓↓	E	E	D↓↓	C	C↑	E	D↓	A	C↓	D
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	313	325	D	A↑	C	D	C	E	D	D↑	A	A↑	C	C↑	C↑	C↓↓	C↑
Wye Valley NHS Trust	Hereford County Hospital	171	173	C	A	A	C	A↑	E↓	D	B↑	A	A↑	E	C	B	B	C
North of England - Greater Manchester & Eastern Cheshire SCN																		
Manchester University NHS Foundation Trust	Wythenshawe Hospital	73	118	D↓	A↑	A	D↓	E	E	NA	E	C	B	C↑	D	A	B	D↓
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	303	348	A	A	A	A	A	B	B	A	A	B	B	A	B	A	A
Salford Royal NHS Foundation Trust	Salford Royal Hospital	699	699	A	A	A	A	A	B	B	A	A	A	C↑	A↑	B↓	A	A
Stockport NHS Foundation Trust	Stepping Hill Hospital	385	415	A	A	A	A	A	B	B↓	A	A	A	A	A	A	B	A
North of England - North West Coast SCN																		
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	147	144	C	A	A	C	B↑	E	C↑	B	C	B	E↓↓	C↑	A	A	C
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	180	179	C↑↑	A	A↑↑	C↑	C	B↑↑	D	B↑↑	C↑↑	D↑	E	C↑↑	B↑	A	C↑
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	101	109	A↑	A	A	A↑	A	B	B↑	A↑	A↑	B	E	B	A↑	A	A↑
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	233	238	B↑	A	A	B↑	C↓	C↑	D↓	B↑↑	A↑↑	B↑	B↑	B	A	C	B↑
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	209	200	B↑	A	A	B↑	A↑↑	C	C↑	B↑↑	A	A	C	B	A↑	D	B↑
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	128	176	C	A	A	C	B	E	E	B	E	D	E↓	B↓	A↑	A	D
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	211	214	A↑	A↑	A	A↑	B	C↑	C↓	B	A	A	D	A↑	B	A	B
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	105	120	C	A	A	C	B	E	C↑	B	A	B	E	A	B↑	D	C
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital HASU	238	245	A	A	A	A	A	B	A↑	A↑	A↑	B↑	A↑	A	B	A	A
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	86	89	C	A	A	C	B	C↑	E	B↑	D↓	D↓	E	B	A	B	C
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	106	98	D	A	B↑	D	B↓	E	E	D	C↑↑	B↑	E	D	B↓	B	D
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	72	85	D	A	B↓	D	C↑↑	E	NA	E	A	B	E	D	C	A	D
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	208	221	A	A↑	A	A	A	B↑	B	A↑	A	A↑	C	A	A	A	A

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
North of England - North of England SCN																		
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	243	255	D	A	B↓	C↑	B	C	D	B	C↑↑	D↑	E	B	C	A↑↑	C↑
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	299	304	D	A	A↑	D	C	A↑	C	B↑	E	D↓	E	D	E	D↑	D
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	340	358	A	A	A	A	A	A↑	A↑	A	A	A	A	A	B	B	A
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	130	134	C	A	A↑	C	C	D↓	D↓	D	A	A	D↑	B	B↑	C	C
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	87	88	C	A	A	C	B↑	C↑	D↑	C↑↑	A	B↓	C↓	C	A	D	C
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	221	225	C↓	A	A↑	C↓	A	B↓	B	B↓	C↓	E↓	E	B↓	A	C↑	C↓
Northumbria Healthcare NHS Foundation Trust	Northumbria Specialist Emergency Care Hospital HASU	310	308	A	A	A	A	C↓	C↓	B	B	A	A	A	B↓	B↑	C	B↓
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	230	238	A	A	A	A	B	B	B↓	B	A	B	C↓	A	B	A	A
North of England - Yorkshire and The Humber SCN																		
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	170	177	C	A	A	C	D	E	NA	D	A	A	D	B↑	A	C	C↑
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	238	237	E↓	A	B↑	E↓	C	E↓↓	E↓	E↓	E↓↓↓	D↓↓	E↓	D	D↓↓	C	E↓
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	181	208	B	A	B↓	B	C	C	B↓	B	A	B	C	B	C	A	B
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	159	161	C	A	B	C	C↓	C	C↑	D	A↑	C↓	E	C↓	B	B↓	C
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	208	225	B↓	A	A	B↓	B	C	C	C↓	A	A	A	B	A	C	B↓
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	64	69	D	C↓	B	C	D	C	D↓	D↓	B↓	B	C↑	B↑↑	B	C	C
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	283	286	C↓	A	C↓	B	B	C↓	C	B	A	A	E↓	C	C	A	B
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	296	297	B	A	A	B	C	E↓	B↑	B	B	A↑	B↓	C↓	A	C	B
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	267	275	B	A	A	B	B	B↑	B	C	A↑	B↑	D↑	D	A	A	B↑
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	226	231	A↑	A	A	A↑	A	B	C	A↑	A	A↑	C	B	A	C	A↑
Rotherham NHS Foundation Trust	Rotherham Hospital	151	149	B↑	A	A	B↑	A↑	D	E	B↑↑	A	A	D↑	D↓	A	B	B↑
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	288	320	B↑	A	B	B	B	B	D↓	C	A	B	D	B↑	B	A↑	B
York Teaching Hospital NHS Foundation Trust	York Hospital	294	304	B↑	A	A	B↑	B	C↑	B↑	B	A	A↑	C↑	B↑↑	B↓	C	B↑
South England - South East SCN																		
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	153	169	B↓	A	A	B↓	A	C	D↓	B	C↓	A	B	B	A	A	B↓
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	206	208	A↑	A	A	A↑	A	C↓	B	A	A↑↑	A↑	B↑	B↑	A	B	A↑
Dartford and Gravesham NHS Trust	Darent Valley Hospital	131	113	D	A	B	D	A↑	E	D↓	D	C↑	B↑	E	D	D↓↓	D↓	D
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	114	124	D↓	A	A	D↓	B↓	D↓	C	B↓	B	B↑	E	D	B	E	D↓
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	198	183	B	A	A	B	B↓	E↓↓	D	B↓	A	A	C↑	C	B	A↑	B
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	144	174	B↑	A	A	B↑	A	B	C	A↑	B↑	B↑	E↓	D	A	C↓	B
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	101	101	C↑	A	A↑	C↑	A	E	D↑	B↑	B↑	B↑	E	C↑	B	B↑	C↑
Frimley Health NHS Foundation Trust	Frimley Park Hospital	219	234	B↓	A	B	A	A	C↓	B	A	C↓↓	A	B	B	B	B↑↑	A
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	118	111	B↓	A	A	B↓	A	C	C	B	A	A	A	B	D↓	B	B↓
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	141	135	C	A	A	C	A	E	C↑	C	C↓	A↑	C↓	B↑	D	C↓	C
Medway NHS Foundation Trust	Medway Maritime Hospital	98	96	D	A	B↑	D	B↑	E	D	D	D↑	D	C	C↑	B↓	A↑	D
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	183	205	C	A	C	B	A	D	C↓	B	A↑	B↑	C	B	A↑	C↑	B
Western Sussex Hospitals NHS Foundation Trust	St Richards Hospital	137	155	C	A	A	C	B	C	B	C↑	C	C	B↑	C	A↑	C↑	B↑
Western Sussex Hospitals NHS Foundation Trust	Worthing Hospital	160	167	A↑	A	A	A↑	A	B↑	B	A	A	B	C	B	A	C↑	A↑

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
South England - South West SCN																		
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	279	275	D	A	A	D	C↑	C↑↑	B↑	D	C	D	E	E	A↑	B↑	D
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	125	131	E	C↓↓	C↓	D↑	B	E	C↑	E	D↑	D	E	E	C↓	E	E
North Bristol NHS Trust	North Bristol Hospitals	263	262	D	A	B	D	A	D	C↓	D	C	D	D	D	D	A↑	D
Northern Devon Healthcare NHS Trust	North Devon District Hospital	137	146	D↓	A	B	C↓	D↓	E↓	D	E	A	A	D↓	B	A	A	C↓
Plymouth Hospitals NHS Trust	Derriford Hospital	308	317	B↑	A	A	B↑	B↓	C↑	C↓	B	A↑	A	D↑	E	B	A↑	B↑
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	278	294	C	A	A↑	C↓	A	C	D↓	B	B↑	C	C	C↓	C	B	C↓
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	238	245	B	A	A	B	C↓	C	C↓	C↓	A↑	B	C	B	A	B	B
Royal United Hospital Bath NHS Foundation Trust	Royal United Hospital Bath	180	189	B↓	B↓	A	B↓	A	C	B	A	C↓↓	B	B	B	C	A	B↓
Salisbury NHS Foundation Trust	Salisbury District Hospital	119	122	D↓	A	B	D↓	A↑	D↓	D↓	B↑	D↓↓	D↓↓	E↓	B	B	C	D↓
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	208	209	B	A	A	B	A	C	C	B↑	C	A↑	D	B↑	B↓	B	B
Torbay and South Devon NHS Foundation Trust	Torbay Hospital	196	201	B	A	A	B	C↓↓	D↓	D↓↓	D	A	A↑	D↑	B	A↑	B↓	C↓
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	130	151	C↓	B↓	A	C↓	A	C	C↓	C↑	C	B	D↓↓	C	B	B↑	C↓
Weston Area Health NHS Trust	Weston General Hospital	70	84	C↑	A	A	C↑	C	D↓	B↑	B	C	D	D↑	C	B	C	C↑
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	138	152	B↑	A	A	B↑	A↑↑	C	B	C↑	A	A	E	C	B	A↑	B↑
South England - Thames Valley SCN																		
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	218	245	B↓	A	B↓	A	A	C↓	B↓	A	A	B	A	B	C	B	A
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes General Hospital	72	84	B	A	B	B	A	C	C	B↑↑	A	A	C↑↑	B	B	C	B
Oxford University Hospitals NHS Foundation Trust	Horton General Hospital	TFP	21	TFP	A	TFP	TFP	NA	B	NA	NA	C	B↑↑	C↑↑	NA	C↑↑	D↑	TFP
Oxford University Hospitals NHS Foundation Trust	John Radcliffe Hospital	200	205	A↑	A	A	A↑	A	C	B	B↑↑	A	A	A↑↑	B	B	D↓↓	A↑
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	224	219	A	B↓	A	A	A	C	A	B	A	A	C↓	B	A	B	A
South England - Wessex SCN																		
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	130	117	B↓	A	A	B↓	C	C↓	C↓	C↓	A	B	A	B	B↓	B↑	B↓
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	186	186	B↓	A	A	B↓	B↑	C↓	C↓	B	A	A↑	C↓	B	B	A	B↓
Isle of Wight NHS Trust	St Mary's Hospital Newport	99	105	B↑	A	B	B↑	A	D↑	D↑	B	A↑↑	A↑	B↑	C	B↓	A	B↑
Poole Hospital NHS Foundation Trust	Poole Hospital	161	166	C↓	C↓↓	A	B	B↑	C	D	D	A	A	A	A	B	A	B
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	335	324	C↑	A	B↓	C↑	C	D↑	B↑	D	A↑	A↑	E↓	D	B	A	C
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	265	275	A	A	A	A	B	C	C↓	B	A	A	A	A	B	A	A
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	272	282	A↑	A	A↑	A↑	B	C↓	A↑	B	A	A	C↑↑	C	B	A	A↑
Northern Ireland																		
Belfast Health and Social Care Trust	Royal Victoria Hospital Belfast	192	187	B	A	A	B	A	E↓	B	C↓	C	A↑	A↑	C	B	A	B
Northern Health and Social Care Trust	Antrim Area Hospital	170	183	D	A	A↑	D	D↓	E	D↓	C↑	C	B↑↑↑	D↑	D	B	D↓	D
Northern Health and Social Care Trust	Causeway Hospital	76	72	D↑	A	A↑	D↑	D	E	D↑	E	C↑↑	D↑	D	D	B↑	C	D↑
South Eastern Health and Social Care Trust	Downe General Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
South Eastern Health and Social Care Trust	Ulster Hospital	155	159	D↓	A	B↓	C	C↑	E	C↓	E	A	B	C	E↓	A	A	C
Southern Health and Social Care Trust	Craigavon Area Hospital	121	121	D	A	A	D	D↓	D↑	C↑	C↑	C↓↓	A↑↑↑	D↓	D↑	B↓	A	C↑
Southern Health and Social Care Trust	Daisy Hill Hospital	45	54	C↑	A↑	A	C↑	C	E	C↑	E	A↑	C↑	C↑	D	B	A	C↑
Western Health and Social Care Trust	Altnagelvin Hospital	102	95	D↑	A	B	D	C	E	B	E	E↓	D	B↑↑	E	D	D↓	D
Western Health and Social Care Trust	South West Acute Hospital	93	92	B↓	A	A	B↓	A	A	A	B↓	B↓	B	E↓↓	D↓	B	C	B↓

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
Wales																		
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	242	241	C	A	A	C	C↑	E	D	B↑	B↑	C↓	B	A	B↓	D↓	C
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	120	118	D	A	B	D	C	D↓	C	C↓	B↑↑↑	E	E	B	C↓	D	D
Aneurin Bevan University Health Board	Royal Gwent Hospital	262	273	B	A	A	B	A	C	C↓	B↓	C↓	B	B	B	B↓	B	B↓
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	169	174	B↑	A	A	B↑	C	D↓	D	A↑	C	C↑	A↑	B	A	C	B↑
Betsi Cadwaladr University Health Board	Maelor Hospital	116	109	C	A	A↑	C	B↑	E	C↓	B	C	C↓	D	B	B↓	C	C
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	103	101	D	A↑	A	D	C	E↓	E↓	D↓↓	D↑	A	C	B↑	A↑	D	D
Cardiff and Vale University Health Board	University Hospital of Wales	206	208	B	A	A	B	A	D↓	C	B	D↓	B↑	C↓	C	B	A↑	B
Cwm Taf University Health Board	Prince Charles Hospital	165	176	B	B↓	A	B	A	C↑	D↓	C	A	B↑↑	A	B	B	D	B
Hywel Dda Health Board	Bronglais Hospital	40	38	B↑↑	A	B	B↑↑	A↑	B↑	A↑↑	B↑	C	D	B↑	B↑	B	C↑	B↑
Hywel Dda Health Board	Prince Philip Hospital	68	40	D↓	B	B↓	C	A	C	B	A↑	C	E	E	C↓	A	D↓	C
Hywel Dda Health Board	West Wales General	78	72	B↑↑	A	B↑	B↑	A	B	B↑	A↑	A↑↑↑↑	B↑↑	D	B↓	A	D	B↑
Hywel Dda Health Board	Withybush General Hospital	89	84	A↑	A	B	A	A	B	B	A↑	A	A↑	D↓	A	A	B↑	A

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford SU	TFP	250	D	A	C↑	C↑	NA	A	NA	NA	C	D	D↓	NA	D↑	B↑	C↑
Barts Health NHS Trust	Newham General Hospital	TFP	56	B↑	A↑↑	D↓	A	NA	A↑	NA	NA	A	A	A↑↑	NA	B	A	A
Barts Health NHS Trust	Royal London Hospital SU	TFP	97	C↓	B	D	A	NA	A	NA	NA	B↓	B↓	C	NA	A	B	A
Barts Health NHS Trust	Whipps Cross University Hospital	TFP	53	B	A	A	B	NA	C↓	NA	NA	B↑	B	A↑	NA	A	C↓	B
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	TFP	30	B	B↓	B↑↑	A	NA	A	NA	NA	A	A	D↓	NA	C↑	A	A
Chelsea and Westminster Hospital NHS Foundation Trust	West Middlesex University Hospital	TFP	52	C	B↑	D	B↓	NA	A	NA	NA	B↓	B	B	NA	B	D↓↓	B↓
Croydon Health Services NHS Trust	Croydon University Hospital	TFP	84	C	A	B↑↑	C↓↓	NA	C↓	NA	NA	A↑	C	C↓	NA	B↓	A	B↓
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	TFP	41	D↓↓	D↓↓↓	C↓	A↑	NA	B	NA	NA	A	B	B	NA	B	A	A
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	TFP	67	A↑	A	A↑	A↑	NA	B	NA	NA	B↓	A	B↑	NA	A↑	A↑	A
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	TFP	40	B	B	C↑	A	NA	A	NA	NA	A	A	A	NA	A	B↑	A
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	TFP	51	B↑↑	A↑↑↑	D↑	A	NA	A	NA	NA	A	A	A	NA	B	A	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU - Nine South Ward	TFP	95	C↓	C↓↓	B	A↑	NA	A	NA	NA	A	B	C	NA	C↑	B	B
King's College Hospital NHS Foundation Trust	King's College Hospital SU	TFP	37	B↓	B↓	C↓	A	NA	A	NA	NA	B↓	A	A↑↑	NA	A↑	A	A
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	TFP	101	C	A	C↑	C↓	NA	A	NA	NA	C	B	E↓↓	NA	A	C	B
Kingston Hospital NHS Foundation Trust	Kingston Hospital	TFP	58	A↑	A	A↑	A	NA	B	NA	NA	A	A	A	NA	A↑	A	A
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	TFP	95	C	B↑↑↑	D	A	NA	A	NA	NA	C	B	C	NA	A	A	A
London North West Healthcare NHS Trust	Northwick Park Hospital SU	TFP	215	A	A	A↑	A	NA	A	NA	NA	B↓	B	C↓	NA	A	A	A
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	TFP	73	B	A↑	D↓↓	A↑	NA	A	NA	NA	A	A	C	NA	B	D	B
Royal Free London NHS Foundation Trust	Barnet General Hospital	TFP	42	A↑↑	A	A↑	A↑	NA	A↑↑↑	NA	NA	A	A	A↑↑	NA	B	A	A↑
Royal Free London NHS Foundation Trust	Royal Free Hospital	TFP	61	B↓	B↓	C↓↓	A	NA	A	NA	NA	A	A	B	NA	B	A	A
St George's University Hospitals NHS Foundation Trust	St George's Hospital SU	TFP	53	A	B↓	A↑	A	NA	A	NA	NA	B↓	A↑	D↓	NA	A	A	A
University College London Hospitals NHS Foundation Trust	University College Hospital SU	TFP	66	B	A↑↑	D↓↓	A	NA	A	NA	NA	A	A	A	NA	B	A	A
Midlands & East - East Midlands SCN																		
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	TFP	46	E↓	A	C	D	NA	E↓	NA	NA	E	E	E	NA	C	A	D
Midlands & East - East of England SCN																		
Bedford Hospital NHS Trust	Bedford Hospital	TFP	39	D↓	A	D↓↓↓	C	NA	B↓	NA	NA	D↑	B	E	NA	B↑	A	C
North West Anglia NHS Foundation Trust	Hinchingbrooke Hospital	TFP	22	E	D	E	B	NA	B	NA	NA	E	B	B	NA	A	D	C
PAPWORTH HOSPITAL NHS FOUNDATION TRUST	Papworth Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
Midlands & East - West Midlands SCN																		
Heart of England NHS Foundation Trust	Good Hope General Hospital	TFP	76	C	A	A↑	C	NA	C	NA	NA	A↑	B↓	E	NA	A	A	B
Heart of England NHS Foundation Trust	Solihull Hospital	TFP	51	A	A	A	A	NA	A	NA	NA	A↑	B↑	C	NA	B↓	A	A
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
University Hospitals of North Midlands NHS Trust	County Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
North of England - Greater Manchester & Eastern Cheshire SCN																		
Bolton NHS Foundation Trust	Royal Bolton Hospital	TFP	81	B	A	B	B	NA	B	NA	NA	A	B↑	E	NA	B↓	A	B
Manchester University NHS Foundation Trust	Manchester Royal Infirmary	TFP	59	B	A	A	B	NA	D↑	NA	NA	B↓	B	C↑	NA	C↓↓	A	B
Manchester University NHS Foundation Trust	Trafford General Hospital	TFP	38	A	B↓	A	A	NA	A	NA	NA	C↓	C	C↑	NA	B↓	A	B
Tameside and Glossop Integrated Care NHS Foundation Trust	Tameside General Hospital	TFP	85	C↑	A↑	B↓	B↑	NA	D↓	NA	NA	B	B↑	E	NA	A↑↑	A↑	B↑
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	TFP	140	C↓	A	D↓	B↓	NA	C	NA	NA	A	B↓	D↓	NA	B↓	A	B↓
North of England - North of England SCN																		
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	TFP	99	B	A↑	B↑	A	NA	B↓	NA	NA	C↓↓	A	D↓	NA	B↑	A	B↓
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	TFP	33	D	A	D	C	NA	A	NA	NA	C	C	E	NA	B	C	C
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	TFP	72	B	A	B	A↑	NA	A	NA	NA	A↑↑	B↑	C	NA	B↑	A	A↑
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	TFP	71	A↑	A	A	A↑	NA	A	NA	NA	C	B↑	D	NA	A	A	B
North of England - Yorkshire and The Humber SCN																		
Airedale NHS Foundation Trust	Airedale General Hospital	TFP	67	D	A	A	D	NA	B↑↑	NA	NA	C↑	D	E↓	NA	B	D	D
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	TFP	54	C↓	A	B↓	B	NA	B↑	NA	NA	C↓	D↓	C	NA	B↓	A↑	B
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Goole District Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	TFP	56	D↓	B↓	D↓	C	NA	B↓	NA	NA	A	B	E	NA	B	C↓	B
South England - South East SCN																		
East Kent Hospitals University NHS Foundation Trust	East Kent Neuro Rehab Unit	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	TFP	48	C↑	A	A↑	C↑	NA	A↑	NA	NA	E	C↑	E	NA	B	B	C↑
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	TFP	27	B	B↓	D	A	NA	A	NA	NA	C↓↓	A	A	NA	A	A↑	A
Wales																		
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	TFP	31	D	A↑	D	C↑	NA	A↑	NA	NA	E	D↓↓	D↑	NA	A↑	B↑↑	C↑
Aneurin Bevan University Health Board	Nevill Hall Hospital	TFP	62	D	A	D	C	NA	B	NA	NA	D↑	A↑↑	E	NA	C↓	B	C↑
Aneurin Bevan University Health Board	Ysbyty Ystrad Fawr	TFP	X	X	E↓↓↓	X	X	NA	X	NA	NA	X	X	X	NA	X	X	X
Cardiff and Vale University Health Board	Llandough Hospital	TFP	77	C	A	D	B	NA	A	NA	NA	D	B	D	NA	B	A	B

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital Inpatient Rehab Team	TFP	45	B	A	A	B	NA	A	NA	NA	A↑	B↓	B	NA	D	B	B
Central and North West London NHS Foundation Trust	St Pancras Hospital	TFP	20	D↓↓	D↓↓↓	C↓↓	B	NA	E	NA	NA	A	A	C↓	NA	A↑	C↑	B
Midlands & East - East Midlands SCN																		
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	53	B↑↑	A↑↑↑	E↓↓	A	NA	A	NA	NA	B	B↑	C	NA	A	A	A
Leicestershire Partnership NHS Trust	St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TFP	43	B↑↑	B↓	C↑↑	A↑	NA	A	NA	NA	C	B↑↑	D↑	NA	A	A	B
University Hospitals of Leicester NHS Trust	Leicester City Stroke Rehabilitation Unit	TFP	50	B	B↓	B↑	A	NA	A	NA	NA	A	A↑	D	NA	A	B	A
Midlands & East - East of England SCN																		
Anglian Community Enterprise CIC	Clacton Hospital	TFP	29	B↓	A	D↓↓	A	NA	A	NA	NA	A	A	E↓	NA	B↓	A	A
Essex Partnership University NHS Foundation Trust	St Margaret's Hospital Essex	TFP	20	D	B↓	D	C	NA	A	NA	NA	B↑↑	C↓	C	NA	D	B↓	B
Hertfordshire Community NHS Trust	Danesbury Neurological Centre	TFP	30	A	A↑	B↓	A	NA	A	NA	NA	A	A	A↑	NA	B	B	A
Hertfordshire Community NHS Trust	Holywell Rehabilitation Unit	TFP	21	A↑	A	B	A	NA	A	NA	NA	A	A↑	C↑↑	NA	A↑	C	A↑
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	48	C	B↓	A↑	B	NA	A	NA	NA	D↑	B↑	C	NA	B	B↓	B
Provide	St Peter's Community Hospital Rehab Unit	TFP	32	A	A↑	B↓	A	NA	A	NA	NA	B↓	B	B↓	NA	A	A	A
Midlands & East - West Midlands SCN																		
Birmingham Community Healthcare NHS Foundation Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	38	B↑	A	C	A↑	NA	A	NA	NA	A↑	B	A	NA	C↑	B	A↑
South Warwickshire NHS Foundation Trust	Feldon Stroke Rehabilitation Unit SWFT	TFP	47	A	A	B	A	NA	A	NA	NA	A	B	A	NA	A	D↓	A
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	41	B	B↓	C↓↓	A↑	NA	A	NA	NA	A	A	E	NA	B↑↑	A	A↑
Worcestershire Health and Care NHS Trust	Worcestershire Stroke Rehabilitation Unit	TFP	66	D↑	D	D	C	NA	A	NA	NA	B	B	E	NA	D	B	C
North of England - North West Coast SCN																		
East Lancashire Hospitals NHS Trust	Pendle Community Hospital - Marsden Stroke Unit	TFP	44	B↑↑	B↑	A	B↑	NA	A	NA	NA	C	C↑	B	NA	A	C↑	B
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	49	B↑↑	A	B↑↑	B↑	NA	A	NA	NA	A↑	B	C↑↑	NA	A↑	C↑	A↑↑
North of England - Yorkshire and The Humber SCN																		
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	34	C↓↓	B↓	B↓	C↓↓	NA	C↓	NA	NA	C↓	C	E↓↓↓	NA	B	D↓	D↓↓
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	35	B↓	A	A↑	B↓	NA	A	NA	NA	C	C↓	C↓↓	NA	B↓	D	C↓
Humber NHS Foundation Trust	Rossmore Unit, Hull Integrated Stroke Service	TFP	22	D	A	D	C	NA	A	NA	NA	B	B	D	NA	D	C	C
South West Yorkshire Partnership NHS Foundation Trust	Kendray Hospital	TFP	47	A↑	A	B↓	A↑	NA	A	NA	NA	A	B	B↑	NA	A↑	C↑	A↑
South England - South East SCN																		
East Sussex Healthcare NHS Trust	Bexhill Hospital - Irvine Unit	TFP	26	C	A	D	B	NA	A	NA	NA	B	B	D↑	NA	A	C↓	B

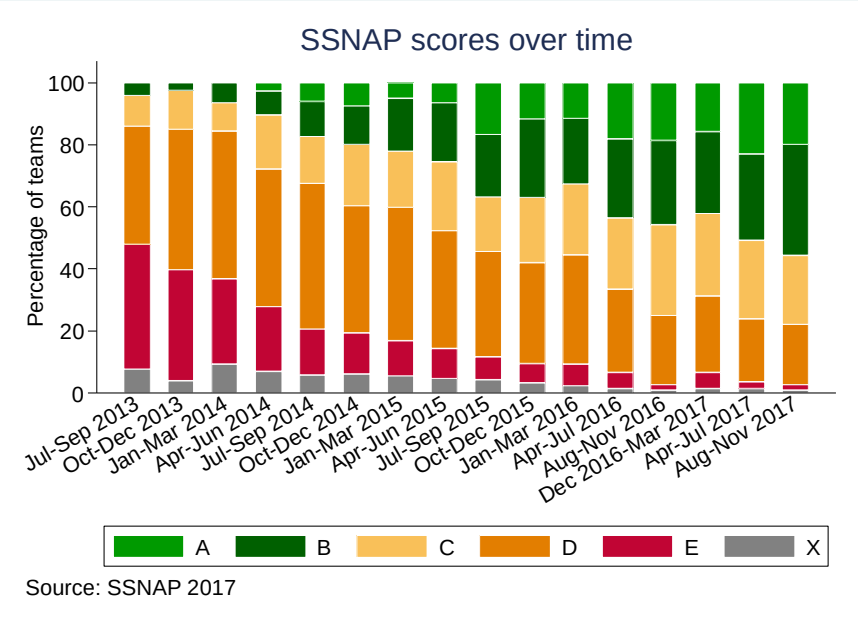
Non-Acute Inpatient Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
South England - South West SCN																		
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Lanyon Stroke Rehabilitation Unit	TFP	64	C↓	B↓	D	B↓	NA	A	NA	NA	B	B	D↓	NA	C	A	B
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Woodfield Stroke Rehabilitation Unit	TFP	40	B↓	A	C↓	A	NA	A	NA	NA	A	D	B↓	NA	A↑	A	A
Great Western Hospitals NHS Foundation Trust	Forest Ward - Swindon Intermediate Care Centre	TFP	26	D	B	D	C↑	NA	A	NA	NA	E↓	D	C↑↑	NA	A	D	C↑
Livewell Southwest	Mount Gould Hospital	TFP	48	A	A	A	A	NA	A	NA	NA	A	A	C↓	NA	B	A	A
Royal Devon and Exeter NHS Foundation Trust	East Devon Community Stroke Rehab Unit	TFP	47	B	A↑	B↓	B	NA	A	NA	NA	C	B	E	NA	B↓	B	B
Somerset Partnership NHS Foundation Trust	South Petherton Community Hospital	TFP	50	C↑	A	D	B↑	NA	A	NA	NA	A↑↑	B↑↑	E	NA	A	B↑↑	B↑
Torbay and South Devon NHS Foundation Trust	Newton Abbot Hospital	TFP	79	A	A	B	A	NA	A	NA	NA	A	A	A	NA	B	A	A
Wiltshire Health and Care	WHC Mulberry Stroke Rehabilitation Ward	TFP	34	D	A	D	C	NA	A	NA	NA	C	C	E	NA	B↓	C	C
South England - Thames Valley SCN																		
Frimley Health NHS Foundation Trust	Wexham Park Hospital	TFP	55	D	A	D	C	NA	E	NA	NA	C↓↓	C↓	B↑	NA	B↑↑	C↓	C
Oxford Health NHS Foundation Trust	Abingdon Community Hospital	TFP	24	C↓	A	D↓↓	B	NA	A	NA	NA	B	B	C	NA	B↓	E↓	B
Oxford Health NHS Foundation Trust	Witney Community Hospital	TFP	20	C	A	D	B	NA	A	NA	NA	B	B	C	NA	B	E	B
Northern Ireland																		
Southern Health and Social Care Trust	South Tyrone and Lurgan Hospitals	TFP	38	C↑	B↓	A↑	B↑↑	NA	A	NA	NA	C↑	C	D↑	NA	B↑↑↑	A↑	B↑↑
Wales																		
Aneurin Bevan University Health Board	St Woolos Hospital	TFP	48	C	A	B↑	C↓	NA	A	NA	NA	C	C	E	NA	B↑	D↓	C
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	21	TFP	NA	B↑↑	TFP	NA	A	NA	NA	A	B↑↑	C↑	NA	NA	NA	TFP

Conclusion

It is unprecedented to have collected such a high volume of cases with good data quality and a representative sample within three years of initiating a new national audit. Participation in the audit continues to be an unparalleled success. In the latest reporting period 28,698 patient records were submitted to SSNAP for analysis, demonstrating the efforts of all the teams and registered audit users.

Without information and data about stroke services in England, Wales and Northern Ireland it would not be possible to persuade clinicians, commissioners or NHS England that there is still work to be done to ensure that high quality care is provided to patients regardless of where they live or when they have their stroke.

Recent audit results have shown that improvements to stroke services are being made. In January to March 2016 only 25 services achieved an "A" score compared to 44 teams in this reporting period. The consistent decrease in the number of hospitals achieving the lowest scoring band is similarly reassuring. This is demonstrated in the graph below that highlights changes over time in SSNAP scores.



Source: SSNAP 2017

The latest audit results reinforce our belief that whilst the audit sets the bar high to attain the top grade, world class stroke care is achievable. That clinicians are reviewing their results every reporting period and investigating where changes need to be made to improve the care they provide to patients should be celebrated. It is important that we allow teams the time to conduct a full diagnosis and time to draw up action plans to address issues. We are privileged to have honest self-reporting from providers. We are now increasingly in a position to report what happens to patients after the early part of their recovery and we urge all stroke care providers working in a community setting to participate in SSNAP to make the post-acute data similar in quality to the years spent reporting acute data with resultant improvements to the quality of care and outcomes. This will remain one of our biggest challenges in the year ahead.

Availability of SSNAP reports in the public domain

SSNAP results are made public each reporting period by named team. This model provides clinicians, commissioners, patients and carers, and the general public with up to date information on the processes of stroke care across the entire pathway and is in line with the Department of Health in England's data transparency policy.

August 2017 – November 2017 report

This report includes complete data for 28,698 stroke patients admitted to and 28,125 stroke patients discharged from inpatient care between 1st August 2017 and 30th November 2017. The volume of records collected allows robust conclusions to be drawn at national level. Similar levels of case ascertainment were achieved in previous reporting periods.

Definitions

- '**Normal Hours'** refers to patients who arrived at hospital on a weekday between 8am and 6pm (excluding Bank Holidays).
- **'Out of Hours'** refers to patients who arrived at hospital on a weekday before 8am or after 6pm or at any time on a weekend or Bank Holiday.
- **'Inpatient Onset'** refers to patients who were already in hospital at the time of stroke.
- **'Clock Start'** is used to signify the time at which the 'clock starts' for measuring key timings. This is arrival in most instances (patients newly arriving in hospital) but will be the onset of symptoms time for patients already in hospital at time of stroke.
- **'Team'**: SSNAP collects self-reported details of care at the level of individual clinical teams across the stroke pathway e.g. acute teams, inpatient rehabilitation teams.
- **'Routinely Admitting Teams'** are defined as teams who typically directly admit the majority of their stroke patients.
- **'Non-Routinely Admitting Acute Teams'** are teams who provide acute care but who are typically transferred the majority of their stroke patients from other teams.
- **'Non-Acute Inpatient Teams':** teams who provide only rehabilitation care in an inpatient setting.
- **'Early Supported Discharge Teams':** multi-disciplinary teams providing rehabilitation and support to stroke patients in a community setting with the aim of reducing the duration of hospital care for stroke patients.
- **Community Rehabilitation Teams':** teams working in the community delivering rehabilitation services.
- **'Six Month Assessment Providers':** teams who undertake six month reviews of stroke patients. They may be acute teams, domiciliary teams or third sector providers.
- **'Team-Centred Results':** results are attributed to the team considered to be most appropriate to assign the responsibility for the measure to.
- **'Patient-Centred Results':** results are attributed to every team which treated the patient at any point in their care.

- **'Audit Compliance':** measure of completeness of non-mandatory SSNAP data items.
- **'Case Ascertainment':** percentage of all stroke cases entered onto SSNAP. High levels of case ascertainment are essential to ensure representativeness.
- **'Key Indicator':** an important measure of stroke care, e.g. in SSNAP there are 44 Key Indicators which are considered representative of high quality care.
- **'Domain':** an important area of care comprising several key indicators related to that topic i.e. in SSNAP there are 10 domains e.g. scanning.
- **'Total Key Indicator Score':** the average of the 10 domain levels (separately for patient-centred and team-centred results).
- **'Combined Total Key Indicator Score':** the average of the patient-centred and team-centred Total Key Indicator Score.
- **'SSNAP Score':** combined Total Key Indicator Score adjusted for Case Ascertainment and Audit Compliance.

Denominators

This report does not contain numerators and denominators for each standard. Please refer to the accompanying 'Full results portfolio' (www.strokeaudit.org/results/national) for this level of detail. The table below outlines the key denominators in the report. These vary throughout the report depending on the number of patients included in the analyses for each standard.

Key denominators	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Cases Locked to 72 hours	27327	28575	28156	28698
Cases with known onset time	18695	19607	19265	19576
Cases with infarct	23798	24912	24759	25033
Cases with intracerebral haemorrhage	3419	3529	3250	3537
Cases with unknown type of stroke	110	134	147	128
Inpatient strokes	1530	1636	1481	1593
Arrive within 'normal hours'	12920	12909	12446	13272
Arrive 'out of hours'	12877	14030	14229	13833
Patients who went to a stroke unit	26202	27306	27077	27610
Patient who had a brain scan	27217	28441	28009	28570
Patients who had thrombolysis	3137	3309	3389	3210

Technical information on how the results were calculated can be found on the final tab of the 'Full Results Portfolio' www.strokeaudit.org/results

Wherever possible, the audit question numbers have been included in the tables of results to facilitate reference to the actual question wording.

Glossary

Activities of daily living	Refers to activities that people normally undertake (e.g. bathing, dressing, self-feeding).
Acute ischaemic stroke	A type of stroke that happens when a clot blocks an artery that carries blood to the brain, causing brain cells to die.
Acute stroke unit	An acute stroke unit is one which treats patients usually in an intensive model of care with continuous monitoring and nurse staffing levels.
Anticoagulation	Treatment to reduce the likelihood of blood clotting.
Antihypertensive	A drug that reduces high blood pressure.
Antiplatelet	A drug that helps prevent the formation of blood clots by affecting the function of certain blood cells; examples are aspirin and clopidogrel.
Aphasia	A condition that affects the brain and leads to problems using language correctly.
Audit	An audit compares clinical process for individual patients and national guidelines.
Atrial fibrillation (AF)	This is an abnormal heart beat which can result in the formation of blood clots. Warfarin is prescribed for people with AF to thin the blood and prevent clots forming.
Cardiovascular Disease Outcomes Strategy	Provides advice to local authority and NHS commissioners and providers about actions to improve cardiovascular disease outcomes. https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy
Care home	A residential setting where a number of older people live, usually in single rooms, and have access to on-site care services.
Carer	Someone (commonly the patient's spouse, a close relative or a friend) who provides on going, unpaid support and personal care at home.
Casemix	A measure of the characteristics of people included in a study such as age, gender, ethnicity and co-existing illnesses.

CCG Outcome Indicator Set (CCG OIS)	A set of measures by which commissioners of health services (Clinical Commissioning Groups) are held to account for the quality of services and the health outcomes achieved through commissioning. http://www.england.nhs.uk/ccg-ois
CCU	Coronary Care Unit.
Cohort	Group of patients included in analysis for report. It comprises patients admitted and/or discharged to hospital during a defined date range.
Co-morbidity	The coexistence of two or more diseases.
Community rehabilitation team	Teams working in the community delivering rehabilitation services.
Continence plan	A plan to help a patient increase their control over urinary and faecal discharge.
Congestive heart failure	Poor heart function resulting in accumulation of fluid in the lungs and legs.
Domiciliary Care	The delivery of a range of personal care and support services to individuals in their own homes.
Dysphagia	Difficulty in swallowing.
Early Supported Discharge	A service providing rehabilitation and support to stroke patients in a community setting by a multi-disciplinary team with the aim of reducing the duration of hospital care for stroke patients.
HDU	High Dependency Unit.
Haemorrhage/ haemorrhagic stroke	Bleeding caused by blood escaping into the tissues.
Hyperacute stroke unit	Some stroke services designate the most intensive treatment as hyperacute. This would be where patients are initially treated and usually for a short period of time (i.e. up to three days).
Hypertension	High blood pressure.
Incontinence	Inability to control passing of urine and/or faeces.
Infarct	An area of cell death due to the result of a deprived blood supply.
Interquartile range (IQR)	The IQR is the range between 25th and 75th centile which is equivalent to the middle half of all values.

Intermittent Pneumatic Compression (IPC)	A mechanical method of preventing deep vein thrombosis in the legs.
ITU	Intensive Treatment/Therapy Unit.
Joint care planning	A process in which a person and their healthcare professional work together to create a personalised package of care.
Level of Consciousness	A medical term used to describe a patient's awareness of his or her surroundings and arousal potential.
Lipid Lowering	Reducing the concentration of lipid, such as cholesterol, in the blood.
MAU	Medical Assessment Unit.
Median	The median is the middle point of a data set; half of the values are below this point, and half are above this point.
Mood screening	Identifying mood disturbance and cognitive impairment using a validated tool.
Motor deficits	These include phenomena such as lack of coordination in movement, lack of selected movement, and lack of motor control.
Multidisciplinary Team	Refers to several types of health professionals working together, physiotherapists, occupational therapists, speech and language therapists, nurses and doctors.
Myocardial Infarction	A heart attack.
National Clinical Guidelines For Stroke (2016)	National evidence based guidelines for stroke care published by the Intercollegiate Working Party for Stroke fifth edition 2016. www.strokeaudit.org/guideline
National Institutes of Health Stroke Scale (NIHSS)	A validated international tool used by healthcare professionals to objectively quantify the impairment caused by a stroke.
National Sentinel Stroke Audit (NSSA)	A national audit conducted by The Royal College of Physicians monitors the rate of progress in stroke care services in England, Wales and Northern Ireland in a two year cycle www.rcplondon.ac.uk/sentinel. The NSSA has been replaced by the Sentinel Stroke National Audit Programme (SSNAP).
National Stroke Strategy	Provides a quality framework to secure improvements to stroke services, offers guidance and support to commissioners and strategic health authorities. http://clahrc-gm.nihr.ac.uk/cms/wp-content/uploads/DoH-National-Stroke-Strategy-2007.pdf

NICE Acute stroke guidelines	The NICE Clinical Guideline CG68 Stroke Diagnosis and initial management of acute stroke (NICE 2008). http://guidance.nice.org.uk/CG68
NICE Rehabilitation stroke guidelines	Stroke rehabilitation: Long-term rehabilitation after stroke (NICE 2013): www.nice.org.uk/CG162
NICE Quality Standard for Stroke	NICE quality standards define high standards of care within stroke. It provides specific, concise quality statements, measures and audience descriptors to provide definitions of high-quality care. http://pathways.nice.org.uk/pathways/stroke
Nutritional screening	A first-line process of identifying patients who are already malnourished or at risk of becoming so.
Palliative care	Treating symptoms for end of life care.
Rankin score	A scale used to measure the degree of disability of dependence in the daily activities of living.
Rehabilitation stroke unit	Stroke units generally accepting patients after 7 days or more and focussing on rehabilitation.
Sentinel Stroke National Audit Programme (SSNAP)	SSNAP is a new continuous audit that collects data for every stroke patient along the entire stroke care pathway up to six months: www.strokeaudit.org
SINAP	Stroke Improvement National Audit Programme. A continuous acute stroke audit which measured the process of stroke care in the first 72 hours between May 2010 and December 2012 www.rcplondon.ac.uk/sinap. The Sentinel Stroke National Audit Programme (SSNAP) has replaced SINAP.
Specialist	A clinician whose practice is limited to a particular branch of medicine or surgery, especially one who is certified by a higher educational organisation.
Thrombolysis	The use of drugs to break up a blood clot.
Thrombectomy	The surgical removal of a thrombus from a blood vessel.
TIA	Transient ischaemic attack – a stroke which completely recovers within 24 hours of onset of symptoms.
Urinary tract infection	An infection of the kidney, ureter, bladder, or urethra.

Appendix 1: Changes over time tables

Key indicators: Brain Scanning	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients scanned within 1 hour of clock start*	50.7	52.5	52.6	52.8
Percentage of patients scanned within 12 hours of clock start	93.5	94.0	94.3	94.5
Median time between clock start and scan	0:59	0:55	0:55	0:55

Key indicators: Stroke unit	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start (CCG OIS)	58.5	54.8	60.2	58.7
Median time between clock start and arrival on stroke unit	3:38	3:47	3:31	3:36
Percentage of patients who spent at least 90% of their stay on stroke unit	84.8	82.7	84.7	84.7

Key indicators: Thrombolysis	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of all stroke patients given thrombolysis (all stroke types) (CCG OIS C3.6)	11.5	11.6	12.0	11.2
Percentage of eligible patients given thrombolysis (according to the Royal College of Physicians (RCP) guideline minimum threshold)	88.1	85.5	87.4	88.3
Percentage of patients who were thrombolysed within 1 hour of clock start, if thrombolysed	63.0	62.3	64.2	63.9
Percentage of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given	58.1	54.3	59.9	58.6
Median time between clock start and thrombolysis (minutes)	0:51	0:52	0:50	0:50

Key Indicators: Specialist Assessments	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	81.9	81.1	82.9	84.5
Median time between clock start and being assessed by stroke consultant	11:09	11:03	10:29	8:38
Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	90.1	89.4	90.4	90.9
Median time between clock start and being assessed by stroke nurse (minutes)	1:16	1:12	1:07	1:09
Percentage of applicable patients who were given a swallow screen within 4h of clock start	74.0	73.5	75.7	76.3
Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start	87.2	86.9	87.6	88.4

Key Indicators: Occupational Therapy	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients reported as requiring occupational therapy	83.6	84.4	84.5	83.9
Median number of minutes per day on which occupational therapy is received	40.7	40	40.1	40.1
Median % of days as an inpatient on which occupational therapy is received	64.9	64.1	65.0	66.7
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of occupational therapy required (according to 2016 NICE QS-S2) which were delivered	85.9	84.2	85.6	87.3

Key Indicators: Physiotherapy	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients reported as requiring physiotherapy	85.1	86.3	85.9	85.0
Median number of minutes per day on which physiotherapy is received	35	35	35	35
Median % of days as an inpatient on which physiotherapy is received	73.7	71.2	72.7	75.4
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of physiotherapy required (according to 2016 NICE QS-S2) which were delivered	80.3	78.7	80.1	82.1

Key Indicators: Speech and Language Therapy	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of patients reported as requiring speech and language therapy	50.7	51.4	51.2	50.1
Median number of minutes per day on which speech and language therapy is received	31.5	31.7	31.7	32.1
Median % of days as an inpatient on which speech and language therapy is received	48.1	47.9	49.6	51.2
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of speech and language therapy required (according to 2016 NICE QS-S2) which were delivered	47.8	48.6	50.1	51.3

Key indicators: Multidisciplinary team working	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start	91.7	91.2	91.9	92.8
Median time between clock start and being assessed by occupational therapist	21:44	21:48	21:21	21:25
Percentage of applicable patients who were assessed by a physiotherapist within 72h of clock start	95.1	94.3	94.8	95.6
Median time between clock start and being assessed by physiotherapist	20:52	21:15	20:44	20:44
Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start	89.0	87.8	89.1	89.6
Median time between clock start and being assessed by speech and language therapist	23:00	23:25	22:56	22:49
Percentage of applicable patients who have rehabilitation goals agreed within 5 days of clock start	91.9	92.3	92.3	92.3
Percentage of applicable patients who are assessed by a nurse within 24h AND at least one therapist within 24h AND all relevant therapists within 72h AND have rehab goals agreed within 5 days	61.8	60.4	62.9	64.0

Key Indicators: Standards by Discharge	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge*	83.3	82.7	82.5	80.7
Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start	92.0	91.6	92.8	94.1
Percentage of applicable patients who have mood and cognition screening by discharge	91.9	91.6	91.5	91.8

Key Indicators: Discharge Processes	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017
Percentage of applicable patients receiving a joint health and social care plan on discharge	90.6	90.1	91.0	94.1
Percentage of patients treated by a stroke skilled Early Supported Discharge team*	34.5	35.7	33.9	35.0
Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation	97.5	98.0	98.2	98.1
Percentage of those patients who are discharged alive who are given a named person to contact after discharge	96.6	96.9	96.8	97.2

Number of stroke patients (Q1.9) included in report	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Number of stroke patients	27327	28575	28156	28698	*F1.1*
Patients already in hospital at time of stroke (Q1.10)	*5.6%*	*5.7%*	*5.3%*	*5.6%*	*F11.3*

Gender (Q1.6)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Female patients	49.0%	49.1%	48.2%	48.7%	*F3.3*
Male patients	51.0%	50.9%	51.8%	51.3%	*F3.5*

Median age on clock start (Q1.5)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Age (years)	77	77	77	77	*F4.1*
Male Patients	73	74	74	74	*F4.10*
Female Patients	80	81	80	80	*F4.7*

% of patients aged >80 years on clock start (Q1.5)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
Patients aged over 80 years	38.6%	39.6%	37.8%	39.1%	*F4.6*
Males aged over 80 years	28.6%	29.5%	28.6%	29.7%	*F4.18*
Females aged over 80 years	49.1%	50.0%	47.8%	49.0%	*F4.15*

Number of co-morbidities (Q2.1)	**Aug-Nov 2016**	**Dec 2016-Mar 2017**	**Apr-Jul 2017**	**Aug-Nov 2017**	*Ref*
0	26.6%	26.2%	26.1%	26.0%	*F5.3*
1	35.7%	36.1%	35.9%	36.1%	*F5.5*
2	26.0%	26.0%	26.2%	26.3%	*F5.7*
3	9.8%	9.8%	9.7%	9.7%	*F5.9*
4	1.7%	1.8%	1.8%	1.6%	*F5.11*
5	0.2%	0.2%	0.2%	0.2%	*F5.13*

Type of co-morbidity (Q2.1)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Congestive Heart Failure	5.5%	5.1%	5.3%	5.0%	*F5.16*
Hypertension	53.1%	53.6%	54.3%	54.0%	*F5.19*
Diabetes	20.8%	20.9%	21.4%	21.5%	*F5.22*
Stroke/TIA	26.3%	25.7%	26.1%	25.9%	*F5.25*
Atrial Fibrillation	19.4%	20.1%	18.9%	19.0%	*F6.3*

Stroke Type (Q2.5)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Infarction	87.1%	87.2%	87.9%	87.2%	*F7.3*
Intracerebral Haemorrhage	12.5%	12.3%	11.5%	12.3%	*F7.5*
Unknown (not scanned)	0.4%	0.5%	0.5%	0.4%	*F7.7*

Patient arrived by ambulance (Q1.12)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	81.6%	82.1%	80.2%	80.2%	*H4.3*

Arrival during (Q1.13)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Patient arrived in 'Normal hours' (Monday to Friday 8am – 6pm, excluding bank holidays)	47.3%	45.2%	44.2%	46.2%	*H5.3*
Patient arrived 'Out of hours'	47.1%	49.1%	50.5%	48.2%	*H5.5*
The onset of stroke was when the patient was already in hospital	5.6%	5.7%	5.3%	5.6%	*H5.7*

Brain Imaging (Q2.4)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Scanned	99.6%	99.5%	99.5%	99.6%	*H6.3*

Brain scan timings	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Median time from clock start to scan (IQR) (h:mm)	0:59 (0:23-2:33)	0:55 (0:23-2:26)	0:55 (0:22-2:24)	0:55 (0:22-2:23)	*H6.4 H6.5 H6.6*
Median time from onset to scan (IQR) (h:mm)*	4:02 (2:00-11:56)	3:55 (1:57-11:23)	4:05 (1:59-12:03)	4:03 (2:03-11:54)	*H3.7 H3.8 H3.9*

Went to stroke unit (at first admitting team) (Q1.15)	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Yes	95.9%	95.6%	96.2%	96.2%	*H7.3*

Stroke unit timings	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Median time from clock start to first arrival on a stroke unit (IQR) (h:mm)	3:38 (2:07-6:48)	3:47 (2:11-7:57)	3:31 (2:00-6:30)	3:36 (2:01-6:45)	*H7.4 H7.5 H7.6*
Median time from symptom onset to arrival at stroke unit (IQR) (h:mm)	7:33 (4:18-20:04)	7:56 (4:20-21:01)	7:30 (4:10-20:17)	7:40 (4:18-20:00)	*H3.4 H3.5 H3.6*

'No but' reasons for not thrombolysing	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Patient arrived outside the time window for thrombolysis	32.5%	31.6%	34.0%	34.0%	*H16.25*
Wake up time unknown	36.8%	37.6%	36.0%	35.7%	*H16.39*
Stroke too mild/severe	13.8%	13.7%	13.8%	13.0%	*H16.37*
Haemorrhagic stroke	14.7%	14.6%	13.6%	14.4%	*H16.23*

Thrombolysis timings	Aug-Nov 2016	Dec 2016-Mar 2017	Apr-Jul 2017	Aug-Nov 2017	*Ref*
Median time from clock start to thrombolysis (IQR) (h:mm)	0:51 (0:36-1:15)	0:52 (0:36-1:15)	0:50 (0:34-1:12)	0:50 (0:35-1:14)	*H16.42 H16.43 H16.44*
Median time from onset to thrombolysis (IQR) (h:mm)	2:25 (1:50-3:09)	2:25 (1:51-3:09)	2:24 (1:50-3:08)	2:25 (1:51-3:10)	*H3.10 H3.11 H3.12*
If thrombolysed, median time from onset to clock start (IQR) (h:mm)	1:23	1:23	1:22	1:25	*H16.45*
If thrombolysed, median time from clock start to scan (IQR) (h:mm)	0:19	0:19	0:18	0:19	*H16.46*
If thrombolysed, median time from scan to thrombolysis (IQR) (h:mm)	0:29	0:30	0:28	0:29	*H16.47*

Name	Representative Organisation
Mrs Juliet Bouverie	Stroke Association
Dr Benjamin Bray	Royal College of Physicians/Public Health England
Dr Andrew Clifton	British Society of Neuroradiologists
Dr Gill Cluckie	Royal College of Nursing
Ms Ismalia de Sousa	Royal College of Nursing
Mr Joseph Dent	College of Paramedics
Professor Avril Drummond	Royal College of Occupational Therapists and Special Section Neurological Practice
Emeritus Professor Pam Enderby	Professor of Community Rehabilitation
Mr Ian Evans	Community Nursing
Dr Patrick Gompertz	National Cardiovascular Intelligence Network
Dr Nicola Hancock	Association of Chartered Physiotherapists In Neurology
Dr Andrew Hill	Informatics lead for SSNAP/ St Helens and Knowsley Teaching Hospitals NHS Trust
Dr Martin James	Royal College of Physicians Stroke Programme / British Association of Stroke Physicians
Dr Phil Jones	Clinical Lead for Wales/Welsh Government Stroke Implementation Group
Mrs Alexis Kolodziej	Stroke Association
Mr Alex Lang	British Dietetic Association
Dr Deborah Lowe	Getting It Right First Time (GIRFT)
Dr Iain Marshall	GP member
Dr Michael McCormick	NIMAST/Southern Health and Social Care Trust
Dr Walter Muruet Gutierrez	RCP/KCL Stroke Clinical Fellow
Mr Robert Norbury	Lay Member
Professor Anita Patel	Health Economics Advisor
Professor Sue Pownall	Royal College of Speech & Language Therapists
Professor Thompson Robinson	British Association of Stroke Physicians
Professor Helen Rodgers	British Geriatrics Society
Dr Fiona Rowe	British and Irish Orthoptic Society
Professor Anthony Rudd	Guy's and St Thomas' NHS Foundation Trust
Mr Stephen Simpson	Stroke Association (Lay Member)
Dr Viki Teggart	British Psychological Society
Dr Shirley Thomas	British Psychological Society
Dr Neil Thomson	Faculty of Pre-Hospital Care for the Royal Surgeons College of Edinburgh; National Ambulance Service Medical Director's Group (NASMeD)
Professor Pippa Tyrrell	Royal College of Physicians Stroke Programme
Professor Derick Wade	British Society of Rehabilitation Medicine/Society for Research in Rehabilitation
Prof Philip White	Royal College of Radiologists
Ms Marney Williams	Lay Member
Professor Charles Wolfe	King's College London
Dr Gavin Young	Association of British Neurologists
Senior CQID Representatives	Royal College of Physicians London

Appendix 3: SSNAP Core Dataset

Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

SSNAP Core Dataset 3.1.1

For queries, please contact ssnap@rcplondon.ac.uk
Webtool for data entry: www.strokeaudit.org

NB. There is a stand-alone intra-arterial proforma available in the support section of the dataset which lists only those additional questions related to this intervention. The changes in the SSNAP Core Dataset 3.1.1 are all related to these new dataset questions.

Version	Date	Changes
1.1.1	12 Dec 2012	– Official core dataset following pilot versions (most recent 3.6.16)
1.1.2	18 Feb 2013	– 1.12.2 – word 'incident' added to question and allowed values changed to 10 characters – 2.8 – sub questions renumbered – 6.10 – word 'First' added
2.1.1	02 Apr 2014	– 1.14 Which was the first ward the patient was admitted to at the first hospital? (wording change from 'Which was the first ward the patient was admitted to?') – 3.1 Has it been decided in the first 72 hours that the patient is for palliative care? (wording change from 'If yes, does the patient have a plan for their end of life care?') – 3.1.2 – If yes, does the patient have a plan for their end of life care? (wording change from 'Is the patient on an end of life pathway?') – 4.4.1 – New question: 'If yes, at what date was the patient no longer considered to require this therapy?' – 4.5.1 Question removed – 4.6.1 Question removed – 6.9.2 – If yes, does the patient have a plan for their end of life care? (wording change from 'Is the patient on an end of life pathway?') – 6.11 - New question: 'Was intermittent pneumatic compression applied? ' – 6.11.1 - New question: 'If yes, what date was intermittent pneumatic compression first applied?' *Validations: Cannot be before clock start and cannot be after 7.3* – 6.11.2 - New question: 'If yes, what date was intermittent pneumatic compression finally removed?' *Cannot be before clock start or 6.11.1 and cannot be after 7.3* – 7.1 – Additional answer options: 'Was transferred to another inpatient care team, not participating in SSNAP'; 'Was transferred to an ESD/community team, not participating in SSNAP'. *Validations: Selecting either of these has same effect as selecting 'discharged somewhere else'* – 7.3.1 – 'Date patient considered by the multidisciplinary team to no longer require inpatient care?' (wording change from 'Date patient considered by the multidisciplinary team to no longer require inpatient rehabilitation?') – 8.4 – Additional answer option: 'Not Known'. ('What is the patient's modified Rankin Scale score?') – 8.5 – Additional answer option: 'Not Known'. ('Is the patient in persistent, permanent or paroxysmal atrial fibrillation?') – 8.6.1 – Additional answer option: 'Not Known'. ('Is the patient taking: Antiplatelet?') – 8.6.2 – Additional answer option: 'Not Known'. ('Is the patient taking: Anticoagulant?') – 8.6.3 – Additional answer option: 'Not Known'. ('Is the patient taking: Lipid Lowering?') – 8.6.4 – Additional answer option: 'Not Known'. ('Is the patient taking: Antihypertensive?') – 8.7.1 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Stroke') – 8.7.2 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Myocardial infarction') – 8.7.3 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Other illness requiring hospitalisation')
3.1.1	01 Oct 2015	– 2.11 – New question – 'Did the patent receive an intra-arterial intervention for acute stroke?'

		– 2.11.1 – New question – 'Was the patient enrolled into a clinical trial of intra-arterial intervention?' – 2.11.2 – New question – 'What brain imaging technique was carried out prior to the intra-arterial intervention?' – 2.11.3 – New question – 'How was anaesthesia managed during the intra-arterial intervention?' – 2.11.4 – New question – 'What was the speciality of the lead operator?' – 2.11.5 – New question – 'Were any of the following used?' – 2.11.6 – New question – 'Date and time of:' – 2.11.7 – New question – 'Did any of the following complications occur?' – 2.11.8 – New question – 'Angiographic appearance of culprit vessel and result assessed by operator (modified TCI score):' – 2.11.9 – New question – 'Where was the patient transferred after the completion of the procedure?'

Hospital / Team — Auto-completed on web tool

Patient Audit Number — Auto-completed on web tool

Demographics/ Onset/ Arrival *(must be completed by the first hospital)*

1.1. Hospital Number — Free text (30 character limit)

1.2. NHS Number — 10 character numeric or No NHS Number ○

1.3. Surname — Free text (30 character limit)

1.4. Forename — Free text (30 character limit)

1.5. Date of birth — dd mm yyyy

1.6. Gender — Male ○ Female ○

1.7. Postcode of usual address — 2-4 alphanumerics | 3 alphanumerics

1.8. Ethnicity — A – Z (select radio button) or Not Known ○

1.9. What was the diagnosis? Stroke ○ TIA ○ Other ○ (*If TIA or Other please go to relevant section)*

1.10. Was the patient already an inpatient at the time of stroke? Yes ○ No ○

1.11. Date/time of onset/awareness of symptoms — dd mm yyyy hh mm

1.11.1. The date given is: Precise ○ Best estimate ○ Stroke during sleep ○

1.11.2. The time given is: Precise ○ Best estimate○ Not known ○

1.12. Did the patient arrive by ambulance? Yes ○ No ○

If yes:

1.12.1. Ambulance trust — Default | Drop-down of all trusts

1.12.2. Computer Aided Despatch (CAD) / Incident Number — 10 characters or Not known ○

1.13. Date/ time patient arrived at first hospital — dd mm yyyy hh mm

1.14. Which was the first ward the patient was admitted to at the first hospital?
MAU/ AAU/ CDU ○ Stroke Unit ○ ITU/CCU/HDU ○ Other ○

1.15. Date/time patient first arrived on a stroke unit — dd mm yyyy hh mm
or Did not stay on stroke unit ○

Casemix/ First 24 hours *(if patient is transferred to another setting after 24 hours, this section must be complete)*

2.1. Did the patient have any of the following co-morbidities prior to this admission?

2.1.1 Congestive Heart Failure: Yes ○ No ○

2.1.2 Hypertension: Yes ○ No ○

2.1.3 Atrial fibrillation: Yes ○ No ○

2.1.4 Diabetes: Yes ○ No ○

2.1.5 Stroke/TIA: Yes ○ No ○

2.1.6 If 2.1.3 is yes, was the patient on antiplatelet medication prior to admission? Yes ○ No ○ No but ○

2.1.7 If 2.1.3 is yes was the patient on anticoagulant medication prior to admission? Yes ○ No ○ No but ○

2.2. What was the patient's modified Rankin Scale score before this stroke? 0 - 5

2.3. What was the patient's NIHSS score on arrival? Automated calculation of total score

		0	1	2	3	4	Not known
2.3.1	Level of Consciousness (LOC)	○	○	○	○		
2.3.2	LOC Questions	○	○	○			○
2.3.3	LOC Commands	○	○	○			○
2.3.4	Best Gaze	○	○	○			○
2.3.5	Visual	○	○	○	○		○
2.3.6	Facial Palsy	○	○	○	○		○
2.3.7	Motor Arm (left)	○	○	○	○	○	○
2.3.8	Motor Arm (right)	○	○	○	○	○	○
2.3.9	Motor Leg (left)	○	○	○	○	○	○
2.3.10	Motor Leg (right)	○	○	○	○	○	○
2.3.11	Limb Ataxia	○	○	○			○
2.3.12	Sensory	○	○	○			○
2.3.13	Best Language	○	○	○	○		○
2.3.14	Dysarthria	○	○	○			○
2.3.15	Extinction and Inattention	○	○	○			○

2.4. Date and time of first brain imaging after stroke dd mm yyyy hh mm
or Not imaged ○

2.5. What was the type of stroke? Infarction ○ Primary Intracerebral Haemorrhage ○

2.6. Was the patient given thrombolysis? Yes ○ No ○ No but ○ (auto-selected if 2.5=PIH)

2.6.1 If no, what was the reason:

Thrombolysis not available at hospital at all ○ Outside thrombolysis service hours ○
Unable to scan quickly enough ○ None ○

2.6.2 If no but, please select the reasons:

Haemorrhagic stroke (auto-selected if 2.5=PIH) ☐ Age ☐
Arrived outside thrombolysis time window ☐ Symptoms improving ☐
Co-morbidity ☐ Stroke too mild or too severe ☐
Contraindicated medication ☐ Symptom onset time unknown/wake-up stroke ☐
Patient or relative refusal ☐ Other medical reason ☐

2.7. Date and time patient was thrombolysed dd mm yyyy hh mm

2.8. Did the patient have any complications from the thrombolysis? Yes ○ No ○

2.8.1 If yes, which of the following complications:

Symptomatic intracranial haemorrhage ☐ Angio oedema ☐ Extracranial bleed ☐ Other ☐

2.8.2 If other, please specify Free text (30 character limit)

2.9. What was the patient's NIHSS score at 24 hours after thrombolysis? 0 - 42 or Not known ○

2.10. Date and time of first swallow screen dd mm yyyy hh mm
or Patient not screened in first 4 hours ○

2.10.1 If screening was not performed within 4 hours, what was the reason? Enter relevant code (see appendix)

2.11 Did the patient receive an intra-arterial intervention for acute stroke? Yes ○ No ○

2.11.1 Was the patient enrolled into a clinical trial of intra-arterial intervention? Yes ○ No ○

2.11.2 What brain imaging technique(s) was carried out prior to the intra-arterial intervention?

a. CTA or MRA Yes ○ No ○

b. Measurement of ASPECTS score Yes ○ No ○

c. Assessment of ischaemic penumbra by perfusion imaging Yes ○ No ○

2.11.3 How was anaesthesia managed during the intra-arterial intervention?

Local anaesthetic only (anaesthetist NOT present) ○

Local anaesthetic only (anaesthetist present) ○

Local anaesthetic and conscious sedation (anaesthetist NOT present) ○

Local anaesthetic and conscious sedation (anaesthetist present) ○

General anaesthetic ○

Other ○

2.11.4 What was the specialty of the lead operator?

Interventional neuroradiologist ○

Cardiologist ○

Interventional radiologist ○

Other ○

2.11.5 Were any of the following used?

a. Thrombo-aspiration system Yes ○ No ○

b. Stent retriever Yes ○ No ○

c. Proximal balloon/flow arrest guide catheter Yes ○ No ○

d. Distal access catheter Yes ○ No ○

2.11.6 Date and time of:

a. Arterial puncture: dd mm yyyy hh mm

b. First deployment of device for thrombectomy or aspiration dd mm yyyy hh mm

○ Not performed

c. End of procedure (time of last angiographic run on treated vessel): dd mm yyyy hh mm

2.11.7 Did any of the following complications occur?

a. Symptomatic intra-cranial haemorrhage Yes ○ No ○

b. Extra-cranial haemorrhage Yes ○ No ○

c. Other procedural complication resulting in harm to the patient Yes ○ No ○

2.11.8 Angiographic appearance of culprit vessel and result assessed by operator (modified TICI score)

a. Pre intervention 0 ○ 1 ○ 2a ○ 2b ○ 3 ○

b. Post intervention 0 ○ 1 ○ 2a ○ 2b ○ 3 ○

2.11.9 Where was the patient transferred after the completion of the procedure?

Intensive care unit or high dependency unit ○

Stroke unit ○

Other ○

Assessments – First 72 hours *(if patient is transferred after 72 hours, this section must be complete and locked)*

3.1. Has it been decided in the first 72 hours that the patient is for palliative care? Yes ○ No ○

If yes:

3.1.1. Date of palliative care decision dd mm yyyy

3.1.2. If yes, does the patient have a plan for their end of life care? Yes ○ No ○

3.2. Date/time first assessed by nurse trained in stroke management dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.3. Date/time first assessed by stroke specialist consultant physician dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.4. Date/time of first swallow screen dd mm yyyy hh mm (If date/time already entered for screening within 4 hours (2.10), 3.4 does not need to be answered)
or Patient not screened in first 72 hours ○

3.4.1 If screening was not performed within 72 hours, what was the reason? Enter relevant code

3.5. Date/time first assessed by an Occupational Therapist dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.5.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

3.6. Date/time first assessed by a Physiotherapist dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.6.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

3.7. Date/time communication first assessed by Speech and Language Therapist dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.7.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

3.8. Date/time of formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.8.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

This admission *(this section must be completed by every team/ hospital/ care setting)*

4.1. Date/ time patient arrived at this hospital/team dd mm yyyy hh mm

4.2. Which was the first ward the patient was admitted to at this hospital?
MAU/ AAU/ CDU ○ Stroke Unit ○ ITU/CCU/HDU ○ Other ○

4.3. Date/time patient arrived on stroke unit at this hospital dd mm yyyy hh mm
or Did not stay on stroke unit ○

	1. Physiotherapy	2. Occupational Therapy	3. Speech and language therapy	4. Psychology
4.4. Was the patient considered to require this therapy at any point in this admission?	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○
4.4.1 If yes, at what date was the patient no longer considered to require this therapy?				
4.5. On how many days did the patient receive this therapy across their total stay in this hospital/team?				
4.6. How many minutes of this therapy in total did the patient receive during their stay in this hospital/team?				

4.7. Date rehabilitation goals agreed: dd mm yyyy or No goals ○

4.7.1. If no goals agreed, what was the reason?	
Not known ○	Patient medically unwell for entire admission ○
Patient refused ○	Patient has no impairments ○
Organisational reasons ○	Patient considered to have no rehabilitation potential ○

Patient Condition in first 7 days *(if patient is transferred after 7 days, this section must be complete)*

5.1. What was the patient's worst level of consciousness in the first 7 days following initial admission for stroke? (Based on patient's NIHSS Level of Consciousness (LOC) score): 0 ○ 1 ○ 2 ○ 3 ○

5.2. Did the patient develop a urinary tract infection in the first 7 days following initial admission for stroke as defined by having a positive culture or clinically treated? Yes ○ No ○ Not known ○

5.3. Did the patient receive antibiotics for a newly acquired pneumonia in the first 7 days following initial admission for stroke? Yes ○ No ○ Not known ○

Assessments – By discharge *(some questions are repeated from the "Assessments – First 72 hours" section but should only be answered if assessments not carried out in the first 72 hours)*

6.1. Date/time first assessed by an Occupational Therapist dd mm yyyy hh mm
or No assessment by discharge ○
6.1.1 If no assessment, what was the reason? Enter relevant code

6.2. Date/time first assessed by a Physiotherapist dd mm yyyy hh mm
or No assessment by discharge ○
6.2.1 If no assessment, what was the reason? Enter relevant code

6.3. Date/time communication first assessed by Speech and Language Therapist dd mm yyyy hh mm
or No assessment by discharge ○
6.3.1 If no assessment, what was the reason? Enter relevant code

6.4. Date/time of formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment dd mm yyyy hh mm
or No assessment by discharge ○
6.4.1 If no assessment, what was the reason? Enter relevant code

6.5. Date urinary continence plan drawn up dd mm yyyy or No plan ○
6.5.1 If no plan, what was the reason? Enter relevant code

6.6. Was the patient identified as being at high risk of malnutrition following nutritional screening?
Yes ○ No ○ Not screened ○
6.6.1 If yes, date patient saw a dietitian dd mm yyyy or Not seen by a dietitian ○

6.7. Date patient screened for mood using a validated tool dd mm yyyy or Not screened ○
6.7.1 If not screened, what was the reason? Enter relevant code

6.8. Date patient screened for cognition using a simple standardised measure? dd mm yyyy
or Not screened ○
6.8.1 If not screened, what was the reason? Enter relevant code

6.9. Has it been decided by discharge that the patient is for palliative care? Yes ○ No ○
If yes:
6.9.1 Date of palliative care decision dd mm yyyy
6.9.2 If yes, does the patient have a plan for their end of life care? Yes ○ No ○

6.10. First date rehabilitation goals agreed: dd mm yyyy or No goals ○

This question is auto-completed. It will be based on the first date that is entered for 4.7. If no hospitals / care settings in the pathway enter a date (i.e. all select 'no goals'), then 'no goals' will be selected here

6.11 Was intermittent pneumatic compression applied? Yes ○ No ○ Not Known ○

6.11.1 If yes, what date was intermittent pneumatic compression first applied? dd mm yyyy
6.11.2 If yes, what date was intermittent pneumatic compression finally removed? dd mm yyyy

Discharge / Transfer

7.1. The patient:
Died ○
Was discharged to a care home ○
Was discharged home ○
Was discharged to somewhere else ○
Was transferred to another inpatient care team ○
Was transferred to an ESD / community team ○
Was transferred to another inpatient care team, not participating in SSNAP ○
Was transferred to an ESD/community team, not participating in SSNAP ○

7.1.1 If patient died, what was the date of death? dd mm yyyy

7.1.2 Did the patient die in a stroke unit? Yes ○ No ○

7.1.3 What hospital/team was the patient transferred to? Enter team code

7.2. Date/time of discharge from stroke unit dd mm yyyy hh mm

7.3. Date/time of discharge/transfer from team dd mm yyyy hh mm

7.3.1 Date patient considered by the multidisciplinary team to no longer require inpatient care?
dd mm yyyy

7.4. Modified Rankin Scale score at discharge/transfer 0 - 6 (defaults to 6 if 7.1 is died in hospital)

7.5. If discharged to a care home, was the patient: Previously a resident ○ Not previously a resident ○
7.5.1 If not previously a resident, is the new arrangement: Temporary ○ Permanent ○

7.6. If discharged home, is the patient: Living alone ○ Not living alone ○ Not known ○

7.7. Was the patient discharged with an Early Supported Discharge multidisciplinary team?
Yes, stroke/neurology specific ○ Yes, non-specialist ○ No ○

7.8. Was the patient discharged with a multidisciplinary community rehabilitation team?
Yes, stroke/neurology specific ○ Yes, non-specialist ○ No ○

7.9. Did the patient require help with activities of daily living (ADL)? Yes ○ No ○
If yes:
7.9.1 What support did they receive?
Paid carers ○ Paid care services unavailable ○
Informal carers ○ Patient refused ○
Paid and informal carers ○
7.9.2 At point of discharge, how many visits per week were social services going to provide? 0 - 100
or Not known ○

7.10. Is there documented evidence that the patient is in atrial fibrillation on discharge? Yes ○ No ○
7.10.1 If yes, was the patient taking anticoagulation (not anti-platelet agent) on discharge or discharged with a plan to start anticoagulation within the next month? Yes ○ No ○ No but ○

7.11. Is there documented evidence of joint care planning between health and social care for post discharge management? Yes ○ No ○ Not applicable ○

7.12. Is there documentation of a named person for the patient and/or carer to contact after discharge?
Yes ○ No ○

Six month (post admission) follow-up assessment

8.1. Did this patient have a follow-up assessment at 6 months post admission (plus or minus two months)?
Yes ○ No ○ No but ○ No, patient died within 6 months of admission ○
N.B. 'No but' should only be answered for DNAs, patients who are not registered with a GP, or patients who have had another stroke and a new SSNAP record started

8.1.1 What was the date of follow-up? dd mm yyyy

8.1.2 How was the follow-up carried out: In person○ By telephone ○ Online ○ By post ○

8.1.3 Which of the following professionals carried out the follow-up assessment:

GP	○	District/community nurse	○
Stroke coordinator	○	Voluntary Services employee	○
Therapist	○	Secondary care clinician	○
Other	○		

8.1.4 If other, please specify Free text (30 character limit)

8.1.5 Did the patient give consent for their identifiable information to be included in SSNAP?*
Yes, patient gave consent ○ No, patient refused consent ○ Patient was not asked○

8.2 Was the patient screened for mood, behaviour or cognition since discharge using a validated tool?
Yes ○ No ○ No but ○
8.2.1 If yes, was the patient identified as needing support? Yes ○ No ○
8.2.2 If yes, has this patient received psychological support for mood, behaviour or cognition since discharge?
Yes ○ No ○ No but ○

8.3. Where is this patient living? Home ○ Care home ○ Other ○
8.3.1 If other, please specify Free text (30 character limit)

8.4. What is the patient's modified Rankin Scale score? 0 - 6 Not known ○

8.5. Is the patient in persistent, permanent or paroxysmal atrial fibrillation? Yes ○ No ○ Not known ○

8.6. Is the patient taking:

8.6.1 Antiplatelet:	Yes ○	No ○	Not known ○
8.6.2 Anticoagulant:	Yes ○	No ○	Not known ○
8.6.3 Lipid Lowering:	Yes ○	No ○	Not known ○
8.6.4 Antihypertensive:	Yes ○	No ○	Not known ○

8.7. Since their initial stroke, has the patient had any of the following:

8.7.1 Stroke	Yes ○	No ○	Not known ○
8.7.2 Myocardial infarction	Yes ○	No ○	Not known ○
8.7.3 Other illness requiring hospitalisation	Yes ○	No ○	Not known ○

*8.1.5. This question is mandatory to be collected at the 6 month review and is a requirement for collecting patient identifiable information as part of our section 251 (NHS Act 2006) approval from the Ethics and Confidentiality Committee of the National Information Governance Board.