

## SSNAP Clinical Executive Summaries – East Midlands

### An overview of hospital stroke care quality up to November 2016

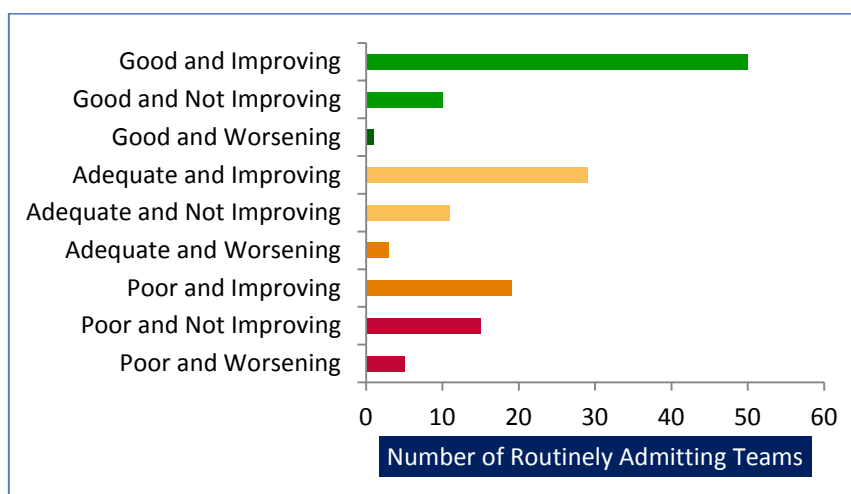
The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

This regional pack contains an overview of the hospitals' overall SSNAP score performance in a series of graphs charting the change in score over time for each hospital. The overall SSNAP score is a composite score combining the achievement on 44 care process measures derived from National Clinical Guidelines for Stroke and adjusted for case ascertainment and audit compliance. The 44 key indicators are grouped into 10 domains of care. The change over time in this overall score has been summarised in two ways:

- Performance over the whole two and a half year period has been characterised as Improving, Not Improving or Worsening depending on the slope of a trend line plotted through all the hospital's scores at every time point.
- Recent performance has been characterised as Good, Adequate or Poor depending on where the trend line meets the latest time period.

This regional pack also contains the individual executive summaries of the stroke care provided by the hospitals in this region between April 2014 and November 2016. These executive summaries highlight areas of good, adequate and poor performance in order to identify key areas to draw up action plans for improvement. Further information on resource use for stroke is given including activity, length of stay, cost of stroke and admissions to care homes after stroke. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

Nationally, it is encouraging to see that most teams are “Improving”, though there are a number of teams who are consistently not achieving “Adequate” scores, and it is concerning that performance within a few services appears to be deteriorating.



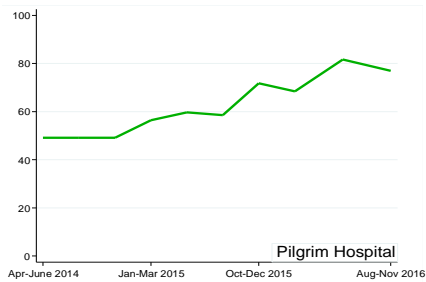
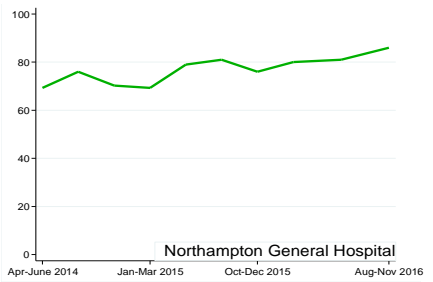
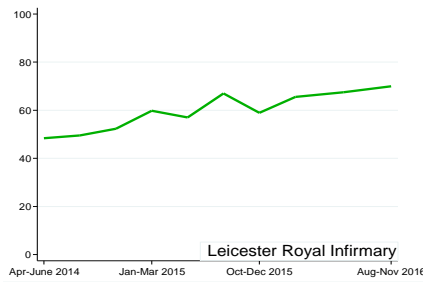
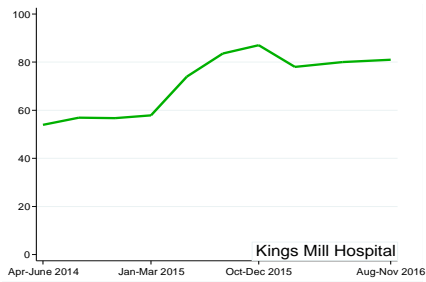
*Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland*

# East Midlands SCN: SSNAP Clinical Executive Summaries

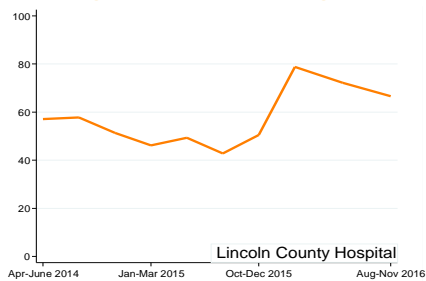
Overall SSNAP score performance from April 2014 to November 2016

## Routinely admitting teams:

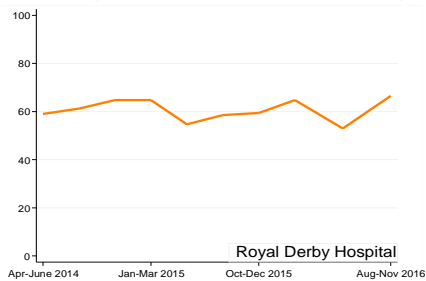
### Good and Improving



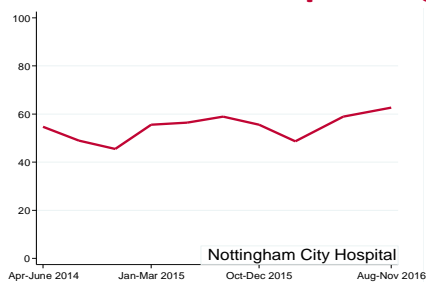
### Adequate and Improving



### Adequate and Not Improving



### Poor and Not Improving

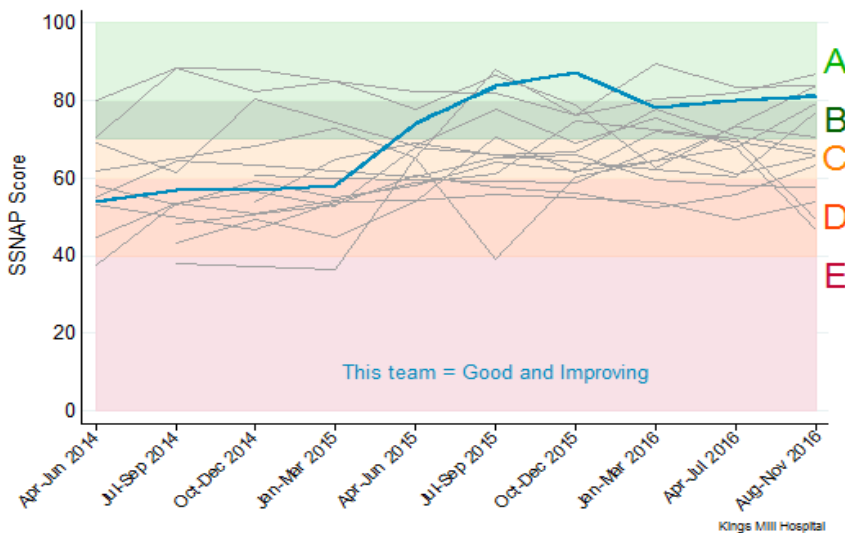




### Kings Mill Hospital - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

#### Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Improving**

#### Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):

Speech and Language Therapy

*\*\*areas to focus quality improvement on, as require substantial improvement*

Mainly ADEQUATE domains (C average):

Scanning  
Multidisciplinary Team Working

*\*\*areas where further improvements are still needed.*

Mainly GOOD domains (A or B average):

Stroke Unit  
Thrombolysis  
Specialist Assessments  
Occupational Therapy  
Physiotherapy  
Standards by Discharge  
Discharge Processes

*\*\*areas to celebrate success, maintain performance and identify whether further improvements are feasible.*

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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

## Kings Mill Hospital - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 168 patients, of which:

165 patients were first admitted to this hospital      3 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=168	For patients discharged/transferred alive from this team N=149
<b>0-3 days</b>	40.3% (11,087 patients)	41.1% (69)	41.6% (62)
<b>4-7 days</b>	20.3% (5,580 patients)	22.0% (37)	22.1% (33)
<b>8-21 days</b>	21.4% (5,886 patients)	17.9% (30)	17.4% (26)
<b>22-30 days</b>	5.3% (1,446 patients)	6.5% (11)	6.0% (9)
<b>31+ days</b>	12.8% (3,508 patients)	12.5% (21)	12.8% (19)
<b>Mean</b>	14.0 days	12.2 days	12.5 days

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	11%
<b>Cost Savings</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
<b>over 5 years:</b>	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	54%
<b>Cost Savings</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
<b>over 5 years:</b>	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

### Admissions to care homes after stroke

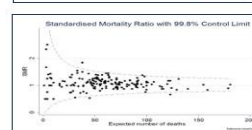
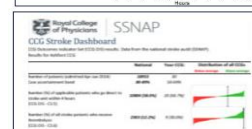
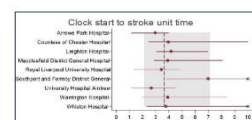
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.7% (13/150) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

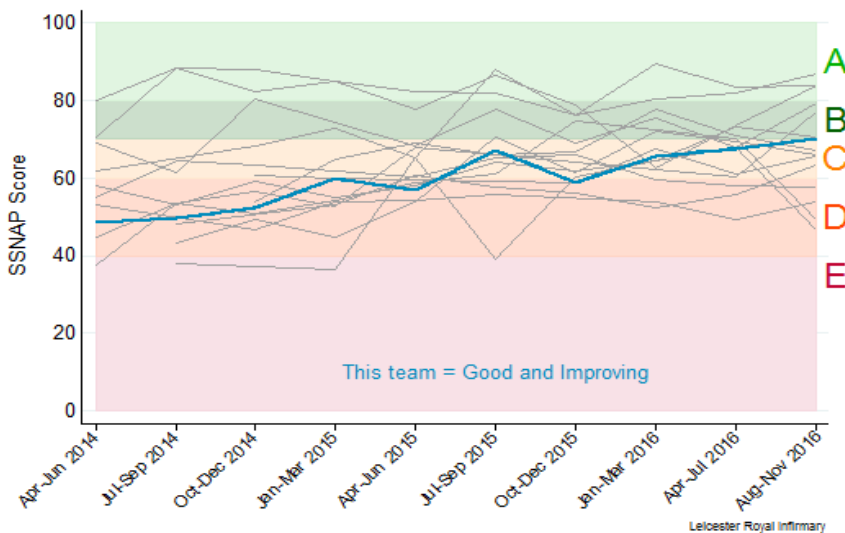




### Leicester Royal Infirmary - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

#### Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Improving**

#### Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):

Mainly ADEQUATE domains (C average):

Mainly GOOD domains (A or B average):

Speech and Language Therapy

Scanning  
Stroke Unit  
Thrombolysis  
Occupational Therapy  
Physiotherapy

Specialist Assessments  
Multidisciplinary Team Working  
Standards by Discharge  
Discharge Processes

*\*\*areas to focus quality improvement on, as require substantial improvement*

*\*\*areas where further improvements are still needed.*

*\*\*areas to celebrate success, maintain performance and identify whether further improvements are feasible.*

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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## Leicester Royal Infirmary - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 384 patients, of which:

375 patients were first admitted to this hospital      9 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=384	For patients discharged/transferred alive from this team N=329
0-3 days	40.3% (11,087 patients)	35.9% (138)	37.4% (123)
4-7 days	20.3% (5,580 patients)	25.3% (97)	25.8% (85)
8-21 days	21.4% (5,886 patients)	31.0% (119)	29.5% (97)
22-30 days	5.3% (1,446 patients)	5.5% (21)	4.9% (16)
31+ days	12.8% (3,508 patients)	2.3% (9)	2.4% (8)
<b>Mean</b>	<b>14.0 days</b>	<b>8.5 days</b>	<b>8.2 days</b>

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	10%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	31%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

### Admissions to care homes after stroke

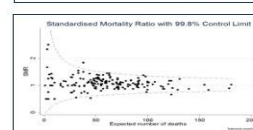
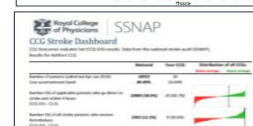
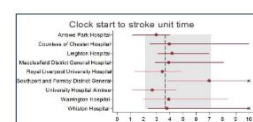
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.8% (25/285) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

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- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

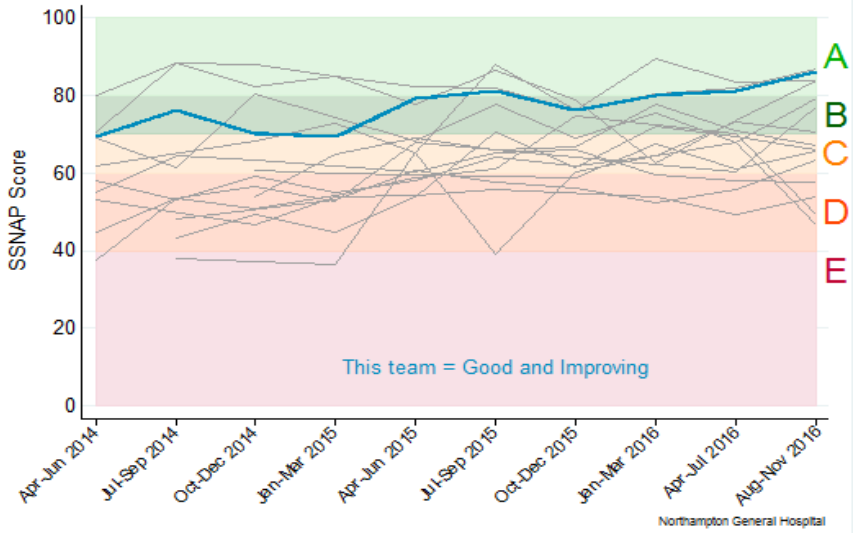




**Northampton General Hospital - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
<b>Stroke Unit</b>	<b>Thrombolysis</b>	<b>Scanning</b> <b>Specialist Assessments</b> <b>Occupational Therapy</b> <b>Physiotherapy</b> <b>Speech and Language Therapy</b> <b>Multidisciplinary Team Working</b> <b>Standards by Discharge</b> <b>Discharge Processes</b>
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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# Northampton General Hospital - SSNAP Executive Summary

## Activity and length of stay

In August-November 2016 this hospital treated 299 patients, of which:

296 patients were first admitted to this hospital      3 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=299	For patients discharged/transferred alive from this team N=262
<b>0-3 days</b>	40.3% (11,087 patients)	55.2% (165)	58.0% (152)
<b>4-7 days</b>	20.3% (5,580 patients)	14.7% (44)	13.4% (35)
<b>8-21 days</b>	21.4% (5,886 patients)	13.0% (39)	11.5% (30)
<b>22-30 days</b>	5.3% (1,446 patients)	4.7% (14)	4.6% (12)
<b>31+ days</b>	12.8% (3,508 patients)	12.4% (37)	12.6% (33)
<b>Mean</b>	14.0 days	13.0 days	12.7 days

## Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	8%
<b>Cost Savings over 5 years:</b>	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	45%
<b>Cost Savings over 5 years:</b>	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

## Admissions to care homes after stroke

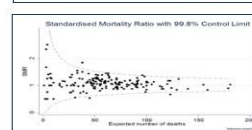
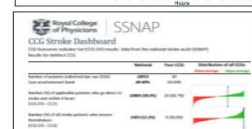
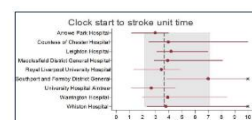
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 2.0% (5/249) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

## For further information, visit our results portal:

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Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.



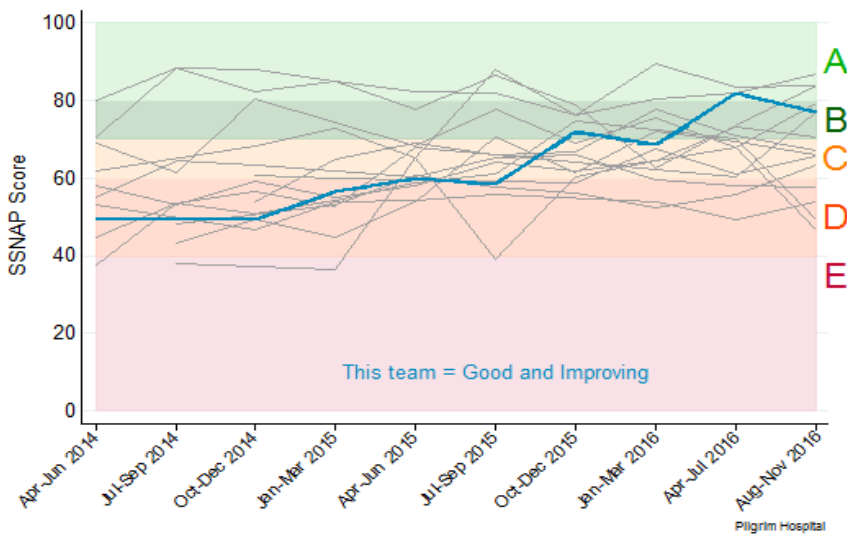




**Pilgrim Hospital - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Good**

This hospital's performance over the two and a half years has generally been:

**Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Speech and Language Therapy	Standards by Discharge	Scanning Stroke Unit Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Multidisciplinary Team Working Discharge Processes
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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

## Pilgrim Hospital - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 179 patients, of which:

177 patients were first admitted to this hospital      2 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=179	For patients discharged/transferred alive from this team N=164
0-3 days	40.3% (11,087 patients)	37.4% (67)	37.2% (61)
4-7 days	20.3% (5,580 patients)	16.8% (30)	17.7% (29)
8-21 days	21.4% (5,886 patients)	24.6% (44)	25.6% (42)
22-30 days	5.3% (1,446 patients)	5.6% (10)	4.3% (7)
31+ days	12.8% (3,508 patients)	15.6% (28)	15.2% (25)
<b>Mean</b>	<b>14.0 days</b>	<b>13.8 days</b>	<b>13.2 days</b>

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	Your current thrombolysis rate	23%
<b>Cost Savings</b>	Thrombolysis rate at top 20 performing units	20%
<b>over 5 years:</b>	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	Your current rate of discharge with ESD	41%
<b>Cost Savings</b>	Rate of discharge with ESD at top 20 performing units	60%
<b>over 5 years:</b>	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

### Admissions to care homes after stroke

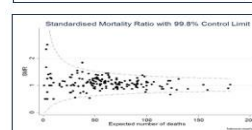
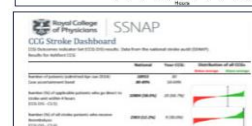
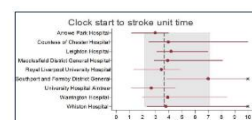
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.5% (14/165) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

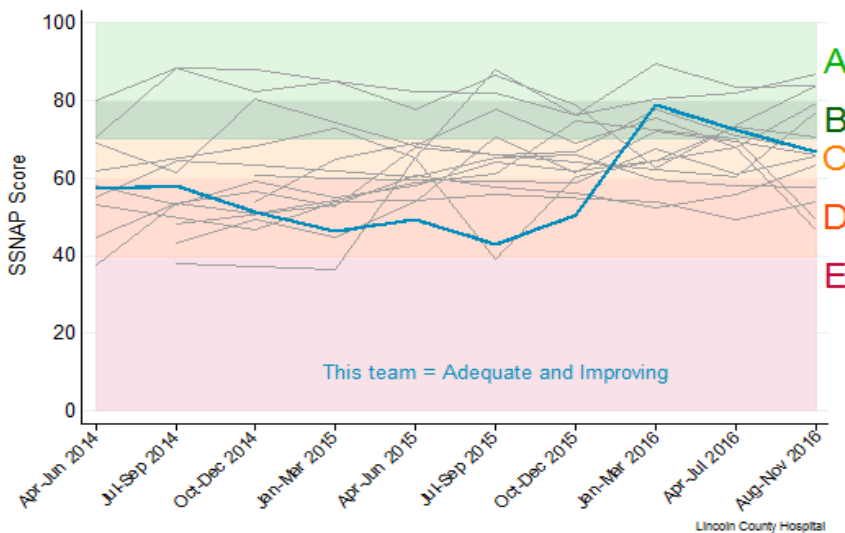




### Lincoln County Hospital - SSNAP Executive Summary

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

#### Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

**Adequate**

This hospital's performance over the two and a half years has generally been:

**Improving**

#### Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
(None)	Stroke Unit Discharge Processes	Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Speech and Language Therapy Multidisciplinary Team Working Standards by Discharge
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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

## Lincoln County Hospital - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 204 patients, of which:

201 patients were first admitted to this hospital      3 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=204	For patients discharged/transferred alive from this team N=176
<b>0-3 days</b>	40.3% (11,087 patients)	32.8% (67)	35.2% (62)
<b>4-7 days</b>	20.3% (5,580 patients)	24.5% (50)	22.7% (40)
<b>8-21 days</b>	21.4% (5,886 patients)	19.6% (40)	18.2% (32)
<b>22-30 days</b>	5.3% (1,446 patients)	6.4% (13)	6.8% (12)
<b>31+ days</b>	12.8% (3,508 patients)	16.7% (34)	17.0% (30)
<b>Mean</b>	14.0 days	14.9 days	14.8 days

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	17%
<b>Cost Savings</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
<b>over 5 years:</b>	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	59%
<b>Cost Savings</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
<b>over 5 years:</b>	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

### Admissions to care homes after stroke

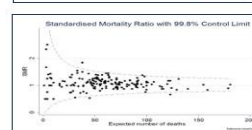
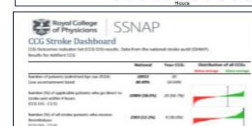
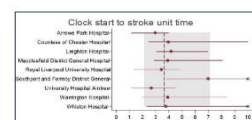
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 10.2% (18/176) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.

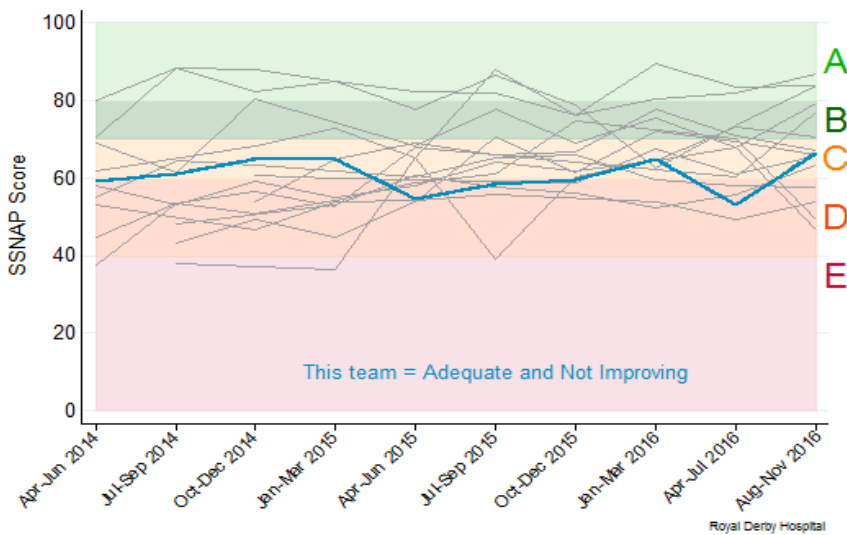




**Royal Derby Hospital - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Adequate**

This hospital's performance over the two and a half years has generally been:

**Not Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Speech and Language Therapy	Scanning Stroke Unit Standards by Discharge Discharge Processes	Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Multidisciplinary Team Working
<i>**areas to focus quality improvement on, as require substantial improvement</i>	<i>**areas where further improvements are still needed.</i>	<i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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

## Royal Derby Hospital - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 245 patients, of which:

240 patients were first admitted to this hospital      5 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=245	For patients discharged/transferred alive from this team N=215
0-3 days	40.3% (11,087 patients)	38.8% (95)	40.9% (88)
4-7 days	20.3% (5,580 patients)	21.2% (52)	20.9% (45)
8-21 days	21.4% (5,886 patients)	19.2% (47)	16.3% (35)
22-30 days	5.3% (1,446 patients)	6.1% (15)	6.5% (14)
31+ days	12.8% (3,508 patients)	14.7% (36)	15.3% (33)
<b>Mean</b>	<b>14.0 days</b>	<b>13.2 days</b>	<b>13.3 days</b>

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	12%
<b>Cost Savings</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
<b>over 5 years:</b>	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	20%
<b>Cost Savings</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
<b>over 5 years:</b>	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

### Admissions to care homes after stroke

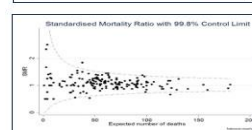
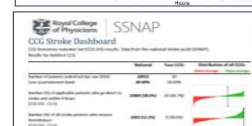
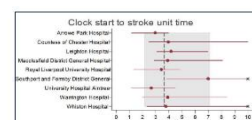
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 11.2% (24/215) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (30 day all cause **mortality** and AF outcomes)
- Data about **patient characteristics** (e.g. AF, age profiles)
- Nationally benchmarked data on how effectively stroke services are **organised** (e.g. **staffing levels**, acute care **protocols** and provision of specialist services)
- **Interactive root-cause analysis tools** for to help to speed up **thrombolysis** and **intra-arterial intervention times** (*requires log-in*)
- Detailed data on the **costs of stroke**, and the **costs and benefits** of improving thrombolysis and Early Supported Discharge
- Interactive **maps, infographics** and **dashboards**.



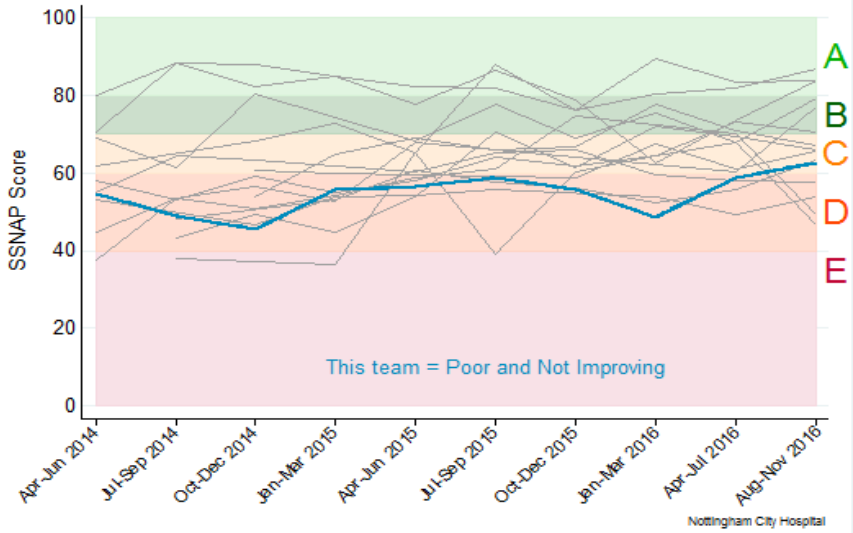




**Nottingham City Hospital - SSNAP Executive Summary**

The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland. This is a summary of the stroke care provided by this hospital over the last two and a half years highlighting areas of good, adequate and poor performance. It should be shared with everyone involved in developing and providing stroke care in this hospital, including the non-executive team and managers, in order to draw up action plans for improvement. The SSNAP website has a range of additional tools to help drill down deeper into the data and identify ways to improve.

**Overall SSNAP score performance from April 2014 to November 2016**



Performance recently has generally been:

**Poor**

This hospital's performance over the two and a half years has generally been:

**Not Improving**

**Performance in key indicators of care quality over the past year**

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
<p><b>Scanning</b> <b>Speech and Language Therapy</b></p>	<p><b>Thrombolysis</b> <b>Specialist Assessments</b> <b>Multidisciplinary Team Working</b> <b>Discharge Processes</b></p>	<p><b>Stroke Unit</b> <b>Occupational Therapy</b> <b>Physiotherapy</b> <b>Standards by Discharge</b></p>
<p><i>**areas to focus quality improvement on, as require substantial improvement</i></p>	<p><i>**areas where further improvements are still needed.</i></p>	<p><i>**areas to celebrate success, maintain performance and identify whether further improvements are feasible.</i></p>

For further information about performance in different domains of care and scoring methodology, visit our results portal:

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

## Nottingham City Hospital - SSNAP Executive Summary

### Activity and length of stay

In August-November 2016 this hospital treated 396 patients, of which:

396 patients were first admitted to this hospital      0 patients were transferred in from another hospital

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=396	For patients discharged/transferred alive from this team N=349
0-3 days	40.3% (11,087 patients)	39.9% (158)	41.8% (146)
4-7 days	20.3% (5,580 patients)	8.8% (35)	9.2% (32)
8-21 days	21.4% (5,886 patients)	19.4% (77)	16.6% (58)
22-30 days	5.3% (1,446 patients)	6.8% (27)	7.2% (25)
31+ days	12.8% (3,508 patients)	25.0% (99)	25.2% (88)
<b>Mean</b>	<b>14.0 days</b>	<b>22.0 days</b>	<b>21.8 days</b>

### Cost of stroke

These costs have been derived from the SSNAP health economic model. This estimates the average cost of stroke according to patients' age, sex, stroke type and stroke severity. NHS costs include acute treatment costs, bed stays, inpatient and post-discharge rehabilitation, drug prescribing and follow up GP and hospital visits. Social care costs include the costs of nursing home admission and packages of care. They are not the costs for a specific hospital, but the average cost across all providers. The model explored the cost effectiveness of two evidence-based interventions for acute stroke patients; thrombolysis and discharge with Early Supported Discharge. Both of these interventions are appropriate for a subset of acute stroke patients.

<b>Thrombolysis</b>	<i>Your current thrombolysis rate</i>	9%
<b>Cost Savings over 5 years:</b>	<i>Thrombolysis rate at top 20 performing units</i>	20%
	<i>Average NHS cost saving by thrombolysing 1 more eligible patient</i>	£4,100
	<i>Average social care cost saving by thrombolysing 1 more eligible patient</i>	£6,900
	<i>Overall average cost saving by thrombolysing 1 more eligible patient</i>	£11,000
	<i>Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient</i>	0.26 QALYs
<b>Early Supported Discharge (ESD)</b>	<i>Your current rate of discharge with ESD</i>	53%
<b>Cost Savings over 5 years:</b>	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
	<i>Average NHS cost saving by discharging 1 more eligible patient with ESD</i>	£1,600
	<i>Average social care cost saving by discharging 1 more eligible patient with ESD</i>	£8,700
	<i>Overall average cost saving by discharging 1 more eligible patient with ESD</i>	£10,300
	<i>Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD</i>	0.14 QALYs

### Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 4.3% (15/347) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

### For further information, visit our results portal:

[www.strokeaudit.org/results](http://www.strokeaudit.org/results)

Information is available for different types of users:

- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
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- Interactive **maps, infographics** and **dashboards**.

