

ACUTE STROKE SERVICES

SSNAP Organisational Audit - May 2025



92,414 Acute stroke admissions
in the preceding year

145 Participating sites



4,545 Beds of stroke units

851 Hyperacute beds
on stroke unit

Quality of acute services stroke care - % of sites

Staffing / Workforce



17% Appropriate access to all relevant
disciplines

10% Have the presence of a clinical
psychologist (qualified) per 30 beds

Access to specialist treatment & support



45% Receive a pre-
alert for suspected stroke patients

TIA Service



48% Provide MRI* as first line of brain
imaging for TIA** patients

7-day working



74% Have an out of hours stroke specialist
nurse

37% Have the minimum number of nurses
on duty at 10am weekends

40% Offer at least two types of therapy
7 days a week†

Patient & carer engagement



37% Undertake a formal survey seeking
patient/carers views on stroke service

Quality improvement & leadership



48% Have responsibility for audit results
taken at management level

*MRI Magnetic Resonance Imaging


**TIA Transient Ischemic Attack

† Includes occupational therapy, physiotherapy and speech and language therapy

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Quality of acute services stroke care - % of sites



GETTING BETTER

Key Indicators	2021	2025	Change
KI 4 Have the minimum number of nurses on duty at 10am weekends	23%	37%	+14%
KI 6 Receive a pre-alert for suspected stroke patients	26%	45%	+19%



PLATEAUIING

Key Indicators	2021	2025	Change
KI 2 Have the presence of a clinical psychologist (qualified) per 30 beds	9%	10%	+1%
KI 3 Have an out of hours stroke specialist nurse	76%	74%	-2%
KI 5 Offer at least two types of therapy 7 days a week	42%	40%	-2%
KI 7 Undertake a formal survey seeking patient/carer views on stroke services	40%	37%	-3%
KI 8 Provide MRI as first line of brain imaging for TIA patients	49%	48%	-1%



GETTING WORSE

Key Indicators	2021	2025	Change
KI 1 Meet the minimum establishment of band 6 and band 7 nurses per 10 beds	46%	17%	-29%
KI 9 Have responsibility for audit results taken at management level*	61%	48%	-13%

Note: The Key Indicators are calculated in the same way as in the 2021 Acute Organisational Audit. Please note that whilst comparisons can be made for these indicators, there have been significant changes in participating sites since the last organisational audit, so please exercise caution in making any comparisons between these data.

*The criteria for KI 9 have changed since 2021, see [Combined Organisational Audit Key Indicators](#) for further details.

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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

Distribution of acute key indicators achieved

