

SSNAP Clinical Executive Summaries – East of England

An overview of hospital stroke care quality up to November 2016

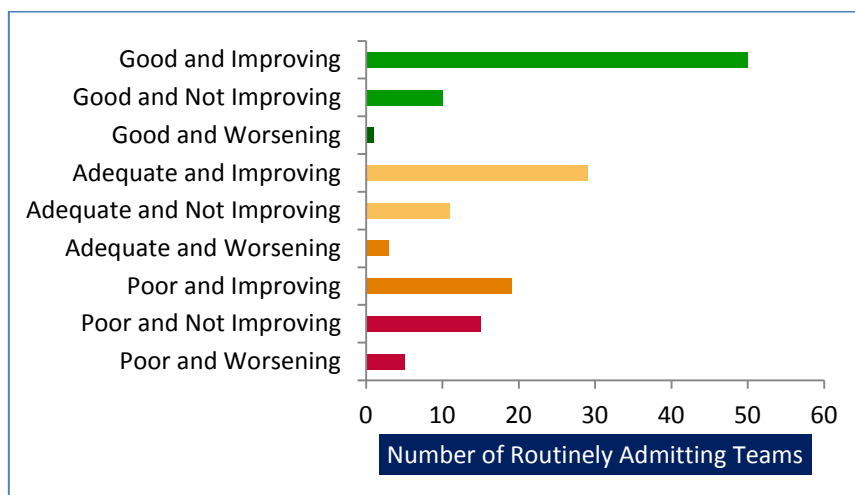
The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

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.



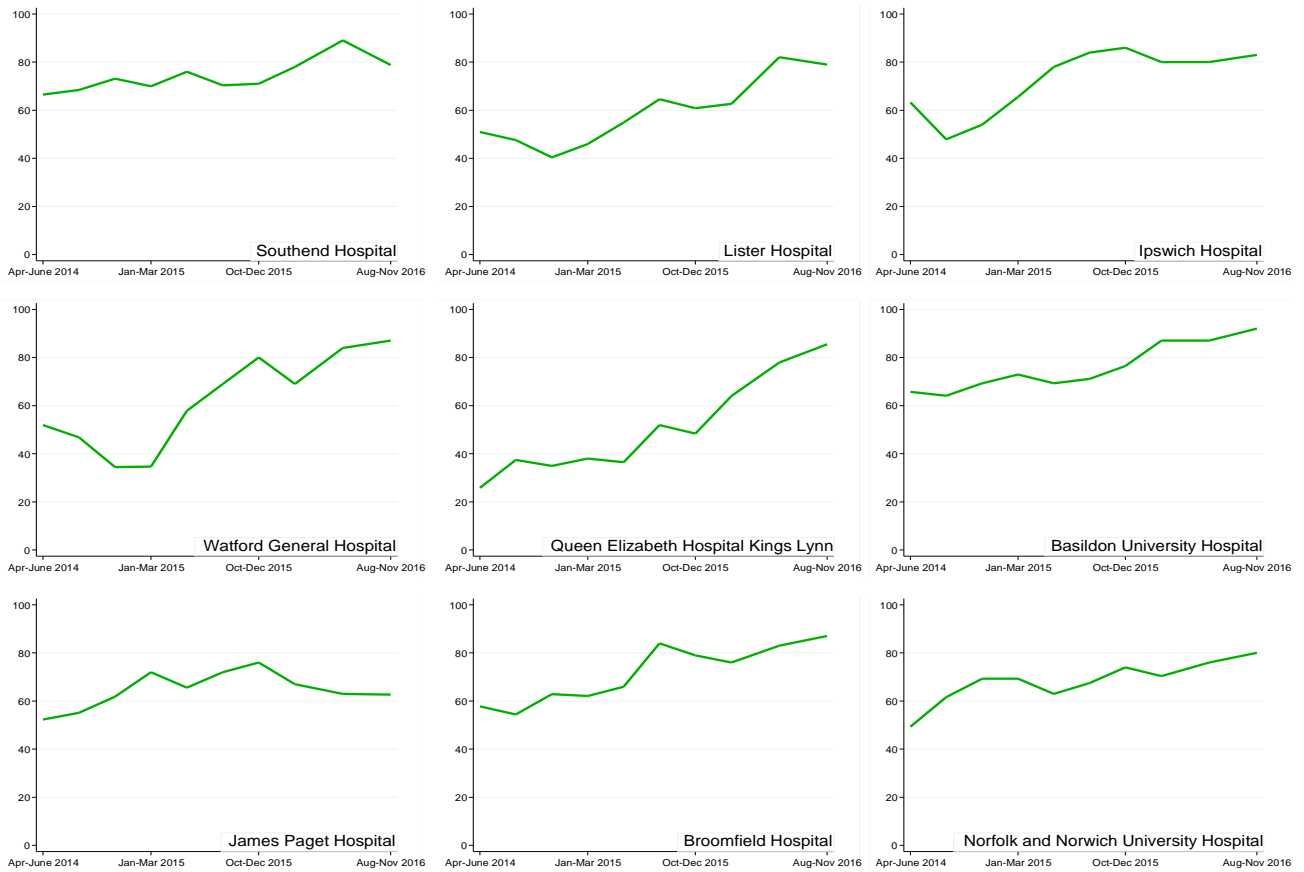
Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland

East of England SCN: SSNAP Clinical Executive Summaries

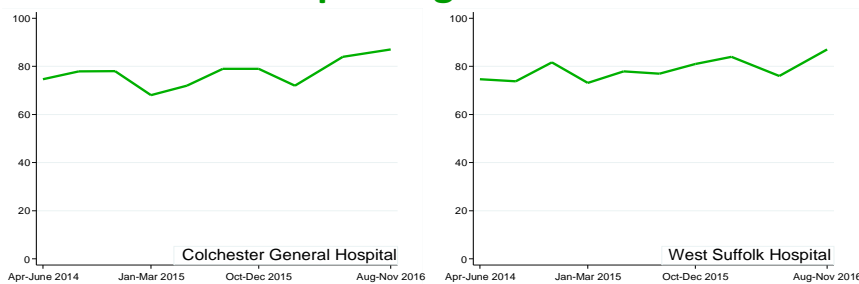
Overall SSNAP score performance from April 2014 to November 2016

Routinely admitting teams:

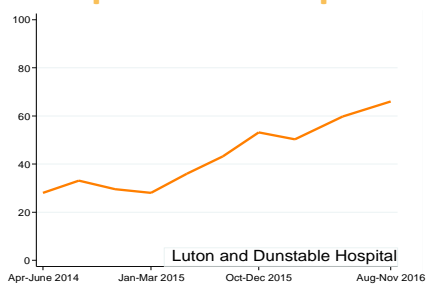
Good and Improving



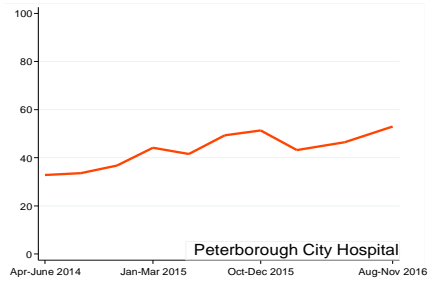
Good and Not Improving



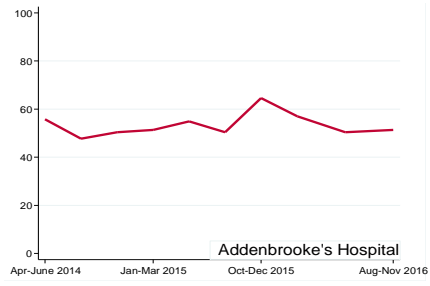
Adequate and Improving



Poor and Improving



Poor and Not Improving

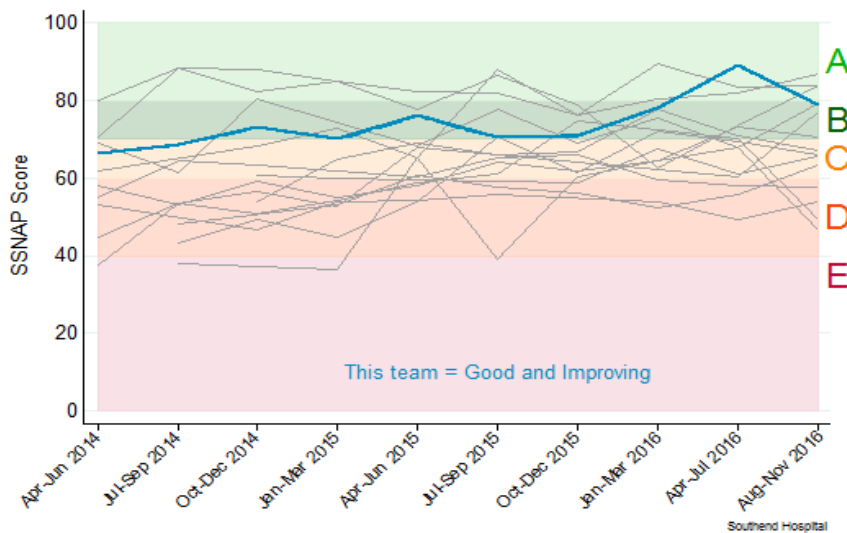




Southend Hospital - SSNAP Executive Summary

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):

(None)

Mainly ADEQUATE domains (C average):

Stroke Unit
Discharge Processes

Mainly GOOD domains (A or B average):

Scanning
Thrombolysis
Specialist Assessments
Occupational Therapy
Physiotherapy
Speech and Language Therapy
Multidisciplinary Team Working
Standards by Discharge

***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:

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

Southend Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 219 patients, of which:

217 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=219	For patients discharged/transferred alive from this team N=191
0-3 days	40.3% (11,087 patients)	36.5% (80)	37.2% (71)
4-7 days	20.3% (5,580 patients)	16.9% (37)	17.3% (33)
8-21 days	21.4% (5,886 patients)	19.6% (43)	17.3% (33)
22-30 days	5.3% (1,446 patients)	8.7% (19)	8.4% (16)
31+ days	12.8% (3,508 patients)	18.3% (40)	19.9% (38)
Mean	14.0 days	16.2 days	16.7 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.

Thrombolysis	<i>Your current thrombolysis rate</i>	13%
Cost Savings	<i>Thrombolysis rate at top 20 performing units</i>	20%
over 5 years:	<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
Early Supported Discharge (ESD)	<i>Your current rate of discharge with ESD</i>	25%
Cost Savings	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
over 5 years:	<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

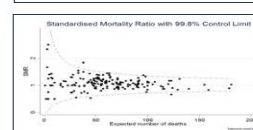
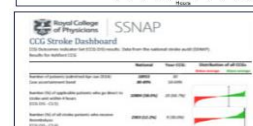
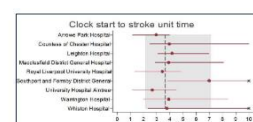
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 7.3% (14/191) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

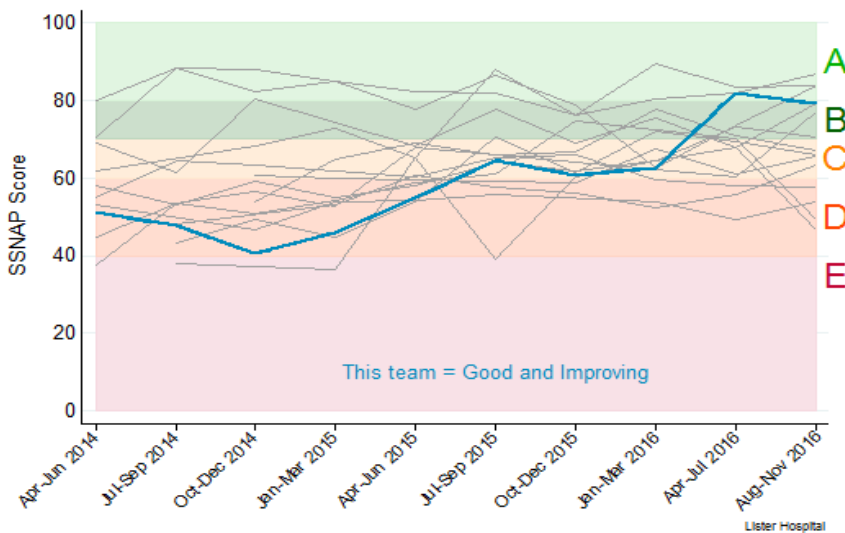




Lister Hospital - SSNAP Executive Summary

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	Stroke Unit Thrombolysis Standards by Discharge	Scanning 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>

Lister Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 256 patients, of which:

249 patients were first admitted to this hospital 7 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=256	For patients discharged/transferred alive from this team N=223
0-3 days	40.3% (11,087 patients)	27.0% (69)	28.7% (64)
4-7 days	20.3% (5,580 patients)	24.6% (63)	25.6% (57)
8-21 days	21.4% (5,886 patients)	28.9% (74)	28.3% (63)
22-30 days	5.3% (1,446 patients)	7.8% (20)	7.6% (17)
31+ days	12.8% (3,508 patients)	11.7% (30)	9.9% (22)
Mean	14.0 days	13.9 days	12.8 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.

Thrombolysis	Your current thrombolysis rate	8%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	33%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

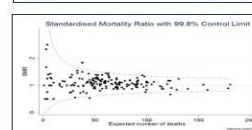
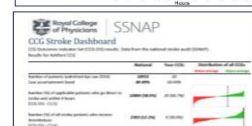
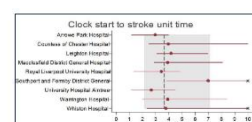
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 10.6% (23/218) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

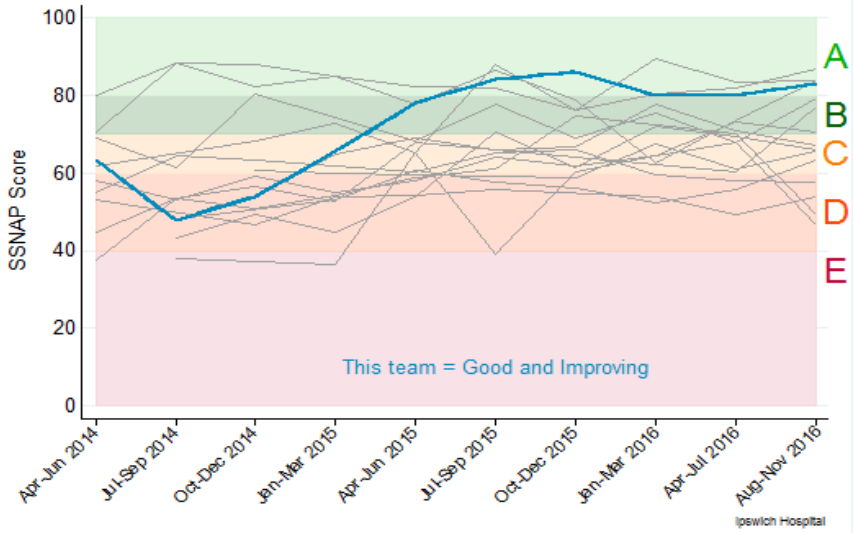




Ipswich Hospital - SSNAP Executive Summary

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):
(None)	Scanning Specialist Assessments Speech and Language Therapy	Stroke Unit Thrombolysis Occupational Therapy Physiotherapy Multidisciplinary Team Working Standards by Discharge 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>

Ipswich Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 177 patients, of which:

169 patients were first admitted to this hospital 8 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=177	For patients discharged/transferred alive from this team N=148
0-3 days	40.3% (11,087 patients)	42.9% (76)	46.6% (69)
4-7 days	20.3% (5,580 patients)	15.3% (27)	12.2% (18)
8-21 days	21.4% (5,886 patients)	15.8% (28)	14.9% (22)
22-30 days	5.3% (1,446 patients)	5.1% (9)	3.4% (5)
31+ days	12.8% (3,508 patients)	20.9% (37)	23.0% (34)
Mean	14.0 days	16.4 days	16.9 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.

Thrombolysis	<i>Your current thrombolysis rate</i>	16%
Cost Savings over 5 years:	<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
Early Supported Discharge (ESD)	<i>Your current rate of discharge with ESD</i>	48%
Cost Savings over 5 years:	<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

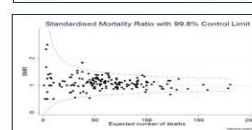
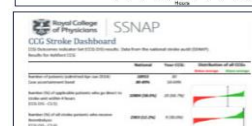
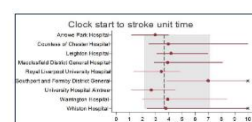
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 11.4% (17/149) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

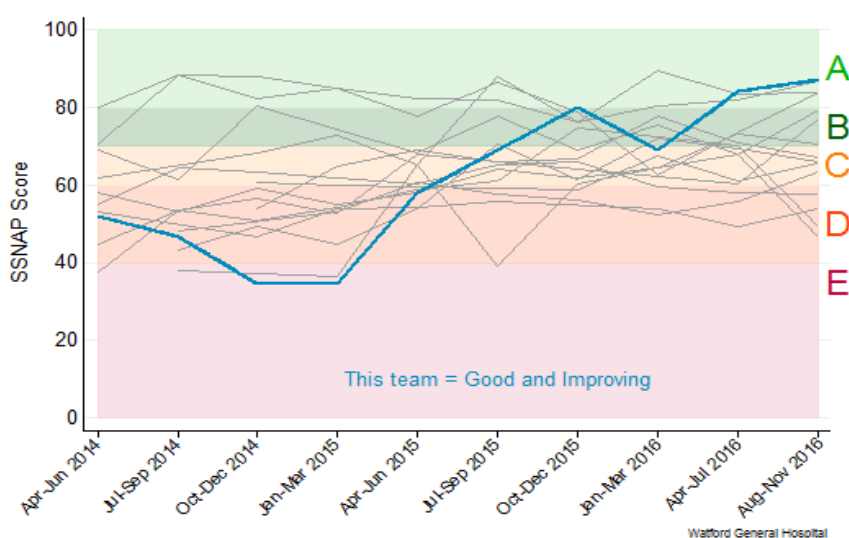
- Data on stroke **care quality** for all **services** in England, Wales and Northern Ireland
- **Regional** slideshows and **Easy Access** Versions
- Reporting outputs for Clinical Commissioning Groups (**CCGs**) in England and Local Health Boards (**LHBs**) in Wales
- Information about **patient outcomes** (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**.



Watford 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):

Stroke Unit

Mainly ADEQUATE domains
(C average):

Multidisciplinary Team Working

Mainly GOOD domains
(A or B average):

**Scanning
Thrombolysis
Specialist Assessments
Occupational Therapy
Physiotherapy
Speech and Language Therapy
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:

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

Watford General Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 200 patients, of which:

198 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=200	For patients discharged/transferred alive from this team N=165
0-3 days	40.3% (11,087 patients)	29.5% (59)	27.9% (46)
4-7 days	20.3% (5,580 patients)	18.0% (36)	18.2% (30)
8-21 days	21.4% (5,886 patients)	23.5% (47)	26.7% (44)
22-30 days	5.3% (1,446 patients)	9.0% (18)	6.7% (11)
31+ days	12.8% (3,508 patients)	20.0% (40)	20.6% (34)
Mean	14.0 days	18.9 days	19.0 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.

Thrombolysis	Your current thrombolysis rate	23%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	50%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

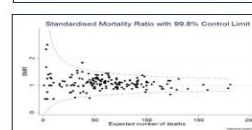
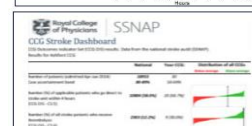
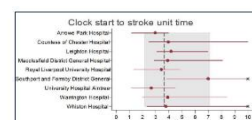
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 13.7% (21/153) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

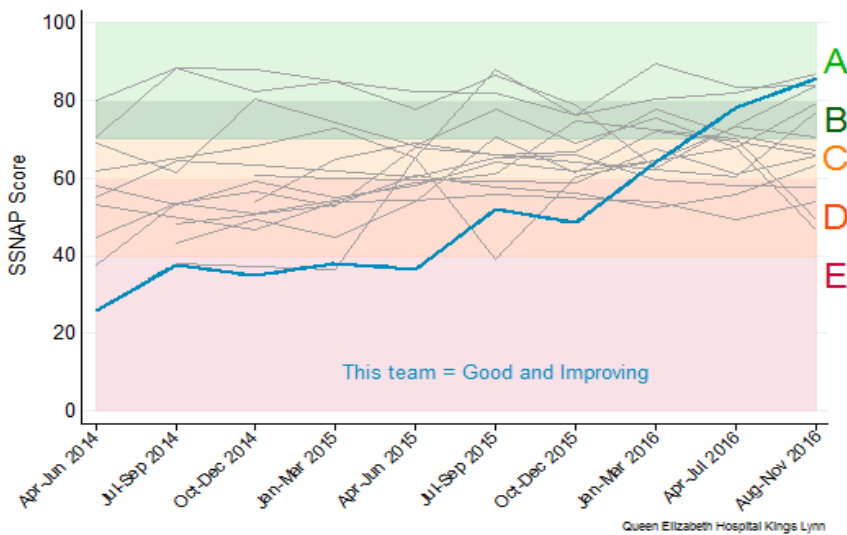




Queen Elizabeth Hospital Kings Lynn - SSNAP Executive Summary

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):
Discharge Processes	Standards by Discharge	Scanning Stroke Unit Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Speech and Language Therapy 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>

Queen Elizabeth Hospital Kings Lynn - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 177 patients, of which:

177 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=177	For patients discharged/transferred alive from this team N=155
0-3 days	40.3% (11,087 patients)	37.3% (66)	38.1% (59)
4-7 days	20.3% (5,580 patients)	20.9% (37)	20.6% (32)
8-21 days	21.4% (5,886 patients)	19.2% (34)	18.1% (28)
22-30 days	5.3% (1,446 patients)	8.5% (15)	8.4% (13)
31+ days	12.8% (3,508 patients)	14.1% (25)	14.8% (23)
Mean	14.0 days	13.8 days	14.0 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.

Thrombolysis	Your current thrombolysis rate	16%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	0%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

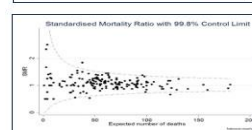
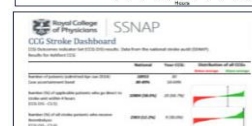
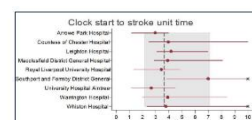
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 13.0% (20/154) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

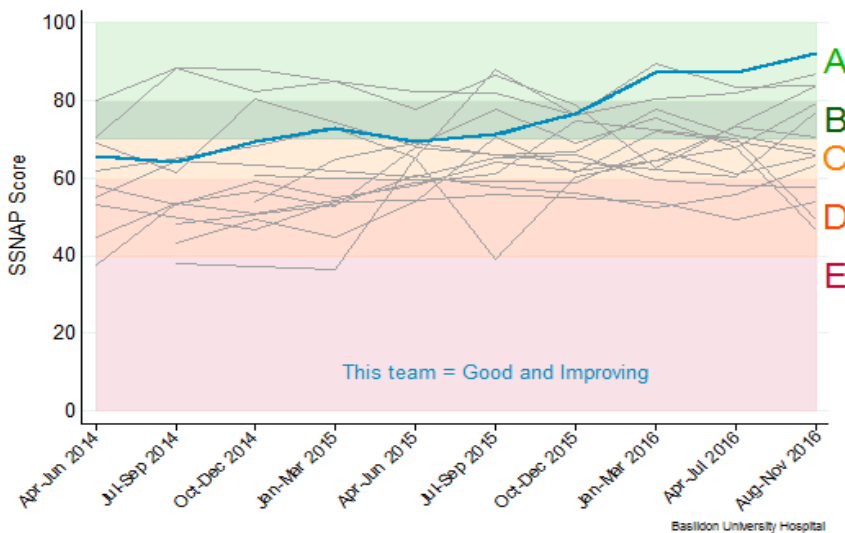




Basildon University Hospital - SSNAP Executive Summary

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):

(None)

Stroke Unit

Scanning
Thrombolysis
Specialist Assessments
Occupational Therapy
Physiotherapy
Speech and Language Therapy
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:

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

Basildon University Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 218 patients, of which:

216 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=218	For patients discharged/transferred alive from this team N=192
0-3 days	40.3% (11,087 patients)	24.8% (54)	26.6% (51)
4-7 days	20.3% (5,580 patients)	21.1% (46)	21.9% (42)
8-21 days	21.4% (5,886 patients)	20.2% (44)	19.8% (38)
22-30 days	5.3% (1,446 patients)	11.5% (25)	10.9% (21)
31+ days	12.8% (3,508 patients)	22.5% (49)	20.8% (40)
Mean	14.0 days	22.0 days	21.8 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.

Thrombolysis	Your current thrombolysis rate	17%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	40%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

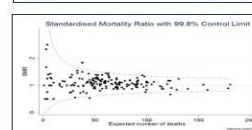
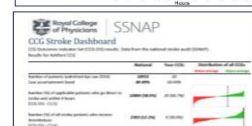
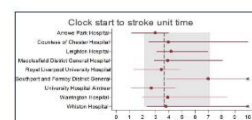
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 7.8% (15/193) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

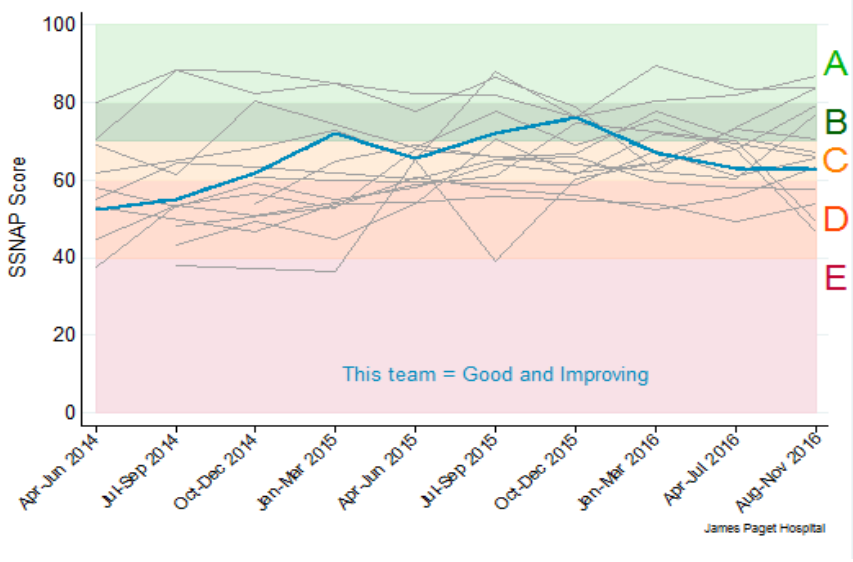




James Paget Hospital - SSNAP Executive Summary

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):
<p>Speech and Language Therapy Multidisciplinary Team Working</p>	<p>Scanning Stroke Unit Thrombolysis Specialist Assessments Standards by Discharge</p>	<p>Occupational Therapy Physiotherapy Discharge Processes</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>

James Paget Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 131 patients, of which:

131 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=131	For patients discharged/transferred alive from this team N=100
0-3 days	40.3% (11,087 patients)	23.7% (31)	24.0% (24)
4-7 days	20.3% (5,580 patients)	18.3% (24)	21.0% (21)
8-21 days	21.4% (5,886 patients)	35.9% (47)	33.0% (33)
22-30 days	5.3% (1,446 patients)	4.6% (6)	3.0% (3)
31+ days	12.8% (3,508 patients)	17.6% (23)	19.0% (19)
Mean	14.0 days	16.0 days	16.3 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.

Thrombolysis	Your current thrombolysis rate	7%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	53%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

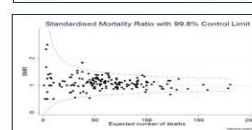
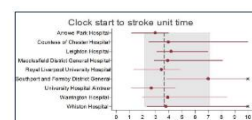
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 11.7% (12/103) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

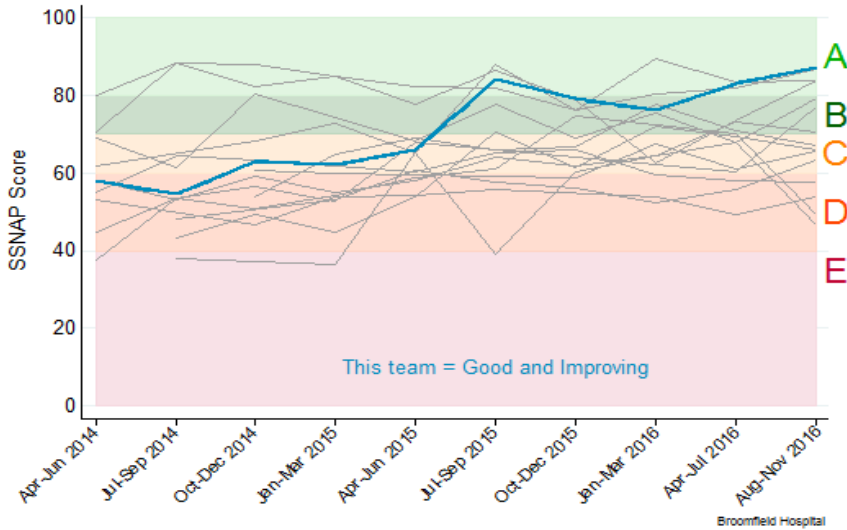




Broomfield Hospital - SSNAP Executive Summary

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	Multidisciplinary Team Working	Scanning Stroke Unit Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Standards by Discharge 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>

Broomfield Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 172 patients, of which:

171 patients were first admitted to this hospital 1 patient was 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=172	For patients discharged/transferred alive from this team N=140
0-3 days	40.3% (11,087 patients)	36.0% (62)	40.0% (56)
4-7 days	20.3% (5,580 patients)	18.0% (31)	20.0% (28)
8-21 days	21.4% (5,886 patients)	30.2% (52)	27.1% (38)
22-30 days	5.3% (1,446 patients)	2.9% (5)	2.9% (4)
31+ days	12.8% (3,508 patients)	12.8% (22)	10.0% (14)
Mean	14.0 days	14.0 days	12.9 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.

Thrombolysis	Your current thrombolysis rate	10%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	45%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

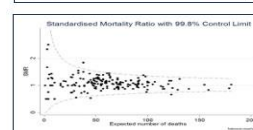
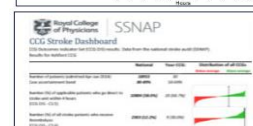
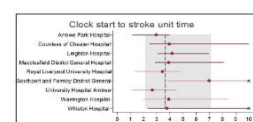
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 3.7% (5/136) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

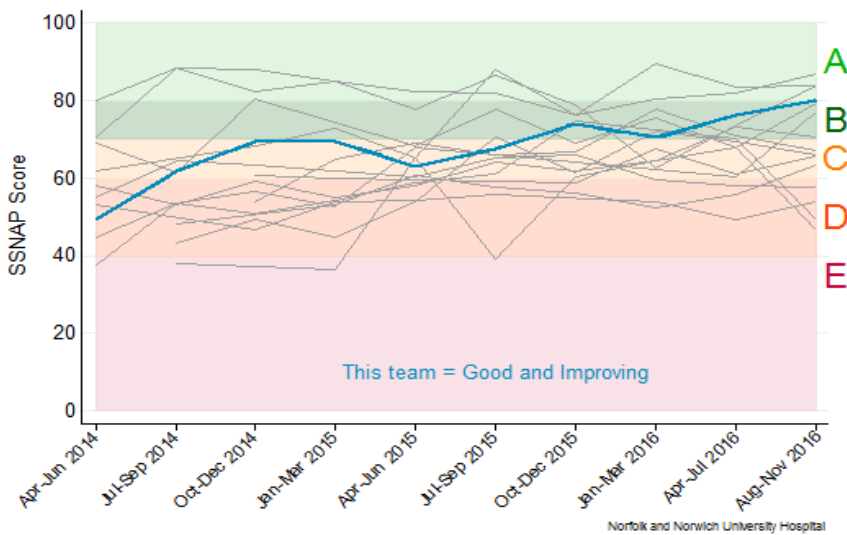




Norfolk and Norwich University Hospital - SSNAP Executive Summary

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):
(None)	Stroke Unit Speech and Language Therapy	Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Multidisciplinary Team Working Standards by Discharge 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>

Norfolk and Norwich University Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 371 patients, of which:

368 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=371	For patients discharged/transferred alive from this team N=310
0-3 days	40.3% (11,087 patients)	44.2% (164)	46.8% (145)
4-7 days	20.3% (5,580 patients)	17.0% (63)	18.1% (56)
8-21 days	21.4% (5,886 patients)	24.3% (90)	21.9% (68)
22-30 days	5.3% (1,446 patients)	5.4% (20)	6.1% (19)
31+ days	12.8% (3,508 patients)	9.2% (34)	7.1% (22)
Mean	14.0 days	11.4 days	10.1 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.

Thrombolysis	Your current thrombolysis rate	12%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	44%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

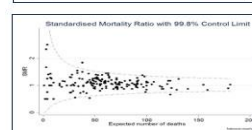
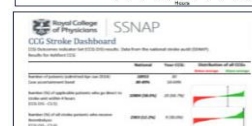
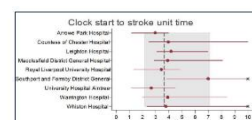
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.6% (20/305) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

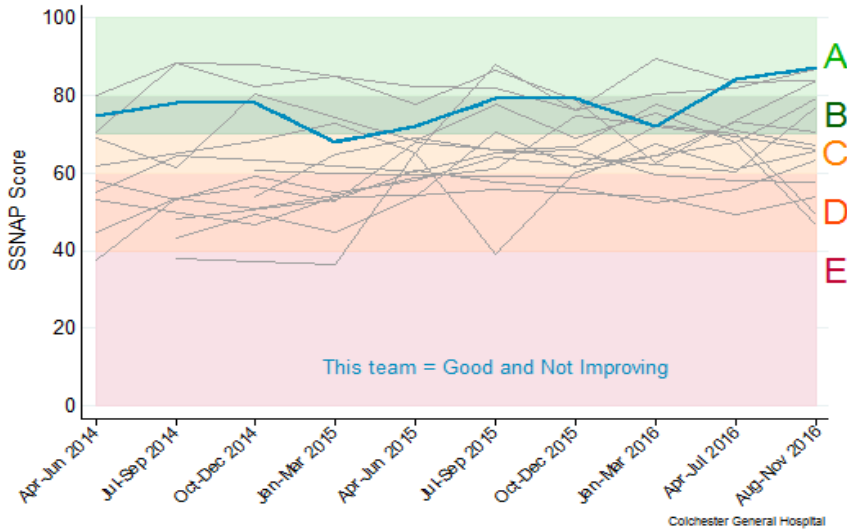




Colchester General Hospital - SSNAP Executive Summary

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:

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):
(None)	Stroke Unit Speech and Language Therapy	Scanning Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy Multidisciplinary Team Working Standards by Discharge 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>

Colchester General Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 192 patients, of which:

192 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=192	For patients discharged/transferred alive from this team N=166
0-3 days	40.3% (11,087 patients)	43.2% (83)	43.4% (72)
4-7 days	20.3% (5,580 patients)	15.6% (30)	15.7% (26)
8-21 days	21.4% (5,886 patients)	12.5% (24)	12.7% (21)
22-30 days	5.3% (1,446 patients)	11.5% (22)	10.8% (18)
31+ days	12.8% (3,508 patients)	17.2% (33)	17.5% (29)
Mean	14.0 days	16.6 days	16.5 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.

Thrombolysis	Your current thrombolysis rate	17%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	77%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

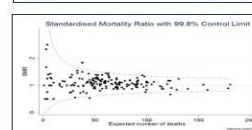
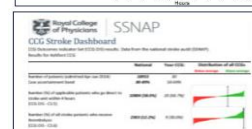
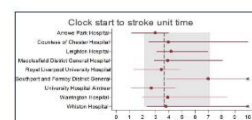
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 3.7% (6/164) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

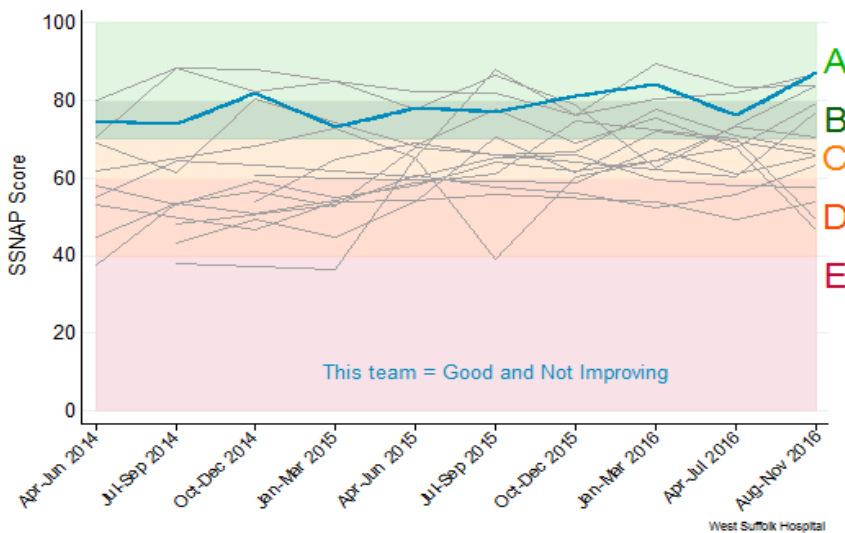




West Suffolk Hospital - SSNAP Executive Summary

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:

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):

(None)

Stroke Unit
Thrombolysis

Scanning
Specialist Assessments
Occupational Therapy
Physiotherapy
Speech and Language Therapy
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:

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

West Suffolk Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 143 patients, of which:

142 patients were first admitted to this hospital 1 patient was 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=143	For patients discharged/transferred alive from this team N=118
0-3 days	40.3% (11,087 patients)	37.1% (53)	39.0% (46)
4-7 days	20.3% (5,580 patients)	14.7% (21)	13.6% (16)
8-21 days	21.4% (5,886 patients)	21.7% (31)	23.7% (28)
22-30 days	5.3% (1,446 patients)	6.3% (9)	3.4% (4)
31+ days	12.8% (3,508 patients)	20.3% (29)	20.3% (24)
Mean	<i>14.0 days</i>	<i>16.8 days</i>	<i>16.0 days</i>

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.

Thrombolysis	<i>Your current thrombolysis rate</i>	12%
Cost Savings	<i>Thrombolysis rate at top 20 performing units</i>	20%
over 5 years:	<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
Early Supported Discharge (ESD)	<i>Your current rate of discharge with ESD</i>	36%
Cost Savings	<i>Rate of discharge with ESD at top 20 performing units</i>	60%
over 5 years:	<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

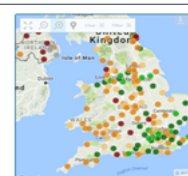
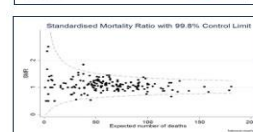
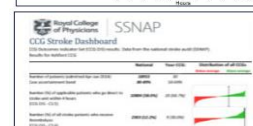
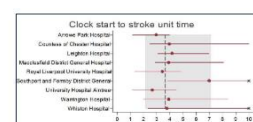
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 9.4% (11/117) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

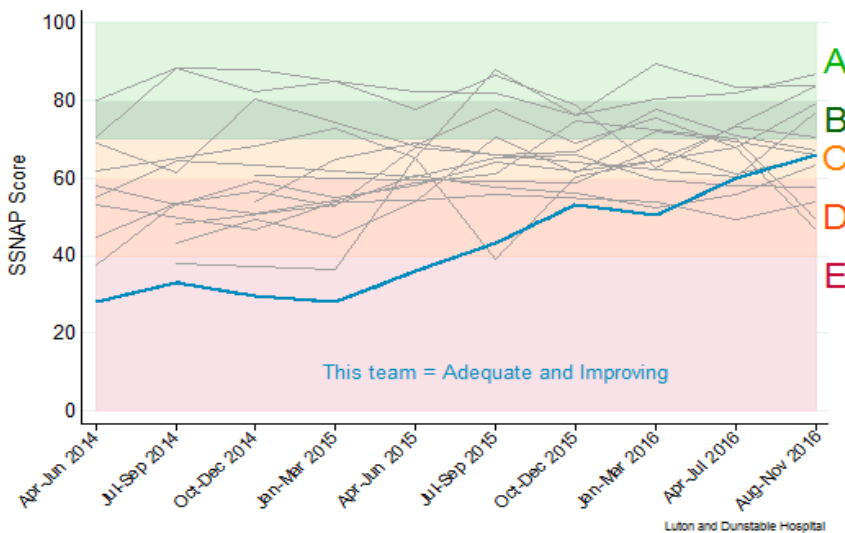




Luton and Dunstable Hospital - SSNAP Executive Summary

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):

Stroke Unit
Speech and Language Therapy
Multidisciplinary Team Working
Discharge Processes

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

Mainly ADEQUATE domains (C average):

Specialist Assessments

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

Mainly GOOD domains (A or B average):

Scanning
Thrombolysis
Occupational Therapy
Physiotherapy
Standards by Discharge

***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>

Luton and Dunstable Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 260 patients, of which:

256 patients were first admitted to this hospital 4 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=260	For patients discharged/transferred alive from this team N=233
0-3 days	40.3% (11,087 patients)	42.7% (111)	41.6% (97)
4-7 days	20.3% (5,580 patients)	17.3% (45)	18.0% (42)
8-21 days	21.4% (5,886 patients)	26.2% (68)	27.5% (64)
22-30 days	5.3% (1,446 patients)	4.2% (11)	4.3% (10)
31+ days	12.8% (3,508 patients)	9.6% (25)	8.6% (20)
Mean	14.0 days	11.0 days	10.8 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.

Thrombolysis	Your current thrombolysis rate	20%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	2%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

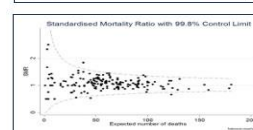
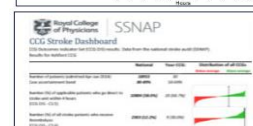
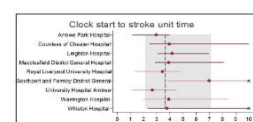
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.5% (12/219) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

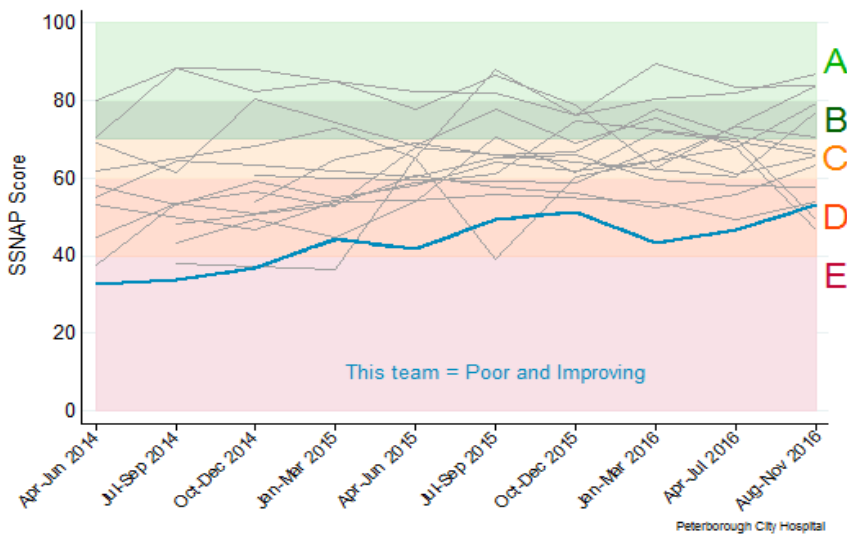




Peterborough City Hospital - SSNAP Executive Summary

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:

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>Stroke Unit</p> <p>Thrombolysis</p> <p>Physiotherapy</p> <p>Speech and Language Therapy</p>	<p>Scanning</p> <p>Specialist Assessments</p> <p>Occupational Therapy</p> <p>Multidisciplinary Team Working</p> <p>Discharge Processes</p>	<p>Standards by Discharge</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>

Peterborough City Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 212 patients, of which:

210 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=212	For patients discharged/transferred alive from this team N=178
0-3 days	40.3% (11,087 patients)	26.9% (57)	25.8% (46)
4-7 days	20.3% (5,580 patients)	24.5% (52)	27.0% (48)
8-21 days	21.4% (5,886 patients)	29.2% (62)	30.3% (54)
22-30 days	5.3% (1,446 patients)	7.5% (16)	7.9% (14)
31+ days	12.8% (3,508 patients)	11.8% (25)	9.0% (16)
Mean	14.0 days	14.3 days	13.5 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.

Thrombolysis	Your current thrombolysis rate	10%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	11%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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

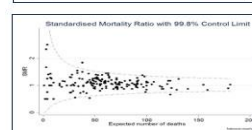
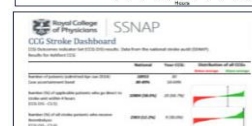
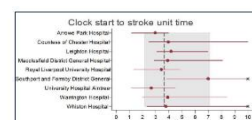
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 7.6% (13/172) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

For further information, visit our results portal:

www.strokeaudit.org/results

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**.

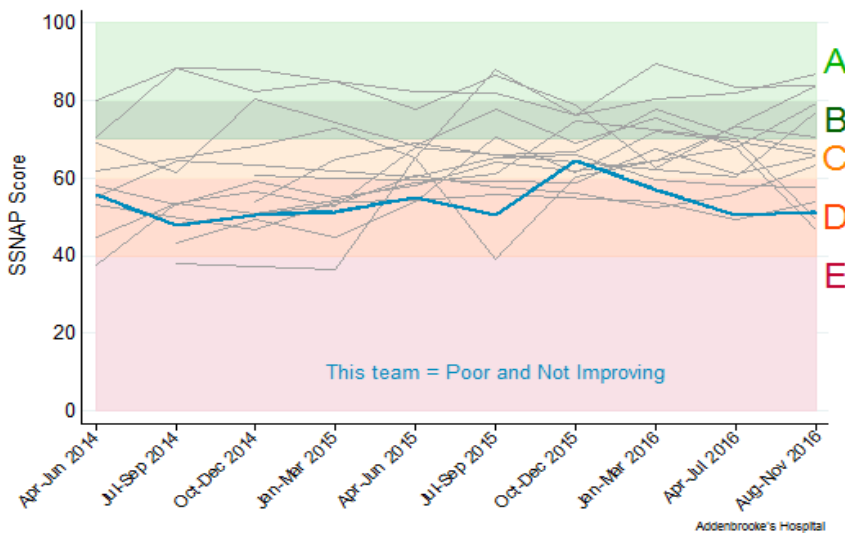




Addenbrooke's Hospital - SSNAP Executive Summary

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):

Stroke Unit
Speech and Language Therapy
Multidisciplinary Team Working

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

Mainly ADEQUATE domains (C average):

Scanning
Thrombolysis
Specialist Assessments
Occupational Therapy
Discharge Processes

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

Mainly GOOD domains (A or B average):

Physiotherapy
Standards by Discharge

***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>

Addenbrooke's Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 189 patients, of which:

187 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=189	For patients discharged/transferred alive from this team N=165
0-3 days	40.3% (11,087 patients)	32.3% (61)	33.3% (55)
4-7 days	20.3% (5,580 patients)	21.7% (41)	21.2% (35)
8-21 days	21.4% (5,886 patients)	25.9% (49)	26.1% (43)
22-30 days	5.3% (1,446 patients)	5.8% (11)	4.2% (7)
31+ days	12.8% (3,508 patients)	14.3% (27)	15.2% (25)
Mean	14.0 days	19.3 days	20.3 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.

Thrombolysis	Your current thrombolysis rate	15%
Cost Savings	Thrombolysis rate at top 20 performing units	20%
over 5 years:	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
Early Supported Discharge (ESD)	Your current rate of discharge with ESD	1%
Cost Savings	Rate of discharge with ESD at top 20 performing units	60%
over 5 years:	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 11.0% (17/154) 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

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**.

