SSNAP Combined Organisational Audit May 2025

Results Portfolio

SSNAP | Sentinel Stroke National Audit Programme

KING'S College LONDON

Netiquette

Please do not raise your hand to ask a question as we are not able to hear you!

The Q&A function available throughout the webinar. We will be addressing questions at the end.

We may not be able to respond to your query during the webinar. However, we will endeavour to include responses to new queries in future resources/ communications.

Contents

Combined Organisational Audit 2025

The organisational audit will now be run six monthly with data collection periods in May and November each year. The audit will collect a 'snapshot' of services at that time.

- The proforma will not need to be fully completed every six months
- Only those answers which have changed will need to be updated
- The proforma will then need to be signed off each reporting period

E17 Declaration

We confirm the data in this form has been reviewed and is ready for analysis

New Dataset

Section A	1	General organisational information	All services
	2	Workforce	All services except standalone 6m providers (1.4 = Yes)
	3	Quality improvement and leadership	
	4	Training	
	5	Discharge information	
	6	Research	
Section B	7	Acute presentation	Acute inpatient services (1.1 = Yes)
	8	Stroke units	
	9	Thrombolysis and thrombectomy	
	10	Specialist investigations for stroke and TIA patients	
	11	TIA/Neurovascular service	
	12	Medical workforce	
Section C	13	Inpatient rehabilitation	Post-acute services (1.1 = No) except standalone 6m providers (1.4 = Yes)
	14	Community based rehabilitation	
	15	Vocational rehabilitation	
Section D	16	Six month assessments	All services
Section E	17	Declaration	All services

- Four sections for data entry
- Only the sections relevant to your team type/the care your team provides will be available to answer
- Final section to confirm and lock data for analysis

1. Understanding the portfolio tabs – where to find your data

Participating sites are measured against specific criteria for key indicators depending on their service type. These key indicators were identified using the domains and key indicators from the 2021 audit, as well as recent research and evidence.

Data is reported for every data item from the audit at national and provider level. The national median for each measure is given to enable benchmarking. National results are presented as percentages, provider variation is summarised by median and inter-quartile ranges (IQR).

1. Understanding the portfolio tabs – where to find your data

Question selected in the proforma	Tab - OA Portfolio
1.1 = Yes	Key Indicators (acute)
13.1 = Yes	Key Indicators (post-acute inpatient)
14.1 = Yes	Key Indicators (community)
1.1 = Yes	Tab A - Acute Inpatient
1.1 = No, 13.1 = Yes	Tab A - Post-Acute Inpatient
1.1 = No, 14.1 = Yes (13.1 = No)	Tab A - Community
1.1= Yes. If 1.3=(iii) then Q7 will be N/A and 8a and 8c will show the site which provides care for those patients in the first 72hrs.	Tab B - Acute Inpatient Services
13.1 = Yes	Tab C - Inpatient Rehabilitation
14.1 = Yes	Tab C - Community Rehabilitation
15.1 = Yes or Not commissioned but provided	Tab C - Vocational Rehabilitation
16.2 = Yes	Tab D

NB Teams which have answered 'Yes' to 13.1 **AND** '14.1' will appear in Tab A - Post acute inpatient **but NOT** Tab A Community.

1. Participation in OA May 2025

Team Type	Active on SSNAP	Did Not Participate in OA May 2025
Acute Teams	183	**20**
Post-Acute Inpatient Teams	91	**51**
Community Teams	220	**64**
6-months Providers	88	**20**

Total Active Teams on SSNAP: 582

Total teams that did not complete OA May 2025 proforma: 155 = nearly 27%

2. Acute Key Indicators

There are 9 Key Indicators for acute services. Participating sites have been measured against specific criteria for each of the 9 key indicators. All key indicators are directly comparable to the 2021 acute organisational audit, except for key indicator 9 (key indicator 10 in 2021) where the criteria has been tightened.

92,414 Acute stroke admissions in the preceding year

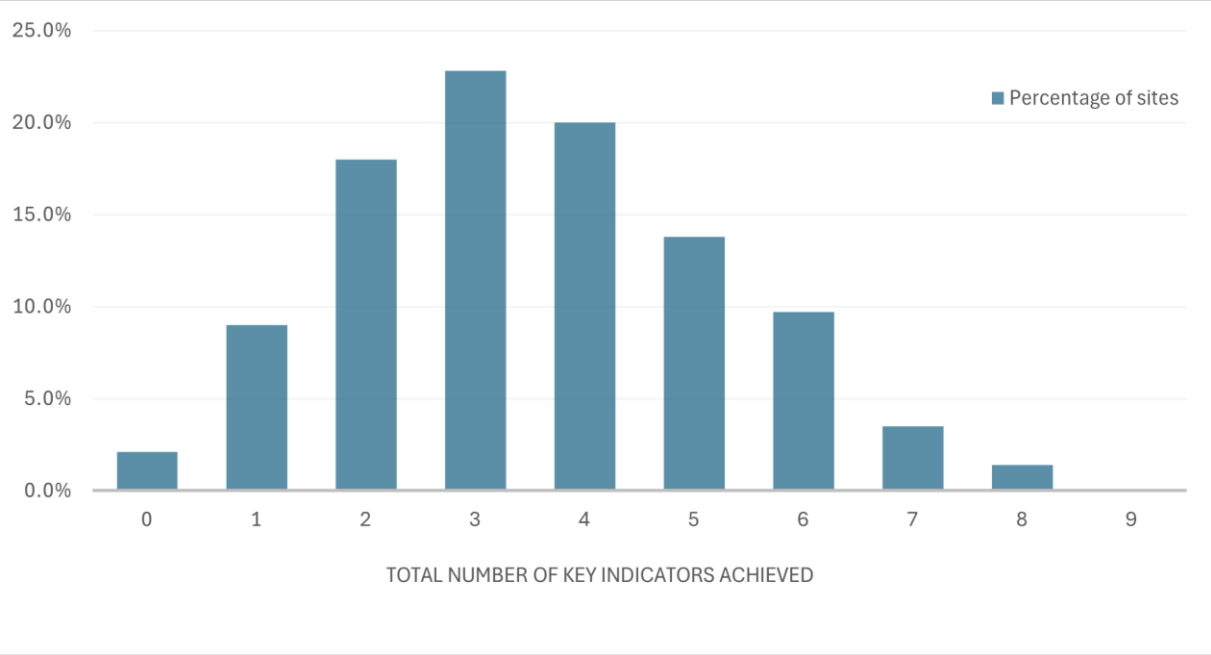
145 Participating sites

4,545 Beds of stroke units

851 Hyperacute beds on stroke unit

- KI1 **Minimum establishment of band 6 and band 7 nurses per 10 beds**
- KI2 **Presence of a clinical psychologist (qualified)**
- KI3 **Out of hours presence of stroke specialist nurse**
- KI4 **Minimum number of nurses on duty at 10am weekends**
- KI5 **At least two types of therapy available 7 days a week**
- KI6 **Stroke team receives a pre-alert for suspected stroke patients**
- KI7 **Formal survey undertaken seeking patient/carer views on stroke services**
- KI8 **First line of brain imaging for TIA patients is MRI**
- KI9 **Responsibility for governance and quality improvement**

2. Acute Key Indicators



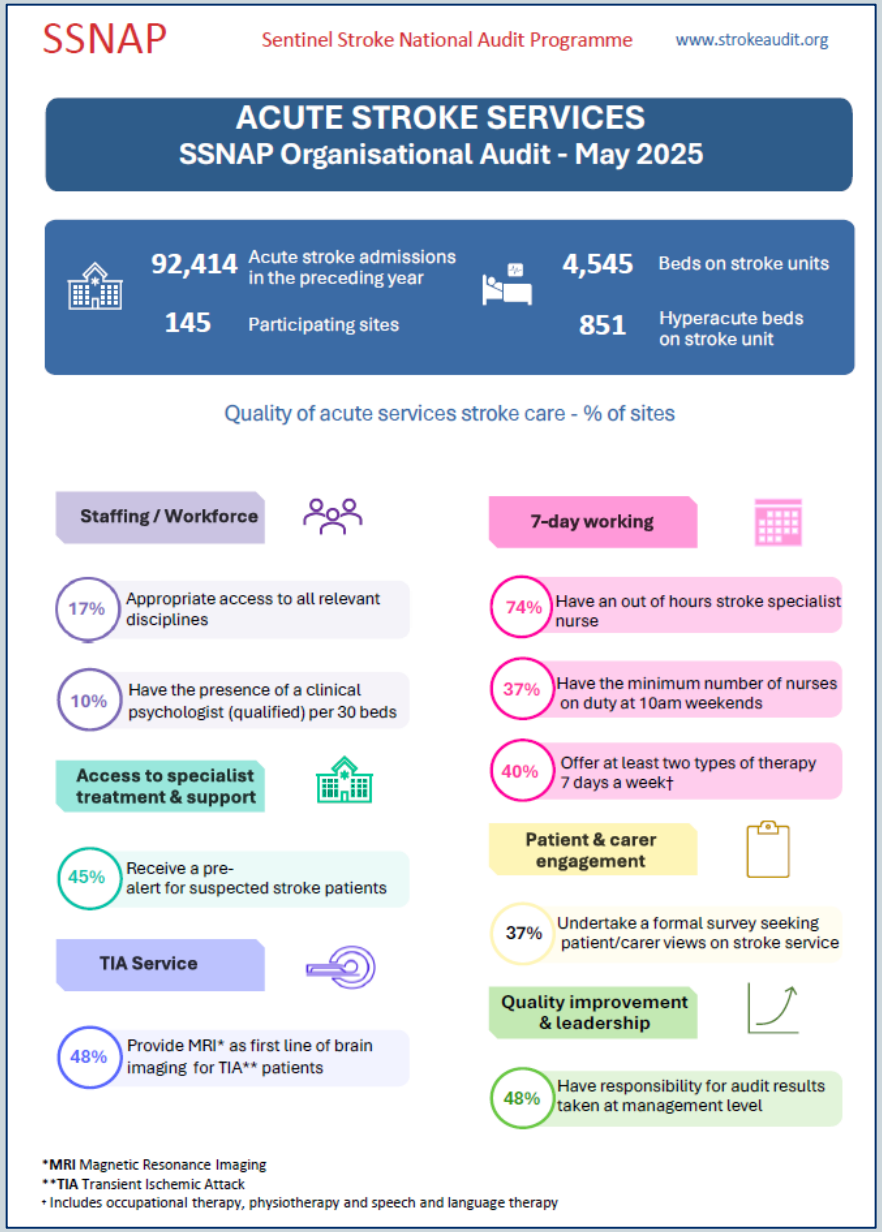
Distribution of acute key indicators achieved

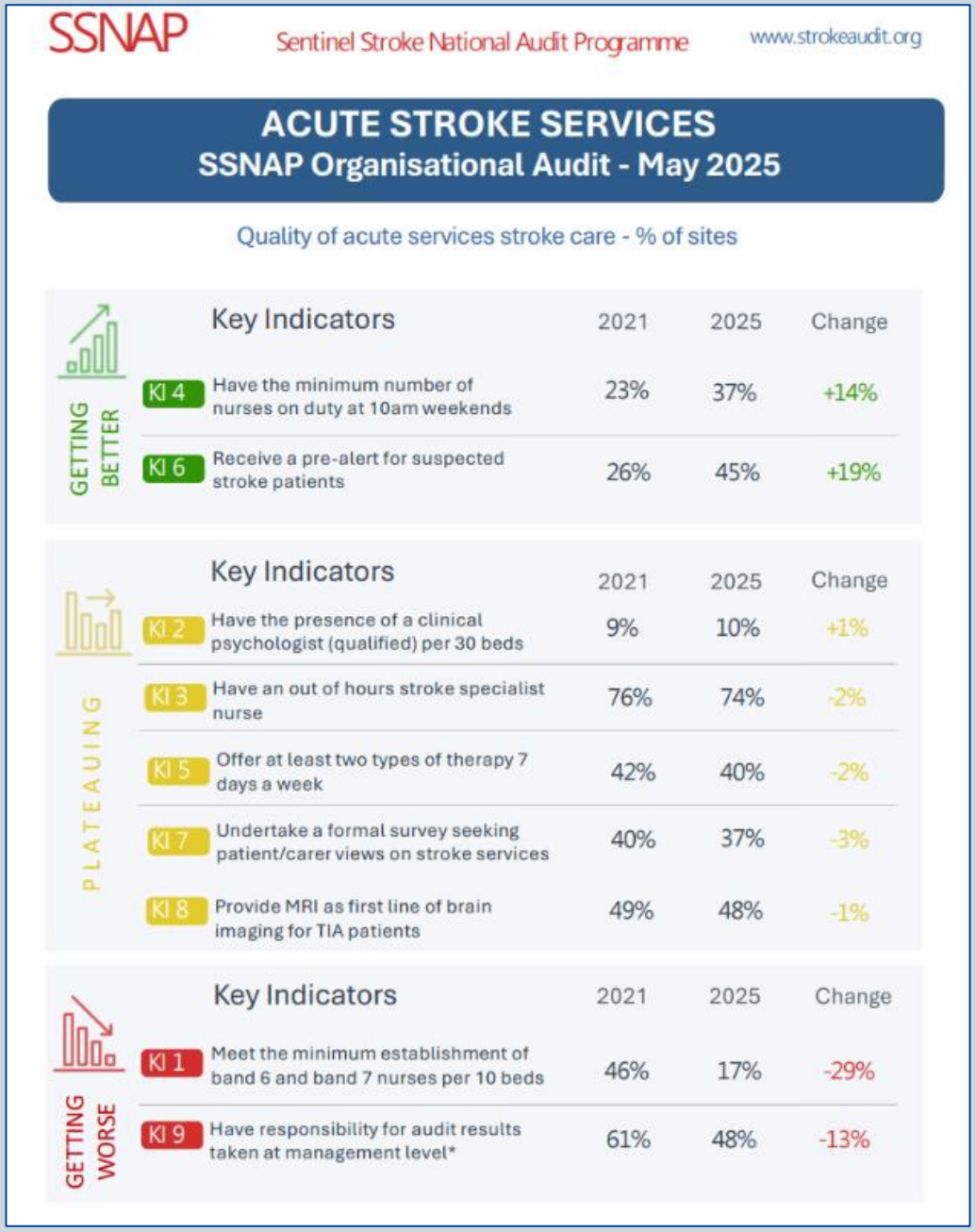
For acute sites:

Ratios of staffing numbers per 10 stroke unit beds (per 30 stroke unit beds for psychology) are given rather than staffing numbers per stroke unit, so as to allow direct comparison with national standards and other sites.

To represent the care available to patients at sites which do not treat patients in the first 72 hours after their stroke, these sites are assigned the results of the site which provided this care from relevant sections. This applies to both the key indicator section and the full results section.

Acute Services – Infographics





2. Acute Key Headlines

54%

Sites have at least one unfilled stroke consultant post, which has been vacant for an average of 24 months

Acute Organisation Audit 2021: 52% for 18 months

38%

Sites have at least one specialist registrar in a post registered for stroke speciality training

Acute Organisation Audit 2021: 26%

60

Median number of mimics assessed by acute stroke teams over preceding month

Acute Organisation Audit 2021: 58

5

Median patients medically fit for hospital discharge on acute stroke units

Acute Organisation Audit 2021: 5

3. Post-acute Inpatient Key Indicators

There are 12 key indicators for post-acute inpatient services. There are a total of 16 key indicators for post-acute services, however key indicators 8, 9, 10 and 15 are not applicable for post-acute inpatient services.

The criteria for KIs 3, 4, 5 and 6 have changed since 2021

KI1	Participation in SSNAP clinical audit
KI2	Stroke/neurology specific service
KI3	Appropriate level of staffing for all core disciplines
KI4	Appropriate access to all relevant disciplines
KI5	Rehabilitation provided every day
KI6	Access to clinical psychology
KI7	Inpatient nurses are trained in stroke assessment and management
KI11	Weekly formal multidisciplinary meeting with core disciplines in attendance
KI12	Active involvement in research
KI13	Formal survey undertaken seeking patient/carer views on stroke services
KI14	Service has access to formally commissioned support services
KI16	Access to vocational rehabilitation

New team level KI

3. Post-acute Inpatient Key Indicators

97.8%

Participate in SSNAP clinical audit

80%

Stroke/neurology specific service

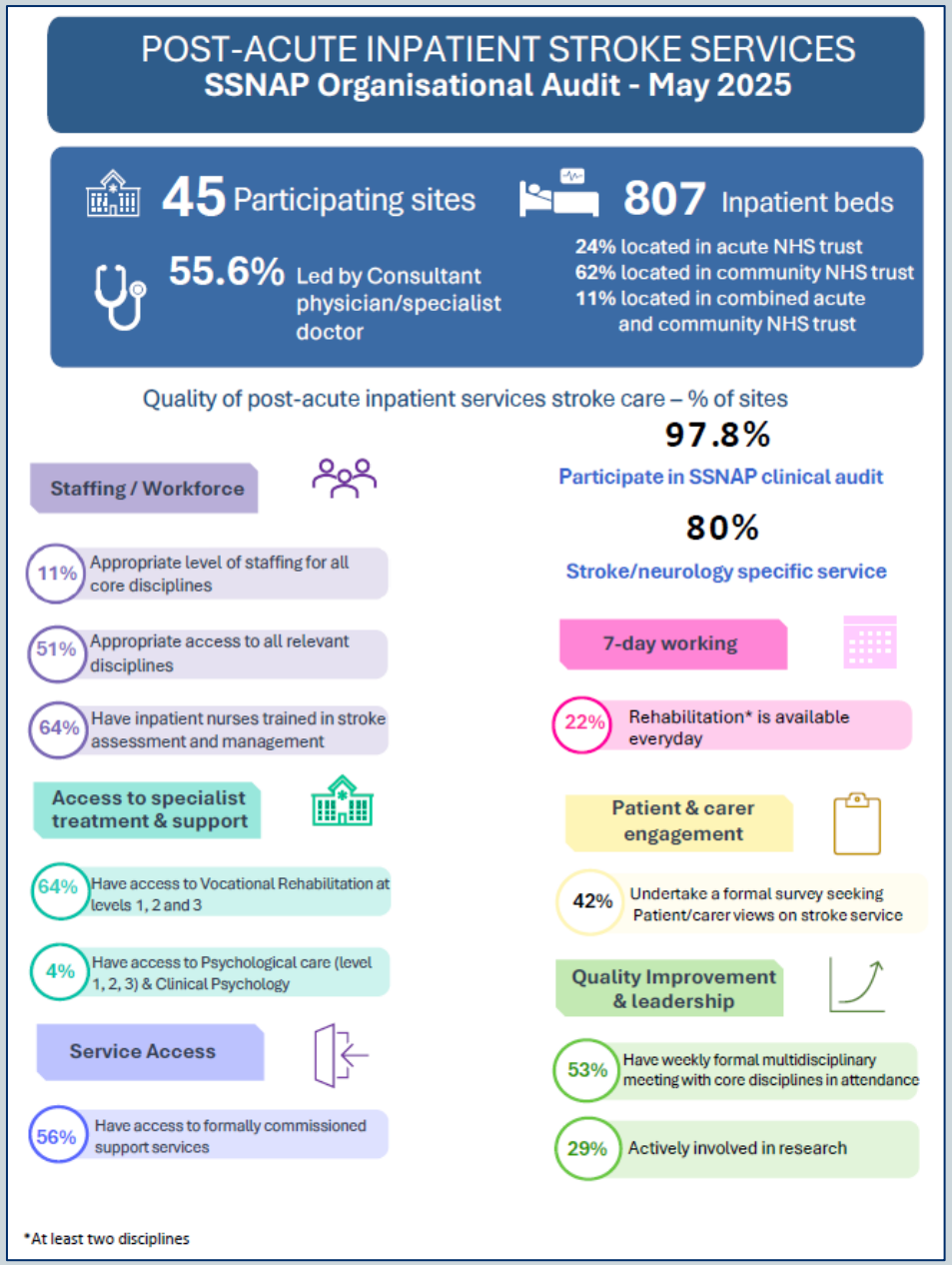
GETTING BETTER

Key Indicators		2021	2025	Change
KI 1	Participation in SSNAP clinical audit	86%	98%	+12%
KI 4	Appropriate access to all relevant disciplines	18%	51%	+33%
KI 5	Rehabilitation provided every day*	10%	22%	+12%

PLATEAUING

Key Indicators		2021	2025	Change
KI 2	Stroke/neurology specific service	73%	80%	+7%
KI 3	Appropriate level of staffing for all core disciplines*	13%	11%	-2%
KI 6	Access to clinical psychology (within service or access to)	56%	53%	-3%
	Access to Psychological care (level1,2,3) & Clinical Psychology*		4%	NEW
	Level 1 Psychological care		13%	NEW
	Level 2 Psychological care		47%	NEW
	Level 3 Psychological care		44%	NEW
KI 7	Inpatient nurses are trained in stroke assessment and management	58%	64%	+6%
KI 11	Weekly formal multidisciplinary meeting with core disciplines in attendance	60%	53%	-7%

Post-Acute Services – Infographics



4. Community Key Indicators

150 Participating services

80,863 New patient referrals over previous 12 months

55.6% of **all community sites** part of an ICSSs

The Key indicators (community) summary presents site level and national performance against 15 key indicators for post-acute community rehabilitation services.There are 16 key indicators for post-acute services, however key indicator 7 is not applicable for community rehabilitation services and is not included in this tab.
The criteria for KIs 3, 4, and 5 have changed since 2021, whilst KIs 6 and 16 have been updated from 2021.

1	**Participation in SSNAP clinical audit**
2	**Stroke/neurology specific service**
3	**Appropriate level of staffing for all core disciplines**
4	**Appropriate access to all relevant disciplines**
5	**Rehabilitation provided every day**
6	**Access to clinical psychology**
8	**Rehabilitation provision in care homes**
9	**Regular attendance at inpatient multidisciplinary team meetings**
10	**Service provision is not time limited**
11	**Weekly formal multidisciplinary meeting with core disciplines in attendance**
12	**Active involvement in research**
13	**Formal survey undertaken seeking patient/carer views on stroke services**
14	**Service has access to formally commissioned support services**
15	**Service has a waiting list**
16	**Access to vocational rehabilitation**

New team level KI

4. Community Key Indicators

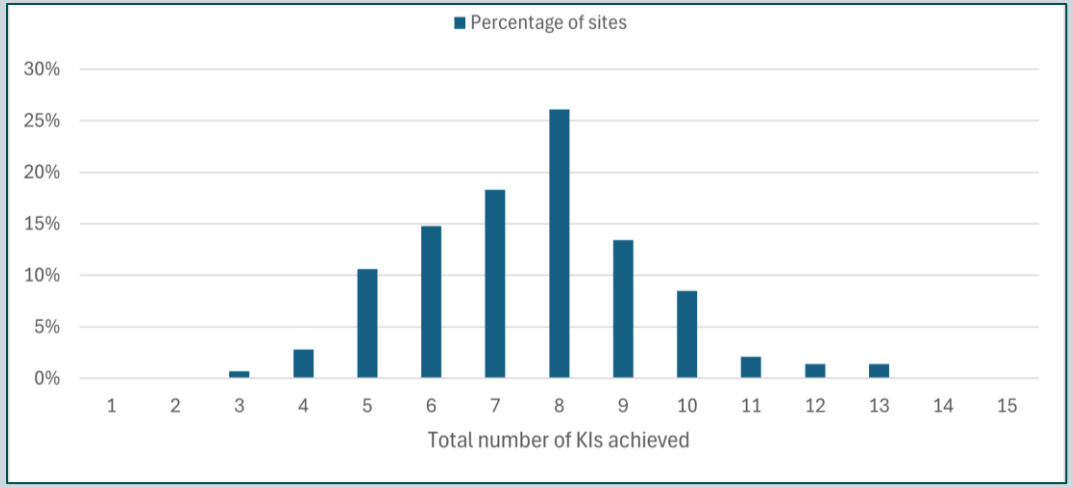
	Key Indicators	2021	2025	Change
KI 1	Participation in SSNAP clinical audit	86%	99%	+13%
KI 2	Stroke/neurology specific service	93%	100%	+7%
KI 4	Appropriate access to all relevant disciplines*	17%	35%	+18%
	Access to clinical psychology (within service or access to)	67%	84%	+17%
KI 6	Access to Psychological care (level1,2,3) & Clinical Psychology**		9%	NEW
	Level 1 Psychological care		20%	NEW
	Level 2 Psychological care		61%	NEW
	Level 3 Psychological care		51%	NEW
KI 11	Weekly formal multidisciplinary meeting with core disciplines in attendance	27%	35%	+8%
	Access to Vocational rehabilitation (commissioned)	16%	26%	+10%
KI 16	Access to Vocational Rehabilitation at levels 1,2 3 **		88%	NEW

98.6%

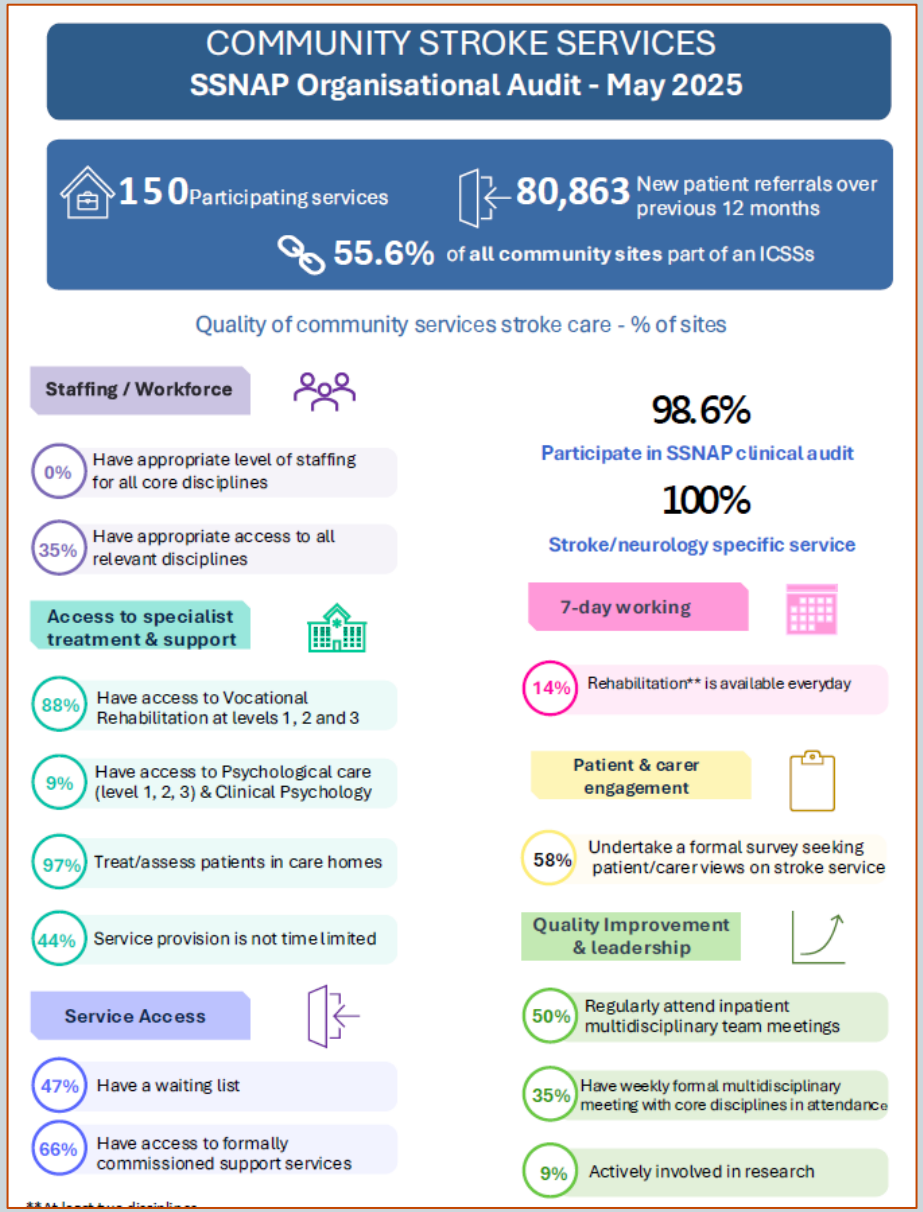
Participate in SSNAP clinical audit

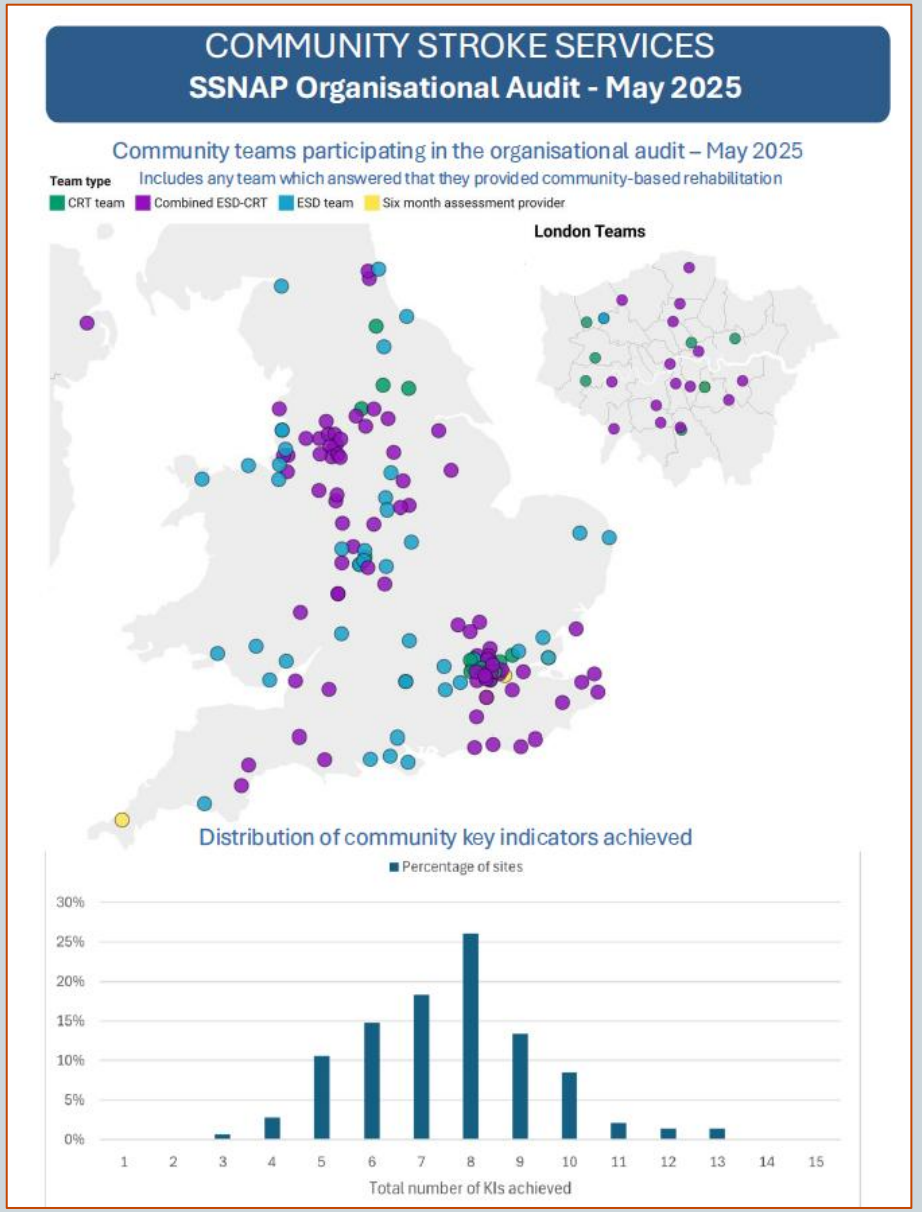
100%

Stroke/neurology specific service



Community Services – Infographics





5. Updates & Clarifications for the next round

Dataset → Help notes → FAQs

12.10	How many WTEs do you have in total for Advanced Clinical Practitioners (ACPs)?
12.10a	How many ACPs (individuals) are these WTEs divided amongst?
12.11	Do you have any unfilled Advanced Clinical Practitioners (ACPs) posts?
12.11a	How many WTEs do these posts cover?
12.11b	For how many months have these posts been funded but unfilled?
12.12	How many new/additional sessions do you plan to have for Advanced Clinical Practitioners (ACPs)?
12.12a	How many new/additional ACPs (individuals) will these WTEs be divided amongst?

1 – Why has my team achieved fewer key indicators than previous Acute / Post-Acute 2021 Organisational Audit?

Some of the criteria for achieving a KI has been amended.

For more information, please see the Combined Organisational Audit Key Indicators page where you can see how each KI is calculated.

2 - Why have I got results in the acute section when my team is a non acute inpatient team?

Please note all NAITs should respond 'NO' to Question 1.1 'Does your service provide inpatient care for acute stroke?'. If you team has responded 'Yes' to this questions for the Combined Organisational Audit May 2025, then it will appear in the acute section.

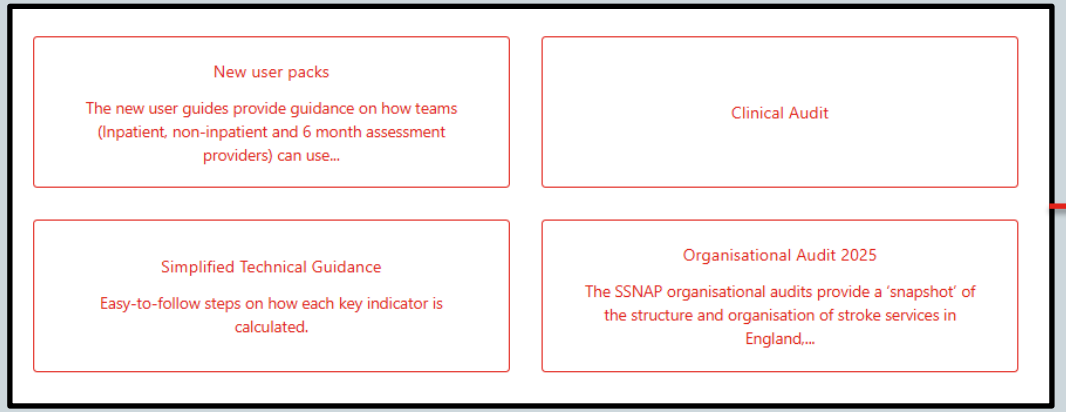
5. Updates & Clarifications for the next round

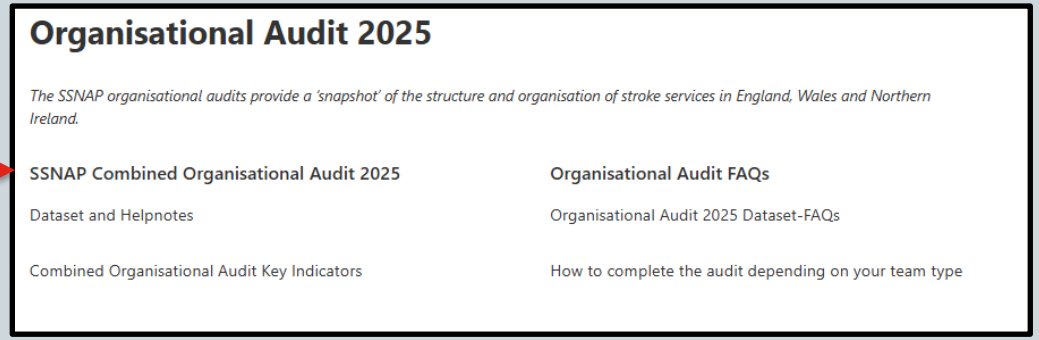
If your team does not treat acute patients, you must answer "**no**" to **question 1.1**. This includes inpatient teams for example teams registered on SSNAP as "Non acute inpatient teams". You will then be able to answer the section on inpatient rehabilitation.

If you are completing one proforma for multiple teams (e.g. a HASU and and SU or an ICSS) you should **ONLY** complete the proforma on the webtool for ONE of those teams. In section 1 you will answer which teams the record will cover. Those other records should be left blank.

Whilst this is a combined audit – you **can't** combine acute and post acute teams/units into one audit. There is no way for you to be able to answer all the necessary sections of the proforma.

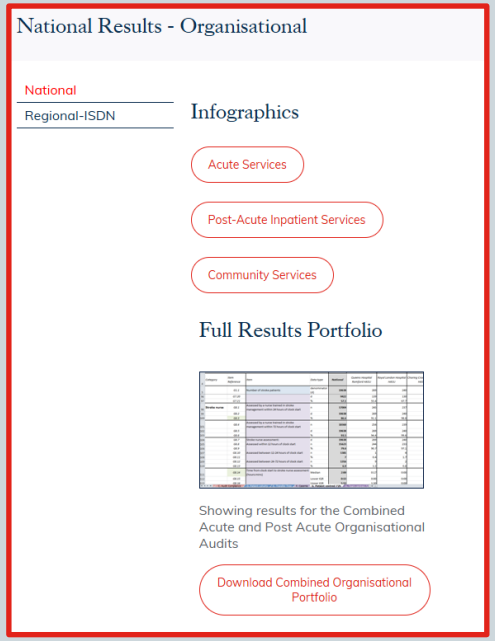
6. Resources available



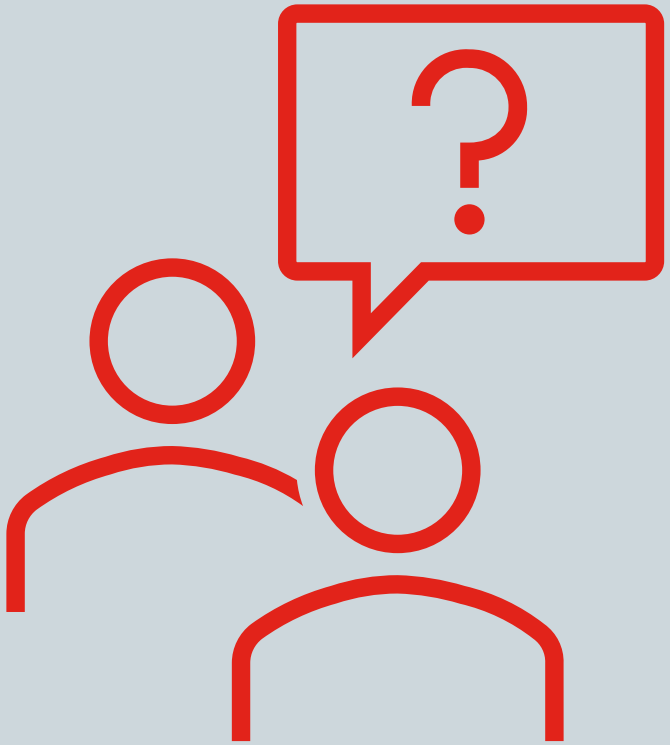


OA Support Articles

Results > Combined Organisational Audit > National



7. Questions and Answers



Please note: Due to the format of this session you will be unable to unmute so please enter your question in the Q&A function.

Thank you

Thank you to all the ambulance trusts, hospitals and community teams for continuing to participate in SSNAP. Their participation and commitment to the audit ensures that quality, rich data is available which can be used to improve stroke services.

Sentinel Stroke National Audit Programme (SSNAP)
ssnap@kcl.ac.uk
www.strokeaudit.org