

SSNAP Clinical Executive Summaries – North of England

An overview of hospital stroke care quality up to November 2016

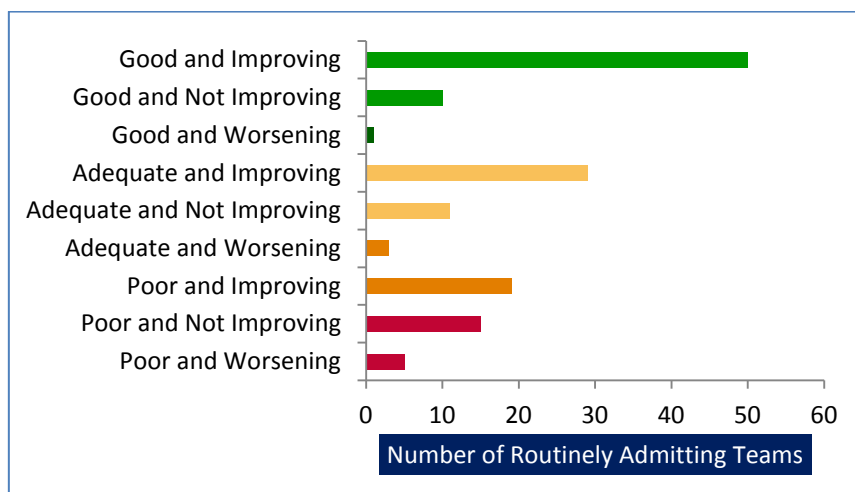
The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

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.



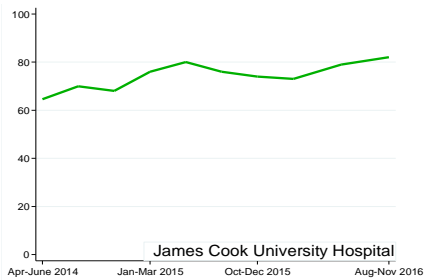
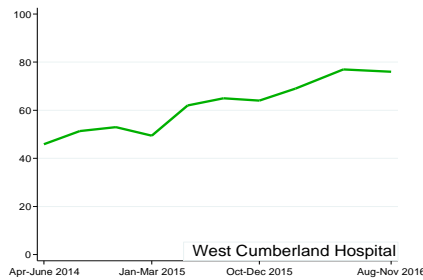
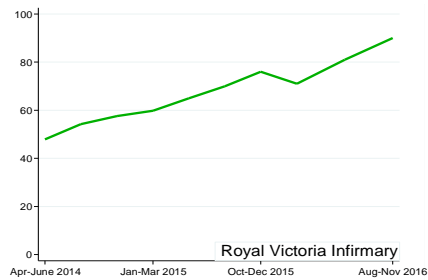
Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland

North of England SCN: SSNAP Clinical Executive Summaries

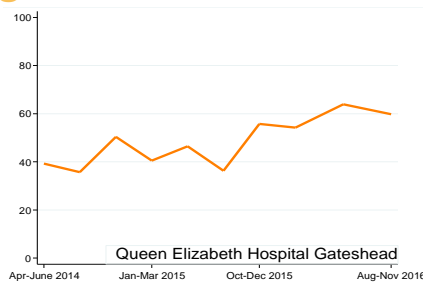
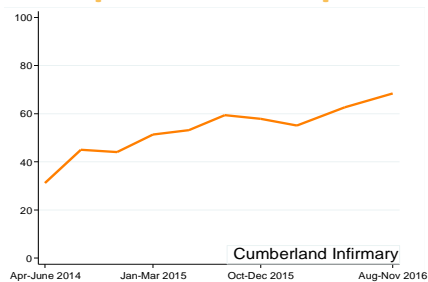
Overall SSNAP score performance from April 2014 to November 2016

Routinely admitting teams:

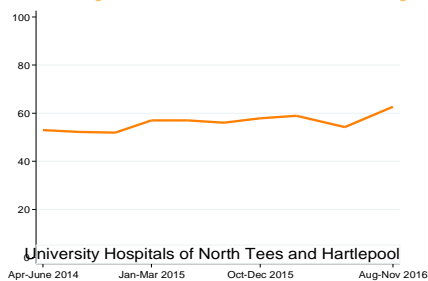
Good and Improving



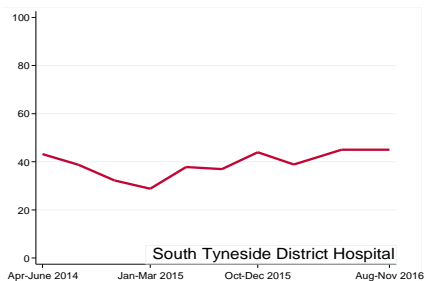
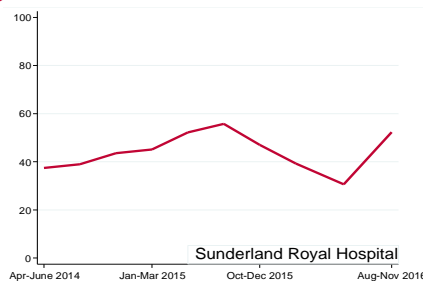
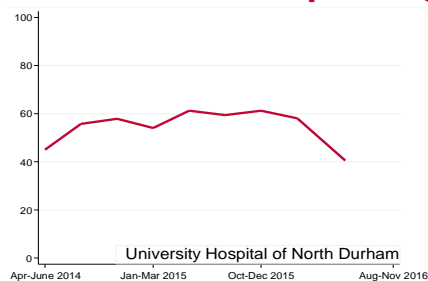
Adequate and Improving



Adequate and Not Improving



Poor and Not Improving

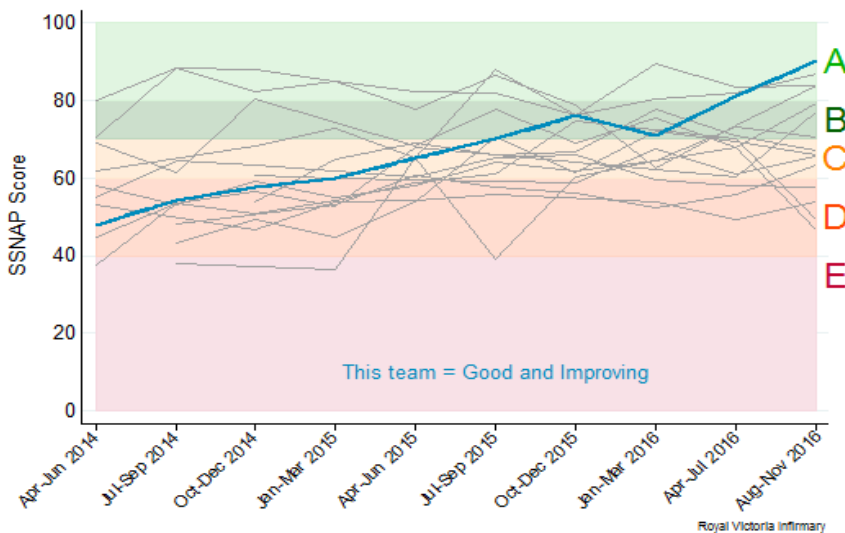




Royal Victoria Infirmary - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Good

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

Improving

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):

Mainly ADEQUATE domains (C average):

Mainly GOOD domains (A or B average):

(None)

Stroke Unit
Thrombolysis
Multidisciplinary Team Working

Scanning
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>

Royal Victoria Infirmary - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 216 patients, of which:

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

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=216	For patients discharged/transferred alive from this team N=193
0-3 days	40.3% (11,087 patients)	38.4% (83)	39.9% (77)
4-7 days	20.3% (5,580 patients)	19.0% (41)	19.7% (38)
8-21 days	21.4% (5,886 patients)	20.4% (44)	18.1% (35)
22-30 days	5.3% (1,446 patients)	6.0% (13)	6.2% (12)
31+ days	12.8% (3,508 patients)	16.2% (35)	16.1% (31)
Mean	14.0 days	18.2 days	18.2 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	<i>Your current thrombolysis rate</i>	11%
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>	33%
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

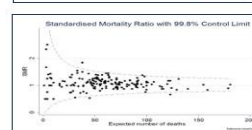
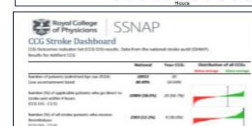
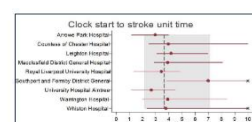
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.5% (10/183) for patients treated by this hospital and discharged from inpatient care either by this 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**.

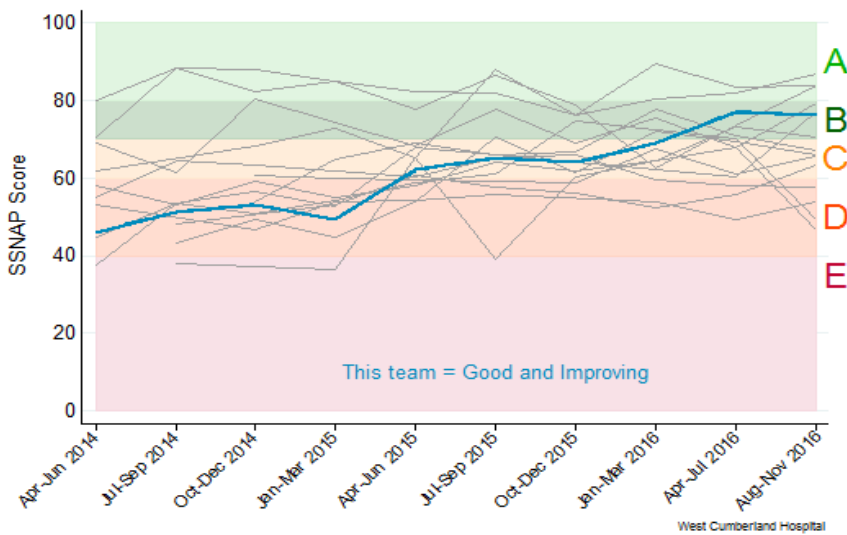




West Cumberland Hospital - SSNAP Executive Summary

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

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West Cumberland Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 74 patients, of which:

73 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=74	For patients discharged/transferred alive from this team N=66
0-3 days	40.3% (11,087 patients)	31.1% (23)	30.3% (20)
4-7 days	20.3% (5,580 patients)	8.1% (6)	9.1% (6)
8-21 days	21.4% (5,886 patients)	35.1% (26)	33.3% (22)
22-30 days	5.3% (1,446 patients)	6.8% (5)	6.1% (4)
31+ days	12.8% (3,508 patients)	18.9% (14)	21.2% (14)
Mean	14.0 days	18.1 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	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	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

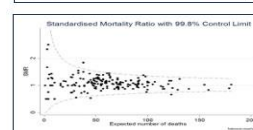
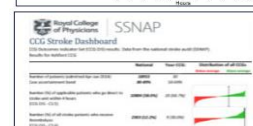
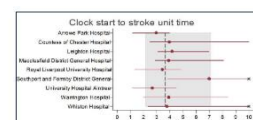
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 7.6% (5/66) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

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Information is available for different types of users:

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

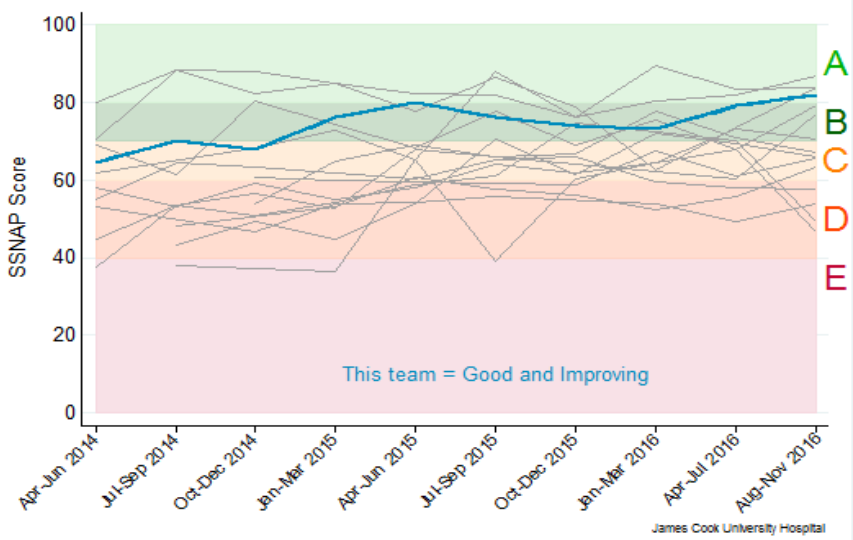




James Cook University Hospital - SSNAP Executive Summary

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

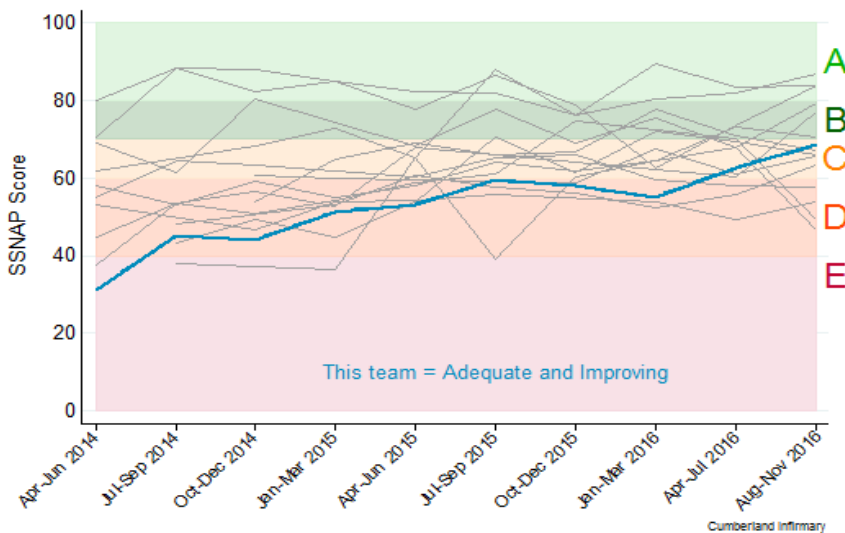
<https://www.strokeaudit.org/results/Clinical-audit/National-Results.aspx>



Cumberland Infirmary - SSNAP Executive Summary

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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
Thrombolysis
Specialist Assessments
Speech and Language Therapy

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

Mainly ADEQUATE domains (C average):

Multidisciplinary Team Working

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

Mainly GOOD domains (A or B average):

Scanning
Occupational Therapy
Physiotherapy
Standards by Discharge
Discharge Processes

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

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Cumberland Infirmary - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 128 patients, of which:

128 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=128	For patients discharged/transferred alive from this team N=112
0-3 days	40.3% (11,087 patients)	18.8% (24)	18.8% (21)
4-7 days	20.3% (5,580 patients)	16.4% (21)	17.0% (19)
8-21 days	21.4% (5,886 patients)	32.8% (42)	33.0% (37)
22-30 days	5.3% (1,446 patients)	9.4% (12)	8.9% (10)
31+ days	12.8% (3,508 patients)	22.7% (29)	22.3% (25)
Mean	14.0 days	22.0 days	21.5 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	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	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

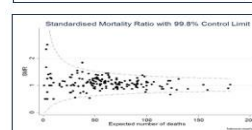
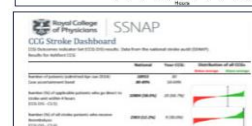
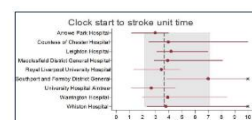
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 3.6% (4/112) for patients treated by this hospital and discharged from inpatient care either by this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

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www.strokeaudit.org/results

Information is available for different types of users:

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- **Regional** slideshows and **Easy Access** Versions
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- 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**.

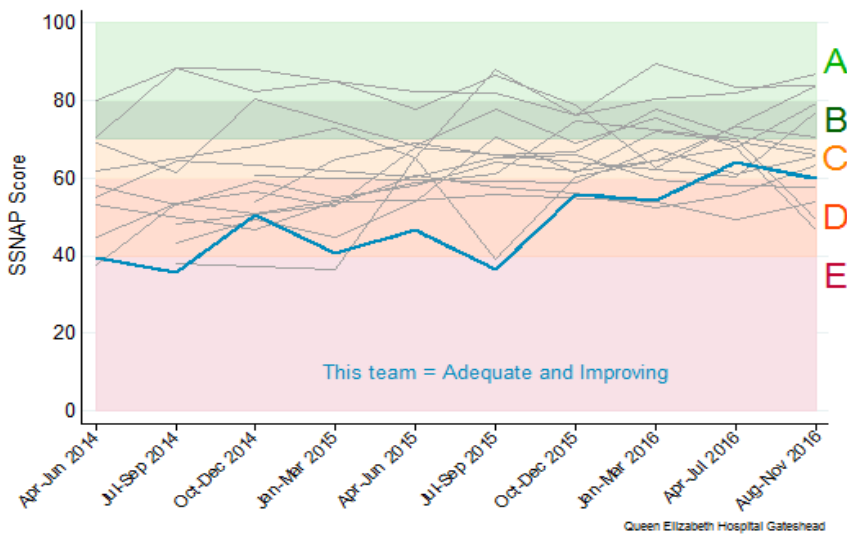




Queen Elizabeth Hospital Gateshead - SSNAP Executive Summary

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

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

Queen Elizabeth Hospital Gateshead - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 121 patients, of which:

117 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=121	For patients discharged/transferred alive from this team N=109
0-3 days	40.3% (11,087 patients)	37.2% (45)	41.3% (45)
4-7 days	20.3% (5,580 patients)	13.2% (16)	13.8% (15)
8-21 days	21.4% (5,886 patients)	26.4% (32)	22.0% (24)
22-30 days	5.3% (1,446 patients)	5.0% (6)	4.6% (5)
31+ days	12.8% (3,508 patients)	18.2% (22)	18.3% (20)
Mean	14.0 days	16.1 days	16.0 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	18%
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

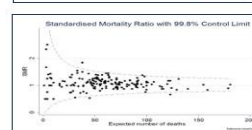
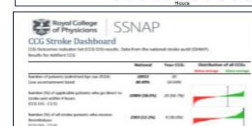
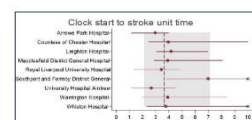
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 7.3% (8/109) for patients treated by this hospital and discharged from inpatient care either by this 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**.

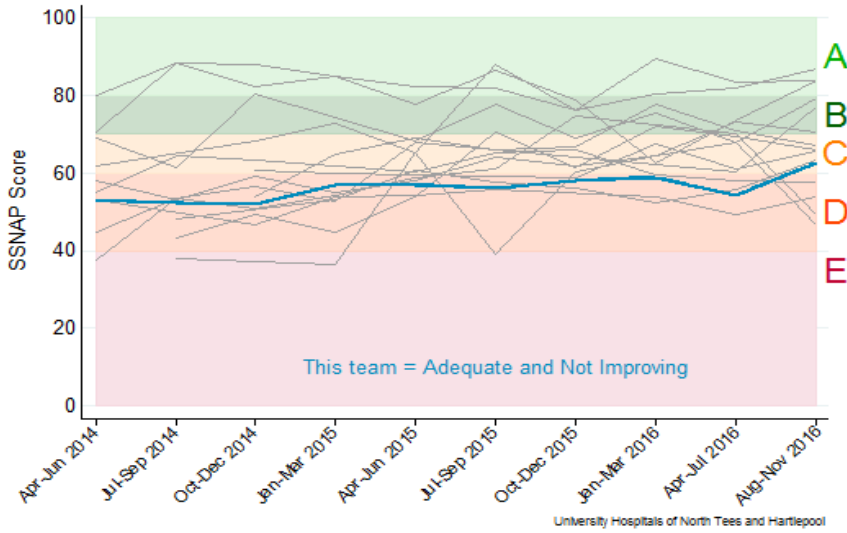




University Hospitals of North Tees and Hartlepool - SSNAP Executive Summary

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

University Hospitals of North Tees and Hartlepool - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 194 patients, of which:

192 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=194	For patients discharged/transferred alive from this team N=173
0-3 days	40.3% (11,087 patients)	51.0% (99)	53.8% (93)
4-7 days	20.3% (5,580 patients)	17.5% (34)	17.3% (30)
8-21 days	21.4% (5,886 patients)	16.0% (31)	13.9% (24)
22-30 days	5.3% (1,446 patients)	5.7% (11)	5.8% (10)
31+ days	12.8% (3,508 patients)	9.8% (19)	9.2% (16)
Mean	14.0 days	10.1 days	9.4 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>	4%
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

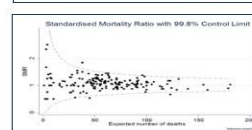
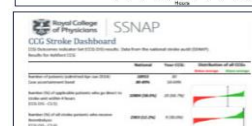
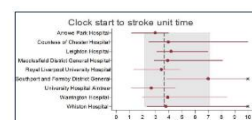
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.9% (10/170) for patients treated by this hospital and discharged from inpatient care either by this 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**.

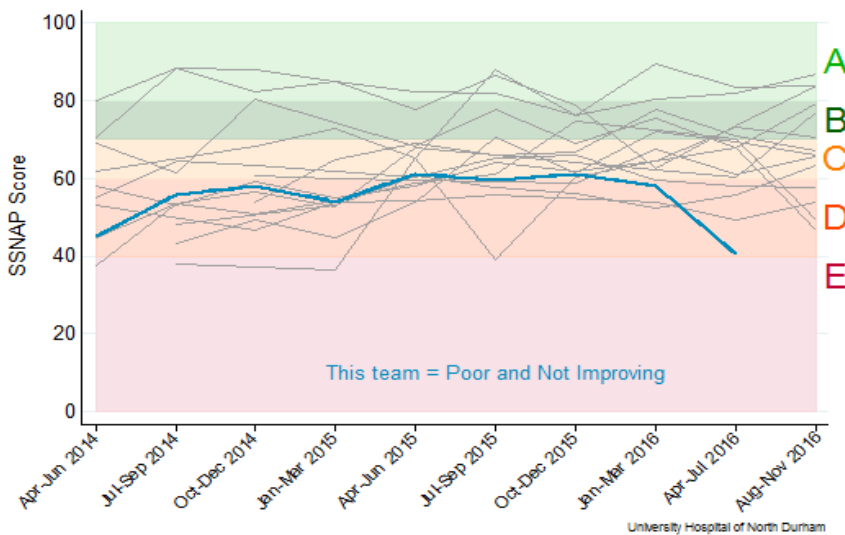




University Hospital of North Durham - SSNAP Executive Summary

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

Note: this hospital did not submit enough data for August-November 2016 and therefore received a SSNAP score of X for this period

Performance in key indicators of care quality over the past year

Mainly LOW scoring domains (D or E average):

Speech and Language Therapy
Multidisciplinary Team Working
Discharge Processes

Mainly ADEQUATE domains (C average):

Scanning
Thrombolysis
Occupational Therapy
Physiotherapy

Mainly GOOD domains (A or B average):

Stroke Unit
Specialist Assessments
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>

University Hospital of North Durham - SSNAP Executive Summary

Activity and length of stay

In August–November 2016 this hospital treated 89 patients, of which:

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

Note: this hospital did not submit enough data for August–November 2016 and therefore some of the information below is not available

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team	For patients discharged/transferred alive from this team
0-3 days	40.3% (11,087 patients)	<i>Comparative information not available for this team</i>	
4-7 days	20.3% (5,580 patients)		
8-21 days	21.4% (5,886 patients)		
22-30 days	5.3% (1,446 patients)		
31+ days	12.8% (3,508 patients)		
Mean	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	<i>Your current thrombolysis rate</i>	-
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>	-
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

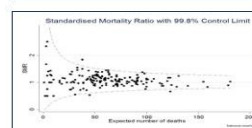
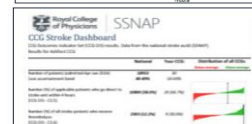
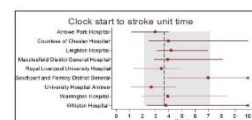
Nationally, 7.0% of patients discharged alive from inpatient care between August–November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. *Comparative information is not available for this hospital.*

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**.

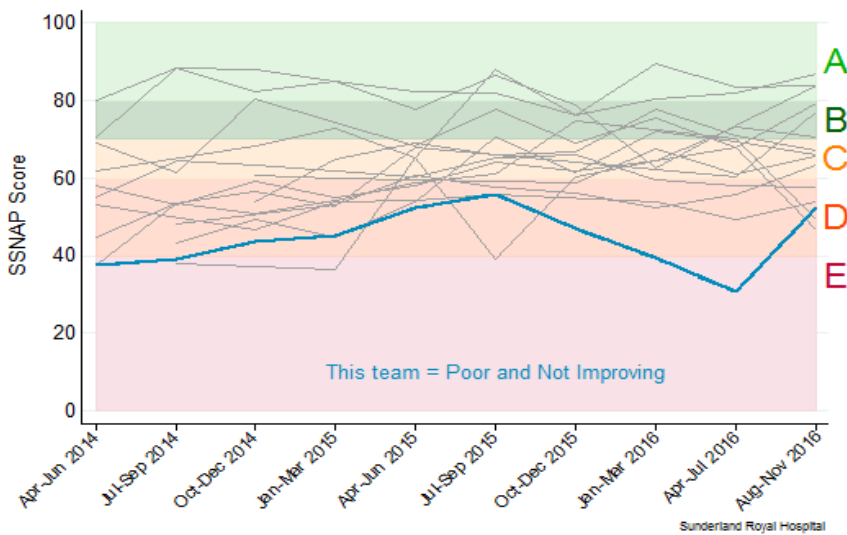




Sunderland Royal Hospital - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Poor

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

Not Improving

Performance in key indicators of care quality over the past year

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

Sunderland Royal Hospital - SSNAP Executive Summary

Activity and length of stay

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

111 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=114	For patients discharged/transferred alive from this team N=92
0-3 days	40.3% (11,087 patients)	29.8% (34)	30.4% (28)
4-7 days	20.3% (5,580 patients)	14.9% (17)	13.0% (12)
8-21 days	21.4% (5,886 patients)	21.9% (25)	21.7% (20)
22-30 days	5.3% (1,446 patients)	8.8% (10)	7.6% (7)
31+ days	12.8% (3,508 patients)	24.6% (28)	27.2% (25)
Mean	14.0 days	20.7 days	21.3 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	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	42%
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

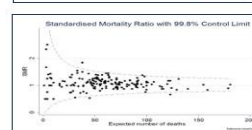
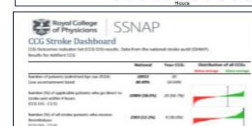
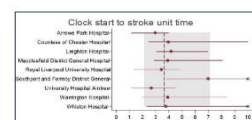
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 2.2% (2/90) for patients treated by this hospital and discharged from inpatient care either by this hospital 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**.

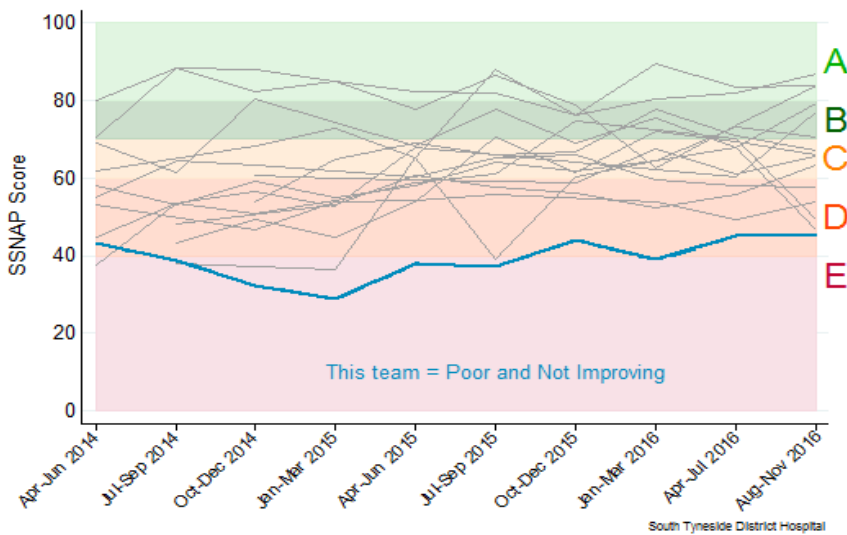




South Tyneside District Hospital - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Poor

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

Not Improving

Performance in key indicators of care quality over the past year

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

South Tyneside District Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 83 patients, of which:

83 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=83	For patients discharged/transferred alive from this team N=71
0-3 days	40.3% (11,087 patients)	24.1% (20)	21.1% (15)
4-7 days	20.3% (5,580 patients)	21.7% (18)	22.5% (16)
8-21 days	21.4% (5,886 patients)	21.7% (18)	21.1% (15)
22-30 days	5.3% (1,446 patients)	8.4% (7)	8.5% (6)
31+ days	12.8% (3,508 patients)	24.1% (20)	26.8% (19)
Mean	14.0 days	22.1 days	23.9 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	4%
Cost Savings over 5 years:	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)	Your current rate of discharge with ESD	57%
Cost Savings over 5 years:	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 4.2% (3/71) 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**.

