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

SSNAP Clinical Executive Summaries – Yorkshire and the Humber

An overview of hospital stroke care quality up to November 2016

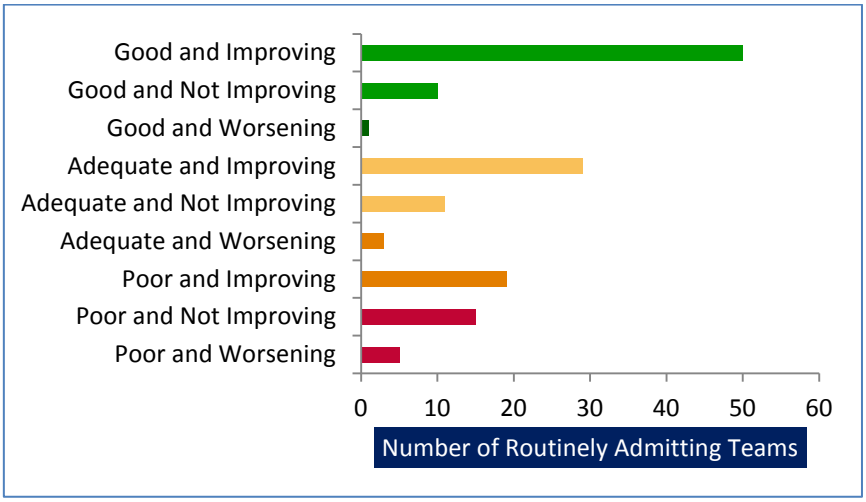
The Sentinel Stroke National Audit Programme (SSNAP) is the National Clinical Audit for Stroke and the main source of stroke data in the NHS. Data is collected on every stroke patient admitted to hospital in England, Wales and Northern Ireland.

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.



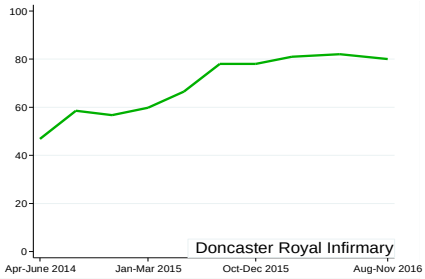
Distribution of categories for all hospitals which routinely admit stroke patients in England, Wales and Northern Ireland

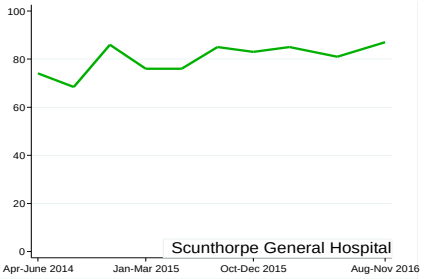
Yorkshire and the Humber SCN: SSNAP Clinical Executive

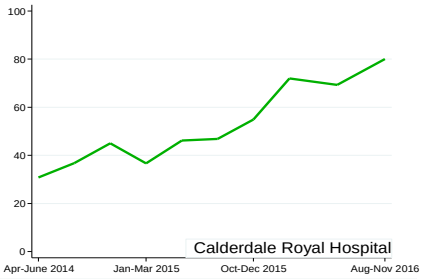
Overall SSNAP score performance from April 2014 to November 2016

Routinely admitting teams:

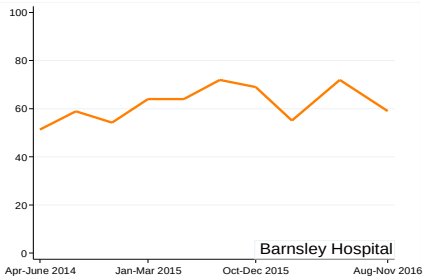
Good and Improving

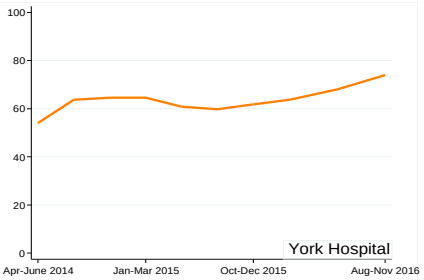


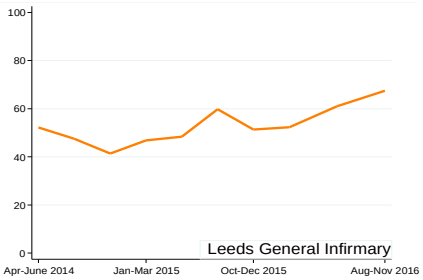


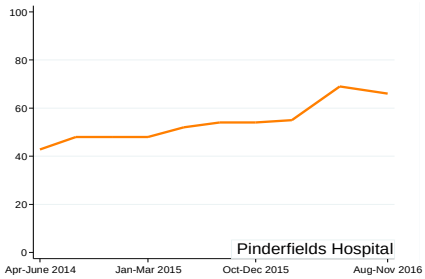


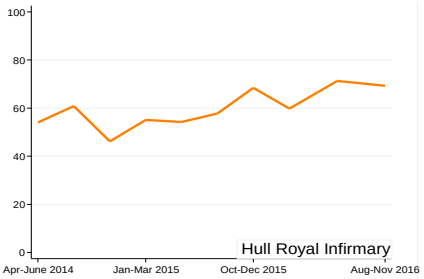
Adequate and Improving

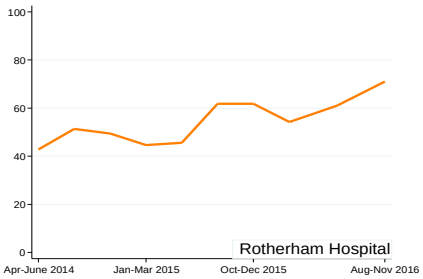




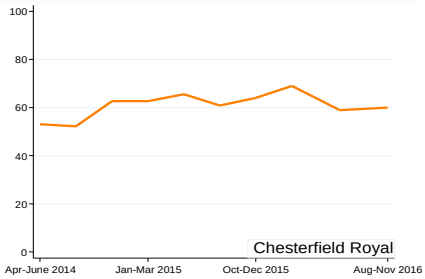




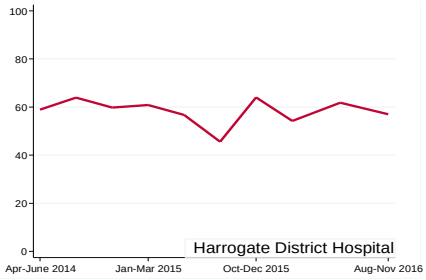


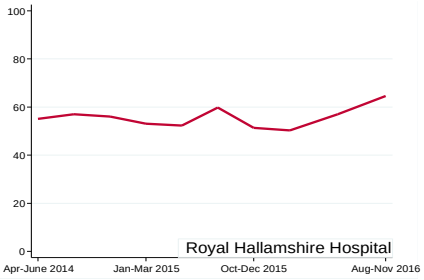


Adequate and Not Improving

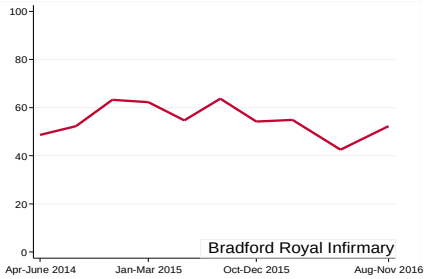


Poor and Not Improving





Poor and Worsening

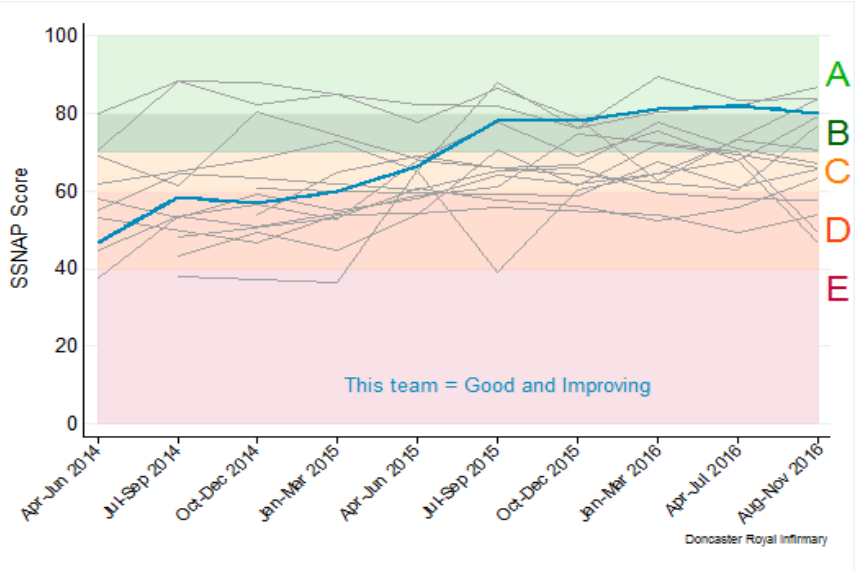


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Doncaster Royal Infirmary - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Good

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

Improving

Performance in key indicators of care quality over the past year

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

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

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

Doncaster Royal Infirmary - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 197 patients, of which:

185 patients were first admitted to this hospital 12 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=197	For patients discharged/transferred alive from this team N=172
0-3 days	40.3% (11,087 patients)	33.5% (66)	36.0% (62)
4-7 days	20.3% (5,580 patients)	31.5% (62)	31.4% (54)
8-21 days	21.4% (5,886 patients)	27.4% (54)	25.6% (44)
22-30 days	5.3% (1,446 patients)	2.5% (5)	1.2% (2)
31+ days	12.8% (3,508 patients)	5.1% (10)	5.8% (10)
Mean	*14.0 days*	*9.2 days*	*9.0 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*	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*	26%
	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

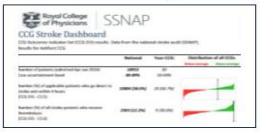
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 1.1% (2/176) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

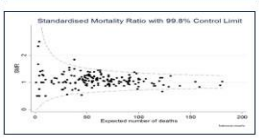
For further information, visit our results portal:

www.strokeaudit.org/results

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.**



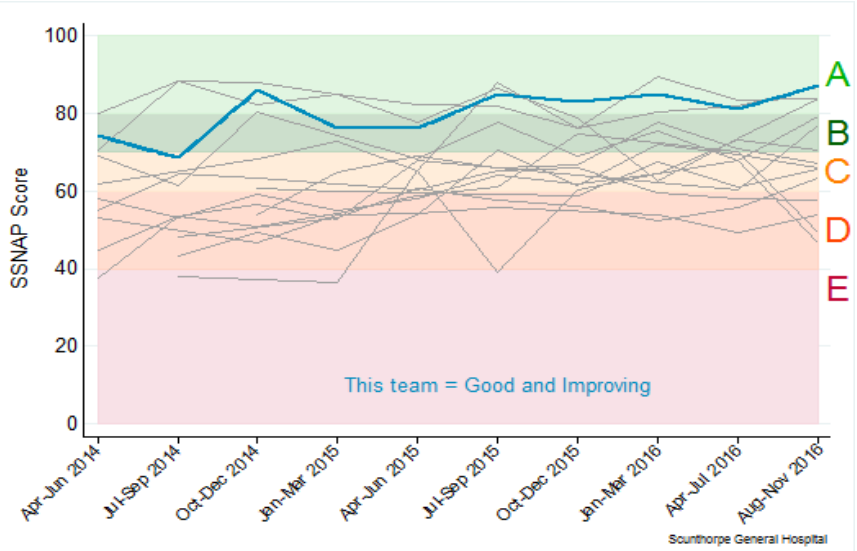


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Scunthorpe General Hospital - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Good

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

Improving

Performance in key indicators of care quality over the past year

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

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

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

Scunthorpe General Hospital - SSNAP Executive Summary

Activity and length of stay

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

201 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=210	For patients discharged/transferred alive from this team N=188
0-3 days	40.3% (11,087 patients)	46.2% (97)	48.4% (91)
4-7 days	20.3% (5,580 patients)	21.4% (45)	20.7% (39)
8-21 days	21.4% (5,886 patients)	26.2% (55)	25.5% (48)
22-30 days	5.3% (1,446 patients)	3.8% (8)	3.2% (6)
31+ days	12.8% (3,508 patients)	2.4% (5)	2.1% (4)
Mean	*14.0 days*	*7.6 days*	*7.2 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*	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*	9%
	Rate of discharge with ESD at top 20 performing units	60%
	Average NHS cost saving by discharging 1 more eligible patient with ESD	£1,600
	Average social care cost saving by discharging 1 more eligible patient with ESD	£8,700
	Overall average cost saving by discharging 1 more eligible patient with ESD	£10,300
	Average quality-adjusted life-years gained by discharging 1 more eligible patient with ESD	0.14 QALYs

Admissions to care homes after stroke

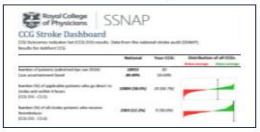
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 2.1% (4/188) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

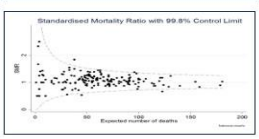
For further information, visit our results portal:

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.**



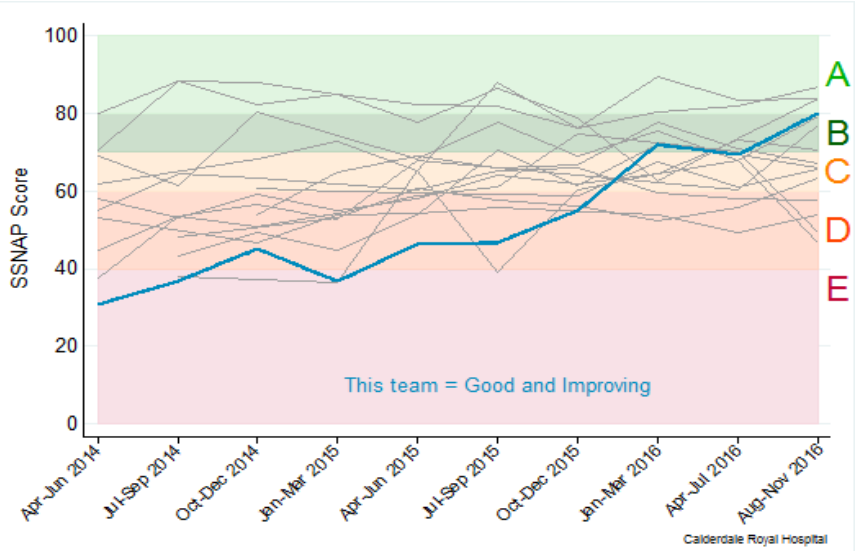


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Calderdale 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:

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 Stroke Unit Speech and Language Therapy	Thrombolysis 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

Calderdale Royal Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 233 patients, of which:

232 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=233	For patients discharged/transferred alive from this team N=206
0-3 days	40.3% (11,087 patients)	31.8% (74)	32.0% (66)
4-7 days	20.3% (5,580 patients)	14.6% (34)	14.1% (29)
8-21 days	21.4% (5,886 patients)	18.0% (42)	17.0% (35)
22-30 days	5.3% (1,446 patients)	4.7% (11)	3.9% (8)
31+ days	12.8% (3,508 patients)	30.9% (72)	33.0% (68)
Mean	*14.0 days*	*29.3 days*	*31.0 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*	14%
	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*	58%
	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

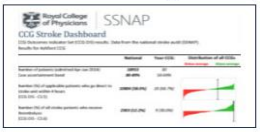
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 6.4% (13/204) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

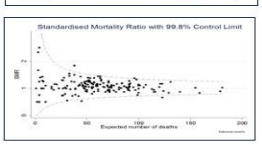
For further information, visit our results portal:

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.**



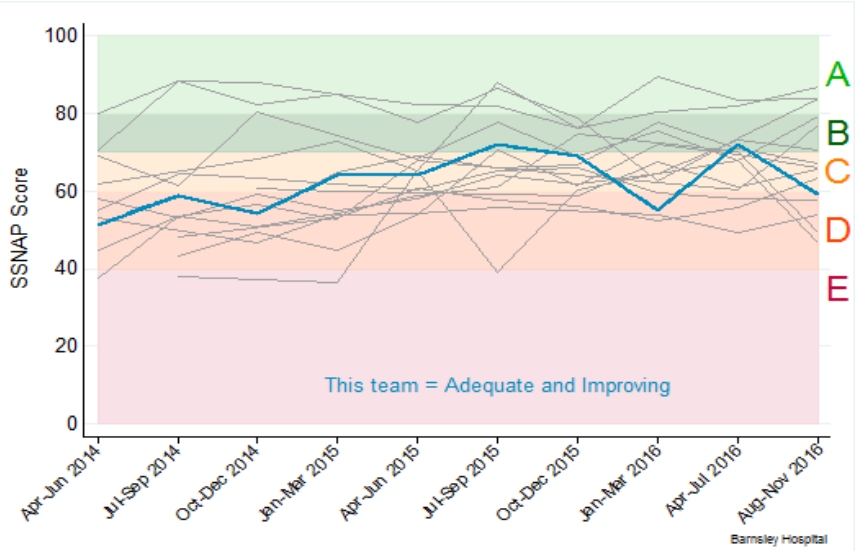


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

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

Barnsley Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 151 patients, of which:

141 patients were first admitted to this hospital 10 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=151	For patients discharged/transferred alive from this team N=135
0-3 days	40.3% (11,087 patients)	29.1% (44)	28.1% (38)
4-7 days	20.3% (5,580 patients)	35.8% (54)	38.5% (52)
8-21 days	21.4% (5,886 patients)	29.8% (45)	29.6% (40)
22-30 days	5.3% (1,446 patients)	2.0% (3)	0.7% (1)
31+ days	12.8% (3,508 patients)	3.3% (5)	3.0% (4)
Mean	*14.0 days*	*9.2 days*	*8.6 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*	2%
	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

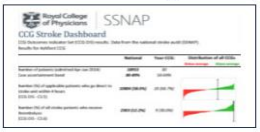
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 8.5% (11/129) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

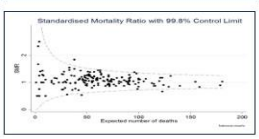
For further information, visit our results portal:

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.**



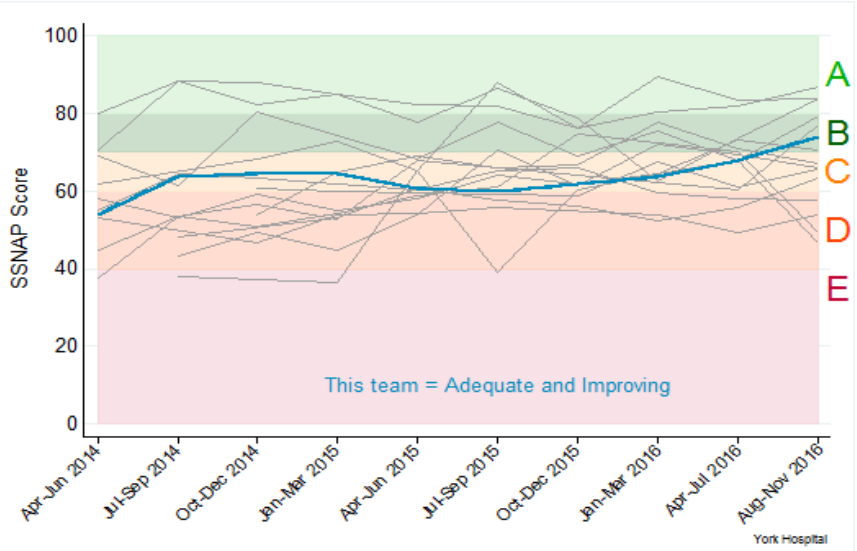


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

York 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** **Thrombolysis** **Speech and Language Therapy** **Discharge Processes**	**Specialist Assessments** **Occupational Therapy** **Physiotherapy** **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

York Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 310 patients, of which:

309 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=310	For patients discharged/transferred alive from this team N=272
0-3 days	40.3% (11,087 patients)	48.1% (149)	51.1% (139)
4-7 days	20.3% (5,580 patients)	20.3% (63)	19.1% (52)
8-21 days	21.4% (5,886 patients)	15.2% (47)	12.5% (34)
22-30 days	5.3% (1,446 patients)	3.9% (12)	4.0% (11)
31+ days	12.8% (3,508 patients)	12.6% (39)	13.2% (36)
Mean	*14.0 days*	*13.7 days*	*13.8 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*	14%
	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*	10%
	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

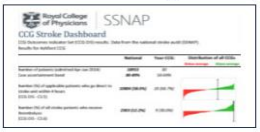
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 5.8% (15/259) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

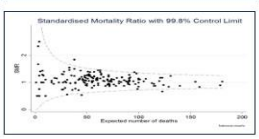
For further information, visit our results portal:

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.**



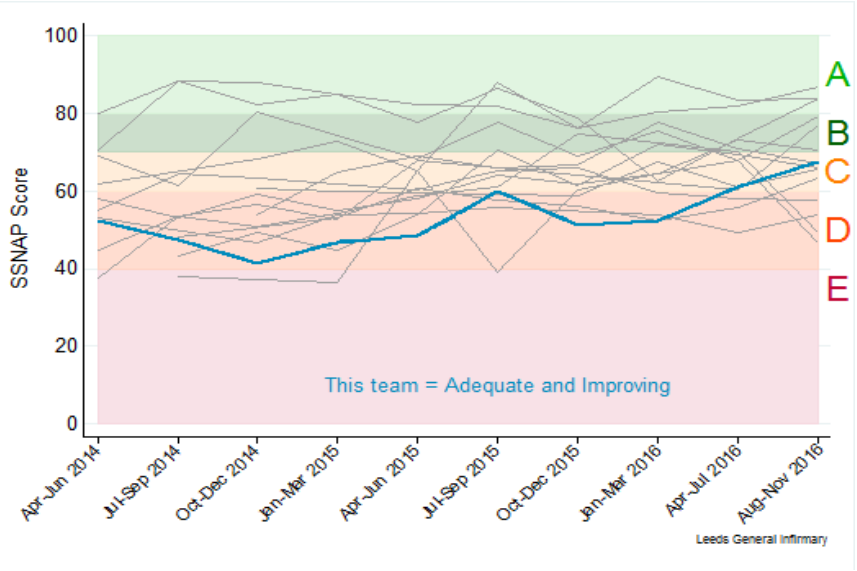


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Leeds General 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:

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	Thrombolysis
Physiotherapy	Specialist Assessments	Speech and Language Therapy
Multidisciplinary Team Working	Occupational 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

Leeds General Infirmary - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 304 patients, of which:

302 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=304	For patients discharged/transferred alive from this team N=256
0-3 days	40.3% (11,087 patients)	29.9% (91)	31.3% (80)
4-7 days	20.3% (5,580 patients)	15.5% (47)	14.1% (36)
8-21 days	21.4% (5,886 patients)	21.4% (65)	19.1% (49)
22-30 days	5.3% (1,446 patients)	7.2% (22)	7.4% (19)
31+ days	12.8% (3,508 patients)	26.0% (79)	28.1% (72)
Mean	*14.0 days*	*27.0 days*	*29.2 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*	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*	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

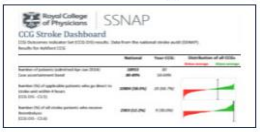
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 9.7% (25/257) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

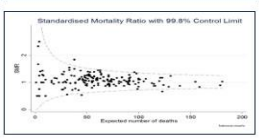
For further information, visit our results portal:

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.**



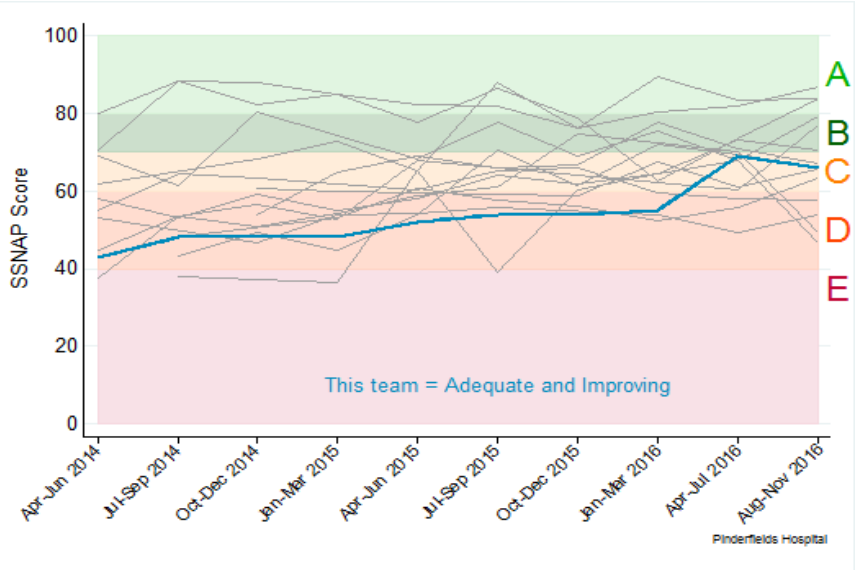


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Pinderfields 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):
Speech and Language Therapy Multidisciplinary Team Working	Stroke Unit Thrombolysis Specialist Assessments Occupational Therapy Physiotherapy	Scanning 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

Pinderfields Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 235 patients, of which:

233 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=235	For patients discharged/transferred alive from this team N=191
0-3 days	40.3% (11,087 patients)	33.6% (79)	31.9% (61)
4-7 days	20.3% (5,580 patients)	14.0% (33)	13.1% (25)
8-21 days	21.4% (5,886 patients)	17.9% (42)	16.8% (32)
22-30 days	5.3% (1,446 patients)	7.7% (18)	8.4% (16)
31+ days	12.8% (3,508 patients)	26.8% (63)	29.8% (57)
Mean	*14.0 days*	*25.3 days*	*27.7 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*	14%
	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

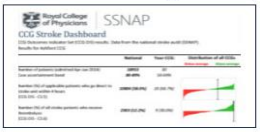
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 9.0% (17/189) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

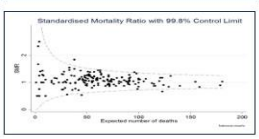
For further information, visit our results portal:

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.**



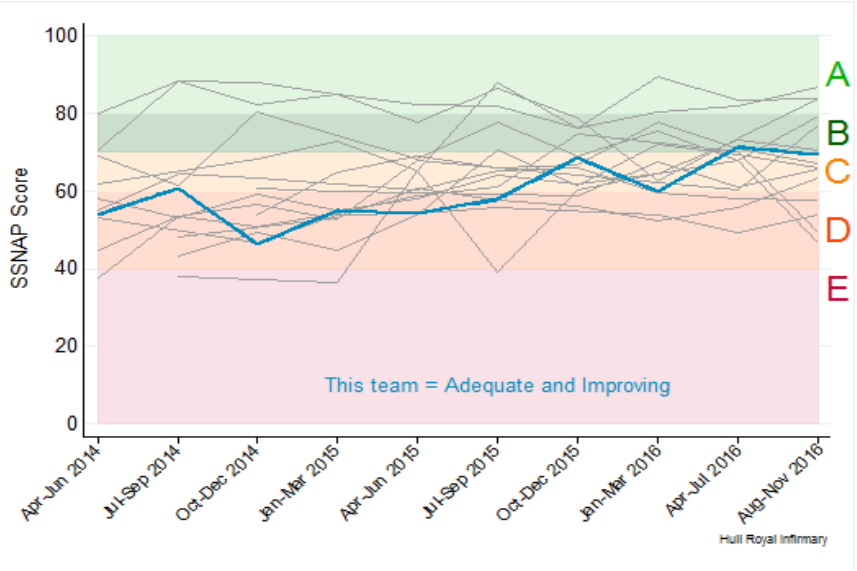


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Hull Royal Infirmary - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

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

Hull Royal Infirmary - SSNAP Executive Summary

Activity and length of stay

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

253 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=256	For patients discharged/transferred alive from this team N=208
0-3 days	40.3% (11,087 patients)	29.7% (76)	30.8% (64)
4-7 days	20.3% (5,580 patients)	27.7% (71)	29.3% (61)
8-21 days	21.4% (5,886 patients)	27.0% (69)	24.5% (51)
22-30 days	5.3% (1,446 patients)	3.5% (9)	1.9% (4)
31+ days	12.8% (3,508 patients)	12.1% (31)	13.5% (28)
Mean	*14.0 days*	*12.7 days*	*12.6 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*	33%
	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

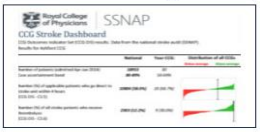
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 0.5% (1/219) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

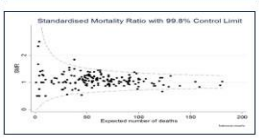
For further information, visit our results portal:

www.strokeaudit.org/results

Information is available for different types of users:

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



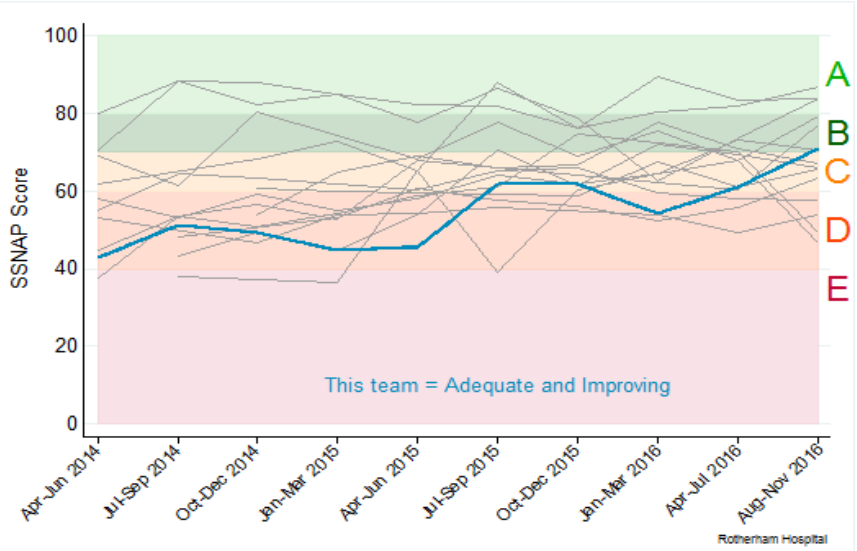


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

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

Rotherham Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 141 patients, of which:

137 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=141	For patients discharged/transferred alive from this team N=127
0-3 days	40.3% (11,087 patients)	29.8% (42)	30.7% (39)
4-7 days	20.3% (5,580 patients)	31.9% (45)	33.1% (42)
8-21 days	21.4% (5,886 patients)	19.1% (27)	16.5% (21)
22-30 days	5.3% (1,446 patients)	11.3% (16)	11.8% (15)
31+ days	12.8% (3,508 patients)	7.8% (11)	7.9% (10)
Mean	*14.0 days*	*11.2 days*	*11.3 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 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*	42%
	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

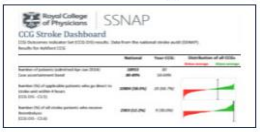
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 4.8% (6/124) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

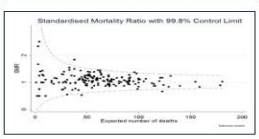
For further information, visit our results portal:

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.**



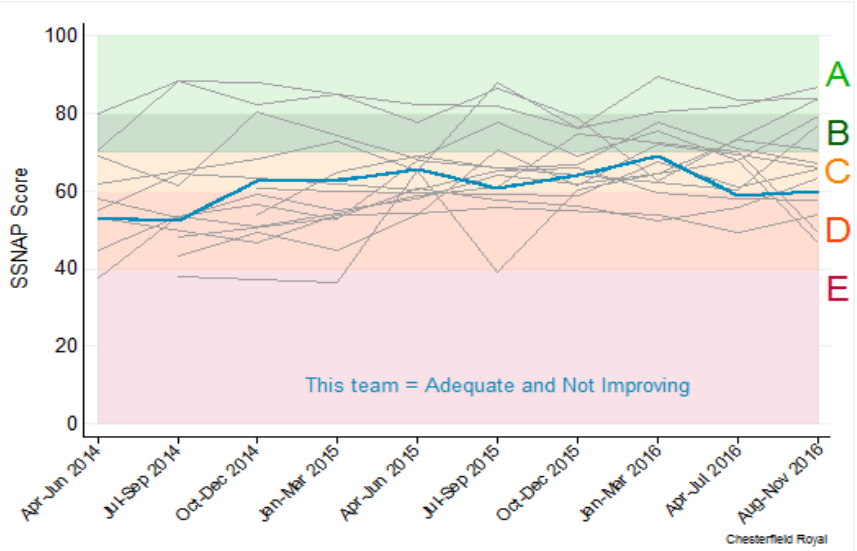


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Chesterfield Royal - 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):
Specialist Assessments	Scanning	Physiotherapy
Speech and Language Therapy	Stroke Unit	Standards by Discharge
	Thrombolysis	Discharge Processes
	Occupational Therapy	
	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.*

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

Chesterfield Royal - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 178 patients, of which:

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

Length of stay:	For all routinely admitting teams nationally N=27,507	For all patients treated at this team N=178	For patients discharged/transferred alive from this team N=151
0-3 days	40.3% (11,087 patients)	26.4% (47)	26.5% (40)
4-7 days	20.3% (5,580 patients)	18.0% (32)	20.5% (31)
8-21 days	21.4% (5,886 patients)	21.3% (38)	17.2% (26)
22-30 days	5.3% (1,446 patients)	8.4% (15)	9.9% (15)
31+ days	12.8% (3,508 patients)	25.8% (46)	25.8% (39)
Mean	*14.0 days*	*25.2 days*	*25.5 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 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*	38%
	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

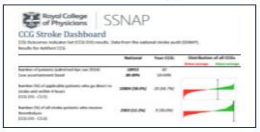
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 12.0% (18/150) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

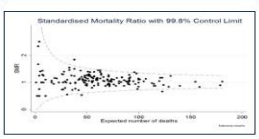
For further information, visit our results portal:

www.strokeaudit.org/results

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.**



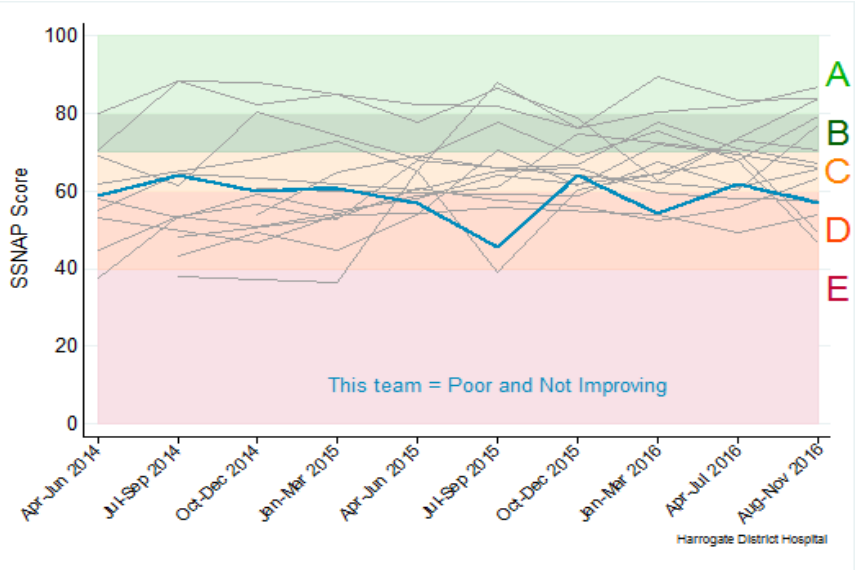


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Harrogate 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):
Scanning Thrombolysis Speech and Language Therapy	Stroke Unit Specialist Assessments Physiotherapy Discharge Processes	Occupational Therapy Multidisciplinary Team Working Standards by Discharge
***areas to focus quality improvement on, as require substantial improvement*	***areas where further improvements are still needed.*	***areas to celebrate success, maintain performance and identify whether further improvements are feasible.*

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

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

Harrogate District Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 85 patients, of which:

82 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=85	For patients discharged/transferred alive from this team N=62
0-3 days	40.3% (11,087 patients)	35.3% (30)	41.9% (26)
4-7 days	20.3% (5,580 patients)	12.9% (11)	9.7% (6)
8-21 days	21.4% (5,886 patients)	29.4% (25)	22.6% (14)
22-30 days	5.3% (1,446 patients)	4.7% (4)	1.6% (1)
31+ days	12.8% (3,508 patients)	17.6% (15)	24.2% (15)
Mean	*14.0 days*	*18.5 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*	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*	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

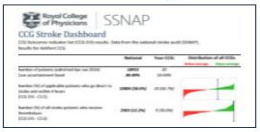
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 13.8% (9/65) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

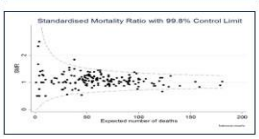
For further information, visit our results portal:

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.**



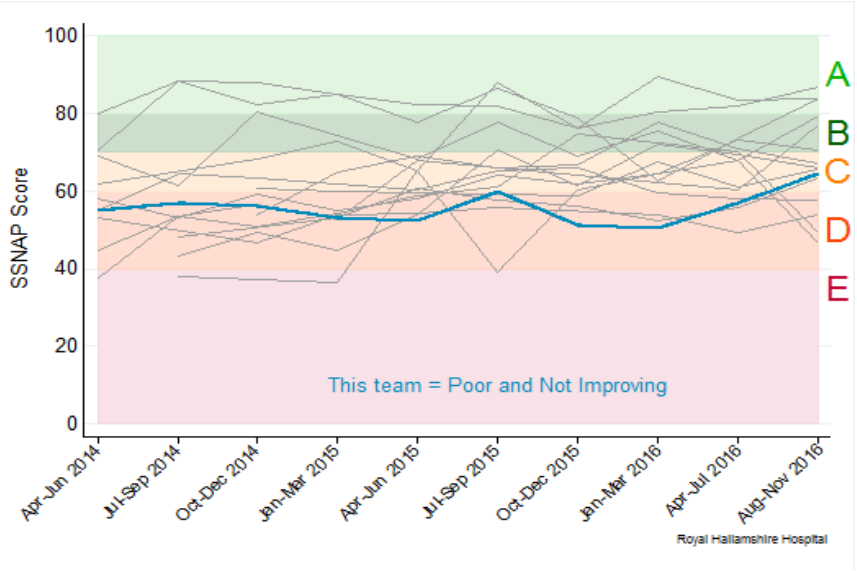


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

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

Royal Hallamshire Hospital - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 307 patients, of which:

297 patients were first admitted to this hospital 10 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=307	For patients discharged/transferred alive from this team N=258
0-3 days	40.3% (11,087 patients)	34.5% (106)	37.2% (96)
4-7 days	20.3% (5,580 patients)	15.6% (48)	15.5% (40)
8-21 days	21.4% (5,886 patients)	19.5% (60)	18.6% (48)
22-30 days	5.3% (1,446 patients)	5.5% (17)	5.4% (14)
31+ days	12.8% (3,508 patients)	24.8% (76)	23.3% (60)
Mean	*14.0 days*	*25.5 days*	*24.1 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*	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*	62%
	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

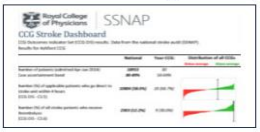
Nationally, 7.0% of patients discharged alive from inpatient care between August-November 2016 were newly institutionalised into a care home for the first time upon leaving hospital. This compares to 4.4% (11/251) for patients treated by this hospital and discharged from inpatient care either by this hospital or another hospital.

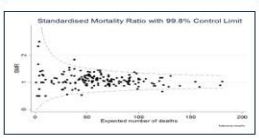
For further information, visit our results portal:

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.**



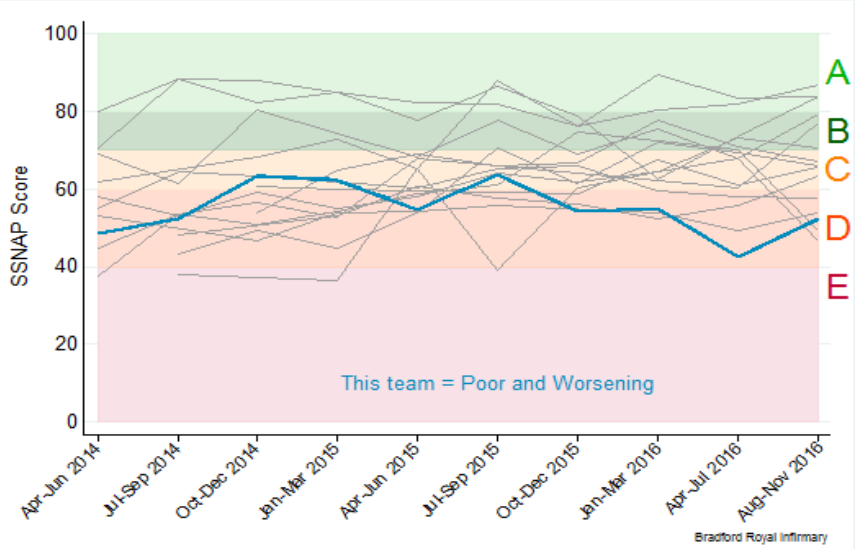


Royal College of Physicians | Sentinel Stroke National Audit Programme (SSNAP)

Bradford Royal Infirmary - SSNAP Executive Summary

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

Overall SSNAP score performance from April 2014 to November 2016



Performance recently has generally been:

Poor

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

Worsening

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	Occupational Therapy
Thrombolysis	Speech and Language Therapy	Physiotherapy
Specialist Assessments	Discharge Processes	Standards by Discharge
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.*

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

Bradford Royal Infirmary - SSNAP Executive Summary

Activity and length of stay

In August-November 2016 this hospital treated 160 patients, of which:

160 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=160	For patients discharged/transferred alive from this team N=141
0-3 days	40.3% (11,087 patients)	68.1% (109)	72.3% (102)
4-7 days	20.3% (5,580 patients)	12.5% (20)	9.9% (14)
8-21 days	21.4% (5,886 patients)	13.1% (21)	12.1% (17)
22-30 days	5.3% (1,446 patients)	1.3% (2)	0.7% (1)
31+ days	12.8% (3,508 patients)	5.0% (8)	5.0% (7)
Mean	*14.0 days*	*6.4 days*	*5.9 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*	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*	0%
	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 3.7% (5/135) 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.**