



Royal College  
of Physicians

SSNAP

# Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit July - September 2015  
public report

## National results

January 2016

**Based on stroke patients admitted to and/or  
discharged from hospital between July - September  
2015**

**Prepared by**

---

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

Clinical audit

Document purpose	To disseminate results for the process of stroke care for patients admitted and/or discharged in the period between July – September 2015.
Title	Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit July –September 2015 Public Report
Author	Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party
Publication	January 2016
Target audience	General public, stroke survivors and carers, health and social care professionals, stroke researchers
Description	<p>This is the eleventh 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 July and 30 September 2015. It covers many processes of care across the entire inpatient stay including comparisons with the October-December 2014, January-March 2015 and April – June reports where applicable.</p> <p>The report findings enable the processes of stroke services at national level to be compared with national standards outlined in the fourth edition of the National Clinical Guideline for Stroke (2012) 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 Standard for Stroke (2010).</p>
Supersedes	SSNAP Clinical Audit April-June 2015 public report
Related publications	<p>National clinical guideline for stroke 4<sup>th</sup> edition (Royal College of Physicians, 2012): <a href="http://www.rcplondon.ac.uk/resources/stroke-guidelines">http://www.rcplondon.ac.uk/resources/stroke-guidelines</a></p> <p>SSNAP Clinical audit public report – September 2014 <a href="http://www.strokeaudit.org/results/National-Results.aspx">http://www.strokeaudit.org/results/National-Results.aspx</a></p> <p>SSNAP Acute Organisational Audit Report – December 2014: <a href="http://www.strokeaudit.org/results/Organisational/National-Organisational.aspx">http://www.strokeaudit.org/results/Organisational/National-Organisational.aspx</a></p> <p>National Sentinel Stroke Audit Clinical Report – May 2011: <a href="http://www.rcplondon.ac.uk/sentinel">http://www.rcplondon.ac.uk/sentinel</a></p> <p>SINAP Combined Quarters 1-7 Report – February 2013 and SINAP Comprehensive report – March 2012: <a href="http://www.rcplondon.ac.uk/sinap">www.rcplondon.ac.uk/sinap</a></p> <p>National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (NICE, 2008): <a href="https://www.nice.org.uk/guidance/CG68">https://www.nice.org.uk/guidance/CG68</a></p> <p>Stroke rehabilitation: Long-term rehabilitation after stroke (NICE 2013): <a href="http://www.nice.org.uk/CG162">www.nice.org.uk/CG162</a></p> <p>NICE Quality Standard for Stroke 2010: <a href="https://www.nice.org.uk/guidance/qs2">https://www.nice.org.uk/guidance/qs2</a></p> <p>National Stroke Strategy (Department of Health, 2007): <a href="http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062">http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062</a></p> <p>Department of Health: Progress in improving stroke care (National Audit Office, 2010): <a href="http://www.nao.org.uk/publications/0910/stroke.aspx">http://www.nao.org.uk/publications/0910/stroke.aspx</a></p> <p>National Cardiovascular Outcomes Strategy: <a href="https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy">https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy</a></p> <p>CCG Outcomes Indicator Set 2013-14: <a href="http://www.england.nhs.uk/ccg-ois/">http://www.england.nhs.uk/ccg-ois/</a></p>
Contact	<a href="mailto:ssnap@rcplondon.ac.uk">ssnap@rcplondon.ac.uk</a>

**Report prepared by:**

**Ms Anna Argyrides BA**

SSNAP Project Coordinator, Clinical Effectiveness and Evaluation Unit CEEu, Royal College of Physicians

**Ms Lizz Paley BA**

Stroke Programme Intelligence Manager—Data, CEEu, Royal College of Physicians

**Mr Mark Kavanagh BA**

SSNAP Programme Manager, CEEu, Royal College of Physicians

**Ms Emma Vestesson MSc**

SSNAP Data Analyst, CEEu, Royal College of Physicians

**Mrs Alex Hoffman MSc**

Stroke Programme Manager, CEEu, Royal College of Physicians

**Professor Anthony Rudd FRCP CBE**

Chair of the Intercollegiate Stroke Working Party, Associate Director for Stroke (CEEu)  
Consultant Stroke Physician, Guy's and St Thomas' Hospital, London

**Supported by:**

**Mr George Dunn BA**

SSNAP Project Coordinator, CEEu, Royal College of Physicians

**Dr Geoffrey Cloud FRCP**

Associate Director for Stroke (CEEu)  
Consultant Stroke Physician, St George's Hospital, London

**Dr Martin James FRCP**

Associate Director for Stroke (CEEu)  
Consultant Stroke Physician, Royal Devon and Exeter Hospital, Devon

**Professor Pippa Tyrrell FRCP**

Associate Director for Stroke (CEEu)  
Professor of Stroke Medicine, University of Manchester; Consultant Stroke Physician, Salford Royal NHS Foundation Trust

## Table of Contents

Glossary.....	7
Foreword.....	11
Key Recommendations .....	12
Background .....	15
Aims of SSNAP clinical audit.....	15
Organisation of the audit.....	15
Evidence based standards and indicators.....	15
Methods.....	16
Eligibility and audit scope .....	16
Availability of SSNAP reports in the public domain .....	17
July - September 2015 report .....	17
Aims of the July - September 2015 report.....	17
Organisation of this report.....	17
Supplementary reporting outputs .....	18
Key indicators, domains and scoring .....	18
Participation and Case Ascertainment.....	19
Inclusion in national level results.....	19
Inclusion in this report (individual team level results) .....	20
Audit Compliance.....	21
How to read this report .....	22
Section 1: Summary of domain and key indicator results .....	25
SSNAP Level.....	26
Domain 1: Scanning .....	28
Domain 2: Stroke Unit.....	30
Domain 3: Thrombolysis .....	32
Domain 4: Specialist Assessments .....	34
Domain 5: Occupational Therapy .....	36
Domain 6: Physiotherapy.....	38
Domain 7: Speech and Language Therapy.....	40
Domain 8: Multidisciplinary team working.....	42
Domain 9: Standards by Discharge .....	44
Domain 10: Discharge Processes .....	46
Section 2: Casemix .....	48
2.1 Patient Numbers .....	48

2.2 Gender .....	48
2.3 Age .....	48
2.4 Co-morbidities.....	49
2.5 Stroke Type .....	50
2.6 Modified Rankin Scale scores before stroke.....	51
2.7 Completion rate of NIHSS items .....	51
2.8 Summary of total NIHSS score .....	52
2.9 Palliative Care within 72h .....	52
2.10 Onset of symptoms .....	53
Section 3: Processes of care in the first 72 hours .....	54
3.1 Timings from onset .....	54
3.2 Arrival by ambulance .....	54
3.3 Timings from Clock Start .....	55
3.4 Period of Arrival .....	55
3.5 Brain Scanning (Domain 1).....	56
3.6 Stroke Unit Admission (Domain 2).....	57
3.7 First ward of admission .....	58
3.8 Thrombolysis (Domain 3) .....	59
3.8.1 Thrombolysis timings .....	61
3.8.2 Thrombolysis based on eligibility.....	62
3.8.3 Complications following thrombolysis.....	63
3.8.4 NIHSS 24 hours after thrombolysis .....	63
3.9 Specialist assessments (Domain 4) .....	63
3.9.1 Swallowing screening and assessments.....	64
3.9.2 Assessment by nurse.....	66
3.9.3 Assessment by stroke specialist consultant.....	66
3.10 Therapy Assessments in first 72 hours (Part of Domain 8).....	67
Section 4: Discharge results .....	69
4.1 Assessments by discharge.....	69
4.3 Multidisciplinary Working (part of Domain 8) .....	722
4.4 Standards by Discharge (Domain 9).....	733
4.5 Patient Condition up to discharge .....	766
4.5.1 Worst Level of consciousness in first 7 days.....	766
4.5.2 Urinary tract infection in first 7 days .....	766
4.5.3 Pneumonia in first 7 days.....	766

4.5.4 Modified Rankin Scale score at discharge .....	777
4.5.5 Palliative care .....	777
4.5.6 Intermittent Pneumatic Compression (IPC) .....	788
4.5.6 Mortality Data in SSNAP .....	
4.6 Length of Stay .....	79
4.7 Discharge Processes (Domain 10) .....	811
Section 5: Therapy intensity .....	855
5.1 Occupational Therapy (Domain 5) .....	877
5.2 Physiotherapy (Domain 6) .....	888
5.3 Speech and Language Therapy (Domain 7) .....	888
5.4 Psychology.....	89
Section 6: Early supported discharge and community rehabilitation preliminary results .....	900
6.1 Introduction .....	900
6.1.1 Domiciliary teams and SSNAP .....	900
6.1.2 Early supported discharge and community rehabilitation .....	911
6.1.3 Interpreting the SSNAP results .....	922
6.2 Preliminary Results for Domiciliary Teams .....	933
6.2.1 Therapy results.....	93
Section 7: Six month follow up assessments .....	96
7.1 Interpreting the Results .....	97
7.2 Preliminary Results .....	98
Section 8: SSNAP Performance Tables (by named team) .....	103
Conclusion.....	121

## Appendices

Appendix 1: Membership of the Intercollegiate Stroke Working Party

Appendix 2: SSNAP Core Dataset

Appendix 3: Comparisons between SSNAP and previous stroke audits

## Glossary

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

<b>CCG Outcome Indicator Set (CCG OIS)</b>	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. <a href="http://www.england.nhs.uk/ccg-ois">http://www.england.nhs.uk/ccg-ois</a>
<b>CCU</b>	Coronary Care Unit.
<b>Cohort</b>	Group of patients included in analysis for report. It comprises patients admitted and/or discharged to hospital during a defined date range.
<b>Co-morbidity</b>	The coexistence of two or more diseases.
<b>Community rehabilitation team</b>	Teams working in the community delivering rehabilitation services.
<b>Continence plan</b>	A plan to help a patient increase their control over urinary and fecal discharge.
<b>Congestive heart failure</b>	Poor heart function resulting in accumulation of fluid in the lungs and legs.
<b>Domiciliary Care</b>	The delivery of a range of personal care and support services to individuals in their own homes.
<b>Dysphagia</b>	Difficulty in swallowing.
<b>Early Supported Discharge</b>	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.
<b>HDU</b>	High Dependency Unit.
<b>Haemorrhage/ haemorrhagic stroke</b>	Bleed on the brain caused by a rupture or burst artery.
<b>Hyperacute stroke unit</b>	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).
<b>Hypertension</b>	High blood pressure.
<b>Incontinence</b>	Inability to control passing of urine and/or faeces.
<b>Infarction</b>	Stroke caused by a blocked artery.
<b>Interquartile range (IQR)</b>	The IQR is the range between 25th and 75th centile which is equivalent to the middle half of all values.

<b>Intermittent Pneumatic Compression (IPC)</b>	A mechanical method of preventing deep vein thrombosis in the legs.
<b>ITU</b>	Intensive Treatment/Therapy Unit.
<b>Joint care planning</b>	A process in which a person and their healthcare professional work together to create a personalised package of care.
<b>Level of Consciousness</b>	A medical term used to describe a patient's awareness of his or her surroundings and arousal potential.
<b>Lipid Lowering</b>	Reducing the concentration of lipid, such as cholesterol, in the blood.
<b>MAU</b>	Medical Assessment Unit.
<b>Median</b>	The median is the middle point of a data set; half of the values are below this point, and half are above this point.
<b>Mood screening</b>	Identifying mood disturbance and cognitive impairment using a validated tool.
<b>Motor deficits</b>	These include phenomena such as lack of coordination in movement, lack of selected movement, and lack of motor control.
<b>Multidisciplinary Team</b>	Refers to several types of health professionals working together, physiotherapists, occupational therapists, speech and language therapists, nurses and doctors.
<b>Myocardial Infarction</b>	A heart attack.
<b>National Clinical Guidelines For Stroke (2012)</b>	National evidence based guidelines for stroke care published by the Intercollegiate Working Party for Stroke third edition 2012. <a href="http://www.rcplondon.ac.uk/stroke/guidelines">http://www.rcplondon.ac.uk/stroke/guidelines</a> .
<b>National Institutes of Health Stroke Scale (NIHSS)</b>	A validated international tool used by healthcare professionals to objectively quantify the impairment caused by a stroke.
<b>National Sentinel Stroke Audit (NSSA)</b>	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 <a href="http://www.rcplondon.ac.uk/sentinel">www.rcplondon.ac.uk/sentinel</a> . The NSSA has been replaced by the Sentinel Stroke National Audit Programme (SSNAP).
<b>National Stroke Strategy</b>	Provides a quality framework to secure improvements to stroke services, offers guidance and support to commissioners and strategic health authorities. <a href="http://clahrc-gm.nihr.ac.uk/cms/wp-content/uploads/DoH-National-Stroke-Strategy-2007.pdf">http://clahrc-gm.nihr.ac.uk/cms/wp-content/uploads/DoH-National-Stroke-Strategy-2007.pdf</a>

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

## Foreword

This report on the Sentinel Stroke National Audit Programme (SSNAP) uses data collected between July - September 2015. It includes named hospital results for the entire inpatient care pathway, where the numbers of patients entered in SSNAP for this quarter make this viable.

In this reporting quarter, an unprecedented number of hospitals, 36 in total, achieved an overall 'A' score in SSNAP, which indicates a world-class stroke service. This is a marked increase in the number of hospitals achieving the highest possible banding this quarter, up from 14 hospitals in April-June 2015.

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 quarter 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.

It is also encouraging to see that steady and continuous improvements are being made across each scoring level and there has been yet another decrease in the number of services scoring an 'E' across the quarter. SSNAP has moved to absolute measurement of results which means that all teams are capable of showing improvement.

At national level, we are beginning to see improvements in the results for stroke care since data collection began, both in the first 72 hours of care and in the standards and processes of care by discharge. However, there remains unacceptable variation across the country. The quality of data submitted to SSNAP, measured in terms of audit compliance, has also improved each quarter, which is essential in providing meaningful audit results.

Congratulations to everyone who has contributed to the data presented in this report. It is a fantastic achievement that just under 20,000 patient records continue to be available for analysis each quarter. We estimate that approximately 80,000 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 quarters.

**Professor Anthony Rudd FRCP CBE**

Chair of the Intercollegiate Stroke Working Party

## Key Recommendations

1. SSNAP collects data on the **whole care pathway** from initial arrival at hospital, through all **inpatient settings**, across **ESD and community rehabilitation** (if provided) and up to a **six month follow-up** appointment. It is vital that all teams treating at least 10 stroke patients a year are part of the audit, as it is only when we have full participation across the care pathway that we can get the **complete picture of the care stroke patients receive up to six months**. Acute providers, as well as CCGs, should be encouraging the post-acute providers to register on SSNAP and enter data.
2. It is **extremely important** that data regarding a patient's **six month follow up is recorded on SSNAP**. 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**.
3. While SSNAP results at national level are largely in line with previous national stroke audits, there remains **unacceptable variation across the country**. This needs to be addressed. With the shift to absolute measurement of results, **it is possible for all teams to demonstrate improvement**.
4. SSNAP should suffice as the **single source of stroke data** for commissioners and we hope that they will use the detailed information provided by SSNAP rather than asking providers to give additional stroke data. SSNAP will be the **source of the stroke measures in the CCG Outcomes Indicator Set** and the **NHS Outcomes Framework**.
5. All teams should be aiming for **complete case ascertainment**. The majority of routinely admitting teams are now submitting **over 90% of their patients to SSNAP**. For these teams SSNAP is providing an accurate local and regional picture, and the volume of data allows robust conclusions to be drawn at national level. The remaining teams **need to focus on achieving this high level of case ascertainment** as they will have a less representative (and therefore less valuable) set of results.
6. Teams should examine the **audit compliance score** and determine how this can be improved. While there have been **improvements** in audit compliance scores, particularly as a result of **increased completion of NIHSS data items**, there are still some teams achieving a low audit compliance score. It is vital that teams are collecting full and accurate NIHSS scores, as it is the foundation for casemix adjustment particularly when used for adjusting mortality results (not to mention its importance in clinical practice). The casemix measures should be looked at closely in order to determine if there are any significant differences from the national average.
7. Teams are encouraged to make use of an array of **valuable tools and resources** available to help **monitor and improve SSNAP performance**, and **ease the burden** of submitting data to the audit including: a revised **DIY analysis tool**, a data analysis tool for key measures, designed to aide local reporting; an updated **thrombolysis tool** which provides a detailed patient-level breakdown of the characteristics of patients receiving thrombolysis, or deemed to have been eligible for thrombolysis; a **Best Practice Tariff (BPT) tool**, which allows for teams to identify

whether or not individual patients are eligible to receive each of the three components of BPT; a **therapy calculator**, a simple spreadsheet where users can enter and auto compute therapy times for patients.

8. Therapists should use the **therapy data** provided to identify how their therapy intensity compares with the national average and with other teams. While we appreciate that the collection of therapy data in SSNAP is not sensitive enough to determine what should have been required for each patient, it does provide **an overview of therapy intensity across a whole service (and across whole pathway)**. Therefore, there is a valuable opportunity for therapists to **engage with SSNAP** and **use the results** to highlight where an increased number of patients could be getting **more face-to-face therapy** or where patients could receive **more therapy over a higher number of days** and to consider **how this can be achieved**.
9. There are a wide range of **innovative data visualisation tools** available publically including **dynamic maps** which have been developed to increase the accessibility and openness of SSNAP results. These should be used by clinical teams, commissioners, patients and the public to identify where improvements are needed and drive change.  
[www.strokeaudit.org/results/Clinical-audit/maps](http://www.strokeaudit.org/results/Clinical-audit/maps)
10. SSNAP produce an **Easy Access Version (EAV)** report each quarter, written specifically for **stroke survivors and their carers**. This report uses **short sentences, simple language, and visual aids** to present results in an easy to read manner. The EAV is **publicly available** and teams should ensure that patients and carers who wish to gain a better understanding of the audit are directed to these reports. <https://www.strokeaudit.org/results/Clinical/Regional-Results>
11. Every member of the multi-disciplinary team and managers should have **shared responsibility** for **discussing and acting on these audit results**. Submitting the data to SSNAP constitutes a huge effort on the part of many members of the stroke service and others, and we hope that the **results will be useful for informing plans for service improvements**. There are many teams already using our reports, presentations, and analysis tools in order to drive change within their service.
12. It is being reported that only about 5-7% of patients need psychology after stroke. This 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**.
13. SSNAP users should be aware that, as of **1 October 2015**, questions regarding **intra-arterial intervention** have been permanently added to our **mandatory dataset**. The evidence base for intra-arterial therapy in treating ischaemic stroke has expanded enormously over the past 6 months and ensuring that the treatment is provided safely and effectively is essential, therefore we believe that the questions we plan to introduce are now of the highest clinical importance. Currently, the dataset can be found in **Section 9 (Other Information)** or within the support section (alongside accompanying help notes).

#### 14. How SSNAP users are using results to drive change

*"All strokes now go directly to CT [scanner], being met by either stroke practitioner or level one stroke nurse who is then able to swallow screen, etc... patient is taken directly to the stroke unit, speeding up initial assessments from stroke nurse/stroke specialist consultant and often therapists. We used SSNAP data to identify that we sometimes only breached [targets] by a few minutes, but now patients... are reaching the unit in a much more timely way."*

*"PowerPoint presentations allow us to look at the results very quickly following release. Previously it often took some time to interpret the results and produce information in a format useful for team analysis."*

*"We have created a SSNAP notice board in the staff room showing all the reports so ALL staff involved are aware of the results and show them where we can make improvements, some of the data is also published throughout the trust on a team brief email and are also discussed at our stroke steering group"*

*"We used the slide at our stroke service development meetings which is attended by therapists, nurses and doctors to highlight areas of good performance and where improvements need to be made. The data on these slides in compared to local data and action plans are created."*

*"Our SSNAP action planning meetings allow us to:*

- Focus on areas where improvement is needed, identify cause and agree change strategies*
- Share good practice across the 3 units*
- Involve the whole team in the process, fostering ownership and a real sense of pride and responsibility in all staff, not just the senior team."*

*"Just to let you know that I think the new analysis tool is really good! It will really help us to get an earlier insight as to whether we are improving on the various measures and also allow us to assess our data quality/completeness"*

*"We have had [used our data] for re-commissioning of existing services and enabled the development of business cases to gain new Early Supported Discharge services in the areas."*

*"[We have] used SSNAP data to drive recording of NIHSS scores, improvements in thrombolysis rates, and to provide evidence for need for a stroke outreach service, plus much more!"*

## Background

This is the eleventh clinical report produced under the auspices of the Sentinel Stroke National Audit Programme (SSNAP). It reports on patients admitted (or having stroke onset as an inpatient) and/or discharged from hospital between 1 July and 30 September 2015. 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](http://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](http://www.rcplondon.ac.uk/sinap)).

### Aims of SSNAP clinical audit

The SSNAP clinical audit collects a minimum dataset for every stroke patient, including acute care, rehabilitation, 6-month follow-up, and outcome measures in England, Wales and Northern Ireland. The aims of the audit are:

- to benchmark services regionally and nationally
- to monitor progress against a background of organisational change to stroke services and more generally in the NHS
- to support clinicians in identifying where improvements are needed, planning for and lobbying for change, and celebrating success
- to empower patients to ask searching questions.

### Organisation of the audit

This audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London. Data were collected at team level within trusts (or Health Boards in Wales) using a standardised method. Clinical involvement and supervision at team level is provided by a lead clinical contact in each hospital who has overall responsibility for data quality. The audit is guided by a multidisciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP). Details of membership of the ICSWP can be found in Appendix 1 or [www.rcplondon.ac.uk/stroke](http://www.rcplondon.ac.uk/stroke).

### 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 Accelerating Stroke Improvement (ASI) metrics 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 4<sup>th</sup> edition (Royal College of Physicians, 2012) <http://www.rcplondon.ac.uk/resources/stroke-guidelines>
- 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](http://www.nice.org.uk/CG162)
- NICE Quality Standard for Stroke 2010 <http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp>

## 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 non-inpatient 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 non-inpatient teams are submitting data to the audit each quarter.

## Availability of SSNAP reports in the public domain

SSNAP results are made public on a quarterly basis 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. This is the fourth time that named team results for the entire patient care pathway, including care provided in the community and the provision of six month assessments have been made publicly available. In this public report, national level results from the previous three quarterly reports are presented alongside the April-June 2015 results where appropriate, allowing comparisons to be made between each quarter.

## July - September 2015 report

This report includes complete data for 19,971 stroke patients admitted to and 19,551 stroke patients discharged from inpatient care between 1 July - 30 September 2015. The volume of records collected allows robust conclusions to be drawn at national level.

<b>Number of locked records included</b>	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>
Number of stroke patients included in the 72 hour results section (Section 3)	19,652	19,865	20,049	19,971
Number of stroke patients included in the discharge results section (Section 4)	19,194	19,471	19,754	19,551

## Aims of the July - September 2015 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 July - September 2015 results and the previous three quarterly reports where comparisons are appropriate.
- To describe the methods for calculating the pre-existing or upcoming national measures for stroke in England: these include Accelerating Stroke Improvement (ASI) metrics; the CCG Outcomes Indicator Set; NICE Quality Standard for Stroke measures; and the former Vital Sign/ IPMR for Stroke.

## 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 care in the first 72 hours (Section 3)
- National level results for processes of care by discharge (Section 4)
- National level results for therapy intensity (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](http://www.strokeaudit.org/Results/National) including:

- **Summary results spreadsheet** (July - September 2015): An overview of performance by reporting 44 Key Indicators within 10 domains of care by named team.
- **Full results portfolio** (July – September 2015): 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 results are grouped by region and presented in graphs and colour coded maps.
- **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](http://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.

Each domain is given a performance level (level A to E) and a **total key indicator score** is calculated based on the average of the 10 domain levels for both patient-centred and team centred domains. A **combined total key indicator score** is calculated by averaging the patient-centred and team-centred total key indicator scores. This combined total key indicator score is adjusted for case ascertainment and audit compliance to result in an overall **SSNAP level**.

Presenting results in this way gives patients, clinicians, commissioners and the public a simple way of understanding complex data and make conclusions on the level of service provision at national and provider level. The themes covered by the SSNAP domains are:

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

Section 1 of this report presents summary national level results by overall domain and component key indicators. Section 8 presents an overview of named team results for domains and scoring with

more detailed results available on the SSNAP results portal: [www.strokeaudit.org/results/national](http://www.strokeaudit.org/results/national). For technical information about how scores are calculated, please refer to the 'Technical Scoring Info' tab of the SSNAP Summary Report. [www.strokeaudit.org/results/national](http://www.strokeaudit.org/results/national)

## Participation and Case Ascertainment

Case ascertainment is a vital component of SSNAP as the aim is to have fully complete data on every new stroke admission. To be included in the named team results spreadsheets available on the SSNAP reporting portal ([www.strokeaudit.org/Results/National](http://www.strokeaudit.org/Results/National)), routinely admitting teams in England had to submit a minimum percentage of all their cases as estimated based on Hospital Episode Statistics (HES) or coding data for the previous year, which was subsequently validated by teams. The threshold for teams in Wales and Northern Ireland was based on the number of annual admissions as reported in the SSNAP Acute Organisational Audit 2012.

For non-routinely admitting teams, HES projections have not been utilised; rather a proxy has been generated comparing the number of patients arriving at a team with the number of patients leaving the team in this July-September 2015 quarter. This is a measure of record completion by non-routinely admitting teams, rather than a measure of case ascertainment in the true sense. This methodology will be improved once the transfer rate more accurately reflects the stroke pathway. It is recognised that neither method can be totally accurate which is why results are presented in bands. Case ascertainment is included as a component in the overall SSNAP score.

## Inclusion in national level results

This national level report includes **all** locked data submitted by routinely admitting teams, non-routinely admitting acute teams and non-acute inpatient teams. Data from routinely admitting teams are included in both the 72 hour results section (Section 3) and the discharge results section (Section 4); data from non-routinely admitting acute teams and non-acute inpatient teams are included in the discharge results section only. This is because the results in the 72 hour section are primarily based on standards which the first team treating the patient should have adhered to, whereas the discharge results are relevant to all inpatient teams as it is based on all standards relating to care delivered between 72 hours and discharge from inpatient care. In total 190 teams contributed data to the 72 hour results and 259 teams contributed data to the discharge results.

The table below shows the number of records and teams included in each national level report for the last four quarters of reporting. The case ascertainment achieved in this report represents the substantial effort participating teams have put into collecting audit data for a high number of stroke patients in the acute phase.

Report	Patient records included (72 hour results)	National expected*	Percentage
October-December 2014 Report	19,652 (189 teams)	20,417	96%
January- March 2015 Report	19,865 (184 teams)	20,386	97%
April-June 2015 Report	20,049 (190 teams)	20,411	98%
July-September 2015 Report	19,971 (192) teams	20,351	98%

\*as derived from HES (or otherwise in Wales and Northern Ireland) and verified by teams with information from their coding departments

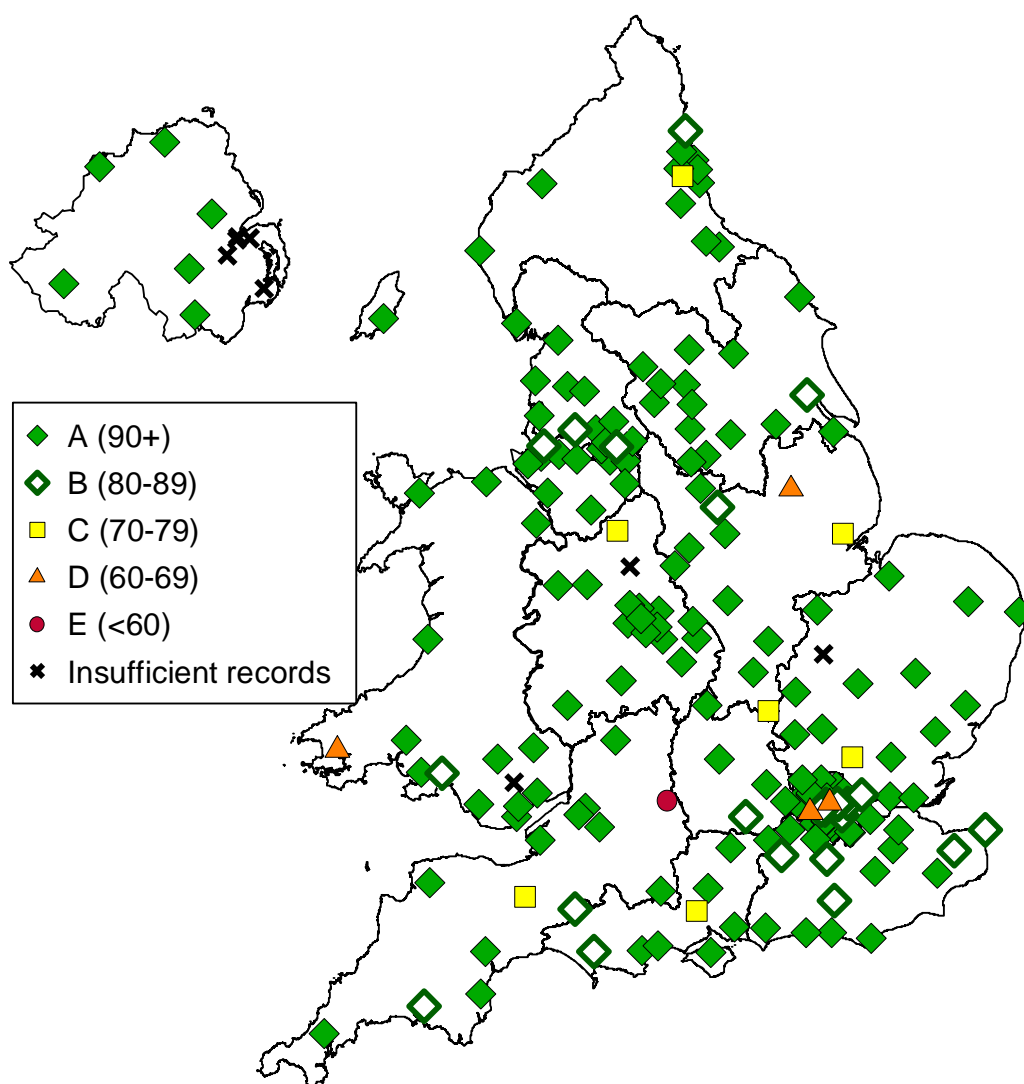
## Inclusion in this report (individual team level results)

Average patient-centred case ascertainment bandings for routinely admitting teams	Oct – Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A: 90%+	119 teams	116 teams	122 teams	124 teams
B: 80-89%	29 teams	27 teams	26 teams	16 teams
C: 70-79%	6 teams	12 teams	3 teams	7 teams
D: 60-69%	1 team	1 team	3 teams	3 teams
E: Less than 60%	11 teams*	10 teams*	6 teams	6 team
Total	166 teams	166 teams	160 teams	156 teams

\* Great Western Swindon is 1 out of 6 teams which submitted less than 60% the other 5 are teams in Northern Ireland. These teams submitted no records but are encouraged to follow their colleagues in Southern, Western and Northern Health Social Care Trusts, and participate in SSNAP.

The map below shows combined case ascertainment banding achieved by all inpatient teams. Each symbol represents a team, colour coded by band.

### Case Ascertainment

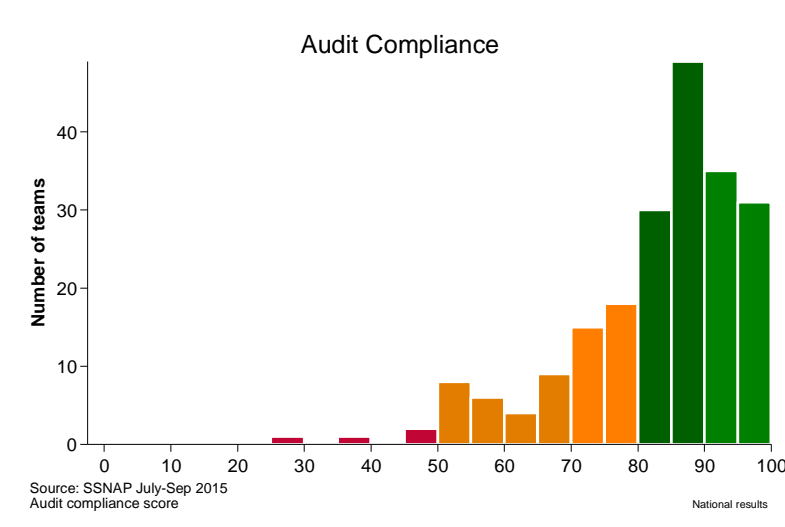


Source: SSNAP July-Sep 2015

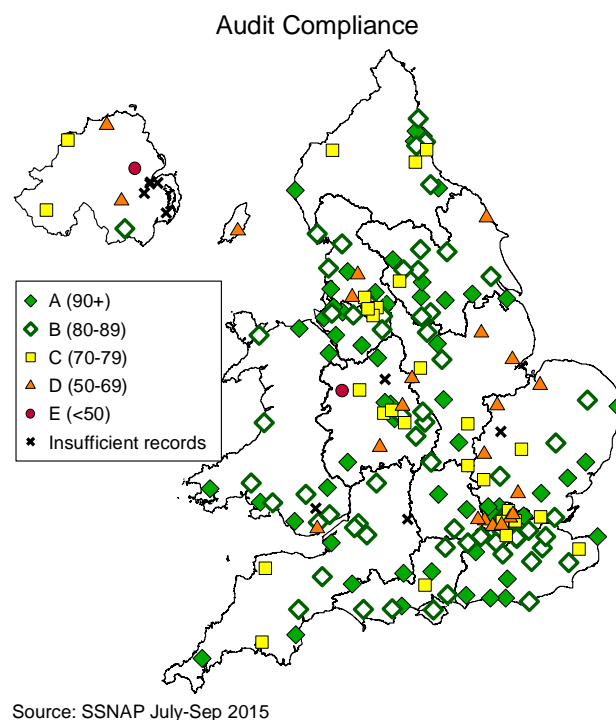
## Audit Compliance

High audit compliance is a prerequisite for meaningful audit results. Individual teams were provided with a weighted audit compliance score to provide a context in which to interpret their process of care results and identify areas of improvement. The audit compliance score includes measures of completeness of non-mandatory data items, in particular the breakdown of the NIHSS and percentage of 'unknown' responses. In response to feedback from post-acute teams, some measures of speed of data entry and data transfer have been added to ensure that these teams are able to complete their sections in a timely way so that the rapid turnaround of results can be maintained.

The graph below shows the distribution of audit compliance bands across all inpatient teams.



The following map shows the audit compliance level achieved by routinely admitting teams. Each symbol represents a team, colour coded by the overall level achieved. Teams with insufficient or no records submitted are also highlighted with an X symbol.



## 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. For example, if someone is unconscious after their stroke it would not be possible to test their walking or speech difficulties within the time frames normally required. 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](http://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. The 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.

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

Key denominators	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Cases Locked to 72 hours	19,652	19,865	20,049	19,971
Cases with known onset time	13,345	13,463	13,851	13,610
Cases with infarct	17,125	17,311	17,501	17,475
Cases with intracerebral haemorrhage	2,362	2,380	2,356	2,327
Cases with unknown type of stroke	165	174	192	169
Inpatient strokes	1,037	1,148	1,059	990
Arrive within 'normal hours'	9,120	9,100	8,910	9,307
Arrive 'out of hours'	9,495	9,617	10,080	9,674
Patients who went to a stroke unit	18,736	18,888	19,261	19,267
Patient who had a brain scan	19,487	19,691	19,857	19,802
Patients who had thrombolysis	2,279	2,210	2,293	2,182

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

## Section 1: 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 Domains 1 – 10 in this section, either patient-centred domain scores (whereby scores are attributed to every team which treated the patient at any point in their care) or team-centred domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to) have been calculated and given a performance level (A-E). Domain levels are presented in histograms and colour coded point maps. The decision about which results to present was made on the basis of the appropriateness of assigning responsibility for a SSNAP domain to a particular team e.g. team-centred results are provided for scanning as these results can be clearly assigned to the first admitting team; patient-centred results are presented for the therapy intensity domains as therapy is provided by all teams that treated the patient along the pathway.

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.

36 teams scored an 'A' overall this quarter, up from 14 last quarter. This is the top overall performance level. Several more teams would have scored an 'A' if they had not been marked down because of issues of case ascertainment and audit compliance. Nowhere else in the world has set as stringent standards and the results should be read in this context. However, what the latest results show is that although we have set the bar very high to achieve the top score, it is achievable and we hope will encourage others to strive to improve. Please see Appendix 3 for a summary of changes in stroke care between the current and previous SSNAP quarterly results, the National Sentinel Stroke Audit (NSSA) and the Stroke Improvement National Audit Programme (SINAP).

## SSNAP Level

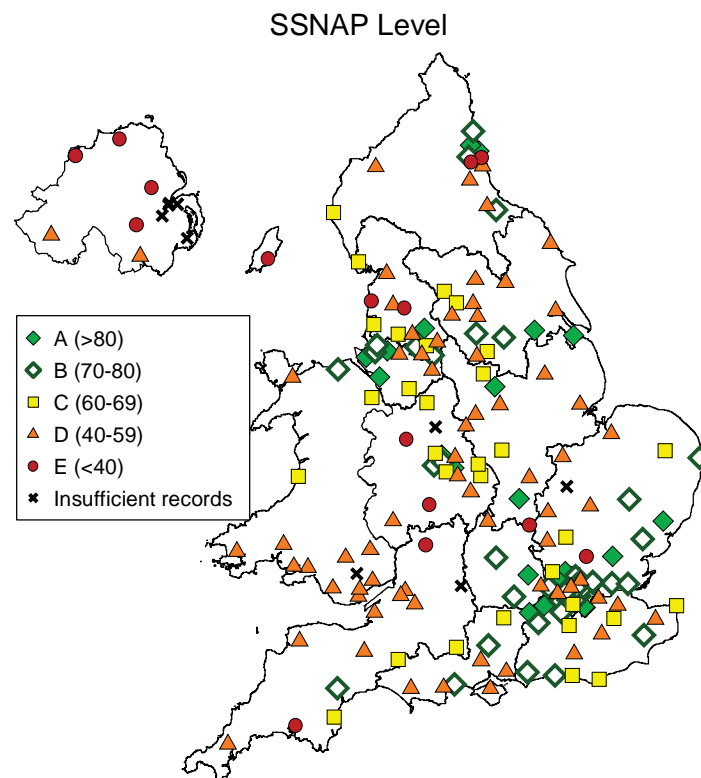
The diagram below demonstrates how domain scores are amalgamated into an overall SSNAP score.



## Distribution of SSNAP levels across inpatient teams

SSNAP levels:	Oct – Dec 2014 204 teams	Jan – Mar 2015 201 teams	Apr - Jun 2015 206 teams	Jul – Sep 2015 206 teams
A	16 teams (8%)	11 teams (5%)	14 teams (7%)	36 teams (17%)
B	27 teams (13%)	36 teams (18%)	41 teams (20%)	43 teams (21%)
C	43 teams (21%)	39 teams (19%)	48 teams (23%)	38 teams (18%)
D	89 teams (43%)	92 teams (46%)	82 teams (40%)	73 teams (35%)
E	29 teams (15%)	24 teams (12%)	21 teams (10%)	16 teams (8%)

The map below shows the SSNAP level achieved by all *inpatient teams* in England, Wales, and Northern Ireland. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or no records submitted are highlighted with an X.



Source: SSNAP July-Sep 2015

#### You may also be interested in...

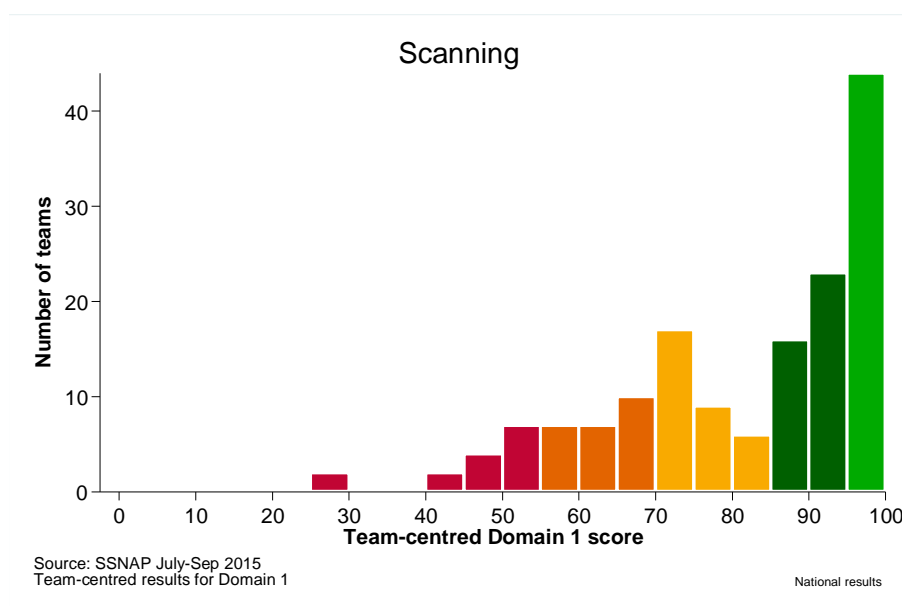
SSNAP domain and key indicator results are also available in the form of **interactive maps** on the SSNAP Reporting Portal ([www.strokeaudit.org/results/Clinical-audit/maps](http://www.strokeaudit.org/results/Clinical-audit/maps)). These dynamic maps allow you to find information about stroke services 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.

## Domain 1: Scanning

Domain 1: Brain Scanning – Key indicators	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of patients scanned within 1 hour of clock start*	44.0%	45.3%	46.2%	47.4%
Percentage of patients scanned within 12 hours of clock start	87.7%	89.9%	90.1%	91.0 %
Median time between clock start and scan	1hr 15m	1hr 12m	1h 09m	1h 06m

\*Target is 50% of all stroke patients

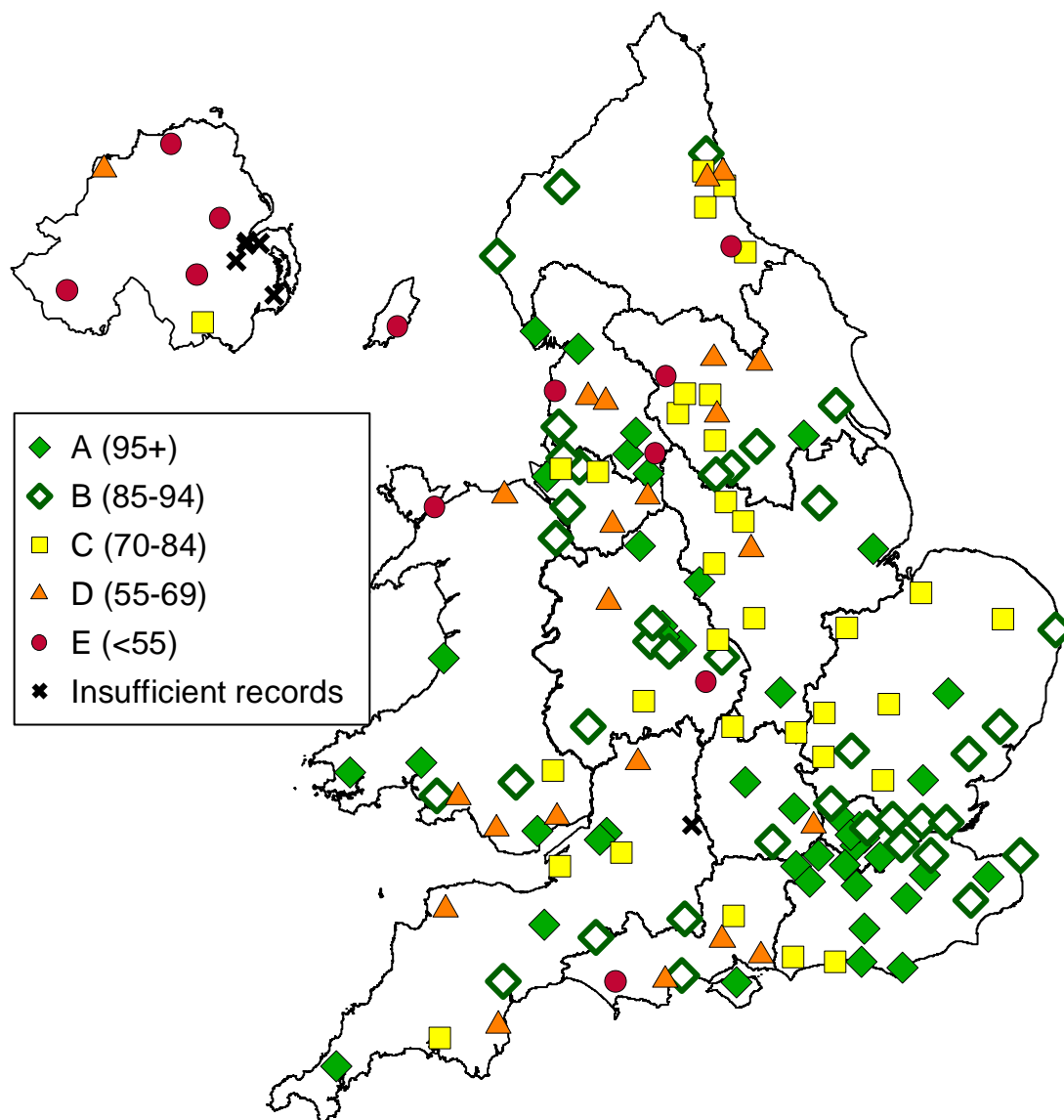
### Distribution of scores across all routinely admitting teams for Domain 1 (153 teams)



SSNAP D1 Level	Number of teams achieving each level			
	Oct – Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	39 teams (25%)	40 teams (26%)	43 teams (27%)	44 teams (29%)
B	29 teams (19%)	30 teams (19%)	30 teams (19%)	38 teams (25%)
C	31 teams (20%)	36 teams (23%)	40 teams (25%)	33 teams (22%)
D	36 teams (23%)	30 teams (19%)	23 teams (15%)	23 teams (15%)
E	20 teams (13%)	20 teams (13%)	22 teams (14%)	15 teams (10%)

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

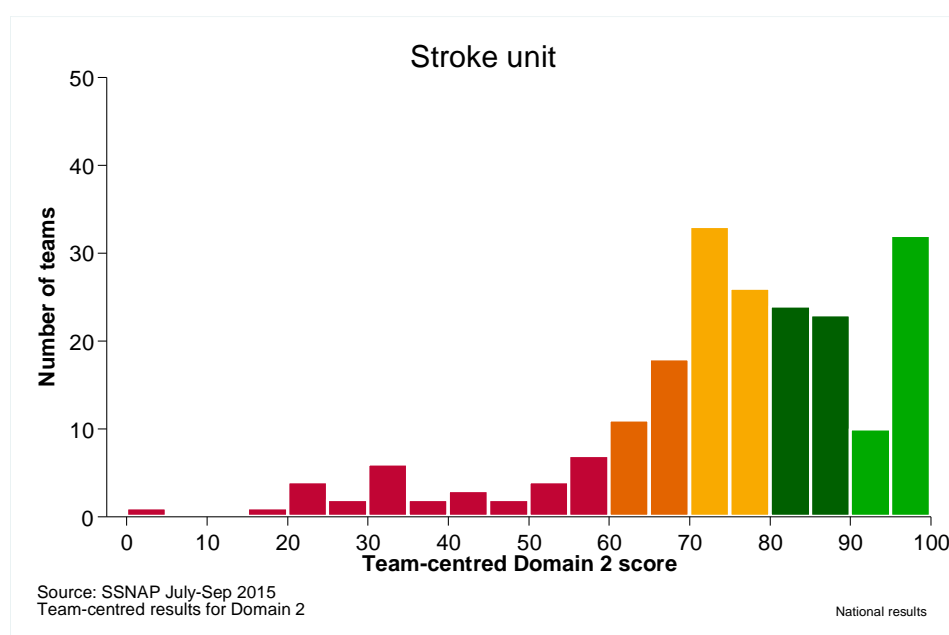


Source: SSNAP July-Sep 2015 (Team Centred)

## Domain 2: Stroke Unit

Key indicators: Stroke unit	Oct-Dec 2014	Jan-Mar 2015	Apr-June 2015	Jul-Sep 2015
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start (CCG OIS)	56.9%	53.6%	58.7%	61.8%
Median time between clock start and arrival on stroke unit	3h 41m	3h 49m	3h 36m	3h 28m
Percentage of patients who spent at least 90% of their stay on stroke unit	82.2%	80.6%	82.6%	85.1%

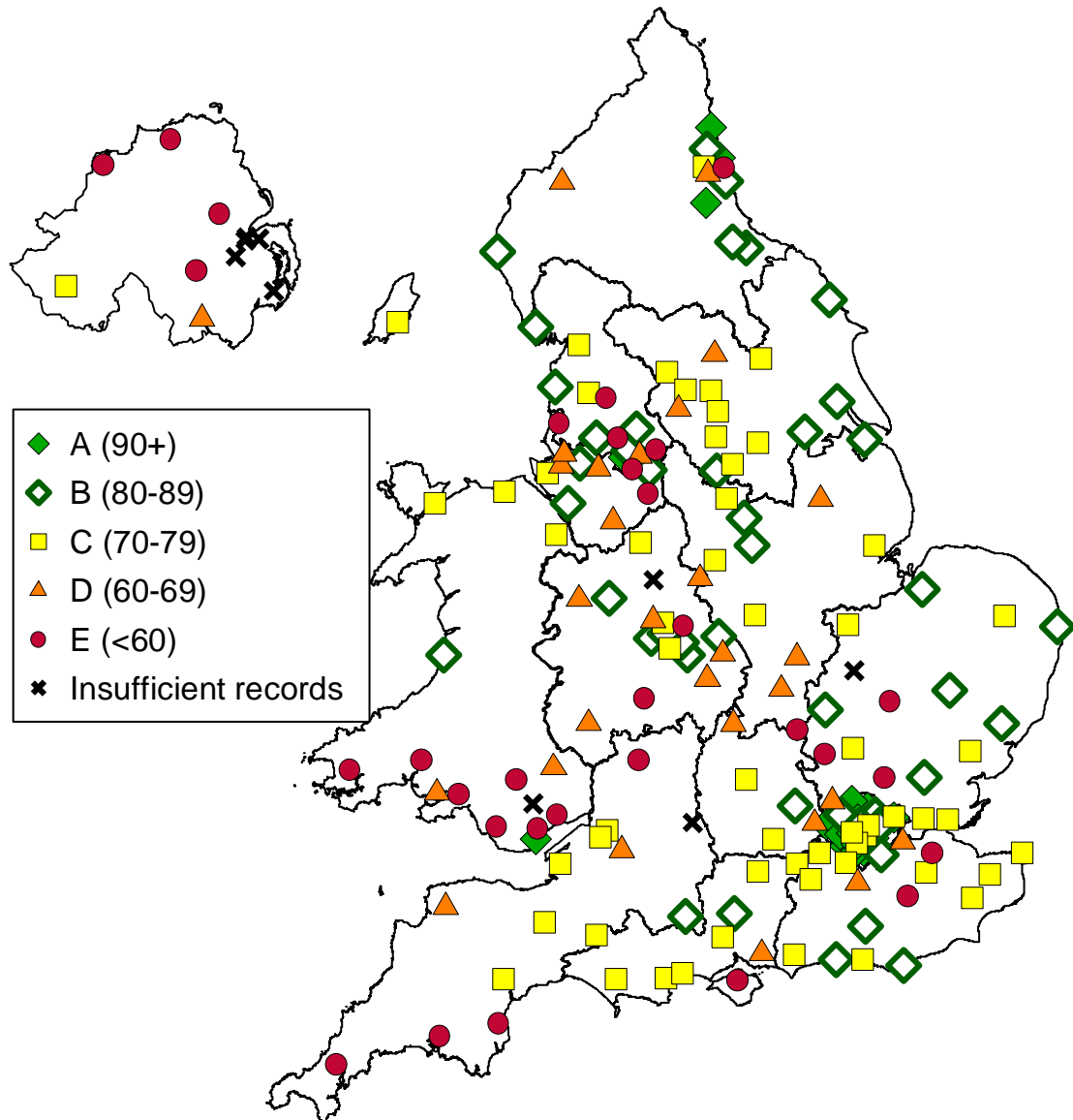
### Distribution of scores across all inpatient teams for Domain 2 (208 teams)



D2 Level	Number of teams achieving each level			
	Oct – Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	34 teams (17%)	36 teams (18%)	36 teams (17%)	42 teams (20%)
B	36 teams (17%)	31 teams (15%)	35 teams (17%)	47 teams (23%)
C	62 teams (30%)	52 teams (25%)	60 teams (29%)	58 teams (28%)
D	34 teams (17%)	30 teams (15%)	34 teams (17%)	29 teams (14%)
E	40 teams (19%)	56 teams (27%)	41 teams (20%)	32 teams (15%)

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 or too few records submitted are highlighted with an X symbol.

## Stroke Unit: Domain 2

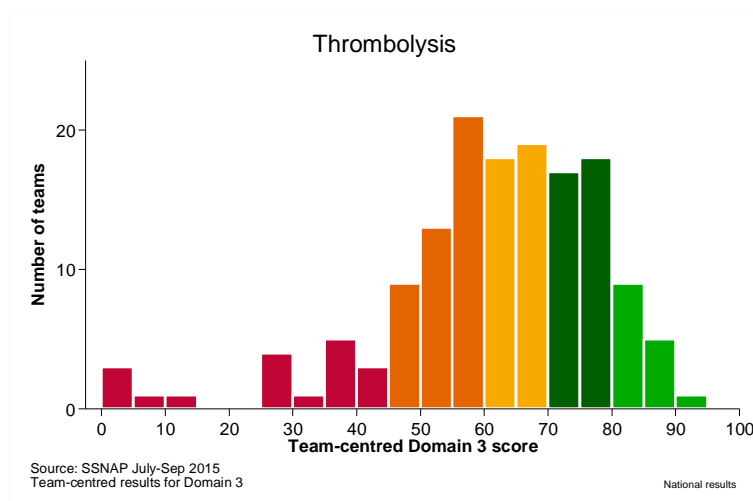


Source: SSNAP July-Sep 2015 (Team Centred)

## Domain 3: Thrombolysis

Key indicators: Thrombolysis	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of all stroke patients given thrombolysis (all stroke types) (CCG OIS C3.6)	11.6%	11.1%	11.4%	10.9%
Percentage of eligible patients given thrombolysis (according to the Royal College of Physicians (RCP) guideline minimum threshold)	82.2%	81.8%	83.3%	85.6%
Percentage of patients who were thrombolysed within 1 hour of clock start, if thrombolysed	57.0%	56.4%	57.7%	59.8%
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 (NICE Quality Standard)	56.3%	53.1%	58.3%	61.4%
Median time between clock start and thrombolysis (minutes)	55m	56m	55m	53m

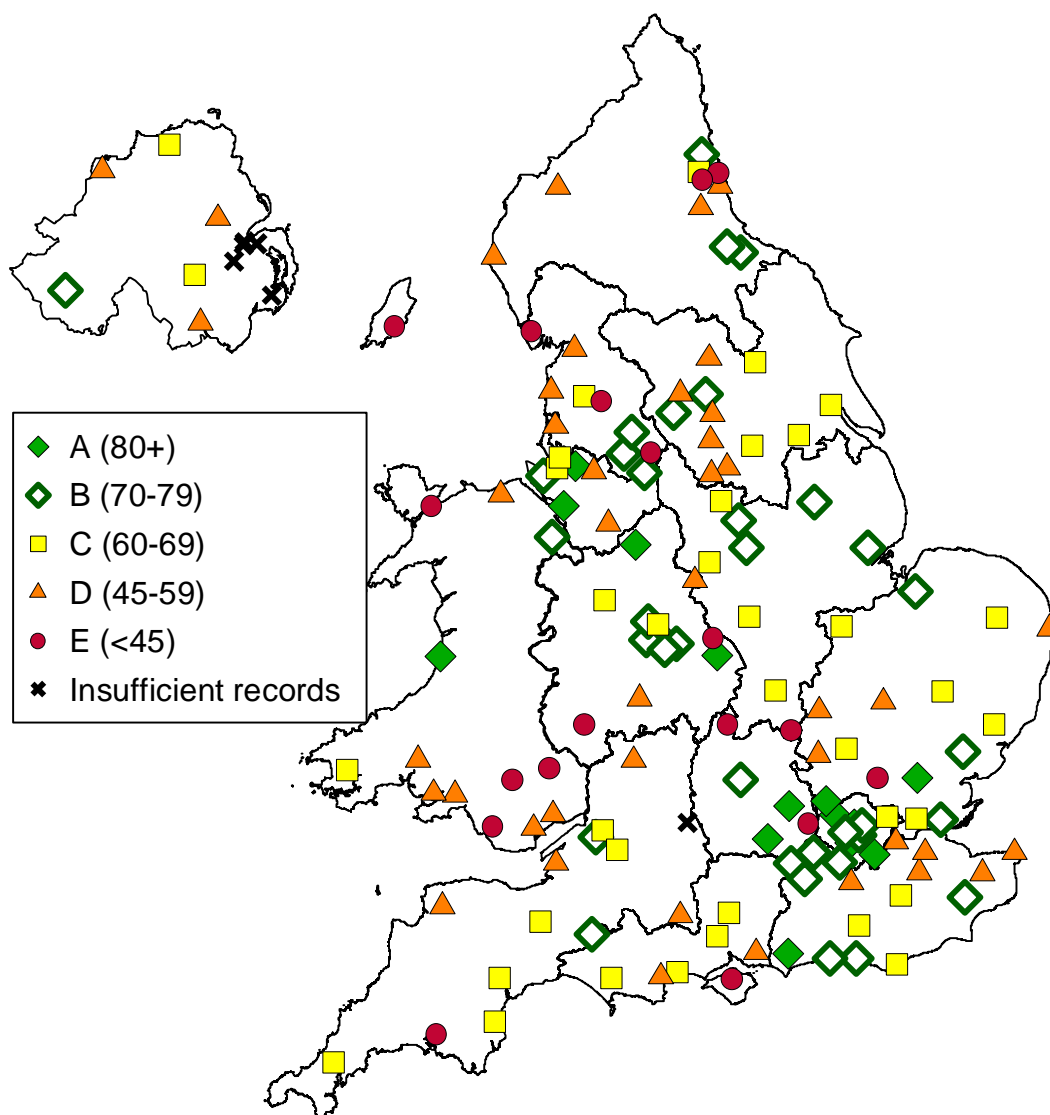
### Distribution of Domain 3 level across routinely admitting teams (147 teams)



D3 Level	Number of teams achieving each level			
	Oct – Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	15 teams (10%)	7 teams (5%)	9 teams (6%)	15 teams (10%)
B	39 teams (26%)	32 teams (21%)	39 teams (26%)	35 teams (24%)
C	29 teams (19%)	40 teams (26%)	36 teams (24%)	37 teams (25%)
D	44 teams (29%)	45 teams (29%)	49 teams (32%)	42 teams (29%)
E	24 teams (16%)	29 teams (19%)	19 teams (13%)	18 teams (12%)

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 or too few records submitted are highlighted with an X symbol.

### Thrombolysis: Domain 3

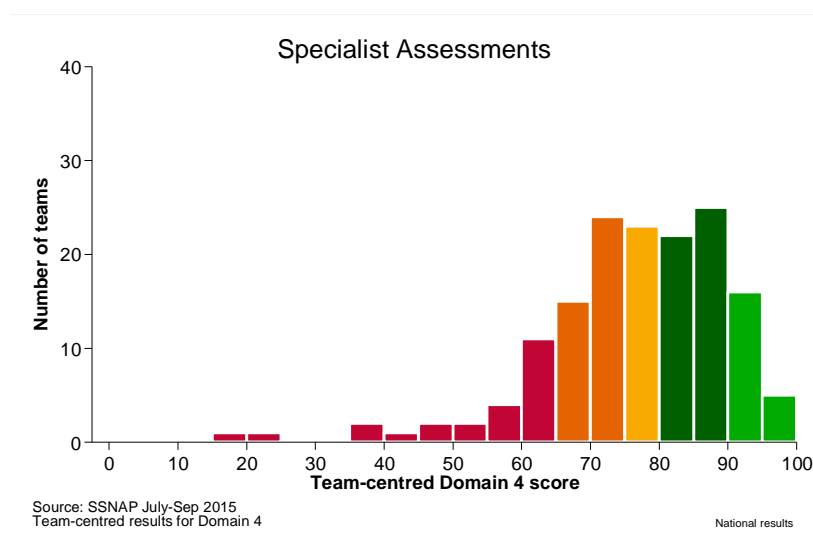


Source: SSNAP July-Sep 2015 (Team Centred)

## Domain 4: Specialist Assessments

Key Indicators: Specialist Assessments	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	76.5%	76.4%	78.1%	79.6%
Median time between clock start and being assessed by stroke consultant	12h 32m	12h 55m	12h 46m	12h 27m
Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	87.4%	87.2%	88.1%	89.1%
Median time between clock start and being assessed by stroke nurse (minutes)	1h 46m	1h 47m	1h 36m	1h 26m
Percentage of applicable patients who were given a swallow screen within 4h of clock start	68.7%	68.0%	71.1%	72.8%
Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start	83.9%	82.9%	83.6%	84.9%

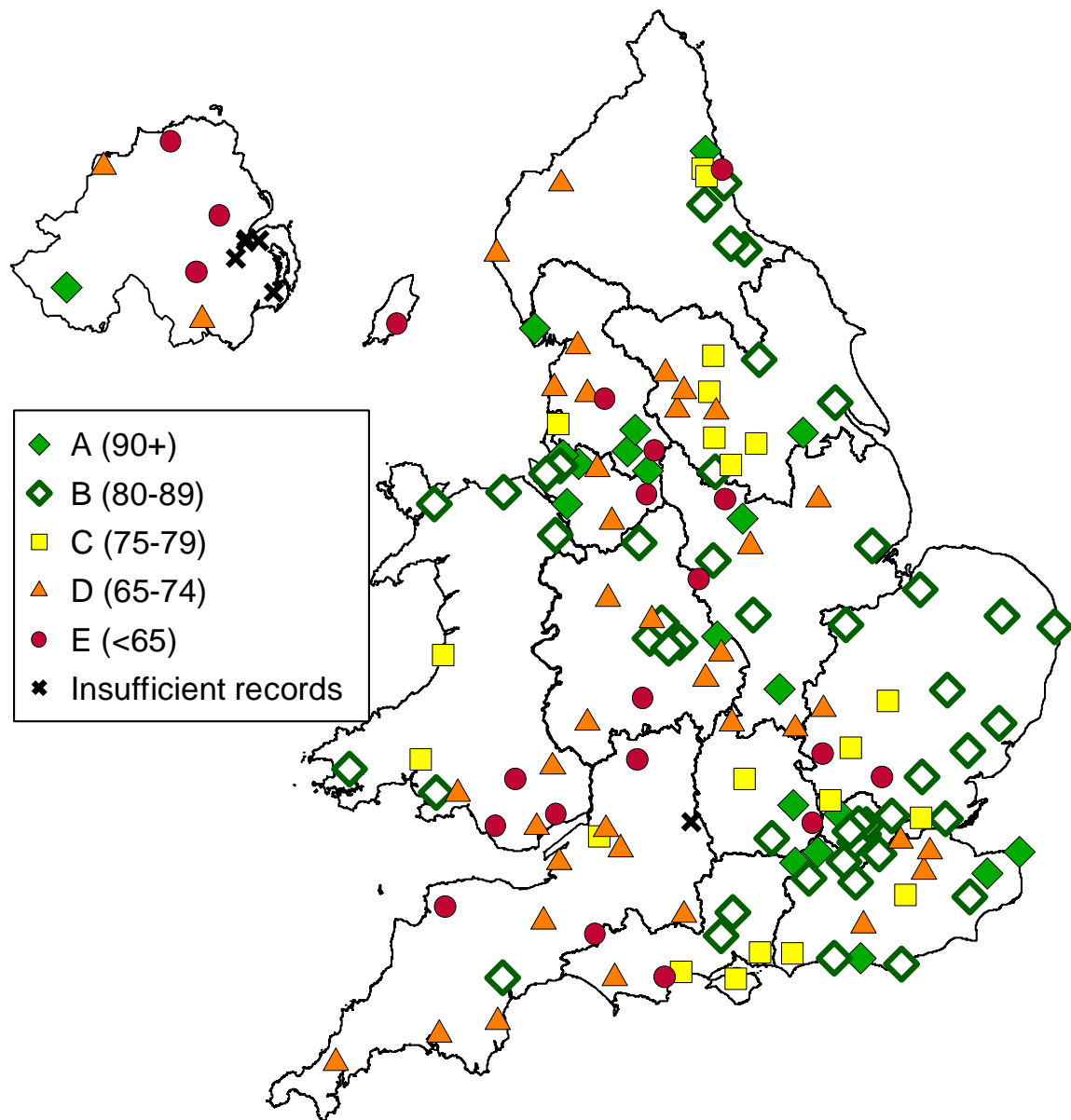
### Distribution of Domain 4 level across routinely admitting teams (153 teams)



D4 Level	Number of teams achieving each level			
	Oct – Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	20 teams (13%)	10 teams (6%)	15 teams (9%)	21 teams (14%)
B	41 teams (26%)	49 teams (31%)	49 teams (31%)	48 teams (31%)
C	25 teams (16%)	21 teams (13%)	22 teams (14%)	21 teams (14%)
D	38 teams (25%)	36 teams (23%)	42 teams (27%)	39 teams (25%)
E	31 teams (20%)	40 teams (26%)	30 teams (19%)	24 teams (16%)

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 or too few records submitted are highlighted with an X symbol

## Specialist Assessments: Domain 4

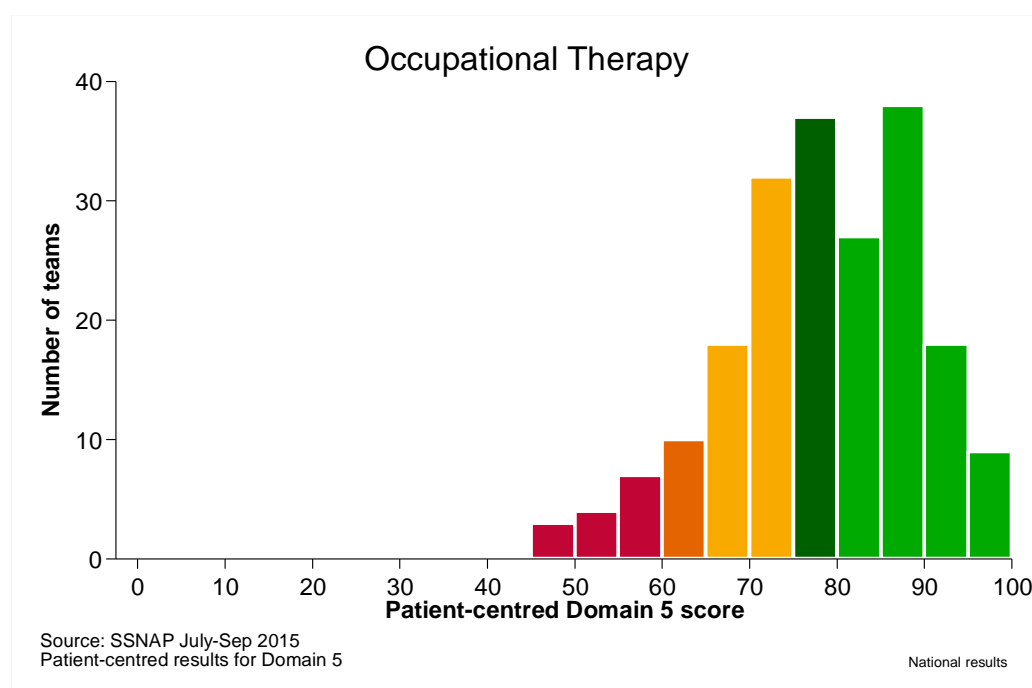


Source: SSNAP July-Sep 2015 (Team Centred)

## Domain 5: Occupational Therapy

Key Indicators: Occupational Therapy	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of patients reported as requiring occupational therapy	81.6%	81.7%	82.6%	82.7%
Median number of minutes per day on which occupational therapy is received	40 mins	40 mins	40 mins	40.4 mins
Median % of days as an inpatient on which occupational therapy is received	58.5%	58.4%	58.6%	62.2%
Proxy for NICE Quality Standard Statement 7: % of the minutes of occupational therapy required (according to NICE QS-S7) which were delivered	74.3%	74.2%	75.3%	80.9%

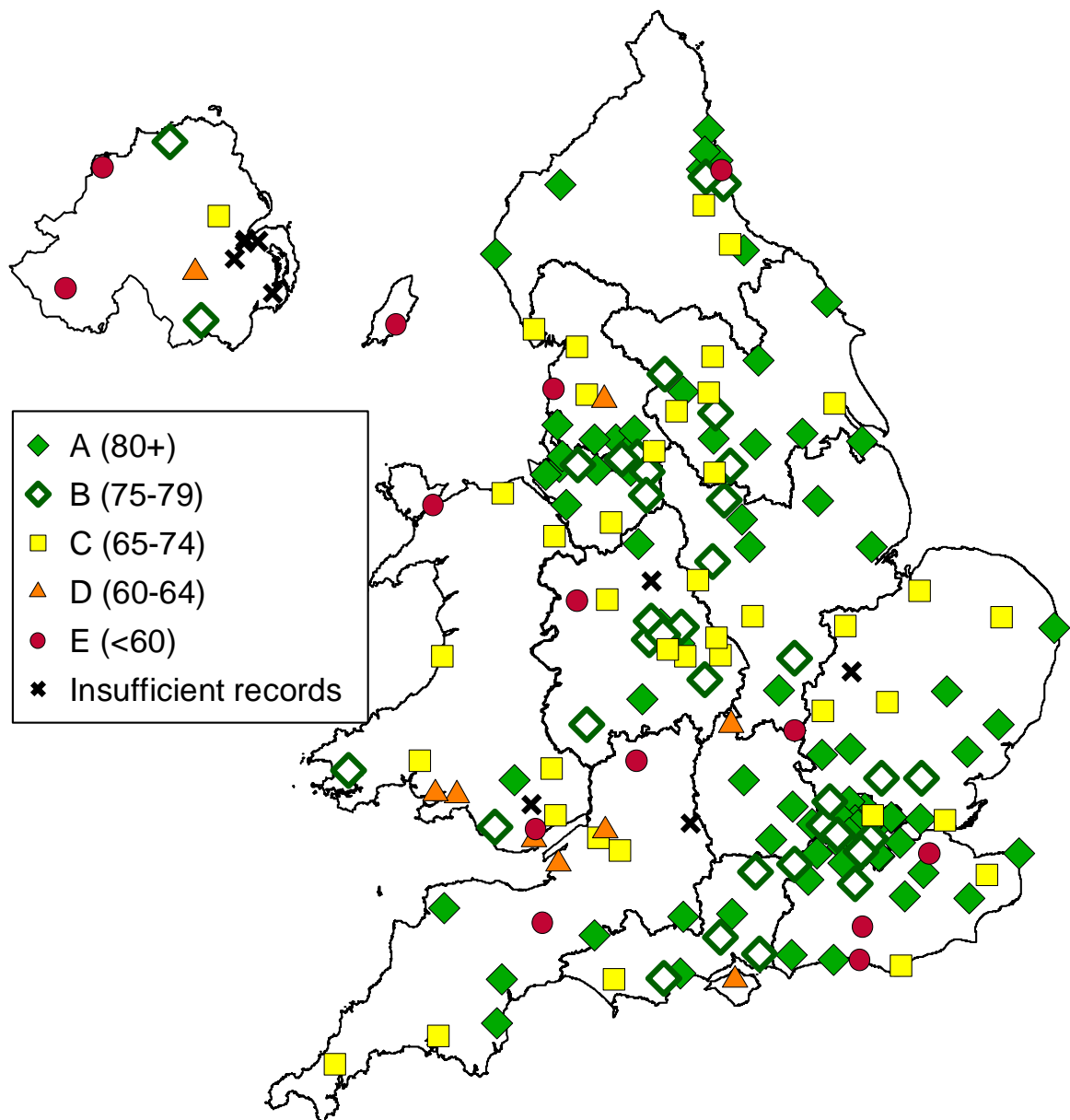
### Distribution of Domain 5 level across all inpatient teams (207 teams)



D5 Level	Number of teams achieving each level			
	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	88 teams (43%)	84 teams (42%)	81 teams (39%)	96 teams (46%)
B	30 teams (15%)	32 teams (16%)	38 teams (18%)	39 teams (19%)
C	52 teams (25%)	51 teams (25%)	55 teams (27%)	48 teams (23%)
D	19 teams (9%)	19 teams (9%)	22 teams (11%)	10 teams (5%)
E	16 teams (8%)	16 teams (8%)	10 teams (5%)	14 teams (7%)

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 or too few records submitted are highlighted with an X symbol.

## Occupational Therapy: Domain 5

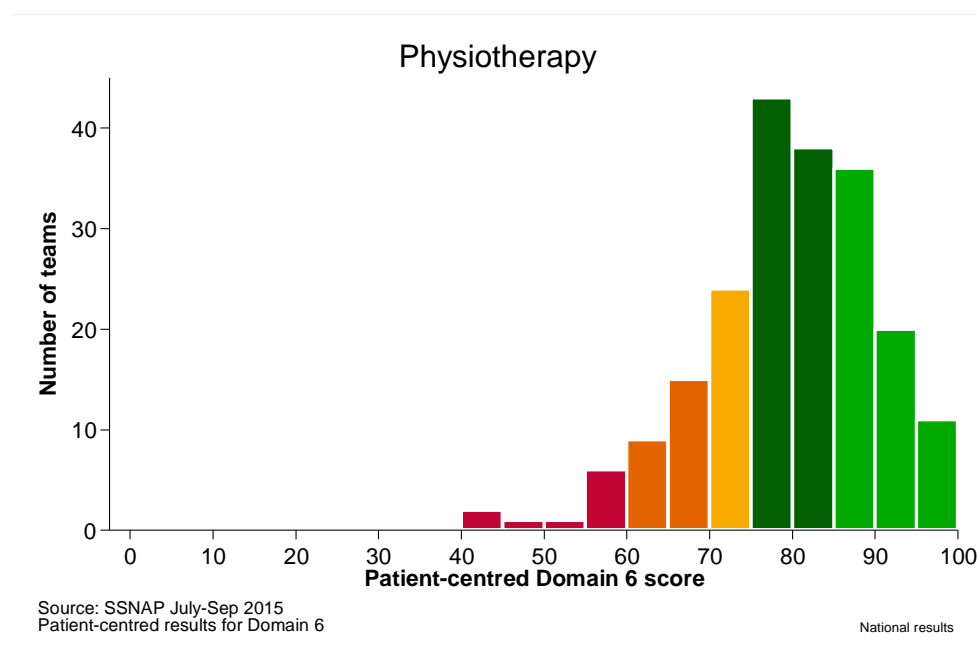


Source: SSNAP July-Sep 2015 (Patient Centred)

## Domain 6: Physiotherapy

Key Indicators: Physiotherapy	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of patients reported as requiring physiotherapy	84.7%	84.5%	85.1%	85.3%
Median number of minutes per day on which physiotherapy is received	33.8%	33.1%	33.1%	33.3%
Median % of days as an inpatient on which physiotherapy is received	67.7%	66.8%	67.5%	71.6%
Proxy for NICE Quality Standard Statement 7: % of the minutes of physiotherapy required (according to NICE QS-S7) which were delivered	70.9%	68.5%	69.5%	74.5%

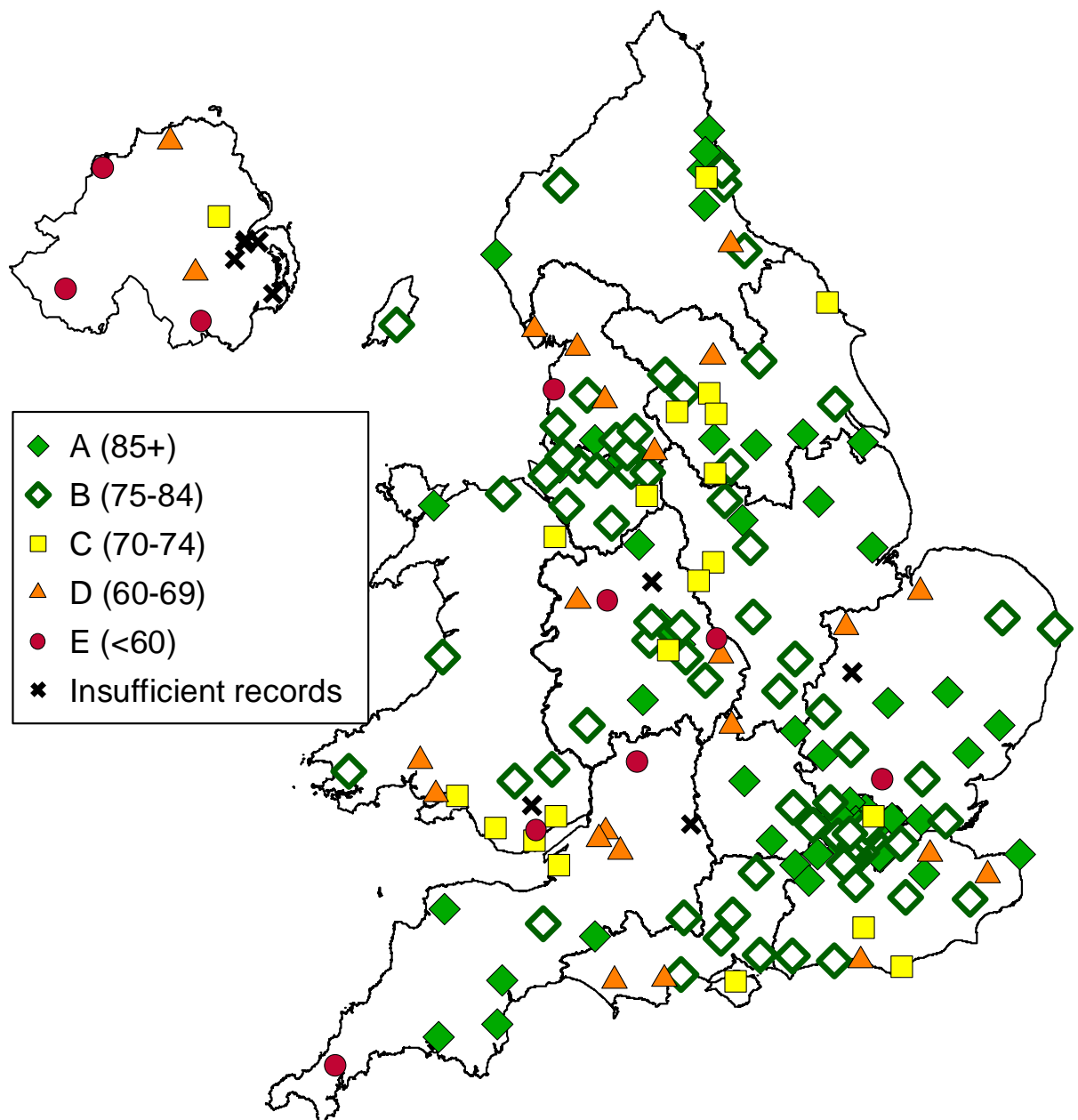
### Distribution of Domain 6 level across all inpatient teams (207 teams)



D6 Level	Number of teams achieving each level			
	Oct –Dec 2014	Jan –Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	52 teams (25%)	46 teams (23%)	53 teams (26%)	70 teams (34%)
B	75 teams (37%)	81 teams (40%)	79 teams (38%)	79 teams (38%)
C	30 teams (15%)	33 teams (16%)	30 teams (15%)	25 teams (12%)
D	39 teams (19%)	31 teams (15%)	31 teams (15%)	23 teams (11%)
E	9 teams (4%)	11 teams (5%)	13 teams (6%)	10 teams (5%)

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 or too few records submitted are highlighted with an X symbol.

## Physiotherapy: Domain 6

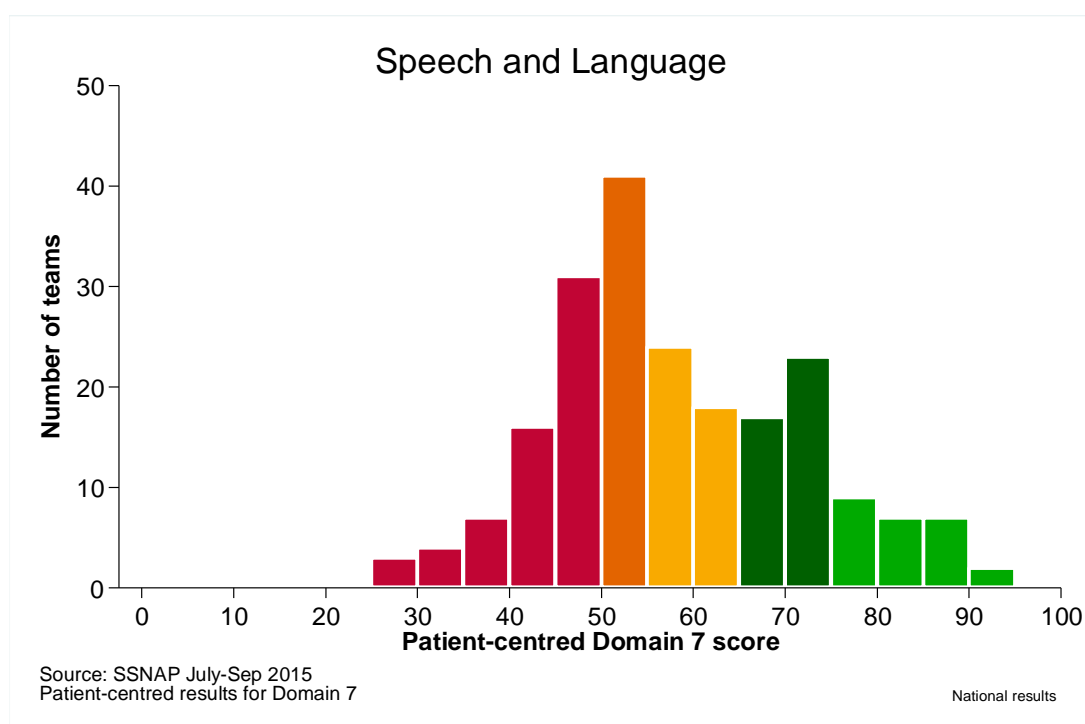


Source: SSNAP July-Sep 2015 (Patient Centred)

## Domain 7: Speech and Language Therapy

Key Indicators: Speech and Language Therapy	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of patients reported as requiring speech and language therapy	48.8%	48.2%	48.0%	48.2%
Median number of minutes per day on which speech and language therapy is received	30.8 mins	31.3 mins	31.7 mins	31.7 mins
Median % of days as an inpatient on which speech and language therapy is received	40.4%	40.3%	40.0%	44.1%
Proxy for NICE Quality Standard Statement 7: % of the minutes of speech and language therapy required (according to NICE QS-S7) which were delivered	37.8%	37.8%	37.8%	41.9%

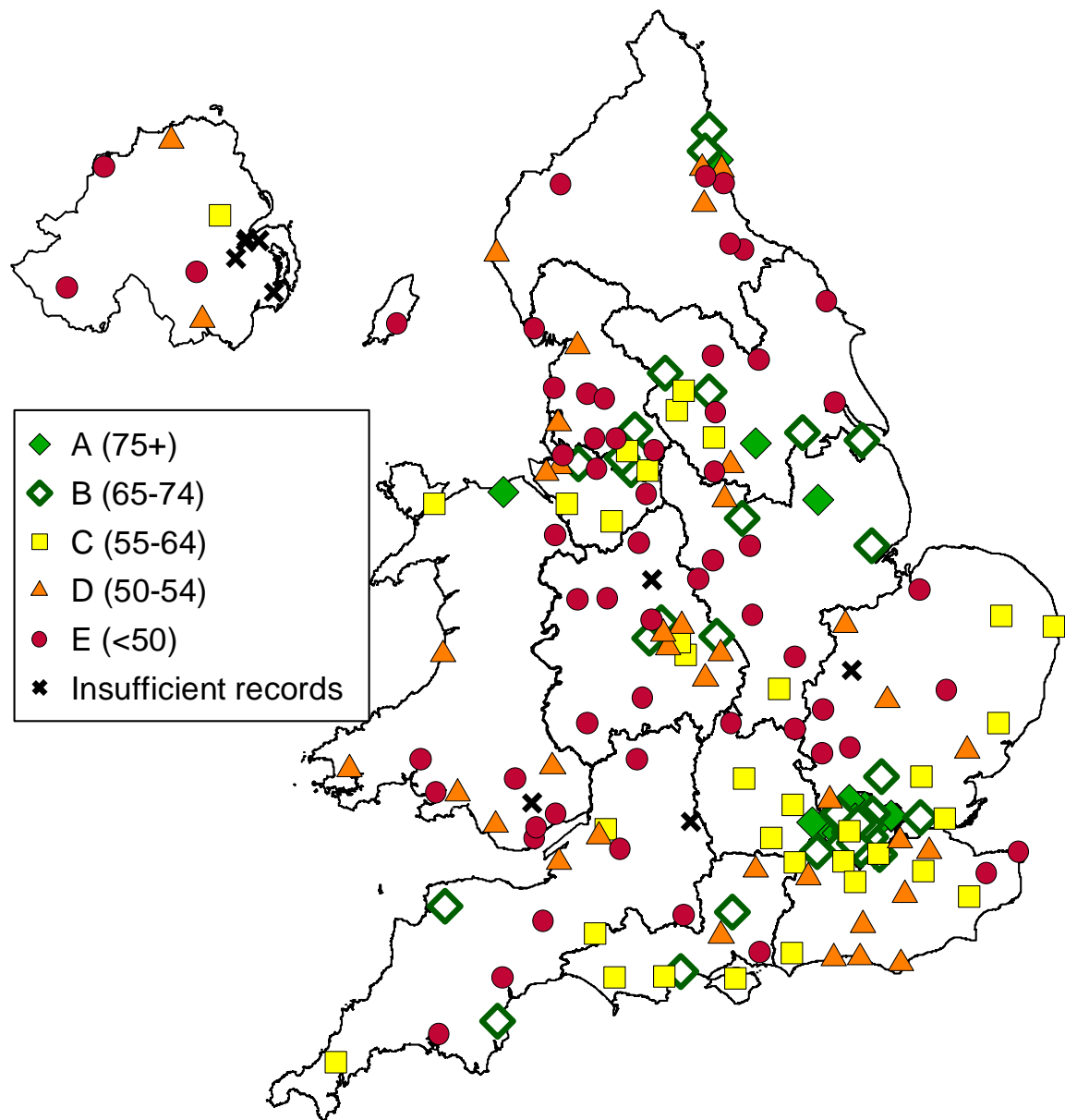
### Distribution of Domain 7 level across all inpatient teams (207 teams)



D7 Level	Number of teams achieving each level			
	Oct –Dec 2014	Jan –Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	22 teams (11%)	20 teams (10%)	18 teams (9%)	25 teams (12%)
B	26 teams (13%)	36 teams (18%)	28 teams (14%)	39 teams (19%)
C	47 teams (23%)	31 teams (15%)	51 teams (25%)	42 teams (20%)
D	28 teams (14%)	37 teams (18%)	31 teams (15%)	40 teams (19%)
E	82 teams (40%)	78 teams (39%)	78 teams (38%)	61 teams (29%)

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 or too few records submitted are highlighted with an X symbol.

## Speech and Language Therapy: Domain 7

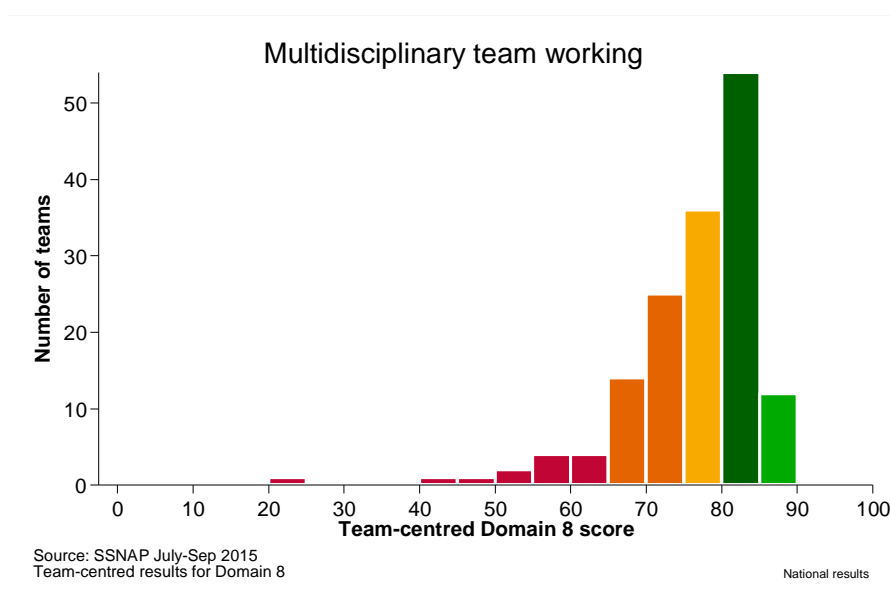


Source: SSNAP July-Sep 2015 (Patient Centred)

## Domain 8: Multidisciplinary team working

Key indicators: Multidisciplinary team working	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start	88.8%	89.1%	88.9%	90.4%
Median time between clock start and being assessed by occupational therapist	23h 23m	23h 10m	22h 34m	22h 11m
Percentage of applicable patients who were assessed by a physiotherapist within 72h of clock start	93.9%	93.7%	93.2%	94.5%
Median time between clock start and being assessed by physiotherapist	22h 19m	22h 03m	21h 38m	21h 15m
Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start	82.9%	82.9%	82.7%	86.9%
Median time between clock start and being assessed by speech and language therapist	25h 5m	24h 55m	24h 0m	23h 45m
Percentage of applicable patients who have rehabilitation goals agreed within 5 days of clock start	87.6%	87.9%	88.3%	89.0%
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	52.7%	52.4%	53.1%	57.8%

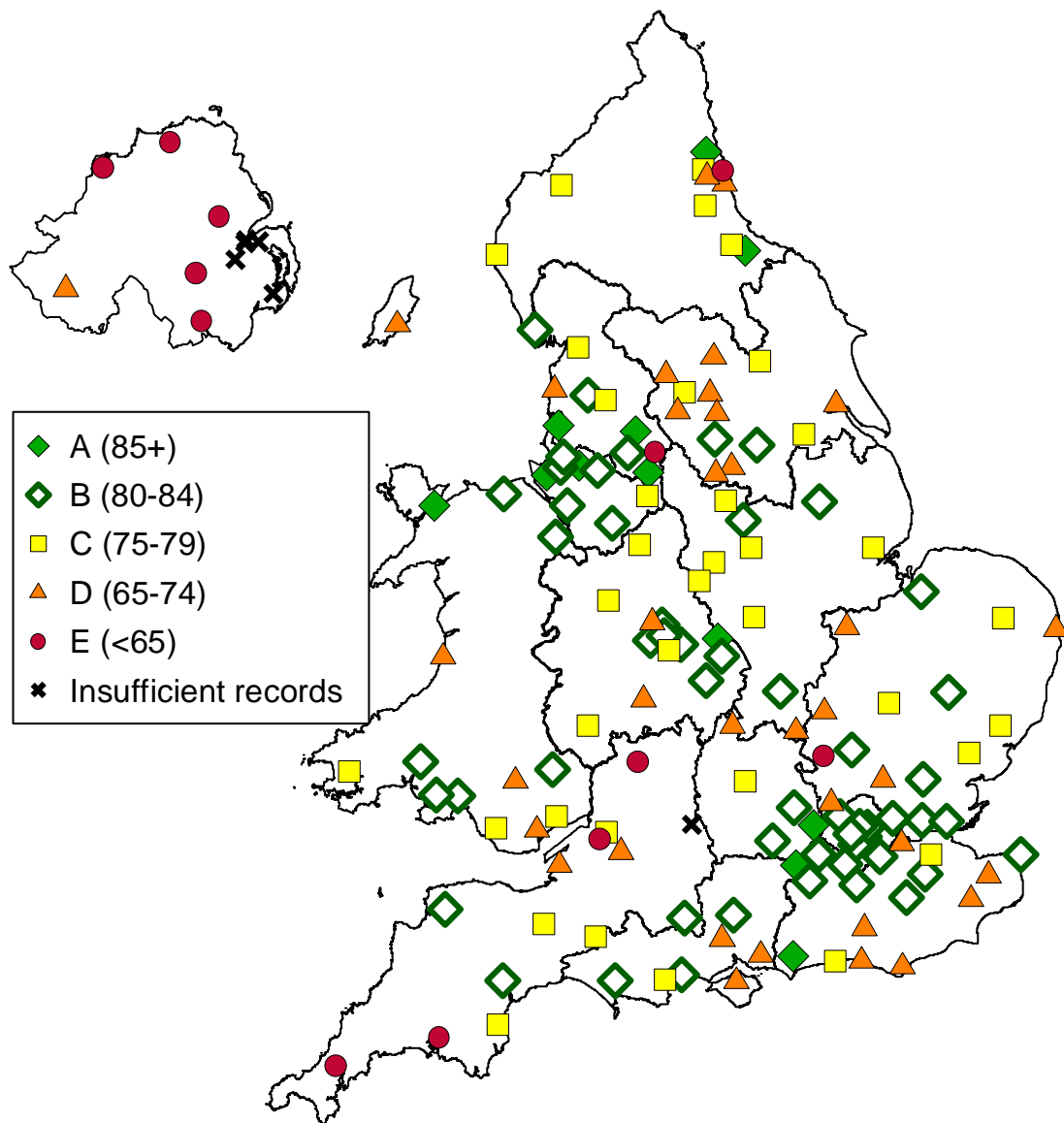
**Distribution of Domain 8 level across all routinely admitting teams (153 teams)**



D8 Level	Number of teams achieving each level			
	Oct-Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	4 teams (3%)	4 teams (3%)	5 teams (3%)	12 teams (8%)
B	41 teams (26%)	44 teams (28%)	46 teams (29%)	54 teams (35%)
C	42 teams (27%)	39 teams (25%)	46 teams (29%)	37 teams (24%)
D	51 teams (33%)	47 teams (30%)	43 teams (27%)	37 teams (24%)
E	17 teams (11%)	22 teams (14%)	18 teams (11%)	13 teams (8%)

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



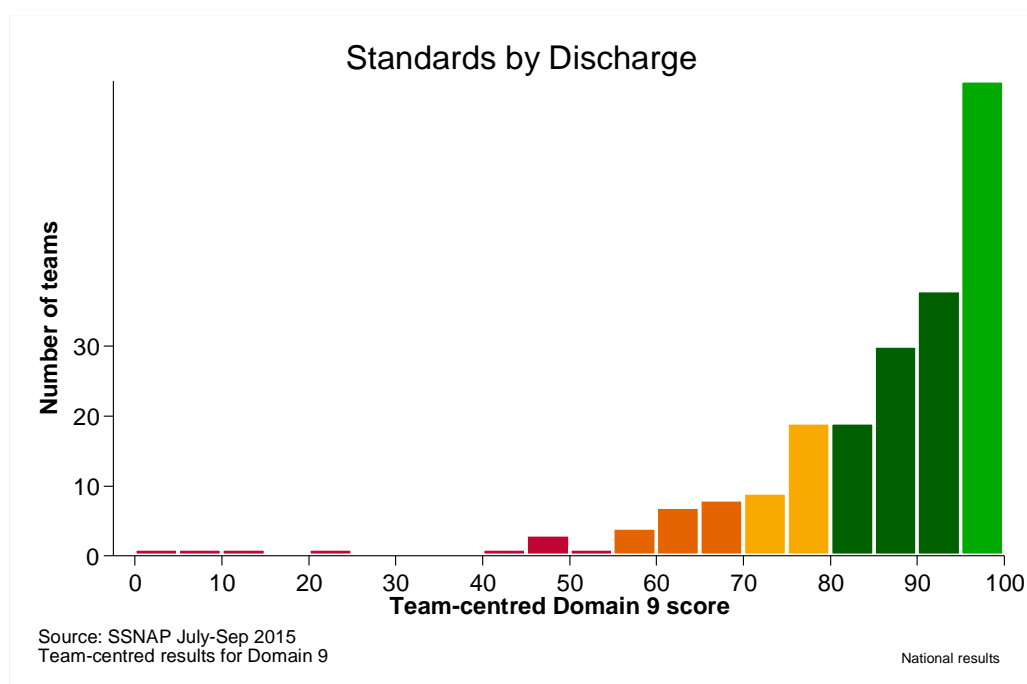
Source: SSNAP July-Sep 2015 (Team Centred)

## Domain 9: Standards by Discharge

Key Indicators: Standards by Discharge	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge*	69.6%	77.6%	77.1%	80.3%
Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start	85.5%	86.7%	89.2%	89.3%
Percentage of applicable patients who have mood and cognition screening by discharge	87.2%	87.4%	88.4%	90.0%

\* From January – March 2015 onwards, patients who are indicated as being for palliative care (either within 72 hours or by discharge) are now excluded from this measurement.

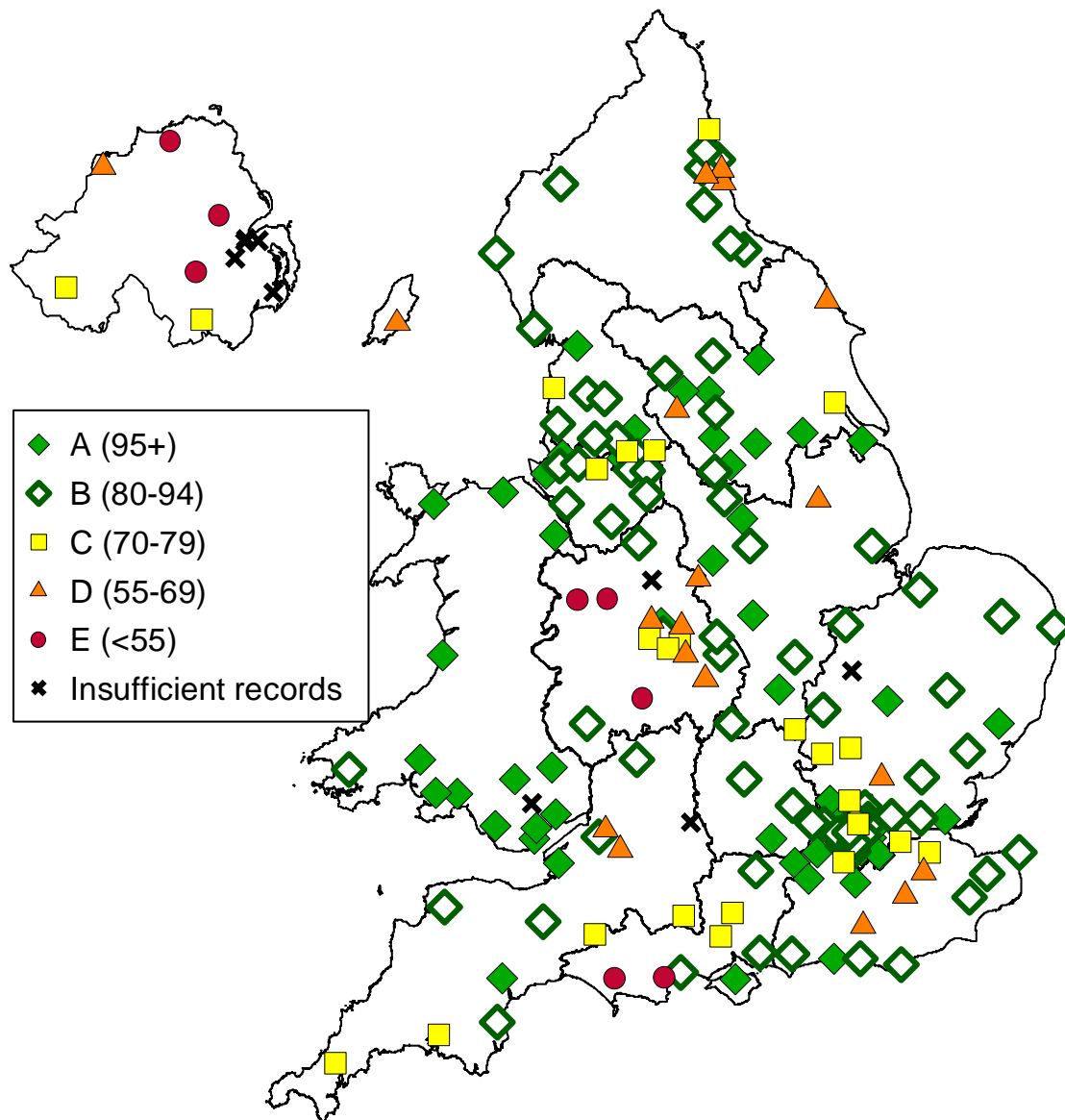
### Distribution of Domain 9 level across inpatient teams (206 teams)



D9 Level	Number of teams achieving each level			
	Oct – Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	35 teams (17%)	55 teams (27%)	54 teams (26%)	68 teams (33%)
B	88 teams (43%)	89 teams (44%)	95 teams (46%)	83 teams (40%)
C	37 teams (18%)	26 teams (13%)	30 teams (15%)	28 teams (14%)
D	32 teams (16%)	26 teams (13%)	16 teams (8%)	19 teams (9%)
E	12 teams (6%)	5 teams (2%)	11 teams (5%)	9 teams (4%)

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 or too few records submitted are highlighted with an X symbol.

## Standards by Discharge: Domain 9



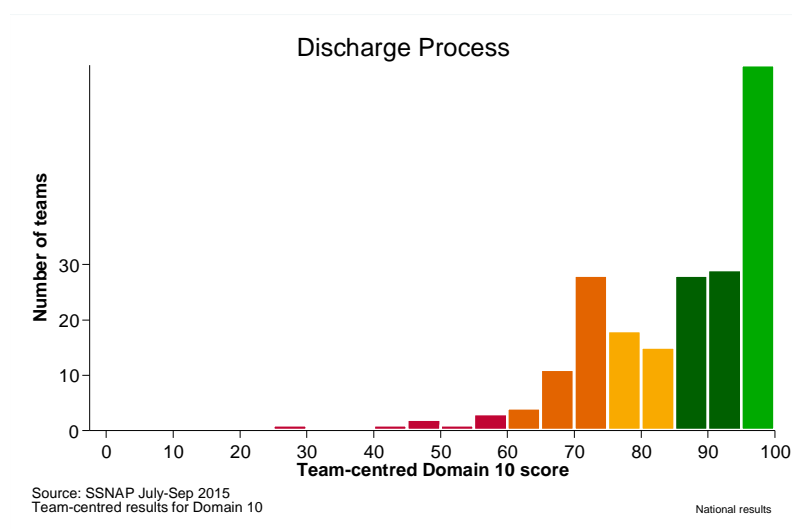
Source: SSNAP July-Sep 2015 (Team Centred)

## Domain 10: Discharge Processes

Key Indicators: Discharge Processes	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015
Percentage of applicable patients receiving a joint health and social care plan on discharge	81.4%	82.7%	84.2%	87.4%
Percentage of patients treated by a stroke skilled Early Supported Discharge team*	29.3%	31.0%	31.7%	31.8%
Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation	95.5%	96.1%	96.9%	97.1%
Percentage of those patients who are discharged alive who are given a named person to contact after discharge	86.2%	88.6%	89.6%	90.1%

\* According to literature, approximately 34% of stroke patients are considered eligible for ESD <sup>1</sup>

### Distribution of Domain 10 level across all inpatient teams (206 teams)

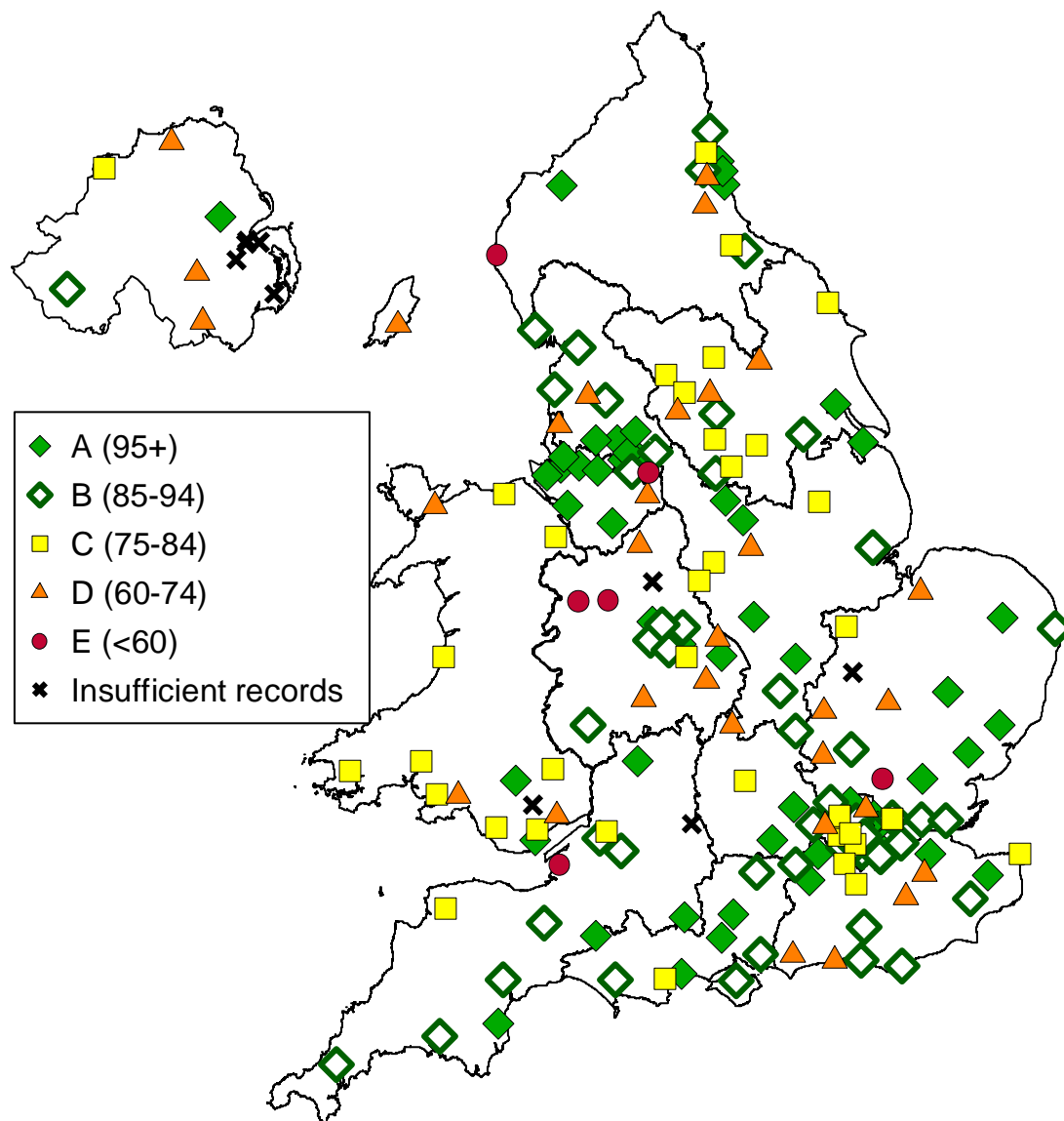


D10 Level	Number of teams achieving each level			
	Oct-Dec 2014	Jan – Mar 2015	Apr-Jun 2015	Jul-Sep 2015
A	44 teams (22%)	54 teams (27%)	55 teams (27%)	66 teams (32%)
B	54 teams (26%)	49 teams (24%)	58 teams (28%)	56 teams (27%)
C	46 teams (23%)	44 teams (22%)	45 teams (22%)	43 teams (21%)
D	44 teams (22%)	41 teams (20%)	40 teams (20%)	33 teams (16%)
E	16 teams (8%)	13 teams (6%)	7 teams (3%)	8 teams (4%)

<sup>1</sup> <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard>

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 or too few records submitted are highlighted with an X symbol.

## Discharge Processes: Domain 10



Source: SSNAP July-Sep 2015 (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 will be used in future 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 19,971 patients admitted July-September 2015. The casemix of the 19,551 patient discharged during the same time period are very similar and have not been included in this public report.

### 2.1 Patient Numbers

Number of stroke patients (Q1.9) included in report	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Number of stroke patients	19,652	19,865	20,049	19,971	F1.1
<i>Patients newly arriving in hospital</i>	94.7%	94.2%	94.7%	95.0%	
<i>Patients already in hospital at time of stroke (Q1.10)</i>	5.3%	5.8%	5.3%	5.0%	F11.3
Median (IQR) number of patients entered into the audit per team*	112 patients (83-157)	110 patients (80-162)	112 patients (82 -158)	116 patients (79-162)	

\*only for teams which met the minimum criteria for inclusion in named team spreadsheets

### 2.2 Gender

Gender (Q1.6)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Male patients	49.8%	49.9%	50.5%	51.6%	F3.5
Female patients	50.2%	50.1%	49.5%	48.4%	F3.3

### 2.3 Age

Median age on clock start (Q1.5)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Age (years)	77	77	77	77	F4.1
Male Patients	74	74	74	73	F4.10
Female Patients	81	81	80	80	F4.7

% of patients aged >80 years on clock start (Q1.5)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Patients aged over 80 years	40.6%	40.0%	39.0%	38.7%	F4.6
Males aged over 80 years	30.1%	29.9%	28.9%	28.6%	F4.18
Females aged over 80 years	51.0%	50.1%	49.2%	49.4%	F4.15

**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

These were recorded for all cases.

Number of co-morbidities (Q2.1)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
0	25.3%	25.6%	25.1%	26.1%	F5.3
1	35.9%	35.9%	35.9%	35.3%	F5.5
2	26.3%	26.1%	26.8%	26.7%	F5.7
3	10.5%	10.2%	10.1%	9.9%	F5.9
4	1.8%	2.0%	2.0%	1.9%	F5.11
5	0.2%	0.2%	0.2%	0.2%	F5.13

Type of co-morbidity (Q2.1) N= 18839	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Congestive Heart Failure	5.8%	5.5%	5.8%	5.5%	F5.16
Hypertension	54.0%	54.4%	54.7%	54.0%	F5.19
Diabetes	20.1%	20.4%	20.7%	21.0%	F5.22
Stroke/TIA	27.1%	26.7%	26.9%	26.7%	F5.25
Atrial Fibrillation	21.1%	20.6%	20.4%	19.7%	F6.3

3,935 patients were identified as being in atrial fibrillation prior to admission. The audit recorded whether the patients in atrial fibrillation were on either an antiplatelet or on anticoagulant medication, none, or both prior to admission and if not whether they had a justifiable reason (no but).

If patient is in Atrial Fibrillation, was the patient on antiplatelet medication prior to admission? (Q2.1.6)	Oct-Dec 2014 N=4155	Jan-Mar 2015 N=4100	Apr-Jun 2015 N=4081	Jul-Sep 2015 N=3935	Ref
Yes	37.3%	35.1%	32.3%	30.6%	F6.6
No	49.1%	51.2%	53.6%	54.9%	F6.8
No but	13.6%	13.7%	14.0%	14.4%	F6.10

If patient is in Atrial Fibrillation, was the patient on anticoagulant medication prior to admission? (Q2.1.7)	Oct-Dec 2014 N=4155	Jan-Mar 2015 N=4100	Apr-Jun 2015 N=4081	Jul-Sep 2015 N=3935	Ref
Yes	41.0%	44.3%	45.6%	46.8%	F6.13
No	44.4%	42.0%	40.7%	40.4%	F6.15
No but	14.7%	13.7%	13.6%	12.8%	F6.17

If patient is in Atrial Fibrillation, what combination of anticoagulant and antiplatelet medication was the patient on prior to admission?	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
	<b>N=4155</b>	<b>N=4100</b>	<b>N=4081</b>	<b>N=3935</b>	
Anticoagulant AND antiplatelet medication	3.9%	4.0%	4.4%	3.9%	F6.20
Anticoagulant medication only	37.0%	40.3%	41.2%	42.8%	F6.22
Antiplatelet medication only	33.3%	31.2%	27.9%	26.7%	F6.24
Neither medication	25.7%	24.6%	26.5%	26.6%	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. Over one fifth of patients are in atrial fibrillation (AF) on admission. Only 42.8% of patients in AF on admission are taking anticoagulants with 26.7% taking only antiplatelet drugs which are considered ineffective for patients in AF. Over a quarter of patients have had a prior stroke or TIA.

## 2.5 Stroke Type

Stroke Type (Q2.5)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Infarction	87.1%	87.1%	87.3%	87.5%	F7.3
Intracerebral Haemorrhage	12.0%	12.0%	11.8%	11.7%	F7.5
Unknown (not scanned)	0.8%	0.9%	1.0%	0.8%	F7.7

**Comment:** The distribution of haemorrhage (11.7%) and infarction (87.5%) is as expected from UK stroke epidemiology supporting the impression that there has not been significant case selection bias in terms of cases submitted to the audit.

## 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)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
0 (no symptoms)	55.9%	55.9%	55.7%	55.0%	F8.3
1 (no significant disability)	14.8%	14.7%	14.6%	14.9%	F8.5
2 (slight disability)	9.8%	10.3%	10.3%	10.7%	F8.7
3 (moderate disability)	11.3%	11.7%	11.8%	11.6%	F8.9
4 (moderately severe disability)	6.3%	5.8%	5.8%	6.2%	F8.11
5 (severe disability)	1.8%	1.7%	1.8%	1.6%	F8.13
<b>Groups</b>					
1 or 2	24.6%	24.9%	24.9%	25.6%	H1.12
3, 4 or 5	19.4%	19.1%	19.4%	19.4%	H1.13

**Comment:** These data reinforce the message that stroke often occurs in frail patients. Nearly half of the cohort had restriction of activity before their stroke (Rankin score greater than 0) with nearly 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 (level of consciousness (LOC)). NIHSS completion is included in the audit compliance score for individual teams with the expectation that completion rates will improve substantially.

Number of NIHSS components completed (Q2.3)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
1 (only the compulsory LOC)	10.8%	9.7%	9.6%	8.7%	F9.12
2-14	7.7%	7.2%	5.9%	5.4%	F9.14
15 (all components)	81.4%	83.1%	84.5%	85.9%	F9.16

**Comment:** It is encouraging to see a consistent increase in the rate of NIHSS completion each quarter. 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 quarters.

## 2.8 Summary of total NIHSS score

A fully complete NIHSS score was provided for 17,152 patients (Ref F9.17).

<b>If NIHSS fully completed, severity groups:</b>	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>	<b>Ref</b>
0	6.2%	6.2%	6.7%	7.1%	F9.19
1-4= minor stroke	42.1%	41.5%	42.7%	43.8%	F9.21
5-15= moderate stroke	35.2%	36.1%	34.6%	34.0%	F9.23
16-20= moderate/severe stroke	7.7%	7.5%	7.3%	6.9%	F9.25
21-42= severe stroke	8.8%	8.7%	8.6%	8.3%	F9.27

	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>	<b>Ref</b>
<b>If NIHSS fully completed:</b>	<i>NIHSS score Median (IQR)</i>	<i>NIHSS score Median (IQR)</i>	<i>NIHSS score Median (IQR)</i>	<i>NIHSS score Median (IQR)</i>	
<i>Median (IQR)</i>	5 (2-11)	5 (2-11)	5 (2-11)	4 (2-10)	F9.28 F9.29 F9.30
<i>Mean</i>	Mean	Mean	Mean	Mean	
	7.7	7.7	7.5	7.3	F9.31

**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

It was reported that 1,032/20,049 patients were appropriate for palliative care in the first 72 hours of admission. Of these, 881 (85.4%) were on an end of life pathway within 72 hours of admission.

<b>Palliative Care Decisions</b>	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>	<b>Ref</b>
Has it been decided in the first 72 hours that the patient is for palliative care? (Q3.1)	5.7%	5.9%	5.1%	5.1%	F10.3
Median (IQR) number of days from Clock Start to palliative care decision within 72h	1 day (0-2)	1 day (0-2)	1 day (0-2)	1 day (0-2)	F10.7 F10.8 F10.9

**Comment:** About 5% 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)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Precise	69.1%	67.5%	68.0%	68.1%	H2.3
Best estimate	18.5%	19.1%	18.8%	18.7%	H2.5
Stroke during sleep	12.4%	13.4%	13.2%	13.1%	H2.7

Time of symptom onset (Q1.11.2)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Known	67.9%	67.8%	69.1%	69.2%	H2.17
<i>Precise</i>	33.6%	32.6%	33.6%	33.3%	H2.10
<i>Best estimate</i>	34.3%	35.2%	35.5%	35.9%	H2.12
Not known	32.1%	32.2%	30.9%	30.8%	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.

The following histograms show the pattern of stroke onset across a 24 hour clock (figure 1) and by days of the week (figure 2).

Figure 1:

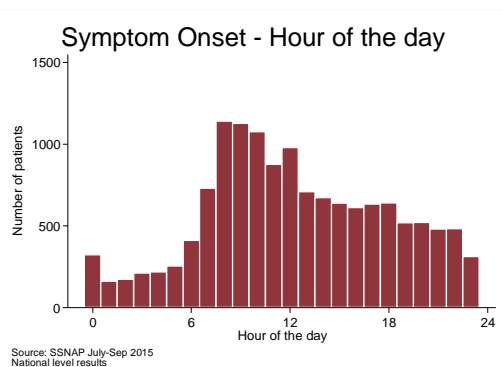
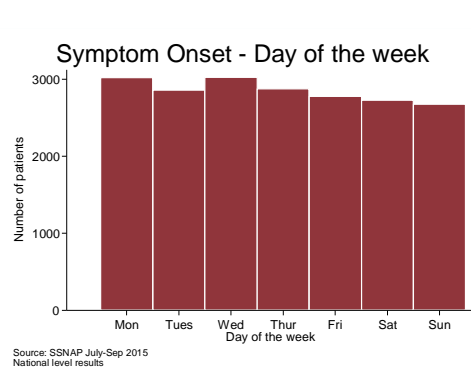


Figure 2:



**Comment:** It is notable that a low percentage of patients reported as having stroke in sleep at only about 13%. The data highlights how important it is that specialist services are available 24 hours a day and seven days a week.

## Section 3: Processes of care in the first 72 hours

### 3.1 Timings from onset

Timings from onset (using both precise and best estimate times) (Q1.11.1 and 1.11.2)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from onset to arrival †	2h 30m (1h 22m – 7h 28m)	2h 34m (1h 23m – 7h 40m)	2h 35m (1h 21m – 8h 08m)	2h 46m (1h 24m – 8h 25m)	H3.1 H3.2 H3.3
Time from onset to stroke unit admission*	7h 10m (4h 10m – 19h 58m)	7h 34m (4h 15m – 21h 23m)	7h 15m (4h 10m – 20h 07m)	7h 10m (4h 05m – 19h 35m)	H3.4 H3.5 H3.6
Time from onset to scan*	4h 02m (2h – 12h 58m)	3h 54m (1h 58m – 12h 30m)	4h 00m (1h 59m – 12h 34m)	4h 10m (2h 01m – 12h 45m)	H3.7 H3.8 H3.9
Time from onset to thrombolysis*	2h 23m (1h 50m – 3h 01m)	2h 25m (1h 53m – 3h 05m)	2h 23m (1h 50m – 3h 05m)	2h 20m (1h 45m – 3h)	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

The percentages in the table below are for patients who arrived at hospital by ambulance. Patients already in hospital at the time of stroke are excluded.

Patient arrived by ambulance (Q1.12)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	82.7%	82.9%	81.5%	81.4%	H4.3

**Comment:** As in previous audits, over 80% of 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.

Timings from clock start (hours & minutes)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to first arrival on a stroke unit	3h 41m (2h 21m – 7h 10m)	3h 49m (2h 16m – 8h 30m)	3h 36m (2h 09m – 6h 55m)	3h 28m (2h 02m–6h 09m)	H7.4, H7.5, H7.6
Time from clock start to scan	1h 15m (29m – 3h 08m)	1h 12m (29m – 2h 59m)	1h 09m (28m – 2h 53m)	1h 06m (28m–2h 45m)	H6.4, H6.5, H6.6
Time from clock start to thrombolysis	55m (38m – 1h 21m)	56m (40m – 1h 21m)	55m (38m – 1h 20m)	53m (36m–1h 18m)	H16.42, H16.43, H16.44

The histograms below show the pattern of ‘Clock Start’ across a 24 hour clock (figure 3) and by day of week (figure 4).

Figure 3:

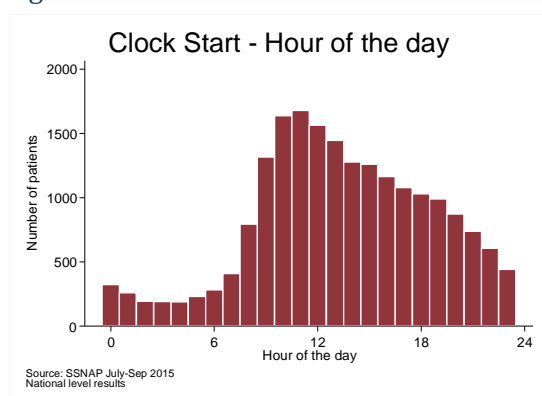
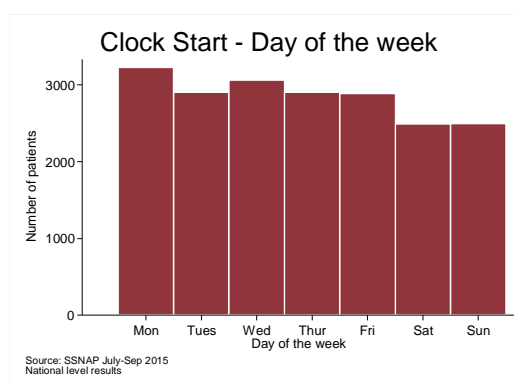


Figure 4:



### 3.4 Period of Arrival

Arrival during (Q1.13)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Patient arrived in 'Normal hours' (Monday to Friday 8am – 6pm, excluding bank holidays)	46.4%	45.8%	44.4%	46.6%	H5.3
Patient arrived 'Out of hours'	48.3%	48.4%	50.3%	48.4%	H5.5
The onset of stroke was when the patient was already in hospital	5.3%	5.8%	5.3%	5.0%	H5.7

The graphs on the following page show that more patients arrive at hospital during the week than at the weekend, with relatively few patients arriving during the night time or in the early morning hours.

Figure 5:

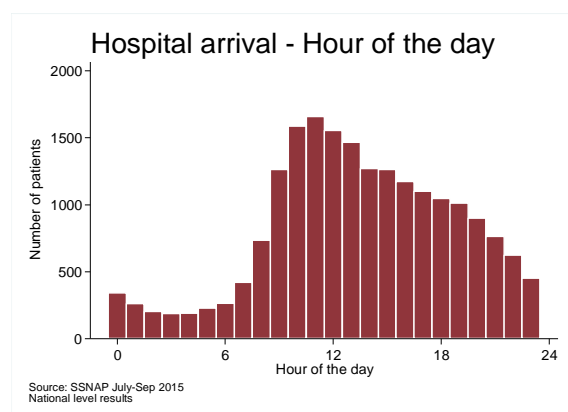
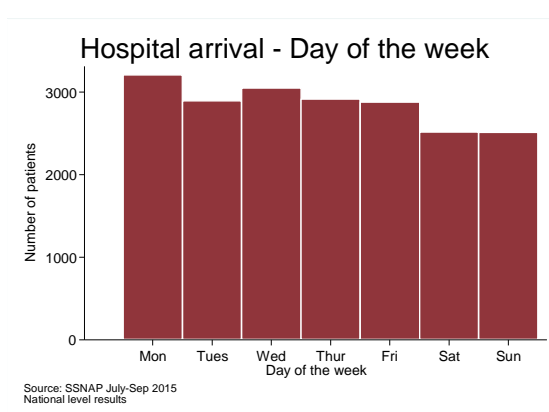


Figure 6:



### 3.5 Brain Scanning (Domain 1)

99% (20,049) of patients had a brain scan in this cohort.

Key Indicators: Brain scanning	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients scanned within 1 hour of clock start*	44.0%	45.3%	46.2%	47.4%	H6.9
Percentage of patients scanned within 12 hours of clock start	88.7%	89.9%	90.1%	91.0%	H6.12
Median time between clock start and scan	1h 15m	1h 12m	1h 09m	1h 06m	H6.4

\*Target is 50% of all stroke patients

Brain Imaging (Q2.4)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Scanned	99.2%	99.1%	99.0%	99.2%	H6.3

Brain scan timings	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to scan	1h 15m (29m - 3h 08m)	1h 12m (29m - 2h 59m)	1h 09m (28m - 2h 53m)	1h 06m (28m - 2h 45m)	H6.4, H6.5, H6.6
Time from onset to scan*	4h 02m (2h - 12h 58m)	3h 54m (1h 58m - 12h 30m)	4h 00m (1h 59m - 12h 34m)	4h 10m (2h 01m - 12h 45m)	H3.7, H3.8, H3.9

\*This standard is based on patients who had a scan and for whom a precise or best estimate onset time was known.

47.4% (N=9458) of all patients were scanned within 1 hour of clock start. Although this is considered out of all patients (as SSNAP does not measure eligibility for scan within 1 hour), this standard is not aiming for 100% compliance as not all patients would be considered eligible for a scan within one hour. For the Accelerating Stroke Improvement measure, the target for brain imaging within one hour was 50% of patients.

The National Clinical Guideline for Stroke 2012 recommends that patients are scanned within 12 hours of clock start. In this sample, this standard was achieved for 91% (18,172) of all patients. 95.9% (N=19,161) of patients were scanned within 24 hours of clock start.

The following histograms show the hour of the day (figure 7) and the day of the week (figure 8) on which patients had a brain scan. The peaks and troughs in the histogram indicate that the majority of scanning takes place during working hours (Monday – Friday, between 8am and 6pm).

Figure 7:

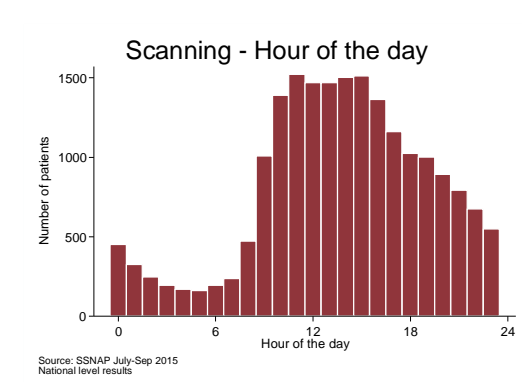
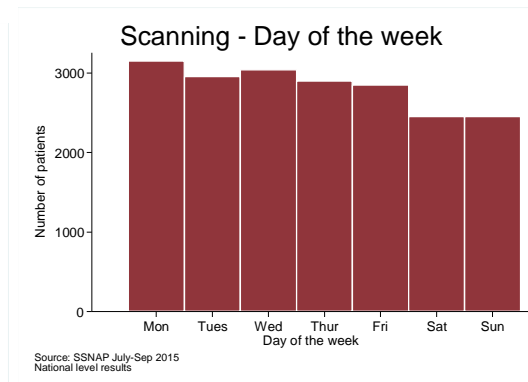


Figure 8:



**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 it is still clear from figures 7 and 8 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)

Key indicators: Stroke unit	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start (CCG OIS)	56.9%	53.6%	58.7%	61.8%	H7.18
Median time between clock start and arrival on stroke unit (hours & minutes)	3h 41m	3h 49m	3h 36m	3h 28m	H7.4
Percentage of patients who spent at least 90% of their stay on stroke unit	82.2%	80.6%	82.6%	85.1%	J8.11

Went to stroke unit (at first admitting team) (Q1.15)	Oct Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	95.3%	95.1%	96.1%	96.5%	H7.3

Stroke unit timings	Oct Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to first arrival on a stroke unit	3h 41m (2h 12m – 7h 10m)	3h 49m (2h 16m - 8h 30m)	3h 36m (2h 09m – 6h 55m)	3h 28m (2h 02m – 6h 09m)	H7.4, H7.5, H7.6
Time from symptom onset to arrival at stroke unit *	7h 10m (4h 10m – 19h 58m)	7h 34m (4h 15m - 21h 23m)	7h 15m (4h 10m – 20h 07m)	7h 10m (4h 05m- 19h 35m)	H3.4, H3.5, H3.6

\*This standard is based on patients who went to a stroke unit and for whom a precise or best estimate onset time was known.

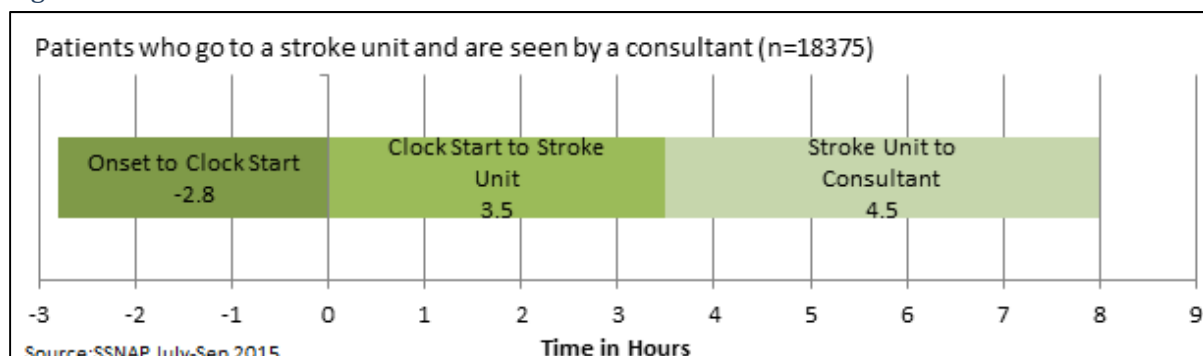
### 3.7 First ward of admission

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).

First ward of admission (at first admitting team) (Q1.14)	Oct Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Stroke Unit	75.5%	74.2%	75.9%	77.9%	H7.11
Medical Assessment Unit / Acute Admissions Unit / Clinical Decisions Unit (unacceptable)	18.3%	19.5%	17.4%	16.2%	H7.9
Intensive Therapy Unit / Coronary Care Unit / High Dependency Unit (acceptable)	2.0%	1.9%	2.2%	2.1%	H7.13
Other (unacceptable)	4.1%	4.5%	4.5%	3.9%	H7.15

61.8% of patients were directly admitted to a stroke unit within 4 hours, excluding patients who were directly admitted to an acceptable other location.

Figure 9:



**Comment:** Over 96% of this group of patients was treated at some time during their stay on a stroke unit although it is still of great concern that 22% 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.

Key indicators: Thrombolysis	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of all stroke patients given thrombolysis (all stroke types) (CCG OIS C3.6)	11.6%	11.1%	11.4%	10.9%	H16.10
Percentage of eligible patients given thrombolysis (according to the RCP guideline minimum threshold)	82.2%	81.8%	83.3%	85.6%	H16.55
Percentage of patients who were thrombolysed within 1 hour of clock start, if thrombolysed	57.0%	56.4%	57.7%	59.8%	H16.74
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 (NICE Quality Standard)	56.3%	53.1%	58.3%	61.4%	H16.77
Median time between clock start and thrombolysis (minutes)	55 mins	56 mins	55 mins	53 mins	H16.42

Was the patient given thrombolysis (Q2.6)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	11.6%	11.1%	11.4%	10.9%	H16.3
No	1.3%	1.2%	1.1%	0.9%	H16.5
<i>Thrombolysis not available at hospital</i>	0.6%	0.6%	0.7%	0.5%	H16.14
<i>Outside thrombolysis service hours</i>	0.2%	0.2%	0.1%	0.1%	H16.16
<i>Unable to scan quickly enough</i>	0.1%	0.1%	0.1%	0.1%	H16.18
<i>None</i>	0.4%	0.3%	0.3%	0.2%	H16.20
<b>No but*</b>	<b>87.1%</b>	<b>87.7%</b>	<b>87.4%</b>	<b>88.2%</b>	<b>H16.7</b>

\*Since a patient can have more than one “no but” reason, the breakdown is given in the following 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 medical reasons are outlined below.

‘No but’ reasons for not thrombolysing	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Patient arrived outside the time window for thrombolysis	28.7%	27.7%	28.5%	29.1%	H16.25
Wake up time unknown	31.0%	32.7%	31.0%	31.7%	H16.39
Stroke too mild/severe	13.2%	12.1%	12.9%	13.3%	H16.37
Haemorrhagic stroke	12.7%	12.6%	12.3%	12.1%	H16.23

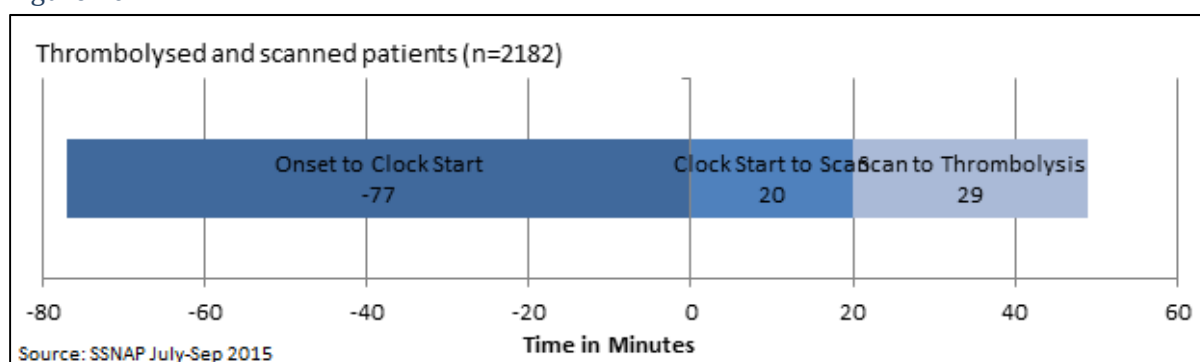
Other reasons for not giving thrombolysis were that the patient’s condition was improving, the patient had other co-morbidities and ‘other medical reasons’ which each ranged between 5 and 7% of the total number of ‘No but’ responses. Other ‘No but’ reasons were the patient’s age, medication, and patient refusal which each amounted to between 0 and 3% of the total cohort for ‘No but’ responses.

### 3.8.1 Thrombolysis timings

Thrombolysis timings	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to thrombolysis	55m (38m – 1h 21m)	56m (40m - 1h 21m)	55m (0h 38m – 1h 20m)	53m (36m – 1h 18m)	H16.42, H16.43, H16.44
Time from onset to thrombolysis	2h 23m (1h 50m – 3h 01m)	2h 25m (1h 53m - 3h 05m)	2h 23m (1h 50m – 3h 05m)	2h 20m (1h 45m – 3h 00m)	H3.10, H3.11, H3.12
If thrombolysed, time from onset to clock start	1h 18m	1h 19m	1h 17m	1h 17m	H16.45
If thrombolysed, time from clock start to scan*	21m	22m	21m	20m	H16.46
If thrombolysed, time from scan to thrombolysis*	30m	31m	30m	29m	H16.47

\*Timings for patients who had a thrombolysis and scan time.

Figure 10:



**Comment:** There are still improvements to be made in door to needle time for patients receiving thrombolysis with the median time being 53 minutes. There are big variations between units demonstrating that it is possible to set services up to operate more efficiently.

The following histograms show the hour of the day (figure 11) and the day of the week (figure 12) on which patients were given thrombolysis.

Figure 11:

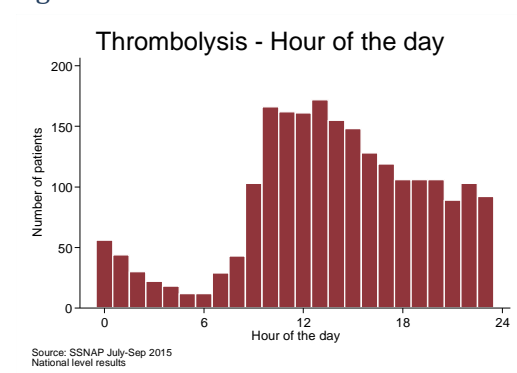
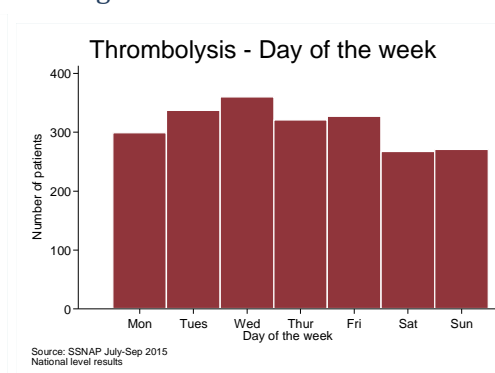


Figure 12:



### 3.8.2 Thrombolysis based on eligibility

As explained above, 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 2012 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	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients eligible for thrombolysis (according to the RCP guideline minimum threshold)	12.6%	12.2%	12.3%	11.6%	H16.50
Percentage of eligible patients (according to above threshold) who were given thrombolysis	82.2%	81.8%	83.3%	85.6%	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.

**Comment:** Over 11% of admissions are thrombolysed nationally which is higher than nearly every other country. We estimate that approximately 86% of potentially eligible patients receive treatment (using the minimum threshold criteria). 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. There is plenty of room for improvement in door to needle times with nearly half of treatments taking over one hour.

### 3.8.3 Complications following thrombolysis

Thrombolysis complications (Q2.8) if patient received thrombolysis	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Patient had complications (Patients with complications/total number thrombolysed)	8.6% (195/2279)	8.5% (187/2210)	10.3% (236/2293)	8.4% (184/2182)	H17.3, H17.1, H17.2

Type of complication (as reported) (Q2.8.1)*	Oct-Dec 2014 N=2279	Jan-Mar 2015 N=2210	Apr-Jun 2015 N=2293	Jul-Sep 2015 N=2182	Ref
Symptomatic intracranial haemorrhage (SIH)	3.4%	3.7%	4.6%	3.9%	H17.6
Angio oedema (AO)	0.9%	0.6%	0.9%	0.4%	H17.8
Extracranial bleed (EB)	0.3%	0.4%	0.5%	0.5%	H17.10
Other	4.0%	3.9%	4.4%	3.9%	H17.12

\*some patients had more than one type of complication

**Comment:** There is a 3.9% symptomatic intracranial haemorrhage rate in the patients treated which is in line with data from randomised controlled trials.

### 3.8.4 NIHSS 24 hours after thrombolysis

NIHSS 24h after thrombolysis, if patient received thrombolysis (Q2.9)	Oct-Dec 2014 N=2281	Jan-Mar 2015 N=2211	Apr-Jun 2015 N=2293	Jul-Sep 2015 N=2182	Ref
Known	82.5%	85.4%	87.3%	89.9%	H18.3
Not known	17.5%	14.6%	12.7%	10.7%	

If NIHSS 24h after thrombolysis is known, severity groups:	Oct-Dec 2014 N=1882	Jan-Mar 2015 N=1889	Apr-Jun 2015 N=2001	Jul-Sep 2015 N=1961	Ref
0	12.7%	13.3%	13.6%	13.2%	H18.6
1-4 (minor stroke)	33.0%	33.6%	33.5%	33.9%	H18.8
5-15 (moderate stroke)	35.5%	33.2%	33.6%	34.1%	H18.10
16-20 (moderate/severe stroke)	9.6%	10.3%	9.6%	9.1%	H18.12
21-42 (severe stroke)	9.2%	9.6%	9.7%	9.7%	H18.14

## 3.9 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.

### 3.9.1 Swallowing screening and assessments

Key Indicators: Swallowing	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients who were given a swallow screen within 4h of clock start	68.7%	68.0%	71.1%	72.8%	H14.20
Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start	83.9%	82.9%	83.6%	84.9%	H15.24

Swallow screening within 4h (Q2.10)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable to have swallow screening within 4h*	87.9%	87.8%	88.7%	89.7%	H14.17
Percentage of applicable patients who had swallow screening in 4 hours	68.7%	68.0%	71.1%	72.8%	H14.20
Median (IQR) time from clock start to swallow screening within 4h (hours & minutes)	1h 30m (47m – 2h 36m)	1h 30m (48m - 2h 35m)	1h 27m (46m – 2h 35m)	1h 27m (46m – 2h 32m)	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".

Figure 13:

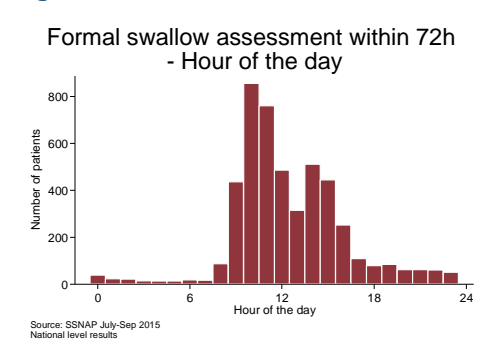
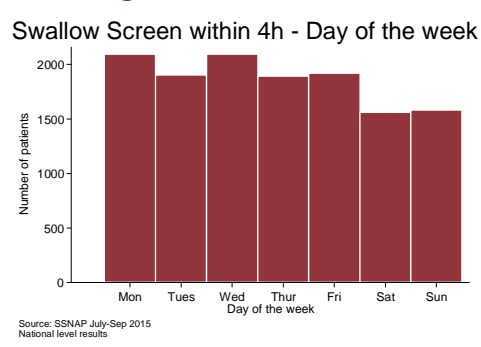


Figure 14:



Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment within 72 hours (Q3.8)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for a formal swallow assessment within 72 hours	40.3%	39.2%	38.6%	38.8%	H15.21
Percentage of applicable patients who had formal swallow assessment within 72 hours	83.9%	82.9%	83.6%	84.9%	H15.24
Median (IQR) time from clock start to formal swallow assessment	21h (6h 59m – 35h 44m)	21h 15m (7h 57m – 37h 12m)	20h 20m (6h 55m – 32h 47m)	19h 42m (5h 49m – 29h 48m)	H15.1, H15.2, H15.3

Figure 15:

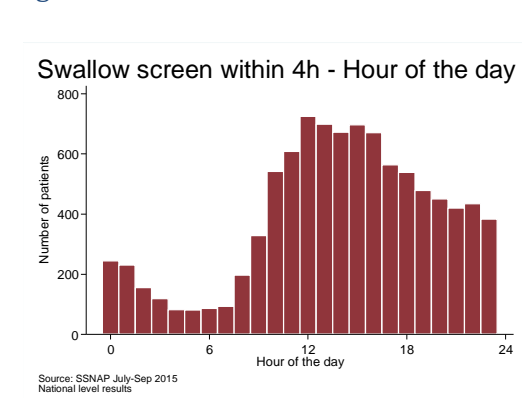
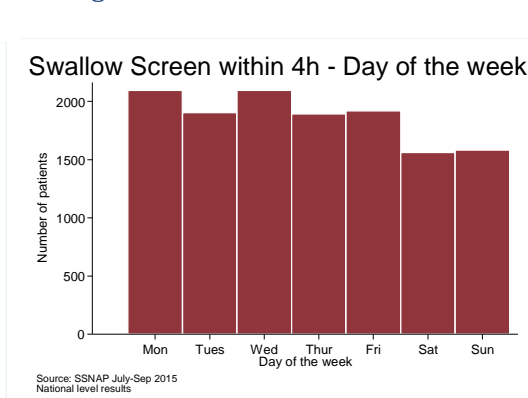


Figure 16:



**Comment:** 72.8% of applicable patients are screened for the safety of their swallowing within 4 hours of arrival. While this has improved over the four quarters, 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 85% of applicable patients which is another area where results have improved.

### 3.9.2 Assessment by nurse

Key Indicators: Assessment by stroke nurse	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	87.4%	87.2%	88.1%	89.1%	H8.3
Median time between clock start and being assessed by stroke nurse	1h 46m	1h 47m	1h 36m	1h 26m	H8.14

Assessed by a nurse trained in stroke management (Q3.2)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Assessed within 72h	93.8%	93.8%	93.9%	94.6%	H8.6
<i>Within 12h</i>	80.9%	80.6%	82.0%	83.5%	H8.9
<i>12-24h</i>	6.4%	6.6%	6.0%	5.6%	H8.11
<i>24-72h</i>	6.4%	6.5%	5.9%	5.4%	H8.13
Median (IQR) time from clock start to assessment by stroke nurse	1h 49m (10m - 4h 46m)	1h 46m (10m - 4h 49m)	1h 36m (10m - 4h 29m)	1h 26m (09m - 4h 14m)	H8.14, H8.15, H8.16

### 3.9.3 Assessment by stroke specialist consultant

Key Indicators: Stroke Consultant	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	76.5%	76.4%	78.1%	79.6%	H9.3
Median time between clock start and being assessed by stroke consultant	12h 32m	12h 55m	12h 46m	12h 27m	H9.14

Assessed by a stroke specialist consultant physician (Q3.3)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Assessed within 72h	92.6%	92.8%	93.4%	94.0%	H9.6
<i>Within 12h</i>	45.2%	44.6%	45.2%	46.1%	H9.9
<i>12-24h</i>	31.3%	31.8%	32.9%	33.4%	H9.11
<i>24-72h</i>	16.2%	16.5%	15.3%	14.5%	H9.13
Median (IQR) time for assessment by stroke consultant physician	12h 32m (2h - 21h 13m)	12h 55m (2h 11m - 21h 30m)	12h 46m (2h 10m - 20h 53m)	12h 27m (2h 05m - 20h 34m)	H9.14 H9.15 H9.16

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

### 3.10 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.

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.

#### 3.10.1 Occupational Therapy Assessments in first 72 hours

Key Indicators: Multidisciplinary Working	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start	88.8%	89.1%	88.9%	90.4%	H10.24
Median time between clock start and being assessed by occupational therapist	23h 23m	23h 10m	22h 34m	22h 11m	H10.16

Assessed by an Occupational Therapist within 72h of Clock Start (Q3.5)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable to be assessed by an OT within 72h*	83.5%	84.5%	85.1%	86.7%	H10.21
Percentage of applicable patients assessed by an OT within 72 hours	88.8%	89.1%	88.9%	90.4%	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"

#### 3.10.2 Physiotherapy Assessments in first 72 hours

Key Indicators: Multidisciplinary Working	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients who were assessed by a physiotherapist within 72h of clock start	93.9%	93.7%	93.2%	94.5%	H11.24
Median time between clock start and being assessed by physiotherapist	22h 19m	22h 03m	21h 38m	21h 15m	H11.16

<b>Assessed by a Physiotherapist within 72h of Clock Start (Q3.6)</b>	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>	<i>Ref</i>
Applicable to be assessed by a PT within 72h*	87.6%	87.5%	88.2%	89.2%	<i>H11.21</i>
Percentage of applicable patients assessed by an PT within 72 hours	93.9%	93.7%	93.2%	94.5%	<i>H11.24</i>

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

### 3.10.3 Speech and Language Therapy in first 72 hours

<b>Key Indicators: Multidisciplinary Working</b>	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>	<i>Ref</i>
Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start	82.9%	82.9%	82.7%	86.9%	<i>H12.24</i>
Median time between clock start and being assessed by speech and language therapist	25h 05m	24h 55m	24h 00m	23h 45m	<i>H12.16</i>

<b>Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)</b>	<b>Oct-Dec 2014</b>	<b>Jan-Mar 2015</b>	<b>Apr-Jun 2015</b>	<b>Jul-Sep 2015</b>	<i>Ref</i>
Applicable* to be assessed by a SALT within 72h	45.3%	44.9%	44.7%	45.8%	<i>H12.21</i>
Percentage of applicable patients assessed by a SALT within 72 hours	82.9%	82.9%	82.7%	86.9%	<i>H12.24</i>

\*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 outcome than when treatment is delayed.

## Section 4: Discharge results

### 4.1 Assessments by discharge

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.

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

For more information on assessments in the first 72 hours please see section 3.10.

#### 4.1.1 Swallow assessment by discharge

Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment by discharge (Q6.4)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for formal swallow assessment by discharge*	43.5%	42.4%	41.8%	41.5%	J23.3
Percentage of applicable patients who received formal swallow assessment by discharge	91.6%	91.1%	91.3%	91.3%	J23.6
Median time (IQR) from Clock Start to formal swallow assessment	23h 54m (10h 21 m – 48h 51m)	23h 55m (11h 13m - 51h 36m)	23h 37m (10h 38m – 49h 56m)	22h 15m (8h 21m – 47h)	J23.7, J23.8, J23.9

\*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Figure 17:

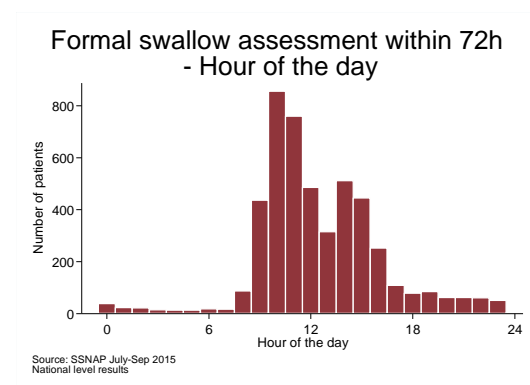
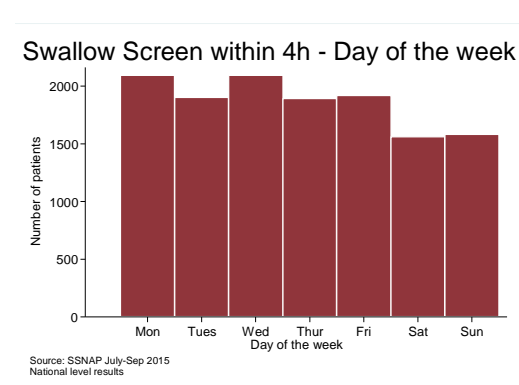


Figure 18:



**Comment:** It appears that hospitals are performing well in terms of achieving the standards for swallowing assessment. It is encouraging to see significant improvement in the number of patients receiving a swallow assessment by discharge since data collection began. I am however concerned looking at the data that there may be errors in completion of this item. It refers to when a speech and language therapist (or another professional trained in dysphagia assessment) sees a patient who has been identified on screening as possibly having problems with the safety of their swallow. Looking at the times of day and day of the week this was purported to have been completed credibility is stretched. I am not aware of any services which offer 24/7 specialist swallowing assessments.

#### 4.1.2 Physiotherapy assessment by discharge

Physiotherapy assessment by discharge* (Q6.2)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for formal physiotherapy assessment by discharge*	89.8%	89.3%	90.5%	90.8%	J21.3
Percentage of applicable patients who received formal physiotherapy assessment by discharge	98.7%	99.0%	98.7%	99.0%	J21.6
Median time (IQR) from Clock Start to formal physiotherapy assessment	22 h 51m (17h 09m – 39h 45m)	22h 48m (17h 19m - 41h 18m)	22h 37m (16h 56m – 39h 55m)	21h 52m (16h 02m – 35h 30m)	J21.7 J21.8 J21.9

\*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Figure 19:

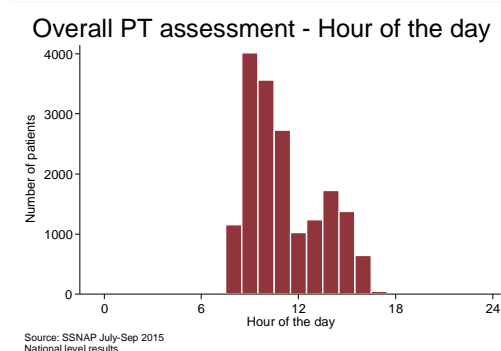
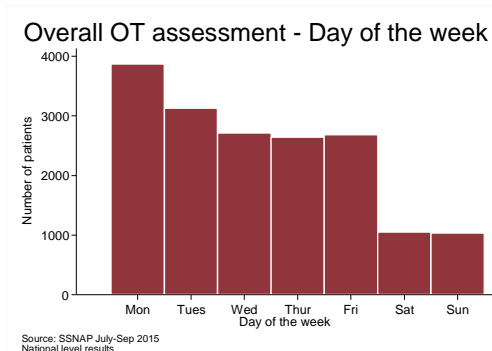


Figure 20:



**Comment:** 99% of patients with motor deficits are assessed by a physiotherapist during their hospital stay. The median time from arrival (or stroke onset in hospital) was under 23 hours. A good performance and what is encouraging is the frequency with which patients are being seen at the weekend.

### 4.1.3 Occupational therapy assessment by discharge

Occupational therapy assessment by discharge* (Q6.1)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for formal occupational therapy assessment by discharge*	87.0%	87.4%	88.4%	89.1%	J20.3
Percentage of applicable patients who received formal occupational therapy assessment by discharge	97.9%	98.1%	97.9%	98.3%	J20.6
Median time (IQR) from Clock Start (hrs & mins) to formal occupational therapy assessment	24h 57m (18h 45m – 47h 52m)	24h 54m (18h 49m – 48h 35m)	24h 18m (18h 12m – 47h 38m)	23h 19m (17h 22m – 45h 15m)	J20.7, J20.8, J20.9

\*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Figure 21:

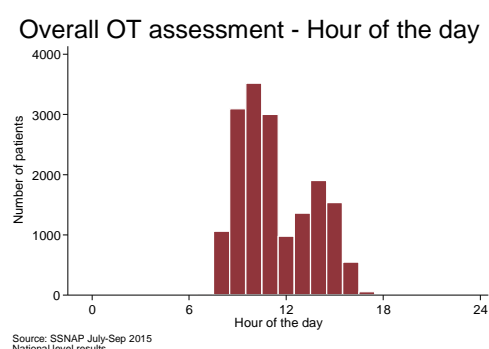
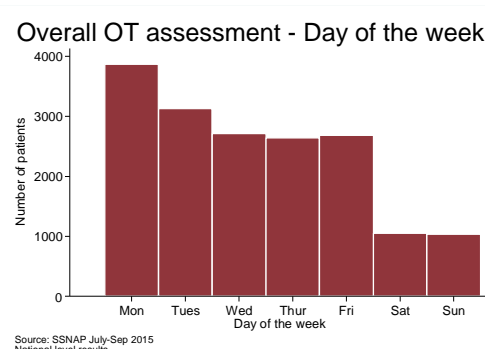


Figure 22:



**Comment:** Occupational therapists are performing well according to audit data, with approximately 98% of applicable patients being assessed during their hospital stay and with a median time of less than 25 hours between admission (or stroke onset in hospital) and assessment. As with physiotherapy it is encouraging to see how many patients are being assessed at the weekend.

### 4.2 Speech and language therapy communication assessment by discharge

Speech and language therapy communication assessment by discharge* (Q6.3)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for formal speech and language therapy communication assessment by discharge*	48.4%	47.8%	47.6%	48.5%	J22.3
Percentage of applicable patients who received formal speech and language communication therapy assessment by discharge	94.4%	94.6%	95.0%	96.1%	J22.6
Median time (IQR) from Clock Start (hrs & mins) to formal speech and language therapy communication assessment	29h 55m (20h 22m – 62h 44m)	30h 45m (20h 29m – 65h 30m)	29h 06m (19h 48m – 64h 17m)	26h 33m (18h 41m – 54h 47m)	J22.7

\*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Figure 23:

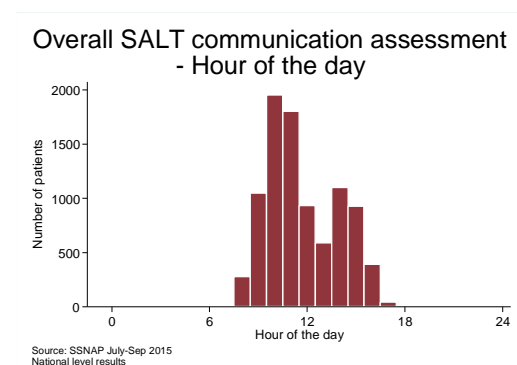
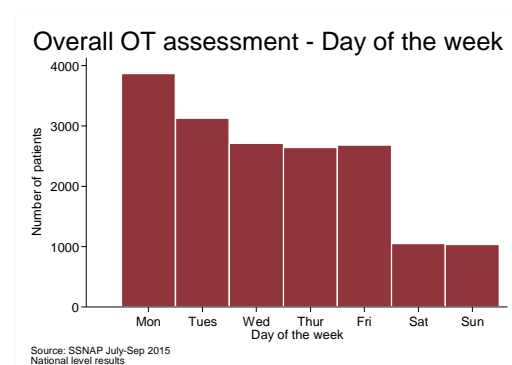


Figure 24:



**Comment:** 96% of applicable patients are seen by speech therapists during their stay, so not as high as for physiotherapy and occupational therapy. The median time between arrival or onset of stroke in hospital and assessment is almost 30 hours. This is longer than for the other two principal therapies and probably reflects the fact that very few services provide weekend speech and language therapy.

#### 4.3 Multidisciplinary Working (part of Domain 8)

Key indicators: Multidisciplinary team working	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients who have rehabilitation goals agreed within 5 days of clock start	87.6%	87.9%	88.3%	89.0%	J13.15
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	52.7%	52.4%	53.1%	57.8%	J14.3

Rehabilitation goals agreed (Q4.7)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for rehab goals within 5 days*	79.4%	79.4%	79.6%	80.8%	J13.12
Percentage of applicable patients who have rehab goals set within 5 days	87.6%	87.9%	88.3%	89.0%	J13.15

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

## 4.4 Standards by Discharge (Domain 9)

Key Indicators: Standards by Discharge	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge*	69.6%	77.6%	77.1%	80.3%	J16.15.1
Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start	85.5%	86.7%	89.2%	89.3%	J15.23
Percentage of applicable patients who have mood and cognition screening by discharge	87.2%	87.4%	88.4%	90.0%	J19.3

\* From January – March 2015 onwards, patients who are indicated as being for palliative care (either within 72 hours or by discharge) are now excluded from this indicator –the last three quarters are therefore not directly comparable with earlier results

### 4.4.1 Nutritional screening, risk of malnutrition and dietitian

Nutritional screening (Q6.6)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of ALL patients screened	95.5%	95.2%	96.1%	96.6%	J16.3
If screened for nutrition:					
Identified as being at high risk of malnutrition	19.0%	20.1%	19.4%	18.9%	J16.6
If identified as being at high risk of malnutrition following nutritional screening:					
Seen by a dietitian	86.8%	89.6%	88.1%	89.1%	J16.9

**Comment:** Over 10% 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:	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for nutritional screening/being seen by a dietitian *	22.6%	16.4%	15.7%	15.4%	J16.12.1
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge**	69.6%	77.6%	77.1%	80.3%	J16.15.1

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

\*\* From January – March 2015 onwards, patients who are indicated as being for palliative care (either within 72 hours or by discharge) are now excluded from this measurement – the last three quarters are therefore not directly comparable with earlier results

#### 4.4.2 Urinary continence plan

Urinary continence plan by discharge from inpatient care (Q6.5)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of ALL patients for whom urinary continence plan drawn up	36.8%	37.9%	39.0%	38.3%	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*	42.3%	43.0%	42.8%	42.0%	J15.17
Percentage of applicable patients for whom urinary continence plan drawn up by discharge	86.9%	88.1%	91.0%	91.0%	J15.20

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

Figure 25

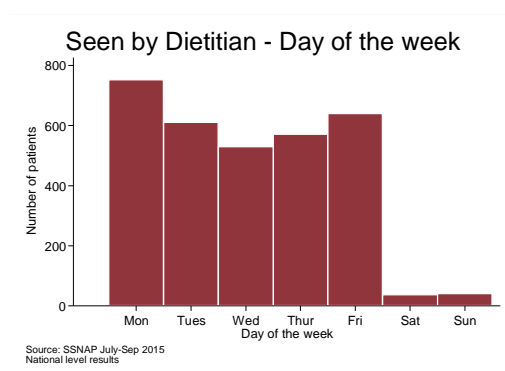
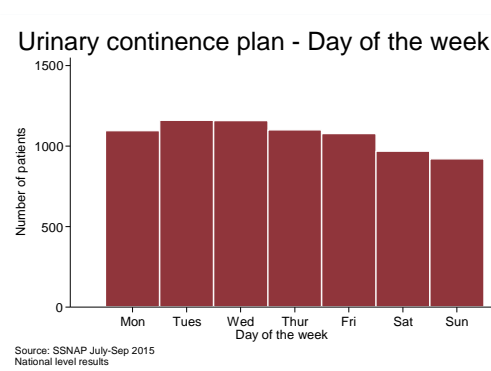


Figure 26



**Comment:** 91% of patients with incontinence are having an assessment performed while an in-patient. It is encouraging to see sustained improvements in results each quarter but given the profound impact of incontinence on a person's life, the fact that around 9% of patients are not being adequately assessed is terrible. 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.

#### 4.4.3 Mood and Cognition screening

Mood screening (Q6.7)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for mood screening by discharge*	84.6%	83.7%	84.5%	86.0%	J17.14
Percentage of applicable patients who received mood screening by discharge	83.3%	84.9%	84.9%	87.5%	J17.17

**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 each quarter, 14% of patients who should be screened are not.

Cognition screening (Q6.7)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients applicable for cognition screening by discharge*	82.7%	82.2%	82.1%	83.9%	J18.14
Percentage of applicable patients who received cognition screening by discharge	90.8%	90.6%	91.5%	91.9%	J18.17

\*Applicable patients are those for whom Q6.7.1/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 nearly 8% of patients are not being evaluated in the way that they should.

Figure 27

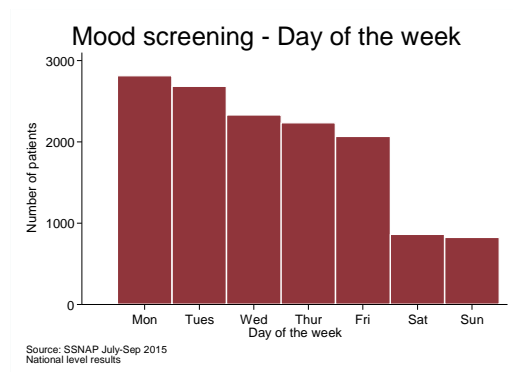
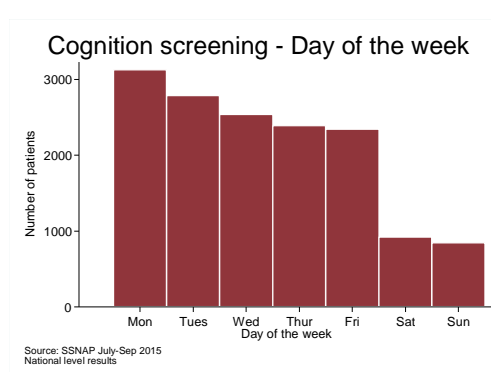


Figure 28



**Comment:** There remain issues about the quality of care being provided after the first 72 hours. There is rarely an excuse not to achieve all of these aspects of care. They are not optional. Though it is important to recognise that post 72 hour results have significantly improved over the past year, efforts should be made to improve these aspects of care further going forward.

## 4.5 Patient Condition up to discharge

### 4.5.1 Worst Level of consciousness in first 7 days

Patient's worst level of consciousness (LOC) in the first 7 days (Q5.1)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
0: Alert keenly responsive	77.5%	76.4%	78.6%	79.9%	J24.3
1: Not alert but arousable by minor stimulation	9.5%	10.1%	9.2%	8.5%	J24.5
2: Not alert but require repeated stimulation to attend	5.2%	5.4%	5.2%	4.8%	J24.7
3: Respond only with reflex motor or autonomic effects /totally unresponsive	7.9%	8.1%	7.0%	6.9%	J24.9

### 4.5.2 Urinary tract infection in first 7 days

Did the patient develop a urinary tract infection in the first 7 days? (Q5.2)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	5.1%	4.9%	4.7%	4.4%	J25.3
No	94.1%	93.9%	94.7%	95.1%	J25.5
Not known	0.8%	1.1%	0.6%	0.5%	J25.7

### 4.5.3 Pneumonia in first 7 days

Did the patient receive antibiotics for a newly acquired pneumonia in the first 7 days? (Q5.3)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	9.2%	9.6%	8.4%	7.7%	J26.3
No	90.0%	89.4%	91.0%	91.8%	J26.5
Not known	0.7%	1.0%	0.6%	0.5%	J26.7

#### 4.5.4 Modified Rankin Scale score at discharge

Modified Rankin Scale (mRS) score at discharge (Q7.4)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
0 (no symptoms)	15.2%	14.4%	13.9%	13.3%	J28.3
1 (no significant disability)	18.8%	17.8%	19.0%	19.0%	J28.5
2 (slight disability)	14.2%	14.7%	15.1%	15.6%	J28.7
3 (moderate disability)	15.3%	15.8%	16.2%	17.2%	J28.9
4 (moderately severe disability)	13.6%	13.5%	13.9%	14.2%	J28.11
5 (severe disability)	7.3%	7.0%	7.2%	7.1%	J28.13
6 (Dead)	15.5%	16.7%	14.7%	13.5%	J28.15

Modified Rankin Scale (mRS) score Median (IQR)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	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

**Comment:** The rates of both urine and chest infection are lower than we have previously reported in the National Sentinel Stroke Audit. We are keen to try and accurately monitor these rates as markers of both case severity and complication rate. We are getting good completion rates for discharge modified Rankin Scale score which is going to be vital data in assessing disability outcomes.

#### 4.5.5 Palliative care

Patients for palliative care after 72 hrs* (Q6.9)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	11.9%	12.5%	11.7%	11.2%	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.

#### 4.5.6 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 October 2014. This is only the fourth time SSNAP has reported on whether IPC was applied to patients so it is only possible to make comparisons with the previous three quarters.

Patients who have intermittent pneumatic compression applied at any point	Oct-Dec 2014 N=19183	Jan-Mar 2015 N=19467	Apr-Jun 2015 N=19753	Jul-Sep 2015 N=19551	Ref
Yes	10.4%	12.7%	13.7%	15.8%	J35.3
No	85.5%	82.7%	82.6%	80.8%	J35.5
Not Known	4.0%	4.6%	3.6%	3.4%	J35.7
If yes, median length of time IPC is applied for (N=1205)	Median = 7 days IQR (3-16 days)	Median = 7 days IQR (3-16 days)	Median = 8 days IQR (3-19)	Median = 7 days IQR (3-17)	J35.8 J35.9, J35.10
If yes, mean length of time IPC is applied for (N=1205)	Mean = 13 days	Mean = 13 days	Mean = 15 days	Mean = 14 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.

#### 4.5.7 Mortality Data on SSNAP

Based on data collected on SSNAP from April 2013 - March 2014, 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. SSNAP has also reported on mortality data for stroke patients since last quarter. Annual mortality results 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.

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

## 4.6 Length of Stay

Length of stay data should be interpreted with caution. These results are based on those patients whose records were locked to discharge and therefore many patients with longer lengths of stay will not be included in the analysis. This is due to the slower rate of recruitment of post-acute teams to SSNAP and consequently some patient records being locked before a patient is discharged from all inpatient care.

As participation of post-acute teams continues to increase there will be an increased number of records fully completed and locked to discharge which will more accurately reflect length of stay across the entire pathway.

Key indicators: Stroke unit	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients who spent at least 90% of their stay on stroke unit	82.2%	80.6%	82.6%	85.1%	J8.11

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

### 4.6.1 Length of stay in an inpatient setting

Length of stay (in days)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Length of stay from Clock Start to final inpatient discharge including death (in days)	Median = 7.6 IQR (3.0-22.5) Mean = 18.2	Median = 7.6 IQR (3.0-23.7) Mean = 18.5	Median = 7.5 IQR (2.9-24.1) Mean = 19.0	Median = 7.1 IQR (2.7-22.1) Mean = 18.3	J8.1, J8.2, J8.3, J8.4

**Comment:** The median length of stay in this cohort for all patients (including deaths in hospital) is 7.1 days. This figure is shorter than we would expect, however as post-acute participation rates continue to increase I would expect this figure to rise.

#### 4.6.2 Length of stay on Stroke Unit

Length of stay on stroke unit (in days)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Length of stay on an SU across inpatient pathway - based on component parts of provider level SU length of stay (in days)	Median = 6.4 IQR (2.2-20.3) Mean = 16.5	Median = 6.5 IQR (2.1 – 21.0) Mean = 16.7	Median = 6.5 IQR (2.1 – 21.6) Mean = 17.3	Median = 6.2 IQR (2.1 – 20.1) Mean = 16.6	J8.5, J8.6, J8.7, J8.8

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

#### 4.6.3 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?	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	82.2%	80.6%	82.6%	82.6%	J8.11
No	17.8%	19.4%	17.4%	17.4%	

(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, 15% are not spending at least 90% of their stay on the unit.

#### 4.6.4 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)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Number of days from patient no longer requiring inpatient rehabilitation to stroke unit discharge (Mean)	0.6 days	0.5 days	0.6 days	0.7 days	K20.7
Number of days from patient no longer requiring inpatient rehabilitation to hospital discharge (Mean)	1.0 days	0.9 days	1.0 days	1.1 days	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.

## 4.7 Discharge Processes (Domain 10)

Discharge process results need to be interpreted with caution as it is likely that the records included at this stage are those which were easier to lock to discharge due to the patient having a simpler pathway, e.g. quickly discharged home.

Key Indicators: Discharge Processes	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of applicable patients receiving a joint health and social care plan on discharge	81.4%	82.7%	84.2%	87.4%	J33.13
Percentage of patients treated by a stroke skilled Early Supported Discharge team	29.3%	31.0%	31.7%	31.8%	J10.3
Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation	95.5%	96.1%	96.9%	97.1%	J32.16
Percentage of those patients who are discharged alive who are given a named person to contact after discharge	86.2%	88.6%	89.6%	90.1%	J34.3

### 4.7.1 Discharge destination

Discharge destination (Q7.1)	Oct-Dec 2014 N= 19194	Jan-Mar 2015 N=19471	Apr-Jun 2015 N=19754	Jul-Sep 2015 N=19551	Ref
Discharged alive from inpatient care	84.5%	83.3%	85.3%	86.5%	J9.14
<i>Discharged to a care home</i>	10.6%	10.4%	9.7%	10.1%	J9.5
<i>Discharged home</i>	44.7%	41.2%	40.9%	40.3%	J9.7
<i>Discharged somewhere else</i>	2.8%	2.9%	2.7%	2.6%	J9.9
<i>Transferred to an ESD/community team</i>	20.3%	22.5%	25.5%	27.5%	J9.10.2
<i>Transferred to a non-participating inpatient team*</i>	3.9%	4.0%	4.1%	3.8%	J9.11.2
<i>Transferred to a non-participating ESD/community team*</i>	2.1%	2.4%	2.4%	2.2%	J9.11.4

\*The April – June 2015 quarter is the fourth where both ‘Transferred to a non-participating inpatient team’ and ‘Transferred to a non-participating ESD/community team’ were available to select as discharge destinations in SSNAP.

<b>If discharged home (Q7.6)</b>	<b>Oct-Dec 2014</b> N=8587	<b>Jan-Mar 2015</b> N=8023	<b>Apr-Jun 2015</b> N=8073	<b>Jul-Sep 2015</b> N=7877	<i>Ref</i>
Living Alone	25.7%	26.1%	25.3%	24.8%	<i>J9.21</i>
Not living alone	71.9%	71.7%	72.6%	72.9%	<i>J9.23</i>
Not known	2.4%	2.2%	2.1%	2.3%	<i>J9.25</i>

#### 4.7.2 Care home discharge

<b>If discharged to a care home (Q7.5)</b>	<b>Oct-Dec 2014</b> N=2030	<b>Jan-Mar 2015</b> N=2023	<b>Apr-Jun 2015</b> N=1912	<b>Jul-Sep 2015</b> N=1977	<i>Ref</i>
Previously a resident	35.0%	33.7%	33.5%	34.6%	<i>J9.28</i>
Not previously a resident	65.0%	66.3%	66.5%	65.4%	<i>J9.30</i>

<b>If discharged alive from inpatient care:</b>	<b>Oct-Dec 2014</b> N=16215	<b>Jan-Mar 2015</b> N=16224	<b>Apr-Jun 2015</b> N=16846	<b>Jul-Sep 2015</b> N=16915	<i>Ref</i>
Newly institutionalised (discharged to a care home where not previously a resident)	8.1%	8.3%	7.6%	7.6%	<i>J9.33</i>

<b>If newly institutionalised:</b>	<b>Oct-Dec 2014</b> N=1319	<b>Jan-Mar 2015</b> N=1342	<b>Apr-Jun 2015</b> N=1272	<b>Jul-Sep 2015</b> N=1293	<i>Ref</i>
Temporary	20.8%	21.3%	20.6%	18.5%	<i>J9.36</i>
Permanent	79.2%	78.7%	79.4%	81.5%	<i>J9.38</i>

**Comment:** 87% of patients leave hospital alive after a stroke, with 40% returning home. 10% are discharged to a care home, with two thirds of these being sent to a home for the first time. 82% of these were expected to become permanent residents. The new institutionalisation rate is an important measure of outcome, which at 7.6% is lower than we have previously seen in the Sentinel audits where there were rates of about 10-15%.

### 4.7.3 Early Supported Discharge and Multidisciplinary Community Rehabilitation Teams

According to published literature, approximately 34% of stroke patients are considered eligible for ESD<sup>2</sup>

If discharged alive, was it with an Early Supported Discharge team? (Q7.7)	Oct-Dec 2014 N=16215	Jan-Mar 2015 N=16224	Apr-Jun 2015 N=16846	Jul-Sep 2015 N=16915	Ref
Yes, stroke/neurology specific	29.3%	31.0%	31.7%	31.8%	J10.3
Yes, non-specialist	1.5%	1.3%	0.8%	1.2%	J10.5
No	69.2%	67.8%	67.5%	67.0%	J10.7

If discharged alive, was it with a multidisciplinary community rehabilitation team? (Q7.8)	Oct-Dec 2014 N=16215	Jan-Mar 2015 N=16224	Apr-Jun 2015 N=16846	Jul-Sep 2015 N=16915	Ref
Yes, stroke/neurology specific	20.0%	21.2%	21.9%	20.7%	J11.3
Yes, non-specialist	7.8%	7.1%	6.7%	6.4%	J11.5
No	72.2%	71.8%	71.4%	72.9%	J11.7

If discharged alive, was it with either ESD or CRT?	Oct-Dec 2014 N=16215	Jan-Mar 2015 N=16224	Apr-Jun 2015 N=16846	Jul-Sep 2015 N=16915	Ref
Discharged with a stroke/neurology specific service*	42.7%	45.7%	46.6%	46.5%	J12.3

\*Also includes patients who are discharged with both ESD and CRT if at least one is stroke/neurology specific.

**Comment:** Over 46% of patients are discharged with plans for on-going rehabilitation from a specialist team, including ESD or community neurorehabilitation. 32% of patients alive at discharge are discharged using early supported discharge which is a marked improvement compared to the 2010 National Sentinel Stroke Audit results. However, only 32% of patients who were discharged alive from inpatient care had their record transferred on the SSNAP data collection tool to an ESD or community rehabilitation team for continued data entry. It is encouraging that this figure is increasing each quarter as more post-acute teams register for SSNAP but further improvements are needed if we are to get an accurate picture of the whole of the patient pathway.

### 4.7.4 Activities of Daily Living

If discharged alive, required help with activities of daily living (ADL)? (Q7.9)	Oct-Dec 2014 N=16215	Jan-Mar 2015 N=16224	Apr-Jun 2015 N=16846	Jul-Sep 2015 N=16915	Ref
Yes	40.7%	40.9%	41.0%	41.2%	J30.3
No	59.3%	59.1%	59.0%	58.8%	

<sup>2</sup> <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard>

If patient required help with ADL, what help did they receive (Q7.9.1)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Paid carers	68.2%	68.9%	68.1%	68.2%	J30.6
Informal carers	18.3%	18.1%	19.1%	17.9%	J30.8
Paid and informal carers	12.5%	11.7%	11.7%	12.6%	J30.10
Paid care services unavailable	0.1%	0.1%	0.1%	0.1%	J30.12
Patient refused	1.0%	1.2%	1.1%	1.2%	J30.14
<b>Applicable for receiving help for ADL (not refused)</b>	<b>99.0%</b>	<b>98.8%</b>	<b>98.9%</b>	<b>98.8%</b>	<b>J30.17</b>
<b>Compliant (any type of paid services)</b>	<b>81.5%</b>	<b>81.6%</b>	<b>80.6%</b>	<b>81.7%</b>	<b>J30.20</b>

If patient required help with ADL, number of social service visits per week (Q7.9.2)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
0 visits	26.1%	29.2%	29.1%	28.8%	J31.18
At least one visit per week	28.3%	27.5%	28.7%	28.8%	J31.20
1-6 visits	0.8%	1.1%	1.0%	1.0%	J31.5
7-13 visits	5.0%	4.8%	4.5%	4.5%	J31.7
14-20 visits	5.4%	5.3%	5.4%	5.5%	J31.9
21-27 visits	4.5%	4.6%	4.8%	5.0%	J31.11
28+ visits	12.5%	11.7%	13.0%	12.8%	J31.13
Not known	45.7%	43.4%	42.2%	42.5%	J31.15

**Comment:** 41% 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. 17.3% of patients requiring help with ADL receive three or more visits a day from social services.

#### 4.7.5 Atrial Fibrillation at Discharge

If discharged alive, is patient in Atrial Fibrillation (AF) (Q7.10)	Oct-Dec 2014 N=16215	Jan-Mar 2015 N=16224	Apr-Jun 2015 N=16846	Jul-Sep 2015 N=16915	Ref
Patient in Atrial Fibrillation	22.5%	22.3%	22.4%	22.5%	J32.3
Patient not in Atrial Fibrillation	77.5%	77.7%	77.6%	77.5%	

If in AF, patient given anticoagulation (Q7.10.1)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	79.8%	80.7%	82.0%	81.9%	J32.6
No	3.8%	3.3%	2.6%	2.4%	J32.8
No but	16.4%	16.1%	15.4%	15.6%	J32.10
<b>Applicable for receiving anticoagulation</b>	<b>15.9%</b>	<b>15.6%</b>	<b>16.1%</b>	<b>16.4%</b>	<b>J32.13</b>
<b>Compliant</b>	<b>95.5%</b>	<b>96.1%</b>	<b>96.9%</b>	<b>97.1%</b>	<b>J32.16</b>

#### 4.7.6 Joint Care Planning

If discharged alive, did the patient receive a joint health and social care plan at discharge (Q7.11)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	44.2%	45.0%	45.4%	46.8%	J33.3
No	10.1%	9.4%	8.5%	6.8%	J33.5
Not applicable	45.7%	45.5%	46.1%	46.4%	J33.7
<b>Applicable for receiving a joint care plan</b>	<b>45.8%</b>	<b>45.4%</b>	<b>46.0%</b>	<b>46.3%</b>	<b>J33.10</b>
<b>Compliant</b>	<b>81.4%</b>	<b>82.7%</b>	<b>84.2%</b>	<b>87.4%</b>	<b>J33.13</b>

#### 4.7.7 Named contact at discharge

If discharged alive, was there a named person for the patient and/or carer to contact after discharge? (Q7.12)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Yes	86.2%	88.6%	89.6%	90.1%	J34.3
No	13.8%	11.4%	10.4%	9.9%	

**Comment:** Over 87% of the patients with ongoing health and social care needs are discharged with joint health and social care plans. This represents an increase of almost 20 percentage points since the October - December 2013 report and over 25% since the first pilot report. 90% of patients are given a named contact on discharge. This is another area which has shown consistent improvements each quarter. However, further improvements are needed as the failure to provide joined up services after discharge is one of the principle areas of concern raised by patients. We are also doing better in terms of anticoagulating or making plans to anticoagulate patients in atrial fibrillation with 97% of patients being treated.

## Section 5: Therapy intensity

### NICE QS Statement 7

Patients with stroke are offered a minimum of 45 minutes 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.

There have been particular concerns about intensity of therapy data, and how it is calculated using SSNAP. In response to feedback received, on 1 April 2014 SSNAP updated the dataset to allow end dates of each therapy to be recorded separately.

Previously a date could only be recorded for when the patient no longer requires inpatient rehabilitation, but this change in the dataset allows teams to reflect when a patient no longer requires one type of therapy but still requires another. In this sense the intensity of each therapy

provided can be compared more accurately against what was required. The data reported upon across the past four quarters reflect this change.

The aim of these measures 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.

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 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 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%).

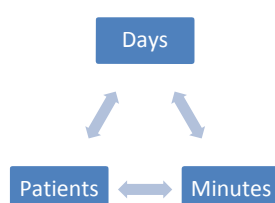
*Note:* SSNAP collects data on whether a patient was considered to require therapy at any point in the admission and does not reflect whether the patient required or was able to tolerate therapy on each day.

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

- 82.7% of patients nationally were considered to require therapy
- a median of 40.4 minutes of therapy was provided per day (based on 7 day week)
- therapy was delivered on 62.2% 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.



## 5.1 Occupational Therapy (Domain 5)

Key Indicators: Occupational Therapy	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients reported as requiring occupational therapy	81.6%	81.7%	82.6%	82.7%	J3.3
Median number of minutes per day on which occupational therapy is received (based on 7 days when equivalent NICE QS benchmark is 32 minutes)	40 mins	40 mins	40 mins	40.4 mins	J3.5
Median % of days as an inpatient on which occupational therapy is received	58.5%	58.4%	58.6%	62.2%	J3.4
Proxy for NICE Quality Standard Statement 7: % of the minutes of occupational therapy required (according to NICE QS-S7) which were delivered	74.3%	74.2%	75.3%	80.9%	J3.10

## 5.2 Physiotherapy (Domain 6)

Key Indicators: Physiotherapy	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients reported as requiring physiotherapy	84.7%	84.5%	85.1%	85.3%	J4.3
Median number of minutes per day on which physiotherapy is received (based on 7 days when equivalent NICE QS benchmark is 32 minutes)	33.8 mins	33.1 mins	33.1 mins	33.3 mins	J4.5
Median % of days as an inpatient on which physiotherapy is received	67.7%	66.8%	67.5%	71.6%	J4.4
Proxy for NICE Quality Standard Statement 7: % of the minutes of physiotherapy required (according to NICE QS-S7) which were delivered	70.9%	68.5%	69.5%	74.5%	J4.10

## 5.3 Speech and Language Therapy (Domain 7)

Key Indicators: Speech and Language Therapy	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Percentage of patients reported as requiring speech and language therapy	48.8%	48.2%	48.0%	48.2%	J5.3
Median number of minutes per day on which speech and language therapy is received (based on 7 days when equivalent NICE QS benchmark is 32 minutes)	30.8 mins	31.3 mins	31.7 mins	31.7 mins	J5.5
Median % of days as an inpatient on which speech and language therapy is received	40.4%	40.3%	40.0%	44.1%	J5.4
Proxy for NICE Quality Standard Statement 7: % of the minutes of speech and language therapy required (according to NICE QS-S7) which were delivered	37.8%	37.8%	37.8%	41.9%	J5.10

**Comment:** There has been progress made over the last couple of years in terms of the intensity of therapy provided by all of the disciplines, although there is still room for further improvement. The median number of minutes of therapy on the days that patients receive it is 40 minutes for OT, 33 minutes for PT and 32 minutes for SALT. However, there are days when patients should be undergoing therapy and yet they receive none. When these are added in to the equation then the median number of minutes will be lower.

## 5.4 Psychology

Psychology (Q4.4 – 4.6)	Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Ref
Applicable for psychology	5.4%	5.6%	6.2%	6.2%	J7.3
Median % of the days in hospital on which psychology is received	9.0%	8.8%	8.7%	9.8%	J7.4
Median number (IQR) of minutes per day on which therapy is received	38.0 mins (30 – 50 mins)	38.5 mins (30 - 50 mins)	40.0 mins (30 – 51.8 mins)	40.0 mins (30 - 55mins)	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.

## Section 6: Early supported discharge and community rehabilitation preliminary results

### 6.1 Introduction

While audit data for acute stroke care and services have been collected routinely via national stroke audits delivered by the RCP Stroke Programme since 1998, there has been limited opportunity to expand this data collection to the post-acute setting. Consequently, domiciliary stroke services in the community have so far been largely provided without consistent benchmarking via clinical audit. SSNAP now offers a unique opportunity to measure the quality of stroke services in the post-acute phase.

#### 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. It is estimated that there are approximately 200 teams providing ESD and a slightly greater number providing CRT services in England and Wales. This number will be more firmly established upon completion of a snapshot, organisational audit of post-acute teams. These providers have not previously been involved in stroke audit and, as expected there is a slower rate of recruitment of these teams onto SSNAP.

There are currently 283 teams working in the community registered on SSNAP and a total of 196 domiciliary teams have submitted data to this report. We congratulate these teams for leading the way in SSNAP data collection. A full list of domiciliary teams which submitted at least 20 records to SSNAP can be found in the results portfolio.

It is clear from the table below 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 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.

Region	Number of domiciliary teams which submitted at least 20 records to SSNAP				Number of domiciliary teams which submitted at least 1 record to SSNAP			
	Jul-Dec 2014	Oct 2014-Mar 2015	Jan-Jun 2015	April-September 2015	Jul-Dec 2014	Oct 2014-Mar 2015	Jan-Jun 2015	April – September 2015
Gr Manchester, Lancashire & South Cumbria	14	14	12	12	19	19	17	19
South West	10	9	10	11	13	13	13	14
London	11	18	18	21	34	36	37	40
East of England	5	7	9	10	18	23	24	24
Yorkshire and the Humber	7	9	11	13	12	13	13	18
West Midlands	5	5	5	6	7	7	7	11
Cheshire and Mersey	2	4	5	8	4	8	9	11
Thames Valley	2	2	3	3	4	4	6	7
Wessex	6	6	7	7	6	6	7	8
North of England	3	3	4	4	3	3	5	5
South East	3	4	8	13	6	12	18	18

Northern Ireland	0	0	0	3	0	0	0	5
Wales	2	2	3	3	2	4	4	3
Islands	0	0	0	0	0	0	0	0
East Midlands	1	1	2	6	1	2	3	13
Total	69	71	86	120	123	132	151	196

### 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 <sup>3</sup>.

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.

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.'

<sup>3</sup> <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard>

### 6.1.3 Interpreting the SSNAP results

SSNAP publically reports results for domiciliary teams at national level. The data were provided from 196 domiciliary teams with data submitted on a median number of 27 patients per team (IQR 9-62). Due to the slower rate of recruitment of these teams, data for the two most recent reporting quarters (April-June and July-September) has been combined to provide more meaningful results.

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, once sufficient data has been entered, 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 April-September 2015:

- 15,852 patients were reported in SSNAP as being discharged with a stroke specific domiciliary service (ESD or CRT team). This is approximately 45% of all patients discharged alive from inpatient care.
- However, only 10,446 of patient records were electronically transferred to domiciliary teams for further information to be collected on SSNAP. This reflects the slow rate of recruitment of these teams.
- In this time period, 8132 electronic records were **fully** completed by the domiciliary team.

While the number of completed records remains low, it is considered sufficient to provide results at 'national' level in this report.

Data included in this section were submitted by following team types (as specified by teams themselves when registering for SSNAP):

<b>Data submitted by:</b>	<b>No. of teams Jul – Dec 2014</b>	<b>No. of teams Oct 2014 – Mar 2015</b>	<b>No. of teams Jan-Jun 2015</b>	<b>No. of teams April- September 2015</b>
<b>ESD teams</b> (teams which registered as providing ESD only)	66	73	85	98
<b>CRT teams</b> (teams which registered as providing community rehabilitation only)	41	55	62	71
<b>ESD/CRT combined teams</b> (teams which registered as providing both early support discharge and community rehabilitation)	27	23	24	27

Provider level results for teams submitting at least 20 records are publically 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 Preliminary Results for Domiciliary Teams

Domiciliary teams submitted data on 6,702 stroke patients between January 2015 – June 2015.

Rehabilitation Goals	Jul-Dec 2014 N=4765	Oct 2014-March 2015 N=5507	Jan-Jun 2015 N=6702	Apr-Sep 2015 N=7347	Ref
Reported on SSNAP as applicable for rehabilitation goals while being treated by a domiciliary team	89.7%	89.0%	90.0%	90.3%	L2.3
If applicable, rehabilitation goals set by domiciliary team	95.8%	94.6%	94.1%	94.4%	L2.6
Median number of days under the care of a domiciliary team until rehabilitation goals are set	0 (0-3)	0 (0-4)	0 (0-4)	0 (0-3)	L2.7, L2.8, L2.9

Modified Rankin Scale (mRS) score Median (IQR)	Jul-Dec 2014	Oct 2014-March 2015	Jan-Jun 2015	Apr-Sep 2015	Ref
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 (in days)	Jul-Dec 2014	Oct 2014-March 2015	Jan-Jun 2015	Apr-Sep 2015	Ref
Duration of treatment with a domiciliary team (in days)	Median = 35.0 IQR (15.3 – 52.2) Mean = 43.9	Median = 35.0 IQR (15.2 – 51.1) Mean = 43.5	Median = 35.6 IQR (16.1 – 54.1) Mean = 44.5	Median 36.1 IQR (16.8 – 55.2) Mean 46.3	L4.1, L4.2, L4.3, L4.4
Number of days between discharge from inpatient care to first direct contact with domiciliary team	Median = 1 IQR (0 - 3)	Median = 1 IQR (0 – 3)	Median = 1 IQR (0 – 3)	Median =1 IQR (0 - 2)	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 8,132 patients for whom data on therapy whilst under domiciliary care is available.

The results cover 3 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. This is the fourth quarter in which it is possible to collect end dates for each of the therapies recorded on the SSNAP dataset. On account of these changes made to the dataset, therapy intensity results have improved in this reporting period for each therapy type. However, it must be noted that April – June 2014, July – September 2014, October - December 2014, January – March 2015, April – June 2015 and July – September 2015 results are not directly comparable with previous audit results.

<b>Occupational Therapy</b> whilst being treated by a domiciliary team	<b>Jul-Dec 2014</b> N= 4765	<b>Oct 2014 – Mar 2015</b> N=5507	<b>Jan-Jun 2015</b> N=6702	<b>Apr-Sep 2015</b> N=8132	<i>Ref</i>
Percentage of <b>patients</b> reported as <b>applicable</b> for OT at any point during treatment	82.1%	80.7%	81.0%	80.6%	<i>L6.3</i>
Median percentage of <b>days</b> on which OT is received by the patient	20.5%	21.4%	21.6%	21.0%	<i>L6.4</i>
Number of OT <b>minutes</b> received per day (on days when OT is provided) Median (IQR)	51.0 mins (42.5–60 mins)	50.6 mins (43.3-60 mins)	50 mins (41.8-60 mins)	50 mins (41.7–60 mins)	<i>L6.5, L6.6, L6.7</i>
Number of OT <b>minutes</b> received per day (across entire treatment period) Median (IQR)	10.1 mins (4.9-19.7 mins)	10.4 mins (5.2 – 20 mins)	10.3 mins (5-19.8 mins)	10 mins (5-19.2 mins)	<i>L6.12, L6.13, L6.14</i>

<b>Physiotherapy</b> whilst being treated by a domiciliary team	<b>Jul-Dec 2014</b> N= 4765	<b>Oct 2014 – Mar 2015</b> N=5507	<b>Jan-Jun 2015</b> N=6702	<b>Apr-Sep 2015</b> N= 8132	<i>Ref</i>
Percentage of <b>patients</b> reported as <b>applicable</b> for PT at any point during treatment	75.5%	73.8%	73.0%	73.0%	<i>L7.3</i>
Median percentage of <b>days</b> on which PT is received by the patient	27.0%	26.8%	26.6%	26.2%	<i>L7.4</i>
Number of PT <b>minutes</b> received per day (on days when PT is provided) Median (IQR)	46.9 mins (40 - 59.5 mins)	47.1 mins (40 – 60 mins)	46.7 mins (40-59 mins)	46.8 mins (40-58.8 mins)	<i>L7.5, L7.6, L7.7</i>
Number of PT <b>minutes</b> received per day (across entire treatment period) Median (IQR)	12.5 mins (5.6 – 23.6 mins)	12.3 mins (5.9 – 22.9 mins)	11.9 mins (5.7-21.9 mins)	11.9 mins (5.6–22.2 mins)	<i>L7.12, L7.13, L7.14</i>

<b>Speech and language therapy</b> whilst being treated by a domiciliary team	<b>Jul-Dec 2014</b> N= 4765	<b>Oct 2014 – March 2015</b> N=5507	<b>Jan-Jun 2015</b> N=6702	<b>Apr-Sep 2015</b> N= 8132	<i>Ref</i>
Percentage of <b>patients</b> reported as <b>applicable</b> for SALT at any point during treatment	32.1%	33.7%	33.7%	34.0%	<i>L8.3</i>
Median percentage of <b>days</b> on which SALT is received by the patient	16.1%	17.3%	16.1%	16.1%	<i>L8.4</i>
Number of SALT <b>minutes</b> received per day (on days when SALT is provided) Median (IQR)	50 mins (43.6–60 mins)	50 mins (42.5-60 mins)	48 mins (40-60 mins)	47.2 mins (40-60 mins)	<i>L8.5, L8.6, L8.7</i>
Number of SALT <b>minutes</b> received per day (across entire treatment period) Median (IQR)	7.7 mins (3.1-16.5 mins)	8.2 mins (3.5-16.9 mins)	7.7 mins (3.3-15.6 mins)	7.7 mins (3.2-15.2 mins)	<i>L8.12, L8.13, L8.14</i>

<b>Psychology</b>	<b>Jul-Dec 2014</b> N= 4765	<b>Oct 2014- Mar 2015</b> N=5507	<b>Jan-Jun 2015</b> N=6702	<b>Apr-Sep 2015</b> N= 8132	<i>Ref</i>
Percentage of <b>patients</b> reported as <b>applicable</b> for psychology at any point during treatment	7.7%	8.5%	8.8%	8.3%	<i>L10.3</i>
Median Percentage of <b>days</b> on which psychology is received by the patient	4.0%	3.7%	4.9%	5.3%	<i>L10.4</i>
Number of psychology <b>minutes</b> received per day (on days when psychology is provided) [Median (IQR)]	50.6 mins (32.5-60 mins)	52.3 mins (38.8-60 mins)	50 mins (30-60 mins)	53.3 mins (40-60 mins)	<i>L10.5, L10.6, L10.7</i>
Numbers of psychology <b>minutes</b> received per day (across entire treatment period) [Mean]	3.4 mins	2.9 mins	3.8 mins	4.1 mins	<i>L10.8</i>

**Comment:** The figure of 8.3% 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 in England.

179 teams have submitted data for at least one patient who received a six month assessment. 105 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 publically available. Please see the 'Full Results Portfolio' on the SSNAP Results Portal for individual team results: [www.strokeaudit.org/results/national](http://www.strokeaudit.org/results/national)

Region	Number of teams providing at least 20 six month assessments July – December 2014	Number of teams providing at least 20 six month assessments October 2014 – March 2015	Number of teams providing at least 20 six month assessments January-June 2015	Number of teams providing at least 20 six month assessments April-September 2015
London	14	12	13	12
East of England	5	7	9	9
East Midlands	1	2	1	1
West Midlands	6	7	6	6
Cheshire and Mersey	9	11	10	11
Manchester, Lancashire & South Cumbria	6	8	8	9
North of England	10	15	15	14
Yorkshire and The Humber	6	8	10	12
South East	4	5	3	4
South West	6	6	6	7
Thames Valley	4	4	4	4
Wessex	3	3	3	3
Wales	9	9	9	11
Northern Ireland	1	1	1	1
Islands	0	0	0	1
<b>Total</b>	<b>84</b>	<b>98</b>	<b>98</b>	<b>105</b>

## 7.1 Interpreting the Results

The results which follow are based on six month assessments which were due between April and September 2015. 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. In future quarters, if this question is not answered, it will be interpreted as an assessment did not take place.

- 35,034 patient records should have had an answer
  - Of these, 15,258 patient records (43.6%) 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.

- 31,944 patients were considered to be applicable to receive a six month assessment (i.e. 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 quarterly 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. At the time of writing SSNAP has been unable to perform the linkage due to severe delays in obtaining updated mortality information from the ONS for patients that died between April and September 2015. These patients have therefore not been able to be excluded from the denominator this quarter and are deemed applicable for six month assessments.

### Patients assessed at six months

Out of 31,944 patients considered to be applicable to receive a six month assessment:

- 8,176 patients (25.6%) received a six month assessment
- The inpatient teams which had the highest percentage of patients going on to receive a six month assessment are:
  - Northumbria Specialist Emergency Care Hospital HASU, Prince Phillip Hospital, Queen Elizabeth Hospital Gateshead, Chesterfield Royal, West Wales General, Arrowe Park Hospital, Singleton Hospital, Leighton Hospital and Ysbyty Cwm Rhondda.
- 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 only 25.6 % 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 Results

Six month review timings:	July- Dec 2014	Oct 2014-March 2015	Jan-Jun 2015	Apr-Sep 2015	Ref
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from admission to hospital (or stroke in hospital) to six month review assessment	6.4 (5.8-7.3) months	6.5 (5.8-7.4) months	6.4 (5.8-7.3) months	6.3 (5.7-7.2) months	M5.1, M5.2, M5.3
Time from discharge from all care (In patient and domiciliary) to six month assessment	5.7 (4.7-6.4) months	5.8 (4.8-6.6) months	5.7 (4.8-6.6) months	5.6 (4.5-6.3) months	M5.4, M5.5, M5.6

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

Method of assessment /review (Q8.1.2) % (n)	July – Dec 2014 N=5899	Oct 2014-March 2015 N=6906	Jan-Jun 2015 N=7786	Apr-Sep 2015 N=8176	Ref
In person	81.5% (4805)	80.0% (5525)	81.5% (6348)	81.7% (6683)	M6.2, M6.3
By telephone	18.1% (1066)	19.6% (1357)	18.2% (1419)	17.6% (1435)	M6.6, M6.7
By post	0.2% (11)	0.2% (15)	0.1% (11)	0.5% (37)	M6.8, M6.9
Online	0.3% (17)	0.1% (9)	0.1% (8)	0.3 (21)	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 quarter and “other” was recorded for 2,485 cases (30.4%).

<b>Discipline providing the six month follow up? (Q8.1.3) % (n)</b>	<b>July - Dec 2014</b> N=5899	<b>Oct 2014 – March 2015</b> N=6906	<b>Jan-Jun 2015</b> N=7786	<b>Apr-Sep 2015</b> N=8176	<i>Ref</i>
Stroke coordinator	43.1% (2545)	40.1% (2771)	39.9% (3110)	39.4% (3221)	M6.13, M6.14
Secondary care clinician	10.4% (611)	9.6% (663)	9.4% (731)	8.7% (710)	M6.21, M6.22
Therapist	9.4% (554)	9.6% (662)	9.9% (770)	8.9% (727)	M6.15, M6.16
Voluntary services employee	3.1% (182)	5.0% (348)	5.8% (452)	6.1% (501)	M6.19, M6.20
District/community nurse	3.0% (177)	3.5% (240)	4.4% (339)	6.4% (524)	M6.17 M6.18
GP	0.3% (16)	0.4% (28)	0.4% (28)	0.1% (8)	M6.11, M6.12
Other	33.5% (1737)	31.8% (2194)	30.3% (2356)	30.4% (2485)	M6.23 M6.24

<b>Was the patient screened for mood, behaviour or cognition (Q8.2) % (n)</b>	<b>July – Dec 2014</b> N=5899	<b>Oct 2014 – March 2015</b> N=6906	<b>Jan-Jun 2015</b> N=7786	<b>Apr-Sep 2015</b> N=8176	<i>Ref</i>
Yes	68.3% (4029)	69.1% (4775)	68.9% (5366)	66.9% (5468)	M7.2 M7.3
No	22.2% (1307)	20.8% (1435)	21.6% (1681)	24.1% (1973)	M7.4 M7.5
‘No but’*	9.5% (563)	10.1% (696)	9.5% (739)	9% (735)	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

<b>Patient identified as needing support (if screened) % (n)</b>	<b>July – Dec 2014</b> N=4029	<b>Oct 2014 – March 2015</b> N=4775	<b>Jan-Jun 2015</b> N=5366	<b>Apr-Sep 2015</b> N=5468	<i>Ref</i>
Yes	22.6% (911)	23.5% (1121)	20.8% (1115)	19.2% (1048)	M7.8 M7.10
<i>Of those identified as needing support, support given</i>	<i>N=911</i>	<i>N=1121</i>	<i>N=1115</i>	<i>N=1048</i>	
Yes	61.0% (556)	65.4% (733)	62.7% (699)	61.8% (648)	M7.12, M7.13
No	24.5% (223)	20.9% (234)	23.2% (259)	24.0% (252)	M7.14, M7.15
No but	14.5% (132)	13.7% (154)	14.1% (157)	14.1% (148)	M7.16, M7.17

Patient location at the time of the review % (n)	Jul – Dec 2014 N=5899	Oct 2014 – Mar 2015 N=6906	Jan-Jun 2015 N=7786	Apr-Sep 2015 N=7353	Ref
Home	88.9% (5242)	89.7% (6195)	90.2% (7021)	89.9% (7353)	M8.2, M8.3
Care Home	10.1% (596)	9.3% (642)	8.9% (694)	9.1% (744)	M8.4, M8.5
Other	1.0% (61)	1.0% (69)	0.9% (71)	1.0% (79)	M8.6, M8.7

### Changes in Rankin Score between time periods

Since last quarter, information about the function of stroke patients six months after admission to hospital has been collected. During this period it is available for 7,973 out of 31,944 patients applicable for a review during the period April - September 2015 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:** The percentage of patients with follow up data is small and may not be representative. However, we present the data here to show how invaluable it could be. Of those given a six month assessment (i.e. where the level of deficit is recorded) almost two thirds of patients had no limitation of function prior to their stroke and about 20% fully recovered by the time they were discharged from care. Over 30% were discharged with significant deficits (Rankin Score 3, 4 or 5). By six months over third of patients assessed were as independent, or more independent, than prior to stroke. Over 15% had a major increase in impairment (change in Rankin of 3 to 5 points).

Modified Rankin Score at 3 time points for the 8,176 patients for whom data was available	Pre stroke		At discharge from all care		At six months	
	N	%	N	%	n	%
0 (no symptoms)	5,150	63.0	1,338	16.4	1,404	17.6
1 (no significant disability)	1,340	16.4	2,294	28.1	2,241	28.1
2 (slight disability)	768	9.4	1,820	22.3	1,567	19.7
3 (moderate disability)	627	7.7	1,499	18.3	1,627	20.4
4 (moderately severe disability)	249	3.1	949	11.6	832	10.5
5 (severe disability)	42	0.5	276	3.4	302	3.8

Change in mRS from before stroke to six months after stroke	Number of patients	Percentage of patients
-5	1	0.01
-4	11	0.1
-3	31	0.4
-2	110	1.4
-1	428	5.4
0	2,144	26.9
1	2,389	30.0
2	1,454	18.2
3	932	11.7
4	381	4.8
5	92	1.2
<b>Total</b>	<b>7,973</b>	<b>100</b>

Out of 16,951 patients discharged alive from inpatient care (between July-September 2015) 3,935 (19.7%) were diagnosed as being in AF before they had a stroke. 3,798 patients were discharged in AF and 3,112 (81.9%) of these patients were discharged on anticoagulant therapy (or planned to start it).

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 2%.

<b>Atrial Fibrillation: % (n)</b>	<b>Jul-Dec 2014</b> N=5843	<b>Oct 2014 – Mar 2015</b> N=6866	<b>Jan-Jun 2015</b> N=7748	<b>Apr-Sep 2015</b> N=8144	<i>Ref</i>
Persistent, permanent or paroxysmal Atrial Fibrillation (AF) at the time of six month follow-up assessment	25.1% (1467)	23.1% (1589)	23.1% (1789)	23.7% (1933)	<i>M9.1.1, M9.1.2</i>

<b>If patient is in Atrial Fibrillation at time of six month follow-up assessment % (n)</b>	<b>Jul-Dec 2014</b> N=1467	<b>Oct 2014 – Mar 2015</b> N=1589	<b>Jan-Jun 2015</b> N=1789	<b>Apr-Sep 2015</b> N=1933	<i>Ref</i>
Was also in AF when first admitted to hospital	54.9% (806)	54.9% (873)	52.3% (936)	50.2% (970)	<i>M9.4, M9.6</i>
Was also in AF when discharged from inpatient care	54.5% (799)	50.5% (802)	65.2% (1166)	65.8% (1271)	<i>M9.7, M9.9</i>
Taking anti-coagulant	78.1% (1145)	78.4% (1246)	79.4% (1421)	80.2% (1550)	<i>M9.10, M9.12</i>

<b>Current Medication % (n)</b>	<b>Jul-Dec 2014 N=5843*</b>	<b>Oct 2014 – March 2015 N=6866*</b>	<b>Jan-Jun 2015 N=7748*</b>	<b>Apr-Sep 2015 N=8144</b>	<i>Ref</i>
Taking antiplatelet	63.0% (3684)	63.8% (4379)	62.8% (4863)	61.1% (4978)	M12.1, M12.3
Taking anticoagulant	27.6% (1615)	26.7% (1833)	27.3% (2115)	27.9% (2272)	M13.2, M13.3
Taking lipid lowering	79.9% (4667)	78.5% (5389)	78.3% (6067)	77.4% (6306)	M15.2, M15.3
Taking antihypertensive	72.6% (4244)	71.3% (4894)	70.6% (5473)	70.1% (5713)	M16.2, M16.3

\*some teams were not able to answer this question and their patients were therefore removed from this denominator

<b>Medication % (n)</b>	<b>Jul-Dec 2014 N=838</b>	<b>Oct 2014 – March 2015 N=907</b>	<b>Jan-Jun 2015 N=1430</b>	<b>Apr-Sep 2015 N=1661</b>	<i>Ref</i>
If patient was discharged on anti- coagulant, still taking at six month follow-up assessment	81.5% (683)	80.3% (728)	79.4% (1135)	78.9% (1231)	M14.1, M14.3

<b>Since initial stroke patient suffered % (n)</b>	<b>Jul-Dec 2014 N= 5899</b>	<b>Oct 2014 – March 2015 N=6906</b>	<b>Jan-Jun 2015 N=7786</b>	<b>Apr-Sep 2015 N=8176</b>	<i>Ref</i>
Another stroke	2.7% (161)	2.9% (197)	3.1% (238)	2.8% (231)	M17.2 M17.3
Myocardial infarction	0.7% (42)	0.6% (44)	0.5% (40)	0.6% (48)	M18.2 M18.3
Other hospitalisation illness	14.5% (856)	14.0% (970)	13.2% (1031)	13.1% (1069)	M19.2 M19.3

## 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](http://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.

Colour	Level
	A
	B
	C
	D
	E
X	Insufficient data
TFP	Too few patients to report on

### Changes over time

Teams are being encouraged to review their results (which are provided every 3 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 quarter 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 July - September 2015 results and the previous quarter are illustrated within the table by arrows. Upward pointing arrows indicate that the team has achieved a higher level this quarter than in the previous quarter; downward pointing arrows that the team has achieved a lower level this quarter 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
D5 OT	Domain 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

11 teams in England have achieved the top overall performance level this quarter (down from 16 in the previous quarter). 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 quarters.

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	220	221	B	B↓	A↑	A↑	A	C	C	B	A	A	A	C	B	C↑	B	416	97%	54	13%
Barts Health NHS Trust	Royal London Hospital HASU	175	163	B	B↓	B	A	B	C	B	B	A↑	B	B	B	B	A	A↑	328	95%	18	5%
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	223	196	B	B↓	A	A↑	A	C	B	B↓	A↑	B	C	B↑	B	B	B	376	93%	72	19%
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	197	201	A↑	A↑	B	A	A	C	B	B	A	B	A↑	B	A	A	A	334	99%	29	9%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	197	204	A↑	A	B	A	A	B	A↑	B	A	A↑	C	B↑	A	B	A	351	98%	8	2%
London North West Healthcare NHS Trust	Northwick Park Hospital HASU	290	274	A	A	A	A	A	B	A	A↑	A	A	B	A	A	C	A	387	90%	144	37%
St George's Healthcare NHS Trust	St George's Hospital HASU	299	311	A↑	A↑	B	A↑	A	C↑	A↑	B↑	A	A	A↑	B	B	B	A↑	432	91%	56	13%
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	227	230	D↓↓	D↓↓	B↑	A	A	C	A	B	A	A	B↑	C↓	B	B	A	453	96%	79	17%
Midlands & East - East Midlands SCN																						
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	193	178	D	A↑	C	C	C	C	C↑	B	B↑	C↓	E	B	A↑	C↓	C	311	100%	0	0%
Northampton General Hospital NHS Trust	Northampton General Hospital	208	221	A↑	A	A	A↑	A↑	D↑	C↓	A	A	B↓	C↑	B	A	B	B	293	76%	135	46%
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	236	259	D	A↑	B↑	C	D↓	B	B	D↓	A	B	E	C	B	D	C	480	100%	1	0%
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	104	112	A↑	B↓	A	A↑	C	B↑	B	A↑	A	A↑	B↑↑	B↑	A	A↑	A↑	234	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	104	78	D	D↓↓	D	B↑	B	D↑	B	D	A	A	A↑↑	B↑	D↑	C	B↑	178	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	92	92	D	C	D↓	A↑	A	C↓	B↑	B	A	A↑	B↑	C↓	B	B↑	A↑	164	100%	2	1%
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	317	284	C↑	A	A↑	C	C	C↑	C	B↑	C	B↑	E	C↑	A	B	C↑	583	100%	0	0%
Midlands & East - East of England SCN																						
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	120	121	B↑	A	C	B	A↑	C	C↑	C	A	A	B	C	B	A	B	178	82%	108	61%
Bedford Hospital NHS Trust	Bedford Hospital	64	70	D	A	D↓	D	D	B↑	D	D	C	B↑	E	D	B	D	D	113	100%	0	0%
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	143	145	D	A	C	D↓	C	E↓	D↓	C↑	C	A	D	D	B↓	D↓	D↓	288	99%	2	1%
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	146	120	B	A	A	B	B↓	C↑	B	B	A	A↑	D↓	C	B↑	A↑	B	126	70%	61	48%
East and North Hertfordshire NHS Trust	Lister Hospital	115	138	C↑	A	B↑	C	B↓	C	C	C↑	A	B	E	C↑	C↑	A↑	C	161	85%	71	44%
Ipswich Hospital NHS Trust	Ipswich Hospital	147	133	A↑	A	A	A↑	B↑	B	B↑↑	B	A	A	C	B↑	A	A	A↑	255	95%	147	58%
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	112	112	B↑	A	A↑	B↑	B	B	D↓	B	A↑	B↑	C↑	D	B	B	B↑	209	100%	3	1%
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	123	129	D↑	A	C	D	C	E	D	E	A↑↑	A↑↑	E	E	C	D	D	213	99%	6	3%
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	112	115	A↑↑	A↑	A↑	A↑	A	B	A	B	B↑	B↑	C↑	B↑	B↑	A	A↑	156	98%	51	33%
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	273	276	C	A	B↑	B	C	C	C↓	B	C	B	C↑	C	B	A	B	301	99%	102	34%
Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	134	127	D	A	D	D	C	C	C↑	B↑	C	D↑	D↑	D	B↑	C	D	257	98%	0	0%
Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	80	76	E	C	D	E	C↓	E	E	E	B↑↑	E↓	B	E	D↑	E↓	E	171	94%	16	9%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	112	134	D↑	A	D	C↑	C↑	B↑	B↑↑	B↑↑	C↑↑	D↑	E	B↑	B	D	C↑	217	100%	2	1%
Southend University Hospital NHS Foundation Trust	Southend Hospital	161	161	B	A	B↓	B	B	C	B	B	C↓	B	C	C	A↑	C↓	B	198	86%	152	77%
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	176	148	C↑	A	A↑	C	B	D	A↑	C↑	B↑	B↑	D↑	D	B	B↓	C	217	94%	71	33%
West Suffolk NHS Foundation Trust	West Suffolk Hospital	127	107	B	A	B	A	A	B	B↑	B	A	A	E↓	B	B	A	A	173	84%	84	49%

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	105	116	D↑	A	D↑	D	A↑	D	D	D↑	C↓	C↑	E	C	D	C↑	D	134	96%	2	1%	
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	146	126	B↑	A	C	B	B	B	B↓	B	B	B	B↑	A↑	C↑	B	B	216	88%	67	31%	
George Eliot Hospital NHS Trust	George Eliot Hospital	59	61	C↑↑	A	B↑↑	C↑	B↑	B↑↑	B	A↑↑	C↑	E	B↑↑	B	B↑↑	D	B↑↑	104	100%	0	0%	
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	213	223	A↑	A	B↑	A	A	B	B	B	A	A	C↑	A↑	C↑	A↑	A↑	282	100%	0	0%	
Royal Wolverhampton NHS Trust	New Cross Hospital	140	129	C	A	A	C	B	C	B	D	B↑	B	E	D	D↓↓	A	C	218	96%	87	40%	
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	155	127	B	A	C↓	A	A	B	A↑	A	B	A	D	B	B↑	A	A	236	94%	34	14%	
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	264	264	E	A	C↑	D↑	D↑	B↑	C	D↑	C	E	E	D↑	E	E	D↑	431	99%	7	2%	
South Warwickshire NHS Foundation Trust	Warwick Hospital	83	85	D↑	A	B	D↑	D↑	D↑	B↑	D↑	B↑	B	D↑	C↑	D	D	D	113	100%	1	1%	
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	149	127	C	A	A	C	B	C	B	B	C	C	D↓	C↑	C↓	B	C	234	86%	85	36%	
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	213	200	C↑	A	B↑	C	B↓	D	A↑	D	C	D↓	D	B↑	B	A↑	C	353	100%	7	2%	
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	216	186	C↓	C↓	A	B	A	C	A	B	A	A	E	B↑	B	C↓	B	370	87%	97	26%	
Walsall Healthcare NHS Trust	Manor Hospital	95	89	A↑↑	A↑	A	A↑↑	A↑↑	C↑	C↑	B↑	A↑↑↑	A↑	B↑	B	A	B	A↑↑	149	96%	71	48%	
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	208	196	E↓	A	D↓↓	D	C↑	E	D	E	A	A	E	D	E	D	D	294	100%	1	0%	
Wye Valley NHS Trust	Hereford County Hospital	107	105	D	A	A	D	B↑	D↑	E↓	D	B↑	B↑	E	D	B	C	D	177	99%	2	1%	
North of England - Cheshire and Mersey SCN																							
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	106	102	B	B↓	A↑	B	B	D	C↓	A	A	B	E↓	C	A	A↑	B	205	100%	40	20%	
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	96	89	A	A	A	A	B	B	A↑	A	A↑	B	C	B	B	A	A	114	93%	58	51%	
East Cheshire NHS Trust	Macclesfield District General Hospital	43	51	D	A	B↑↑	D↓	A↑	D↓	D↓↓	D	B↓	C↓	E	B	B	D	D↓	68	87%	54	79%	
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	126	131	C↑	A	A↑	C↑	C	C↑	C↑	D	C	B	C	C	B↑	A↑↑	C↑	145	82%	133	92%	
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	174	187	B↑↑	A↑↑↑	B↑	B	C↑	D↑	C↓	B	A	A	D↑	B	B	A	B	234	99%	72	31%	
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	80	79	C↑	A↑↑	A	C	B	E	C	C	A	B	D	B	B	C↑	C	154	100%	31	20%	
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital	173	163	A↑	A	A↑	A↑	B↑	B	A↑	A↑	B	B	B↑↑	A↑	B	A	A↑	231	86%	178	77%	
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	105	120	D↓	A	B	C	C↓	D	D↓↓	D	A	B↓	E	B	B↑	A	C↓	104	69%	80	77%	
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	159	160	A↑	A	A	A↑	A↑	B↑	B↑	B	A	B	D↑	A↑	A↑	A	A↑	207	85%	193	93%	
North of England - Manchester, Lancashire & S.Cumbria SCN																							
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	118	116	E	A	B	D↑	E	B↑	D	D	E	E	E	E	C	B↑	D↑	156	100%	0	0%	
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	163	138	E	A	D	D	D	D	E	E	D↓	D	E	D	B	B	D	210	98%	32	15%	
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	125	126	D	A	A	D	D↓	C	C	D	C↓	B	E	C↑	B	D	D	252	98%	8	3%	
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	252	248	A	A	A	A	A	B	B↓	B↓	A	B↑	B↑	A	A	A	A	368	99%	88	24%	
Salford Royal NHS Foundation Trust	Salford Royal Hospital	515	467	A↑	A↑	B	A	A	B	B↑	A	A	B↓	C	A	B	A	A	461	97%	76	16%	
Stockport NHS Foundation Trust	Stepping Hill Hospital	290	288	B↑	A↑	B	A↑	A	B	B	A	B↑	B↑↑	C	A	B↑	D↑	B	240	99%	6	3%	
Tameside Hospital NHS Foundation Trust	Tameside General Hospital	57	54	D	A	A↑	D	B↑	E↓	C↑	E↓	C↓	D	E	D↓	B↑	B↓	D	139	99%	2	1%	
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	53	44	C↑	A	B	C↑	A↑	B↑↑	E↓	A↑	C↑	D↑	E	B	B↓	B↑	C↑	76	96%	48	63%	
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	95	96	D	A	B	C↑	A↑	C	D↑	D↑	C↑	D	D↑	D	A	B↓	C↑	128	100%	2	2%	
North of England - North of England SCN																							
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	156	149	D	A	C	C↑	C	B↑	D	B	B↑	B	E	D	D	A	C↑	174	94%	37	21%	
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	249	210	D↓	A	C	C	C↑	A↑	D↓	B	C	A	D↓	C	B↓	D	C	408	100%	4	1%	
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	78	77	E↓	C↓↓	B	D	D	D↓	D	C	B↓	C↓	E	D	D↑	D	D	82	60%	80	98%	
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	164	158	B↑	A	A	B↑	C	C	C	C↓	A↑↑	A	D↑	C	B	B	B↑	207	92%	111	54%	
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	91	86	D	A	C↓	C↑	B↑	C↑↑	D↑	D↑	A	B	E	B↑	B	A	C↑	131	86%	78	60%	
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	65	64	C	A	A	C	B↑	B↑	C↑	D	A	A↑	D↓	C↑	B	E↓↓	C	103	91%	92	89%	
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	115	129	D	A	B	D↓	E	B↓	B↑	B	C	D↓	E	C	B	C	D↓	191	98%	123	64%	
Northumbria Healthcare NHS Foundation Trust	Northumbria Specialist Emergency Care Hospital HASU	242	227	A	A	A	A	B	B	B	A	A	A	B	A	B	B	A	2	100%	2	100%	
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	191	177	B	A	A	B	C↓	B	B	B	A	B↑	E↓↓	A	B	B	B	236	80%	200	85%	
South Tyneside NHS Foundation Trust	South Tyneside District Hospital	64	64	E	A	B↑	E↓	E	E	E	E	E	B↓	D↑	E	D↓↓↓	A↑	E↓	76	83%	64	84%	

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
North of England - Yorkshire and The Humber SCN																						
Airedale NHS Foundation Trust	Airedale General Hospital	57	51	C↑	A	A	C↑	D	C↑	D	D	B↑	B↑	B↑↑↑	C↑↑	B	C	C↑	106	100%	3	3%
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	125	129	B↑	A	A	B↑	C	C↑	D↑	C	A	A	C↑↑	B↑	A	C	B↑	221	100%	1	0%
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	118	118	C↑	A↑	B↑	C	C	C	C↑	D	A↑	B	C↓	D	A↑	C↓	C	184	100%	1	1%
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	152	161	D	A↑	C	D	C↑	D↓	B↑↑	D↓	C	C↓	C	D	D↓↓	D	D	193	100%	87	45%
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	123	119	C	A	B	C	C↓	C	C↓	E↓	B	B	D↑	C	B	A	C	195	71%	191	98%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	148	150	B↑	A	A↑	B	B↑	C↑	C↑	C	A	A	A	B	B	D	B	176	67%	29	16%
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	89	87	D	A	B↑	D↓	D↑	D↓	D	C	C↓↓	D↓↓	E↓↓	D↓	B	C	D↓	103	91%	39	38%
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	193	197	D	B↓	B	C↑	B↑	B↑	C↑	B	C↑	B	E↓↓	E	C↑	A	C↑	332	96%	84	25%
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	245	220	D	A	B	C↑	C↑	C↑	B↑	C	C↑	C↑	B↑	D	A↑	D	C↑	433	95%	139	32%
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	211	211	D	A	A	D	D↓	C	D	D	B↑	C↓	E	D↑	B	B↑	D	318	99%	50	16%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	150	155	A↑	A	A↑	A↑	B↓	B	C↑	B	A	A↑	B↑	B↑	A	B↑	A↑	325	99%	23	7%
Rotherham NHS Foundation Trust	Rotherham Hospital	105	110	C↑	A	B	C↑	B↑	C↑	D↑	C↑	B↑	B↑	D↑	D↑	A	C	C↑	98	69%	81	83%
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	214	213	D	A	B	C↑	B	B	D	B↑↑	C	C	E	D	B↑↑	B	C↑	342	96%	56	16%
York Teaching Hospital NHS Foundation Trust	York Hospital	217	204	D↓	A	B	C	D↓	C	C↑	B	A↑	B	E	C	B↓	D↓	C	219	80%	65	30%
South England - South East SCN																						
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	118	116	A↑	A	B↑	A	A	C	B	A	A	A↑	B↑	B↑	A	A	A	198	100%	2	1%
Brighton and Sussex University Hospitals NHS Trust	Princess Royal Hospital Haywards Heath	58	42	D	B	A	D	A	B↑	C↑	D	E↓	C↓	D↓	E	D	B↑	D	101	100%	0	0%
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	113	91	C↑	A	A	C↑	A	C	B↑↑	A	E	D	D	D	B	B↑	C↑	166	100%	2	1%
Dartford and Gravesham NHS Trust	Darent Valley Hospital	72	76	D↓	A↑	B	C	B↓	D↓	D↓↓	D↓	A↑	B	D↑	D	C↓	B	C	128	100%	0	0%
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	59	57	D	B	C	C↑	A	C	C↑	A↑	C↑	D	E	D↑	B↑	A↑	C↑	115	100%	11	10%
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	84	80	C	B	A↑	B	B	C↑	D	A	A	A	E	B↑	B	C↓	B	111	85%	46	41%
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	120	111	B↑	A	B	B↑	B	C↑	B↑	B	A	B↑	C↑↑	D	B	B	B↑	120	86%	35	29%
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	111	124	C	A	B	C	A	B	C	B	C	C	D↑	E	B	B↓	C	248	100%	5	2%
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	67	74	B↑	A	B	B↑	A	C↑	C	B	A↑↑	B↑	C	B↑	C↓	C↑	B↑	63	70%	46	73%
Frimley Health NHS Foundation Trust	Frimley Park Hospital	119	124	A↑	A	B	A↑	A	C	B	A	B↑	A	C↑↑	A↑↑	A↑	B	A↑	222	100%	1	0%
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	94	78	C	A	B	C	A↑	C↑	C↑↑	C↑	A	A↑	C	B	D↓↓	D↓↓	B↑	140	100%	0	0%
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	72	69	D	A	B	C	B↓	E	B↑	C	A↑	B	D	C	D	D↓↓	C	149	100%	0	0%
Medway NHS Foundation Trust	Medway Maritime Hospital	91	80	D	A	B	D	B↓	E	D	D	E	D↑	D↑	D	C↓	A↑	D	150	100%	0	0%
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	73	74	B↓	B↓	A	A	A	C	B↑	B↑	A	A	D	B↓	A	A	C	145	100%	3	2%
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	120	131	C↑	B↓	B	B↑	A	D↑	D	B	B↑	B↑	C	C	A↑	D	C	168	100%	2	1%
Western Sussex Hospitals NHS Trust	St Richards Hospital	100	102	B↑	A	A	B↑	C	C	B	C↓	A↑	B↑↑	C	B↑↑	B↓	D	B↑	161	100%	0	0%
Western Sussex Hospitals NHS Trust	Worthing Hospital	119	111	B	A	A	B	C↓	B	B	B↓	A↑	B↓	D	D	A	D↓	B	209	100%	0	0%
South England - South West SCN																						
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	222	229	E	A	B	E	D	E	D	E	E	E	E	E	B	A	E	252	86%	162	64%
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	X	X	X	E↓	X	X	X	X	X	X	X	X	X	X	X	X	X	140	91%	47	34%
North Bristol NHS Trust	North Bristol Hospitals	178	152	D	A	B↓	D	A	C↑	C↓	D	D	D	C	D↑	D	C↓	D	275	99%	9	3%
Northern Devon Healthcare NHS Trust	North Devon District Hospital	102	94	D↓	A	C↓	D↓	D↓	D↓	D↓	E	A	A	B↑	B	B	C↓	C↓	191	100%	1	1%
Plymouth Hospitals NHS Trust	Derriford Hospital	175	159	E↓	B↓	C↓	D	C	E↓	E↓	E↓	C↓	A↑	E↓↓	E	C↓	B	D	369	100%	93	25%
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	181	164	D	A	A↑	D	A	E	C↑	D	C↑	E	C↑	E	C	B↑↑	D	322	100%	1	0%
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	177	163	B↑	A↑	B	B	B↑	C	C↓	B	A	A↑	E	B	A↑	B	B	269	100%	0	0%
Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	160	148	D	A	B	D↓	C↓	D↓	C↓	D↓	C↓	D↓↓	E	D	D↓	B↑	D↓	202	93%	67	33%
Salisbury NHS Foundation Trust	Salisbury District Hospital	85	87	C↑	A	A↑	C↑	B↓	B↑	D	D	A↑↑	B↑↑	E	B↑↑	C	A↑	C↑	79	84%	44	56%
South Devon Healthcare NHS Foundation Trust	Torbay Hospital	147	142	C↑	A	A	C↑	D	E	C↑	D	A	A↑	B↑	C	B	A	C	262	100%	1	0%
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	141	116	D↓	C↓↓	B↓	C	A	C	C↓	D	E↓	B	E	C	B	C↓	D↓	217	93%	30	14%
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	118	110	D	A↑	B	C	A	C	B↑↑	C↑	C	D	D	E	B↓	B	C↑	193	99%	3	2%
Weston Area Health NHS Trust	Weston General Hospital	62	69	D	A↑	A	D↓	C	C	D↓↓	D	D↓	C	D↓	D	A	E↓	D↓	71	91%	17	24%
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	74	68	C	B↓	A↑	B↑	B	C↑	B↑	E	A	A	C	D	C	A↑	B↑	91	84%	62	68%

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	142	145	A	A	A	A	A	B	A	A	A↑	B↑	C	B	B	B	A	182	85%	88	48%
Frimley Health NHS Foundation Trust	Wexham Park Hospital	61	77	D	A	D	C↑	C↑	D	D↑	D	A↑↑	B	A	B	B↑	B↑	B↑↑	169	100%	4	2%
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes General Hospital	46	42	E	C↓	C	D↑	C↑	E	E↓	D↑	E	A↑	E	D	C↑	B	D	83	97%	0	0%
Oxford University Hospitals NHS Trust	Horton General Hospital	36	34	D	A	B	D	B↑	D↓	C↑↑	D	D↓	D↑	E	C	D↓↓	D↓	D	43	100%	4	9%
Oxford University Hospitals NHS Trust	John Radcliffe Hospital	149	146	B↑	A	A	B↑	A↑	C↑	B↑	C↑	A	A↑	C↑	C	B	C↓	B↑	250	100%	32	13%
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	160	152	B	B	B↓	A	B	C	A	B	A	A	C	C	A↑	A	A	238	99%	104	44%
South England - Wessex SCN																						
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	79	82	D	B↓	B	D	D↑	C	C↓	D	C↓	D	C↓	B↑↑	E	B	D	108	84%	72	67%
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	124	120	B↑	A	A	B↑	C↑	B↑	C↓	B	A↑↑	B↑↑	B↑↑↑	B	C↓	A↑	B↑	266	100%	1	0%
Isle of Wight NHS Trust	St Mary's Hospital Newport	70	78	D	A↑	B↑	D↓	A	E↓↓	E	C↓	D	C	C	D	A	B↓	D↓	104	99%	45	43%
Poole Hospital NHS Foundation Trust	Poole Hospital	145	138	D	A	B↑	D	D	C↓	C↓	E	B	D	C	C↑	E	C	D	191	100%	76	40%
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	239	247	D	A	B	D	D	D	D↓	C	B↑	B	E	D	B	B	D	406	100%	0	0%
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	174	182	B	A	A↑	B	B↑	C	C	C↑	A	B	B	B	B	A	B	217	95%	102	47%
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	130	151	D	C↓↓	C↓	C	D↓	C	C	B	B↓	B	D↑	D↓	C↑↑	B	C	359	100%	139	39%
Islands																						
Isle of Man Department of Health	Noble's Hospital	32	32	E	A	D	E↓	D↑	C	E	E	E↓↓	B↓	E	E	D	D	E↓	78	91%	51	65%
Northern Ireland																						
Belfast Health and Social Care Trust	Mater Infirmorum Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Belfast Health and Social Care Trust	Royal Victoria Hospital Belfast	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	11	100%	0	0%
Northern Health and Social Care Trust	Antrim Area Hospital	119	111	E	A	E	D↑	E	E	D↑	E	C	C↑	C	E	E↓	A↑	D↑	.	.	.	.
Northern Health and Social Care Trust	Causeway Hospital	58	48	E	A↑	D↑	E	E	E	C↑	E	B↑	D	D↓	E	E	D↓	E	.	.	.	.
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	Lagan Valley 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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	8	100%	2	25%
Southern Health and Social Care Trust	Craigavon Area Hospital	86	83	E	A↑↑↑	D	E	E	E	C↑	E	D↓↓	D	E	E	E	C↑	E	1	100%	0	0%
Southern Health and Social Care Trust	Daisy Hill Hospital	38	42	D	A	B	D	C	D↑	D↓	D	B	E↓	D↑	E	C	D	D	45	100%	0	0%
Western Health and Social Care Trust	Altnagelvin Hospital	59	53	E	A	C	E	D↑	E	D	D	E	E	E	E	D	C	E	51	100%	0	0%
Western Health and Social Care Trust	South West Acute Hospital	46	48	D	A	C↓↓	D	E↓	C↑	B↓	A↑	E↓	E↓	E↓↓	E	C↑	A↑↑	D	63	100%	41	65%
Wales																						
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	128	112	D	B↓	B↓	D	D	E	D↓	D	D↑	C↓	D	C	A	D	D	135	72%	59	44%
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	71	69	D	A	A	D	E	E	E	E	B	C↑	D	C↑	A	D	D	118	94%	52	44%
Aneurin Bevan University Health Board	Nevill Hall Hospital	94	74	D	A	A	D	C	D↑	E↓↓	D↑	C	B	D	B↑	A	D↓↓	D	125	98%	60	48%
Aneurin Bevan University Health Board	Royal Gwent Hospital	162	116	D	A	B↓	D	D	E	D↓	E	C↓	C↓	E	C↑	A↑↑	D	D	280	98%	15	5%
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	85	86	B↑↑	A	A↑	B↑↑	D	C↑↑	D↑	B	C	B↑↑	A↑	A↑	A	C	B↑↑	144	99%	1	1%
Betsi Cadwaladr University Health Board	Maelor Hospital	114	99	C↑	A	A	C	B↑	D↑	B↑	B	C↑	C↑	E	B	A↑	C	C↑	169	100%	38	22%
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	79	75	D↓	A↑	B↓	C	E	C	E	B↓	E↓	A	C↓	A↑	A	C↑	C	130	99%	3	2%
Cardiff and Vale University Health Board	University Hospital of Wales	152	150	D	A	B	D	A	E	D	D↑	E↓	E↓	E	D↑	A	B	D	244	100%	2	1%
Cwm Taf University Health Board	Prince Charles Hospital	117	112	D	A↑	B	D↓	B↓	E↓	E↓	E↓	A	B↑↑	E	D↓	A↑	A↑	D↓	95	100%	69	73%
Hywel Dda Health Board	Bronglais Hospital	33	32	C	A	B	B↑	A↑	B↑	A	C↓	C	B↑	D↑	D	A	C	B↑	28	85%	17	61%
Hywel Dda Health Board	Prince Philip Hospital	61	53	D	A	A	D	B↑	E	E↓	B	D↑	D↑	E	B↑	A	C	D	35	59%	35	100%
Hywel Dda Health Board	West Wales General	56	47	D	A	B	D	A	E	D	D	C↑	D	E	B↑	A	C↑	D	34	60%	33	97%
Hywel Dda Health Board	Witchy General Hospital	32	35	D	D↓↓↓	A↑	C	A↑↑	E	C	B↑	B↓	B	D	C	B	C	C	62	90%	54	87%

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	147	153	B ↑	A	A	B ↑	B	C	C	B	A	A	A	C	B	C ↑	B	234	96%	34	15%
	Barts Health NHS Trust	38	30	B	B ↓	C	A	B ↑	D ↑	D	B	A	A	A ↑	B	A	A	A ↑	39	63%	12	31%
	Barts Health NHS Trust	63	53	A	B ↓	B	A	A ↑	C	B ↓	A ↑	A	A	A ↑	B	B	A	A	128	94%	7	5%
	Barts Health NHS Trust	42	41	D	A ↑ ↑ ↑ ↑	D	B	B	C	C	C	C	C	C	B	D	A	B	62	97%	12	19%
	Barts Health NHS Trust	Whipps Cross University Hospital	27	20	B	B ↓	D ↑	A	A	C	B	B	A	A	A ↑	C ↓	B ↑	A ↑	A	51	100%	0
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	59	56	C	A	C ↑	B ↓	A ↑	C ↑	A ↑	D ↓	B	B	B	C	A	B ↓	B	59	73%	43	73%
Croydon Health Services NHS Trust	Croydon University Hospital	37	39	A	A ↑	B	A	B ↓	C	A ↑ ↑	D	A	B ↓	A	B	A	A	A	49	82%	5	10%
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	55	52	A	A	A ↑	A	B ↓	E ↓	C	D ↓	A	A	B ↓	C	A	A	B ↓	95	99%	21	22%
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	51	45	B	A	D	A	A	B	C	A ↑	B	A	A	B ↓	B	C	A	74	100%	0	0%
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	24	28	B ↑	A	D	A	B	C	A ↑	B	A	A	B ↓	B ↑	B	A ↑ ↑ ↑ ↑	A ↑	49	100%	0	0%
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	88	71	A ↑	A	B ↑	A	A	C ↓	B ↑	B ↓	A	A ↑	B	C ↓	B	B ↓	A	103	95%	11	11%
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU	33	27	B ↑	B	C ↑	A	A	B ↑	A ↑ ↑	B	A	A	A	B ↑ ↑	B	A	A	71	93%	22	31%
Imperial College Healthcare NHS Trust	St Mary's Hospital Paddington	34	33	A	A	A ↑ ↑	A	A	D ↓	B ↓	D ↓ ↓	A	A ↑	A	C ↑	A	A	A	59	100%	2	3%
King's College Hospital NHS Foundation Trust	King's College Hospital SU	58	75	A ↑ ↑	A ↑ ↑	B ↑	A	A	B	A ↑	B	A ↑	A ↑	B	C	A	B ↓	A	161	96%	6	4%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	49	48	B	A	B ↑ ↑	A	A	C ↑	B	C ↑	A	A ↑	B	C ↓	B ↓	B ↓	B ↓	69	90%	12	17%
Kingston Hospital NHS Foundation Trust	Kingston Hospital	91	89	B	B ↓	B ↓	A ↑	A	B ↑	A	B ↑	B ↑	B	B	B ↑	A ↑	A	A ↑	116	95%	6	5%
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	144	140	A	A	A ↑	A	A	B	A	A ↑	A	A	B	B	A	C	A	201	87%	104	52%
London North West Healthcare NHS Trust	Northwick Park Hospital SU	51	57	B	A	C ↑	A	A	B ↑	A	B	A	A	A	C	B	D	A	84	100%	3	4%
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	33	29	A	A	A	A	B	C ↑	A	D	A	A	A	C ↓	B	A ↑	A ↑	67	97%	30	45%
Royal Free London NHS Foundation Trust	Barnet General Hospital	36	40	A	A	B	A	A ↑	D ↓	A ↑	B	A	A ↑	A	C ↓	A ↑	B	A	77	95%	28	36%
Royal Free London NHS Foundation Trust	Royal Free Hospital	61	66	B	A	B ↑	A	A ↑	C	B	B ↑	A	B ↓	B ↓	B	A ↑	B	A	98	91%	19	19%
St George's Healthcare NHS Trust	St George's Hospital SU	38	44	A ↑	A	B	A ↑	A	C	A	B ↑ ↑	A	A ↑	A ↑	D ↓	A ↑	B ↑	A ↑	72	92%	15	21%
University College London Hospitals NHS Foundation Trust	University College Hospital SU	31	20	D ↓ ↓	D ↓ ↓ ↓	D	B ↓	A	B	B ↓	B ↓	B	B ↑	A	C ↓	B	C ↓ ↓	B ↓	45	100%	5	11%
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital																					
Midlands & East - East Midlands SCN																						
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	46	47	D ↑	A	C ↑ ↑	D	D ↓	E	D	D ↓	B	B	E	D ↓	B	A ↑ ↑	D	65	89%	23	35%
Midlands & East - East of England SCN																						
Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	26	100%	0	0%
Midlands & East - West Midlands SCN																						
Heart of England NHS Foundation Trust	Good Hope General Hospital	55	61	D ↑	A	D	D	C ↑	D ↑	C	E	B ↑	B	D ↑	C ↑	D ↓	B ↑	D	164	96%	2	1%
Heart of England NHS Foundation Trust	Solihull Hospital	39	44	D	A ↑	C ↑	D ↓ ↓	C ↓ ↓	D ↓ ↓	C ↓ ↓	D ↓ ↓	C ↓	B ↓	C	C ↓	D ↓	C ↑	D ↓ ↓	82	100%	0	0%
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	24	TFP	A	E	TFP	NA	D	NA	NA	E	D	E	E	E	E	TFP	50	98%	2	4%
University Hospitals of North Midlands NHS Trust	County Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	39	95%	4	10%

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 - Manchester, Lancashire & S.Cumbria SCN																							
Bolton NHS Foundation Trust	Royal Bolton Hospital	74	80	D	A	C↓	C↑	C	C	B↑↑	B↑	A	B	E	C	B	A	B↑	96	100%	2	2%	
Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	63	55	C↓	B↓	C↓	B↓	C	D↓	D↓	C	B↓	A↑	B↑	B↓	B	A	B	95	90%	28	29%	
Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	28	31	B↑	A	C↑↑	A	A	B	C	A	B↓	A↑	B↑	A	A↑	A↑	A	65	100%	0	0%	
Penine Acute Hospitals NHS Trust	Royal Oldham Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	8	100%	0	0%		
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	99	102	D	A	C	C↑	C	D	E↓	B	A↑	B↑	B	B	B	B	B↑	155	97%	29	19%	
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	76	74	C↑	B	D	B↑	B↑	B↑	D	B	A	A↑	E↓	B	B	A	B	110	93%	82	75%	
North of England - North of England SCN																							
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	34	67%	23	68%	
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	62	68	A↑	A	A	A↑	A↑↑	B↑	A↑	A↑	A	A	A↑↑↑↑	A↑	B	A↑	A↑	181	93%	69	38%	
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	53	45	B↓	B↓	B↓	A	A↑	B	A↑	A↑	A↑	A	B↑	A↑	C↓	B	A↑	114	69%	98	86%	
North of England - Yorkshire and The Humber SCN																							
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	30	97%	0	0%	
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	34	36	A↑	A	A↑	A↑	B	C	D	B	A	A↑	B	C↑	A	A↑	B	102	98%	8	8%	
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	14	100%	0	0%	
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	49	45	D↑	A	D	D↑	D↑	E	D↑	C↑↑	A↑↑↑	C↑↑	E	D↑	D↓	C↑	D↑	145	97%	12	8%	
South England - Wessex SCN																							
Hampshire Hospitals NHS Foundation Trust	Basingstoke and North Hampshire Hospital	31	29	C↑	A	B↑	C↑	B↑↑	C	B↓	C	B↑	B	D↑	C	C	A↑	B↑	71	100%	1	1%	
Wales																							
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	27	54%	25	93%	
Aneurin Bevan University Health Board	Ysbyty Ystrad Fawr	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	45	100%	0	0%	
Cardiff and Vale University Health Board	Llandough Hospital	58	56	D	A↑	D	C↑	A	E↓	D	D↑	D	C↑	E	D↑	A↑	A	D	104	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 Strt 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	37	B↑	A	B↓	A↑↑	NA	A↑↑	NA	NA	B	B	A↑	C↑↑	C↑	C	B↑	40	98%	0	0%	
Central and North West London NHS Foundation Trust	St Pancras Hospital	TFP	24	C	A	C↑	B	NA	E	NA	NA	A	A	B↑	E↓↓↓	A↑↑↑	C↓↓	C↓	34	97%	12	35%	
North East London NHS Foundation Trust	Grays Court Community Hospital	TFP	21	B	A	D	A	NA	A	NA	NA	A	A	A	B	B	D	A	36	100%	11	31%	
Midlands & East - East Midlands SCN	Coalville Community Hospital	TFP	22	E↓↓	D↓↓↓	D↓	C↓	NA	A	NA	NA	C↓	B	E↓	C↑	A	C	C↓	106	100%	0	0%	
University Hospitals of Leicester NHS Trust	Leicester City Stroke Rehabilitation Unit	TFP	42	C	A	B	C↓	NA	A	NA	NA	C	C	D	D	A	B	C	72	100%	0	0%	
Midlands & East - East of England SCN																							
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	47	C	A	C↑	B	NA	A↑	NA	NA	C	C	C	D↓	B	A	B	70	100%	26	37%	
Provide	St Peter's Community Hospital Rehab Unit	TFP	24	A↑↑	A	A↑↑↑↑	A	NA	B	NA	NA	A	A	C	B↑↑	B	A	A↑	40	100%	27	68%	
Midlands & East - West Midlands SCN																							
Birmingham Community Healthcare NHS Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	31	D↓	A	E	B	NA	A	NA	NA	B↑	B↑	C↓↓	D↑	B	B	B	67	100%	0	0%	
Royal Wolverhampton NHS Trust	Wolverhampton Inpatient Rehabilitation Unit (West Park)	TFP	TFP	TFP	D	A	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	.	.	.	.	
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	35	C↑	B	D↓	B↑	NA	B↓	NA	NA	A↑↑	A↑	E	A↑↑↑	A↑↑	A	A↑↑	56	77%	30	54%	
North of England - Manchester, Lancashire & S.Cumbria SCN																							
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	36	B↑↑	A↑	C↓	B↑↑	NA	A	NA	NA	A↑	B↑↑	C↑	B↑↑	A	D	B↑	75	99%	0	0%	
North of England - Yorkshire and The Humber SCN																							
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	33	C	A	C↑	B	NA	A↑	NA	NA	C↓	B	A	A↑↑	A↑	E	B	22	48%	10	45%	
Sheffield Teaching Hospitals NHS Foundation Trust	Beech Hill Rehabilitation Unit	TFP	24	D	B↓	D↑	C	NA	A	NA	NA	C	B	C↑	D	B	B	B↑	51	98%	5	10%	
South West Yorkshire Partnership NHS Foundation Trust	Kendray Hospital	TFP	41	A	A	A	A	NA	A	NA	NA	A	B	B	A	A	C	A	4	100%	0	0%	
South England - South East SCN																							
Sussex Community NHS Trust	Crawley Hospital Stroke Rehab Ward	TFP	26	C↑	A	B↑↑	C	NA	A	NA	NA	C	B	C↓	A↑↑↑	A	E	B↑	36	100%	2	6%	
South England - South West SCN																							
Great Western Hospitals NHS Foundation Trust	Chippenham Community Hospital - Mulberry Stroke Unit	TFP	23	D	A↑	C↑	D↓	NA	A↑	NA	NA	C	C	D	E	D↓↓	C	D	41	89%	16	39%	
Plymouth Community Healthcare CIC	Mount Gould Hospital	TFP	20	A	A	A↑	A	NA	A↑	NA	NA	C↓↓	A	B	E	B	A	B	60	100%	12	20%	
Torbay and Southern Devon Health and Care NHS Trust	Newton Abbot Hospital	TFP	54	A↑	B↓	B↑↑	A	NA	A↑	NA	NA	A	A	A	B↑↑	B	A	A	103	100%	0	0%	
Northern Ireland																							
Southern Health and Social Care Trust	Lurgan Hospital	TFP	23	D	B	E	D	NA	C	NA	NA	D	C	C	E	E	A	D	.	.	.	.	
Wales																							
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	22	C↑	A	D↓↓	B↑	NA	A↑	NA	NA	B↓	B↑	C↑↑	C↑↑	A↑	C↑	B↑↑	51	100%	47	92%	

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	214	226	B	B↓	A↑	A↑	B↓	C	C	B	A	A	A	B↑	B	B↑↑	A↑
Barts Health NHS Trust	Royal London Hospital HASU	170	179	B	B↓	B	A	B	C↑	B	B	A	B↓	B	B	A↑	A	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	215	229	B	B↓	A	A↑	A	C	B	B↓	A	A↑	B↑	B↑	B↑	C	A↑
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	196	203	A↑	A↑	B	A	A	C	B	B	A	A	A	B	B↓	B	A
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	197	188	A↑	A	B	A	A	B↑	A↑	B	A	A	B	B↑	A	B	A
London North West Healthcare NHS Trust	Northwick Park Hospital HASU	290	282	A	A	A	A	A	B	A	A↑	A↑	A	B↓	B	A↑	C	A
St George's Healthcare NHS Trust	St George's Hospital HASU	292	308	A↑	A↑	B	A↑	A	C↑	A↑	B↑	A	A	A	B	B	C↑	A↑
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	225	223	D↓↓	D↓↓	B↑	A	A	B↑	A	B	A	A	B	B	C	A	A
Midlands & East - East Midlands SCN																		
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	189	178	D	A↑	C	C	C	C	C↑	B	B↑	C↓	E	C↓	A↑	C↓	C
Northampton General Hospital NHS Trust	Northampton General Hospital	206	213	A↑	A	A	A↑	A↑	D↑	C↓	A	A	A	C	B	A	B	A↑
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	230	263	D	A↑	B↑	C	D↓	B	B	D↓	A	B	E	C	B	D	C
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	102	112	A↑	B↓	A	A↑	C	B↑	B	A↑	A	A↑	B↑↑	B↑	A	A↑	A↑
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	101	82	D	D↓↓	D	B↑	B↑	D↑	B	D	A	A	A↑↑	B↑	D↑	C	B↑
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	91	94	D	C	D↓	A↑	A	C↓	B↑	B	A	B	B↑	C↓	B	B↑	B
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	308	311	C↑	A	A↑	C	C	C↑	C	B↑	C	B↑	E	C	A	A	C
Midlands & East - East of England SCN																		
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	118	125	B↑	A	C	B	B	C	C↑	C	A	A	B	B	B	B↓	B
Bedford Hospital NHS Trust	Bedford Hospital	60	68	D	A	D↓	D	C↑	B	D	D	C	C↑	E	D	B	D	D
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	139	164	D	A	C	D↓	C	E↓	D↓	C↑	C	A	D	C	A	D↓	D↓
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	143	136	B	A	A	B	B↓	C↑	B↑	B	A↑	A↑	C	C	B↑	A↑	B
East and North Hertfordshire NHS Trust	Lister Hospital	111	134	C↑	A	B↑	C	B↓	C	C	C↑	A↑	B↑	E	B↑	C↑	B	C
Ipswich Hospital NHS Trust	Ipswich Hospital	121	135	A↑	A	A	A↑	B↑	B	C↑	B	A	A	C	C	A	A	A↑
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	111	114	B↑	A	A↑	B↑	B	B	D↓	B	A	B↑	C↑	D	B	B	B
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	123	131	D↑	A	C	D	C	E	D	E	A↑↑	A↑↑	E	E	C	D	D
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	110	111	A↑↑	A↑	A↑	A↑	A	B	A↑	B	B↑	B↑↑	C↑	B	B↑	A	A↑
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	270	269	C	A	B↑	B	C	C	C↓	B	B↑	B	C↑	C	B	A	B
Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	132	139	D	A	D	D	C	C	C↑	B↑	C	D↑	D↑	D↓	B↑	C	D
Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	78	82	E	C	D	E	C↓	E	E	E	C↑	D	B	D	D↑	E	D↑
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	109	132	D↑	A	D	C↑	C↑	B↑	B↑↑	B↑↑	D↑	D↑	E	B	B	D	C↑
Southend University Hospital NHS Foundation Trust	Southend Hospital	161	163	B	A	B↓	B	B	C	B	B	C↓↓	B	C↑	B	A	B	B
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	173	163	C↑	A	A↑	C	B	D	A↑	C↑	B↑	B↑	D	D	A↑	B↓	B↑
West Suffolk NHS Foundation Trust	West Suffolk Hospital	105	106	B	A	B	A	A	B	C	B	A	A	E↓	B	B	A	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
Midlands & East - West Midlands SCN																		
Burton Hospitals NHS Foundation Trust	Queens Hospital Burton upon Trent	103	113	D↑	A	D↑	D	A↑	D	D	E	B	B↑↑	D↑	C	D	C↑	D
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	145	126	B↑	A	C	B	B	B	B↓	B	B	B↑	B↑	B↓	C↑	B	B
George Eliot Hospital NHS Trust	George Eliot Hospital	49	61	C↑↑	A	B↑↑	C↑	C↑	B↑↑	E	A↑↑↑	C↑	E	C↑	A↑	B↑↑	D	C↑
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	211	213	A↑	A	B↑	A	A	B	B	B	A	B	B	B	C	A	A
Royal Wolverhampton NHS Trust	New Cross Hospital	135	146	C	A	A	C	B	D↓	B	D	C	B	E	D	D↓↓	A	D↓
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	153	127	B	A	C↓	A	A	B	A↑	A	B	A	D↓	B	B↑	A	A
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	260	260	E	A	C↑	D↑	D↑	B↑	C	D↑	C	E	E	C↑	E	E	D↑
South Warwickshire NHS Foundation Trust	Warwick Hospital	75	84	D↑	A	B	D↑	E	D↑	NA	D↑	B↑	B	D↑	B↑↑	D	D	D↑
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	145	127	C	A	A	C	B	C	B↑	B↑	C	C↓	D	C↑	C↓	B	C
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	210	206	C↑	A	B↑	C	B↓	D	A↑	D	C	C	D	B↑	B	A↑	C
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	208	219	C↓	C↓	A	B	A	C	A	B	A	A	E	C	B	D↓	B
Walsall Healthcare NHS Trust	Manor Hospital	95	100	A↑↑	A↑	A	A↑↑	A↑↑	C↑	C↑	B↑	C↑	A↑	B↑	B	A	B	B↑
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	206	195	E↓	A	D↓↓	D	C↑	E	D	E	A	A	E	D	E	D	D
Wye Valley NHS Trust	Hereford County Hospital	105	103	D	A	A	D	B↑	D↑	E↓	D	A↑↑	B	E	C↑	B	B↑	C↑
North of England - Cheshire and Mersey SCN																		
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	104	102	B	B↓	A↑	B	B	D	C↓	A	A	B	E↓	B↑	A	A↑	B
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	95	89	A	A	A	A	B	B	A↑	A	A↑	B	C	B	B	A	A
East Cheshire NHS Trust	Macclesfield District General Hospital	23	51	D	A	B↑↑	D↓	D	E↓↓↓	NA	E	C	C	E	C	B	D	D
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	116	131	C↑	A	A↑	C↑	D↓	D	D	D	C	B	C	B↑	B↑	A↑↑	C↑
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	173	186	B↑↑	A↑↑↑	B↑	B	C↑	D↑	C↓	B	A	A	D↑	B	B	A	B
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	79	78	C↑	A↑↑	A	C	B	E	D↓	C	A	B	C↑	A↑	B	D	C
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital	156	163	A↑	A	A↑	A↑	B↑	B	A↑	A↑	B	B↑	B↑↑	A↑	B	A	A↑
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	100	120	D↓	A	B	C	C	D	D↓	D	A	B↓	E	B	C	A	C
Wirral University Teaching Hospital NHS Foundation Trust	Arrows Park Hospital	155	160	A↑	A	A	A↑	A↑	C	B↑	B	A	B	D↑	A↑	A↑	A	A↑
North of England - Manchester, Lancashire & S.Cumbria SCN																		
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	115	119	E	A	B	D↑	E	B↑	D	D	E	E	E	D↑	C	B↑	D↑
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	161	139	E	A	D	D	D	E↓	E	E	D↓	D	E	C↑	B	B	D
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	119	124	D	A	A	D	D↓	C	C	D	B	B	C↑↑	B↑↑	B	D↑	C↑
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	195	254	A	A	A	A	A	B	B↓	A	A	B↑	B↑	A	A	A	A
Salford Royal NHS Foundation Trust	Salford Royal Hospital	507	501	A↑	A↑	B	A	A	B	B↑	A	A	A	B	B↓	C	A	A
Stockport NHS Foundation Trust	Stepping Hill Hospital	276	283	B↑	A↑	B	A↑	A	B	B	A	A↑↑	B	B	A	B↑	E	A↑
Tameside Hospital NHS Foundation Trust	Tameside General Hospital	30	55	D	A	A↑	D	E	E	E	E	C↓	D↓	E	E	C	B↓	E↓
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	53	44	C↑	A	B	C↑	A↑	B↑↑	E↓	A↑	C↑	D↑	E	B	B↓	B↑	C↑
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	94	97	D	A	B	C↑	A↑	C	D↑	D↑	C↑	D	D↑	C↑	A	B↓	C↑

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	153	150	D	A	C	C↑	C	B↑	D	B	B↑	B	E	D	D	A	C↑
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	242	213	D↓	A	C	C	C↑	A↑	D↓	B	C	A	D↓	C	B↓	D	C
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	72	76	E↓	C↓↓	B	D	D	D↓	E↓	C	B↓	C	E	D	D↑	D	D
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	162	161	B↑	A	A	B↑	C	C	C↑	C↓	B↑	A	C↑↑	C	B	B	B↑
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	89	87	D	A	C↓	C↑	B↑	D↑	D↑	D↑	A	B	E	C	B	A	C↑
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	62	64	C	A	A	C	B↑	B↑	D	D	A	A↑	D↓	C↑	B	E↓↓	C
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	114	129	D	A	B	D↓	E	B↓	B	B	C	C	E	C↑	B	C	C
Northumbria Healthcare NHS Foundation Trust	Northumbria Specialist Emergency Care Hospital HASU	241	246	A	A	A	A	B	B	B	A	A	A	A	A	B	C	A
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	189	176	B	A	A	B	C↓	B	B	B	A	B↑	E↓↓	A	B	B	B
South Tyneside NHS Foundation Trust	South Tyneside District Hospital	60	64	E	A	B↑	E↓	D↑	E	E	E	E	B↓	D↑	E	D↓↓↓	A↑	D
North of England - Yorkshire and The Humber SCN																		
Airedale NHS Foundation Trust	Airedale General Hospital	33	51	C↑	A	A	C↑	E↓	C↑	NA	D	B↑	B↑	B↑↑↑	D	B	C	C↑
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	125	129	B↑	A	A	B↑	C	C↑	D	C	A	A	C↑	B↑	A	C	B↑
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	115	132	C↑	A↑	B↑	C	C	C	D	D	A↑	A↑	C↓	C↑	A↑	C↓	C
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	149	161	D	A↑	C	D	C↑	D↓	B↑↑	D↓	C	C	C↑	D	D↓↓	D	D
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	117	117	C	A	B	C	C↓	C	C	E↓↓	B	B	D↑	C↓	B	A	C↓
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	140	150	B↑	A	A↑	B	B↑	C↑	C↑	C	A	A	A	B	A↑	C↑	B
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	87	87	D	A	B↑	D↓	D↑	D↓	D	C	C↓↓	D↓↓	E↓↓	D↓↓	B	C	D↓
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	189	200	D	B↓	B	C↑	B↑	B↑↑	C↑	B↑	D	B	E↓↓	D	C↑	A	C↑
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	244	223	D	A	B	C↑	C↑	C↑	B	C	C↑	D	B↑	D	A↑	D	C↑
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	209	211	D	A	A	D	D↓	C	D	D	B↑	C↓	E	D↑	B	B↑	D
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	143	147	A↑	A	A↑	A↑	A	B	C	A↑	A	A	B	C↓	A	B↑	A
Rotherham NHS Foundation Trust	Rotherham Hospital	102	112	C↑	A	B	C↑	B↑	C↑	D↑	C↑	A↑↑	B↑	D↑	D↑	A	C	C↑
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	205	220	D	A	B	C↑	B	B	D	B↑↑	C	C	D↑	D	B↑	B	C↑
York Teaching Hospital NHS Foundation Trust	York Hospital	213	212	D↓	A	B	C	D↓	C	C↑	B	A↑↑	B	E	C↓	A	D↓	C

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 East SCN																		
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	114	115	A↑	A	B↑	A	A	C	B	A	A	A↑	B↑	B↑	A	A	A
Brighton and Sussex University Hospitals NHS Trust	Princess Royal Hospital Haywards Heath	55	53	D	B	A	D	A	B↑	C↑	D	E	B	D↓	D	D↑	B↑	D
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	109	106	C↑	A	A	C↑	A	C	B↑↑	A↑	E	D	C	D	B	B↑	C↑
Dartford and Gravesham NHS Trust	Darent Valley Hospital	72	74	D↓	A↑	B	C	B↓	D↓	D↓↓	D↓	A	B	D↑	D	C↓	B	C↓
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	54	57	D	B	C	C↑	A	C	D	A↑	C↑	D	E	D	B↑	A↑	C↑
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	84	80	C	B	A↑	B	B↓	C↑	D	A	A	A	E	B↑	B	C↓	B
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	115	117	B↑	A	B	B↑	B	C↑	B↑	B	A	B↑	C↑↑	D	B	B	B↑
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	106	120	C	A	B	C	A	B	C	B	C	B↑	D↑	D	B	B	B↑
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	63	74	B↑	A	B	B↑	A	C↑	B↑↑	B	A↑	A↑↑	C	B↑	C↓	C↑	B↑
Frimley Health NHS Foundation Trust	Frimley Park Hospital	118	124	A↑	A	B	A↑	A	C	B	A	B↑	A	C↑↑	A↑↑	A↑	B	A↑
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	88	76	C	A	B	C	A↑	C	D↑	D	A	B	C	B	D↓↓	D↓↓	C
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	69	71	D	A	B	C	A↑	E	C	C	A↑	B	C↑	B↑	D	D↓↓	C
Medway NHS Foundation Trust	Medway Maritime Hospital	89	81	D	A	B	D	B↓	E	D	D	E	D↑	D↑	C↑	C↓	A↑	D
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	71	71	B↓	B↓	A	A	A	C	B↑	B↑	A	A	D↓	B	A	A	A
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	118	133	C↑	B↓	B	B↑	A	D↑	D	B	B↑	B↑	C	B	A↑	C↑	B↑
Western Sussex Hospitals NHS Trust	St Richards Hospital	90	103	B↑	A	A	B↑	C	C	A↑	C↓	A↑	B↑↑	B↑	A↑↑	B↓	D	B↑
Western Sussex Hospitals NHS Trust	Worthing Hospital	118	115	B	A	A	B	C↓	B	B	B↓	A↑	B↓	D↑	C↑	A	D↓	B
South England - South West SCN																		
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	218	228	E	A	B	E	D↑	E	D	E	E	E	E	E	B	A	E
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	X	X	X	E↓	X	X	X	X	X	X	X	X	X	X	X	X	X
North Bristol NHS Trust	North Bristol Hospitals	164	161	D	A	B↓	D	A	C↑	C↓	D	D	D↑	C	C↑	D	C↓	D
Northern Devon Healthcare NHS Trust	North Devon District Hospital	101	97	D↓	A	C↓	C↓	D↓	D↓	D↓	E	A	A	B↑	B	B	C↓	C↓
Plymouth Hospitals NHS Trust	Derriford Hospital	172	163	E↓	B↓	C↓	D	C	E↓	E↓	D	C	B	E↓	E	C↓	B	D
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	180	187	D	A	A↑	D	A	E	C↑	D	C	E	C↑	E	C	B↑↑	D
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	172	172	B↑	A↑	B	B	B↑	C	C↓	B	A	A	E	B	A↑	B	B
Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	158	152	D	A	B	D↓	C↓	D↓	C↓	D↓	C	D↓	E	D↓	D↓	B↑	D↓
Salisbury NHS Foundation Trust	Salisbury District Hospital	84	87	C↑	A	A↑	C↑	B↓	B↑	D	D	A↑↑	B↑↑	E	B↑	C	A↑	C↑
South Devon Healthcare NHS Foundation Trust	Torbay Hospital	147	153	C↑	A	A	C↑	D	E	C↑	D	A↑	B↑↑	C↑	C	B	A↑	C↑
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	138	148	D↓	C↓↓	B↓	C	A	C	C↓	D	D	A↑	D↑	C	B	B↑	C
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	106	113	D	A↑	B	C	A	C	B↑↑	C↑	C	D	E↓↓	E↓	B↓	B	C
Weston Area Health NHS Trust	Weston General Hospital	59	69	D	A↑	A	D↓	C	C	D↓↓	D	D↓	C	D↓	D↓	A	E↓	D↓
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	73	77	C	B↓	A↑	B↑	B	C↑	B↑	E	A	A	C	C	C	A↑↑	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
South England - Thames Valley SCN																		
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	137	145	A	A	A	A	A	B	A	A	A↑	B↑	C↑	B	B	A	A
Frimley Health NHS Foundation Trust	Wexham Park Hospital	51	75	D	A	D	C↑	D	D	E	E↓	A↑↑	B	A	A↑	B↑	B↑↑	C↑
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes General Hospital	40	42	E	C↓	C	D↑	C↑	E	E	D↑	E	A↑	E	D	C↑	B	D↑
Oxford University Hospitals NHS Trust	Horton General Hospital	28	34	D	A	B	D	C↑	D↓	E	D	D↓	D↑	E	D↓	B↓	D↓	D
Oxford University Hospitals NHS Trust	John Radcliffe Hospital	139	156	B↑	A	A	B↑	A↑	C↑	B↑	C↑	A	A↑	C	C↓	B	C↓	B
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	157	150	B	B	B↓	A	B	C	A	B	A	A	C	B	A↑	A	A
South England - Wessex SCN																		
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	77	82	D	B↓	B	D	E	C	C↓	D	C↓	D	C↓↓	B↑	E	B	D
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	120	124	B↑	A	A	B↑	C↑	B↑	C↓	B	A↑↑	B↑↑	B↑↑↑	B	C↓	A↑	B↑
Isle of Wight NHS Trust	St Mary's Hospital Newport	69	80	D	A↑	B↑	D↓	A	E↓↓	E	C↓	D↑	C	C	D↓↓	A	B↓	D↓
Poole Hospital NHS Foundation Trust	Poole Hospital	141	138	D	A	B↑	D	D↑	C↓	D↓↓	E	B	D	C	C	E	C	D
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	237	253	D	A	B	D	D	D	D↓	C	B↑	B↓	E	D	B	B	D
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	174	179	B	A	A↑	B	B↑	C	C	C↑	A	B	B	B	B	A	B
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	128	153	D	C↓↓	C↓	C	D↓	C	C	B	B↓	B	D↑	D↓	C↑↑	A↑	C
Islands																		
Isle of Man Department of Health	Noble's Hospital	31	32	E	A	D	E↓	E	C	E	E	E↓↓	B↓	E	D↑	D	D	E↓
Northern Ireland																		
Belfast Health and Social Care Trust	Mater Infirmorum Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Belfast Health and Social Care Trust	Royal Victoria Hospital Belfast	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Northern Health and Social Care Trust	Antrim Area Hospital	119	111	E	A	E	D↑	E	E	D↑	E	C	C↑	C	E	E↓	A↑	D↑
Northern Health and Social Care Trust	Causeway Hospital	58	48	E	A↑	D↑	E	E	E	C↑	E	B↑	D	D↓	E	E	D↓	E
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	Lagan Valley 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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Southern Health and Social Care Trust	Craigavon Area Hospital	86	90	E	A↑↑↑	D	E	E	E	C↑	E	D↓	C↑	E↓	E↓	E	D	E
Southern Health and Social Care Trust	Daisy Hill Hospital	38	42	D	A	B	D	C	D↑	D↓	D	B	E↓	D↑	E↓	C	D	D
Western Health and Social Care Trust	Altnagelvin Hospital	59	56	E	A	C	E	D↑	E	D	D	E	E	E	E	D	C↓	E
Western Health and Social Care Trust	South West Acute Hospital	46	49	D	A	C↓↓	D	E↓	C↑	B↓	A↑	E↓↓	D	E↓↓	D	C↑	B↑	D

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	Morrison Hospital	128	126	D	B↓	B↓	D	D	E	D↓	D	E↓	A↑	C↑	B	A	D	D
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	69	75	D	A	A	D	D↑	E	E	E	B	C↑↑	D	C↑	A	C↑	D
Aneurin Bevan University Health Board	Nevill Hall Hospital	90	78	D	A	A	D	C↑	D↑	E↓↓	D↑	C	A↑	E↓	B↑	A	C↓	D
Aneurin Bevan University Health Board	Royal Gwent Hospital	162	156	D	A	B↓	D	D	E	D↓	E	C↓	C↓	D↑	C↑	A↑↑	D	D
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	85	86	B↑↑	A	A↑	B↑↑	D	C↑↑	D↑	B	C	B↑↑	A↑	B	A	C	B↑↑
Betsi Cadwaladr University Health Board	Maelor Hospital	95	100	C↑	A	A	C↑	B↑	C↑	B↑	B	C↑	C↑	E	B	A↑	C↑	C↑
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	79	79	D↓	A↑	B↓	C	E	C	E	B↓	E↓↓	A	B	A↑	A	D	C
Cardiff and Vale University Health Board	University Hospital of Wales	151	149	D	A	B	D	A	E	D	D↑	E↓	E↓	E	D↑	A	C	D
Cwm Taf University Health Board	Prince Charles Hospital	115	118	D	A↑	B	D↓	B↓	E↓	E↓	E↓	A	B↑	D	D↓	A↑	A	C
Hywel Dda Health Board	Bronglais Hospital	33	34	C	A	B	B↑	A↑	B↑	A	C↓	C↑	B↑	D↑	D	A	C	B↑
Hywel Dda Health Board	Prince Philip Hospital	57	54	D	A	A	D	B↑	D↑	D	B	D↑	D↑	E	B↑	A	C	D
Hywel Dda Health Board	West Wales General	55	48	D	A	B	D	A	E	D	C↑	C↑	D	E	B↑	A	C↑	D
Hywel Dda Health Board	Withybush General Hospital	28	40	D	D↓↓↓	A↑	C	A↑↑	E	C	B↑	B↓	B	D	C	B	C	C

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
<b>London - London SCN</b>																		
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford SU	TFP	139	B↑	A	A	B↑	NA	A↑	NA	NA	C	C	B↑↑	NA	B	C↑	B↑
Barts Health NHS Trust	Newham General Hospital	TFP	32	B	B↓	C	A	NA	B	NA	NA	A	A	A↑	NA	A	A↑	A
Barts Health NHS Trust	Royal London Hospital SU	TFP	60	A	B↓	B	A	NA	A	NA	NA	A	A	B	NA	B↓	A	A
Barts Health NHS Trust	Whipps Cross University Hospital	TFP	40	D	A↑↑↑↑	D	B	NA	B	NA	NA	D	D	C	NA	A	A	B
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	TFP	26	B	B↓	D↑	A	NA	A	NA	NA	A	B↓	A↑↑	NA	A	A	A
Croydon Health Services NHS Trust	Croydon University Hospital	TFP	59	C	A	C↑	B↓	NA	A	NA	NA	C↓	D↓	C↓	NA	A	B↓	B↓
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	TFP	42	A	A↑	B	A	NA	A	NA	NA	A	A	A↑	NA	B↓	A	A
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	TFP	52	A	A	A↑	A	NA	B	NA	NA	A	A	C↓↓	NA	A	A	A
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	TFP	44	B	A	D	A	NA	A	NA	NA	B↓	A↑	A	NA	B↓	D↓	A
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	TFP	28	B↑	A	D	A	NA	A	NA	NA	A	A	B↓	NA	B↑	A↑↑↑	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU	TFP	91	A↑	A	B↑	A	NA	A	NA	NA	A	A↑↑	C↓	NA	B	B	A
Imperial College Healthcare NHS Trust	St Mary's Hospital Paddington	TFP	32	B↑	B	C↑	A	NA	A	NA	NA	A	A↑	B	NA	B	B↓	A
King's College Hospital NHS Foundation Trust	King's College Hospital SU	TFP	34	A	A	A↑↑	A	NA	A	NA	NA	A	A	B	NA	A	A	A
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	TFP	74	A↑↑	A↑↑	B↑	A	NA	A	NA	NA	A↑↑	A↑	C	NA	A	B	A↑
Kingston Hospital NHS Foundation Trust	Kingston Hospital	TFP	48	B	A	B↑↑	A	NA	A	NA	NA	A↑	A↑	C↓	NA	B↓	B↓	A
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	TFP	87	B	B↓	B↓	A↑	NA	A	NA	NA	C	C	C	NA	A↑	A	B
London North West Healthcare NHS Trust	Northwick Park Hospital SU	TFP	148	A	A	A↑	A	NA	A	NA	NA	A	A	B↑	NA	A	C	A
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	TFP	55	B	A	C↑	A	NA	A	NA	NA	A	A	B↓	NA	B	D	A
Royal Free London NHS Foundation Trust	Barnet General Hospital	TFP	34	A	A	A	A	NA	A↑	NA	NA	A	A	A	NA	C↓	A	A
Royal Free London NHS Foundation Trust	Royal Free Hospital	TFP	38	A	A	B	A	NA	A	NA	NA	A	B	B	NA	B	B↓	A
St George's Healthcare NHS Trust	St George's Hospital SU	TFP	67	B	A	B↑	A	NA	A	NA	NA	B	B	C	NA	A↑	B	A↑
University College London Hospitals NHS Foundation Trust	University College Hospital SU	TFP	42	A↑	A	B	A↑	NA	A	NA	NA	A	B	A↑	NA	A↑↑	NA	A
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital	TFP	24	D↓↓	D↓↓↓	D	B↓	NA	A	NA	NA	B↑	B	B	NA	B	C↓↓	B↓
<b>Midlands &amp; East - East Midlands SCN</b>																		
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	TFP	49	D↑	A	C↑↑	D	NA	D↑	NA	NA	C	B↑	E	NA	B	A↑↑	C↑↑
<b>Midlands &amp; East - East of England SCN</b>																		
Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	TFP	X	X	X	X	X	NA	X	NA	NA	X	X	X	NA	X	X	X
<b>Midlands &amp; East - West Midlands SCN</b>																		
Heart of England NHS Foundation Trust	Good Hope General Hospital	23	62	D↑	A	D	D	E	E	NA	E	B↑	C	E	E	D↓	B↑	D↑
Heart of England NHS Foundation Trust	Solihull Hospital	TFP	43	D	A↑	C↑	D↓↓	NA	B↓	NA	NA	D↓	C↓↓	E↓	NA	D	C↑	D↓
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	23	TFP	A	E	TFP	NA	D	NA	NA	E	E	E	NA	E	E	TFP
University Hospitals of North Midlands NHS Trust	County Hospital	TFP	X	X	X	X	X	NA	X	NA	NA	X	X	X	NA	X	X	X

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 - Manchester, Lancashire & S.Cumbria SCN																			
Bolton NHS Foundation Trust	Royal Bolton Hospital	32	80	D	A	C↓	C↑	E	E	NA	E	A	C↓	E	D	B	A	D	
Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	TFP	57	C↓	B↓	C↓	B↓	NA	D↓↓	NA	NA	B↓	B	C	NA	B↓	A	B↓	
Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	TFP	31	B↑	A	C↑↑	A	NA	A	NA	NA	C↓↓	A↑	D↓	NA	A↑	A↑	A	
Pennine Acute Hospitals NHS Trust	Royal Oldham Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	45	102	D	A	C	C↑	E	E	NA	E	B↑	C↑	C	C	B	B	D	
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	TFP	73	C↑	B	D	B↑	NA	B↑↑↑	NA	NA	A	A	E	NA	B	A	B↑↑	
North of England - North of England SCN																			
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	TFP	67	A↑	A	A	A↑	NA	A↑↑	NA	NA	B↓	B↓	C↑↑	NA	B	A↑	A↑	
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	TFP	46	B↓	B↓	B↓	A	NA	A↑	NA	NA	C↓↓	A	C	NA	C↓	B	B↓	
North of England - Yorkshire and The Humber SCN																			
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	TFP	37	A↑	A	A↑	A↑	NA	B	NA	NA	A	B↑	B	NA	A	A↑	A	
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	46	D↑	A	D	D↑	NA	B↑↑↑	NA	NA	A↑↑↑	C↑↑	E	NA	D↓	C↑	C↑↑	
South England - Wessex SCN																			
Hampshire Hospitals NHS Foundation Trust	Basingstoke and North Hampshire Hospital	TFP	28	C↑	A	B↑	C↑	NA	C	NA	NA	C	C	E	NA	B↑	B	C↑	
Wales																			
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	
Aneurin Bevan University Health Board	Ysbyty Ystrad Fawr	TFP	X	X	X	X	X	NA	X	NA	NA	X	X	X	NA	X	X	X	
Cardiff and Vale University Health Board	Llandough Hospital	TFP	53	D	A↑	D	C↑	NA	A	NA	NA	D	C↑	E	NA	A↑	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 Central and North West London NHS Foundation Trust North East London NHS Foundation Trust	King George Hospital Inpatient Rehab Team	TFP	35	B↑	A	B↓	A↑↑	NA	A	NA	NA	A↑	A↑	B↑	NA	B	C	A↑	
	St Pancras Hospital	TFP	24	C	A	C↑	B	NA	E	NA	NA	A	A	C	NA	A↑↑↑	C↓↓	B	
	Grays Court Community Hospital	TFP	21	B	A	D	A	NA	A	NA	NA	A	A	A	NA	A	D	A	
Midlands & East - East Midlands SCN																			
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	22	E↓↓	D↓↓↓	D↓	C↓	NA	A	NA	NA	D↓↓	C↓	E	NA	A	C	C↓	
University Hospitals of Leicester NHS Trust	Leicester City Stroke Rehabilitation Unit	TFP	43	C	A	B	C↓	NA	A	NA	NA	C	C↓	E↓	NA	A	B	B	
Midlands & East - East of England SCN																			
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	47	C	A	C↑	B	NA	A	NA	NA	C	C	D↑	NA	B	A	B	
Provide	St Peter's Community Hospital Rehab Unit	TFP	24	A↑↑	A	A↑↑↑↑	A	NA	B	NA	NA	A	A	C↑	NA	A↑	A	A	
Midlands & East - West Midlands SCN																			
Birmingham Community Healthcare NHS Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	31	D↓	A	E	B	NA	A	NA	NA	B	B↑↑	E↓↓↓↓	NA	C↓	B	B	
Royal Wolverhampton NHS Trust	Wolverhampton Inpatient Rehabilitation Unit (West Park)	TFP	21	TFP	D	A	TFP	NA	A	NA	NA	A	A	D	NA	NA	NA	TFP	
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	36	C↑	B	D↓	B↑	NA	A	NA	NA	C	B	E	NA	B↑	A	B	
North of England - Manchester, Lancashire & S.Cumbria SCN																			
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	35	B↑↑	A↑	C↓	B↑↑	NA	A	NA	NA	A↑↑	B↑↑	D↑	NA	A↑	D	B↑↑	
North of England - Yorkshire and The Humber SCN																			
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	34	C	A	C↑	B	NA	A	NA	NA	C	B	B	NA	A↑	E	B	
Sheffield Teaching Hospitals NHS Foundation Trust	Beech Hill Rehabilitation Unit	TFP	25	D	B↓	D↑	C	NA	A	NA	NA	C	B↑	E↓	NA	C	B	C	
South West Yorkshire Partnership NHS Foundation Trust	Kendray Hospital	TFP	41	A	A	A	A	NA	B	NA	NA	A	D	B	NA	A	C	B	
South England - South East SCN																			
Sussex Community NHS Trust	Crawley Hospital Stroke Rehab Ward	TFP	26	C↑	A	B↑↑	C	NA	A	NA	NA	C	C↓	D↑	NA	A	E	C	
South England - South West SCN																			
Great Western Hospitals NHS Foundation Trust	Chippenham Community Hospital - Mulberry Stroke Unit	TFP	23	D	A↑	C↑	D↓	NA	A	NA	NA	D↓	C	E↓	NA	C↓	C	D↓	
Plymouth Community Healthcare CIC	Mount Gould Hospital	TFP	21	A	A	A↑	A	NA	A	NA	NA	C↓↓	A	B	NA	B	A	A	
Torbay and Southern Devon Health and Care NHS Trust	Newton Abbot Hospital	TFP	52	A↑	B↓	B↑↑	A	NA	A	NA	NA	A	A	A	NA	B	A	A	
Northern Ireland																			
Southern Health and Social Care Trust	Lurgan Hospital	TFP	22	D	B	E	D	NA	A	NA	NA	D	D	C	NA	E	A	C	
Wales																			
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	21	C↑	A	D↓↓	B↑	NA	A	NA	NA	C↓↓	C	E	NA	A↑	C↑	C	

## 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. In addition an exceptional turnaround time for rapid public reporting by named hospital is a considerable achievement. The efforts of all the teams and registered audit users is acknowledged. It is important to give them credit for such success and to give teams' time to understand the depth of reporting before jumping to any conclusions about a single measure at this stage.

We are reporting every quarter and whilst teams will be investigating where changes need to be made please allow them time to conduct a full diagnosis and time to draw up action plans to address issues. We are privileged to have honest self-reporting which is beginning to show what happens to patients after the early part of their recovery and we urge patience as more community hospitals and teams register and 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.

## **Intercollegiate Stroke Working Party – List of Members**

### **Chair**

Professor Anthony Rudd, Professor of Stroke Medicine, King's College London; Consultant Stroke Physician, Guy's and St Thomas' NHS Foundation Trust

### **Associate directors from the Stroke Programme at the Royal College of Physicians**

Professor Pippa Tyrrell, Professor of Stroke Medicine, University of Manchester; Consultant Stroke Physician, Salford Royal NHS Foundation Trust

Dr Geoffrey Cloud, Consultant Stroke Physician, Honorary Senior Lecturer Clinical Neuroscience, St George's University Hospitals NHS Foundation Trust, London

Dr Martin James, Consultant Stroke Physician, Royal Devon and Exeter NHS Foundation Trust; Honorary Associate Professor, University of Exeter Medical School

### **List of Members**

#### *Association of Chartered Physiotherapists in Neurology*

Dr Nicola Hancock, Lecturer in Physiotherapy, School of Health Sciences, University of East Anglia

#### *AGILE – Professional Network of the Chartered Society of Physiotherapy*

Mrs Louise McGregor, Allied Health Professional Therapy Consultant – Acute Rehabilitation, St George's University Hospitals NHS Trust, London

#### *Association of British Neurologists*

Dr Gavin Young, Consultant Neurologist, The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust

#### *British Association of Stroke Physicians*

Dr Neil Baldwin, Consultant Stroke Physician

Dr Damian Jenkinson, Consultant in Stroke Medicine, Dorset County Hospital Foundation Trust

#### *British Society of Rehabilitation Medicine/Society for Research in Rehabilitation*

Professor Derick Wade, Consultant in Rehabilitation Medicine, The Oxford Centre for Enablement

#### *British Geriatrics Society*

Professor Helen Rodgers, Professor of Stroke Care, Newcastle University

#### *British and Irish Orthoptic Society*

Dr Fiona Rowe, Reader in Orthoptics and Health Services Research, University of Liverpool

#### *British Psychological Society*

Dr Audrey Bowen, The Stroke Association John Marshall Memorial Reader in Psychology, University of Manchester

Dr Jason Price, Consultant Clinical Neuropsychologist, The James Cook University Hospital

*British Society of Neuroradiologists*

Dr Andrew Clifton, Interventional Neuroradiologist, St George's University Hospitals NHS Foundation Trust, London

*Chartered Society of Physiotherapy*

Dr Cherry Kilbride, Senior Lecturer in Physiotherapy, Institute of Health, Environment and Societies, Brunel University, London

*The Cochrane Stroke Group*

Professor Peter Langhorne, Professor of Stroke Care Medicine, University of Glasgow

*College of Occupational Therapists and Special Section Neurological Practice*

Professor Avril Drummond, Professor of Healthcare Research, University of Nottingham  
Mrs Karen Clements, Clinical Specialist Occupational Therapist – Stroke, London Road Community Hospital

*College of Paramedics*

Mr Joseph Dent, Advanced Paramedic, College of Paramedics

*Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh and the National Ambulance Service Medical Directors Group*

Dr Neil Thomson, Interim Deputy Medical Director, London Ambulance Service NHS Trust

*Health Economics Advice*

Professor Anita Patel, Chair in Health Economics, Queen Mary University of London

*NIMAST (Northern Ireland)*

Dr Michael Power, Consultant Physician Ulster Hospital Belfast, Founder and Committee Member NIMAST

*Patient representative*

Mr Robert Norbury

*Patient representative*

Mr Stephen Simpson

*Patient representative*

Ms Marney Williams

*Public Health England/Royal College of Physicians*

Dr Benjamin Bray, Clinical Research Fellow, Kings College London

*Royal College of Nursing*

Mrs Diana Day, Stroke Consultant Nurse, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Dr Amanda Jones, Stroke Nurse Consultant, Sheffield Teaching Hospitals NHS Foundation Trust

*Royal College of Radiologists*

Prof Philip White, Hon Consultant Neuroradiologist, Newcastle Upon Tyne Hospitals NHS Foundation Trust

*Royal College of Speech & Language Therapists*

Ms Rosemary Cunningham, Speech and Language Therapy Team Manager, Royal Derby Hospital (Derbyshire Community Health Services Foundation Trust)

*Royal College of Speech & Language Therapists*

Professor Pam Enderby, Professor of Rehabilitation, University of Sheffield

Dr Sue Pownall, Head of speech and Language Therapy, Sheffield Teaching Hospitals NHS Foundation Trust

*Southern Health and Social Care Trust*

Dr Michael McCormick, Consultant Geriatrician/Stroke Physician, Craivagon Area Hosptial

*Stroke Association*

Mr Jon Barrick, Chief Executive, Stroke Association

Mr Dominic Brand, Director of Marketing and External Affairs, Stroke Association

*Welsh Government Stroke Implementation Group*

Dr Phil Jones, Clinical Lead for Wales, Hywel Dda University Health Board



## SSNAP Core Dataset 2.1.1

For queries, please contact [ssnap@rcplondon.ac.uk](mailto:ssnap@rcplondon.ac.uk)

Webtool for data entry: [www.strokeaudit.org](http://www.strokeaudit.org)

NB. There is a more reader friendly version of the changes from v1.1.2 available in the Support section of the webtool; 'Changes to SSNAP dataset (version 2.1.1)'

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	<ul style="list-style-type: none"> <li>– 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?')</li> <li>– 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?')</li> <li>– 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?')</li> <li>– 4.4.1 – New question: 'If yes, at what date was the patient no longer considered to require this therapy?'</li> <li>– 4.5.1 Question removed</li> <li>– 4.6.1 Question removed</li> <li>– 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?')</li> <li>– 6.11 - New question: 'Was intermittent pneumatic compression applied?'</li> <li>– 6.11.1 - New question: 'If yes, what date was intermittent pneumatic compression first applied?' <i>Validations: Cannot be before clock start and cannot be after 7.3</i></li> <li>– 6.11.2 - New question: 'If yes, what date was intermittent pneumatic compression finally removed?' <i>Cannot be before clock start or 6.11.1 and cannot be after 7.3</i></li> <li>– 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'. <i>Validations: Selecting either of these has same effect as selecting 'discharged somewhere else'</i></li> <li>– 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?')</li> <li>– 8.4 – Additional answer option: 'Not Known'. ('What is the patient's modified Rankin Scale score?')</li> <li>– 8.5 – Additional answer option: 'Not Known'. ('Is the patient in persistent, permanent or paroxysmal atrial fibrillation?')</li> <li>– 8.6.1 – Additional answer option: 'Not Known'. ('Is the patient taking: Antiplatelet?')</li> <li>– 8.6.2 – Additional answer option: 'Not Known'. ('Is the patient taking: Anticoagulant?')</li> <li>– 8.6.3 – Additional answer option: 'Not Known'. ('Is the patient taking: Lipid Lowering?')</li> <li>– 8.6.4 – Additional answer option: 'Not Known'. ('Is the patient taking: Antihypertensive?')</li> <li>– 8.7.1 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Stroke')</li> <li>– 8.7.2 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Myocardial infarction')</li> <li>– 8.7.3 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Other illness requiring hospitalisation')</li> </ul>

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 <input type="radio"/>
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 <input type="radio"/> Female <input type="radio"/>	
1.7.	Postcode of usual address	2-4 alphanumerics 3 alphanumerics	
1.8.	Ethnicity	A – Z (select radio button)	or Not Known <input type="radio"/>
1.9.	What was the diagnosis?	Stroke <input type="radio"/> TIA <input type="radio"/> Other <input type="radio"/> (If TIA or Other please go to relevant section)	
1.10.	Was the patient already an inpatient at the time of stroke?	Yes <input type="radio"/> No <input type="radio"/>	
1.11.	Date/time of onset/awareness of symptoms	dd mm yyyy hh mm	
1.11.1.	The date given is:	Precise <input type="radio"/> Best estimate <input type="radio"/> Stroke during sleep <input type="radio"/>	
1.11.2.	The time given is:	Precise <input type="radio"/> Best estimate <input type="radio"/> Not known <input type="radio"/>	
1.12.	Did the patient arrive by ambulance?	Yes <input type="radio"/> No <input type="radio"/>	
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 <input type="radio"/>
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 <input type="radio"/> Stroke Unit <input type="radio"/> ITU/CCU/HDU <input type="radio"/> Other <input type="radio"/>	
1.15.	Date/time patient first arrived on a stroke unit or Did not stay on stroke unit <input type="radio"/>	dd mm yyyy hh mm	

**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 <input type="radio"/> No <input type="radio"/>
2.1.2	Hypertension:	Yes <input type="radio"/> No <input type="radio"/>
2.1.3	Atrial fibrillation:	Yes <input type="radio"/> No <input type="radio"/>
2.1.4	Diabetes:	Yes <input type="radio"/> No <input type="radio"/>
2.1.5	Stroke/TIA:	Yes <input type="radio"/> No <input type="radio"/>

- 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?
- 2.3. What was the patient's NIHSS score on arrival?
- |        |                              | 0                     | 1                     | 2                     | 3                     | 4                     | Not known             |
|--------|------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 2.3.1  | Level of Consciousness (LOC) | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       |
| 2.3.2  | LOC Questions                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
| 2.3.3  | LOC Commands                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
| 2.3.4  | Best Gaze                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
| 2.3.5  | Visual                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> |
| 2.3.6  | Facial Palsy                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> |
| 2.3.7  | Motor Arm (left)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.3.8  | Motor Arm (right)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.3.9  | Motor Leg (left)             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.3.10 | Motor Leg (right)            | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2.3.11 | Limb Ataxia                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
| 2.3.12 | Sensory                      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
| 2.3.13 | Best Language                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       | <input type="radio"/> |
| 2.3.14 | Dysarthria                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
| 2.3.15 | Extinction and Inattention   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       | <input type="radio"/> |
- 2.4. Date and time of first brain imaging after stroke       
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
- 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
- 2.9. What was the patient's NIHSS score at 24 hours after thrombolysis?  or Not known ☐
- 2.10. Date and time of first swallow screen       
or Patient not screened in first 4 hours ☐
- 2.10.1 If screening was not performed within 4 hours, what was the reason?

**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
- 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       
or No assessment in first 72 hours ☐
- 3.3. Date/time first assessed by stroke specialist consultant physician       
or No assessment in first 72 hours ☐
- 3.4. Date/time of first swallow screen      (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?
- 3.5. Date/time first assessed by an Occupational Therapist       
or No assessment in first 72 hours ☐
- 3.5.1. If assessment was not performed within 72 hours, what was the reason?
- 3.6. Date/time first assessed by a Physiotherapist       
or No assessment in first 72 hours ☐
- 3.6.1. If assessment was not performed within 72 hours, what was the reason?
- 3.7. Date/time communication first assessed by Speech and Language Therapist       
or No assessment in first 72 hours ☐
- 3.7.1. If assessment was not performed within 72 hours, what was the reason?
- 3.8. Date/time of formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment       
or No assessment in first 72 hours ☐
- 3.8.1. If assessment was not performed within 72 hours, what was the reason?

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

4.1. Date/ time patient arrived at this hospital/team

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       
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 <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>	Yes <input type="radio"/> No <input type="radio"/>
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:    or No goals ☐

4.7.1. If no goals agreed, what was the reason?	
Not known <input type="radio"/>	Patient medically unwell for entire admission <input type="radio"/>
Patient refused <input type="radio"/>	Patient has no impairments <input type="radio"/>
Organisational reasons <input type="radio"/>	Patient considered to have no rehabilitation potential <input type="radio"/>

**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       
or No assessment by discharge ☐

6.1.1 If no assessment, what was the reason?

6.2. Date/time first assessed by a Physiotherapist       
or No assessment by discharge ☐

6.2.1 If no assessment, what was the reason?

6.3. Date/time communication first assessed by Speech and Language Therapist       
or No assessment by discharge ☐

6.3.1 If no assessment, what was the reason?

6.4. Date/time of formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment       
or No assessment by discharge ☐

6.4.1 If no assessment, what was the reason?

6.5. Date urinary continence plan drawn up    or No plan ☐

6.5.1 If no plan, what was the reason?

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    or Not seen by a dietitian ☐

6.7. Date patient screened for mood using a validated tool    or Not screened ☐

6.7.1 If not screened, what was the reason?

6.8. Date patient screened for cognition using a simple standardised measure?     
or Not screened ☐

6.8.1 If not screened, what was the reason?

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

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:    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?

6.11.2 If yes, what date was intermittent pneumatic compression finally removed?

## 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?
- 7.1.2 Did the patient die in a stroke unit? Yes ☐ No ☐
- 7.1.3 What hospital/team was the patient transferred to?
- 7.2. Date/time of discharge from stroke unit
- 7.3. Date/time of discharge/transfer from team
- 7.3.1 Date patient considered by the multidisciplinary team to no longer require inpatient care?
- 7.4. Modified Rankin Scale score at discharge/transfer  (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?  
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                 | <input type="radio"/> | District/community nurse    | <input type="radio"/> |
| Stroke coordinator | <input type="radio"/> | Voluntary Services employee | <input type="radio"/> |
| Therapist          | <input type="radio"/> | Secondary care clinician    | <input type="radio"/> |
| Other              | <input type="radio"/> |                             |                       |

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 <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |
| 8.6.2 Anticoagulant:    | Yes <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |
| 8.6.3 Lipid Lowering:   | Yes <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |
| 8.6.4 Antihypertensive: | Yes <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |

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

- |   |                           |                          |                                 |
|---|---------------------------|--------------------------|---------------------------------|
| 8.7.1 Stroke                                  | Yes <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |
| 8.7.2 Myocardial infarction                   | Yes <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |
| 8.7.3 Other illness requiring hospitalisation | Yes <input type="radio"/> | No <input type="radio"/> | Not known <input type="radio"/> |

\*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.

## Appendix 3 – Comparisons between SSNAP and previous stroke audits

### Appendix 3 – Comparisons between SSNAP and previous stroke audits

This appendix summarises changes in stroke care measured between the latest two quarters of SSNAP reports and previous stroke audits, the National Sentinel Stroke Audit (NSSA) and SINAP.

#### Comparisons with National Sentinel Stroke Audit

The table below shows the change in proportion of appropriate patients receiving care in line with published guidelines between the last 4 rounds of the National Sentinel Stroke Audit and the current quarter of SSNAP.

During analysis we have looked in detail at changes in applicability of standards over previous rounds but in general the standards are being considered for the same proportion of patients as previously. It is important to note that not all standards are directly comparable over time.

% COMPLIANCE						
	National Sentinel Stroke Audit				SSNAP	SSNAP
Standards (100% is the optimal compliance)	2004	2006	2008	2010	Apr-Jun 2015	Jul-Sep 2015
% admitted to a stroke unit during their stay	46.0	62.0	74.0	88.0	96.1	96.5
% admitted to an acute or combined SU, as first ward of admission, within 4 hours	Not asked	Not asked	17.0	38.0	58.7	61.8
% spending 90% of stay in a stroke unit	Not asked	Not asked	58.0	60.0	82.6	85.1
Screen swallowing disorders in the first 4 hours	Not asked	Not asked	Not asked	56.0	63.1	65.3
Brain scan carried out within 24 hours of stroke	59.0	42.0	59.0	70.0	95.7	95.9
Patient received alteplase if appropriate	Not asked	Not asked	9.0	25.0	83.3*	85.6*
Swallowing assessed by Speech and Language Therapist within 72 hours of admission	65.0	67.0	79.0	86.0	83.6	84.9
Patient assessed by Physiotherapist within 72 hours of admission	63.0	71.0	84.0	91.0	93.2	94.5
Initial assessment of communication problems by Speech & Language Therapist within 7 days of admission	68.0	69.0	75.0	82.0	N/A	N/A
Patient assessed by Occupational Therapist within 4 days of admission*	Not asked	50.0	66.0	83.0	88.9	90.4
Evidence patient's mood has been assessed	47.0	55.0	65.0	80.0	84.9	87.5
Cognitive status assessed	65.0	71.0	78.0	85.0	91.5	91.9
Screened for malnutrition	Not asked	Not asked	69.0	84.0	96.1	96.9
Written evidence that rehabilitation goals agreed by multi-disciplinary team within 5 days	Not asked	Not asked	Not asked	78.0	88.3	89.0
Plan to promote urinary continence	58.0	54.0	60.0	63.0	91.0	91.0

\*Not directly comparable, SSNAP measures % of patients assessed by Occupational Therapist within 72 hours.

### Appendix 3 – Comparisons between SSNAP and previous stroke audits

#### Changes for SINAP measures from Oct-Dec 2012

The results in the table below outline the changes over time between the final SINAP quarterly report (October - December 2012 admissions) and the current SSNAP Report (April – June 2015) where comparisons are possible.

<b>SINAP</b>	<b>SINAP: Oct - Dec 2012 admissions</b>	<b>SSNAP: Jul-Sep 2015 admissions</b>
Number of stroke patients included in report	9,010	19,971
Proportion of inpatient strokes	4.0	5.0
Arrival to scan median (mins)	85	66
Total proportion of patients thrombolysed	11.0	10.9
Proportion of patients thrombolysed within 1 hour of arrival	51.0	59.8
Arrival to thrombolysis median (mins)	59	53
Proportion of patients scanned within 1 hour of arrival at hospital	40.0	47.4
Proportion of patients scanned within 24 hours of arrival at hospital	93.0	95.9
Proportion of patients who arrived on a stroke unit, as the first ward of admission, within 4hours of arrival (when hospital arrival was out of hours)	65.0	61.1
Proportion of patients seen by a stroke consultant within 24 hours of arrival	85.0	79.6
Proportion of patients with a known onset time	66.0	69.2
Proportion of eligible patients thrombolysed	70.0	85.6
Bundle 1: Seen by nurse and one therapist within 24h and all relevant therapists within 72h	68.0	62.0
Bundle 3: First ward of admission was stroke unit and patient arrived there within four hours of hospital arrival	66.0	61.8