Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

SSNAP Clinical Executive Summaries – North West Coast

An overview of hospital stroke care quality up to November 2016

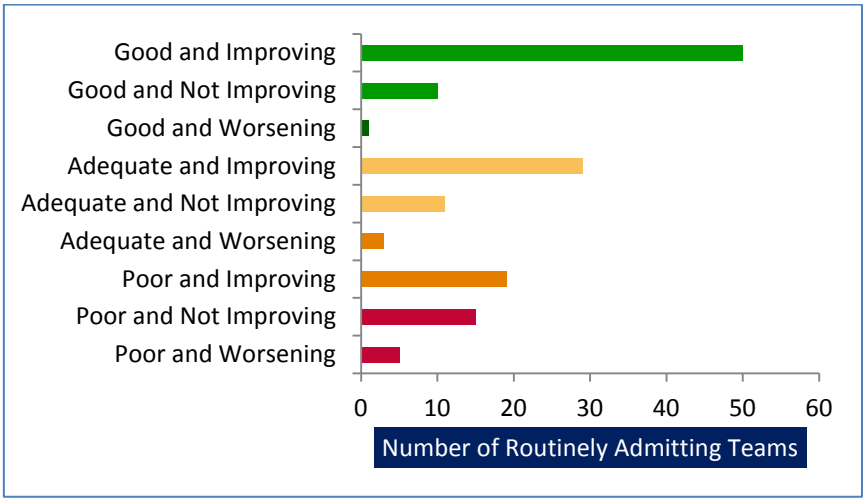
The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

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.



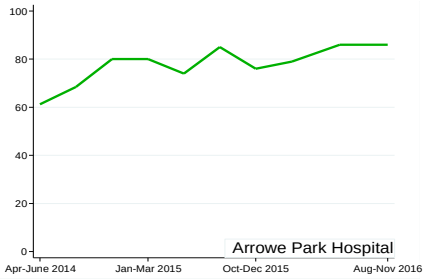
Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland

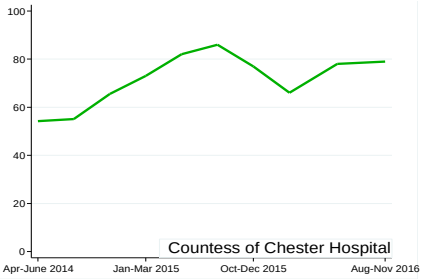
North West Coast SCN: SSNAP Clinical Executive Summaries

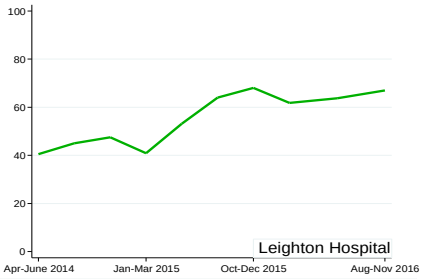
Overall SSNAP score performance from April 2014 to November 2016

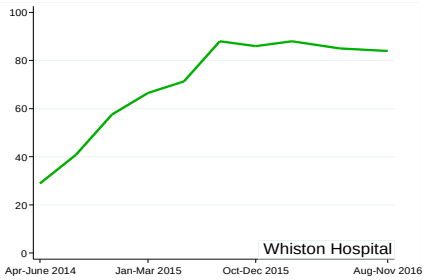
Routinely admitting teams:

Good and Improving

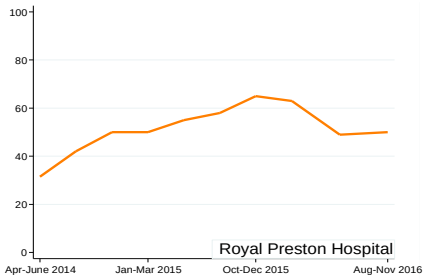




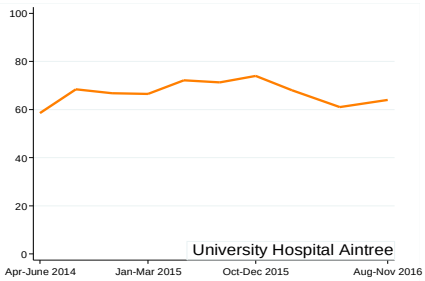


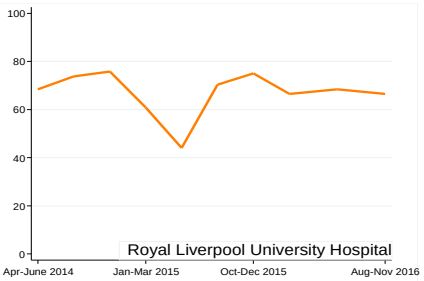


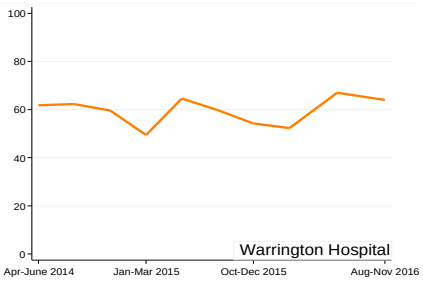
Adequate and Improving

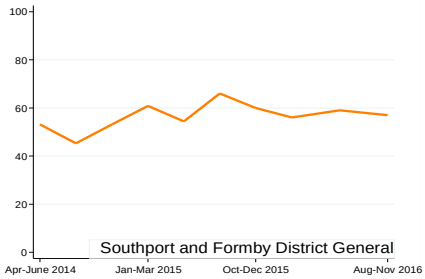


Adequate and Not Improving

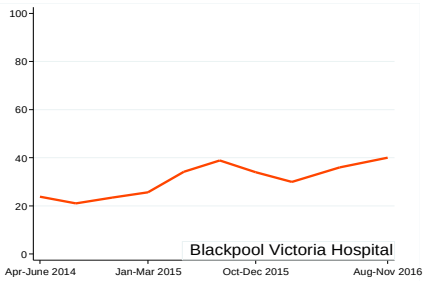


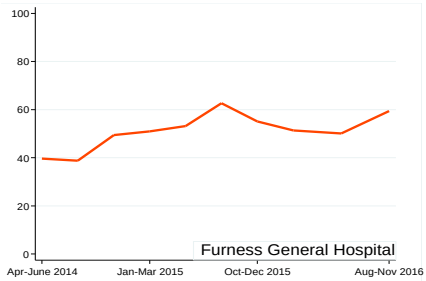


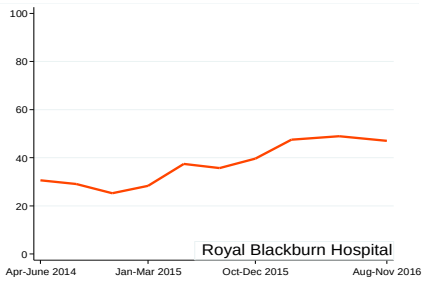


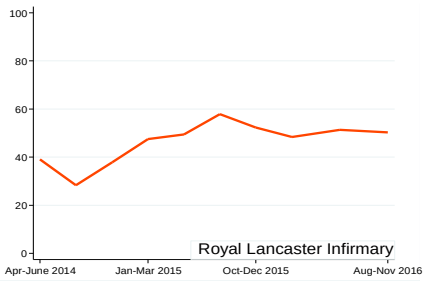


Poor and Improving







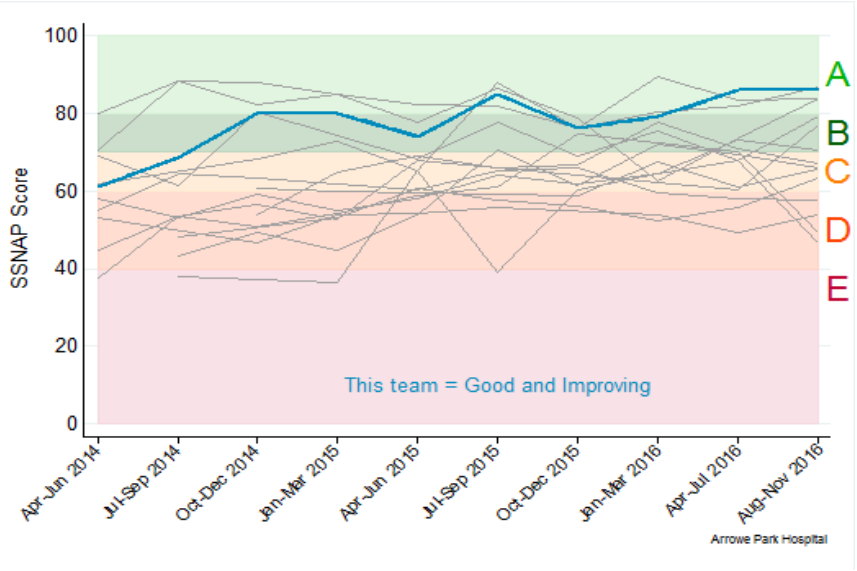


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Arrowe Park 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	Scanning Specialist Assessments Occupational Therapy Physiotherapy 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

Arrowe Park Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 217 patients, of which:

215 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=217	For patients discharged/transferred alive from this team N=176
0-3 days	40.3% (11,087 patients)	54.4% (118)	56.8% (100)
4-7 days	20.3% (5,580 patients)	10.6% (23)	9.1% (16)
8-21 days	21.4% (5,886 patients)	15.2% (33)	11.4% (20)
22-30 days	5.3% (1,446 patients)	3.2% (7)	2.8% (5)
31+ days	12.8% (3,508 patients)	16.6% (36)	19.9% (35)
Mean	*14.0 days*	*13.8 days*	*15.0 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	8%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	54%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

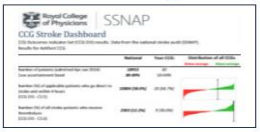
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.1% (9/175) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

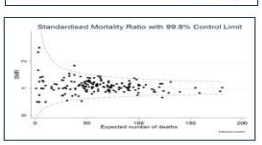
For further information, visit our results portal:

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.**



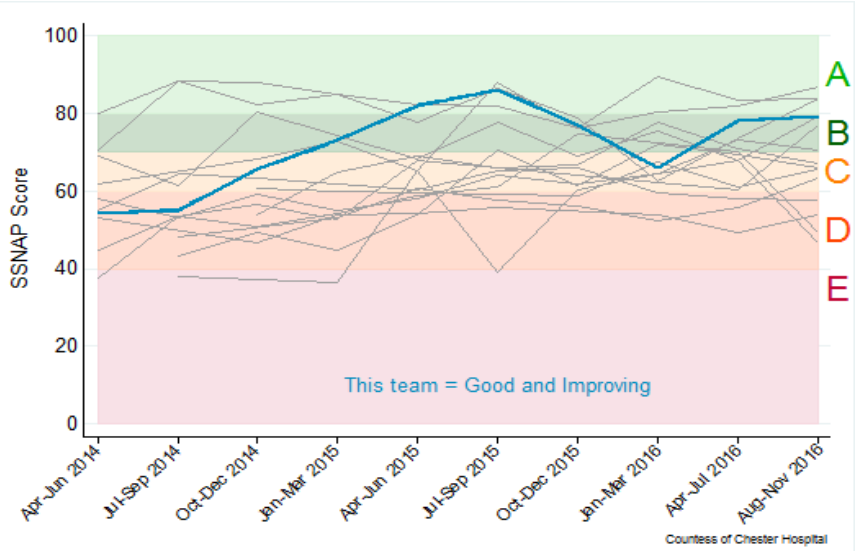


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Countess of Chester 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 Physiotherapy	Scanning Thrombolysis Specialist Assessments Occupational 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

Countess of Chester Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 125 patients, of which:

123 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=125	For patients discharged/transferred alive from this team N=92
0-3 days	40.3% (11,087 patients)	39.2% (49)	38.0% (35)
4-7 days	20.3% (5,580 patients)	12.0% (15)	12.0% (11)
8-21 days	21.4% (5,886 patients)	19.2% (24)	20.7% (19)
22-30 days	5.3% (1,446 patients)	8.0% (10)	6.5% (6)
31+ days	12.8% (3,508 patients)	21.6% (27)	22.8% (21)
Mean	*14.0 days*	*20.7 days*	*21.0 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	13%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	34%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

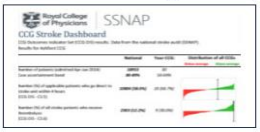
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 14.0% (13/93) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

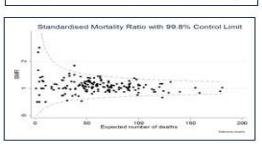
For further information, visit our results portal:

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.**



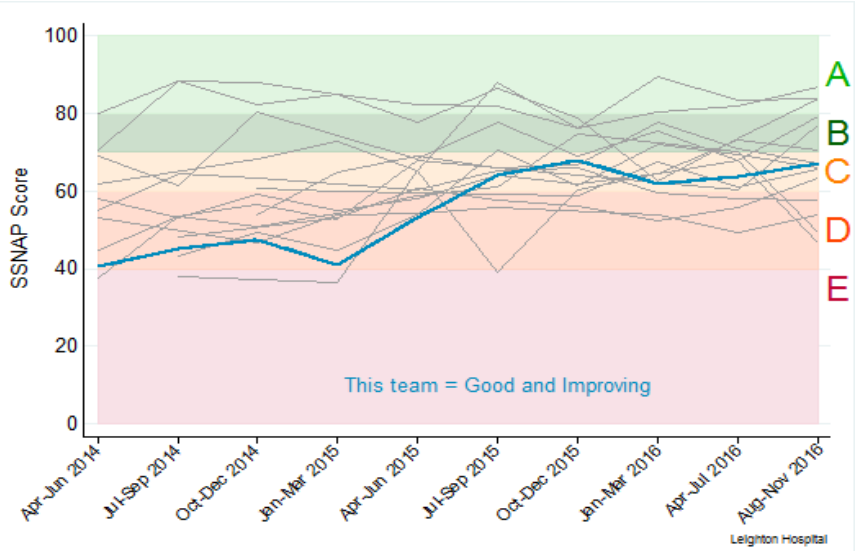


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Leighton 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):
Stroke Unit	**Scanning**	**Physiotherapy**
Thrombolysis	**Occupational Therapy**	**Standards by Discharge**
Specialist Assessments	**Speech and Language Therapy**	**Discharge Processes**
	Multidisciplinary Team Working	
***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.*

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Leighton Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 239 patients, of which:

171 patients were first admitted to this hospital 68 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=239	For patients discharged/transferred alive from this team N=215
0-3 days	40.3% (11,087 patients)	60.7% (145)	64.7% (139)
4-7 days	20.3% (5,580 patients)	6.7% (16)	5.6% (12)
8-21 days	21.4% (5,886 patients)	18.0% (43)	15.8% (34)
22-30 days	5.3% (1,446 patients)	3.3% (8)	3.3% (7)
31+ days	12.8% (3,508 patients)	11.3% (27)	10.7% (23)
Mean	*14.0 days*	*10.1 days*	*9.6 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	11%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	52%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 0.0% (0/198) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

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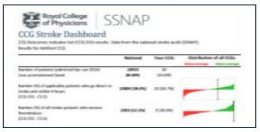
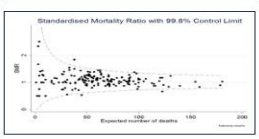


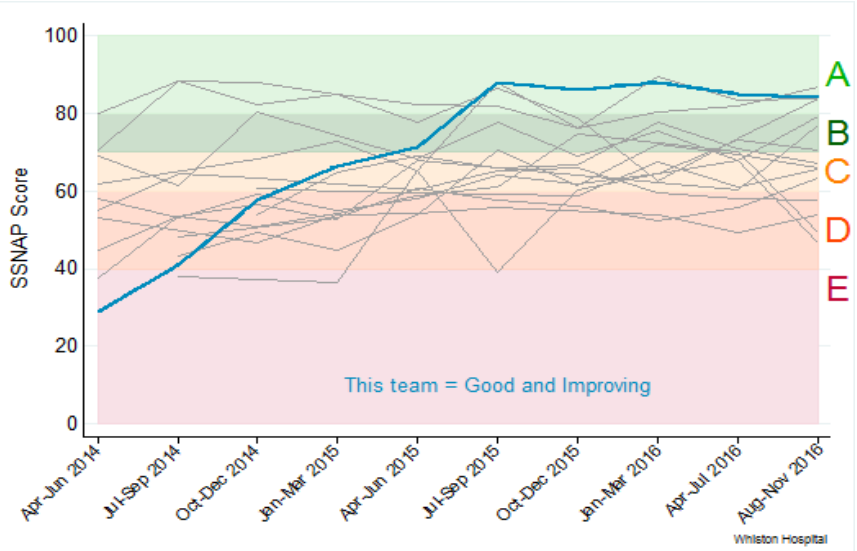


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Whiston 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)	Physiotherapy Speech and Language Therapy	Scanning Stroke Unit Thrombolysis Specialist Assessments Occupational 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

Whiston Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 226 patients, of which:

224 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=226	For patients discharged/transferred alive from this team N=179
0-3 days	40.3% (11,087 patients)	45.1% (102)	45.8% (82)
4-7 days	20.3% (5,580 patients)	11.1% (25)	11.7% (21)
8-21 days	21.4% (5,886 patients)	16.8% (38)	14.0% (25)
22-30 days	5.3% (1,446 patients)	6.2% (14)	6.1% (11)
31+ days	12.8% (3,508 patients)	20.8% (47)	22.3% (40)
Mean	*14.0 days*	*16.5 days*	*16.8 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	16%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	65%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

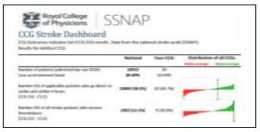
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.1% (11/179) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

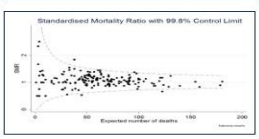
For further information, visit our results portal:

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.**



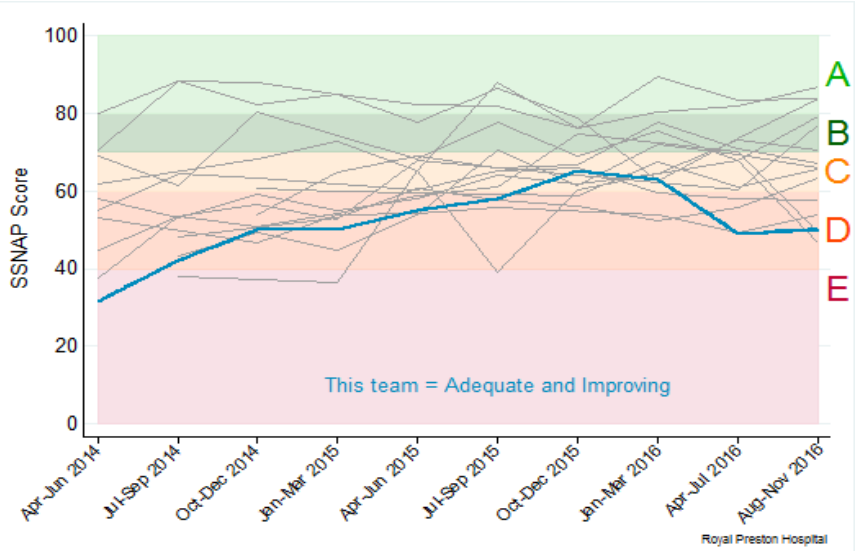


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Royal Preston Hospital - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Adequate

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

Improving

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Stroke Unit	Scanning	Standards by Discharge
Thrombolysis	Occupational Therapy	
Specialist Assessments	Physiotherapy	
Speech and Language Therapy	Multidisciplinary Team Working	
	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

Royal Preston Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 210 patients, of which:

208 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=210	For patients discharged/transferred alive from this team N=181
0-3 days	40.3% (11,087 patients)	43.8% (92)	45.9% (83)
4-7 days	20.3% (5,580 patients)	26.7% (56)	28.2% (51)
8-21 days	21.4% (5,886 patients)	21.0% (44)	18.2% (33)
22-30 days	5.3% (1,446 patients)	2.9% (6)	2.8% (5)
31+ days	12.8% (3,508 patients)	5.7% (12)	5.0% (9)
Mean	*14.0 days*	*8.8 days*	*8.0 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	10%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	2%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

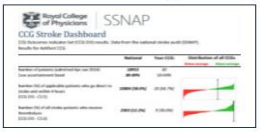
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.8% (15/170) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

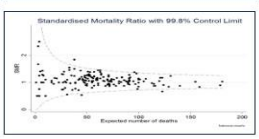
For further information, visit our results portal:

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.**



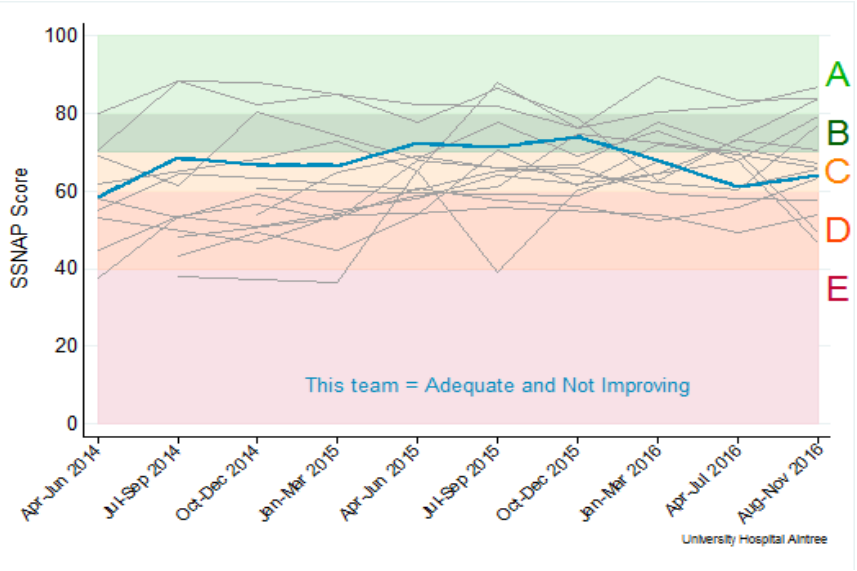


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

University Hospital Aintree - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Adequate

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

Not Improving

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Stroke Unit	**Thrombolysis**	**Scanning**
Physiotherapy	**Occupational Therapy**	**Specialist Assessments**
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

University Hospital Aintree - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 154 patients, of which:

152 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=154	For patients discharged/transferred alive from this team N=121
0-3 days	40.3% (11,087 patients)	27.3% (42)	29.8% (36)
4-7 days	20.3% (5,580 patients)	16.9% (26)	14.0% (17)
8-21 days	21.4% (5,886 patients)	20.8% (32)	17.4% (21)
22-30 days	5.3% (1,446 patients)	5.8% (9)	6.6% (8)
31+ days	12.8% (3,508 patients)	29.2% (45)	32.2% (39)
Mean	*14.0 days*	*26.4 days*	*28.2 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	4%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	54%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

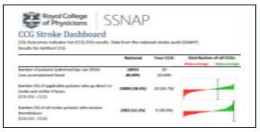
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 10.7% (13/122) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

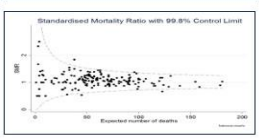
For further information, visit our results portal:

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.**



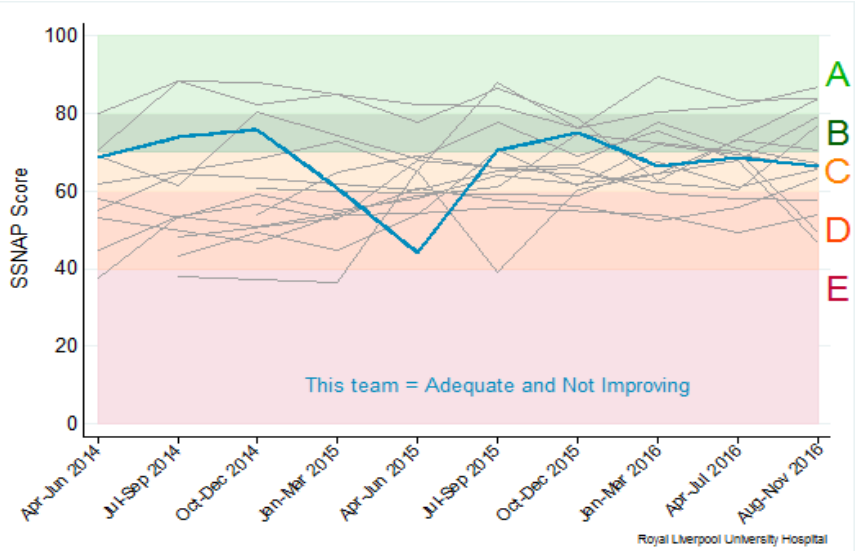


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Royal Liverpool 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:

Adequate

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

Not Improving

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Stroke Unit	Scanning	Specialist Assessments
Speech and Language Therapy	Thrombolysis	Occupational Therapy
	Standards by Discharge	Physiotherapy
		Multidisciplinary Team Working
		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

Royal Liverpool University Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 203 patients, of which:

201 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=203	For patients discharged/transferred alive from this team N=176
0-3 days	40.3% (11,087 patients)	37.4% (76)	40.9% (72)
4-7 days	20.3% (5,580 patients)	16.7% (34)	15.9% (28)
8-21 days	21.4% (5,886 patients)	19.2% (39)	18.8% (33)
22-30 days	5.3% (1,446 patients)	5.4% (11)	4.0% (7)
31+ days	12.8% (3,508 patients)	21.2% (43)	20.5% (36)
Mean	*14.0 days*	*20.0 days*	*20.1 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	12%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	50%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

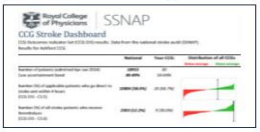
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 20.3% (36/177) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

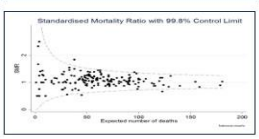
For further information, visit our results portal:

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.**



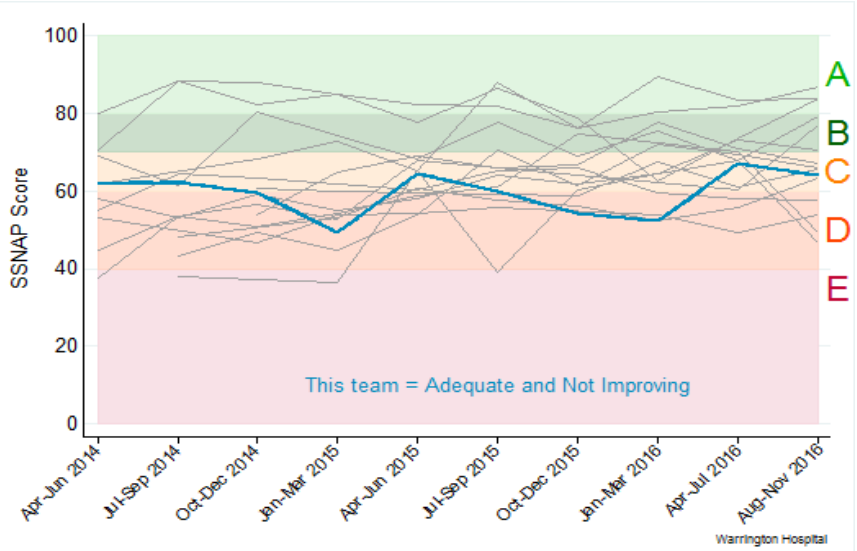


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Warrington Hospital - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Adequate

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

Not Improving

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Stroke Unit	Scanning	Occupational Therapy
Thrombolysis	Multidisciplinary Team Working	Physiotherapy
Specialist Assessments	Standards by Discharge	Discharge Processes
Speech and Language Therapy		
***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

Warrington Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 125 patients, of which:

117 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=125	For patients discharged/transferred alive from this team N=112
0-3 days	40.3% (11,087 patients)	40.8% (51)	42.9% (48)
4-7 days	20.3% (5,580 patients)	14.4% (18)	15.2% (17)
8-21 days	21.4% (5,886 patients)	20.0% (25)	17.0% (19)
22-30 days	5.3% (1,446 patients)	7.2% (9)	7.1% (8)
31+ days	12.8% (3,508 patients)	17.6% (22)	17.9% (20)
Mean	*14.0 days*	*15.2 days*	*14.9 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	3%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	53%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

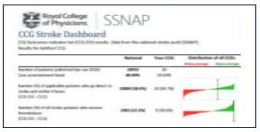
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 3.6% (4/112) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

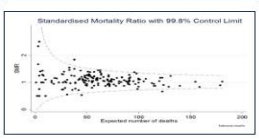
For further information, visit our results portal:

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.**



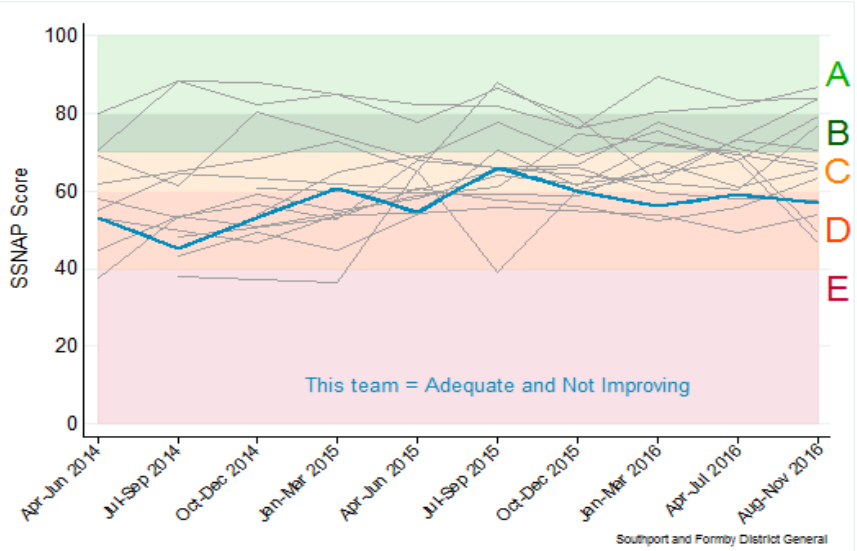


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Southport and Formby District General - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Adequate

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

Not Improving

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):	Mainly ADEQUATE domains (C average):	Mainly GOOD domains (A or B average):
Stroke Unit	**Specialist Assessments**	**Scanning**
Thrombolysis		**Occupational Therapy**
Speech and Language Therapy		**Physiotherapy**
Discharge Processes		**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

Southport and Formby District General - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 115 patients, of which:

114 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=115	For patients discharged/transferred alive from this team N=93
0-3 days	40.3% (11,087 patients)	23.5% (27)	22.6% (21)
4-7 days	20.3% (5,580 patients)	21.7% (25)	19.4% (18)
8-21 days	21.4% (5,886 patients)	20.0% (23)	22.6% (21)
22-30 days	5.3% (1,446 patients)	11.3% (13)	8.6% (8)
31+ days	12.8% (3,508 patients)	23.5% (27)	26.9% (25)
Mean	*14.0 days*	*21.8 days*	*23.7 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	10%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	1%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

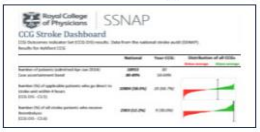
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.6% (8/93) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

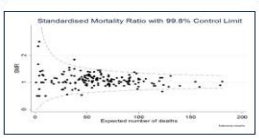
For further information, visit our results portal:

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.**



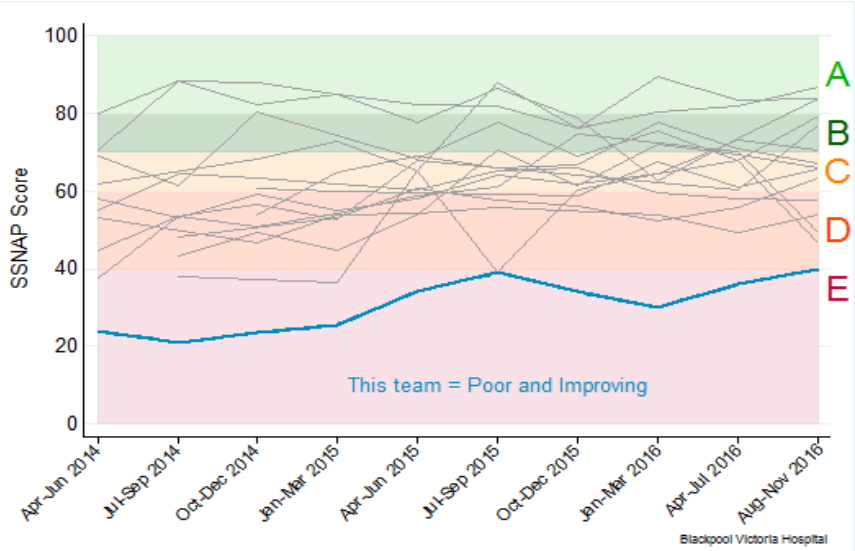


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

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

Blackpool Victoria Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 159 patients, of which:

158 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=159	For patients discharged/transferred alive from this team N=138
0-3 days	40.3% (11,087 patients)	23.9% (38)	24.6% (34)
4-7 days	20.3% (5,580 patients)	19.5% (31)	18.8% (26)
8-21 days	21.4% (5,886 patients)	20.8% (33)	18.1% (25)
22-30 days	5.3% (1,446 patients)	6.9% (11)	7.2% (10)
31+ days	12.8% (3,508 patients)	28.9% (46)	31.2% (43)
Mean	*14.0 days*	*26.7 days*	*27.9 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	9%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	28%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

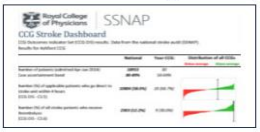
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 18.7% (25/134) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

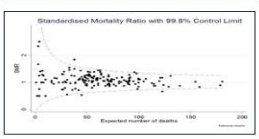
For further information, visit our results portal:

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.**



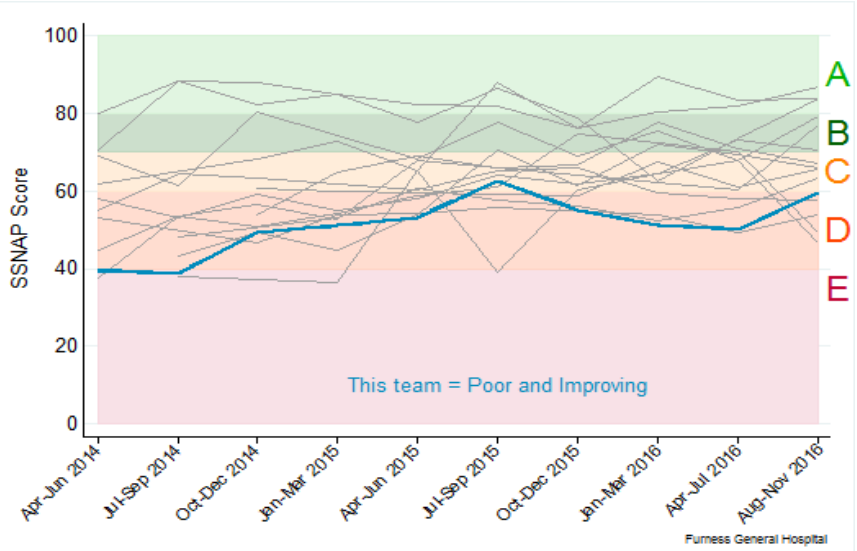


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Furness 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:

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):
Thrombolysis	**Stroke Unit**	**Scanning**
Physiotherapy	**Multidisciplinary Team Working**	**Specialist Assessments**
Speech and Language Therapy	**Standards by Discharge**	**Occupational Therapy**
	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

Furness General Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 82 patients, of which:

81 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=82	For patients discharged/transferred alive from this team N=70
0-3 days	40.3% (11,087 patients)	45.1% (37)	48.6% (34)
4-7 days	20.3% (5,580 patients)	13.4% (11)	12.9% (9)
8-21 days	21.4% (5,886 patients)	20.7% (17)	18.6% (13)
22-30 days	5.3% (1,446 patients)	9.8% (8)	10.0% (7)
31+ days	12.8% (3,508 patients)	11.0% (9)	10.0% (7)
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 Cost Savings over 5 years:	*Your current thrombolysis rate*	7%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	25%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

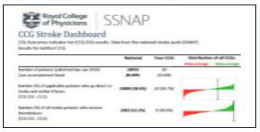
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.9% (5/72) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

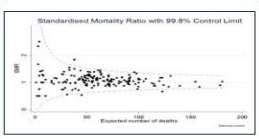
For further information, visit our results portal:

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.**



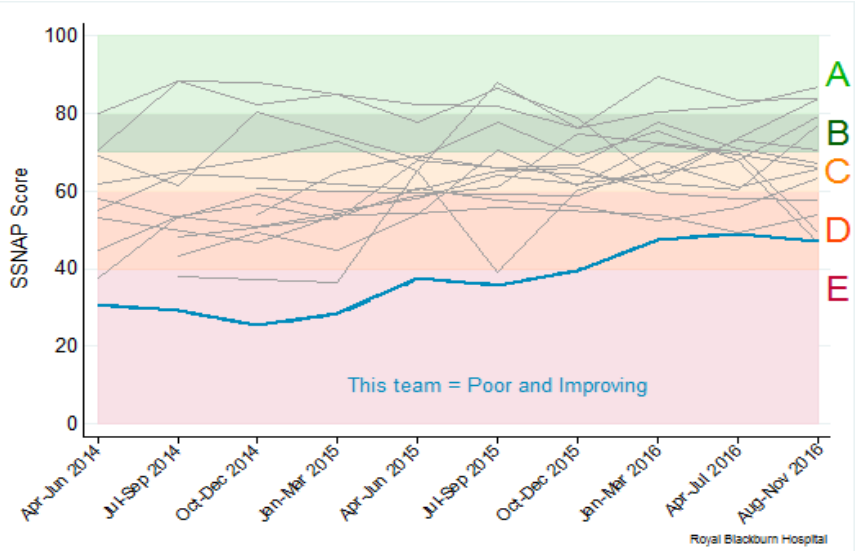


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Royal Blackburn 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):
Stroke Unit	**Scanning**	**Standards by Discharge**
Thrombolysis	**Multidisciplinary Team Working**	
Specialist Assessments	**Discharge Processes**	
Occupational Therapy		
Physiotherapy		
Speech and Language Therapy		
***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

Royal Blackburn Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 210 patients, of which:

207 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=210	For patients discharged/transferred alive from this team N=173
0-3 days	40.3% (11,087 patients)	29.0% (61)	33.5% (58)
4-7 days	20.3% (5,580 patients)	23.8% (50)	23.7% (41)
8-21 days	21.4% (5,886 patients)	35.2% (74)	33.5% (58)
22-30 days	5.3% (1,446 patients)	2.4% (5)	2.9% (5)
31+ days	12.8% (3,508 patients)	9.5% (20)	6.4% (11)
Mean	*14.0 days*	*11.6 days*	*10.2 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	5%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	2%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 0.0% (0/161) 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)
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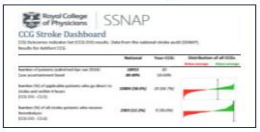
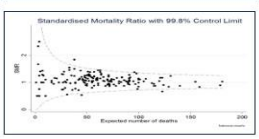


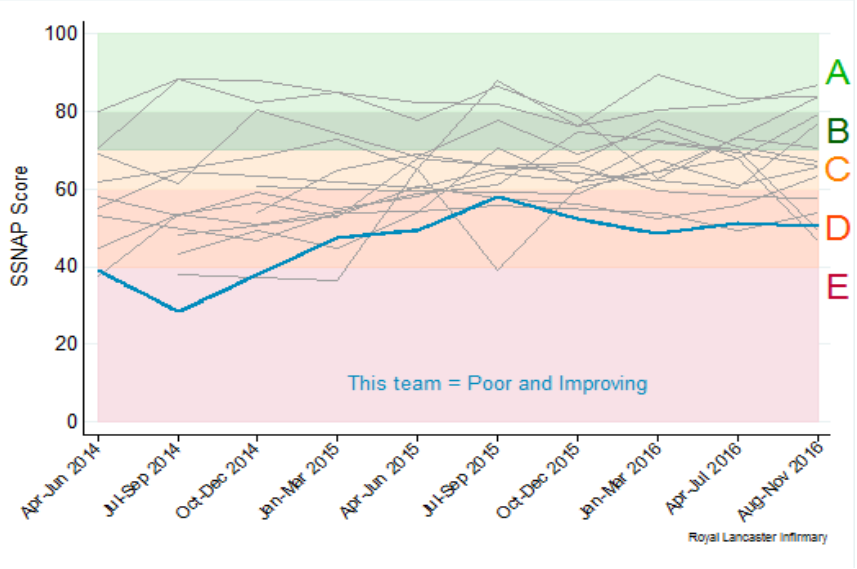


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Royal Lancaster Infirmary - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

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

Royal Lancaster Infirmary - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 114 patients, of which:

114 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=114	For patients discharged/transferred alive from this team N=104
0-3 days	40.3% (11,087 patients)	22.8% (26)	24.0% (25)
4-7 days	20.3% (5,580 patients)	16.7% (19)	16.3% (17)
8-21 days	21.4% (5,886 patients)	26.3% (30)	25.0% (26)
22-30 days	5.3% (1,446 patients)	7.0% (8)	7.7% (8)
31+ days	12.8% (3,508 patients)	27.2% (31)	26.9% (28)
Mean	*14.0 days*	*23.6 days*	*24.2 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 Cost Savings over 5 years:	*Your current thrombolysis rate*	13%
	Thrombolysis rate at top 20 performing units	20%
	Average NHS cost saving by thrombolysing 1 more eligible patient	£4,100
	Average social care cost saving by thrombolysing 1 more eligible patient	£6,900
	Overall average cost saving by thrombolysing 1 more eligible patient	£11,000
	Average quality-adjusted life-years gained by thrombolysing 1 more eligible patient	0.26 QALYs
Early Supported Discharge (ESD) Cost Savings over 5 years:	*Your current rate of discharge with ESD*	86%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 15.5% (16/103) 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)
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