



**Royal College
of Physicians**

Sentinel Stroke National
Audit Programme (SSNAP)

Sentinel Stroke National Audit Programme (SSNAP)

Acute organisational audit report

**Public Report for England, Wales and Northern
Ireland**

Prepared by

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For

The General Public

December 2012

Acute organisational audit

**Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012**

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Title	SSNAP Acute Organisational Audit Report 2012
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Audience	General public, stroke survivors and their carers, health and social care professionals
Description	<p>This is the first report published under the auspices of the new national stroke audit, the Sentinel Stroke National Audit Programme (SSNAP). It publishes national and hospital level findings on the organisation of stroke services, in particular acute care organisation, specialist roles, staffing, TIA (mini stroke) services, communication between staff groups and with patients and carers, and pathway at discharge. The results reflect the organisation of stroke services as of 2 July 2012.</p> <p>The report findings enable the organisation of stroke services at national level to be compared with national standards outlined in the fourth edition of the National Clinical Guideline for Stroke (2012) published by the Intercollegiate Stroke Working Party and, the NICE (National Institute for Health and Clinical Excellence) Clinical Guideline, the National Stroke Strategy 2007 and the NICE Quality Standard for Stroke (2010).</p> <p>This report is addressed to everyone who is interested in stroke services. It gives a comprehensive picture of current services and the style of the report should allow lay people as well as experts to read it and extract relevant information. In Section 3 results are summarised in 8 domains which were used to calculate the score for each hospital. The aspects of service organisation included in each domain are presented in tables, graphics and maps, along with clinical commentary. Changes over time for comparable data are shown in Section 4, regional comparisons are given in Section 5 and named hospital results for selected measures are presented in Section 6.</p>
Superseded	National Sentinel Stroke Audit – Organisational Report (2010, 2009, 2008, 2006, 2004)
Related publications	<p>National clinical guideline for stroke 4th edition (Royal College of Physicians, 2012) http://www.rcplondon.ac.uk/resources/stroke-guidelines</p> <p>SINAP 6th Quarterly Public Report – July – September 2012 admissions (for hospitals participating in SINAP) www.rcplondon.ac.uk/sinap</p> <p>National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (NICE, 2008) www.nice.org.uk/CG68</p> <p>NICE Quality Standard for Stroke 2010 http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp</p> <p>National Stroke Strategy (Department of Health, 2007) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062</p> <p>Department of Health: Progress in improving stroke care (National Audit Office, 2010) http://www.nao.org.uk/publications/0910/stroke.aspx</p>
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Foreword

2012 is an important year for the National Stroke Audit with a major change in the way that clinical data is being collected. From December onwards we are hoping that information will be submitted on all stroke patients admitted in England and eventually also Wales and Northern Ireland. We will continue to monitor and report on the quality of care in the acute hospitals and additionally follow the patients through all the settings where care is being delivered, up until 6 months after their stroke. This should provide more up to date and more detailed information for patients, clinicians, managers, commissioners and politicians. Comparison with historical data will be lost and therefore we decided to continue with the audit of the structure of services (organisation) more or less unchanged from last time. The huge change in the way the National Health Service is organised poses a major potential threat to the quality of clinical care for stroke patients. It is vital that we continue to monitor and report standards of care in a way that enables the commissioners and clinicians to modify systems urgently if quality slips. Where possible we are auditing against evidence based clinical standards. Where the evidence does not exist the standards have been set by an expert group – the Intercollegiate Stroke Working Party.

The latest data show further improvements in stroke care in all three countries. There have been some extraordinary transformations of some aspects of care, notably delivery of care for patients with transient ischaemic attack (mini-stroke), the provision of thrombolysis (clot busting) services and access to stroke units. In these areas we are among the best in the world. The Department of Health, the National Stroke Strategies, the Stroke and Cardiac Networks and the Stroke Improvement Programme have all played key roles in delivering this success. The data however also show that the job of ensuring that all stroke patients, in every part of the country can be assured of getting the best quality of care along the whole pathway including stroke prevention, acute care and rehabilitation, is far from complete. A lot more work is needed, particularly in the delivery of care in the community after discharge from hospital and in providing care for people with longer term disabilities.

In line with the transparency agenda which is requiring the release of hospital level data, the hospital reports will be made available publically in the spring of 2013 on the Royal College of Physicians website. We believe this is preferable to just releasing raw data that would be difficult to interpret without the context of the evidence base, national and regional benchmarks, qualifications over data reliability and recommendations for change.

Few other countries collect the wealth of data on stroke from all hospitals where patients are treated, that we do in England, Wales and Northern Ireland. The process of collecting the data is in itself a worthwhile exercise and should not be left solely to administrative staff. Using the data constructively is the role of all of the people working with stroke patients and indeed the patients and their carers themselves. We hope the new audit (Sentinel Stroke National Audit Programme, SSNAP) proves as successful as its predecessor. I thank everyone who has completed the audit forms this year and particularly the team at the Royal College of Physicians who have worked incredibly hard and well to produce this report.

Tony Rudd
Chair of the Intercollegiate Stroke Working Party

Nine Key Recommendations

1. Quality of care should be audited against national standards in all hospitals, including community hospitals many of which have avoided close scrutiny up until now.
2. All organisations treating stroke patients should be collecting information and producing a report on patient experience at least once a year.
3. Seven day working for therapists is to be encouraged but should be done in a way that ensures that the overall quality of the service does not fall. If it means that staff are spread so thinly that there are never sufficient staff to deliver high quality care, then an alternative solution should be sought.
4. Every patient who might benefit from early supported discharge should have access to a team regardless of the hospital to which they are admitted or the address at which they live.
5. Rehabilitation should only end when the patient is no longer benefiting from it. Stroke/neurology rehabilitation teams should be available and staffed at a sufficient level to ensure that patients maximise their potential recovery.
6. All patients should be treated in a hospital that has the skills and facilities to deliver thrombolysis and other aspects of hyperacute care.
7. All patients should be admitted directly from the emergency department to a specialist stroke unit.
8. All stroke units should as a minimum be able to deliver the key standards of care defined in this report.
9. All organisations providing stroke care should identify, support and train the individuals who have the skills and expertise to be inspirational leaders for the service. These individuals may not necessarily come from the ranks of the medical profession.

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Glossary

ABCD² score	<p>Prognostic scores to identify people at high risk of stroke after transient ischaemic attack. It is calculated based on:</p> <ul style="list-style-type: none">A – age (≥60 years, 1 point)B – blood pressure at presentation (≥ 140/90 mm Hg, 1 point)C – clinical features (unilateral weakness, 2 points or speech disturbance without weakness, 1 point)D – duration of symptoms (≥ 60 minutes 2 points or 10 – 59 minutes, 1 point) <p>The calculation of ABCD² also includes the presence of diabetes (1 point). Total scores range from 0 (lowest risk) to 7 (highest risk). The definition of high risk is a score of 4 or above and low risk is less than 4.</p>
Carer	<p>Someone (commonly the patient’s spouse, a close relative or friend) who provides ongoing, unpaid support and personal care at home.</p>
Carotid Endarterectomy	<p>Carotid endarterectomy is a surgical procedure in which a stenosis (narrowing) or ulceration of an atherosclerotic plaque in the carotid artery is removed.</p>
CT scan	<p>A CT scan (computerised tomography) of the head. A CT scan X-rays the body from many angles. The X-ray beams are detected by the scanner and analysed by a computer. The computer compiles the images into a picture of the body area being scanned. These images can be viewed on a monitor or reproduced as photographs.</p>
Domain	<p>The organisation of stroke care was divided into key areas for summary presentation of results</p>
Inter Quartile Range (IQR)	<p>The IQR is the range between 25th and 75th centile which is equivalent to the middle half of all values</p>
Median	<p>The median is the middle point of a data set; half of the values are below this point, and half are above this point</p>
National Clinical Guideline For Stroke (2012)	<p>A National evidence based guideline for stroke care published by the Intercollegiate Working Party for Stroke fourth edition 2012 http://www.rcplondon.ac.uk/resources/stroke-guidelines</p>
National Sentinel Stroke Audit	<p>National stroke audit conducted between 1998 and 2010 which measured the organisational of stroke services (organisational audit) and the quality of stroke care for a group of patients (clinical audit) every two years. The National Sentinel Stroke Audit has been replaced by the new stroke audit SSNAP.</p>
National Stroke Strategy	<p>A best practice guidance document published in December 2007. It is intended to provide a quality framework to secure improvements to stroke services, to provide guidance and support to commissioners and strategic health authorities and social care, and inform the expectations of patients and their families by providing a guide to high quality health/social care. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/publicationsPolicyAndGuidance/DH_081062</p>

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Neurovascular Clinic	An outpatient clinic for patients with Transient Ischaemic Attacks or minor stroke for further investigation.
Organisational Audit	Audit of the service organisation, particularly relevant in stroke audit due to the evidence supporting organised stroke services.
Organisational Score	The data were analysed using a formula to combine similar questions into an overall score for domains or key areas in the organisation of care. A score of 100 is the optimal score.
Orthotics	Orthotists are the health professionals concerned with the application and manufacture of orthoses, devices which support or correct the function of a limb.
Orthoptists	The evaluation and nonsurgical treatment of visual disorders caused by imbalance of the eye muscles.
Secondary Prevention	Measures to prevent recurrence of the same illness.
Sentinel Stroke National Audit Programme (SSNAP)	National Stroke Audit run by the Royal College of Physicians, London. It combines the National Sentinel Stroke Audit and SINAP. In addition to the acute organisational audit reported on in this document, SSNAP will comprise an organisational audit of community stroke services and, from December 2012, prospectively collect a minimum dataset for every stroke patient covering acute care including rehabilitation and 6 month follow up.
Stroke Improvement National Audit Programme (SINAP)	An acute stroke audit which measures the quality of care for every stroke patient in the first 3 days after stroke. Public results by named hospital are available on the RCP website www.rcplondon.ac.uk/sinap
Stroke Research Network	A nationally funded organisation to increase participation in stroke research http://www.uksrn.ac.uk/
Stroke Unit Trialists' Collaboration (SUTC)	Citation: Stroke Unit Trialists' Collaboration. Organised inpatient (stroke unit) care for stroke. Cochrane Database of Systematic Reviews 2007, Issue 4. Art. No.: CD000197. DOI: 10.1002/14651858.CD000197.pub2
Thrombolysis	The use of drugs to break up a blood clot.
Transient Ischaemic Attack (TIA)	A transient ischaemic attack is less severe than a stroke in that all the symptoms disappear within a day (and often last for less than half an hour). It is also referred to as 'mini stroke'.
Trusts	In the context of the UK's National Health Service (NHS), trusts are organisational units, eg hospital trusts, community trusts, primary care trusts or combinations thereof. In this report it usually refers to hospitals.

Section 1: Introduction and methodology

Introduction

This report presents the results of the National Sentinel Stroke National Audit Programme (SSNAP) Acute Organisational Audit. It reports on the organisation of stroke care in England, Wales, Northern Ireland and the Islands. SSNAP combines the National Sentinel Stroke Audit which previously measured the organisation of stroke services and the care provided for stroke patients in acute NHS trusts and the Stroke Improvement National Audit Programme (SINAP) which audits care in the first 72 hours after stroke. In addition to this acute organisational audit, SSNAP will comprise an organisational audit of community stroke services and, from December 2012, prospectively collect a minimum dataset for every stroke patient covering acute care including rehabilitation and 6 month follow up. The audit is based on standards agreed by representatives of the Colleges and professional associations of the disciplines involved in the management of stroke.

The Aims of the Sentinel Stroke National Audit Programme (SSNAP)

1. To audit against the National Clinical Guideline for Stroke
2. To enable trusts to benchmark the quality of their stroke services nationally and regionally.
3. To measure the extent to which the recommendations made in the 2010 National Sentinel Stroke Organisational Audit have been implemented.
4. To measure the rate of changes in stroke service organisation since the implementation of the National Stroke Strategies and the publication of the National Audit Office Report.

Organisation of the audit

This audit is part of the Department of Health funded national audit programmes (managed by the Healthcare Quality Improvement Partnership (HQIP)) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London. Data were collected within trusts using a standardised method. This audit was overseen at a site level by a lead clinician for stroke who was responsible for the quality of data supplied. The audit is guided by a multidisciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP) (Appendix 1).

Eligibility and recruitment

The eligibility criteria for the organisational audit changed this year. Previously, only hospitals which directly admitted acute stroke patients were eligible. This year, to reflect the centralisation of stroke services and the establishment of a hyperacute model of stroke care in different parts of the country, hospitals that routinely admit patients within 7 days of stroke were also eligible to participate. Registration forms were submitted for each site which confirmed service configuration and details of the lead clinician and clinical audit lead.

Due to changes in service configurations and trust mergers the total number of hospitals decreased from 201 to 190 since the 2010 organisational audit. In total there were 163 hospitals in England, 14 in Wales, 11 in Northern Ireland and 2 Islands.

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Participation

There is 100% participation of eligible trusts/health boards (151) in England, Wales and Northern Ireland. Guernsey and the Isle of Man also participated but Jersey declined. Please see Appendix 2 for more details of participating hospitals.

The full hospital level reports will be made available on the RCP website in Spring 2013.

Methods

Standards in the audit

The proforma of questions (Appendix 2) has not changed significantly from the National Sentinel Stroke Organisational Audit 2010 to ensure continuity and enable comparability. A new section on leadership has been added after a pilot of the proforma was carried out with an emphasis on feedback for the new section. There have been minor changes made to the wording of some of the questions.

Data collection tool

Data were collected using a web-based tool accessible via the internet. Security and confidentiality were maintained through the use of site codes. High data quality was ensured through the use of built in validations which prevented illogical data being entered. Data could be saved during as well as at the end of an input session. Once data entry was completed, hospitals were advised to export and check their responses.

Each participating site was provided with a standardised help booklet containing data definitions clarifications and context specific online help was available on the webtool. A telephone and email helpdesk was provided to answer any individual queries.

Definitions

Definition of a 'site'

Lead clinicians were asked to collect data on the basis of a unified service typically within a trust. For most trusts the 'site' was the trust. For some trusts there were several 'sites' each offering a discrete service. A site may include several hospitals and some include more than one trust. NB for the purposes of space and easy reading, participating sites are referred to as hospitals in this report.

Please note in this report 'trusts' is used as a generic term; however, it is acknowledged that in Wales, these are Health Boards.

Stroke Unit

The definition used for a stroke unit (and used in this audit) is:

Stroke unit - a multidisciplinary team including specialist nursing staff based in a discrete ward which has been designated for stroke patients.

5 SUTC key characteristics of all stroke units

Five key characteristics were chosen from the Stroke Unit Trialists' Collaboration (SUTC) and subsequent papers, as markers of good stroke unit organisation (Stroke Unit Trialists' Collaboration (2007) Organised inpatient (stroke unit) care for stroke. *Cochrane Database of Systematic Reviews* (4): CD000197). The audit has assessed how many of these are in place. These will be referred to in the document as the 5 SUTC characteristics and are:

- Consultant physician with responsibility for stroke
- Formal links with patient and carer organisations
- Multidisciplinary meetings at least weekly to plan patient care
- Provision of information to patients about stroke
- Funding for external courses and uptake

7 Acute Criteria for beds used for the first 72 hours of care

To evaluate specifically the quality of *acute* stroke unit organisation it was determined whether the following 7 criteria were met. These criteria are not all evidence based but were developed using the consensus of an expert working group.

The 7 acute criteria for units with beds providing care in the first 72 hours:

- Continuous physiological monitoring (ECG, oximetry, blood pressure)
- Immediate access to scanning for urgent stroke patients
- Direct admission from A&E/front door
- Specialist ward rounds on 7 days a week
- Acute stroke protocols/guidelines
- Nurses trained in swallow screening
- Nurses trained in stroke assessment and management

There are three categories of stroke unit beds used at different parts of the care pathway which are referenced in this report.

- beds used *solely* used for patients in the first 72 hours after stroke
- beds *solely* used for patients beyond 72 hours after stroke
- beds used for *both* the first 72 hours of care and beyond

How to read this report

This report presents national and hospital level data for many important aspects of the organisation of stroke services. National results are presented as percentages, and hospital variation is summarised by the median and Inter-Quartile Range (IQR).

The median is the middle point of the data. 50% of the values lie on either side.

The interquartile range is the middle half of values. The bottom 25% of results are below this range and the top 25% of results are above this range.

It is important to note that denominators vary throughout this report depending on the number of hospitals to which the analyses relate. For example, there are 14 hospitals in London which do not treat stroke patients in the first 72 hours. These hospitals are excluded from the denominator for any measure related to this early phase of stroke care e.g. thrombolysis.

Evidence

No references have been quoted in this report for reasons of space. All relevant evidence and standards are available in the following:

- National clinical guideline for stroke 4th edition (Royal College of Physicians, 2012) <http://www.rcplondon.ac.uk/resources/stroke-guidelines>
- National clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (NICE, 2008) www.nice.org.uk/CG68
- NICE Quality Standard for Stroke 2010 <http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp>

Presentation of results

Section 2 reproduces the key messages from the entire audit. For reasons of space and clarity, the following chapters in this report do not provide the full source of all of these messages. The full generic report which is more technical and contains national level results for every data item is available from the Royal College of Physicians' website www.rcplondon.ac.uk/ssnap.

Section 3 describes the organisation of stroke care by domains. There are 8 domains representing various aspects of stroke care organisation. Each domain consists of a number of items relating to the topic of the domain. The method by which the overall score is calculated (algorithm) for the domains and total organisational score is described in Appendix 4.

Section 4 compares the results of the 2012 audit with previous rounds of the NSSA for those standards where comparison is possible.

Section 5 gives more detailed audit results along with a regional comparison between England, Wales and Northern Ireland.

Section 6 contains the public tables which includes selected indicators for the acute organisational audit including overall domain scores and total score by named hospital.

A note on point maps

Section 3 contains point maps to display hospital results. Each hospital is denoted a symbol the colour of which displays its position for each domain. These maps are intended to give an indication of how organisation of stroke care varies across hospitals in England, Wales and Northern Ireland. For more detailed information about your local hospital please refer to the supplementary regional reports which will shortly be available on the RCP website. These contain colour coded regional level maps. www.rcplondon.ac.uk/ssnap.

NB All results relate to stroke care organisation on 2 July 2012.

Section 2: Comprehensive summary of audit results

This section reproduces the key messages from the entire audit. For reasons of space and clarity, the following chapters in this report do not provide the full source of all of these messages. The full generic report which contains national level results for every data item is available from the RCP website www.rcplondon.ac.uk/ssnap.

Stroke caseload

- Over 91,000 patients were admitted with stroke to hospitals in England, Wales and Northern Ireland over the previous year according to the audit data. The annual activity of hospitals varies considerably ranging from less than 50 to nearly 2000 admissions per hospital.
- There has been a dramatic increase in the proportion of patients being managed on stroke unit beds in recent years. 95% of patients on the day of the audit were on a stroke unit with about 1% on other 'acceptable wards', 1% on medical assessment units (MAUs) and 3% on other 'non-acceptable' wards.

Presentation, assessment and initial treatment

- The vast majority of ambulance services now use the FAST test to identify patients with stroke and transport positive patients urgently to hospital.
- The use of telemedicine has grown enormously since the last audit with 59% of all hospitals which treat patients in the first 72 hours after stroke now using telemedicine to enable remote viewing of images (compared to 33% in 2010) and 46% of these hospitals using video-enabled clinical assessment (compared to 8% in 2010). 39% of hospitals have a telemedicine rota with other hospitals for acute care.

Thrombolysis for stroke

- The most dramatic change in stroke services over recent years has been the increase in access to thrombolysis. 89% of hospitals now offer a thrombolysis service of some sort. 74% are now offering an onsite service 24 hours a day seven days a week. A further 7% had arrangements with another local hospital to provide out of hours cover and 9% had no onsite service but arrangements for cover at all times from a neighbouring site. Only 15 of the 45 hospitals that did not offer 24/7 onsite thrombolysis did not have an arrangement with the ambulance service to bypass their hospital where patients might benefit from thrombolysis to cover the 24 hour period and only 4 hospitals had no system in place at all to be able to offer their local population thrombolysis at least for part of the week. Of those hospitals that are treating patients with thrombolysis the median number of such patients treated in the previous year was 33 or 6.7% of all stroke patient admitted.
- Decisions about thrombolysis during normal working hours involve consultant stroke physicians in person in the vast majority of cases but that is not the situation out of hours where a consultant physician is only present in person in about 50% of instances with widespread use of telemedicine. In 12 hospitals the decision is made by a consultant with access solely to telephone which cannot be regarded as being as safe as being there or at least being able to see and talk to the patient through a video link and certainly not if there is no facility for the consultant to see the brain imaging.
- It does not matter what specialty label a consultant has when taking part in a thrombolysis rota; what matters is that the clinician has the expertise necessary to be able to make the correct decisions, even in unusual cases. This does require that they

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have the core training in the management of acute stroke (not just the process of giving thrombolysis), interpreting brain imaging and are seeing sufficient patients to maintain and build expertise. If all 437 stroke physicians on a thrombolysis rota were spread evenly across the 153 hospitals, there would be insufficient numbers of stroke physicians to run safe and legitimate rotas in all hospitals (an average of 2.9 physicians per site). Therefore the number of hospitals delivering hyperacute stroke care needs to be reduced or stroke physicians need to spread their expertise across several hospitals using telemedicine or other specialists need to be trained to take part in the rotas. This latter solution is clearly being adopted by many – with 322 non stroke or neurology physicians providing cover.

Stroke units

- All hospitals treating acute stroke patients in England, Wales and Northern Ireland now have a stroke unit. This is the first time this has been achieved in all 3 countries and is a major achievement considering the situation just a decade ago.
- Although there has been some improvement since the last audit, the frequency with which direct admission to the stroke unit is not possible remains of concern. Clearly there will be a small proportion of patients who need admission to alternative places within the hospital such as intensive care or coronary care units but apart from these instances there should be sufficient beds on the stroke unit to cope with peaks of demand. In many instances the failure to admit to the stroke unit is likely to be poor bed management rather than a paucity of bed numbers. It is good to see that virtually all units do now admit routinely 24 hours a day and at weekends.
- There has been a dramatic and welcome change in stroke unit admission policy since the last audit. Very few units now operate any exclusion policies based upon age, stroke severity, pre-existing dementia, or patients being assessed as having ‘no rehabilitation potential’ or needing end of life care. The last 4 units that continue these policies need to be persuaded of the error of their ways.
- Just over half of beds used solely for patients in the first 72 hours have a daily ward round. Only 30% of units which do not have specifically designated beds for the early stages of admission have daily ward rounds.
- Acute stroke patients should be managed on units staffed and equipped in a similar way to high dependency units. This includes daily consultant led ward rounds, ability to closely monitor physiological variables and access to immediate imaging when needed. 29% of units with beds specifically for the first 72 hours fulfil all of the 7 quality criteria for high quality stroke units. 90% achieve 5 or more of these criteria. Performance is less good where there are not specifically designated beds for the early stages of admission with the figures being 12% achieving all the standards and 88% achieving 5 or more standards. Perhaps most disappointing is that only 58% of units with beds specifically for the first 72 hours and 43% of units with combined beds have a policy for direct admission of patients from A&E and there are 20 units with hyper-acute beds that do not have access to continuous physiological monitoring. Overall these figures are a considerable improvement on previous audit results but do show that there is still more work to be done to ensure that all stroke patients are admitted to and managed on units fully compliant with the core standards.
- Only 5 stroke units with beds specifically for patients after 72 hours operate a policy to exclude particular sorts of patients. This is five too many but the situation has radically changed for the better since the last audit

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- The frequency of consultant ward rounds has increased on stroke units with beds for post 72 hour care with the majority of units providing senior specialist review at least 5 days a week.
- There has been a fairly rapid growth in the number of services now offering 6 or 7 day services. 25% of hospitals now have physiotherapy on seven day rotas with a further 12% operating six days a week. The numbers are less for occupational therapy (16% and 8% respectively) and much less for speech and language therapy (3% and 2%). Nursing and therapy staffing levels have not changed substantially since the last audit and still show a wide variation between hospitals. It is of concern that there is not a substantial increase in staffing levels given the increase in 7 day working. This suggests that existing resources are being spread more thinly.
- There is good access to other important services such as social work, orthoptics and orthotics but this is less good for podiatry with only 57% of hospitals being able to access a service within 5 days. Access to psychology services has improved on stroke units with 52% of units having some resource.
- There is no need for patients to remain in bed until assessed by a physiotherapist. However, there are still 12% of units where this practice occurs. In these units it would appear that there is insufficient training for or trust in the nursing staff to be able to make a key decision with regards to a patients' rehabilitation.
- At long last all stroke units hold at least weekly multidisciplinary meetings. 61% of hospitals hold more than two such meetings per week. It is of concern that only two thirds of hospitals regularly include social workers in these meetings, and that in only a quarter of hospitals does the psychologist regularly attend. Both of these disciplines should be integral members of the team.
- 5 characteristics have been used to define the quality of the stroke unit (see page 12). Overall the quality of stroke units has improved a little since 2010 with 43% achieving all of the 5 key quality criteria (from 38% in 2010) but the proportion with major flaws (scoring 3 or less) has actually increased from 11% to 13%. Of these 5 characteristics, the major area for improvement is 'formal links with patients and carers'. This may be considered a less important component of care than some of the others but the authors suggest that this is critical for a stroke unit to perform effectively. Without direct involvement of patients and carers it is very unlikely that the unit will address their needs adequately. This is considered to be one of the major areas for improvement over the next 12 months.

Service provided on medical assessment units (MAUs)

- One of the key findings from the 2010 audit was that too many patients were being managed initially on MAUs and the quality of care they received on those units was significantly lower than that offered to patients admitted directly to a stroke unit. This issue remains two years on although the numbers are reducing. On the day of the audit a total of 53 stroke patients were on an MAU across the 190 hospitals. 13% of all hospitals have a policy of directly admitting their patients to an MAU rather than a stroke unit. This is not a good model of care and certainly not supported by research evidence. Two thirds of hospitals (129) still use MAUs on occasion. Less than two thirds of these hospitals regularly have nurses on duty trained to perform screening of swallowing to assess whether patients can be fed and hydrated orally. Access to stroke medical specialists has improved a little with just under a quarter of these 129 units having 7 day a week access.

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Management of stroke services

- There is a growing cohort of senior stroke staff who should be available to guide continuing improvements in stroke care. There is a paucity of very senior staff in dietetics and occupational therapy compared to the other professions. It is surprising given how few psychologists there are in stroke medicine that so many of them are employed at Band 8 b and c; might more at a lower grade be a better investment? The number of stroke consultant programmed activities (PAs) has risen to a median of 20 per site and there are 49 hospitals with at least one specialist registrar in stroke.
- 93% of hospitals have a strategic group responsible for stroke with many of these groups containing representatives from the board, stroke networks and commissioners. Almost three quarters of groups include patient representation. In at least two thirds of hospitals the audit results are considered at board level.
- Almost a third of hospitals have not produced a report on patients' views of the clinical service over the past year and a quarter either never survey patient views or do so less than once a year. Achieving 100% on this standard should be one of the key aims for the next year. The new stroke audit (SSNAP) will in due course include patient and carer reported outcome and experience measures but until then it is the responsibility of each individual trust to find a way to seek patient views and act appropriately on them.
- Physicians are by far the dominant profession adopting leadership roles in stroke services with only 4 hospitals allocating the role to a nurse and none to therapists. One of the key factors in a successful service is the presence of strong leadership and finding the natural leader in a service should be a key role for trust managers. These figures suggest that maybe these managers should be more adventurous and less bound by traditional medical hierarchy when structuring their service. In most cases it does appear that the service leader is given appropriate time and resource to fulfil the role although it is amazing that in a small number of hospitals there are no meetings with trust management, neighbouring trust clinicians or any strategic planning meetings!
- The Stroke Research Network has been a dramatic success with 92% of hospitals registered for at least one research study and with the median being 4 per hospital. 163 hospitals have an individual available to help with data collection (median of 0.8 WTE per hospital).
- The burden of data collection, especially for larger units, is substantial. However, data collected by national audit is extremely valuable and the process of collecting and reviewing data is a useful way of monitoring services. Clinicians should be involved in this process. As continuous data collection is moved towards, it is important to get the balance right so that clinicians are not spending excessive amounts of time routinely entering data. Trusts should support such activity.

Patient support and communication

- Involvement of patients in different aspects of the service has become more widespread, both in terms of patients being given information routinely about their own care and in developing the clinical and research aspects of the service. However there are still some services where the value of patient involvement is clearly still not recognised. At a minimum all patients should be provided with a named contact when care is transferred out of the hospital.
- 68% of hospitals say they have a service to support return to work and 50% provide vocational rehabilitation. This is at odds with surveys of patients that suggest that very

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few get access to this sort of help after discharge from hospital; if the numbers are right then this is a welcome improvement and needs to be spread even more widely.

Pathway at discharge

- There has been a welcome substantial growth in the number of services providing early supported discharge (ESD) after stroke up from 44% in 2010 to 66% in this audit. 85% of these services are stroke specific with the remaining 15% also taking other neurology patients. All ESD teams have physiotherapy and occupational therapy and most have speech and language therapy. Many also have access to a range of other specialties. There are however a few services that appear to have waiting times of over 2 weeks even for the core members of the team which would render the 'early supported discharge' team open to being taken to court under the Trade Descriptions Act! Overall a median of 30% of patients are treated by these teams making them an extremely useful adjunct to the specialist hospital service.
- 26% of hospitals have access to non-specialist early supported discharge. The evidence suggests that this is not as effective as a specialist service and that outcomes are likely to be better if people remain on the stroke unit rather than being discharged for to non-specific ESD teams for rehabilitation.
- While excellent progress has been made in developing inpatient and early supported specialist services the same cannot be said of longer term community rehabilitation which is just as important, if not more so. Over 40% of acute hospitals are sending their patients home without access to any specialist neurological rehabilitation. The teams that do exist are handling very large caseloads with a median of 18 patients seen in the previous week. Many of the teams have unacceptably long waiting lists.
- Half of all hospitals use non-specialist teams to provide on-going rehabilitation for their stroke patients. The longer term needs of stroke patients are often complex and become more difficult as time progresses, requiring considerable expertise to overcome. There is a strong argument for such treatment to be provided by therapists who do not also have to understand the best treatment techniques for a whole variety of other conditions as well. Again these team frequently have unacceptably long waiting lists.

TIA/Neurovascular Clinic

- TIA management is another area of care that has seen a dramatic improvement in service provision over recent years. Only a few years ago neurovascular clinics were unusual with waiting times often running into weeks or months. 100% of trusts provide neurovascular clinics and the median number of clinics per month is 20 with the interquartile range being from 20-28. The median waiting time for a clinic is 2 days. There are now very few areas of the country where a high risk TIA patient would need to wait more than a week and over half of high-risk inpatients (37% of high-risk outpatients) could be seen the same day seven days a week.

Community hospitals

- The use of community hospitals is widespread with 250 other locations identified as being used by stroke patients and so far has been largely provided without much external scrutiny. The new stroke audit, SSNAP, will monitor the standards of care as patients move through the entire pathway and it is hoped that all of these units will find it helpful to include their patients in the audit.

Changes over time

Acute stroke care organisation (Domain 1)

There has been a big growth in the percentage of hospitals with beds used solely for patients in the first 72 hours achieving all 7 acute criteria since from 13% in 2010 to 29% in 2012. There has been huge growth in both the number of hospitals undertaking thrombolysis and the median number of patients treated per year has increased from 14 to 33.

Organisation of care (Domain 2)

There has been a small increase in the median ratio of stroke unit beds to patients in hospital with stroke over successive years with it reaching 1.15 this year. Access to early supported discharge has risen sharply from 44% of hospitals to 66% this year; however there has been no similar improvement in access to specialist community rehabilitation from 55% to 57%.

Specialist roles (Domain 3)

Over half of units set up to specifically care for patients in the first 72 hours after stroke have consultant ward rounds at least seven days a week. Only 30% of units with mixed hyperacute and acute patients offer this service. There is no logic detectable in this disparity but does perhaps argue for focussing hyperacute stroke care in specialist units. In terms of access to other specialist services there have been small shifts in the right direction particularly for access to vocational rehabilitation.

Inter disciplinary services (for hospitals with a stroke unit) (Domain 4)

There has been a welcome improvement in access to psychology services on the stroke unit from 31% in 2006 to 46% now. But still over half of units have no access at all. At this rate of change it will not be until 2034 until 100% is achieved! There has however been a step change in the provision of 7 day therapy working, particularly for physiotherapy and to a lesser extent occupational therapy with a quarter of units have physiotherapy every day of the week.

TIA/neurovascular service (Domain 5)

In 2006 almost a quarter of all hospitals had no neurovascular clinic and the average waiting time for those clinics that were available was 12 days. 100% of trusts now have a neurovascular clinic with an average waiting time of two days. Perhaps this is one of the most important achievements thus far of the National Stroke Strategy. Perhaps surprisingly there has been an increase from 33% to 53% of hospitals that admit at least some of their high risk patients for investigation and management the same day 7 days a week.

Quality improvement and research (Domain 6)

The number of hospitals producing reports on stroke for the trust board has increased from 88% in 2010 to 93% this year but slightly concerning is the fall from 98% to 93% in the number of trusts with a strategic group responsible for stroke. It is hoped that this is not the beginning of a decline in the importance attached to stroke within health services. It is clear from this report that the job of transforming stroke care has started but is nowhere near completion.

Team working (Domain 7)

It is encouraging that over time the frequency of multidisciplinary meetings has increased with all units now having at least one such meeting a week. The composition of the teams has become stronger in the areas of clinical psychology, medicine and speech and language therapy. However, social work remains a major concern. Only 66% of teams now have regular social worker attendance, down from a high of 82% in 2009. At a time of huge complex changes in health and social care and with increasing financial problems for disabled people it is incomprehensible why such an important member of the multidisciplinary team should be seen as dispensable.

Communication with patients and carers (Domain 8)

The picture painted by this audit of patient and carer communication and involvement with service organisation and delivery is mixed with little change in some areas but larger improvements in others, such as between 2010 and 2012 the provision of personalised discharge plans increased from 60% to 86%, provision of a named contact on discharge from 71% to 76% and patient views having been sought from 88% to 92%.

Audit results by country

Thrombolysis provision and patients thrombolysed

Good progress has been made in all three countries in developing thrombolysis services, particularly in Wales which had minimal provision 2 years ago and now offers round the clock thrombolysis provision in 100% of its hospitals either onsite or in collaboration with a neighbouring hospital. In England and Northern Ireland the figures are 90% and 100% respectively. However a large proportion of hospitals in all three countries still only treat a small percentage of their stroke admissions. All hospitals should be able to treat at least 10% of unselected admissions and only about a quarter of hospitals in England and Wales achieve this and none in Northern Ireland.

Stroke unit provision

Finally all hospitals in all three countries have provided stroke units in all their hospitals. This major achievement should be celebrated although it has taken nearly 20 years since the evidence was published that they save lives and reduce disability. All of the three countries appear to have sufficient stroke beds for the number of stroke patients in hospital on the day of the audit, particularly Northern Ireland which had a ratio of 1.63 beds per patient.

Stroke care in the first 72 hours

Provision of appropriate care in the first 72 hours requires a high level of resource; such patients should be receiving the equivalent of High Dependency Unit support, both in terms of equipment, staffing levels and expertise. It is not enough simply to designate an area in a hospital as a hyperacute stroke unit and then assume that the patients will therefore receive hyperacute care. It is of serious concern that so many such units (both those with a separate hyperacute unit and those where the hyperacute beds are combined with the post 72 hour beds) fail to meet the basic standards defined in the audit. Less than a third of English units with designated pre-72 hour beds achieve all 7 quality criteria and none of the units in Wales or Northern Ireland. There are still clearly many hospitals that need to look at the services they are providing and urgently rectify their failings. There also appears to be an excessive use of medical assessment beds for stroke patients, rather than admitting patients directly to the stroke unit. These beds demonstrably do not offer the same level of

care that stroke units are able to offer and should rarely if ever be used. There is a particular penchant for the use of medical assessment beds in Wales and Northern Ireland that needs to be rectified.

Whole Time Equivalents (WTE) of staff across all stroke units

Junior medical staffing levels on stroke units in Wales and Northern Ireland are considerably lower than in England at a level that raises concerns at their ability to provide the level of cover that is needed for a safe service. Nursing and therapy levels are marginally lower in Wales than elsewhere, particularly for occupational therapy. Seven day working is growing fast in England but is yet to get a foothold in Wales or Northern Ireland.

Management of stroke services

The lack of junior medical staff in Wales and Northern Ireland compared to England is further compounded by less consultant time with both having only half the number of sessions. It is also disappointing that there is only one stroke specialist registrar in Wales and Northern Ireland. Either doctors in Wales and Northern Ireland are working extraordinarily hard, which may well be the case or else the patients are not getting sufficient attention; either way the situation is unsustainable.

Quality improvement

Wales are doing well in terms of ensuring that management and clinicians are working together overseeing and running stroke services and also in reviewing patient experience. Almost a third of English hospitals have not produced a report on patient views in the last year and only two of 11 hospitals have done so in Northern Ireland.

Research studies

Participation in stroke research has grown enormously in recent years particularly in England thanks to the stroke research network; there has also been an increase in the other two countries but at a slower rate.

Patient support and communication

Wales and Northern Ireland are performing better than England at the provision of patient focussed information and support, particularly in terms of linking with patient and carer organisations. None of the countries can be proud of the services that are provided for patients requiring vocational rehabilitation, although in all there has been improvement since the last audit.

Early Supported Discharge Teams and Community Rehabilitation Teams

Early supported discharge should be a fundamental component of every stroke service and in two thirds of hospitals in England and a 100% of Northern Irish areas it does now have a place. There is only one stroke/neurology specific team in the whole of Wales where it appears that they have opted to invest in non-specialist teams which have not been shown to be an effective model. It may be that demographic and geographical issues have influenced this choice but it is suggested that this issue is addressed again to see if the most effective form of care can be delivered in the transition between hospital and home. All countries have problems with specialist provision of longer term stroke and neurology community services but again this is particularly acute in Wales with only one such service in the whole of the country. The situation is scarcely better in Northern Ireland.

Section 3: Organisation of stroke care by domains

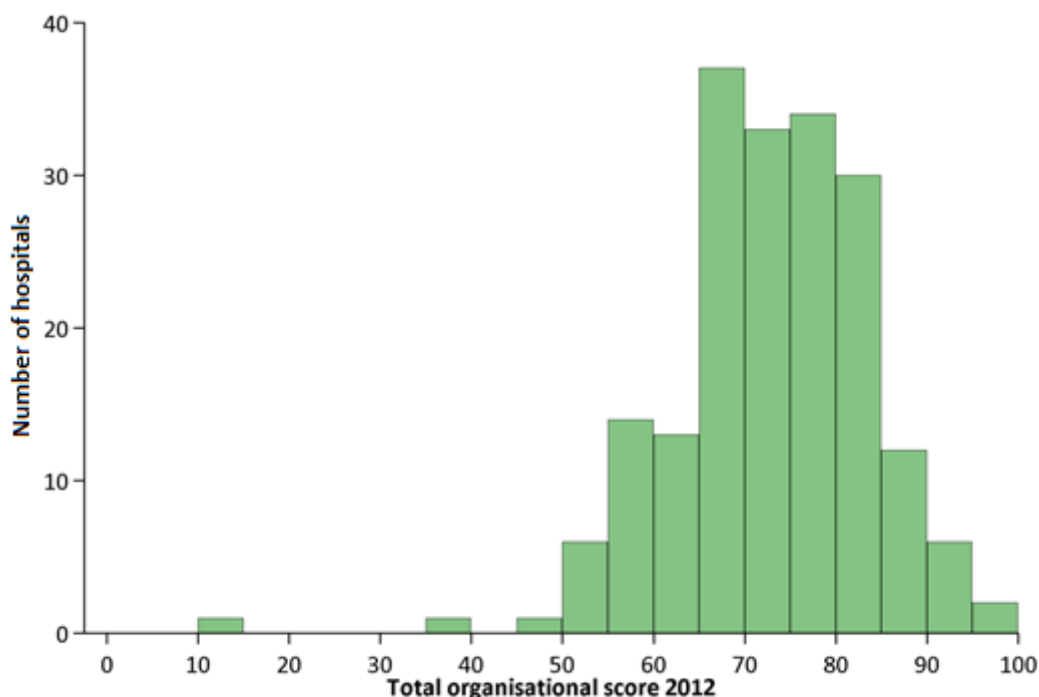
This section gives a comprehensive overview of the organisation of stroke services nationally. It points to key areas of good practice and areas requiring improvement.

The results are divided into 8 domains covering key aspects of the organisation of stroke care. A domain comprises several elements that relate to the topic. A scoring system was developed to enable hospitals to compare their organisation of stroke care with other hospitals. The scores for each domain ranges from 0 to 100 with 100 being the optimal score. For each domain, hospitals are classed as having achieved a low, intermediate or high score. This will be based on their score in that domain, relative to all other hospitals. A total organisational score is obtained by calculating the average of the 8 domain scores.

The section begins with the national level results for total organisational score. There is then a summary of performance in each domain followed by a breakdown of results for the components of each domain. Domain scores and total organisational score by named hospital are included in the public tables (Section 6).

Total organisational score

The median organisational score is 73.3

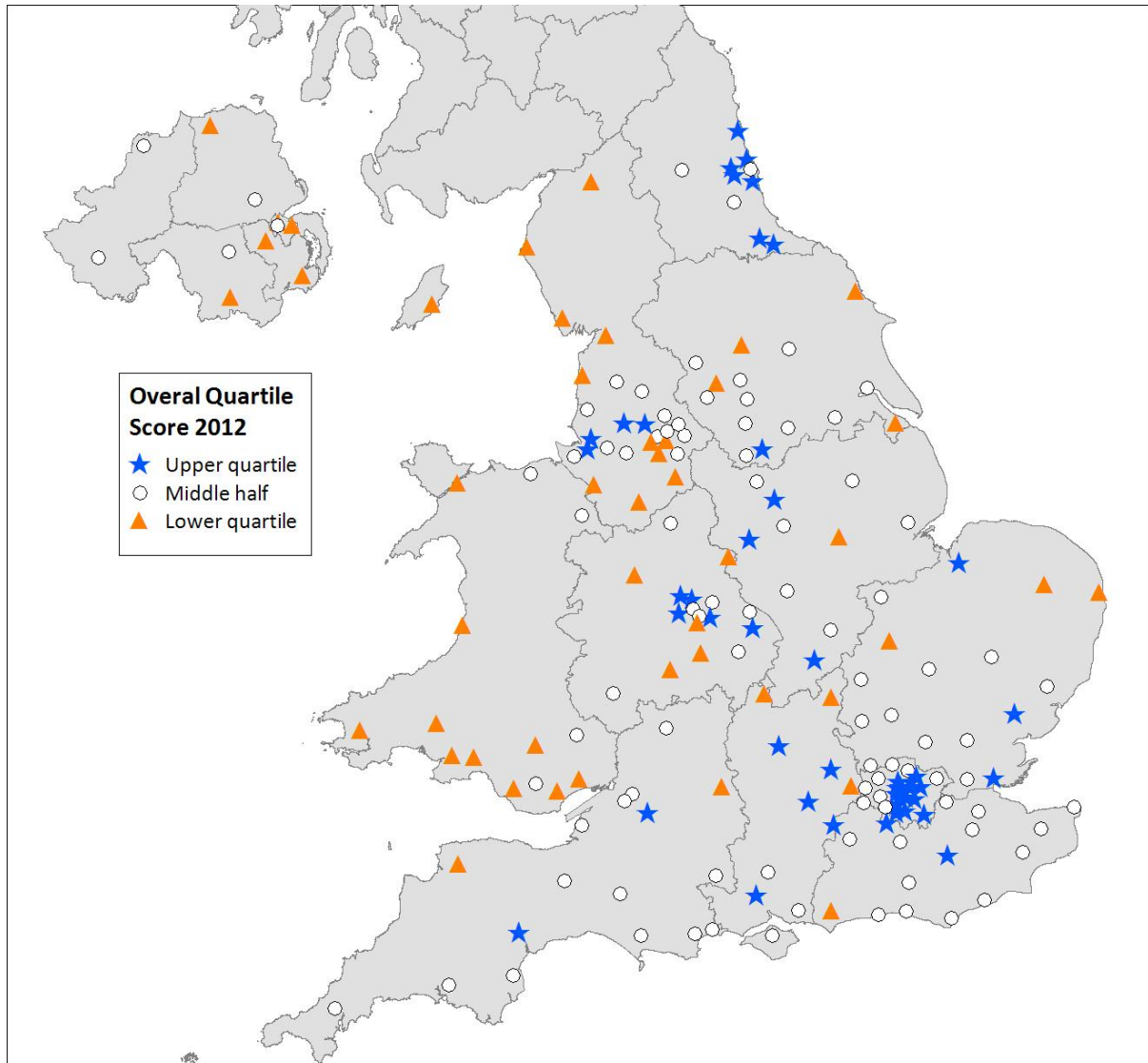


The table below shows the range of scores for all hospitals in the audit.

Lower quartile	Middle half	Higher quartile
48 hospitals (25%) Scored 11.5-66.6	95 hospitals (50%) Scored 66.6-80.4	47 hospitals (25%) Scored 80.4-97.5

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The map below shows the overall organisational position performance of all participating hospitals. Each symbol represents a hospital, colour coded by whether it is in the top 25% of hospitals (upper quartile in blue), the bottom 25% of hospitals (lower quartile in orange), or the middle 50% (middle half in white).



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 1 – Acute care organisation

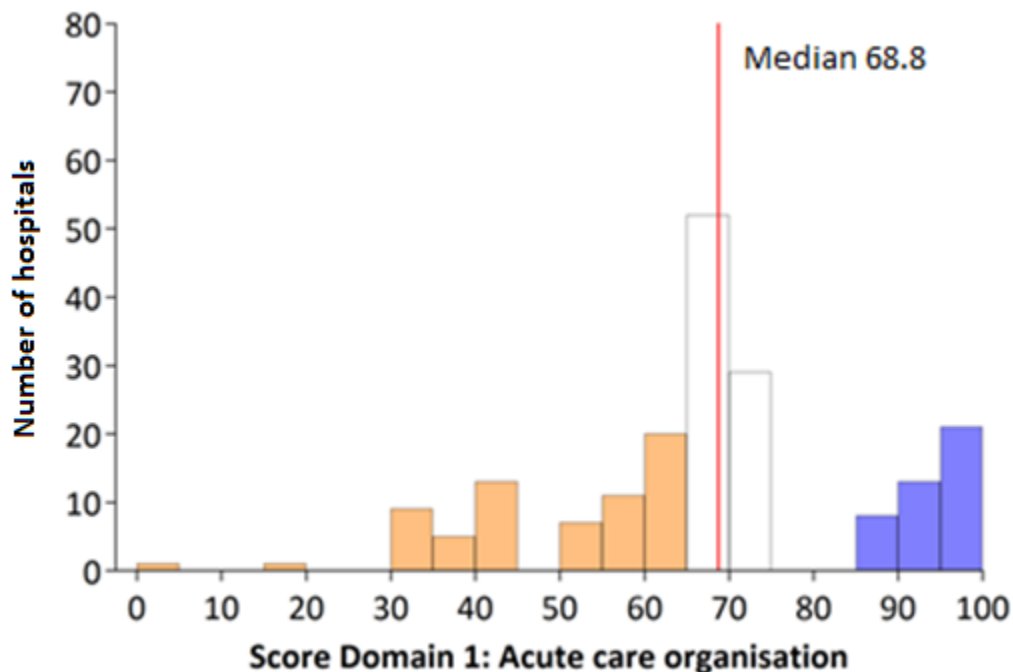
Domain 1: Overview

This domain includes

- the presence of 7 acute criteria which define a high quality stroke unit for stroke patients in the first 72 hours after stroke. These criteria are: access to immediate brain imaging, continuous physiological monitoring, nurses trained in swallow screening, nurses trained in stroke assessment/management, existence of stroke protocols, direct admission to a stroke unit and daily specialist ward rounds.
- the level of thrombolysis (clot-busting treatment) either on-site or in a formal arrangement
- the percentage of patients thrombolysed from 1 April 2011 to 31 March 2012

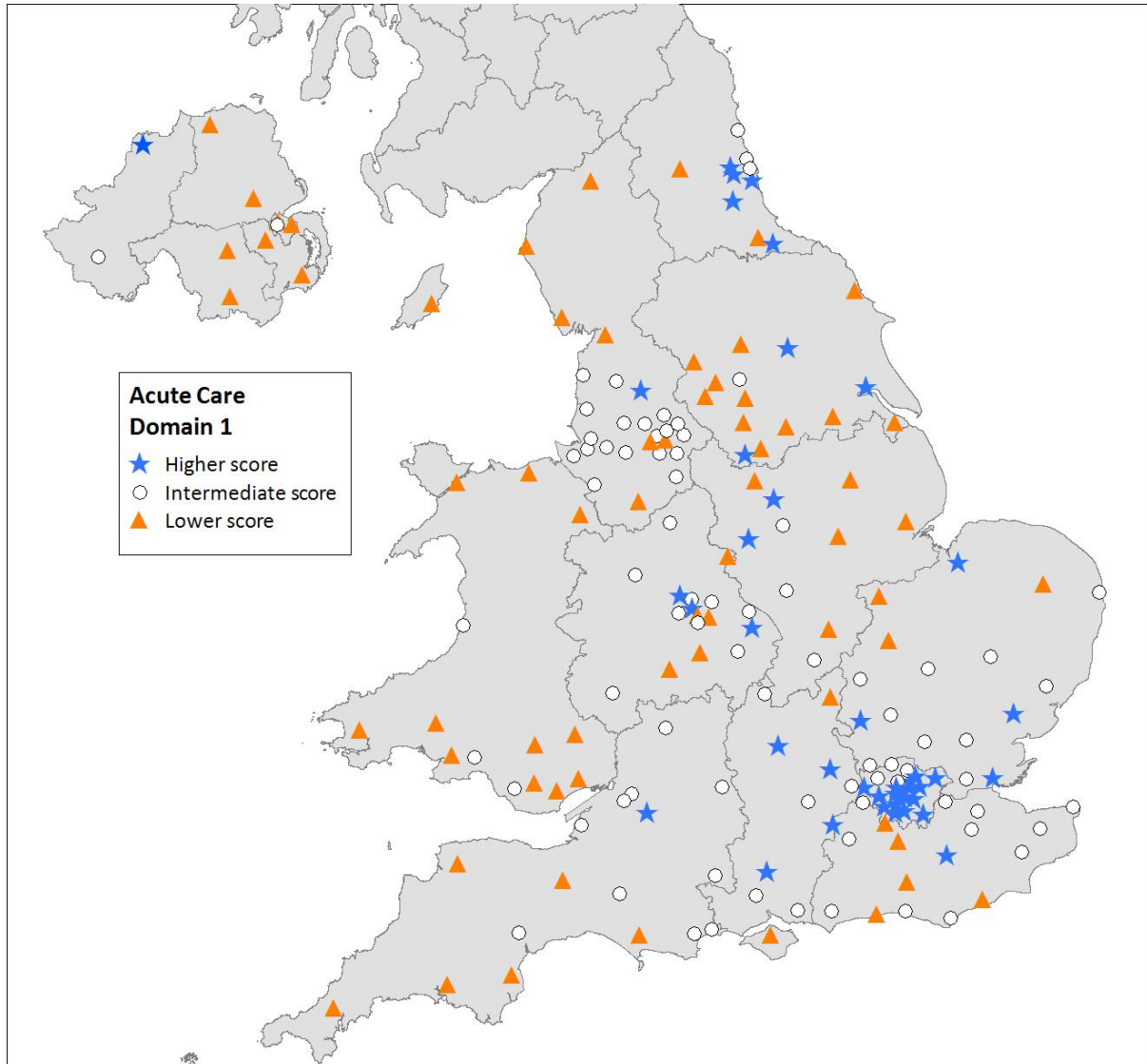
The table below shows the range of scores for Domain 1. The median national score is 68.8.

Lower scores	Intermediate scores	Higher scores
67 hospitals (35%) scored 0-62.5	81 hospitals (43%) scored 66.7-75.0	42 hospitals (22%) Scored 87.5-100



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The map below shows the performance of all participating hospitals for Domain 1 – acute care organisation. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Please note: 14 hospitals in London which do not treat patients during the first 72 hours after stroke have been allocated the Domain 1 score of the hospital where their patients are treated during this initial phase.

Domain 1: More detailed results

Seven acute criteria defined for high quality acute stroke care

Standard: A stroke patient should always be cared for on a stroke unit which has the necessary equipment and procedures in place and is staffed with trained multidisciplinary clinicians.

Comment: Acute stroke patients should be managed on units staffed and equipped in a similar way to high dependency units. This includes daily consultant led ward rounds, ability to closely monitor physiological variables and access to immediate imaging when needed. 29% of stroke units with beds specifically for the first 72 hours fulfil all of the 7 quality criteria for high quality stroke units. 90% achieve 5 or more of these criteria. Performance is less good where there are not specifically designated beds for the early stages of admission with the figures being 12% achieving all the standards and 88% achieving 5 or more standards. Perhaps most disappointing is that only 58% of units with beds specifically for the first 72 hours and 43% of units with combined beds have a policy for direct admission of patients from A&E and there are 20 units with hyper-acute beds that do not have access to continuous physiological monitoring. Overall these figures are a considerable improvement on previous audit results but do show that there is still more work to be done to ensure that all stroke patients are admitted to and managed on units fully compliant with the core standards.

Acute Criteria	Beds used solely for first 72 hours after stroke	Beds used for both first 72 hours of care and beyond
1) Continuous physiological monitoring (ECG, oximetry, blood pressure)	Criterion is 100% of beds are monitored MET BY 76%	Criterion is at least one monitored bed MET BY 84%
2) Immediate access to brain scanning	100%	99%
3) Admission procedure to stroke unit	58% *	43% *
4) Specialist ward rounds at least 7 times a week	53%	30%
5) Acute stroke protocols/guidelines	99%	99%
6) Nurses trained in swallow screening (at least one on duty at 10am, 7 days a week)	99%	98%
7) Nurses trained in stroke assessment and management (at least one on duty at 10am, 7 days a week)	100%	95%

* criterion is either i) All patients are always directly admitted or ii) All patients are directly admitted, except for those who have another predominant acute condition which demands management on another ward

Thrombolysis provision

Patients seen within 4 and a half hours of developing symptoms should be considered for thrombolysis. Not all patients are suitable and giving the treatment to unsuitable patients can be dangerous. However when given to the right patients, at the right time and in the right way it can dramatically reduce the risk of long term disability.

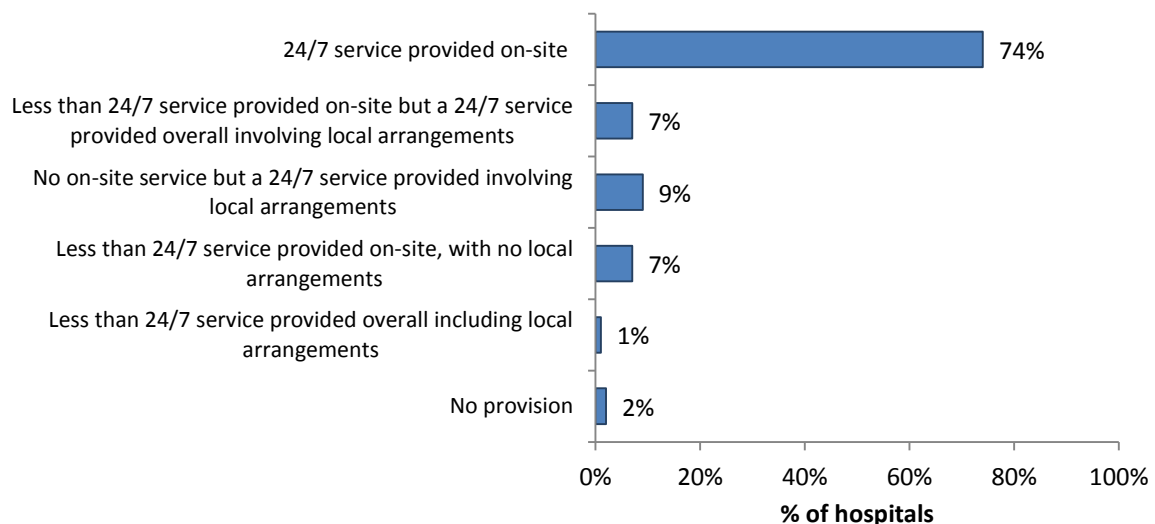
NICE recommendations: Alteplase is recommended for the treatment of acute ischaemic stroke when used by physicians trained and experienced in the management of acute stroke. It should only be administered in centres with facilities that enable it to be used in full accordance with its marketing authorisation. (Alteplase TA122 2007).

Alteplase should be administered only within a well organised stroke service with:

- staff trained in delivering thrombolysis and in monitoring for any complications associated with thrombolysis
- level 1 and level 2 nursing care staff trained in acute stroke and thrombolysis
- immediate access to imaging and re-imaging, and staff trained to interpret the images.

Comment: The most dramatic change in stroke services over recent years has been the increase in access to thrombolysis. 89% of hospitals now offer a thrombolysis service of some sort. 74% are now offering an onsite service 24 hours a day seven days a week. A further 7% had arrangements with another local hospital to provide out of hours cover and 9% had no onsite service but arrangements for cover at all times from a neighbouring hospital. Only 15 of the 45 hospitals that did not offer 24/7 onsite thrombolysis did not have an arrangement with the ambulance service to bypass their hospital where patients might benefit from thrombolysis to cover the 24 hour period and only 4 hospitals had no system in place at all to be able to offer their local population thrombolysis at least for part of the week.

Provision of thrombolysis and whether 24 hours per day and including weekends (24/7) either on-site or in combination with another hospital



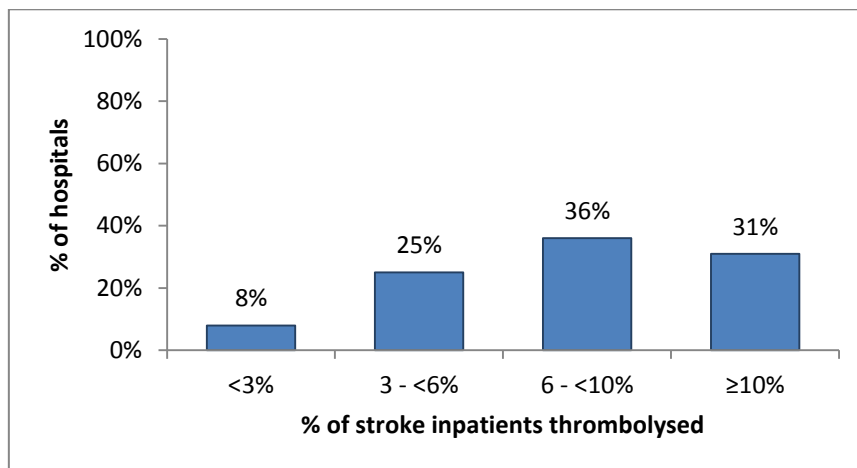
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90% of hospitals now offer 24/7 thrombolysis either onsite or in collaboration with a neighbouring hospital.

Percentage of patients thrombolysed per hospital

Of those hospitals that are treating patients with thrombolysis the median number of such patients treated in the previous year was 33 or 6.7% of their annual stroke admissions.

The graph below shows the percentage of patients thrombolysed as a proportion of all stroke admissions between 1 April 2011 and 31 March 2012.



Domain 2 – Organisation of care

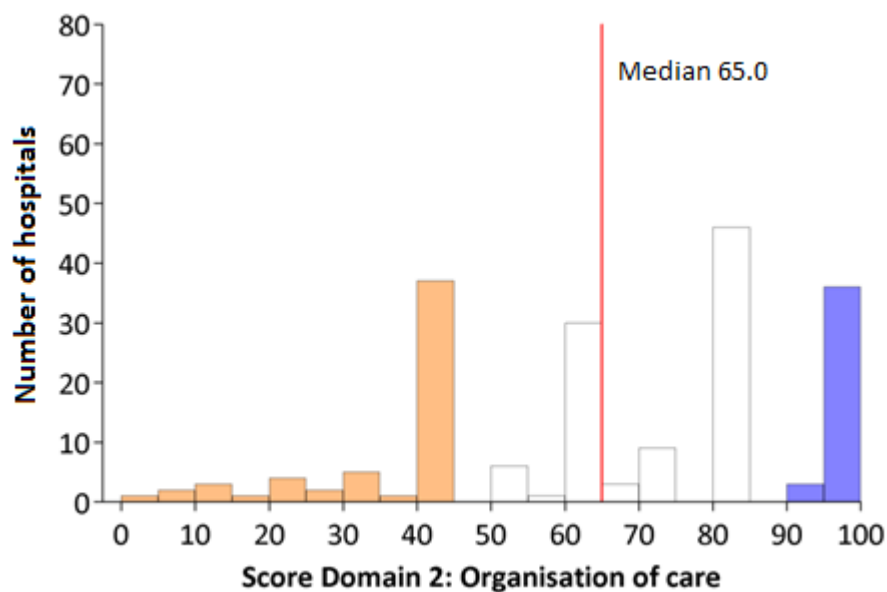
Domain 2: Overview

This domain includes

- the location of stroke patients on the day of the audit
- ratio of stroke unit beds to the number of inpatients with stroke
- presence and composition of a stroke/neurology specialist early supported discharge (ESD) multidisciplinary team
- presence and composition of a stroke/neurology specialist community team for longer term management
- access to physiotherapist, occupational therapist or speech and language therapist in specialist ESD team within 48 hours

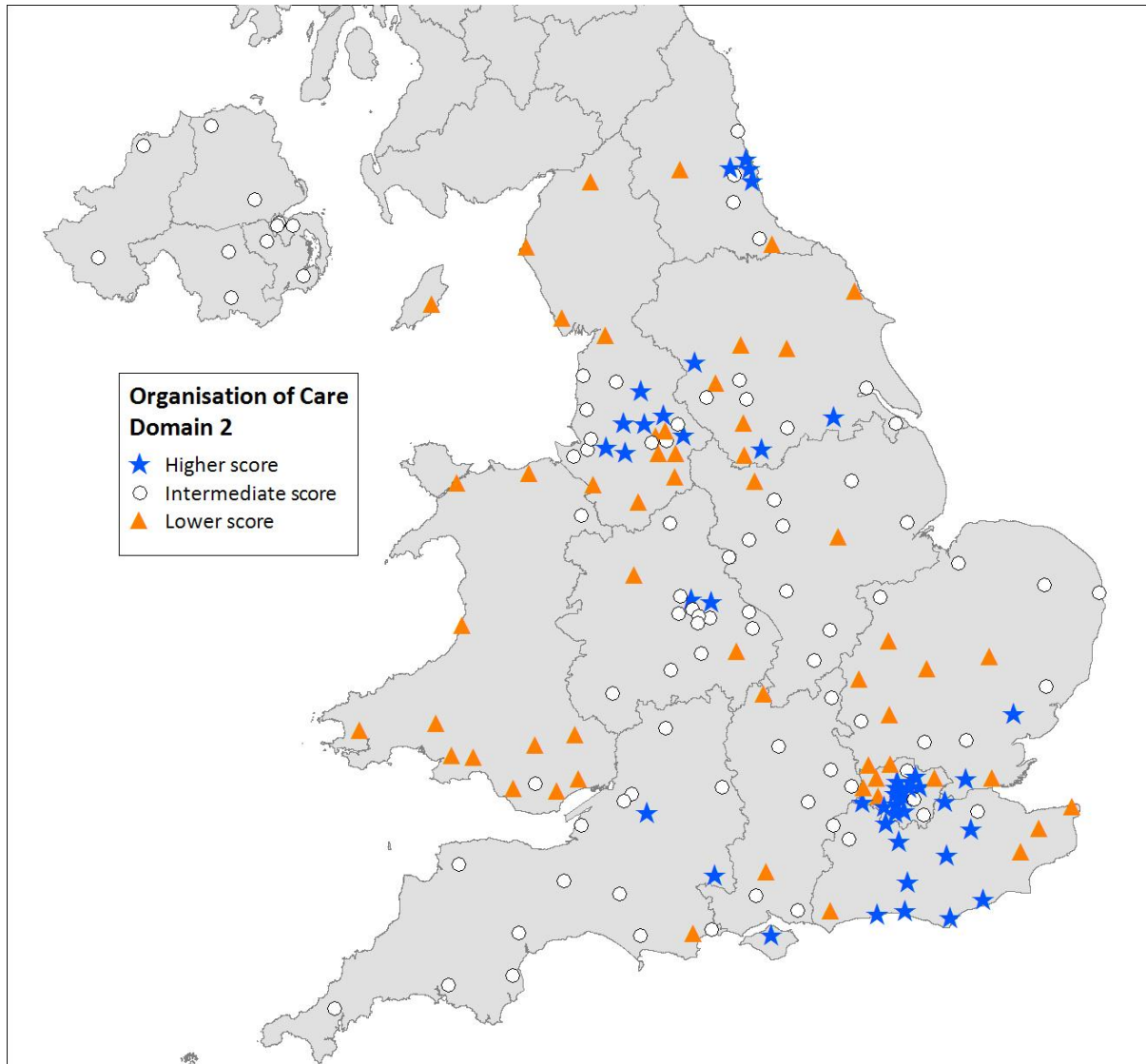
The table below shows the range of scores for Domain 2. The median national score is 65.0

Lower scores	Intermediate scores	Higher scores
56 sites (29%) Scored 0-45.0	89 sites (47%) Scored 50.0-80.0	45 sites (24%) Scored 85.0-100



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Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 2 – organisation of care. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

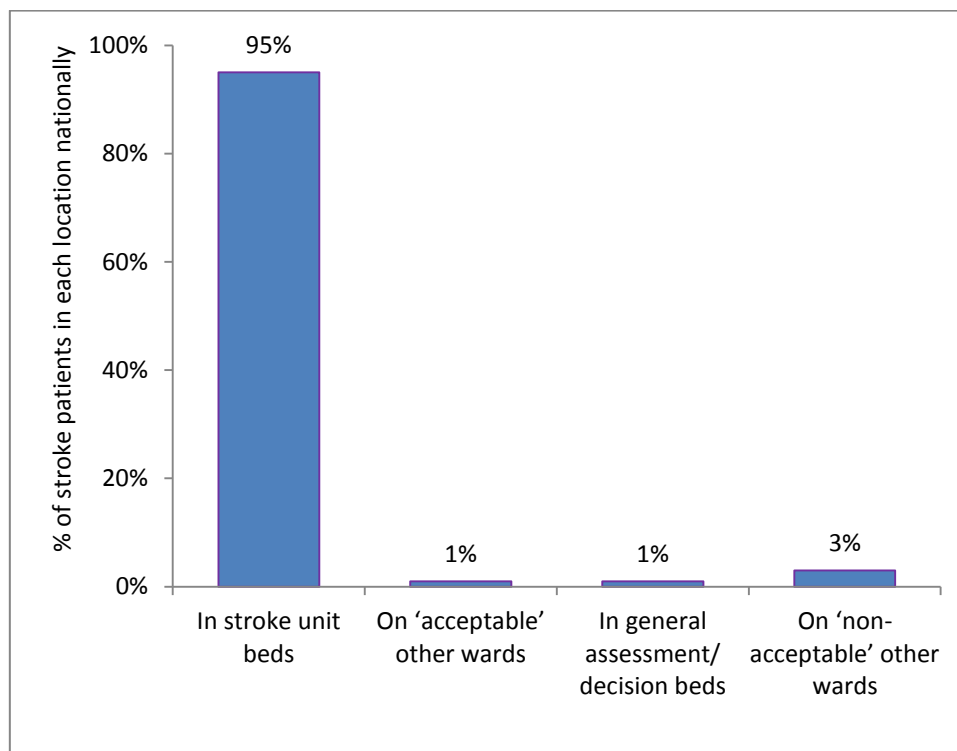
Domain 2: More detailed results

Location of stroke patients on 2 July 2012

NICE Quality Standard: Patients with suspected stroke are admitted directly to a specialist acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated.

Comment: There has been a dramatic increase in the proportion of patients being managed on stroke unit beds in recent years.

95% of patients on the day used for the audit were on a stroke unit with about 1% on other 'acceptable' wards*, 1% on medical assessment units (MAUs) and 3% on other 'non-acceptable' wards**.



*Acceptable 'other' locations are coronary care unit (CCU), intensive care unit (ITU) and high dependency unit (HDU)

**Non-acceptable 'other' locations are care of the elderly ward, neurology ward, generic rehabilitation unit, general medical ward, 'others' & 'unknown'.

Early Supported Discharge team (ESD team)

Definition

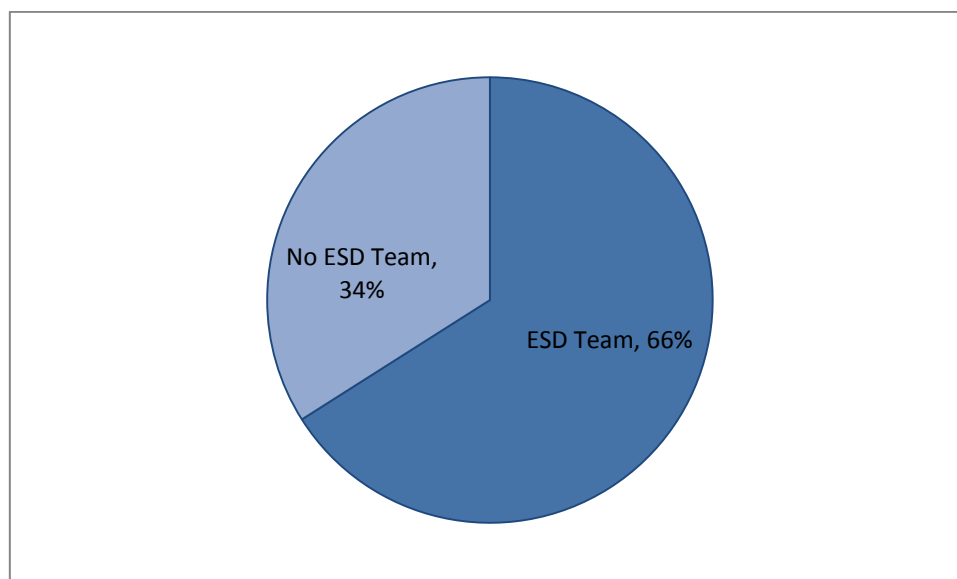
An Early Supported Discharge team is a multidisciplinary team which provides rehabilitation and support in a community setting with the aim of reducing the length of in-hospital stay for stroke patients. A stroke/neurology specific team is one which treats stroke patients either solely or in addition to general neurology patients.

National Clinical Guideline: Provide early supported discharge to patients who are able to transfer independently or with the assistance of one person. Early supported discharge should be considered a specialist stroke service and consist of the same intensity and skillmix as available in hospital, without delay in delivery.

66% of hospitals have access to a stroke specialist early supported discharge multidisciplinary team.

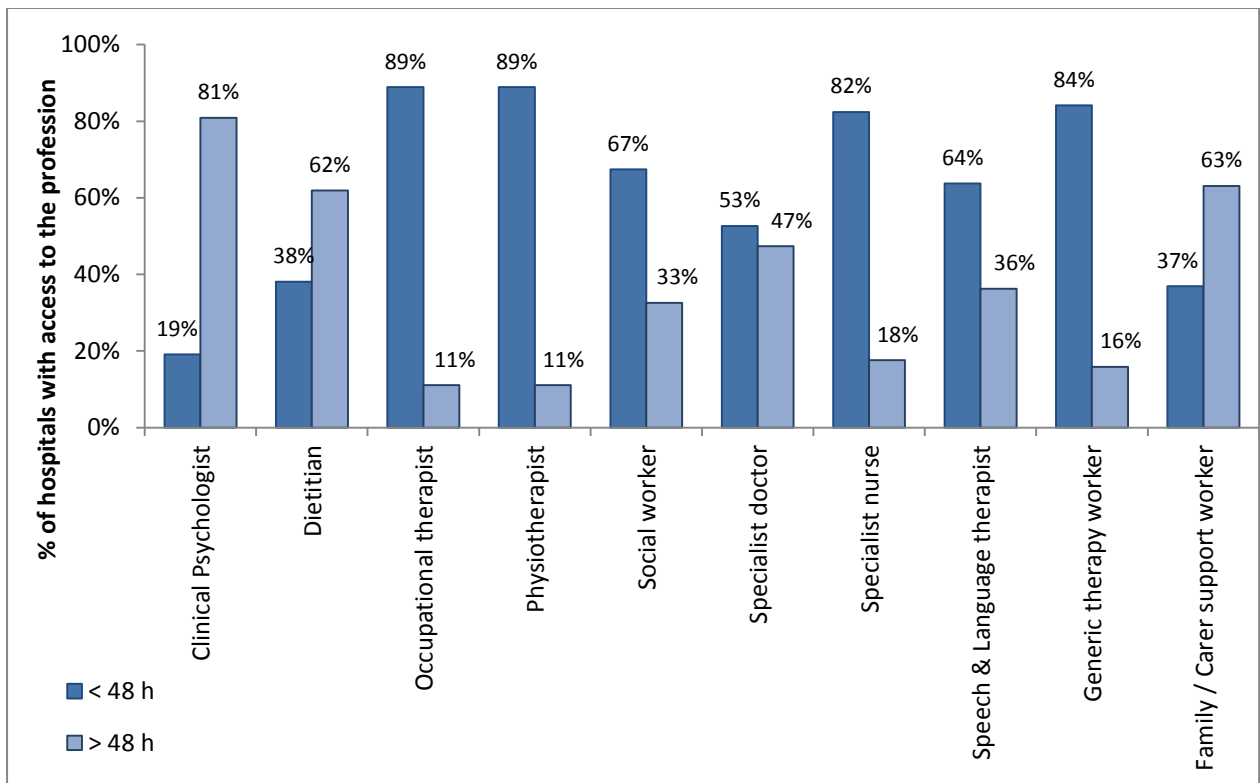
Comment: There has been a welcome substantial growth in the number of services providing early supported discharge after stroke up from 44% in 2010 to 66% in this audit. 85% of these services are stroke specific with the remaining 15% also taking other neurology patients. All ESD teams have physiotherapy and occupational therapy and most have speech and language therapy. Many also have access to a range of other specialties. There are however a few services that appear to have waiting times of over 2 weeks even for the core members of the team which would render the 'early supported discharge' team open to being taken to court under the Trade Descriptions Act! Overall a median of 30% of patients are treated by these teams making them an extremely useful adjunct to the specialist hospital service.

Access to a specialist early supported discharge team



89% of early supported discharge teams include four or more specialties including physiotherapists, occupational therapists, and speech and language therapists.

Percentage of early supported discharge teams with waiting times less than or greater than 48 hours by profession

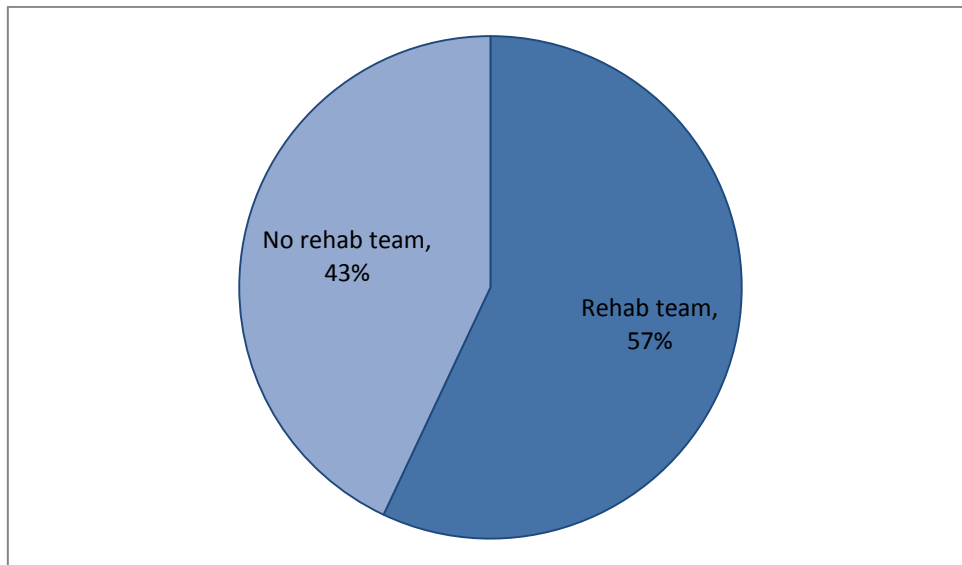


Longer Term Specialist Community Rehabilitation Team

57% of hospitals have access to a stroke specialist early supported discharge multidisciplinary team.

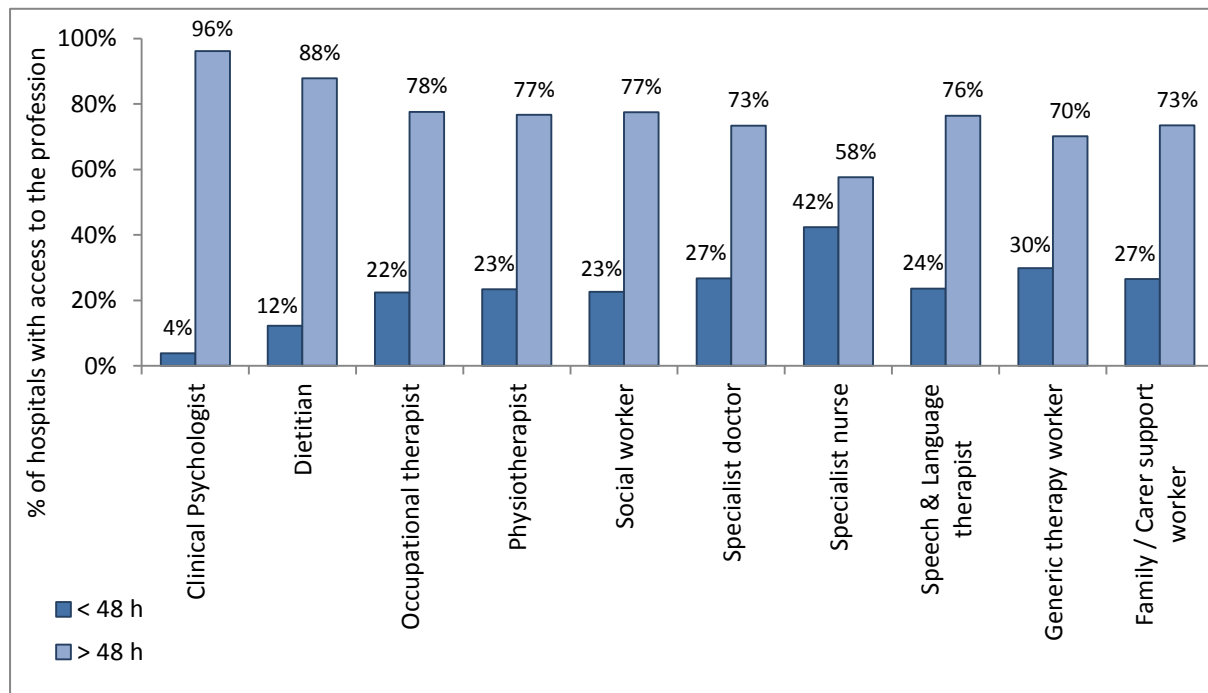
Comment: While excellent progress has been made in developing inpatient and early supported specialist services the same cannot be said of longer term community rehabilitation which is just as important, if not more so. Over 40% of acute hospitals are sending their patients home without access to any specialist neurological rehabilitation. The teams that do exist are handling very large caseloads with a median of 18 patients seen in the previous week. Many of the teams have unacceptably long waiting lists.

Access to a stroke/neurology specialist community rehabilitation team for longer term management



81% of community rehabilitation teams include four or more specialties including physiotherapists, occupational therapists, and speech and language therapists.

Percentage of community rehabilitation teams with waiting times less than or greater than 48 hours by profession



Domain 3 – Specialist Roles

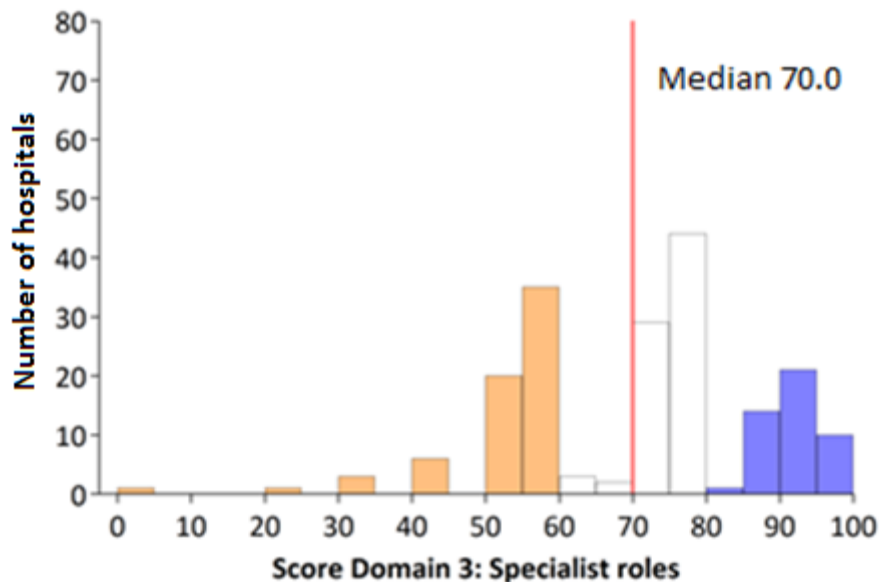
Domain 3: Overview

This domain describes and quantifies the specialist medical care available for participating hospitals. It includes

- the number of consultant ward rounds per week for stroke units
- the seniority of nurses and therapists
- access to social work expertise, orthoptics, orthotics and podiatry (foot health) within 5 days
- treatment of palliative care patients on the stroke unit.
- access to clinical psychologists and aspects of psychological care provided
- provision of educational and vocational training
- whether or not patients stay in bed until assessed by physiotherapist

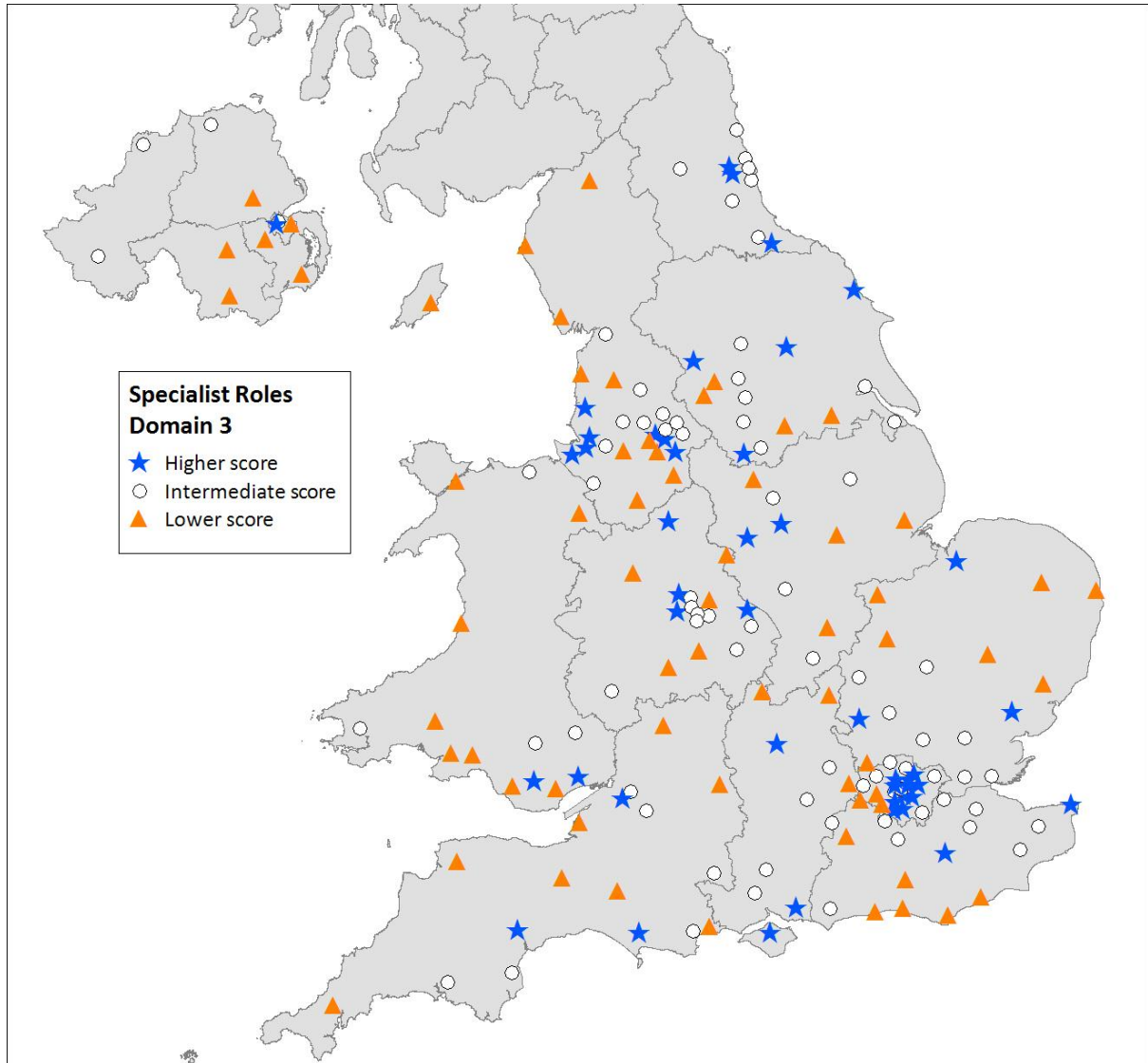
The table below shows the range of scores for Domain 3. The median national score is 70.0

Lower scores	Intermediate scores	Higher scores
66 hospitals (35%) Scored 0-60.0	78 hospitals (41%) Scored 62.5-80.0	46 hospitals (24%) Scored 81.3-100



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 3 – specialist roles. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 3: More detailed results

Consultant ward rounds

Standard: Stroke is a complex disease and is best managed by staff with specialist knowledge and experience both in the initial phase where diagnosis and acute treatment is a priority and subsequently during the period of rehabilitation.

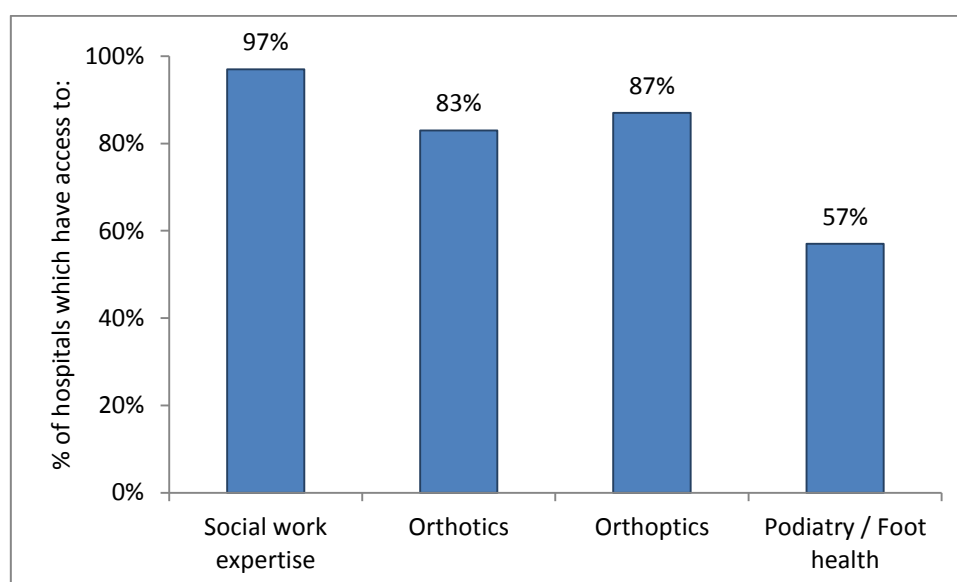
Comment: Just over half of beds used solely for patients in the first 72 hours have a daily ward round. Only 30% of units which do not have specifically designated beds for the early stages of admission have daily ward rounds.

Number of stroke consultant ward rounds in a week	Stroke beds used solely for the first 72 hours of care	Stroke beds used for the first 72 hours of care and beyond
7 days	53%	30%
5-6 days	42%	55%
Less than 5 days	5%	15%

Access to social work, orthoptics, orthotics and podiatry

Comment: There is good access to other important services such as social work, orthoptics and orthotics but this is less good for podiatry with only 57% of hospitals being able to access a service within 5 days.

Access to specialists within 5 days of referral



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

Access to clinical psychologists

Comment: Access to psychology services has improved on stroke units with 52% of units having some resource.

52% of hospitals have access to clinical psychologists. Of these, 75% have access within 5 days.

Palliative care

National Clinical Guidelines:

Teams providing care for patients after stroke should be taught how to recognise patients who might benefit from palliative care. All staff caring for people dying with a stroke should be trained in the principles and practice of palliative care. All patients who are dying should have access to specialist palliative care expertise when needed. All patients who are dying should be given the opportunity of timely/fast-track discharge home or to a hospice or care home according to wishes of the patient and/or carers.

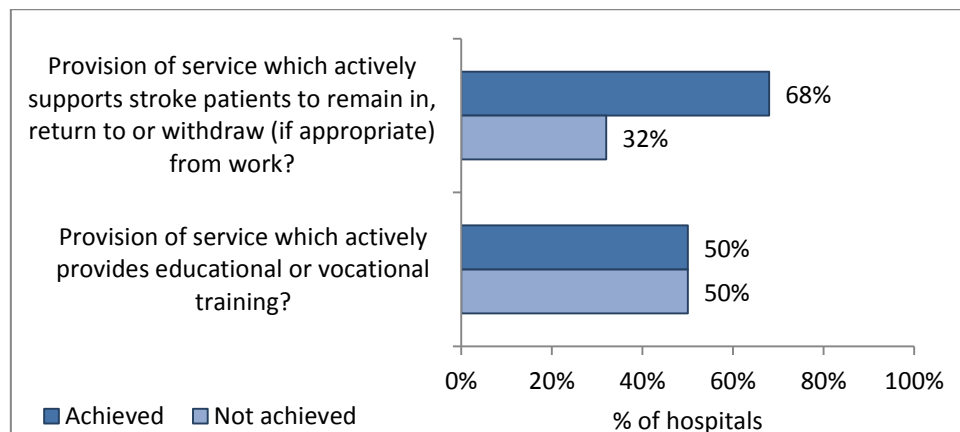
Comment: There appears to be good access to specialist palliative care expertise.

Palliative care patients are treated on stroke units	99%
If YES:	
• Liverpool Care Pathway used*	99%
• Same day access to a specialist palliative care team on weekdays	95%
• Same day access to a specialist palliative care team at the weekend	53%

*or equivalent in Wales

Support for working age patients

Comment: 68% of hospitals say they have a service to support return to work and 50% provide vocational rehabilitation. This is at odds with surveys of patients that suggest that very few get access to this sort of help after discharge from hospital; if the numbers are right then this is a welcome improvement and needs to be spread even more widely.

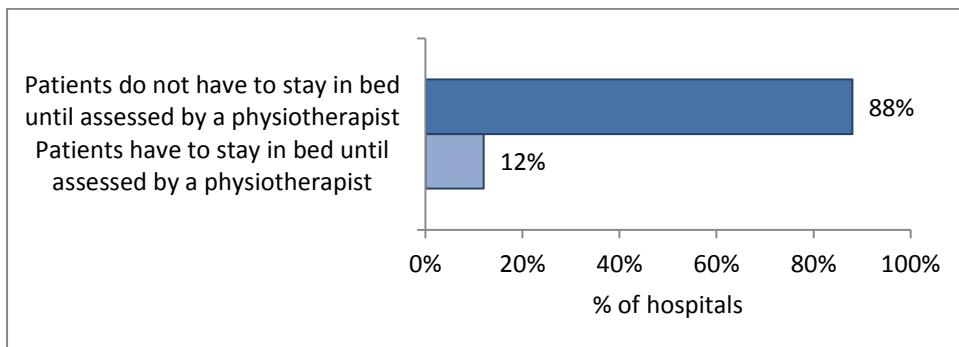


Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

Patient mobility

National Clinical Guideline: People with acute stroke should be mobilised within 24 hours of stroke onset, unless medically unstable, by an appropriately trained healthcare professional with access to appropriate equipment.

Comment: There is no need for patients to remain in bed until assessed by a physiotherapist. However, there are still 12% of units where this practice occurs. In these units it would appear that there is insufficient training for or trust in the nursing staff to be able to make a key decision with regards to a patients' rehabilitation.



Domain 4 – Inter disciplinary services (for hospitals with a stroke unit)

Domain 4: Overview

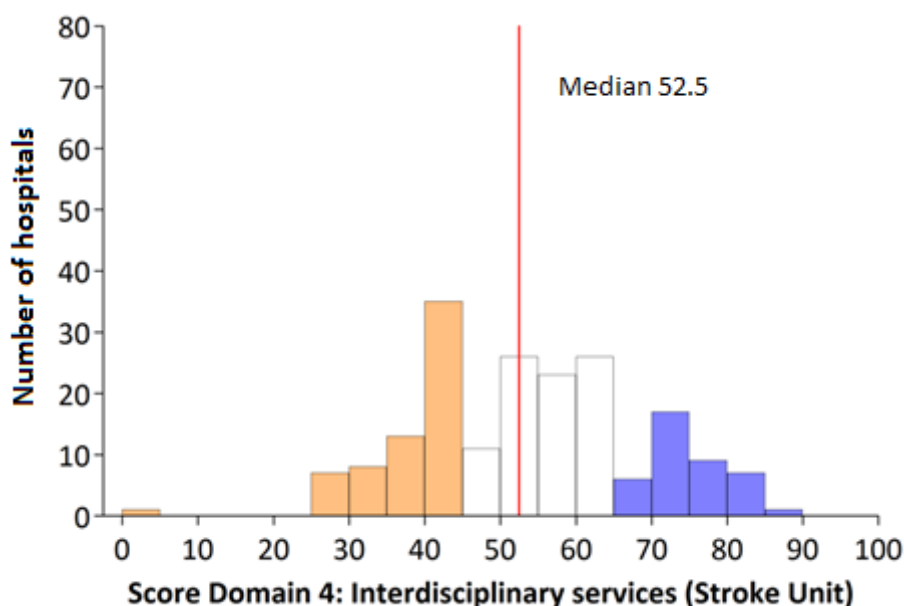
The composition of the multidisciplinary team and staffing of different professions in the stroke units are described and the ratio of staff to stroke unit beds quantified. Research shows patients with acute stroke should be offered organised inpatient care, which is typically provided by a co-ordinated multidisciplinary team operating within a discrete stroke ward.

This domain includes

- Qualified nurses on duty at 10 am weekdays per 10 SU beds
- Care assistants on duty at 10 am weekdays per 10 SU beds
- Qualified therapy staff availability in WTE (Whole Time Equivalents) per 10 stroke unit beds
 - Clinical psychology
 - Dietetics
 - Occupational Therapy
 - Physiotherapy
 - Speech & Language Therapy
 - Pharmacy
- 6 or 7 day working for occupational therapy, physiotherapy, speech and language therapy

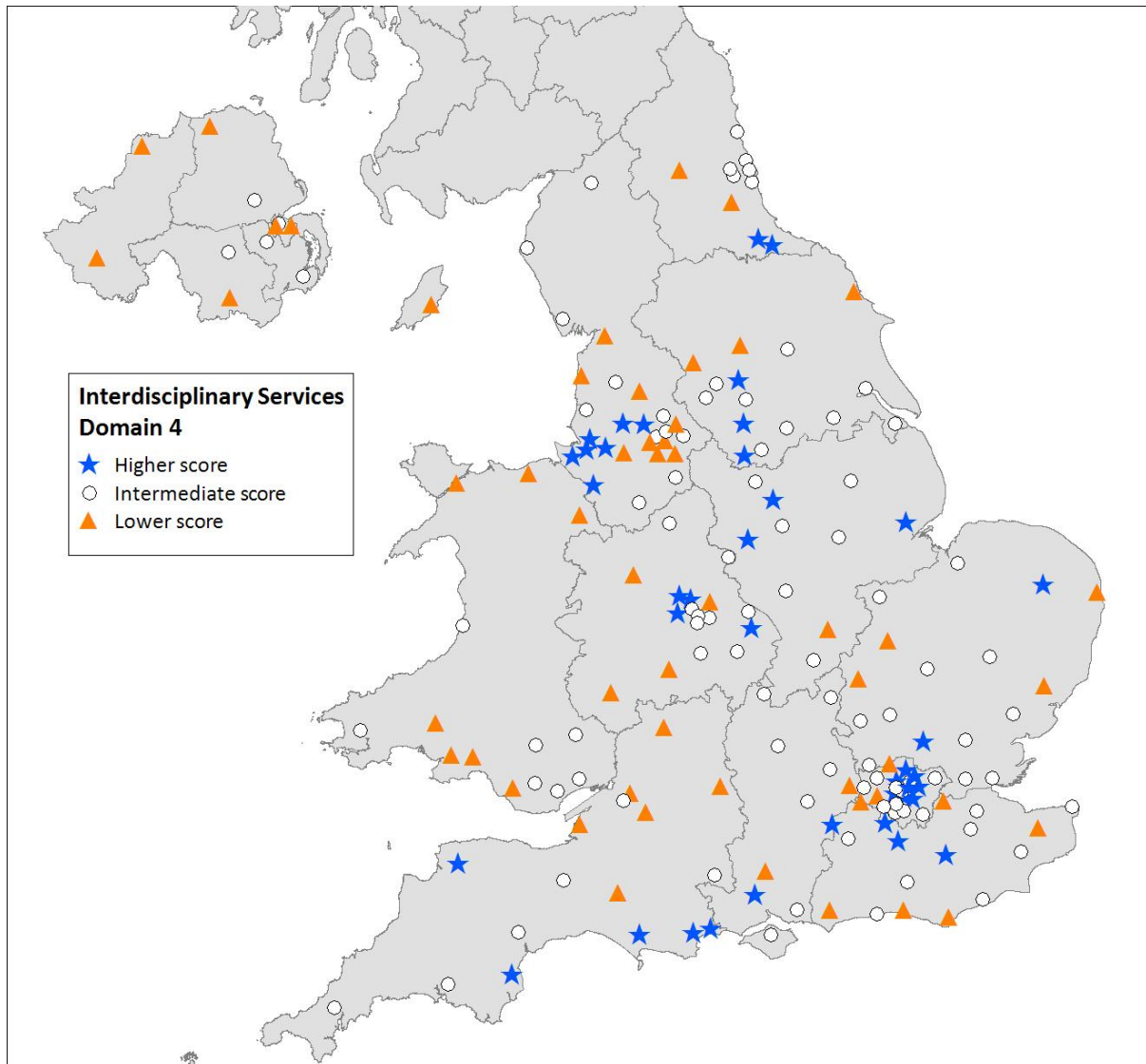
The table below shows the range of scores for Domain 4. The median national score is 52.5.

Lower scores	Intermediate scores	Higher scores
54 hospitals (29%) Scored 0-42.5	96 hospitals (51%) Scored 45.0-65.0	40 (21%) Scored 67.5-87.5



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 4 – interdisciplinary services. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 4: More detailed results

Standard: Effective multidisciplinary working is the most important aspect of stroke care. Staff should co-ordinate their treatments, involve patients and carers in the process and be able to provide as much therapy as the patient can tolerate..

NICE Quality Standard: Patients with stroke are assessed and managed by stroke nursing staff and at least one member of the specialist rehabilitation team within 24 hours of admission to hospital, and by all relevant members of the specialist rehabilitation team within 72 hours, with documented multidisciplinary goals agreed within 5 days.

National clinical guideline recommendations: Each stroke rehabilitation unit and service should be organised as a single team of staff with specialist knowledge and experience of stroke and neurological rehabilitation including:

- consultant physician(s), nurses, physiotherapists, occupational therapists, speech and language therapists, dietitians, clinical psychologists, social workers
- easy access to services providing: pharmacy; orthotics; orthoptists; specialist seating; patient information; advice and support; and assistive devices.

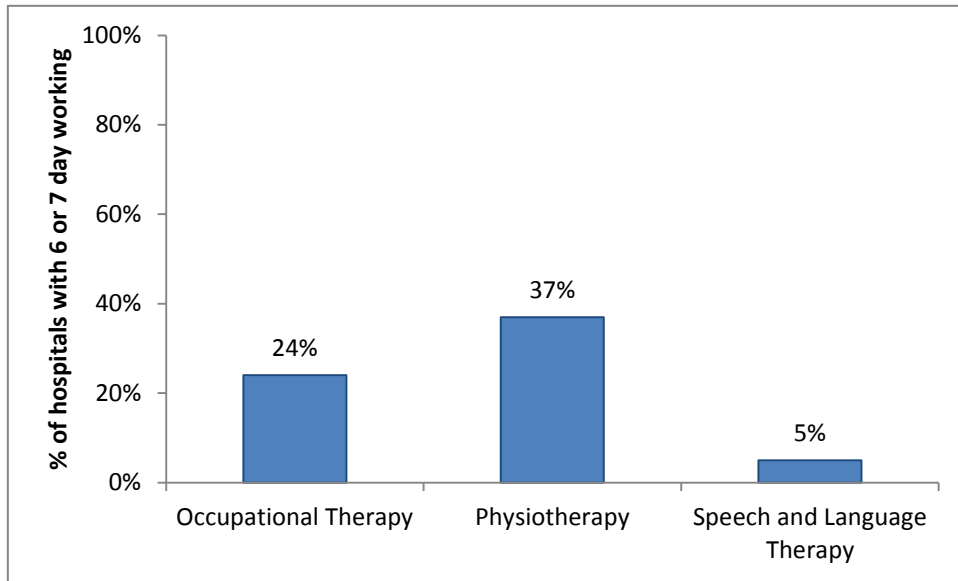
Comment: There has been a fairly rapid growth in the number of services now offering 6 or 7 day services. 25% of hospitals now have physiotherapy on seven day rotas with a further 12% operating six days a week. The numbers are less for occupational therapy (16% and 8% respectively) and much less for speech and language therapy (3% and 2%). Nursing and therapy staffing levels have not changed substantially since the last audit and still show a wide variation between hospitals. It is of concern that there is not a substantial increase in staffing levels given the increase in 7 day working. This suggests that existing resources are being spread more thinly.

Percentage of different disciplines working on stroke units and the number of nurses and care assistants on the stroke unit per day

Qualified nurse/care assistants at 10am on normal weekdays: Median	8
Staff establishment: % of hospitals who have the following staff on the stroke unit	
• Clinical Psychology	46%
• Dietetics	99%
• Occupational Therapy	100%
• Physiotherapy	100%
• Speech and Language Therapy	99%
• Pharmacy	93%

Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

6 or 7 day working for occupational therapy, physiotherapy and speech and language therapy



23% of hospitals have 6 or 7 day working for at least two of physiotherapy, occupational therapy and speech and language therapy.

Domain 5 – TIA/neurovascular service

Domain 5: Overview

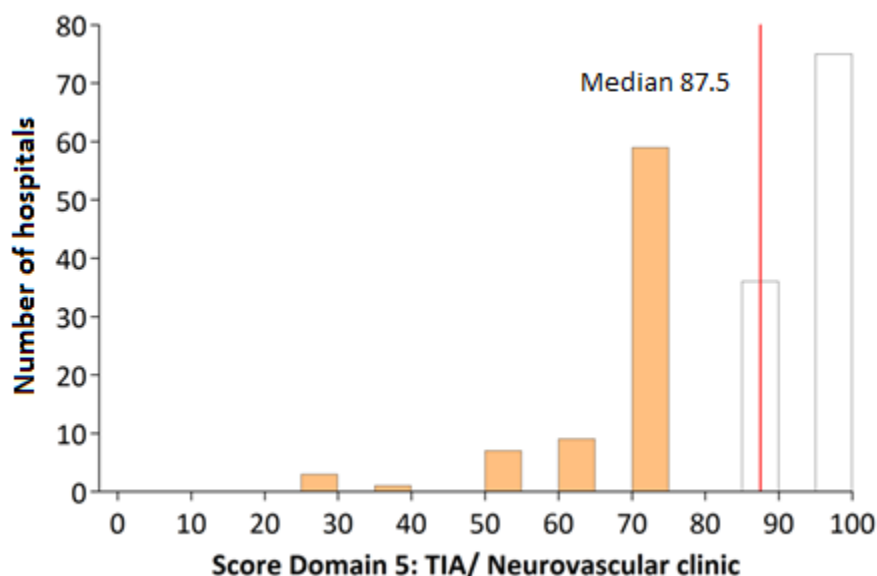
This domain includes the provision of services for patients with transient ischaemic attack. The risk of stroke within the first four weeks after TIA can be as high as 20%. It is therefore vital that patients with TIA are seen urgently, investigated and a management plan put into place. Where significant carotid stenosis is found, carotid endarterectomy should be performed as soon as possible. *National clinical guidelines for stroke (2012)* recommends that patients with TIA are seen, investigated and treated in a neurovascular clinic within one week. See the *UK Audit of Vascular Services and Carotid Endarterectomy Report August 2012* available from <http://www.rcplondon.ac.uk> for further information on the level of current provision and time taken from referral to surgery.

This domain includes

- the timeframes in which both HIGH and LOW risk patients can be seen, investigated and treated
- the usual waiting time to get carotid imaging for both HIGH and LOW risk TIA.

The table below shows the range of scores for Domain 5. The median national score is 87.5.

Lower scores	Intermediate scores	Higher scores
79 hospitals (42%) Scored 25.0-75.0	111 hospitals (58%) Scored 87.5-100	0 hospitals (0%) NA*

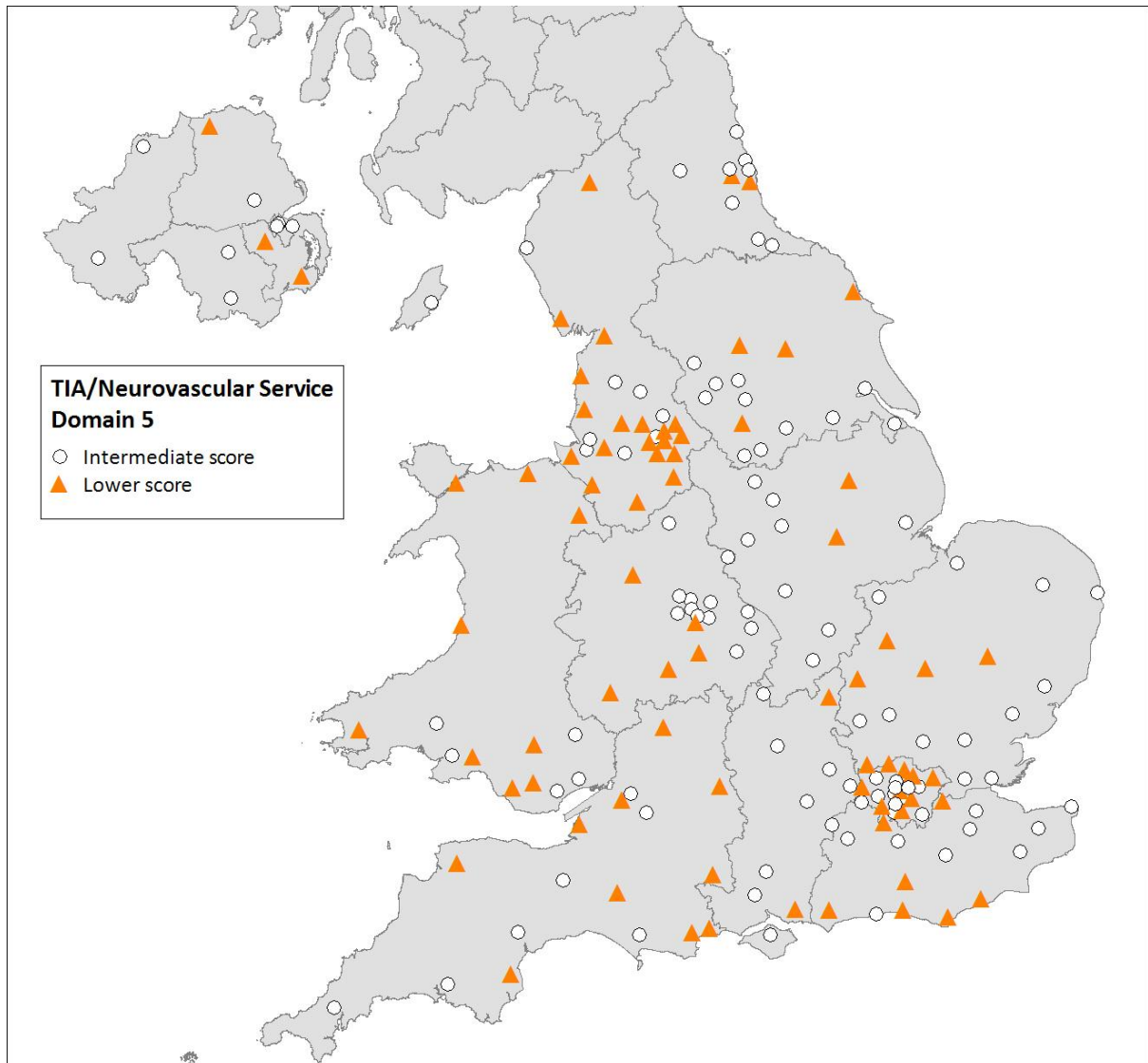


*For this domain there are no hospitals in the 'higher score' category due to the large number of hospitals scoring 75% or 100%.

Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 5 – TIA/neurovascular services. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.

*For this domain there are only two categories due to the large number of hospitals scoring 75% or 100%.



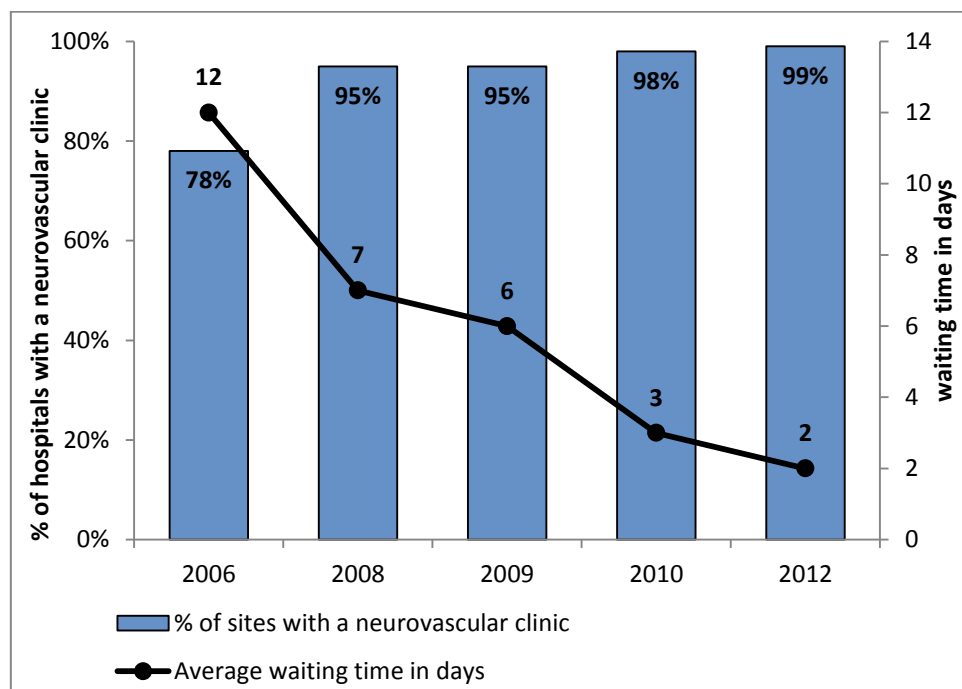
For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 5: More detailed results

National Clinical Guidelines: All patients whose acute symptoms remit within 24 hours (ie TIA) should be seen by a specialist physician (eg in a specialist neurovascular clinic or an acute stroke unit) within the time determined by their clinical features.

Comment: TIA management is another area of care that has seen a dramatic improvement in service provision over recent years. Only a few years ago neurovascular clinics were unusual with waiting times often running into weeks or months. Now, 99% of hospitals (100% of trusts) provide neurovascular clinics and the median number of clinics per month is 20 with the interquartile range being from 20-28. The median waiting time for a clinic is 2 days. There are now very few areas of the country where a high risk TIA patient would need to wait more than a week and over half of high-risk inpatients (37% of high risk outpatients) could be seen the same day seven days a week.

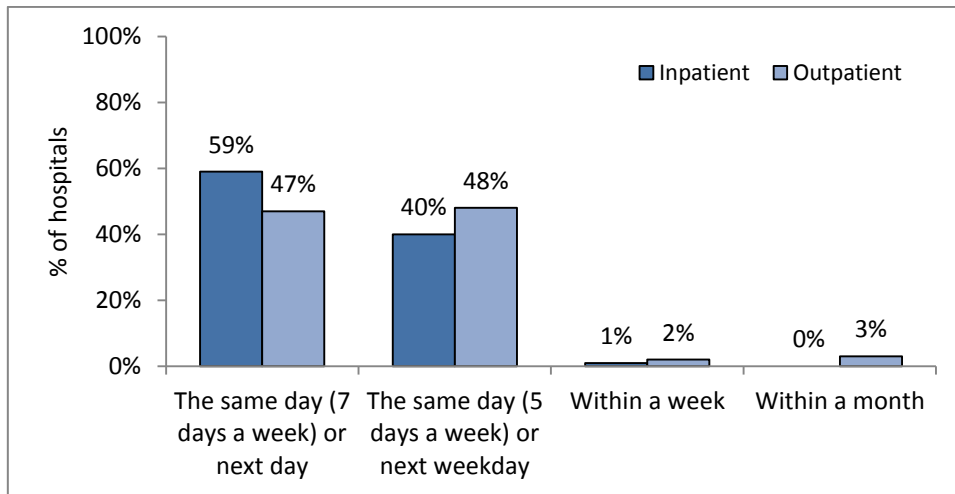
Changes in the provision of and speed of access to neurovascular clinics between 2004 and 2010



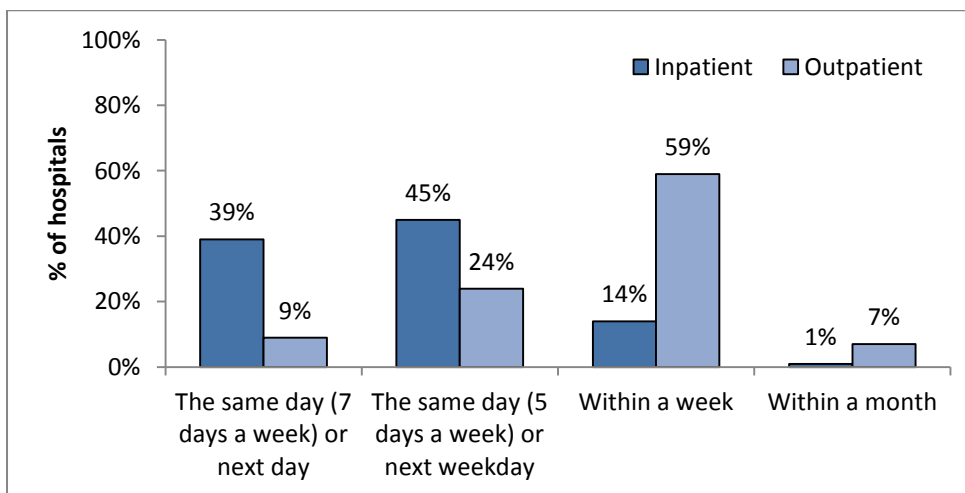
Depending on the level of potential risk to a patient that they may have a stroke within days there may be differences in service provision for inpatients and outpatients. TIA service can be provided to either or both inpatients and outpatients. High-risk TIA patients (with an ABCD² score of 4 or more) are seen, investigated and treated in 84% of hospitals if they are inpatients and in 95% of hospitals if they are outpatients. Low-risk TIA patients (ABCD² score of less than 4) are seen, investigated and treated in 45% of hospitals if they are inpatients and in 99% of hospitals if they are outpatients.

**Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012**

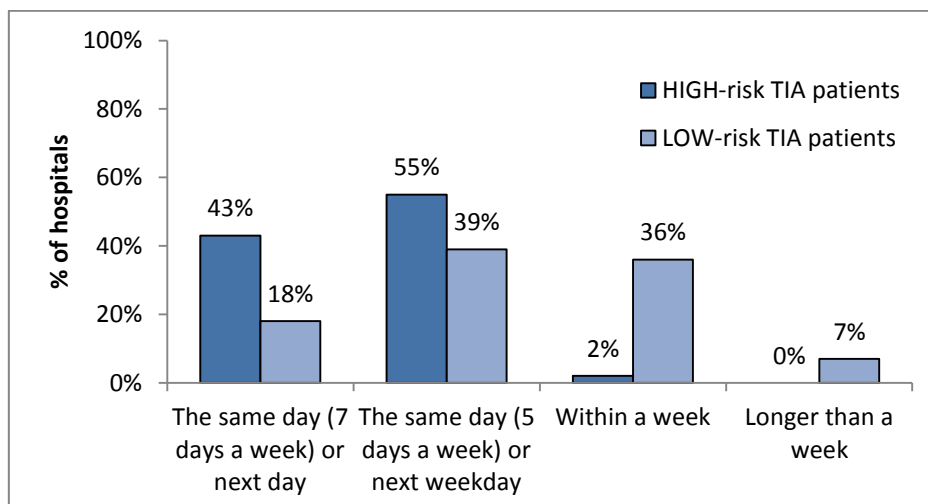
Speed of access for high-risk patients as an inpatient compared to being an outpatient



Speed of access for low-risk patients as an inpatient compared to being an outpatient



Waiting times for imaging of the carotid arteries in patients with TIA (mini stroke) depending on the risk of stroke



Domain 6 – Quality improvement, training and research

Domain 6: Overview

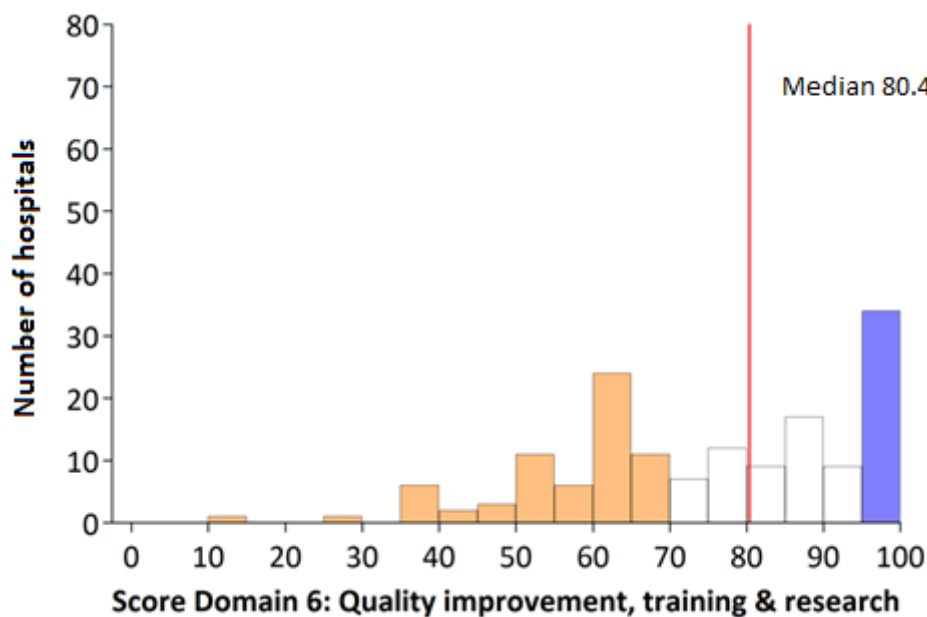
This domain highlights the importance of strategic management, staff education and participation in stroke research. All these areas are fundamental to ensure a stroke service that is sustainable up to a high standard and able to react to changes in service provision.

The domain includes

- the production of a report on the stroke service for trust board (e.g. on audit results)
- membership of a strategic group responsible for stroke
- funding for external courses available for nurses & therapists and the number of study days funded between April 2011 and March 2012
- participation in clinical research studies

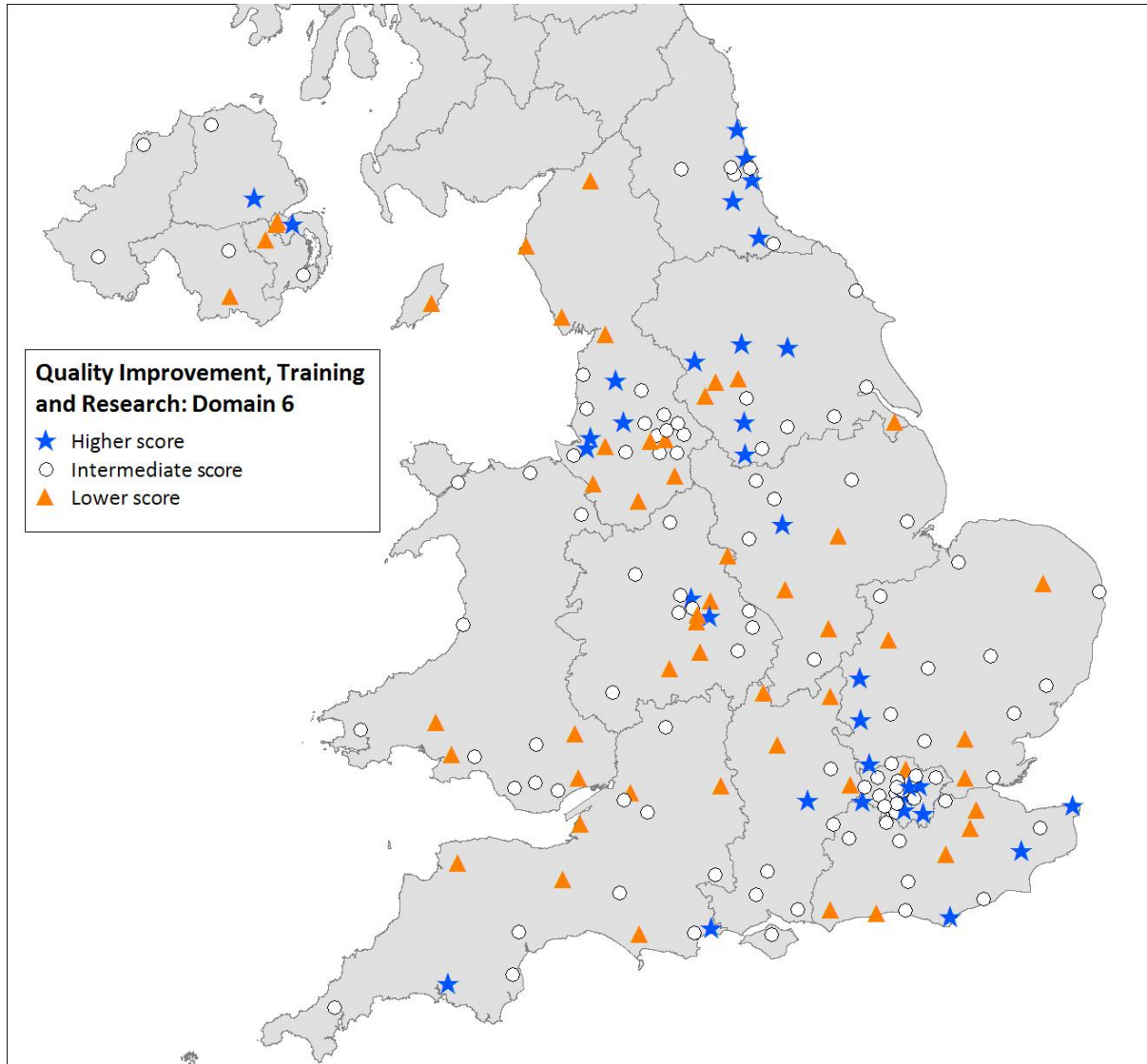
The table below shows the range of scores for Domain 6. The median national score is 80.4.

Lower scores	Intermediate scores	Higher scores
54 hospitals (28%) Scored 14.3-64.3	102 hospitals (54%) Scored 66.1-92.9	34 hospitals (18%) Scored 96.4-100



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 6 – quality improvement, training and research. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 6: More detailed results

National Clinical Guideline: Clinical services should take responsibility for all aspects of data collection: keeping a stroke register of all patients admitted to their organisation with a stroke, and providing leadership in clinical audit. Clinicians in all settings should participate in national stroke audit so that they can compare the clinical and organisational quality of their services against national data and use the results to plan and deliver service improvements.

Report for trust board

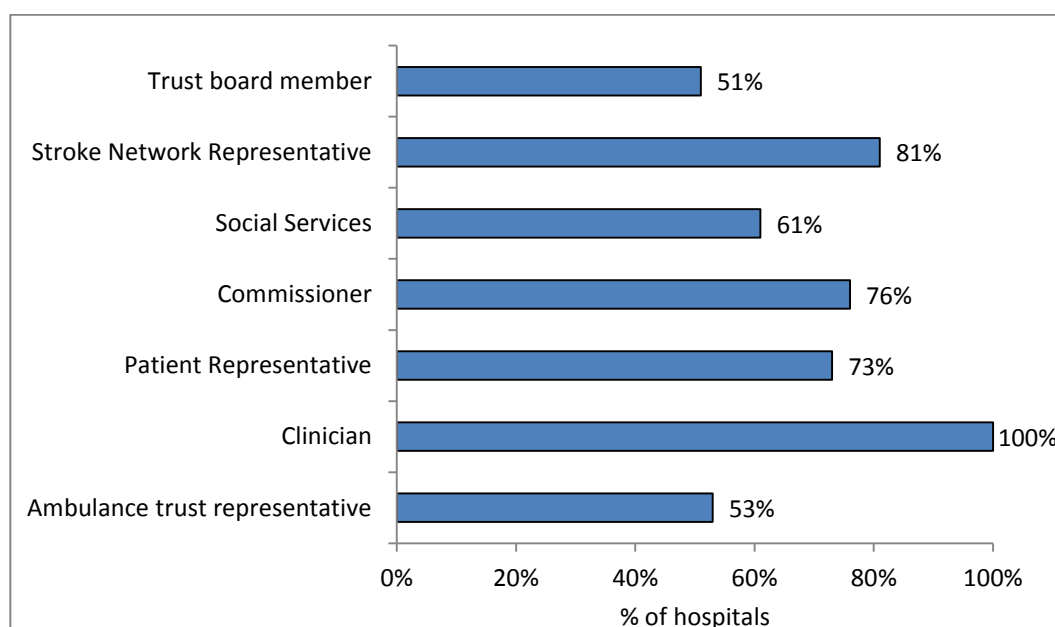
The trust board needs to be updated regularly to make sure necessary changes in service can be undertaken. A stroke service report has been prepared for the trust board in 93% of all hospitals between 1 April 2011 and 31 March 2012.

Strategic group responsible for stroke

A strategic group responsible for stroke should be implemented to discuss current issues and future plans for the whole stroke pathway. Therefore, representatives of the various stakeholders of the stroke service including users should be part of this group. Such a strategic group exists in 93% of all relevant acute hospitals.

Comment: 93% of hospitals have a strategic group responsible for stroke with many of these groups containing representatives from the board, stroke networks and commissioners. Almost three quarters of groups include patient representation. In at least two thirds of hospitals the audit results are considered at board level.

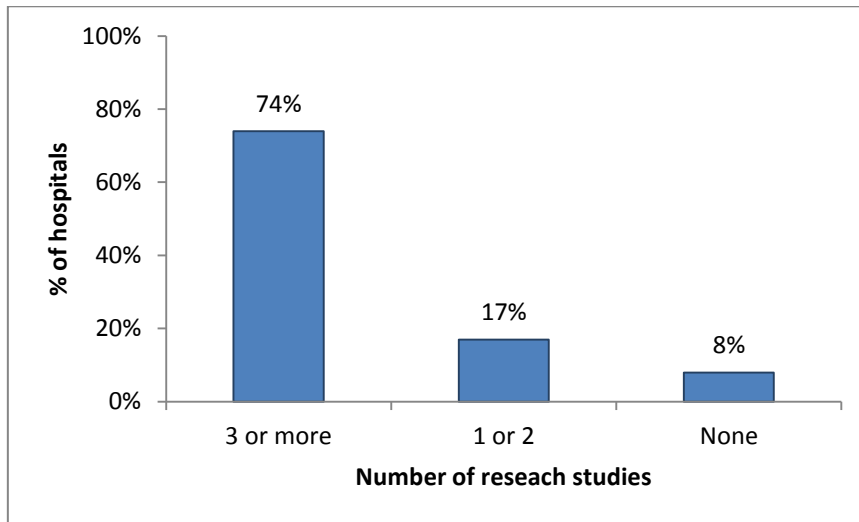
Membership of the strategic groups within hospitals in the audit



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

Participation in research

Comment: The Stroke Research Network has been a dramatic success with 92% of hospitals registered for at least one research study and with the median being 4 per hospital. 163 hospitals have an individual available to help with data collection (median of 0.8 WTE per hospital).



Domain 7 – Team working

Domain 7: Overview

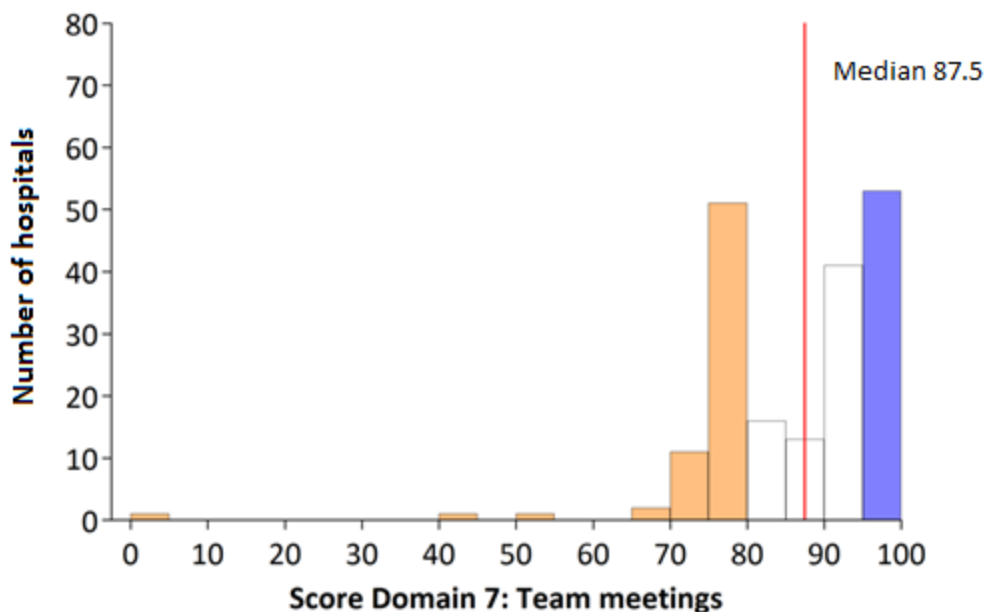
This domain reviews the frequency of team meetings for the interchange of information about individual patients and the range of disciplines involved. Weekly team meetings have been identified as one of the significant factors in a co-ordinated stroke service leading to improved clinical outcomes.

The domain includes:

- the frequency of formal team meetings
- membership of the team
- whether or not all stroke patients are discussed in the meetings

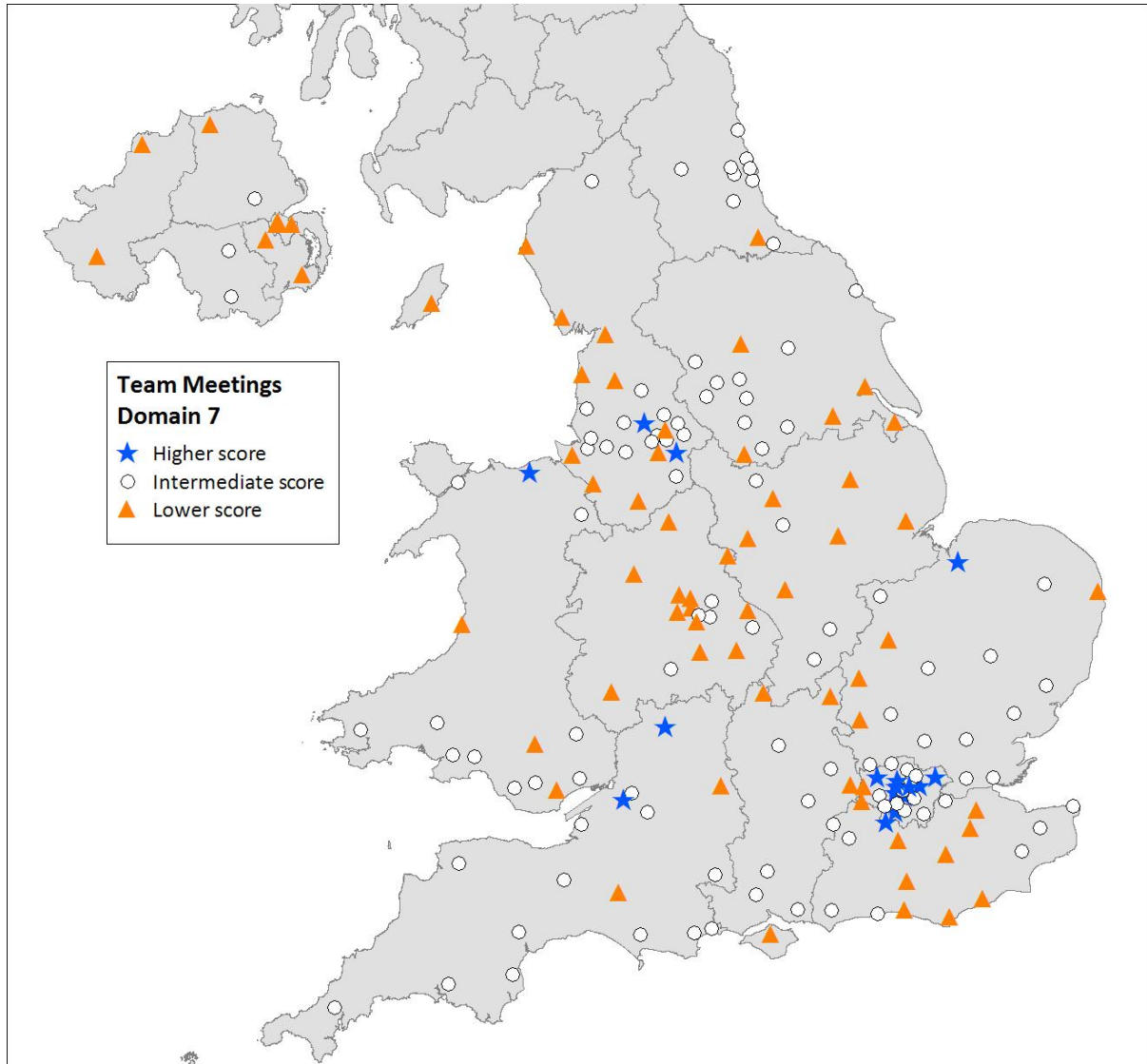
The table below shows the range of scores for Domain 7. The median national score is 87.5.

Lower scores	Intermediate scores	Higher scores
67 hospitals (35%) Scored 0-79.2	106 hospitals (56%) Scored 83.3-95.8	17 hospitals (9%) Scored 100-100



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 7 – team meetings. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



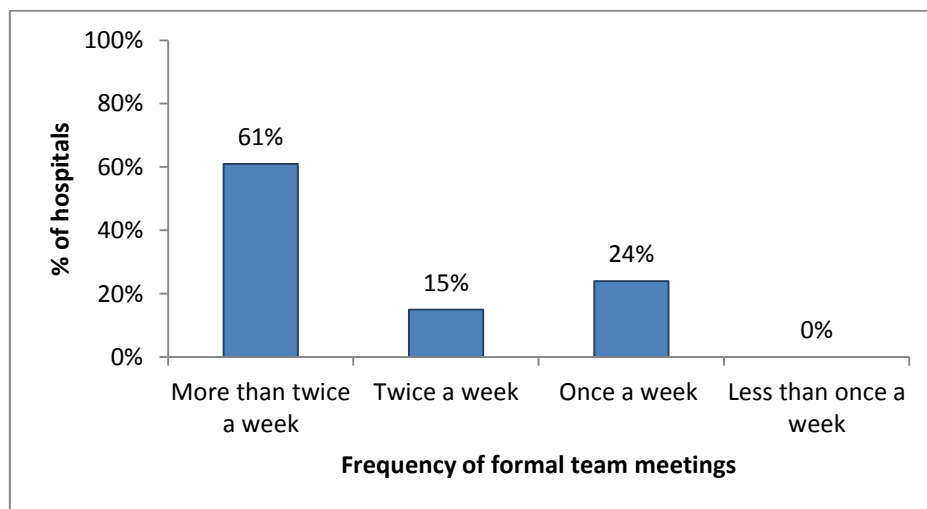
For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 7: More detailed results

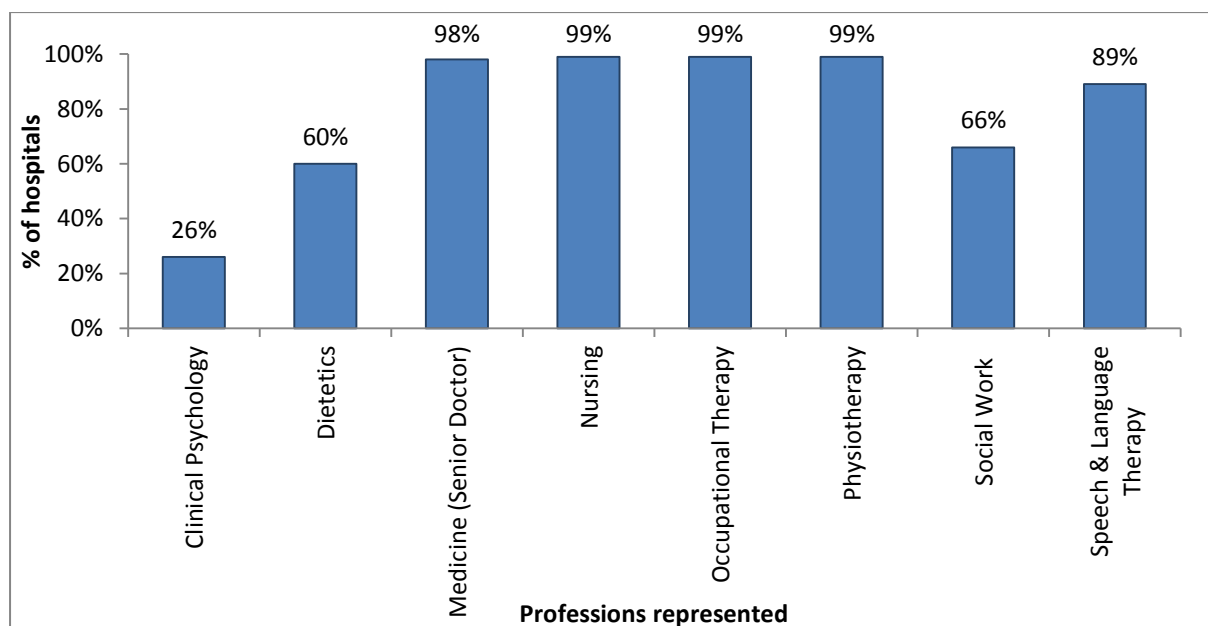
Standard: Effective communication between all the stroke team members is vital. Expertise from nursing, medicine and all the therapy professions including clinical psychology is required.

Comment: At long last all stroke units hold at least weekly multidisciplinary meetings. 61% of hospitals hold more than two such meetings per week. It is of concern that only two thirds of hospitals regularly include social workers in these meetings, and that in only a quarter of hospitals does the psychologist regularly attend. Both of these disciplines should be integral members of the team.

Frequency of formal team meetings



Professions represented in team meetings on stroke units



In 99% of hospitals, all stroke patients are discussed at team meetings.

Domain 8 – Communication with patients and carers

Domain 8: Overview

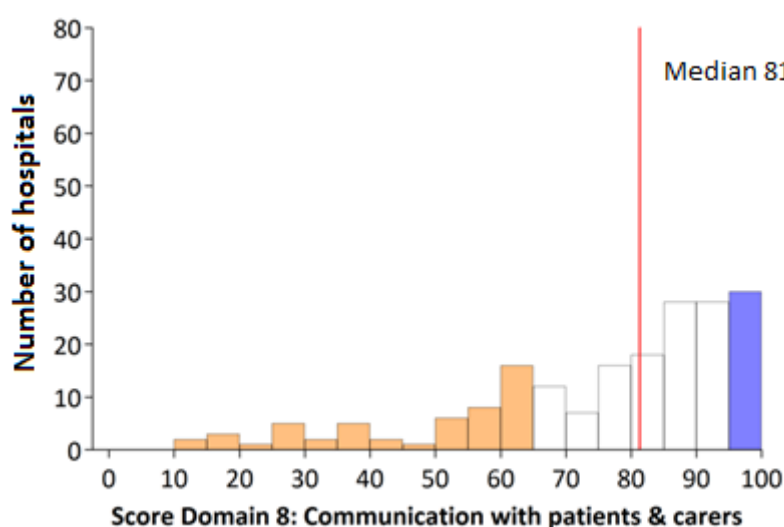
This comprehensive domain covers the organisational arrangements for patients to access information and for the organisation to communicate with user groups. The display of patient information including literature, patient versions of guidelines and local agencies helps to promote patients’/carers’ understanding and enables shared decision making when treatment options are involved. Educating and informing patients and carers should be seen as a key role of health professionals managing patients with stroke.

The domain includes:

- whether patients have access to their management plan
- availability of patient information on each of the following topics for stroke units & outpatients
 - patient version of national or local guidelines/standards
 - social services
 - benefits agencies
 - secondary prevention advice
- whether patients are given a personalised rehabilitation discharge plan
- formal links with patients and carers organisations on ALL of the following: services provision, audit, and service reviews and future plans
- community user group for stroke
- policy to give patients a named contact on transfer from hospital to the community
- patient/carer views sought on stroke services
- report produced within past 12 months which analysed views of patients

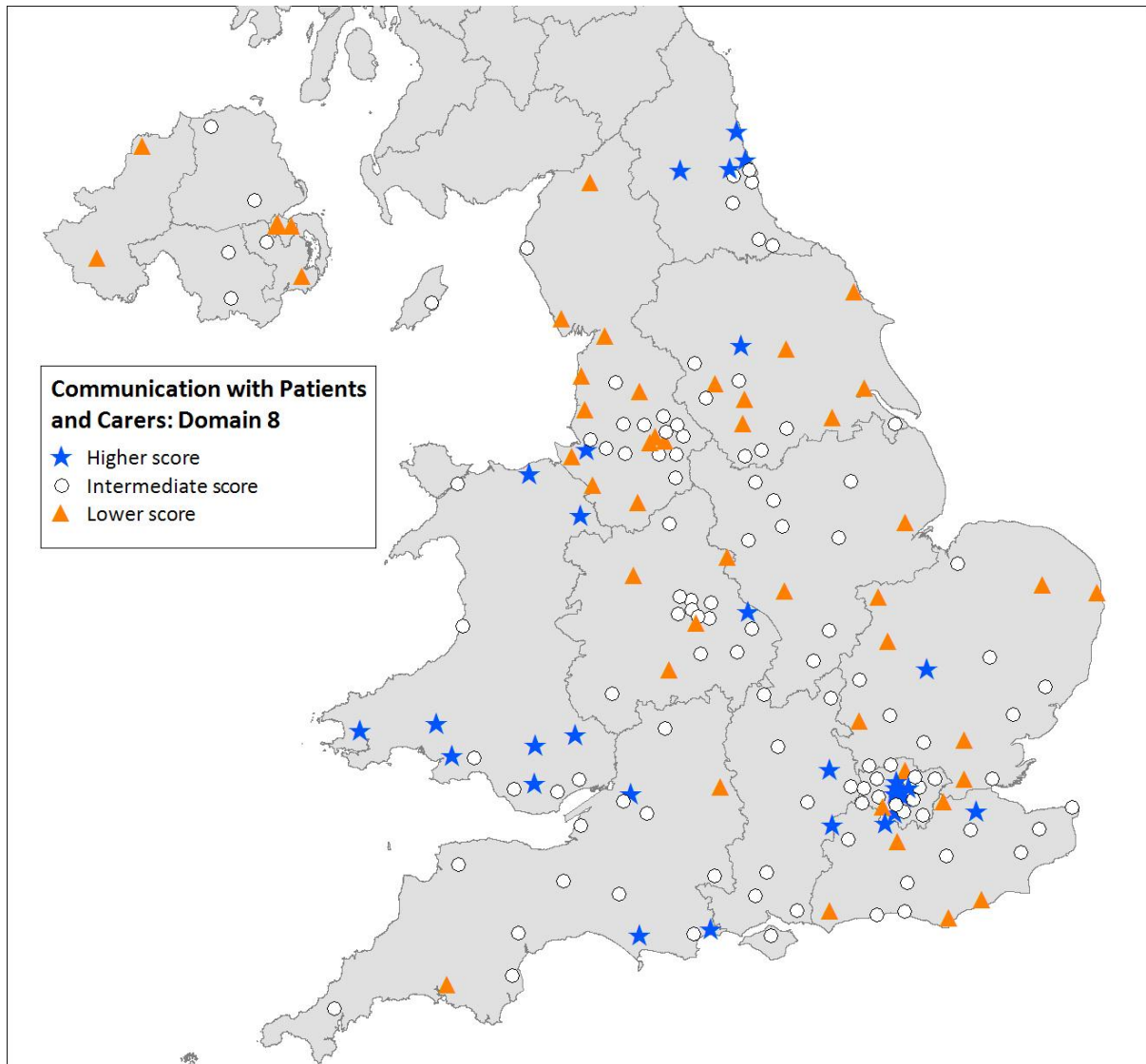
The table below shows the range of scores for Domain 8. The median national score is 81.3.

Lower scores	Intermediate scores	Higher scores
48 hospitals (25%) Scored 12.5-62.5	112 hospitals (59%) Scored 64.1-93.8	30 hospitals (16%) Scored 95.3-100



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

The map below shows the performance of all participating hospitals for Domain 8 – communication with patients and carers. Each symbol represents a hospital, colour coded by whether it achieved a high, intermediate or lower score.



For information about the organisation of stroke services in your local hospital, please refer to the regional maps on the RCP website www.rcplondon.ac.uk/ssnap

Domain 8: More detailed results

National Clinical Guideline:

Hospital services should have a protocol, locally negotiated, to ensure that before discharge occurs:

- patients and carers are prepared, and have been fully involved in planning discharge
- general practitioners, primary healthcare teams and social services departments (adult services) are all informed before, or at the time of, discharge
- all equipment and support services necessary for a safe discharge are in place
- any continuing specialist treatment required will be provided without delay by an appropriate coordinated, specialist multidisciplinary service
- patients and carers are given information about and offered contact with appropriate statutory and voluntary agencies.

NICE Quality Standard: Carers of patients with stroke are provided with a named point of contact for stroke information, written information about the patient's diagnosis and management plan, and sufficient practical training to enable them to provide care

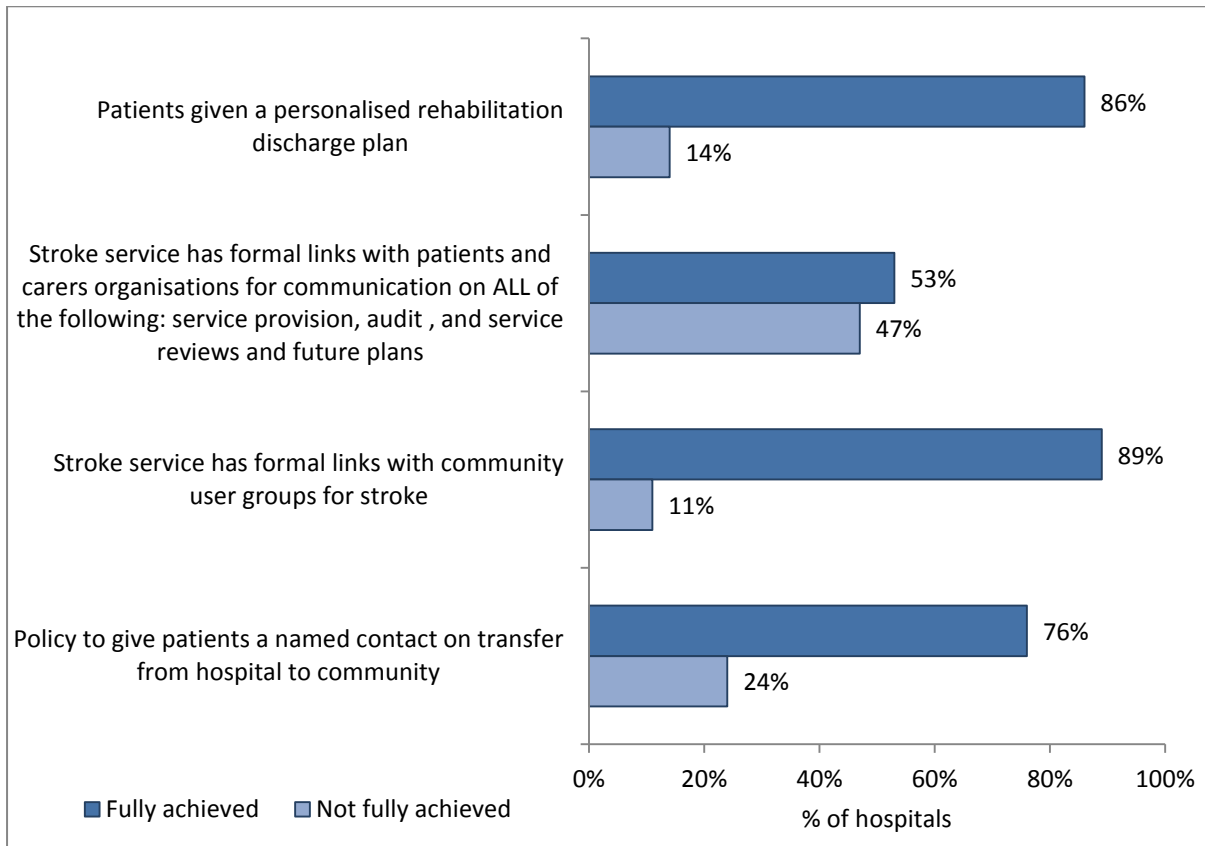
Comment: Involvement of patients in different aspects of the service has become more widespread, both in terms of patients being given information routinely about their own care and in developing the clinical and research aspects of the service. However there are still some services where the value of patient involvement is clearly still not recognised. At a minimum all patients should be provided with a named contact when care is transferred out of the hospital.

Availability of patient information for stroke units and outpatients

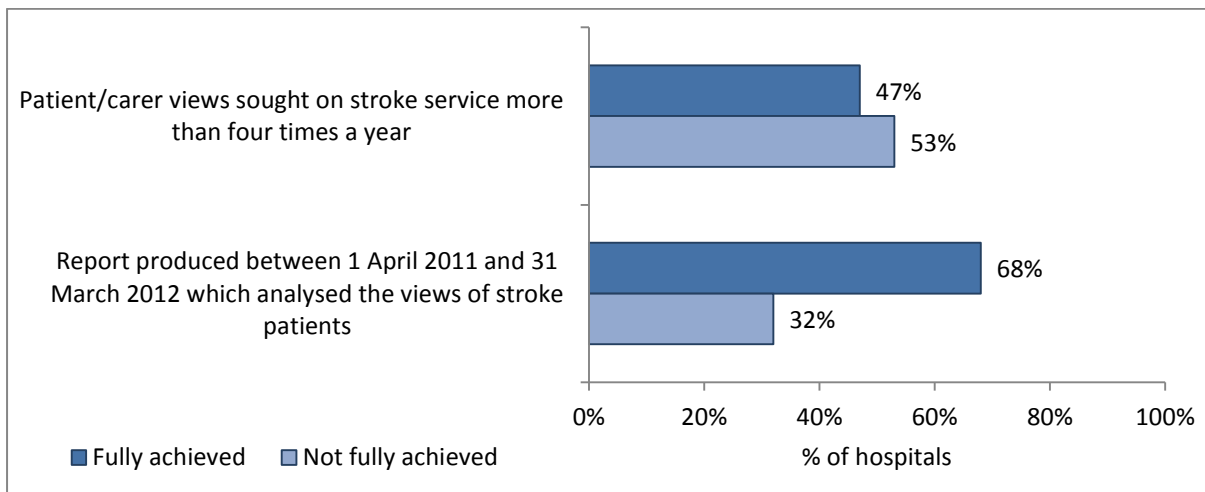
Communication with patients and carers	Stroke Units (190 hospitals)	Outpatients (190 hospitals)
The organisation of the ward/unit enables patients to have access to their management plan	82%	74%
Patient information displayed in ward/unit		
<ul style="list-style-type: none"> • Patient versions of national or local guidelines/standards 	82%	63%
<ul style="list-style-type: none"> • Social Services local Community Care arrangements 	88%	70%
<ul style="list-style-type: none"> • The Benefits Agency 	86%	72%
<ul style="list-style-type: none"> • Secondary prevention advice 	98%	92%

**Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012**

Discharge planning



Patient involvement



Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

Summary of domain and total score 2012

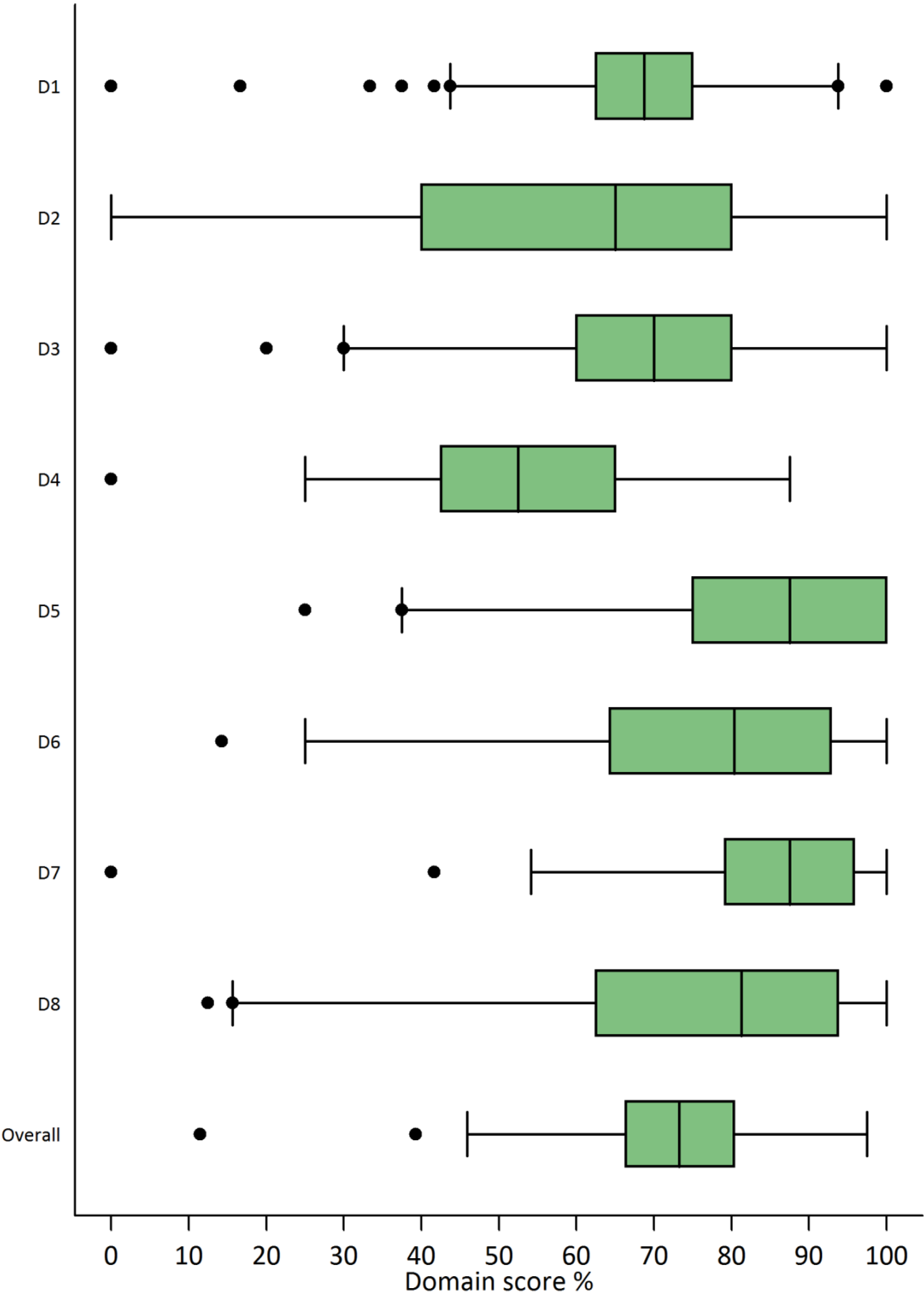
Summary of domain scores		Lower scores	Intermediate scores	Higher scores
D1	Acute care organisation*	67 hospitals (35%) scored 0-62.5	81 hospitals (43%) scored 66.7-75.0	42 hospitals (22%) Scored 87.5-100
D2	Organisation of care	56 hospitals (29%) Scored 0-45.0	89 hospitals (47%) Scored 50.0-80.0	45 hospitals (24%) Scored 85.0-100
D3	Specialist roles	66 hospitals (35%) Scored 0-60.0	78 hospitals (41%) Scored 62.5-80.0	46 hospitals (24%) Scored 81.3-100
D4	Interdisciplinary services (Stroke Unit)	54 hospitals (29%) Scored 0-42.5	96 hospitals (51%) Scored 45.0-65.0	40 hospitals (21%) Scored 67.5-87.5
D5	TIA/ Neurovascular clinic	79 hospitals (42%) Scored 25.0-75.0	111 hospitals (58%) Scored 87.5-100	0 hospitals (0%) NA**
D6	Quality improvement, training & research	54 hospitals (28%) Scored 14.3-64.3	102 hospitals (54%) Scored 66.1-92.9	34 hospitals (18%) Scored 96.4-100
D7	Team meetings	67 hospitals (35%) Scored 0-79.2	106 hospitals (56%) Scored 83.3-95.8	17 hospitals (9%) Scored 100-100
D8	Communication with patients & carers	48 hospitals (25%) Scored 12.5-62.5	112 hospitals (59%) Scored 64.1-93.8	30 hospitals (16%) Scored 95.3-100
Organisational audit total score		48 hospitals (25%) Scored 11.5-66.6	95 hospitals (50%) Scored 66.6-80.4	47 hospitals (25%) Scored 80.4-97.5

*14 hospitals which do not treat patients during the first 72 hours after stroke have been allocated the Domain 1 score of the hospital where their patients are treated this during this initial phase.

** For this domain there are no hospitals in the 'higher score' category due to the large number of hospitals scoring 75% or 100%.

Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit 2012

Spread of organisational domain scores and total scores 2012



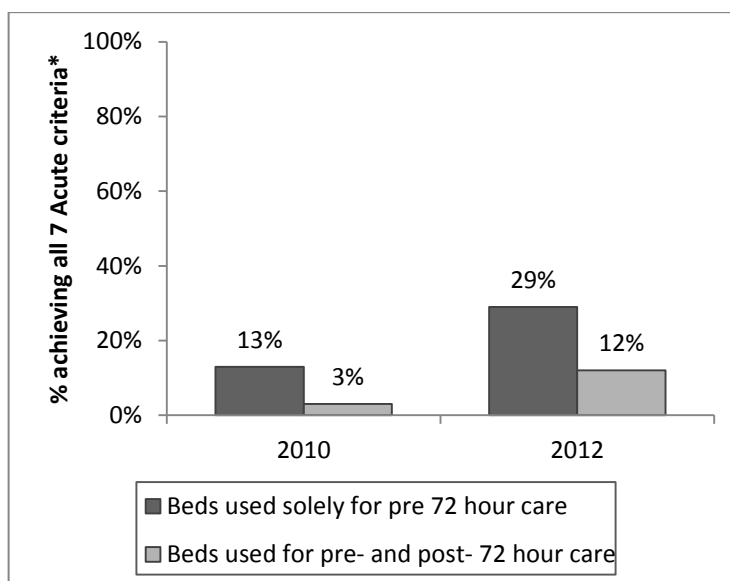
Section 4: Audit results over time - Change between 2006, 2008, 2009, 2010 and 2012

This section shows changes over time since 2006. Results for 2006 to 2010 relate to data collected for the National Sentinel Stroke Audit (NSSA); 2012 data is from the SSNAP acute organisational audit. The section broadly follows the 8 domains of stroke care; however not all elements of each domain are included due to incomparability between rounds.

4.1 Acute stroke care organisation (Domain 1)

Comment: There has been a big growth in the percentage of hospitals with beds used solely for patients in the first 72 hours achieving all 7 acute criteria since from 13% in 2010 to 29% in 2012.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
% of hospitals with beds used solely for the first 72 hours of care that achieve all 7 acute criteria*	NA	NA	NA	13%	29%
% of hospitals with beds used for both pre- and post- 72 hour care that achieve all 7 acute criteria*	NA	NA	NA	3%	12%

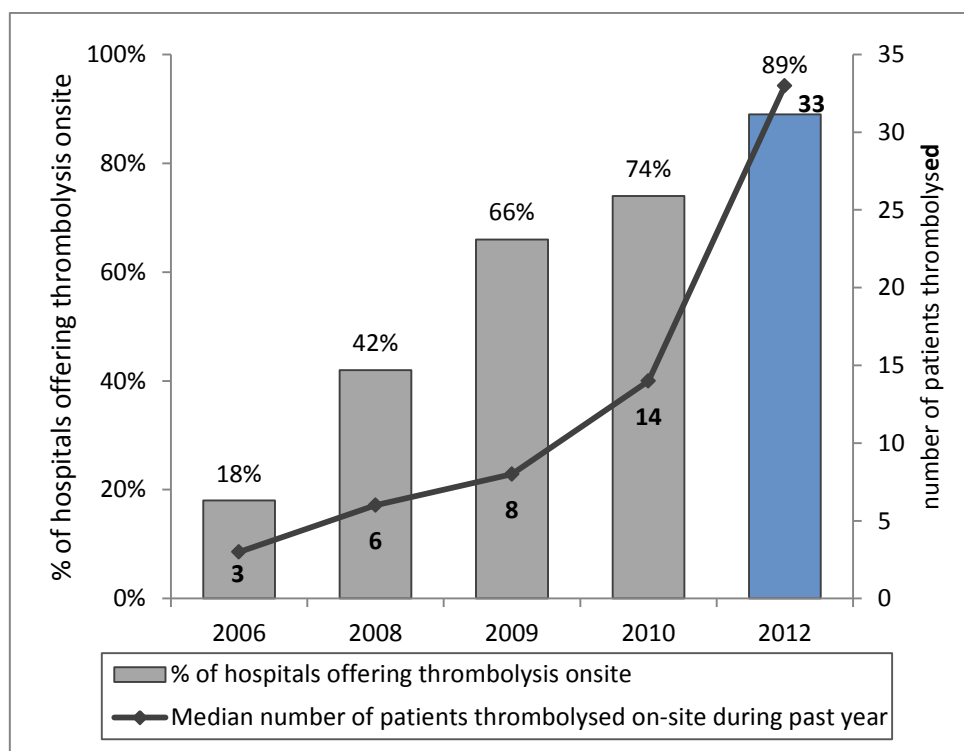


* The 7 acute criteria are continuous physiological monitoring (ECG, oximetry, blood pressure), immediate access to scanning for urgent stroke patients, direct admission from A&E/front door, specialist ward rounds on 7 days a week, acute stroke protocols/guidelines, nurses trained in swallow screening, nurses trained in stroke assessment and management

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Comment: There has been huge growth in both the number of hospitals undertaking thrombolysis and the median number of patients treated per year has increased from 14 to 33.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
% of hospitals offering thrombolysis onsite	18%	42%	66%	74%	89%
Median number of patients thrombolysed onsite during past year	3	6	8	14	33



4.2 Organisation of care (Domain 2)

Comment: There has been a small increase in the median ratio of stroke unit beds to patients in hospital with stroke over successive years with it reaching 1.15 this year. Access to early supported discharge has risen sharply from 44% of hospitals to 66% this year; however there has been no similar improvement in access to specialist community rehabilitation from 55% to 57%.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Median ratio of SU beds to the number of people with stroke on the day	0.89	1.00	1.04	1.07	1.15
Median (IQR) number of stroke beds	24 (16-30)	25 (20-34)	26 (20-36)	26 (20-34)	25 (20-34)

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Access to a stroke specific ESD team	NA	NA	NA	44%	66%
Access to specialist community rehab	NA	NA	NA	55%	57%

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4.3 Specialist roles (Domain 3)

Comment: Over half of units set up to specifically care for patients in the first 72 hours after stroke have consultant ward rounds at least seven days a week. Only 30% of units with mixed hyperacute and acute patients offer this service. There is no logic detectable in this disparity but does perhaps argue for focussing hyperacute stroke care in specialist units. In terms of access to other specialist services there have been small shifts in the right direction particularly for access to vocational rehabilitation.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Consultant ward rounds 7 days per week					
• Beds solely for first 72 hours of care	NA	NA	NA	29%	53%
• Beds for both first 72 hours of care and post 72 hour care	NA	NA	NA	11%	30%
Band 7 Nurse on stroke unit	NA	NA	NA	84%	92%
Palliative care patients treated on stroke unit	NA	NA	NA	99%	99%
Access within 5 days to social work	NA	NA	NA	95%	97%
Access to psychologists	NA	NA	NA	49%	52%
Vocational training	NA	NA	NA	45%	50%
Stay in bed until assessed by physiotherapist	NA	NA	NA	17%	12%

4.4 Inter disciplinary services (for hospitals with a stroke unit) (Domain 4)

Comment: There has been a welcome improvement in access to psychology services on the stroke unit from 31% in 2006 to 46% now. But still over half of units have no access at all. At this rate of change it will not be until 2034 until 100% is achieved! There has however been a step change in the provision of 7 day therapy working, particularly for physiotherapy and to a lesser extent occupational therapy with a quarter of units having physiotherapy every day of the week.

Qualified nurse/care assistants at 10am on normal weekdays	NSSA				SSNAP
	2006	2008	2009	2010	2012
Median	7	8	8	8	8
Staff establishment: % YES					
Clinical Psychology	31%	36%	35%	39%	46%
Dietetics	85%	96%	95%	96%	99%
Occupational Therapy	99.5%	100%	99%	99%	100%
Physiotherapy	99.5%	100%	99%	99%	100%
Speech and Language Therapy	94%	99%	98%	98%	99%
Pharmacy	75%	86%	89%	88%	93%
Orthotics*	7%	19%	16%	NA	NA
Foot health*	11%	19%	15%	NA	NA

* In 2010 and 2012 we asked for access to these professions within 5 days.

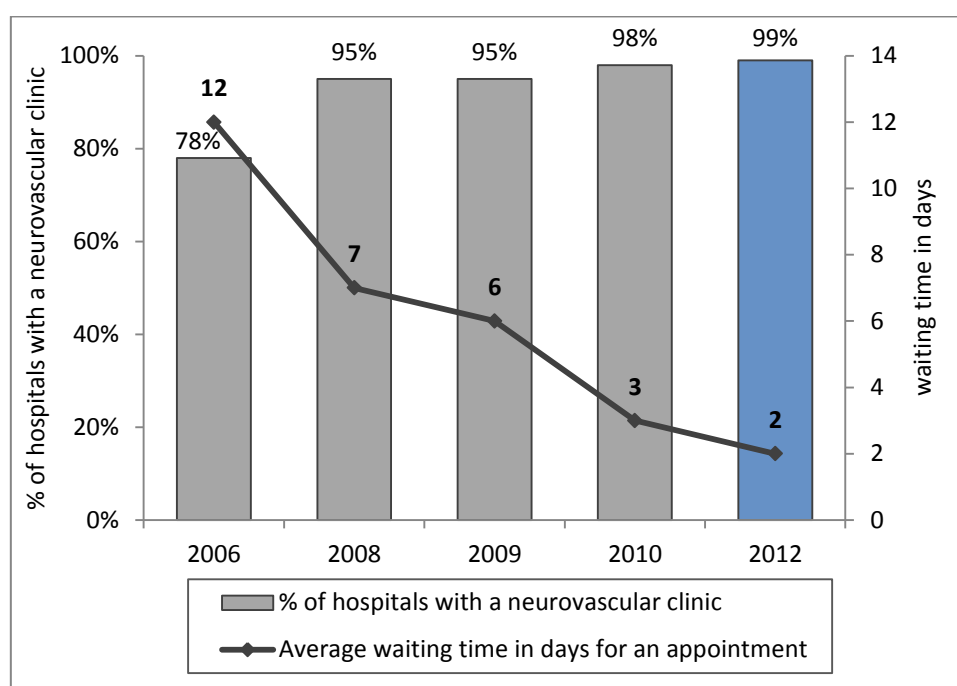
% of qualified 7 day therapy working	NSSA				SSNAP
	2006	2008	2009	2010	2012
Occupational Therapy	NA	4%	4%	4%	16%
Physiotherapy	NA	4%	7%	12%	25%
Speech and Language Therapy	NA	1%	0%	0.5%	3%

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4.5 TIA/neurovascular service (Domain 5)

Comment: In 2006 almost a quarter of all hospitals had no neurovascular clinic and the average waiting time for those clinics that were available was 12 days. We have now achieved clinics in 99% of hospitals (100% of trusts) with an average waiting time of two days. Perhaps this is one of the most important achievements thus far of the National Stroke Strategy. Perhaps surprisingly there has been an increase from 33% to 53% of hospitals that admit at least some of their high risk patients for investigation and management the same day 7 days a week since 2010.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Neurovascular clinic onsite	78%	95%	95%	98%	99%
Clinics within a 4 week period: Median	5	8	12	20	20
Average waiting time in days	12	7	6	3	2



	NSSA				SSNAP
	2006	2008	2009	2010	2012
See investigate & initiate treatment HIGH risk patients same day 7 days a week					
• Inpatients	NA	NA	NA	33%	53%
• Outpatients				10%	37%
LOW risk patients same day 7 days a week					
• Inpatients	NA	NA	NA	17%	31%
• Outpatients				2%	6%
Carotid Imaging same day 7 days a week					
• HIGH risk	NA	NA	NA	10%	36%
• Low risk				2%	14%

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4.6 Quality improvement and research (Domain 6)

Comment: The number of hospitals producing reports on stroke for the trust board has increased from 88% in 2010 to 93% this year but slightly concerning is the fall from 98% to 93% in the number of hospitals with a strategic group responsible for stroke. We hope that this is not the beginning of a decline in the importance attached to stroke within health services. It is clear from this report that the job of transforming stroke care has started but is nowhere near completion.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Stroke service report produced for trust board	NA	NA	NA	88%	93%
Strategic group responsible for stroke	NA	NA	NA	98%	93%
Funding for external courses available for nurses and therapists	NA	NA	NA	90%	88%
1 or more research studies	56%	68%	72%	81%	92%

4.7 Team working (Domain 7)

Comment: It is encouraging that over time the frequency of multidisciplinary meetings has increased with all hospitals now having at least one such meeting a week. The composition of the teams has become stronger in the areas of clinical psychology and speech and language therapy. However, social work remains a major concern. Only 66% of teams now have regular social worker attendance, down from a high of 82% in 2009. At a time of huge complex changes in health and social care and with increasing financial problems for disabled people it is incomprehensible why such an important member of the multidisciplinary team should be seen as dispensable.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Team meetings (at least) once weekly %	100%	100%	100%	99.5%	100%
Team meetings (at least) twice weekly %	NA	NA	NA	51%	76%
Disciplines who regularly attend team meetings:					
Clinical Psychology	18%	19%	18%	22%	26%
Dietetics	61%	59%	64%	65%	60%
Medicine (Senior Doctor)	98%	98%	99%	96%	98%
Nursing	100%	99.5%	100%	99%	99%
Occupational Therapy	99%	100%	99.5%	100%	99%
Physiotherapy	100%	100%	100%	100%	99%
Social Work	77%	79%	82%	78%	66%
Speech & Language Therapy	82%	86%	82%	84%	89%

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4.8 Communication with patients and carers (Domain 8)

Comment: The picture painted by this audit of patient and carer communication and involvement with service organisation and delivery is mixed with little change in some areas but larger improvements in others, such as between 2010 and 2012 the provision of personalised discharge plans increased from 60% to 86%, provision of a named contact on discharge from 71% to 76% and patient views having been sought from 88% to 92%.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Formal links with patients and carers organisations for communication on service provision, audit or future plans*	74%	81%	86%	90%	88%
Community user group for stroke	68%	75%	81%	92%**	89%**

*In 2010, 43% of hospitals had formal links on all of the three topics. In 2012, this figure is 53%.

** In 2010 and 2012 we asked for formal links with community user groups for stroke.

	NSSA				SSNAP
	2006	2008	2009	2010	2012
Patient access to management plan %	73%	80%	79%	79%	82%
Patient information literature displayed in unit/ward on:					
• Patient versions of national or local guidelines/standards	59%	77%	84%	81%	82%
• Social Services local Community Care arrangements	82%	81%	92%	86%	88%
• The Benefits Agency	76%	80%	88%	84%	86%
• Secondary prevention advice			99%	98%	98%
Patients given a personalised discharge plan	NA	NA	NA	60%	86%
Policy to give patients a named contact on transfer from hospital to community	61%	58%	66%	71%	76%
Patients views sought on stroke services	86%	88%	89%	88%	92%
Report produced in past 12 months which analysed patient views	42%	44%	51%	54%	68%

Section 5: More detailed audit results and country comparisons

This section gives national figures for the organisation of stroke care in England, Wales and Northern Ireland at 2 July 2012.

Denominators vary within tables because of differing hospital characteristics. 190 is the total number of sites (referred to as hospitals in this report) that participated in the audit in England, Wales, Northern Ireland and the Islands. 163 were in England, 14 in Wales and 11 in Northern Ireland. There are 14 hospitals in England which do not provide care to patients in the first 72 hours. These hospitals are excluded from the analysis of measures relating to this phase of acute care.

The 'All hospitals' column reflects the national figures including the results from two participating Islands. However, the regional breakdowns relate to results from England, Wales and Northern Ireland only.

Please refer to the full report available on the RCP website for more details on denominators and further context. www.rcplondon.ac.uk/ssnap

5.0 Type of service overall

Care in the first 72 hours after stroke	All hospitals	England	Wales	N. Ireland
Care provided for ALL patients in the first 72 hours after stroke	84%	82%	100%	82%
Care provided for SOME patients in first 72 hours after stroke	9%	9%	0%	18%
Care is NOT provided for patients within first 72 hours of stroke	7%	9%	0%	0%

5.1 Presentation and initial assessment

	All hospital	England	Wales	N. Ireland
There are NO arrangements in place with local ambulance services to FAST- Track (rapid blue light transfer to hospital) patients presenting with acute stroke who may be appropriate for thrombolysis	2%	3%	0%	0%

5.2 Thrombolysis provision and patients thrombolysed

Comment: Good progress has been made in all three countries in developing thrombolysis services, particularly in Wales which had minimal provision 2 years ago and now offers round the clock thrombolysis provision in 100% of its hospitals either onsite or in collaboration with a neighbouring hospital. In England and Northern Ireland the figures are 90% and 100% respectively. However a large proportion of hospitals in all three countries still only treat a small percentage of their stroke admissions. All hospitals should be able to treat at least 10% of unselected admissions and only about a quarter of hospitals in England and Wales achieve this and none in Northern Ireland.

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(Section 1 – Thrombolysis in your hospital(s))	All hospitals	England	Wales	N. Ireland
% of hospitals currently providing an on-site 24/7 thrombolysis service	74%	73%	93%	82%
% of hospitals currently providing a 24/7 thrombolysis service, on-site only or in collaboration with neighbouring hospitals.	90%	90%	100%	100%

Hospitals currently providing thrombolysis	All hospitals	England	Wales	N. Ireland
Number of patients thrombolysed across hospital 1 April 2011 – 31 March 2012				
• <3%	14%	13%	21%	22%
• 3% to <6%	28%	27%	43%	11%
• 6% to <10%	33%	33%	14%	67%
• 10% or more	26%	28%	21%	0%

5.3 Stroke unit provision

100% of hospitals in England, Wales and Northern Ireland have designated stroke unit beds.

Comment: Finally all hospitals in all three countries have designated stroke units. This major achievement should be celebrated although it has taken nearly 20 years since the evidence was published that they save lives and reduce disability. All of the three countries appear to have sufficient stroke beds for the number of stroke patients in hospital on the day of the audit, particularly Northern Ireland which had a ratio of 1.63 beds per patient.

	All hospitals	England	Wales	N. Ireland
Median number of stroke beds in stroke units per hospital	25	27	19	14
Ratio: Median number of stroke unit beds per stroke inpatient	1.15	1.15	1.09	1.63

5.3.1 Stroke care in the first 72 hours

This section includes:

- Hospitals with beds used solely for the first 72 hours after stroke
- Hospitals with beds used for both pre and post 72 hour stroke care

The 7 acute criteria for stroke units with these types of beds are:

- Continuous physiological monitoring (ECG, oximetry, blood pressure)
- Immediate access to scanning for urgent stroke patients
- Direct admission from A&E/front door
- Specialist ward rounds on 7 days a week
- Acute stroke protocols/guidelines
- Nurses trained in swallow screening
- Nurses trained in stroke assessment and management

Comment: Provision of appropriate care in the first 72 hours requires a high level of resource; such patients should be receiving the equivalent of High Dependency Unit support,

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both in terms of equipment, staffing levels and expertise. It is not enough simply to designate an area in a hospital as a hyperacute stroke unit and then assume that the patients will therefore receive hyperacute care. It is of serious concern that so many such units (both those with a separate hyperacute unit and those where the hyperacute beds are combined with the post 72 hour beds) fail to meet the basic standards defined in the audit. Less than a third of English units with designated pre-72 hour beds achieve all 7 quality criteria and none of the units in Wales or Northern Ireland. There are still clearly many hospitals that need to look at the services they are providing and urgently rectify their failings. There also appears to be an excessive use of medical assessment beds for stroke patients, rather than admitting patients directly to the stroke unit. These beds demonstrably do not offer the same level of care that stroke units are able to offer and should rarely if ever be used. There is a particular penchant for the use of medical assessment beds in Wales and Northern Ireland that needs to be rectified.

Stroke units with beds solely for the first 72 hours of care	All hospitals (83 units)	England (77 units)	Wales (5 units)	N. Ireland (1 unit)
Median number of beds per unit	6	6	5	4
% stroke units beds with all 7 criteria	29%	31%	0%	0%
% stroke units beds with 6 or more criteria	66%	69%	20%	100%
Stroke units with beds for first 72 hours of care and beyond	All hospitals (122 units)	England (100 units)	Wales (10 units)	N. Ireland (11 units)
Median number stroke unit beds	20	22	19	14
% stroke units beds with all 7 criteria	12%	14%	0%	9%
% stroke units beds with 6 or more criteria	50%	57%	0%	27%
Hospitals which treat patients in non-stroke units (medical assessment units)	All hospitals (129 units)	England (105 units)	Wales (14 units)	N. Ireland (10 units)
Median number of beds in assessment units per hospital	32	34	23	29
% assessment unit beds with all 6* criteria	2%	3%	0%	0%
% assessment unit beds with 4-5 criteria	29%	33%	14%	10%

* MAUs were not asked about having acute stroke guidelines for their beds so they are scored out of 6 rather than 7 criteria.

5.3.2 Stroke care across all stroke units

The 5 SUTC characteristics for all stroke units are:

- Consultant physician with responsibility for stroke
- Formal links with patient and carer organisations
- Multidisciplinary meetings at least weekly to plan patient care
- Provision of information to patients about stroke
- Funding for training (study leave and days taken)*

* The SUTC characteristic is defined as 'a programme for continuing education of staff'.

	All hospitals	England	Wales	N. Ireland
% of hospitals with stroke units who have all 5 SUTC Key Characteristics	43%	40%	64%	64%

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5.3.3 Whole Time Equivalents (WTE) of staff across all stroke units

These data are presented as ratios of staff per 10 stroke unit beds.

Comment: Junior medical staffing levels on stroke units in Wales and Northern Ireland are considerably lower than in England at a level that raises concerns at their ability to provide the level of cover that is needed for a safe service. Nursing and therapy levels are marginally lower in Wales than elsewhere, particularly for occupational therapy. Seven day working is growing fast in England but is yet to get a foothold in Wales or Northern Ireland.

	All hospitals	England	Wales	N. Ireland
Median number of qualified nurses/assistants usually on duty at 10am weekdays per 10 beds	3.42	3.42	3.33	3.50
Median number of junior doctor sessions	26	30	10	13
Median WTE per 10 stroke unit beds for qualified staff:				
Clinical Psychology	0.00	0.0	0.00	0.00
Dietetics	0.17	0.18	0.14	0.15
Occupational Therapy	1.09	1.11	0.73	1.00
Physiotherapy	1.31	1.32	1.23	1.11
Speech & Language Therapy	0.47	0.48	0.46	0.36
Pharmacists	0.15	0.15	0.15	0.11
Nurses	8.00	8.03	7.07	8.89
% with 6 or 7 day working for therapists				
Occupational Therapy	24%	28%	0%	0%
Physiotherapy	35%	42%	7%	0%
Speech & Language Therapy	5%	6%	0%	0%
% with 5 day access on stroke unit to:				
Social work expertise	97%	96%	100%	100%
Orthotics	83%	85%	100%	27%
Orthoptics	87%	89%	100%	45%
Podiatry / Foot health	57%	52%	93%	73%
Clinical Psychologists	39%	43%	29%	0%
Multidisciplinary team meetings				
Take place more than twice a week	61%	63%	64%	27%

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5.4. Management of stroke services

Comment: The lack of junior medical staff in Wales and Northern Ireland compared to England is further compounded by less consultant time with both having only half the number of programmed activities. It is also disappointing that there is only one stroke specialist registrar in Wales and Northern Ireland. Either doctors in Wales and Northern Ireland are working extraordinarily hard, which may well be the case or else the patients are not getting sufficient attention; either way the situation is unsustainable.

5.4.1 Investment in staff

WTE of Band 7 or above stroke specialist staff	All hospitals	England	Wales	N. Ireland
Clinical Psychologists	0.0	0.0	0.0	0.0
Dietitian	0.0	0.0	0.0	0.0
Nurses	2.0	2.0	1.0	1.0
Occupational Therapists	1.0	1.0	1.0	0.0
Physiotherapists	1.0	1.0	1.3	1.0
Speech and Language Therapists	1.0	1.0	1.0	0.3

	All hospitals	England	Wales	N. Ireland
Accredited specialist registrar in post registered for stroke specialist training	26%	29%	7%	9%
Median number of PAs for stroke consultant physicians	20	20	10	10
Median number of PAs for direct clinical care for stroke	14	15	7	6

	All hospitals	England	Wales	N. Ireland
Funding for external courses available for nurses and therapists	88%	87%	93%	100%
Median number of staff days paid for between 1 April 2011 and 31 March 2012	21	23	24	12

5.4.2 Quality improvement

Comment: Wales are doing well in terms of ensuring that management and clinicians are working together overseeing and running stroke services and also in reviewing patient experience. Almost a third of English hospitals have not produced a report on patient views in the last year and only two of 11 hospitals have done so in Northern Ireland.

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	All hospitals	England	Wales	N. Ireland
% of hospitals with a strategic group responsible for stroke	93%	92%	100%	100%
Stroke service report prepared for trust board between 1 April 2011 – 31 March 2012	93%	94%	100%	73%
Report produced between 1 April 2011 – 31 March 2012 which analysed the views of patients	68%	69%	100%	18%

5.4.3 Leadership of stroke services

	All hospitals	England	Wales	N. Ireland
% of hospitals with clinicians with specialist knowledge of stroke formally recognised as having principal responsibility for stroke services	100%	100%	100%	100%
Clinical leader meets with senior management (director level) within the trust at least quarterly	85%	85%	100%	82%
Forum for staff to communicate with leader	94%	96%	86%	82%

5.4.4 Research studies

Comment: Participation in stroke research has grown enormously in recent years particularly in England thanks to the stroke research network; there has also been an increase in the other two countries but at a slower rate.

Stroke studies registered with your Research & Development department	All hospitals	England	Wales	N. Ireland
% of hospitals with ONE or more research studies	92%	95%	79%	73%
% of hospitals with THREE or more research studies	74%	80%	21%	64%

5.5 Patient support and communication

Comment: Wales and Northern Ireland are performing better than England at the provision of patient focussed information and support, particularly in terms of linking with patient and carer organisations. None of the countries can be proud of the services that are provided for patients requiring vocational rehabilitation, although in all there has been improvement since the last audit.

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Discharge planning (Q9.3 – 9.6)	All hospitals	England	Wales	N. Ireland
Patients given a personalised rehabilitation discharge plan	86%	86%	93%	82%
Stroke service has formal links with patients and carers organisations for communication on ALL of the following: service provision, audit, and service reviews and future plans	53%	48%	86%	82%
Stroke service has formal links with community user groups for stroke	89%	88%	100%	100%

Support for working age patients (Q7.5)	All hospitals	England	Wales	N. Ireland
Provision of a service which actively supports stroke patients to remain in, return to or withdraw (if appropriate) from work? Q7.5a	68%	72%	57%	45%
Provision of a service which actively provides educational or vocational training? (Q7.5b)	50%	50%	57%	36%

5.6 Pathway at discharge

Early supported discharge team refers to a multidisciplinary team which provides rehabilitation and support in a community setting with the aim of reducing the duration of hospital care for stroke patients.

Early Supported Discharge Teams and Community Rehabilitation Teams

Comment: Early supported discharge should be a fundamental component of every stroke service and in two thirds of hospitals in England and a 100% of Northern Irish areas it does now have a place. There is only one stroke/neurology specific team in the whole of Wales where it appears that they have opted to invest in non-specialist teams which have not been shown to be an effective model. It may be that demographic and geographical issues have influenced this choice but it is suggested that this issue is addressed again to see if the most effective form of care can be delivered in the transition between hospital and home. All countries have problems with specialist provision of longer term stroke and neurology community services but again this is particularly acute in Wales with only one such service in the whole of the country. The situation is scarcely better in Northern Ireland.

% with access to:	All hospitals	England	Wales	N. Ireland
A stroke/neurology specific early supported discharge multidisciplinary team	66%	69%	7%	100%
Team includes 4 or more specialties including PT, OT and SALT	89%	90%	0%	82%
Waiting time for PT, OT or SALT less than 48 hours	90%	90%	100%	82%

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% with access to:	All hospitals	England	Wales	N. Ireland
A non-specialist early supported discharge multidisciplinary team	26%	23%	71%	18%
Team includes 4 or more specialties including PT, OT and SALT	40%	39%	40%	50%
Waiting time for PT , OT or SALT less than 48 hours	62%	63%	60%	50%

Community Rehabilitation Teams

% with access to:	All hospitals	England	Wales	N. Ireland
A stroke/neurology specific community rehabilitation team for longer-term management	57%	64%	7%	27%
Team includes 4 or more specialties including PT, OT & SALT	81%	81%	100%	67%
Waiting time for PT , OT or SALT less than 48 hours	27%	28%	0%	0%

% with access to:	All hospitals	England	Wales	N. Ireland
A non-specialist community rehabilitation team for longer-term management	49%	51%	57%	27%
Team includes 4 or more specialties including PT, OT & SALT	61%	60%	63%	67%
Waiting time for PT , OT or SALT less than 48 hours	28%	28%	38%	0%

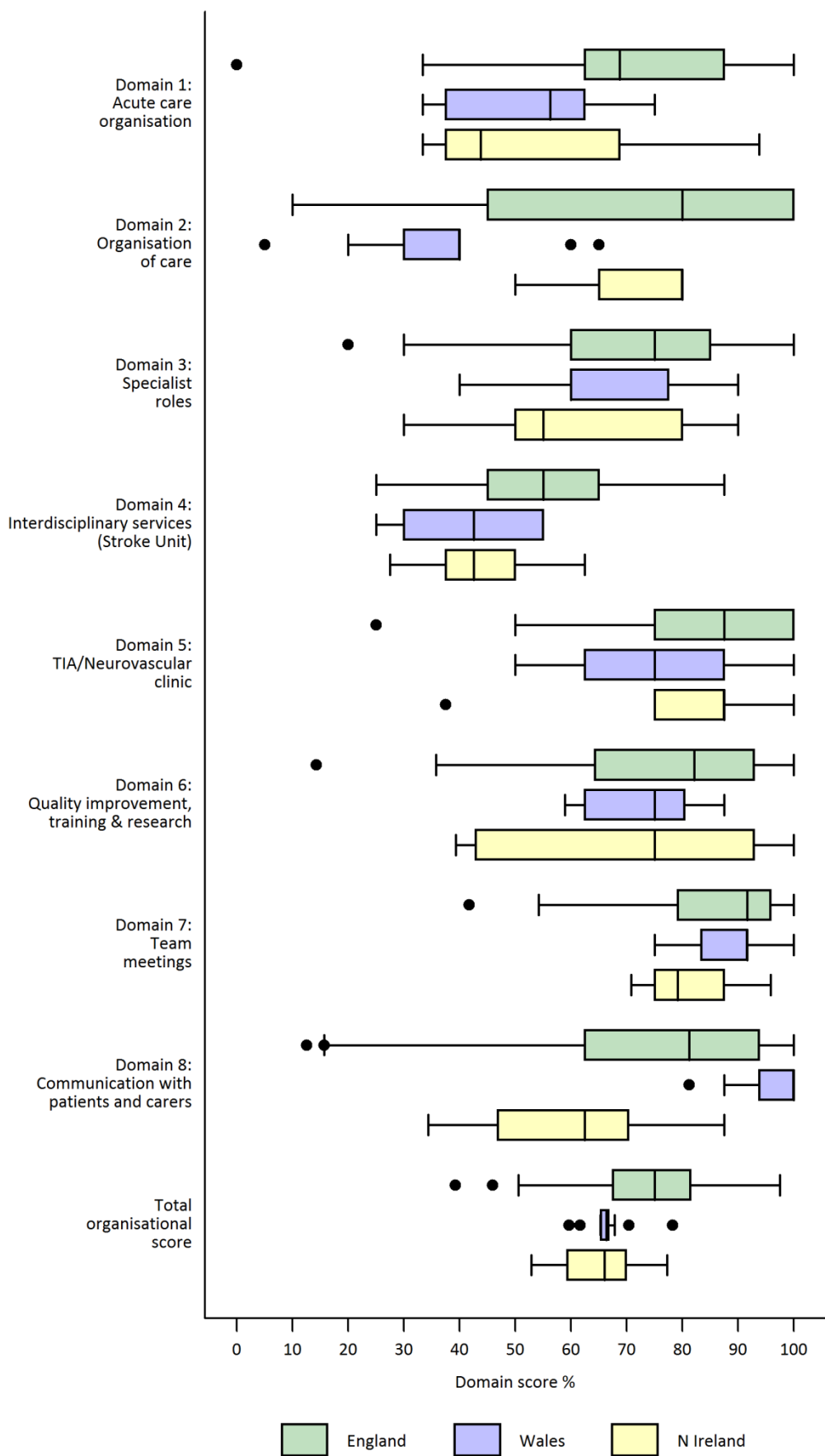
5.7 Distribution of scores for England, Wales and Northern Ireland

In England, the median total organisational score was 75.01. The inter-quartile range was from 67.5 to 81.5.

In Wales, the median total organisational score was 66.3. The inter-quartile range was from 65.4 to 66.8, total range from 59.6 to 78.2.

In Northern Ireland, the median total organisational score was 66.0. The inter-quartile range was from 59.3 to 69.9, total range from 52.9 to 77.3.

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Section 6: Hospital Results by Region and Country

The tables in this chapter give named hospital results in alphabetical order of trust name by geographical location. The location is Strategic Health Authority Cluster in England which is then subdivided by region, and then Wales, Northern Ireland and the Islands. Please note this describes the self-reported status on **2 July 2012**. These tables should be read in context as part of the full SSNAP Acute Organisational Audit Report 2012 and the full audit questions (appendix 2 of the report).

The tables describe the performance for some selected indicators for each of the 190 participating sites. Each hospital's results are spread across three tables on consecutive pages. These measures each represent an important aspect of good stroke care organisation. The national median for each measure is given in the top row of the table to enable benchmarking.

A scoring system was developed to enable sites to compare their organisation of stroke care with other sites. The scores for 8 separate components of organisation each range from 0 to 100 with 100 being the optimal score. A total organisational score is obtained by calculating the average of the 8 domain scores. The 25% of hospitals with the best stroke care organisation are in the upper quartile, the least well organised 25% of hospitals are in the lower quartile. The middle half lie between the two.

It should be noted that the scoring system has changed from the 2010 National Sentinel Stroke Audit. There are now more stringent criteria to achieve maximum points for several domain elements including proportion of patients thrombolysed, composition of early supported discharge (ESD) and community rehabilitation teams, and 6 or 7 day therapy working. Also, questions which were asked for the first time in 2010 are included in the scoring this time e.g. access to clinical psychology.

The three tables are colour coded to facilitate ease of use. **Table 1** gives information about the type and number of stroke unit within each hospital, the quality of these beds according to the number of acute criteria (max 7), stroke unit features (max. 5) as a marker for quality of all stroke units, the level of thrombolysis provision on-site or with local arrangements, and staffing levels.

Table 2 includes information about the availability of a specialist early supported discharge team and a specialist community rehabilitation team, the availability of a neurovascular/TIA clinic and waiting times to be seen and investigated, quality improvement measures, research and patient involvement. The total organisational score is an aggregated score across all domains.

Table 3 includes information about leadership, participation in SINAP (the acute stroke audit), individual domain scores and overall score.

The key below provides further information about the items included in the tables, including a breakdown of what constitutes each domain.

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Heading in Table 1	Description/Further information
Number of stroke beds onsite	
Type 1 beds	Type 1 beds are beds used <i>solely</i> in the first 72 hours after stroke
Type 2 beds	Type 2 beds are beds used <i>solely</i> beyond the first 72 hours after stroke
Type 3 beds	Type 3 beds are beds used for <i>both</i> the first 72 hours after stroke and beyond
Number of 7 acute criteria achieved:	
Type 1 beds	<p>The 7 <i>acute</i> criteria of high quality stroke unit organisation are as follows:</p> <ul style="list-style-type: none"> • Continuous physiological monitoring (ECG, oximetry, blood pressure) • Immediate access to scanning for urgent stroke patients • Direct admission from A&E/front door • Specialist ward rounds on 7 days a week • Acute stroke protocols/guidelines • Nurses trained in swallow screening • Nurses trained in stroke assessment and management
Type 3 beds	
Number of 5 SUTC criteria achieved	<p>Five key characteristics were chosen from the Stroke Unit Trialists' Collaboration (SUTC) and subsequent papers, as markers of good stroke unit organisation. These are:</p> <ol style="list-style-type: none"> 1. Clinician with specialist knowledge of stroke who are formally recognised as having principal responsibility for stroke services 2. Formal links with patients and carers organisations for communication on ALL of the following: <ul style="list-style-type: none"> • Service provision • Audit • Service reviews and future plans 3. Formal team meetings, on average at least once a week for the interchange of information about individual patients on the stroke unit 4. Patient information literature displayed in unit/ward on the following: Patient versions of national or local guidelines/standards <p style="text-align: center;">OR</p> Patient information literature displayed in unit/ward on the following: Social Services local Community Care arrangements 5. There is funding for external courses available for nurses and therapists <p style="text-align: center;">AND</p> At least ONE staff day was paid for between 1 April 2011 and 31 March 2012

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Heading in Table 1	Description/Further information
Thrombolysis Provision	
Availability and 24/7 provision offered onsite or in collaboration	Description of the availability of thrombolysis provision onsite and/or in collaboration with a neighbouring site NA = London Acute Stroke Unit which do treat patients in the first 72 hours of care
Staffing Levels	
Qualified nurses on duty at 10am weekdays per 10 SU beds	WTEs (Whole Time Equivalents) per 10 stroke unit beds are expressed by whether each site is above, below the national median. The national medians are rounded to 2 decimal places.
Qualified nurses – WTEs per 10 SU beds	
Physiotherapy - WTEs per 10 beds	
Occupational Therapy - WTEs per 10 beds	
Speech and Language Therapy - WTEs per 10 beds	
6 or 7 day working for at least 2 of PT, OT and SALT	6 or 7 day working for at least two of physiotherapists, occupational therapists and speech and language therapists
Number of programmed activities for stroke consultant physicians	
Junior doctor time per week for all SU beds	Number of half-day sessions of junior doctor time per week for all stroke unit beds
Access to clinical psychologist(s)	

Heading in Table 2	Description/Further information
Early supported discharge	
Stroke specialist ESD team	Access to a stroke/neurology specific specialist early supported discharge team
Specialist ESD team with 4 or more members including PT, OT and SALT	Specialist early supported discharge team with 4 or more members including physiotherapist, occupational therapist and speech and language therapist
Access to PT, OT or SALT in specialist ESD team less than 48 hours	Access to at least one of physiotherapist, occupational therapist or speech and language therapist in specialist early supported discharge team within 48 hours
Community rehabilitation	
Stroke specialist community rehab team	Access to a stroke/neurology specific community rehabilitation team (CRT) for longer term management
Specialist CRT with 4 or more members including PT, OT and SALT	Specialist community rehabilitation team with 4 or more members including physiotherapist, occupational therapist and speech and language therapist

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Heading in Table 2	Description/Further information
TIA/Neurovascular service	
Median number of days to wait for appointment in TIA clinic	Average waiting time for an appointment at the time of the audit (2 July 2012)
TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	If both inpatient and outpatient service are provided, the best times are reported
TIA patients seen, investigated and treated within a week for LOW RISK patients	If both inpatient and outpatient service are provided, the best times are reported
Quality Improvement	
Report on stroke services produced for trust board in past year	Eg. Regarding the Sentinel Audit/Vital Signs
Number of members of strategic group responsible for stroke	Number of different types of representatives from the following: <ul style="list-style-type: none"> • Ambulance trust representative • Clinician • Patient representative • Commissioner • Social Services • Stroke Network representative • Trust board member
Number of clinical research studies	Registered with the Research & Development department on the day of the audit (2 July 2012)
Frequency of formal survey of patient/carers views	Stroke-specific surveys
Report produced in past 12 months which analysed views of patients	With regard to stroke services
Patient and carer involvement	
Formal links with patient/carers organisations on service provision, audit, and service reviews AND future plans	

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Heading in Table 3	Description/Further information
Leadership	
Clinician with specialist knowledge of stroke formally recognised as having principle responsibility for stroke	
SINAP	
Participating in SINAP (Quarter 6)	Whether or not the site is participating in SINAP (the acute stroke audit). This is measured according to inclusion or otherwise in the 6 th Quarterly Public Report (based on July – September 2012 admissions). This includes hospitals in England only. London Acute Stroke Units are not eligible for SINAP as they do not treat stroke patients in the first 72 hours of care.
Acute organisational audit domain scores 2012	
Domain 1: Acute Care Organisation	<ul style="list-style-type: none"> • presence of 7 acute criteria • level of thrombolysis • percentage of patients thrombolysed
Domain 2: Organisation of Care	<ul style="list-style-type: none"> • location of stroke patients • ratio of stroke unit beds to the number of inpatients with stroke • presence, composition and timeframe for access to a specialist early supported discharge (ESD) team • presence and composition of a specialist community rehabilitation team
Domain 3: Specialist Roles	<ul style="list-style-type: none"> • provision of consultant ward rounds for stroke units • seniority of nurses and therapists • patient access to social work expertise, orthoptics, orthotics and podiatry (foot health) • treatment of palliative care patients on the stroke unit • access to clinical psychologists and psychological care • provision of educational and vocational training • whether or not patients stay in bed until assessed by physiotherapist
Domain 4: Inter Disciplinary Services	<ul style="list-style-type: none"> • availability of qualified nurses and care assistants • availability of qualified therapy staff • 6 or 7 day working for occupational therapy, physiotherapy, speech and language therapy

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Heading in Table 3	Description/Further information
Domain 5: TIA/Neurovascular Services	<ul style="list-style-type: none"> • timeframes in which both HIGH and LOW risk patients can be seen, investigated and treated • usual waiting time to get carotid imaging for both HIGH and LOW risk TIA.
Domain 6: Quality Improvement, Training and Research	<ul style="list-style-type: none"> • production of a report on the stroke service for trust board • membership of a strategic group responsible for stroke • funding for external courses and study days available for nurses & therapists • participation in clinical research studies
Domain 7: Team Meetings	<ul style="list-style-type: none"> • frequency of formal team meetings and whether all stroke patients are discussed • membership of the team
Domain 8: Communication with Patients and Carers	<ul style="list-style-type: none"> • whether patients have access to their management plan • availability of patient information on each of the following topics for stroke units & outpatients <ul style="list-style-type: none"> ○ Patient version of national or local guidelines/standards ○ Social services ○ Benefits agencies ○ Secondary prevention advice • whether patients are given a personalised rehabilitation discharge plan • formal links with patients and carers organisations on services provision, audit, and service reviews and future plans • community user group for stroke • policy to give patients a named contact on transfer from hospital to the community • patient/carer views sought on stroke services • report produced within past 12 months which analysed views of patients
Overall score / position	
Total organisational score 2012	The mean average of the 8 individual domain scores
Overall position 2012	Based on overall total organisational score, relative to other sites
Overall position 2010	The site's overall position in the 2010 National Sentinel Stroke Organisational Audit. If there has been a change in configuration of sites since 2010 N/A is given for the appropriate time period. Due to changes in the scoring system this is not directly comparable to performance in 2012.

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
London															
Barking, Havering and Redbridge University Hospitals NHS Trust	12	45	0	7	NA	5	24/7 on-site	Above median	Above median	Above median	Above median	No	Below median	Below median	Yes
Barnet and Chase Farm Hospitals NHS Trust	NA	45	NA	NA	NA	4	NA	Below median	Below median	Below median	Below median	No	Below median	Below median	No
Barts Health NHS Trust (Newham University Hospital)	NA	20	NA	NA	NA	5	NA	Below median	Above median	Above median	Above median	No	Below median	Above median	Yes
Barts Health NHS Trust (Royal London Hospital)	12	8	0	7	NA	5	24/7 on-site	Above median	Below median	Above median	Above median	Yes	Above median	Above median	Yes
Barts Health NHS Trust (Whipps Cross Hospital)	NA	14	NA	NA	NA	4	NA	Above median	Above median	Above median	Above median	No	Below median	Above median	Yes
Chelsea and Westminster Hospital NHS Foundation Trust	NA	20	NA	NA	NA	5	NA	Below median	Above median	Above median	Above median	No	Below median	Below median	Yes
Croydon Health Services NHS Trust	NA	30	NA	NA	NA	4	NA	Below median	Above median	Above median	Above median	No	Equals median	Above median	Yes
Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)	NA	24	NA	NA	NA	5	NA	Above median	Below median	Above median	Above median	No	Equals median	Below median	Yes
Guy's and St Thomas' Hospital NHS Foundation Trust	NA	22	NA	NA	NA	5	NA	Above median	Above median	Above median	Above median	No	Below median	Below median	No
Hillingdon Hospitals NHS Foundation Trust	NA	20	NA	NA	NA	4	NA	Above median	Below median	Above median	Above median	No	Below median	Below median	No
Homerton University Hospital NHS Foundation Trust	NA	20	NA	NA	NA	4	NA	Above median	Above median	Above median	Above median	No	Below median	Equals median	Yes
Imperial College Healthcare NHS Trust	20	34	0	7	NA	5	24/7 on-site	Above median	Below median	Above median	Above median	No	Above median	Above median	Yes
King's College Hospital NHS Foundation Trust	12	16	0	7	NA	5	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Above median	Yes
Kingston Hospital NHS Trust	NA	20	NA	NA	NA	4	NA	Above median	Above median	Above median	Above median	No	Below median	Below median	No
Lewisham Healthcare NHS Trust	NA	22	NA	NA	NA	4	NA	Above median	Above median	Above median	Above median	No	Below median	Above median	Yes
North Middlesex University Hospital NHS Trust	NA	20	NA	NA	NA	4	NA	Above median	Above median	Above median	Above median	No	Below median	Above median	Yes
North West London Hospitals NHS Trust (Northwick Park Hospital)	16	34	0	6	NA	5	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Above median	Yes
Royal Free London NHS Foundation Trust	NA	22	NA	NA	NA	5	NA	Above median	Above median	Above median	Above median	No	Equals median	Above median	Yes
South London Healthcare NHS Trust	14	54	0	7	NA	5	24/7 on-site	Above median	Below median	Below median	Above median	No	Above median	Above median	Yes
St George's Healthcare NHS Trust	20	16	0	7	NA	4	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Above median	Yes
University College London Hospitals NHS Foundation Trust	18	17	0	6	NA	4	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Above median	Yes
West Middlesex University Hospital NHS Trust	NA	22	NA	NA	NA	4	NA	Above median	Above median	Above median	Below median	No	Below median	Above median	No
Midlands and East - East Midlands															
Chesterfield Royal Hospital NHS Foundation Trust	0	0	36	NA	6	5	24/7 on-site	Below median	Above median	Above median	Above median	Yes	Above median	Above median	No
Derby Hospitals NHS Foundation Trust	4	21	30	7	7	5	24/7 on-site	Below median	Above median	Above median	Below median	Yes	Above median	Above median	Yes
Kettering General Hospital NHS Foundation Trust	4	16	10	5	5	5	<24/7 overall, including local arrangements	Above median	Below median	Below median	Below median	No	Below median	Above median	No
Northampton General Hospital NHS Trust	12	27	0	5	NA	5	<24/7 on-site, 24/7 through local arrangements	Above median	Above median	Below median	Below median	Yes	Above median	Above median	No
Nottingham University Hospitals NHS Trust	16	60	0	6	NA	4	24/7 on-site	Above median	Above median	Below median	Above median	No	Above median	Above median	Yes
Sherwood Forest Hospitals NHS Foundation Trust	4	0	20	7	6	4	<24/7 on-site, 24/7 through local arrangements	Above median	Above median	Below median	Below median	Yes	Above median	Above median	Yes

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
London														
Barking, Havering and Redbridge University Hospitals NHS Trust	No	No Team	No Team	Yes	No	2	No	Yes	Yes	4	3	1-2 times a year	Yes	Yes
Barnet and Chase Farm Hospitals NHS Trust	No	No Team	No Team	No	No Team	2	No	Yes	Yes	3	3	Continuous	Yes	No
Barts Health NHS Trust (Newham University Hospital)	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	7	4	1-2 times a year	Yes	Yes
Barts Health NHS Trust (Royal London Hospital)	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	7	15	Continuous	Yes	Yes
Barts Health NHS Trust (Whipps Cross Hospital)	Yes	Yes	Yes	Yes	Yes	2	No	Yes	Yes	3	5	1-2 times a year	Yes	No
Chelsea and Westminster Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	5	5	Continuous	Yes	Yes
Croydon Health Services NHS Trust	Yes	Yes	Yes	Yes	Yes	0	No	Yes	Yes	6	5	Continuous	Yes	No
Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	5	7	Continuous	Yes	Yes
Guy's and St Thomas' Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	No	3	No	Yes	Yes	3	10	Continuous	Yes	Yes
Hillingdon Hospitals NHS Foundation Trust	No	No Team	No Team	No	No Team	0	No	Yes	Yes	3	4	Continuous	Yes	No
Homerton University Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	1	No	Yes	Yes	3	1	1-2 times a year	No	No
Imperial College Healthcare NHS Trust	Yes	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes	4	26	Continuous	Yes	Yes
King's College Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	6	17	Continuous	Yes	Yes
Kingston Hospital NHS Trust	Yes	No	Yes	Yes	Yes	2	No	Yes	Yes	3	4	1-2 times a year	Yes	No
Lewisham Healthcare NHS Trust	Yes	Yes	Yes	No	No Team	3	No	Yes	Yes	5	6	1-2 times a year	Yes	No
North Middlesex University Hospital NHS Trust	No	No Team	No Team	Yes	Yes	14	Yes	No	No	3	5	Less than once a year	No	No
North West London Hospitals NHS Trust (Northwick Park Hospital)	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	4	7	More than 4 a year	Yes	Yes
Royal Free London NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	6	Yes	Yes	Yes	4	2	Continuous	Yes	Yes
South London Healthcare NHS Trust	No	No Team	No Team	Yes	Yes	3	Yes	Yes	Yes	7	5	1-2 times a year	Yes	Yes
St George's Healthcare NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	4	24	More than 4 a year	Yes	No
University College London Hospitals NHS Foundation Trust	Yes	Yes	No	Yes	Yes	1	Yes	Yes	No	4	15	Continuous	No	No
West Middlesex University Hospital NHS Trust	No	No Team	No Team	Yes	Yes	6	Yes	Yes	Yes	3	6	3-4 times a year	Yes	Yes
Midlands and East - East Midlands														
Chesterfield Royal Hospital NHS Foundation Trust	Yes	No	Yes	No	No Team	5	Yes	Yes	Yes	2	8	Less than once a year	No	Yes
Derby Hospitals NHS Foundation Trust	Yes	Yes	No	Yes	Yes	0	Yes	Yes	Yes	4	7	1-2 times a year	Yes	Yes
Kettering General Hospital NHS Foundation Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	7	3	1-2 times a year	Yes	Yes
Northampton General Hospital NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	5	4	1-2 times a year	Yes	Yes
Nottingham University Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	7	13	More than 4 a year	Yes	No
Sherwood Forest Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	3	Yes	Yes	Yes	1	3	Continuous	Yes	No

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	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
London													
Barking, Havering and Redbridge University Hospitals NHS Trust	Yes	Yes	93.8	45	80	50	75	76.8	100	85.9	75.8	Upper quartile	Middle half
Barnet and Chase Farm Hospitals NHS Trust	Yes	NA	75	40	62.5	27.5	75	73.2	95.8	93.8	67.8	Middle half	Middle half
Barts Health NHS Trust (Newham University Hospital)	Yes	NA	100	100	100	67.5	87.5	100	100	93.8	93.6	Middle half	Upper quartile
Barts Health NHS Trust (Royal London Hospital)	Yes	Yes	100	100	100	80	100	100	100	100	97.5	NA	Upper quartile
Barts Health NHS Trust (Whipps Cross Hospital)	Yes	NA	100	100	87.5	70	75	85.7	95.8	81.3	86.9	Upper quartile	Upper quartile
Chelsea and Westminster Hospital NHS Foundation Trust	Yes	NA	93.8	100	62.5	72.5	100	92.9	100	100	90.2	Upper quartile	Upper quartile
Croydon Health Services NHS Trust	Yes	NA	100	100	100	55	75	96.4	91.7	90.6	88.6	Upper quartile	Upper quartile
Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)	Yes	NA	100	100	87.5	60	100	92.9	100	100	92.5	Middle half	Upper quartile
Guy's and St Thomas' Hospital NHS Foundation Trust	Yes	NA	100	90	62.5	62.5	75	85.7	95.8	96.9	83.6	Upper quartile	Upper quartile
Hillingdon Hospitals NHS Foundation Trust	Yes	NA	93.8	40	75	52.5	75	85.7	79.2	93.8	74.4	Middle half	Middle half
Homerton University Hospital NHS Foundation Trust	Yes	NA	100	100	87.5	65	75	73.2	95.8	75	83.9	Middle half	Upper quartile
Imperial College Healthcare NHS Trust	Yes	Yes	93.8	100	100	60	100	89.3	100	100	92.9	Upper quartile	Upper quartile
King's College Hospital NHS Foundation Trust	Yes	Yes	100	100	100	67.5	100	96.4	100	100	95.5	Upper quartile	Upper quartile
Kingston Hospital NHS Trust	Yes	NA	100	90	50	52.5	75	85.7	87.5	59.4	75	Middle half	Middle half
Lewisham Healthcare NHS Trust	Yes	NA	100	50	81.3	80	75	92.9	83.3	84.4	80.9	Lower quartile	Upper quartile
North Middlesex University Hospital NHS Trust	Yes	NA	75	50	71.9	70	75	60.7	83.3	62.5	68.6	Middle half	Middle half
North West London Hospitals NHS Trust (Northwick Park Hospital)	Yes	Yes	75	40	80	65	100	89.3	100	93.8	80.4	Upper quartile	Middle half
Royal Free London NHS Foundation Trust	Yes	NA	75	100	87.5	70	100	76.8	100	95.3	88.1	Upper quartile	Upper quartile
South London Healthcare NHS Trust	Yes	Yes	93.8	60	77.5	65	100	100	95.8	84.4	84.6	Lower quartile	Upper quartile
St George's Healthcare NHS Trust	Yes	Yes	100	100	97.5	65	100	89.3	95.8	89.1	92.1	Upper quartile	Upper quartile
University College London Hospitals NHS Foundation Trust	Yes	Yes	75	60	100	82.5	100	64.3	100	75	82.1	Upper quartile	Upper quartile
West Middlesex University Hospital NHS Trust	Yes	NA	93.8	30	50	27.5	100	85.7	95.8	84.4	70.9	Middle half	Middle half
Midlands and East - East Midlands													
Chesterfield Royal Hospital NHS Foundation Trust	Yes	Yes	62.5	35	60	65	100	82.1	95.8	75	71.9	Middle half	Middle half
Derby Hospitals NHS Foundation Trust	Yes	No	93.8	80	90	67.5	100	89.3	66.7	90.6	84.7	Upper quartile	Upper quartile
Kettering General Hospital NHS Foundation Trust	Yes	Yes	50	60	60	37.5	87.5	62.5	91.7	87.5	67.1	Lower quartile	Middle half
Northampton General Hospital NHS Trust	Yes	Yes	66.7	80	80	55	100	92.9	95.8	79.7	81.3	Middle half	Upper quartile
Nottingham University Hospitals NHS Trust	Yes	No	68.8	70	85	55	87.5	100	91.7	78.1	79.5	Upper quartile	Middle half
Sherwood Forest Hospitals NHS Foundation Trust	Yes	Yes	100	80	80	67.5	100	66.1	75	87.5	82	Middle half	Upper quartile

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
United Lincolnshire Hospitals NHS Trust (Grantham and District Hospital)	0	5	0	NA	NA	3	No provision	Below median	Above median	Above median	Below median	No	Below median	Below median	Yes
United Lincolnshire Hospitals NHS Trust (Lincoln County)	4	14	10	6	6	5	<24/7 on-site, no local arrangements	Below median	Below median	Above median	Above median	Yes	Above median	Below median	No
United Lincolnshire Hospitals NHS Trust (Pilgrim Hospital)	0	0	28	NA	6	4	<24/7 on-site, no local arrangements	Below median	Above median	Above median	Above median	Yes	Above median	Below median	No
University Hospitals of Leicester NHS Trust	8	38	0	6	NA	3	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Above median	Above median	Yes
Midlands and East - East of England															
Basildon and Thurrock University Hospitals NHS Foundation Trust	7	24	20	6	6	4	24/7 on-site	Below median	Below median	Below median	Above median	No	Above median	Above median	No
Bedford Hospital NHS Trust	0	0	18	NA	6	5	<24/7 on-site, 24/7 through local arrangements	Above median	Below median	Below median	Below median	No	Below median	Equals median	Yes
Cambridge University Hospitals NHS Foundation Trust	8	18	6	6	3	5	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Below median	Yes
Colchester Hospital University NHS Foundation Trust	2	0	31	7	7	3	24/7 on-site	Above median	Below median	Below median	Above median	No	Above median	Above median	Yes
East and North Hertfordshire NHS Trust	0	0	25	NA	6	4	24/7 on-site	Below median	Above median	Above median	Above median	No	Above median	Below median	No
Hinchingbrooke Health Care NHS Trust	0	0	25	NA	4	4	None on-site, 24/7 through local arrangements	Below median	Below median	Below median	Below median	No	Below median	Above median	No
Ipswich Hospital NHS Trust	4	21	0	6	NA	4	24/7 on-site	Above median	Above median	Below median	Below median	No	Above median	Below median	No
James Paget University Hospitals NHS Foundation Trust	4	30	0	6	NA	3	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	No
Luton and Dunstable Hospital NHS Foundation Trust	8	0	20	7	6	3	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Above median	Above median	Yes
Mid Essex Hospital Services NHS Trust	6	0	13	6	5	2	24/7 on-site	Below median	Above median	Above median	Above median	No	Below median	Above median	No
Norfolk and Norwich University Hospitals NHS Foundation Trust	12	24	0	4	NA	4	24/7 on-site	Above median	Below median	Below median	Above median	Yes	Above median	Above median	Yes
Peterborough and Stamford Hospitals NHS Foundation Trust	6	7	22	5	5	4	24/7 on-site	Below median	Below median	Above median	Below median	Yes	Above median	Above median	No
Princess Alexandra Hospital NHS Trust	4	11	0	5	NA	3	<24/7 on-site, 24/7 through local arrangements	Above median	Above median	Above median	Above median	No	Below median	Below median	No
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	0	0	29	NA	7	4	24/7 on-site	Above median	Below median	Below median	Above median	Yes	Equals median	Above median	Yes
Southend University Hospital NHS Foundation Trust	0	0	40	NA	7	4	24/7 on-site	Below median	Above median	Below median	Above median	Yes	Above median	Above median	No
West Hertfordshire Hospitals NHS Trust	13	19	0	5	NA	4	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Above median	No
West Suffolk Hospital NHS Foundation Trust	0	0	24	NA	6	5	24/7 on-site	Above median	Below median	Above median	Below median	No	Above median	Above median	No
Midlands and East - West Midlands															
Burton Hospitals NHS Foundation Trust	0	0	21	NA	6	3	<24/7 on-site, no local arrangements	Above median	Above median	Above median	Below median	No	Equals median	Above median	No
Dudley Group NHS Foundation Trust	6	28	6	6	6	5	24/7 on-site	Below median	Below median	Below median	Above median	Yes	Above median	Above median	Yes
George Eliot Hospital NHS Trust	0	0	27	NA	5	5	None on-site, 24/7 through local arrangements	Above median	Below median	Below median	Above median	No	Below median	Below median	Yes
Heart of England NHS Foundation Trust (Birmingham Heartlands and Solihull Hospitals)	13	26	24	5	6	5	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Above median	Above median	Yes

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
United Lincolnshire Hospitals NHS Trust (Grantham and District Hospital)	Yes	Yes	Yes	No	No Team	3	No	Yes	No	4	0	1-2 times a year	Yes	No
United Lincolnshire Hospitals NHS Trust (Lincoln County)	Yes	No	Yes	No	No Team	1	No	Yes	Yes	4	5	1-2 times a year	Yes	Yes
United Lincolnshire Hospitals NHS Trust (Pilgrim Hospital)	Yes	No	Yes	No	No Team	1	Yes	Yes	Yes	4	4	1-2 times a year	No	No
University Hospitals of Leicester NHS Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	NA	10	Continuous	Yes	No
Midlands and East - East of England														
Basildon and Thurrock University Hospitals NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	3	Yes	Yes	Yes	4	3	Less than once a year	No	No
Bedford Hospital NHS Trust	No	No Team	No Team	Yes	No	1	No	Yes	Yes	6	4	Never	No	Yes
Cambridge University Hospitals NHS Foundation Trust	Yes	Yes	No	No	No Team	3	Yes	No	Yes	NA	19	More than 4 a year	Yes	Yes
Colchester Hospital University NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	3	Yes	Yes	Yes	7	5	More than 4 a year	Yes	No
East and North Hertfordshire NHS Trust	No	No Team	No Team	Yes	No	5	Yes	Yes	Yes	6	3	Continuous	Yes	No
Hinchingbrooke Health Care NHS Trust	No	No Team	No Team	Yes	No	4	No	No	No	4	1	Never	No	No
Ipswich Hospital NHS Trust	No	No Team	No Team	Yes	Yes	1	Yes	Yes	Yes	1	5	1-2 times a year	Yes	No
James Paget University Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	0	Yes	Yes	Yes	6	3	1-2 times a year	Yes	No
Luton and Dunstable Hospital NHS Foundation Trust	No	No Team	No Team	Yes	Yes	0	Yes	Yes	Yes	6	9	1-2 times a year	No	No
Mid Essex Hospital Services NHS Trust	Yes	Yes	Yes	No	No Team	0	Yes	Yes	No	6	5	Less than once a year	No	No
Norfolk and Norwich University Hospitals NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	2	Yes	Yes	No	4	4	Less than once a year	No	No
Peterborough and Stamford Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	0	Yes	Yes	Yes	5	3	Continuous	Yes	No
Princess Alexandra Hospital NHS Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	6	4	Continuous	Yes	No
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Yes	Yes	No	Yes	Yes	1	Yes	Yes	Yes	5	2	1-2 times a year	Yes	No
Southend University Hospital NHS Foundation Trust	No	No Team	No Team	Yes	No	1	Yes	Yes	Yes	5	8	3-4 times a year	Yes	No
West Hertfordshire Hospitals NHS Trust	No	No Team	No Team	Yes	Yes	2	No	Yes	Yes	6	6	3-4 times a year	Yes	No
West Suffolk Hospital NHS Foundation Trust	No	No Team	No Team	No	No Team	0	No	Yes	Yes	4	4	More than 4 a year	Yes	Yes
Midlands and East - West Midlands														
Burton Hospitals NHS Foundation Trust	Yes	No	Yes	Yes	No	1	Yes	Yes	Yes	NA	4	Less than once a year	No	No
Dudley Group NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	6	2	1-2 times a year	Yes	Yes
George Eliot Hospital NHS Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	3	3	Continuous	Yes	Yes
Heart of England NHS Foundation Trust (Birmingham Heartlands and Solihull Hospitals)	Yes	Yes	Yes	Yes	Yes	7	Yes	Yes	Yes	7	6	1-2 times a year	Yes	Yes

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	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
United Lincolnshire Hospitals NHS Trust (Grantham and District Hospital)	Yes	No	0	45	50	60	50	14.3	79.2	68.8	45.9	Lower quartile	Lower quartile
United Lincolnshire Hospitals NHS Trust (Lincoln County)	Yes	No	50	50	70	65	75	89.3	75	93.8	71	Middle half	Middle half
United Lincolnshire Hospitals NHS Trust (Pilgrim Hospital)	Yes	No	50	70	60	70	100	89.3	75	53.1	70.9	Middle half	Middle half
University Hospitals of Leicester NHS Trust	Yes	No	68.8	60	80	45	100	50	70.8	59.4	66.7	Middle half	Middle half
Midlands and East - East of England													
Basildon and Thurrock University Hospitals NHS Foundation Trust	Yes	Yes	68.8	100	70	50	100	64.3	91.7	59.4	75.5	Middle half	Middle half
Bedford Hospital NHS Trust	Yes	Yes	66.7	45	75	42.5	75	96.4	75	73.4	68.6	Middle half	Middle half
Cambridge University Hospitals NHS Foundation Trust	Yes	No	75	40	75	52.5	62.5	75	91.7	100	71.5	Upper quartile	Middle half
Colchester Hospital University NHS Foundation Trust	Yes	Yes	93.8	100	90	55	100	75	91.7	90.6	87	Upper quartile	Upper quartile
East and North Hertfordshire NHS Trust	Yes	Yes	68.8	15	70	57.5	100	83.9	91.7	93.8	72.6	Lower quartile	Middle half
Hinchingbrooke Health Care NHS Trust	Yes	No	33.3	45	50	25	25	39.3	79.2	17.2	39.2	Lower quartile	Lower quartile
Ipswich Hospital NHS Trust	Yes	Yes	68.8	60	60	42.5	100	78.6	91.7	84.4	73.2	Lower quartile	Middle half
James Paget University Hospitals NHS Foundation Trust	Yes	No	68.8	60	60	30	100	83.9	70.8	40.6	64.3	Lower quartile	Lower quartile
Luton and Dunstable Hospital NHS Foundation Trust	Yes	Yes	100	60	90	52.5	100	96.4	79.2	53.1	78.9	Middle half	Middle half
Mid Essex Hospital Services NHS Trust	Yes	Yes	75	80	70	45	100	46.4	95.8	53.1	70.7	Middle half	Middle half
Norfolk and Norwich University Hospitals NHS Foundation Trust	Yes	No	43.8	70	50	80	87.5	64.3	91.7	31.3	64.8	Upper quartile	Lower quartile
Peterborough and Stamford Hospitals NHS Foundation Trust	Yes	Yes	62.5	60	50	50	87.5	80.4	83.3	62.5	67	Middle half	Middle half
Princess Alexandra Hospital NHS Trust	Yes	Yes	66.7	60	70	70	87.5	71.4	95.8	93.8	76.9	Middle half	Middle half
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Yes	No	100	80	100	65	100	80.4	100	87.5	89.1	Middle half	Upper quartile
Southend University Hospital NHS Foundation Trust	Yes	Yes	100	45	80	65	100	92.9	91.7	87.5	82.8	Upper quartile	Upper quartile
West Hertfordshire Hospitals NHS Trust	Yes	Yes	75	30	60	55	75	96.4	95.8	82.8	71.3	Middle half	Middle half
West Suffolk Hospital NHS Foundation Trust	Yes	No	68.8	40	50	45	75	89.3	83.3	85.9	67.2	Lower quartile	Middle half
Midlands and East - West Midlands													
Burton Hospitals NHS Foundation Trust	Yes	Yes	50	50	60	55	100	50	79.2	12.5	57.1	Middle half	Lower quartile
Dudley Group NHS Foundation Trust	Yes	No	75	80	90	70	100	83.9	75	87.5	82.7	Upper quartile	Upper quartile
George Eliot Hospital NHS Trust	Yes	Yes	66.7	60	90	50	100	73.2	79.2	98.4	77.2	Middle half	Middle half
Heart of England NHS Foundation Trust (Birmingham Heartlands and Solihull Hospitals)	Yes	Yes	62.5	80	80	57.5	100	100	87.5	78.1	80.7	Middle half	Upper quartile

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
Heart of England NHS Foundation Trust (Good Hope Hospital)	6	22	8	5	4	4	<24/7 on-site, 24/7 through local arrangements	Below median	Above median	Below median	Below median	Yes	Above median	Above median	No
Royal Wolverhampton Hospitals NHS Trust	3	0	20	7	6	5	24/7 on-site	Above median	Above median	Below median	Below median	Yes	Above median	Below median	Yes
Sandwell and West Birmingham Hospitals NHS Trust (City Hospital)	0	0	33	NA	6	3	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	Yes
Sandwell and West Birmingham Hospitals NHS Trust (Sandwell District Hospital)	4	30	0	7	NA	4	24/7 on-site	Above median	Above median	Below median	Below median	No	Equals median	Below median	Yes
Shrewsbury and Telford Hospital NHS Trust	12	36	0	5	NA	4	24/7 on-site	Above median	Below median	Below median	Above median	No	Above median	Above median	No
South Warwickshire NHS Foundation Trust	0	0	20	NA	5	5	None on-site, 24/7 through local arrangements	Below median	Below median	Below median	Above median	No	Equals median	Above median	Yes
University Hospital of North Staffordshire NHS Trust combined with Staffordshire and Stoke on Trent Partnership NHS Trust	0	0	32	NA	6	4	24/7 on-site	Above median	Below median	Below median	Below median	Yes	Above median	Above median	Yes
University Hospitals Birmingham NHS Foundation Trust in collaboration with Birmingham Community Healthcare NHS Trust	0	0	18	NA	5	2	24/7 on-site	Below median	Below median	Below median	Above median	No	Equals median	Below median	Yes
University Hospitals Coventry and Warwickshire NHS Trust	6	30	0	7	NA	4	24/7 on-site	Above median	Above median	Above median	Equals median	Yes	Above median	Above median	Yes
Walsall Healthcare NHS Trust	0	0	28	NA	6	4	24/7 on-site	Above median	Above median	Above median	Below median	Yes	Equals median	Above median	Yes
Worcestershire Acute Hospitals NHS Trust (Alexandra Hospital Redditch)	0	0	18	NA	4	3	24/7 on-site	Above median	Above median	Below median	Above median	No	Below median	Below median	No
Worcestershire Acute Hospitals NHS Trust (Worcester Royal Hospital)	2	14	0	4	NA	4	24/7 on-site	Above median	Below median	Above median	Below median	No	Below median	Below median	No
Wye Valley NHS Trust	0	0	12	NA	6	4	24/7 on-site	Below median	Above median	Above median	Below median	No	Below median	Below median	No
North of England - North East															
City Hospitals Sunderland NHS Foundation Trust	9	13	27	7	7	5	24/7 on-site	Above median	Below median	Below median	Below median	No	Above median	Above median	No
County Durham and Darlington NHS Foundation Trust	4	0	20	7	7	5	24/7 on-site	Above median	Below median	Below median	Above median	No	Above median	Below median	No
Gateshead Health NHS Foundation Trust	0	0	24	NA	7	4	24/7 on-site	Above median	Below median	Above median	Below median	No	Equals median	Above median	Yes
Newcastle upon Tyne Hospitals NHS Foundation Trust	6	46	0	7	NA	5	24/7 on-site	Below median	Below median	Below median	Above median	No	Above median	Above median	Yes
North Tees and Hartlepool NHS Foundation Trust	0	0	32	NA	6	5	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Below median	Above median	Yes
Northumbria Healthcare NHS Foundation Trust (Hexham Hospital)	0	0	15	NA	6	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	No
Northumbria Healthcare NHS Foundation Trust (North Tyneside General Hospital)	0	0	29	NA	6	5	24/7 on-site	Below median	Below median	Below median	Above median	Yes	Below median	Below median	No
Northumbria Healthcare NHS Foundation Trust (Wansbeck General Hospital)	0	0	27	NA	6	5	24/7 on-site	Below median	Below median	Above median	Above median	Yes	Below median	Below median	No
South Tees Hospitals NHS Foundation Trust	6	23	0	7	NA	5	24/7 on-site	Below median	Above median	Above median	Above median	Yes	Above median	Below median	Yes
South Tyneside NHS Foundation Trust	0	0	20	NA	6	4	24/7 on-site	Above median	Above median	Below median	Above median	No	Below median	Below median	Yes

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
Heart of England NHS Foundation Trust (Good Hope Hospital)	Yes	No	Yes	Yes	Yes	12	Yes	Yes	Yes	7	2	1-2 times a year	Yes	Yes
Royal Wolverhampton Hospitals NHS Trust	Yes	Yes	Yes	Yes	No	0	Yes	Yes	Yes	5	8	1-2 times a year	Yes	Yes
Sandwell and West Birmingham Hospitals NHS Trust (City Hospital)	Yes	Yes	No	Yes	Yes	1	Yes	Yes	Yes	4	4	Continuous	Yes	No
Sandwell and West Birmingham Hospitals NHS Trust (Sandwell District Hospital)	Yes	Yes	Yes	No	No Team	3	Yes	Yes	Yes	5	2	1-2 times a year	Yes	No
Shrewsbury and Telford Hospital NHS Trust	Yes	No	Yes	No	No Team	4	No	Yes	Yes	4	5	Never	No	No
South Warwickshire NHS Foundation Trust	No	No Team	No Team	Yes	Yes	4	Yes	Yes	Yes	6	2	More than 4 a year	Yes	Yes
University Hospital of North Staffordshire NHS Trust combined with Staffordshire and Stoke on Trent Partnership NHS Trust	Yes	No	Yes	Yes	No	1	Yes	Yes	Yes	4	15	More than 4 a year	Yes	No
University Hospitals Birmingham NHS Foundation Trust in collaboration with Birmingham Community Healthcare NHS Trust	No	No Team	No Team	Yes	Yes	0	No	Yes	Yes	1	7	Never	No	No
University Hospitals Coventry and Warwickshire NHS Trust	No	No Team	No Team	Yes	Yes	0	Yes	Yes	Yes	5	7	Continuous	Yes	No
Walsall Healthcare NHS Trust	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	6	4	More than 4 a year	Yes	No
Worcestershire Acute Hospitals NHS Trust (Alexandra Hospital Redditch)	Yes	Yes	No	No	No Team	5	No	Yes	Yes	3	0	More than 4 a year	Yes	No
Worcestershire Acute Hospitals NHS Trust (Worcester Royal Hospital)	Yes	Yes	Yes	Yes	Yes	7	No	Yes	Yes	6	0	Less than once a year	Yes	No
Wye Valley NHS Trust	No	No Team	No Team	Yes	Yes	1	No	Yes	Yes	2	3	More than 4 a year	Yes	No
North of England - North East														
City Hospitals Sunderland NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	2	No	Yes	Yes	6	7	1-2 times a year	Yes	Yes
County Durham and Darlington NHS Foundation Trust	No	No Team	No Team	Yes	Yes	2	Yes	Yes	Yes	6	6	3-4 times a year	No	Yes
Gateshead Health NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	5	No	Yes	Yes	5	5	1-2 times a year	Yes	Yes
Newcastle upon Tyne Hospitals NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	5	16	Continuous	Yes	Yes
North Tees and Hartlepool NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	6	5	1-2 times a year	Yes	Yes
Northumbria Healthcare NHS Foundation Trust (Hexham Hospital)	No	No Team	No Team	No	No Team	1	Yes	Yes	Yes	6	2	More than 4 a year	Yes	Yes
Northumbria Healthcare NHS Foundation Trust (North Tyneside General Hospital)	Yes	Yes	Yes	Yes	Yes	2	Yes	Yes	Yes	6	12	More than 4 a year	Yes	Yes
Northumbria Healthcare NHS Foundation Trust (Wansbeck General Hospital)	Yes	Yes	Yes	No	No Team	5	Yes	Yes	Yes	6	12	More than 4 a year	Yes	Yes
South Tees Hospitals NHS Foundation Trust	No	No Team	No Team	No	No Team	1	Yes	Yes	Yes	5	5	1-2 times a year	Yes	Yes
South Tyneside NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	3	5	Continuous	Yes	No

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	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
Heart of England NHS Foundation Trust (Good Hope Hospital)	Yes	No	66.7	85	60	42.5	100	62.5	91.7	90.6	74.9	Lower quartile	Middle half
Royal Wolverhampton Hospitals NHS Trust	Yes	Yes	100	65	90	75	100	92.9	70.8	93.8	85.9	Middle half	Upper quartile
Sandwell and West Birmingham Hospitals NHS Trust (City Hospital)	Yes	Yes	62.5	60	67.5	47.5	100	64.3	83.3	89.1	71.8	Upper quartile	Middle half
Sandwell and West Birmingham Hospitals NHS Trust (Sandwell District Hospital)	Yes	Yes	93.8	80	80	50	100	67.9	79.2	81.3	79	Middle half	Middle half
Shrewsbury and Telford Hospital NHS Trust	Yes	Yes	68.8	45	50	32.5	75	89.3	79.2	25	58.1	Lower quartile	Lower quartile
South Warwickshire NHS Foundation Trust	Yes	No	66.7	40	77.5	47.5	100	71.4	79.2	87.5	71.2	Lower quartile	Middle half
University Hospital of North Staffordshire NHS Trust combined with Staffordshire and Stoke on Trent Partnership NHS Trust	Yes	Yes	75	70	95	55	100	89.3	70.8	75	78.8	Upper quartile	Middle half
University Hospitals Birmingham NHS Foundation Trust in collaboration with Birmingham Community Healthcare NHS Trust	Yes	No	68.8	60	70	52.5	75	53.6	75	15.6	58.8	Middle half	Lower quartile
University Hospitals Coventry and Warwickshire NHS Trust	Yes	No	100	60	80	70	100	92.9	91.7	93.8	86	Middle half	Upper quartile
Walsall Healthcare NHS Trust	Yes	Yes	68.8	100	80	70	100	96.4	79.2	93.8	86	Middle half	Upper quartile
Worcestershire Acute Hospitals NHS Trust (Alexandra Hospital Redditch)	Yes	Yes	43.8	60	60	50	50	35.7	70.8	76.6	55.9	Lower quartile	Lower quartile
Worcestershire Acute Hospitals NHS Trust (Worcester Royal Hospital)	Yes	Yes	50	80	50	42.5	75	58.9	83.3	37.5	59.7	Lower quartile	Lower quartile
Wye Valley NHS Trust	Yes	Yes	68.8	60	70	42.5	75	69.6	70.8	76.6	66.7	Middle half	Middle half
North of England - North East													
City Hospitals Sunderland NHS Foundation Trust	Yes	Yes	93.8	100	80	47.5	75	96.4	95.8	93.8	85.3	Middle half	Upper quartile
County Durham and Darlington NHS Foundation Trust	Yes	Yes	100	60	70	42.5	100	96.4	87.5	67.2	78	NA	Middle half
Gateshead Health NHS Foundation Trust	Yes	Yes	93.8	80	90	60	75	67.9	91.7	93.8	81.5	Middle half	Upper quartile
Newcastle upon Tyne Hospitals NHS Foundation Trust	Yes	Yes	100	100	100	57.5	100	92.9	95.8	100	93.3	Upper quartile	Upper quartile
North Tees and Hartlepool NHS Foundation Trust	Yes	Yes	62.5	80	80	70	100	96.4	79.2	93.8	82.7	NA	Upper quartile
Northumbria Healthcare NHS Foundation Trust (Hexham Hospital)	Yes	Yes	56.3	40	70	40	100	71.4	91.7	100	71.2	Upper quartile	Middle half
Northumbria Healthcare NHS Foundation Trust (North Tyneside General Hospital)	Yes	Yes	68.8	100	70	47.5	100	96.4	91.7	100	84.3	Upper quartile	Upper quartile
Northumbria Healthcare NHS Foundation Trust (Wansbeck General Hospital)	Yes	Yes	75	80	70	52.5	100	96.4	83.3	100	82.2	Upper quartile	Upper quartile
South Tees Hospitals NHS Foundation Trust	Yes	Yes	93.8	40	90	77.5	100	67.9	91.7	87.5	81	NA	Upper quartile
South Tyneside NHS Foundation Trust	Yes	Yes	68.8	100	70	65	87.5	85.7	83.3	64.1	78	Upper quartile	Middle half

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
North of England - North West															
Aintree University Hospitals NHS Foundation Trust	6	17	6	6	5	4	24/7 on-site	Below median	Above median	Above median	Below median	Yes	Below median	Above median	Yes
Blackpool Teaching Hospitals NHS Foundation Trust	0	0	31	NA	5	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Above median	Below median	No
Bolton NHS Foundation Trust	0	0	34	NA	5	5	None on-site, 24/7 through local arrangements	Below median	Below median	Above median	Above median	Yes	Below median	Above median	Yes
Central Manchester University Hospitals NHS Foundation Trust (Manchester Royal Infirmary)	0	0	26	NA	4	2	None on-site, 24/7 through local arrangements	Above median	Above median	Above median	Above median	No	Below median	Above median	Yes
Central Manchester University Hospitals NHS Foundation Trust (Trafford General Hospital)	0	0	18	NA	5	4	No provision	Below median	Above median	Above median	Above median	No	Below median	Below median	No
Countess of Chester Hospital NHS Foundation Trust	12	9	0	5	NA	4	24/7 on-site	Above median	Above median	Above median	Above median	No	Below median	Above median	Yes
East Cheshire NHS Trust	0	0	24	NA	6	3	<24/7 on-site, 24/7 through local arrangements	Below median	Below median	Above median	Above median	No	Below median	Above median	No
East Lancashire Hospitals NHS Trust	0	0	22	NA	7	4	24/7 on-site	Above median	Below median	Below median	Below median	No	Above median	Below median	No
Lancashire Teaching Hospitals NHS Foundation Trust	0	0	17	NA	6	5	24/7 on-site	Above median	Above median	Above median	Below median	No	Below median	Below median	No
Mid Cheshire Hospitals NHS Foundation Trust	8	20	0	6	NA	3	No provision	Below median	Above median	Below median	Above median	No	Below median	Below median	No
North Cumbria University Hospitals NHS Trust (Cumberland Infirmary)	15	12	0	4	NA	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Above median	Above median	Yes
North Cumbria University Hospitals NHS Trust (West Cumberland Hospital)	4	15	0	6	NA	4	24/7 on-site	Below median	Above median	Above median	Below median	No	Below median	Below median	Yes
Pennine Acute Hospitals NHS Trust (Fairfield General Hospital and Rochdale Infirmary)	0	0	38	NA	5	5	<24/7 on-site, 24/7 through local arrangements	Below median	Below median	Below median	Above median	No	Above median	Above median	Yes
Pennine Acute Hospitals NHS Trust (North Manchester General Hospital)	0	0	29	NA	5	5	None on-site, 24/7 through local arrangements	Above median	Below median	Above median	Above median	No	Below median	Below median	Yes
Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)	0	0	27	NA	5	5	None on-site, 24/7 through local arrangements	Below median	Below median	Above median	Below median	No	Above median	Below median	Yes
Royal Liverpool and Broadgreen University Hospitals NHS Trust	11	38	0	6	NA	5	24/7 on-site	Above median	Above median	Above median	Above median	Yes	Above median	Above median	Yes
Salford Royal NHS Foundation Trust	18	16	0	6	NA	4	24/7 on-site	Above median	Below median	Above median	Below median	No	Above median	Above median	Yes
Southport and Ormskirk Hospital NHS Trust	0	0	20	NA	5	4	24/7 on-site	Below median	Above median	Above median	Above median	No	Below median	Below median	Yes
St Helens & Knowsley Teaching Hospitals NHS Trust	0	0	29	NA	6	4	24/7 on-site	Below median	Equals median	Below median	Above median	Yes	Above median	Below median	Yes
Stockport NHS Foundation Trust	14	16	5	5	6	4	<24/7 on-site, 24/7 through local arrangements	Above median	Above median	Below median	Below median	No	Below median	Above median	Yes
Tameside Hospital NHS Foundation Trust in collaboration with NHS Tameside and Glossop	8	16	0	5	NA	5	None on-site, 24/7 through local arrangements	Above median	Above median	Above median	Above median	No	Below median	Above median	No
University Hospital of South Manchester NHS Foundation Trust	0	0	22	NA	5	5	None on-site, 24/7 through local arrangements	Above median	Above median	Above median	Below median	No	Below median	Below median	No

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
North of England - North West														
Aintree University Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	3	Yes	Yes	Yes	6	9	1-2 times a year	Yes	No
Blackpool Teaching Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	3	No	Yes	Yes	1	5	Less than once a year	No	No
Bolton NHS Foundation Trust	Yes	Yes	Yes	Yes	No	3	No	Yes	Yes	5	3	Less than once a year	Yes	Yes
Central Manchester University Hospitals NHS Foundation Trust (Manchester Royal Infirmary)	Yes	Yes	Yes	Yes	Yes	28	No	Yes	Yes	1	4	More than 4 a year	Yes	No
Central Manchester University Hospitals NHS Foundation Trust (Trafford General Hospital)	No	No Team	No Team	Yes	Yes	2	No	Yes	Yes	4	2	Less than once a year	No	No
Countess of Chester Hospital NHS Foundation Trust	No	No Team	No Team	Yes	No	3	No	Yes	Yes	4	6	Never	No	No
East Cheshire NHS Trust	No	No Team	No Team	No	No Team	14	No	No	Yes	7	3	Continuous	Yes	No
East Lancashire Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	4	4	Never	No	No
Lancashire Teaching Hospitals NHS Foundation Trust	Yes	Yes	No	Yes	Yes	0	Yes	Yes	Yes	6	13	1-2 times a year	Yes	Yes
Mid Cheshire Hospitals NHS Foundation Trust	No	No Team	No Team	No	No Team	5	No	Yes	Yes	5	3	Less than once a year	No	No
North Cumbria University Hospitals NHS Trust (Cumberland Infirmary)	No	No Team	No Team	No	No Team	1	No	Yes	No	4	3	Less than once a year	No	Yes
North Cumbria University Hospitals NHS Trust (West Cumberland Hospital)	No	No Team	No Team	No	No Team	0	Yes	Yes	Yes	4	9	1-2 times a year	Yes	No
Pennine Acute Hospitals NHS Trust (Fairfield General Hospital and Rochdale Infirmary)	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	5	8	1-2 times a year	Yes	Yes
Pennine Acute Hospitals NHS Trust (North Manchester General Hospital)	No	No Team	No Team	Yes	Yes	0	No	Yes	Yes	6	2	1-2 times a year	Yes	Yes
Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)	No	No Team	No Team	Yes	Yes	0	No	Yes	Yes	5	5	1-2 times a year	Yes	Yes
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	7	7	Continuous	Yes	Yes
Salford Royal NHS Foundation Trust	Yes	No	No	Yes	No	3	Yes	Yes	Yes	6	17	Continuous	No	Yes
Southport and Ormskirk Hospital NHS Trust	No	No Team	No Team	Yes	Yes	7	No	Yes	Yes	4	2	Never	No	No
St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes	1	No	Yes	Yes	NA	7	Continuous	No	Yes
Stockport NHS Foundation Trust	No	No Team	No Team	Yes	Yes	1	No	Yes	Yes	5	14	Continuous	Yes	No
Tameside Hospital NHS Foundation Trust in collaboration with NHS Tameside and Glossop	Yes	Yes	Yes	Yes	Yes	1	No	Yes	Yes	5	2	1-2 times a year	Yes	Yes
University Hospital of South Manchester NHS Foundation Trust	No	No Team	No Team	Yes	No	1	No	Yes	Yes	3	4	1-2 times a year	No	Yes

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	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
North of England - North West													
Aintree University Hospitals NHS Foundation Trust	Yes	Yes	75	80	90	70	87.5	96.4	83.3	73.4	82	Upper quartile	Upper quartile
Blackpool Teaching Hospitals NHS Foundation Trust	Yes	Yes	68.8	80	40	25	75	78.6	75	39.1	60.2	Lower quartile	Lower quartile
Bolton NHS Foundation Trust	Yes	Yes	66.7	85	80	82.5	75	80.4	100	87.5	82.1	Upper quartile	Upper quartile
Central Manchester University Hospitals NHS Foundation Trust (Manchester Royal Infirmary)	Yes	Yes	33.3	80	85	40	62.5	53.6	87.5	39.1	60.1	Middle half	Lower quartile
Central Manchester University Hospitals NHS Foundation Trust (Trafford General Hospital)	Yes	Yes	33.3	60	50	40	75	64.3	87.5	21.9	54	Middle half	Lower quartile
Countess of Chester Hospital NHS Foundation Trust	Yes	No	75	25	67.5	75	75	64.3	75	51.6	63.5	Middle half	Lower quartile
East Cheshire NHS Trust	Yes	Yes	66.7	20	50	62.5	25	62.5	95.8	75	57.2	Middle half	Lower quartile
East Lancashire Hospitals NHS Trust	Yes	Yes	87.5	100	70	30	100	89.3	91.7	28.1	74.6	Middle half	Middle half
Lancashire Teaching Hospitals NHS Foundation Trust	Yes	Yes	75	80	60	52.5	87.5	96.4	79.2	81.3	76.5	NA	Middle half
Mid Cheshire Hospitals NHS Foundation Trust	Yes	Yes	33.3	20	60	52.5	75	55.4	70.8	37.5	50.6	Middle half	Lower quartile
North Cumbria University Hospitals NHS Trust (Cumberland Infirmary)	Yes	Yes	37.5	40	55	45	75	51.8	91.7	62.5	57.3	Middle half	Lower quartile
North Cumbria University Hospitals NHS Trust (West Cumberland Hospital)	Yes	Yes	56.3	40	60	65	87.5	64.3	75	68.8	64.6	Upper quartile	Lower quartile
Pennine Acute Hospitals NHS Trust (Fairfield General Hospital and Rochdale Infirmary)	Yes	Yes	66.7	100	70	45	87.5	92.9	95.8	68.8	78.3	Upper quartile	Middle half
Pennine Acute Hospitals NHS Trust (North Manchester General Hospital)	Yes	Yes	66.7	40	77.5	52.5	75	83.9	75	68.8	67.4	Middle half	Middle half
Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)	Yes	Yes	66.7	60	80	42.5	75	92.9	91.7	68.8	72.2	Middle half	Middle half
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Yes	Yes	68.8	80	87.5	87.5	100	100	95.8	100	89.9	Upper quartile	Upper quartile
Salford Royal NHS Foundation Trust	Yes	Yes	75	30	90	47.5	100	71.4	87.5	62.5	70.5	Upper quartile	Middle half
Southport and Ormskirk Hospital NHS Trust	Yes	Yes	68.8	60	85	60	75	76.8	91.7	18.8	67	Middle half	Middle half
St Helens & Knowsley Teaching Hospitals NHS Trust	Yes	Yes	68.8	100	80	80	75	50	91.7	87.5	79.1	Middle half	Middle half
Stockport NHS Foundation Trust	Yes	Yes	66.7	30	90	40	75	92.9	100	81.3	72	Middle half	Middle half
Tameside Hospital NHS Foundation Trust in collaboration with NHS Tameside and Glossop	Yes	Yes	66.7	100	70	50	75	80.4	95.8	93.8	79	Lower quartile	Middle half
University Hospital of South Manchester NHS Foundation Trust	Yes	Yes	66.7	45	60	42.5	75	85.7	41.7	79.7	62	Middle half	Lower quartile

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
University Hospitals of Morecambe Bay NHS Foundation Trust (Furness General Hospital)	0	0	15	NA	5	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	No
University Hospitals of Morecambe Bay NHS Foundation Trust (Royal Lancaster Infirmary & Westmorland General Hospital)	2	24	0	5	NA	3	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	No
Warrington and Halton Hospitals NHS Foundation Trust	0	4	24	NA	6	5	<24/7 on-site, 24/7 through local arrangements	Below median	Above median	Above median	Below median	No	Above median	Below median	No
Wirral University Teaching Hospital NHS Foundation Trust	10	20	16	5	5	4	24/7 on-site	Below median	Above median	Equals median	Above median	Yes	Above median	Below median	Yes
Wrightington, Wigan and Leigh NHS Foundation Trust	0	0	25	NA	6	5	None on-site, 24/7 through local arrangements	Below median	Above median	Above median	Below median	Yes	Above median	Above median	No
North of England - Yorkshire and the Humber															
Airedale NHS Foundation Trust	1	0	27	6	6	5	<24/7 on-site, no local arrangements	Below median	Below median	Below median	Below median	No	Below median	Below median	Yes
Barnsley Hospital NHS Foundation Trust	0	0	19	NA	6	5	24/7 on-site	Below median	Above median	Above median	Below median	Yes	Equals median	Above median	No
Bradford Teaching Hospitals NHS Foundation Trust	3	12	0	6	NA	4	<24/7 on-site, no local arrangements	Above median	Above median	Above median	Below median	No	Above median	Below median	No
Calderdale and Huddersfield NHS Foundation Trust	4	40	11	6	5	3	<24/7 on-site, no local arrangements	Above median	Below median	Above median	Below median	Yes	Above median	Above median	No
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	0	10	23	NA	5	4	24/7 on-site	Above median	Below median	Below median	Below median	Yes	Above median	Above median	No
Harrogate and District NHS Foundation Trust	4	15	0	6	NA	5	<24/7 on-site, no local arrangements	Above median	Below median	Above median	Below median	No	Below median	Below median	No
Hull and East Yorkshire Hospitals NHS Trust	0	0	52	NA	7	5	24/7 on-site	Below median	Above median	Below median	Below median	No	Above median	Below median	No
Leeds Teaching Hospitals NHS Trust	8	0	33	7	4	3	<24/7 on-site, no local arrangements	Above median	Above median	Below median	Above median	Yes	Above median	Above median	Yes
Mid Yorkshire Hospitals NHS Trust	6	55	0	6	NA	5	24/7 on-site	Above median	Above median	Above median	Below median	No	Above median	Above median	Yes
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Diana Princess of Wales Hospital)	0	0	22	NA	5	3	<24/7 on-site, no local arrangements	Above median	Above median	Above median	Above median	No	Equals median	Above median	No
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Scunthorpe General Hospital)	0	0	15	NA	5	4	<24/7 on-site, no local arrangements	Above median	Above median	Above median	Above median	No	Below median	Below median	No
Rotherham NHS Foundation Trust	8	19	0	5	NA	5	24/7 on-site	Above median	Below median	Above median	Below median	No	Above median	Below median	Yes
Scarborough and North East Yorkshire Healthcare NHS Trust	0	12	16	NA	4	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Above median	Yes
Sheffield Teaching Hospitals NHS Foundation Trust	6	56	0	7	NA	5	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Above median	Above median	Yes
York Hospitals NHS Foundation Trust	4	19	15	7	7	5	24/7 on-site	Above median	Below median	Above median	Above median	Yes	Above median	Below median	Yes

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
University Hospitals of Morecambe Bay NHS Foundation Trust (Furness General Hospital)	No	No Team	No Team	No	No Team	1	No	Yes	Yes	3	1	Less than once a year	No	No
University Hospitals of Morecambe Bay NHS Foundation Trust (Royal Lancaster Infirmary & Westmorland General Hospital)	No	No Team	No Team	No	No Team	0	No	Yes	No	6	4	Less than once a year	No	No
Warrington and Halton Hospitals NHS Foundation Trust	Yes	No	Yes	Yes	Yes	2	Yes	Yes	Yes	4	4	1-2 times a year	Yes	Yes
Wirral University Teaching Hospital NHS Foundation Trust	Yes	Yes	Yes	No	No Team	5	No	Yes	Yes	7	2	Less than once a year	No	No
Wrightington, Wigan and Leigh NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	3	No	Yes	Yes	6	5	More than 4 a year	Yes	Yes
North of England - Yorkshire and the Humber														
Airedale NHS Foundation Trust	Yes	Yes	Yes	Yes	No	1	Yes	Yes	Yes	6	8	Continuous	Yes	Yes
Barnsley Hospital NHS Foundation Trust	No	No Team	No Team	Yes	Yes	1	No	No	Yes	6	4	Never	No	Yes
Bradford Teaching Hospitals NHS Foundation Trust	No	No Team	No Team	Yes	No	3	Yes	Yes	Yes	4	7	Less than once a year	No	Yes
Calderdale and Huddersfield NHS Foundation Trust	Yes	Yes	Yes	No	No Team	2	Yes	Yes	Yes	NA	8	3-4 times a year	Yes	No
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Yes	Yes	No	Yes	Yes	3	Yes	Yes	Yes	3	7	Less than once a year	No	No
Harrogate and District NHS Foundation Trust	No	No Team	No Team	No	No Team	3	No	Yes	Yes	7	5	Continuous	Yes	Yes
Hull and East Yorkshire Hospitals NHS Trust	No	No Team	No Team	Yes	Yes	4	Yes	Yes	Yes	6	3	1-2 times a year	No	Yes
Leeds Teaching Hospitals NHS Trust	Yes	Yes	Yes	Yes	Yes	10	Yes	Yes	Yes	NA	16	3-4 times a year	Yes	No
Mid Yorkshire Hospitals NHS Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	4	11	Less than once a year	Yes	Yes
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Diana Princess of Wales Hospital)	Yes	Yes	Yes	Yes	Yes	3	Yes	Yes	Yes	4	2	Never	No	No
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Scunthorpe General Hospital)	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	6	2	Never	No	No
Rotherham NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	4	Yes	Yes	Yes	5	4	Less than once a year	Yes	Yes
Scarborough and North East Yorkshire Healthcare NHS Trust	No	No Team	No Team	No	No Team	1	No	Yes	Yes	7	4	Less than once a year	No	Yes
Sheffield Teaching Hospitals NHS Foundation Trust	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	6	26	3-4 times a year	Yes	Yes
York Hospitals NHS Foundation Trust	No	No Team	No Team	Yes	No	2	No	Yes	Yes	6	8	Less than once a year	No	Yes

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	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
University Hospitals of Morecambe Bay NHS Foundation Trust (Furness General Hospital)	Yes	Yes	62.5	40	60	47.5	75	60.7	75	56.3	59.6	Lower quartile	Lower quartile
University Hospitals of Morecambe Bay NHS Foundation Trust (Royal Lancaster Infirmary & Westmorland General Hospital)	Yes	Yes	62.5	40	70	35	75	46.4	54.2	37.5	52.6	Lower quartile	Lower quartile
Warrington and Halton Hospitals NHS Foundation Trust	Yes	Yes	66.7	85	60	42.5	87.5	89.3	91.7	81.3	75.5	Upper quartile	Middle half
Wirral University Teaching Hospital NHS Foundation Trust	Yes	Yes	68.8	60	85	75	75	87.5	70.8	29.7	69	Middle half	Middle half
Wrightington, Wigan and Leigh NHS Foundation Trust	Yes	Yes	66.7	100	70	67.5	75	96.4	95.8	89.1	82.6	Middle half	Upper quartile
North of England - Yorkshire and the Humber													
Airedale NHS Foundation Trust	Yes	Yes	41.7	85	90	30	100	96.4	91.7	76.6	76.4	Middle half	Middle half
Barnsley Hospital NHS Foundation Trust	Yes	Yes	56.3	40	70	70	50	96.4	87.5	62.5	66.6	Middle half	Middle half
Bradford Teaching Hospitals NHS Foundation Trust	Yes	Yes	41.7	45	40	55	87.5	64.3	83.3	60.9	59.7	Middle half	Lower quartile
Calderdale and Huddersfield NHS Foundation Trust	Yes	No	41.7	80	50	52.5	100	50	95.8	73.4	67.9	Middle half	Middle half
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Yes	Yes	62.5	60	40	65	100	85.7	91.7	65.6	71.3	NA	Middle half
Harrogate and District NHS Foundation Trust	Yes	Yes	41.7	20	70	42.5	62.5	100	79.2	100	64.5	Middle half	Lower quartile
Hull and East Yorkshire Hospitals NHS Trust	Yes	Yes	87.5	60	80	47.5	100	83.9	75	62.5	74.6	Lower quartile	Middle half
Leeds Teaching Hospitals NHS Trust	Yes	No	75	70	80	75	87.5	50	91.7	68.8	74.7	Middle half	Middle half
Mid Yorkshire Hospitals NHS Trust	Yes	No	56.3	80	80	60	87.5	89.3	87.5	60.9	75.2	Lower quartile	Middle half
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Diana Princess of Wales Hospital)	Yes	Yes	41.7	80	70	55	87.5	51.8	79.2	65.6	66.3	Middle half	Lower quartile
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Scunthorpe General Hospital)	Yes	Yes	41.7	100	60	57.5	100	83.9	75	62.5	72.6	Upper quartile	Middle half
Rotherham NHS Foundation Trust	Yes	Yes	62.5	100	80	55	87.5	92.9	91.7	87.5	82.1	Middle half	Upper quartile
Scarborough and North East Yorkshire Healthcare NHS Trust	Yes	No	50	40	90	37.5	75	75	95.8	62.5	65.7	Lower quartile	Lower quartile
Sheffield Teaching Hospitals NHS Foundation Trust	Yes	Yes	87.5	10	87.5	70	100	96.4	79.2	87.5	77.3	Middle half	Middle half
York Hospitals NHS Foundation Trust	Yes	Yes	87.5	45	90	62.5	75	96.4	95.8	59.4	76.5	Middle half	Middle half

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
South of England - South Central															
Buckinghamshire Healthcare NHS Trust	8	22	0	7	NA	5	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Above median	No
Hampshire Hospitals NHS Foundation Trust	0	22	22	NA	7	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Above median	Above median	Yes
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	3	30	0	6	NA	4	None on-site, 24/7 through local arrangements	Above median	Above median	Above median	Below median	No	Above median	Above median	No
Isle of Wight NHS Trust	0	0	30	NA	5	4	<24/7 on-site, no local arrangements	Below median	Below median	Below median	Below median	No	Below median	Below median	Yes
Milton Keynes Hospital NHS Foundation Trust	20	0	0	3	NA	3	None on-site, 24/7 through local arrangements	Below median	Below median	Below median	Above median	No	Below median	Below median	No
Oxford University Hospitals NHS Trust (Horton General Hospital)	0	0	10	NA	5	4	None on-site, 24/7 through local arrangements	Above median	Below median	Below median	Below median	No	Below median	Above median	No
Oxford University Hospitals NHS Trust (John Radcliffe Hospital)	6	0	13	7	7	5	24/7 on-site	Above median	Above median	Above median	Below median	No	Below median	Above median	Yes
Portsmouth Hospitals NHS Trust jointly with Hampshire and Portsmouth City PCTs	30	30	0	6	NA	5	24/7 on-site	Above median	Above median	Below median	Below median	No	Above median	Above median	Yes
Royal Berkshire NHS Foundation Trust	0	8	28	NA	6	4	24/7 on-site	Below median	Above median	Above median	Below median	No	Above median	Above median	Yes
University Hospital Southampton NHS Foundation Trust	0	20	16	NA	5	4	24/7 on-site	Above median	Above median	Above median	Above median	Yes	Above median	Above median	No
Ashford and St Peter's Hospital NHS Foundation Trust	6	20	0	6	NA	5	24/7 on-site	Below median	Above median	Below median	Above median	No	Above median	Above median	No
Brighton and Sussex University Hospitals NHS Trust (Princess Royal Hospital Haywards Heath)	0	0	10	NA	6	5	24/7 on-site	Below median	Above median	Above median	Below median	No	Below median	Below median	No
Brighton and Sussex University Hospitals NHS Trust (Royal Sussex County Hospital)	0	0	22	NA	6	5	24/7 on-site	Above median	Below median	Below median	Below median	No	Below median	Above median	No
Dartford & Gravesham NHS Trust	0	0	23	NA	5	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Equals median	Below median	Yes
East Kent Hospitals University NHS Foundation Trust (Kent and Canterbury Hospital)	8	17	0	6	NA	4	24/7 on-site	Above median	Below median	Below median	Below median	No	Below median	Below median	Yes
East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth The Queen Mother Hospital)	0	0	19	NA	6	5	24/7 on-site	Above median	Above median	Below median	Above median	No	Below median	Above median	Yes
East Kent Hospitals University NHS Foundation Trust (William Harvey Hospital)	8	0	16	5	5	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Above median	Yes
East Sussex Healthcare NHS Trust (Conquest Hospital)	6	14	0	6	NA	4	24/7 on-site	Above median	Below median	Below median	Above median	No	Below median	Below median	No
East Sussex Healthcare NHS Trust (Eastbourne District General Hospital)	8	15	0	6	NA	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Above median	No
Epsom and St Helier University Hospitals NHS Trust (Epsom General Hospital)	0	0	18	NA	6	5	24/7 on-site	Below median	Below median	Above median	Above median	Yes	Equals median	Equals median	Yes
Frimley Park Hospitals NHS Foundation Trust	10	16	0	7	NA	5	24/7 on-site	Above median	Above median	Above median	Above median	No	Above median	Equals median	Yes
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital)	0	0	26	NA	5	4	24/7 on-site	Below median	Above median	Above median	Below median	No	Below median	Below median	Yes
Maidstone and Tunbridge Wells NHS Trust (Tunbridge Wells Hospital)	0	0	8	NA	7	4	24/7 on-site	Above median	Above median	Above median	Below median	No	Below median	Below median	Yes
Medway NHS Foundation Trust, Medway PCT and Swale PCT	2	0	23	5	5	4	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	No

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
South of England - South Central														
Buckinghamshire Healthcare NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	5	5	Continuous	Yes	Yes
Hampshire Hospitals NHS Foundation Trust	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	4	6	Continuous	Yes	No
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	4	Yes	Yes	Yes	1	0	Continuous	Yes	No
Isle of Wight NHS Trust	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	7	3	1-2 times a year	Yes	No
Milton Keynes Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	4	No	No	Yes	6	3	Continuous	Yes	No
Oxford University Hospitals NHS Trust (Horton General Hospital)	No	No Team	No Team	No	No Team	5	Yes	Yes	Yes	6	0	3-4 times a year	Yes	No
Oxford University Hospitals NHS Trust (John Radcliffe Hospital)	Yes	Yes	Yes	No	No Team	2	Yes	Yes	Yes	NA	8	3-4 times a year	Yes	Yes
Portsmouth Hospitals NHS Trust jointly with Hampshire and Portsmouth City PCTs	Yes	Yes	Yes	No	No Team	0	No	Yes	Yes	5	4	Continuous	Yes	Yes
Royal Berkshire NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	3	Yes	Yes	Yes	6	4	Continuous	Yes	No
University Hospital Southampton NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	3	Yes	Yes	Yes	2	11	Continuous	Yes	Yes
Ashford and St Peter's Hospital NHS Foundation Trust	Yes	Yes	Yes	Yes	Yes	10	Yes	Yes	Yes	6	8	1-2 times a year	Yes	Yes
Brighton and Sussex University Hospitals NHS Trust (Princess Royal Hospital Haywards Heath)	Yes	Yes	Yes	Yes	Yes	1	No	Yes	Yes	NA	9	Continuous	No	Yes
Brighton and Sussex University Hospitals NHS Trust (Royal Sussex County Hospital)	Yes	Yes	Yes	Yes	Yes	1	No	Yes	Yes	NA	9	Continuous	Yes	Yes
Dartford & Gravesham NHS Trust	Yes	No	Yes	Yes	Yes	3	No	Yes	Yes	4	5	Less than once a year	No	No
East Kent Hospitals University NHS Foundation Trust (Kent and Canterbury Hospital)	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	6	8	More than 4 a year	Yes	No
East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth The Queen Mother Hospital)	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	7	10	Less than once a year	No	Yes
East Kent Hospitals University NHS Foundation Trust (William Harvey Hospital)	No	No Team	No Team	No	No Team	5	Yes	Yes	Yes	6	11	Continuous	No	Yes
East Sussex Healthcare NHS Trust (Conquest Hospital)	Yes	Yes	Yes	Yes	Yes	1	No	Yes	Yes	6	0	1-2 times a year	No	No
East Sussex Healthcare NHS Trust (Eastbourne District General Hospital)	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	6	6	Less than once a year	No	No
Epsom and St Helier University Hospitals NHS Trust (Epsom General Hospital)	Yes	Yes	Yes	Yes	Yes	2	No	Yes	Yes	6	0	Continuous	Yes	Yes
Frimley Park Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	2	Yes	Yes	Yes	7	3	Continuous	Yes	Yes
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital)	Yes	Yes	Yes	Yes	Yes	2	No	Yes	Yes	NA	1	Continuous	Yes	No
Maidstone and Tunbridge Wells NHS Trust (Tunbridge Wells Hospital)	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	NA	2	Continuous	Yes	No
Medway NHS Foundation Trust, Medway PCT and Swale PCT	Yes	Yes	Yes	Yes	Yes	42	Yes	Yes	Yes	4	2	Continuous	Yes	Yes

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	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
South of England - South Central													
Buckinghamshire Healthcare NHS Trust	Yes	No	100	80	80	47.5	100	92.9	95.8	100	87	Middle half	Upper quartile
Hampshire Hospitals NHS Foundation Trust	Yes	No	87.5	40	80	37.5	100	89.3	95.8	81.3	76.4	NA	Middle half
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	Yes	Yes	66.7	80	20	35	100	53.6	75	81.3	63.9	Lower quartile	Lower quartile
Isle of Wight NHS Trust	Yes	No	41.7	100	90	45	87.5	75	79.2	87.5	75.7	Lower quartile	Middle half
Milton Keynes Hospital NHS Foundation Trust	Yes	No	33.3	80	30	52.5	62.5	58.9	79.2	71.9	58.5	Middle half	Lower quartile
Oxford University Hospitals NHS Trust (Horton General Hospital)	Yes	Yes	66.7	40	60	45	87.5	58.9	75	87.5	65.1	Middle half	Lower quartile
Oxford University Hospitals NHS Trust (John Radcliffe Hospital)	Yes	Yes	87.5	80	87.5	55	100	62.5	95.8	81.3	81.2	Upper quartile	Upper quartile
Portsmouth Hospitals NHS Trust jointly with Hampshire and Portsmouth City PCTs	Yes	No	68.8	50	90	62.5	75	92.9	83.3	75	74.7	Middle half	Middle half
Royal Berkshire NHS Foundation Trust	Yes	Yes	75	70	75	47.5	100	96.4	91.7	93.8	81.2	Middle half	Upper quartile
University Hospital Southampton NHS Foundation Trust	Yes	No	68.8	70	80	70	100	69.6	95.8	89.1	80.4	Middle half	Upper quartile
Ashford and St Peter's Hospital NHS Foundation Trust	Yes	Yes	68.8	100	60	42.5	100	96.4	79.2	93.8	80.1	Middle half	Middle half
Brighton and Sussex University Hospitals NHS Trust (Princess Royal Hospital Haywards Heath)	Yes	No	62.5	100	50	45	75	75	66.7	71.9	68.3	Upper quartile	Middle half
Brighton and Sussex University Hospitals NHS Trust (Royal Sussex County Hospital)	Yes	No	68.8	100	60	30	75	75	75	84.4	71	Upper quartile	Middle half
Dartford & Gravesham NHS Trust	Yes	Yes	75	90	70	40	75	89.3	83.3	12.5	66.9	Middle half	Middle half
East Kent Hospitals University NHS Foundation Trust (Kent and Canterbury Hospital)	Yes	Yes	75	40	75	42.5	100	83.9	95.8	92.2	75.6	Upper quartile	Middle half
East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth The Queen Mother Hospital)	Yes	Yes	75	40	90	62.5	100	100	91.7	68.8	78.5	Upper quartile	Middle half
East Kent Hospitals University NHS Foundation Trust (William Harvey Hospital)	Yes	Yes	75	40	80	62.5	100	96.4	87.5	87.5	78.6	Upper quartile	Middle half
East Sussex Healthcare NHS Trust (Conquest Hospital)	Yes	Yes	56.3	100	50	47.5	75	71.4	79.2	60.9	67.5	Middle half	Middle half
East Sussex Healthcare NHS Trust (Eastbourne District General Hospital)	Yes	Yes	68.8	100	50	40	62.5	96.4	79.2	56.3	69.1	Lower quartile	Middle half
Epsom and St Helier University Hospitals NHS Trust (Epsom General Hospital)	Yes	Yes	62.5	100	80	80	75	71.4	100	96.9	83.2	Lower quartile	Upper quartile
Frimley Park Hospitals NHS Foundation Trust	Yes	Yes	100	80	80	72.5	100	87.5	95.8	100	89.5	Upper quartile	Upper quartile
Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital)	Yes	Yes	68.8	100	80	45	87.5	62.5	75	93.8	76.6	Lower quartile	Middle half
Maidstone and Tunbridge Wells NHS Trust (Tunbridge Wells Hospital)	Yes	Yes	87.5	100	90	72.5	87.5	62.5	70.8	85.9	82.1	Upper quartile	Upper quartile
Medway NHS Foundation Trust, Medway PCT and Swale PCT	Yes	Yes	68.8	80	70	52.5	100	51.8	75	100	74.8	Middle half	Middle half

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
Royal Surrey County Hospital NHS Foundation Trust	0	0	24	NA	6	5	24/7 on-site	Below median	Above median	Below median	Below median	No	Above median	Above median	No
Surrey & Sussex Healthcare NHS Trust	0	4	28	NA	5	3	24/7 on-site	Below median	Below median	Above median	Above median	No	Below median	Above median	Yes
Western Sussex Hospitals NHS Trust (St Richard's Hospital)	0	0	20	NA	5	3	<24/7 on-site, 24/7 through local arrangements	Below median	Below median	Below median	Above median	No	Above median	Below median	No
Western Sussex Hospitals NHS Trust (Worthing & Southlands Hospitals NHS Trust)	0	0	28	NA	6	4	24/7 on-site	Below median	Above median	Above median	Above median	No	Equals median	Below median	No
South of England - South West															
Dorset County Hospital NHS Foundation Trust	6	14	0	6	NA	4	24/7 on-site	Above median	Below median	Below median	Above median	Yes	Below median	Above median	Yes
Gloucestershire Hospitals NHS Foundation Trust	0	0	59	NA	6	4	24/7 on-site	Below median	Below median	Above median	Below median	No	Above median	Above median	Yes
Great Western Hospitals NHS Foundation Trust	0	0	18	NA	5	4	24/7 on-site	Above median	Above median	Below median	Above median	No	Above median	Below median	No
North Bristol NHS Trust	0	28	27	NA	5	4	24/7 on-site	Below median	Below median	Below median	Above median	No	Above median	Above median	No
Northern Devon Healthcare NHS Trust in collaboration with North Devon Primary Care Trust	0	0	10	NA	5	4	24/7 on-site	Above median	Above median	Above median	Above median	No	Below median	Below median	No
Plymouth Hospitals NHS Trust in collaboration with Plymouth Community Healthcare	8	29	0	5	NA	5	24/7 on-site	Below median	Above median	Above median	Above median	No	Below median	Below median	Yes
Poole Hospital NHS Foundation Trust	8	20	0	5	NA	4	24/7 on-site	Below median	Above median	Above median	Above median	Yes	Below median	Below median	Yes
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	4	22	10	5	5	5	24/7 on-site	Above median	Above median	Above median	Above median	Yes	Below median	Above median	No
Royal Cornwall Hospitals NHS Trust	0	0	20	NA	6	3	24/7 on-site	Below median	Above median	Above median	Above median	No	Above median	Below median	No
Royal Devon and Exeter NHS Foundation Trust in collaboration community hospitals under Northern Devon Healthcare NHS Trust	0	0	28	NA	6	4	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Above median	Above median	Yes
Royal United Hospital Bath NHS Trust	4	0	22	7	7	4	24/7 on-site	Above median	Below median	Below median	Below median	No	Equals median	Above median	No
Salisbury NHS Foundation Trust	0	0	30	NA	6	5	24/7 on-site	Below median	Below median	Below median	Below median	Yes	Below median	Above median	Yes
South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust	0	0	39	NA	6	4	24/7 on-site	Below median	Below median	Above median	Above median	Yes	Above median	Below median	Yes
Taunton and Somerset NHS Foundation Trust	4	19	0	5	NA	3	24/7 on-site	Below median	Above median	Equals median	Above median	No	Above median	Below median	No
University Hospitals Bristol NHS Foundation Trust	0	15	19	NA	5	4	<24/7 on-site, 24/7 through local arrangements	Below median	Below median	Above median	Below median	No	Above median	Above median	Yes
Weston Area Health NHS Trust	0	0	20	NA	5	4	<24/7 on-site, 24/7 through local arrangements	Below median	Below median	Below median	Below median	No	Below median	Below median	No
Yeovil District Hospital NHS Foundation Trust	2	0	12	6	6	5	24/7 on-site	Above median	Above median	Above median	Below median	No	Below median	Below median	No
Northern Ireland															
Belfast Health and Social Care Trust (Mater Hospital)	0	0	18	NA	5	4	24/7 on-site	Above median	Below median	Above median	Below median	No	Below median	Below median	Yes
Belfast Health and Social Care Trust (Royal Group of Hospitals and Belfast City Hospital)	4	0	45	6	6	5	24/7 on-site	Above median	Above median	Below median	Below median	No	Above median	Above median	Yes
South Eastern Health and Social Care Trust (Downe Hospital)	0	0	6	NA	4	3	None on-site, 24/7 through local arrangements	Equals median	Above median	Above median	Above median	No	Below median	Below median	No
South Eastern Health and Social Care Trust (Lagan Valley Hospital)	0	0	10	NA	4	4	None on-site, 24/7 through local arrangements	Equals median	Above median	Above median	Above median	No	Below median	Below median	No

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
Royal Surrey County Hospital NHS Foundation Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	2	12	Continuous	Yes	Yes
Surrey & Sussex Healthcare NHS Trust	Yes	Yes	Yes	Yes	Yes	0	Yes	Yes	Yes	5	4	Never	No	Yes
Western Sussex Hospitals NHS Trust (St Richard's Hospital)	No	No Team	No Team	Yes	No	1	Yes	No	Yes	NA	2	Continuous	No	No
Western Sussex Hospitals NHS Trust (Worthing & Southlands Hospitals NHS Trust)	Yes	Yes	Yes	Yes	Yes	1	Yes	Yes	Yes	NA	2	More than 4 a year	No	No
South of England - South West														
Dorset County Hospital NHS Foundation Trust	Yes	Yes	Yes	No	No Team	4	Yes	Yes	Yes	7	2	Continuous	Yes	Yes
Gloucestershire Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	1	No	Yes	Yes	5	7	1-2 times a year	Yes	No
Great Western Hospitals NHS Foundation Trust	Yes	Yes	No	Yes	Yes	5	No	Yes	Yes	3	0	Less than once a year	No	No
North Bristol NHS Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	No	4	8	Continuous	Yes	Yes
Northern Devon Healthcare NHS Trust in collaboration with North Devon Primary Care Trust	Yes	Yes	No	No	No Team	14	No	Yes	Yes	3	8	Continuous	Yes	No
Plymouth Hospitals NHS Trust in collaboration with Plymouth Community Healthcare	Yes	Yes	Yes	No	No Team	2	Yes	Yes	Yes	7	11	1-2 times a year	Yes	Yes
Poole Hospital NHS Foundation Trust	No	No Team	No Team	No	No Team	1	No	Yes	Yes	2	9	Continuous	Yes	No
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Yes	Yes	Yes	No	No Team	1	No	Yes	Yes	7	14	Continuous	Yes	Yes
Royal Cornwall Hospitals NHS Trust	Yes	Yes	Yes	Yes	No	1	Yes	Yes	Yes	6	12	Continuous	Yes	No
Royal Devon and Exeter NHS Foundation Trust in collaboration community hospitals under Northern Devon Healthcare NHS Trust	Yes	Yes	Yes	No	No Team	1	Yes	Yes	Yes	4	17	More than 4 a year	No	No
Royal United Hospital Bath NHS Trust	Yes	Yes	Yes	Yes	No	2	Yes	Yes	Yes	4	11	More than 4 a year	Yes	No
Salisbury NHS Foundation Trust	Yes	Yes	Yes	Yes	No	1	No	Yes	Yes	5	4	Continuous	Yes	Yes
South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust	Yes	Yes	Yes	Yes	Yes	14	Yes	Yes	Yes	6	12	Less than once a year	No	Yes
Taunton and Somerset NHS Foundation Trust	Yes	Yes	Yes	No	No Team	2	Yes	Yes	Yes	3	8	Continuous	Yes	No
University Hospitals Bristol NHS Foundation Trust	Yes	Yes	Yes	No	No Team	1	No	Yes	Yes	5	9	1-2 times a year	No	No
Weston Area Health NHS Trust	Yes	Yes	Yes	Yes	Yes	2	No	Yes	Yes	3	2	Continuous	No	No
Yeovil District Hospital NHS Foundation Trust	Yes	Yes	Yes	No	No Team	23	Yes	Yes	Yes	4	10	3-4 times a year	Yes	Yes
Northern Ireland														
Belfast Health and Social Care Trust (Mater Hospital)	Yes	Yes	Yes	No	No Team	7	Yes	Yes	No	4	6	Never	No	Yes
Belfast Health and Social Care Trust (Royal Group of Hospitals and Belfast City Hospital)	Yes	Yes	Yes	No	No Team	7	Yes	Yes	No	4	6	Less than once a year	No	Yes
South Eastern Health and Social Care Trust (Downe Hospital)	Yes	Yes	Yes	No	No Team	4	Yes	Yes	Yes	5	0	Never	No	No
South Eastern Health and Social Care Trust (Lagan Valley Hospital)	Yes	Yes	No	Yes	Yes	7	No	Yes	Yes	5	0	Never	No	Yes

**Sentinel Stroke National Audit Programme (SSNAP)
Acute Organisational Audit Report 2012**

	Leadership	SINAP	Acute organisational audit domain scores 2012										
Site Name 2012	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers	Total organisational score 2012	Overall position 2010	Overall position 2012
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
Royal Surrey County Hospital NHS Foundation Trust	Yes	Yes	75	80	60	60	100	69.6	95.8	93.8	79.3	Middle half	Middle half
Surrey & Sussex Healthcare NHS Trust	Yes	Yes	62.5	100	80	75	100	67.9	75	51.6	76.5	Upper quartile	Middle half
Western Sussex Hospitals NHS Trust (St Richard's Hospital)	Yes	No	66.7	25	70	40	62.5	37.5	91.7	59.4	56.6	Middle half	Lower quartile
Western Sussex Hospitals NHS Trust (Worthing & Southlands Hospitals NHS Trust)	Yes	No	62.5	100	60	55	87.5	62.5	95.8	65.6	73.6	Middle half	Middle half
South of England - South West													
Dorset County Hospital NHS Foundation Trust	Yes	No	62.5	80	90	75	87.5	62.5	83.3	100	80.1	Lower quartile	Middle half
Gloucestershire Hospitals NHS Foundation Trust	Yes	No	68.8	60	57.5	40	75	80.4	100	78.1	70	NA	Middle half
Great Western Hospitals NHS Foundation Trust	Yes	No	75	60	30	37.5	75	48.2	75	25	53.2	Middle half	Lower quartile
North Bristol NHS Trust	Yes	No	75	60	70	40	100	39.3	95.8	96.9	72.1	Upper quartile	Middle half
Northern Devon Healthcare NHS Trust in collaboration with North Devon Primary Care Trust	Yes	Yes	56.3	60	60	67.5	50	60.7	87.5	79.7	65.2	Lower quartile	Lower quartile
Plymouth Hospitals NHS Trust in collaboration with Plymouth Community Healthcare	Yes	Yes	56.3	80	80	52.5	87.5	100	91.7	57.8	75.7	Middle half	Middle half
Poole Hospital NHS Foundation Trust	Yes	No	75	10	80	72.5	75	69.6	91.7	89.1	70.4	Middle half	Middle half
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Yes	Yes	75	60	60	77.5	75	100	91.7	98.4	79.7	Upper quartile	Middle half
Royal Cornwall Hospitals NHS Trust	Yes	Yes	62.5	55	60	55	100	71.4	91.7	89.1	73.1	Middle half	Middle half
Royal Devon and Exeter NHS Foundation Trust in collaboration community hospitals under Northern Devon Healthcare NHS Trust	Yes	Yes	68.8	80	85	65	87.5	89.3	91.7	81.3	81.1	Middle half	Upper quartile
Royal United Hospital Bath NHS Trust	Yes	Yes	87.5	85	80	32.5	87.5	89.3	91.7	93.8	80.9	Upper quartile	Upper quartile
Salisbury NHS Foundation Trust	Yes	No	68.8	85	70	50	75	92.9	83.3	87.5	76.6	Middle half	Middle half
South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust	Yes	Yes	62.5	80	75	75	62.5	71.4	95.8	67.2	73.7	Upper quartile	Middle half
Taunton and Somerset NHS Foundation Trust	Yes	No	62.5	80	60	57.5	87.5	60.7	95.8	87.5	73.9	Middle half	Middle half
University Hospitals Bristol NHS Foundation Trust	Yes	No	66.7	60	87.5	55	75	92.9	100	71.9	76.1	Middle half	Middle half
Weston Area Health NHS Trust	Yes	No	66.7	80	50	35	75	60.7	91.7	79.7	67.3	Middle half	Middle half
Yeovil District Hospital NHS Foundation Trust	Yes	No	75	80	40	37.5	62.5	76.8	75	93.8	67.6	Middle half	Middle half
Northern Ireland													
Belfast Health and Social Care Trust (Mater Hospital)	Yes	No	56.3	80	80	47.5	87.5	39.3	75	42.2	63.5	Lower quartile	Lower quartile
Belfast Health and Social Care Trust (Royal Group of Hospitals and Belfast City Hospital)	Yes	No	68.8	80	90	42.5	87.5	64.3	75	50	69.8	NA	Middle half
South Eastern Health and Social Care Trust (Downe Hospital)	Yes	No	33.3	80	40	52.5	75	67.9	79.2	34.4	57.8	Lower quartile	Lower quartile
South Eastern Health and Social Care Trust (Lagan Valley Hospital)	Yes	No	33.3	80	30	50	37.5	42.9	79.2	70.3	52.9	Lower quartile	Lower quartile

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Site Name 2012	Number of stroke beds onsite			Number of acute criteria achieved		Stroke unit features	Thrombolysis provision	Staffing levels							
	Type 1 beds	Type 2 beds	Type 3 beds	Type 1 beds	Type 3 beds	Number of 5 SUTC criteria achieved	Availability and 24/7 provision offered onsite or in collaboration	Qualified Nurses - WTEs per 10 SU beds	Physiotherapy - WTEs per 10 beds	Occupational Therapy - WTEs per 10 beds	Speech and Language Therapy - WTEs per 10 beds	6 or 7 day working for at least 2 of PT, OT and SALT	Number of programmed activities for stroke consultant physicians	Junior doctor time per week for all SU beds	Access to clinical psychologist(s)
NATIONAL	0	0	16	6	6	4	90%	8.00	1.31	1.09	0.47	23%	20	26	52%
South Eastern Health and Social Care Trust (Ulster Community and Hospitals)	0	0	20	NA	4	4	24/7 on-site	Above median	Below median	Below median	Below median	No	Equals median	Below median	No
Northern Health and Social Care Trust (Antrim Area Hospital)	0	0	12	NA	5	5	24/7 on-site	Above median	Below median	Above median	Above median	No	Below median	Above median	Yes
Northern Health and Social Care Trust (Causeway)	0	0	14	NA	4	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	Yes
Southern Health and Social Care Trust (Craigavon Area)	0	0	14	NA	4	5	24/7 on-site	Above median	Above median	Below median	Below median	No	Below median	Below median	No
Southern Health and Social Care Trust (Daisy Hill Hospital)	0	0	15	NA	3	5	24/7 on-site	Equals median	Below median	Above median	Below median	No	Below median	Below median	No
Western Health and Social Care Trust (Altnagelvin Hospitals)	0	0	11	NA	7	5	24/7 on-site	Above median	Above median	Below median	Above median	No	Above median	Below median	No
Western Health and Social Care Trust (Southern Sector - Erne)	0	0	19	NA	6	5	24/7 on-site	Above median	Below median	Below median	Below median	No	Above median	Below median	Yes
Wales															
Abertawe Bro Morgannwg University Health Board (Morrison Hospital and Singleton Hospital)	0	26	17	NA	5	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Equals median	Above median	No
Abertawe Bro Morgannwg University Health Board (Princess of Wales Hospital)	0	0	23	NA	5	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Equals median	Above median	No
Aneurin Bevan Health Board (Nevill Hall Hospital)	0	0	22	NA	4	4	<24/7 on-site, 24/7 through local arrangements	Below median	Above median	Below median	Below median	No	Below median	Below median	Yes
Aneurin Bevan Health Board (St Woolos Hospital, Royal Gwent and Caerphilly District Miner's Hospital)	0	0	23	NA	4	4	24/7 on-site	Below median	Above median	Below median	Below median	No	Below median	Above median	Yes
Betsi Cadwaladr University Health Board (Glan Clwyd District General Hospital)	0	0	29	NA	5	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	Yes
Betsi Cadwaladr University Health Board (Wrexham Maelor Hospital)	0	0	21	NA	5	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	Yes
Betsi Cadwaladr University Health Board (Ysbyty Gwynedd)	0	0	13	NA	5	4	24/7 on-site	Above median	Below median	Below median	Below median	No	Below median	Below median	No
Cardiff and Vale University Health Board (University Hospital Wales)	4	14	0	4	NA	4	24/7 on-site	Above median	Below median	Below median	Above median	No	Above median	Above median	Yes
Cwm Taf Health Board (Prince Charles Hospital)	0	0	6	NA	5	5	24/7 on-site	Below median	Above median	Below median	Above median	No	Below median	Below median	No
Cwm Taf Health Board (Royal Glamorgan Hospital)	0	0	12	NA	5	5	24/7 on-site	Below median	Below median	Below median	Above median	No	Below median	Below median	Yes
Hywel Dda Health Board (Bronglais General Hospital)	4	4	0	6	NA	4	24/7 on-site	Below median	Above median	Above median	Above median	No	Below median	Below median	No
Hywel Dda Health Board (Prince Philip Hospital)	5	5	0	4	NA	5	24/7 on-site	Below median	Below median	Below median	Above median	No	Below median	Below median	No
Hywel Dda Health Board (West Wales General Hospital)	5	5	10	4	5	5	24/7 on-site	Below median	Below median	Below median	Below median	No	Below median	Below median	No
Hywel Dda Health Board (Witbybush General Hospital)	8	8	0	4	NA	5	24/7 on-site	Above median	Above median	Below median	Above median	No	Below median	Below median	No
Islands															
Isle of Man Department of Health	0	0	9	NA	6	4	No provision	Above median	Below median	Below median	Below median	No	Below median	Below median	No
States of Guernsey Health and Social Services Department	No SU	No SU	No SU	NA	NA	NA	<24/7 on-site, no local arrangements	No SU	No SU	No SU	No SU	No SU	Below median	Below median	No SU

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Site Name 2012	Early supported discharge			Community rehabilitation		TIA/Neurovascular service			Quality improvement		Research	Patient involvement		
	Stroke specialist ESD team	Specialist ESD team with 4 or more members including PT, OT and SALT	Access to PT, OT or SALT in specialist ESD team less than 48 hours	Stroke specialist community rehab team	Specialist CRT with 4 or more members including PT, OT and SALT	Number of days to wait for appointment in TIA clinic	TIA patients seen, investigated and treated on same or next day (7 days a week) for HIGH RISK patients	TIA patients seen, investigated and treated within a week for LOW RISK patients	Report on stroke services produced for trust board in past year	Number of members of strategic group responsible for stroke	Number of clinical research studies	Frequency of formal survey of patient/carers views	Report produced in past 12 months which analysed views of patients	Formal links with patient/carers organisations on service provision, audit, AND service reviews and future plans
NATIONAL	66%	89%	90%	57%	81%	2	63%	95%	93%	5	4	47%	68%	53%
South Eastern Health and Social Care Trust (Ulster Community and Hospitals)	Yes	Yes	Yes	No	No Team	2	Yes	Yes	Yes	6	6	1-2 times a year	No	No
Northern Health and Social Care Trust (Antrim Area Hospital)	Yes	Yes	Yes	No	No Team	4	Yes	Yes	Yes	7	6	1-2 times a year	Yes	Yes
Northern Health and Social Care Trust (Causeway)	Yes	Yes	Yes	Yes	Yes	3	No	Yes	Yes	7	0	1-2 times a year	Yes	Yes
Southern Health and Social Care Trust (Craigavon Area)	Yes	Yes	Yes	No	No Team	4	Yes	Yes	Yes	5	4	Less than once a year	No	Yes
Southern Health and Social Care Trust (Daisy Hill Hospital)	Yes	Yes	No	No	No Team	4	Yes	Yes	No	4	4	Never	No	Yes
Western Health and Social Care Trust (Altnagelvin Hospitals)	Yes	No	Yes	Yes	No	1	Yes	Yes	Yes	5	2	Never	No	Yes
Western Health and Social Care Trust (Southern Sector - Erne)	Yes	No	Yes	No	No Team	1	Yes	Yes	Yes	5	3	Less than once a year	No	Yes
Wales														
Abertawe Bro Morgannwg University Health Board (Morrison Hospital and Singleton Hospital)	No	No Team	No Team	No	No Team	2	No	Yes	Yes	6	3	Continuous	Yes	Yes
Abertawe Bro Morgannwg University Health Board (Princess of Wales Hospital)	No	No Team	No Team	No	No Team	1	No	Yes	Yes	7	1	Continuous	Yes	Yes
Aneurin Bevan Health Board (Nevill Hall Hospital)	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	7	2	Continuous	Yes	Yes
Aneurin Bevan Health Board (St Woolos Hospital, Royal Gwent and Caerphilly District Miner's Hospital)	No	No Team	No Team	No	No Team	1	Yes	Yes	Yes	7	1	Continuous	Yes	Yes
Betsi Cadwaladr University Health Board (Glan Clwyd District General Hospital)	No	No Team	No Team	No	No Team	5	No	No	Yes	5	3	Continuous	Yes	Yes
Betsi Cadwaladr University Health Board (Wrexham Maelor Hospital)	Yes	No	Yes	No	No Team	1	No	Yes	Yes	5	2	Continuous	Yes	Yes
Betsi Cadwaladr University Health Board (Ysbyty Gwynedd)	No	No Team	No Team	No	No Team	2	Yes	Yes	Yes	5	1	Continuous	Yes	No
Cardiff and Vale University Health Board (University Hospital Wales)	No	No Team	No Team	No	No Team	7	Yes	Yes	Yes	7	4	Continuous	Yes	Yes
Cwm Taf Health Board (Prince Charles Hospital)	No	No Team	No Team	No	No Team	4	No	Yes	Yes	7	2	Continuous	Yes	Yes
Cwm Taf Health Board (Royal Glamorgan Hospital)	No	No Team	No Team	Yes	Yes	1	No	Yes	Yes	7	2	Continuous	Yes	Yes
Hywel Dda Health Board (Bronglais General Hospital)	No	No Team	No Team	No	No Team	3	Yes	Yes	Yes	5	1	Continuous	Yes	No
Hywel Dda Health Board (Prince Philip Hospital)	No	No Team	No Team	No	No Team	1	Yes	Yes	Yes	6	0	Continuous	Yes	Yes
Hywel Dda Health Board (West Wales General Hospital)	No	No Team	No Team	No	No Team	1	Yes	Yes	Yes	6	0	Continuous	Yes	Yes
Hywel Dda Health Board (Withybush General Hospital)	No	No Team	No Team	No	No Team	7	No	Yes	Yes	6	0	Continuous	Yes	Yes
Islands														
Isle of Man Department of Health	No	No Team	No Team	No	No Team	3	Yes	Yes	No	5	0	Continuous	No	No
States of Guernsey Health and Social Services Department	No	No Team	No Team	No	No Team	28	No	No	Yes	NA	0	Less than once a year	No	No

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Site Name 2012	Leadership	SINAP	Acute organisational audit domain scores 2012								Total organisational score 2012	Overall position 2010	Overall position 2012
	Stroke clinician recognised as having principle responsibility for stroke	Participating in SINAP (England only)	Domain 1 Acute Care Organisation	Domain 2 Organisation of care	Domain 3 Specialist Roles	Domain 4 Inter Disciplinary Services	Domain 5 TIA/ Neurovascular service	Domain 6 QI, Training and Research	Domain 7 Team Meetings	Domain 8 Communication with Patients and Carers			
NATIONAL	100%	56%	68.8	65.0	70.0	52.5	87.5	80.4	87.5	81.3	73.3		
South Eastern Health and Social Care Trust (Ulster Community and Hospitals)	Yes	No	43.8	50	50	42.5	87.5	96.4	79.2	46.9	62	Lower quartile	Lower quartile
Northern Health and Social Care Trust (Antrim Area Hospital)	Yes	No	56.3	80	55	62.5	87.5	100	95.8	81.3	77.3	Lower quartile	Middle half
Northern Health and Social Care Trust (Causeway)	Yes	No	37.5	70	75	37.5	75	75	70.8	87.5	66	Lower quartile	Lower quartile
Southern Health and Social Care Trust (Craigavon Area)	Yes	No	43.8	80	50	50	87.5	92.9	87.5	64.1	69.5	Middle half	Middle half
Southern Health and Social Care Trust (Daisy Hill Hospital)	Yes	No	43.8	60	50	42.5	87.5	39.3	87.5	64.1	59.3	Lower quartile	Lower quartile
Western Health and Social Care Trust (Altnagelvin Hospitals)	Yes	No	93.8	70	70	35	100	80.4	75	62.5	73.3	Lower quartile	Middle half
Western Health and Social Care Trust (Southern Sector - Erne)	Yes	No	68.8	65	80	27.5	100	80.4	75	62.5	69.9	Upper quartile	Middle half
Wales													
Abertawe Bro Morgannwg University Health Board (Morrison Hospital and Singleton Hospital)	Yes	No	75	30	50	30	75	83.9	91.7	87.5	65.4	Lower quartile	Lower quartile
Abertawe Bro Morgannwg University Health Board (Princess of Wales Hospital)	Yes	No	68.8	40	60	25	75	87.5	87.5	81.3	65.6	Lower quartile	Lower quartile
Aneurin Bevan Health Board (Nevill Hall Hospital)	Yes	No	33.3	40	77.5	50	87.5	62.5	83.3	100	66.8	Middle half	Middle half
Aneurin Bevan Health Board (St Woolos Hospital, Royal Gwent and Caerphilly District Miner's Hospital)	Yes	No	37.5	40	87.5	45	87.5	62.5	83.3	87.5	66.4	Lower quartile	Lower quartile
Betsi Cadwaladr University Health Board (Glan Clwyd District General Hospital)	Yes	No	62.5	40	80	30	50	80.4	100	100	67.9	Middle half	Middle half
Betsi Cadwaladr University Health Board (Wrexham Maelor Hospital)	Yes	No	56.3	65	57.5	37.5	75	80.4	91.7	100	70.4	Lower quartile	Middle half
Betsi Cadwaladr University Health Board (Ysbyty Gwynedd)	Yes	No	56.3	40	40	37.5	50	67.9	91.7	93.8	59.6	Lower quartile	Lower quartile
Cardiff and Vale University Health Board (University Hospital Wales)	Yes	No	50	10	60	55	87.5	75	79.2	93.8	63.8	Middle half	Lower quartile
Cwm Taf Health Board (Prince Charles Hospital)	Yes	No	62.5	20	70	55	75	75	75	100	66.6	Middle half	Lower quartile
Cwm Taf Health Board (Royal Glamorgan Hospital)	Yes	No	62.5	60	90	55	75	87.5	95.8	100	78.2	Middle half	Middle half
Hywel Dda Health Board (Bronglais General Hospital)	Yes	No	75	40	60	52.5	50	80.4	75	93.8	65.8	Lower quartile	Lower quartile
Hywel Dda Health Board (Prince Philip Hospital)	Yes	No	37.5	5	60	40	100	58.9	91.7	100	61.6	Lower quartile	Lower quartile
Hywel Dda Health Board (West Wales General Hospital)	Yes	No	43.8	40	60	27.5	100	58.9	91.7	100	65.2	Lower quartile	Lower quartile
Hywel Dda Health Board (Witbybush General Hospital)	Yes	No	37.5	40	70	55	62.5	71.4	95.8	100	66.5	Lower quartile	Lower quartile
Islands													
Isle of Man Department of Health	Yes	No	33.3	5	60	35	100	42.9	70.8	81.3	53.5	Lower quartile	Lower quartile
States of Guernsey Health and Social Services Department	Yes	No	16.7	0	0	0	25	25	0	25	11.5	Lower quartile	Lower quartile

Appendix 1: Intercollegiate Stroke Working Party – List of Members

Chair

Professor Anthony Rudd Professor of Stroke Medicine, King's College London; Consultant Stroke Physician, Guy's and St Thomas' NHS Foundation Trust

Associate directors from the Stroke Programme at the Royal College of Physicians

Professor Pippa Tyrrell Professor of Stroke Medicine, University of Manchester; Consultant Stroke Physician, Salford Royal NHS Foundation Trust

Dr Geoffrey Cloud Consultant Stroke Physician, Honorary Senior Lecturer Clinical Neuroscience, St George's Healthcare NHS Trust, London

Dr Martin James Honorary Associate Professor, Peninsula College of Medicine and Dentistry; Consultant Stroke Physician, Royal Devon and Exeter Hospital

List of Members

Association of Chartered Physiotherapists in Neurology

Mrs Nicola Hancock Lecturer in Physiotherapy, Restorative Neurology Group, University of East Anglia

AGILE – Professional Network of the Chartered Society of Physiotherapy

Miss Louise Briggs Allied Health Professional Therapy Consultant, St George's Healthcare NHS Trust, London

Association of British Neurologists

Dr Gavin Young Consultant Neurologist, The James Cook University Hospital, South Tees Hospitals NHS Foundation Trust

British Association of Social Workers/National Institute for Health Research School for Social Care Research

Professor Jill Manthorpe Professor of Social Work, King's College London

British Association of Stroke Physicians

Dr Neil Baldwin Consultant Stroke Physician, North Bristol NHS Trust

British Society of Rehabilitation Medicine

Professor Derick Wade Consultant in Rehabilitation Medicine, The Oxford Centre for Enablement

British Dietetic Association

Ms Cheryl Hookway Senior Specialist Dietitian – Stroke, Imperial College Healthcare NHS Trust, London

British Dietetic Association

Dr Elizabeth Weekes Consultant Dietitian And Research Lead, Guy's and St Thomas' NHS Foundation Trust, London

British Geriatrics Society/Stroke Research Network

Professor Helen Rodgers Professor of Stroke Care, Newcastle University

British Primary Care Neurology Society

Dr Helen Hosker Clinical Commissioning Lead For Stroke, NHS Manchester

British Psychological Society

Dr Audrey Bowen Senior Lecturer In Psychology, University of Manchester

British Society of Neuroradiologists

Dr Andrew Clifton Interventional Neuroradiologist, St George's Healthcare NHS Trust, London

Chartered Society of Physiotherapy

Dr Cherry Kilbride Lecturer in Physiotherapy, Centre for Research in Rehabilitation, Brunel University, London

College of Occupational Therapists and Special Section Neurological Practice

Dr Judi Edmans Senior Research Fellow, University of Nottingham

College of Occupational Therapists and Special Section Neurological Practice

Professor Avril Drummond Professor of Healthcare Research, University of Nottingham

Do Once and Share project

Dr Helen Newton Oxford University Hospitals NHS Trust

NHS Stroke Improvement Programme

Dr Damian Jenkinson National Clinical Lead, NHS Stroke Improvement Programme

NHS Stroke Improvement Programme

Mr Ian Golton Director, NHS Stroke Improvement Programme

NHS Stroke Improvement Programme

Ms Sarah Gillham National improvement Lead, NHS Stroke Improvement Programme

Qualitative Research Advice

Dr Chris McKeivitt Qualitative Stroke Researcher and Reader In Social Science and Health, King's College London

Royal College of Nursing

Mrs Diana Day Stroke Consultant Nurse, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust

Royal College of Nursing

Ms Amanda Jones Stroke Nurse Consultant, Sheffield Teaching Hospitals NHS Foundation Trust

Royal College of Nursing

Dr Christopher Burton Senior Research Fellow in Evidence Based Practice, Bangor University

Royal College of Radiologists

Dr Philip White Consultant Interventional Neuroradiologist, Western General Hospital, Edinburgh

Royal College of Speech & Language Therapists

Ms Rosemary Cunningham Speech and Language Therapy Team Manager, Royal Derby Hospital (Derbyshire Community Health Services)

Royal College of Speech & Language Therapists

Dr Sue Pownall Speech and Language Therapy Team Leader, Sheffield Teaching Hospitals NHS Foundation Trust

Speakability

Mrs Melanie Derbyshire Chief Executive, Speakability (Action for Dysphasic Adults)

Stroke Association

Mr Jon Barrick Chief Executive, Stroke Association

Stroke Association

Mr Joe Korner Director of Communications, Stroke Association

Patient representative

Mr Stephen Simpson

College of Paramedics

Mr Steve Hatton Paramedic – Emergency Care Practitioner, Yorkshire Ambulance Service

The Cochrane Stroke Group

Professor Peter Langhorne Professor of Stroke Care Medicine, University of Glasgow

Welsh Stroke Physicians

Dr Anne Freeman Clinical Lead for Wales, Delivery and Support Unit, NHS Wales

Appendix 2 – Audit Participants

This appendix contains two tables to help interpret Chapter 6 and identify which acute hospitals took part in this audit. The audit collected information by 'site' which represents a unified stroke service. This may be a single hospital, a group of hospitals or a trust. Audit results are therefore reported by named 'site'. Patients and other readers have told us that this can be confusing and therefore the information on which hospitals and/or trusts comprised a "site" can be found using this appendix.

Note on Site Names

Chapter 6 lists all participating sites alphabetically within a region using the name of a trust. If all acute hospitals within one trust complete the audit as one site, the site is conventionally named as the trust e.g. East & North Hertfordshire NHS Trust.

If there is more than one site within a trust each site is named as the trust followed by the hospital name (generally one name) in brackets. For example Epsom and St Helier University Hospitals NHS Trust. This trust participated as 2 separate sites and therefore the 2 sites within this trust are named:

- Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)
- And
- Epsom and St Helier University Hospitals NHS (Epsom General Hospital)

However, the hospital in brackets may not include all the acute hospitals taking part. Therefore information was collected from participating sites on the constituent acute hospitals that form each site.

In this appendix Table A lists each site in the same order as Section 6 i.e. in geographical sections in alphabetical order by trust name and additional information on the constituent hospitals included in the site are also listed. Table B provides the information in reverse and so within each geographical area the constituent hospitals are listed alphabetically and the site to which they belong is also listed.

Appendix 2: List of Participating Hospitals and Trusts by Region

Region	Site Name 2012	Number of hospitals included	Hospitals
London	Barking, Havering and Redbridge University Hospitals NHS Trust	2	Queens Hospital King George Hospital
	Barnet and Chase Farm Hospitals NHS Trust	2	Barnet Hospital General Hospital Chase Farm Hospital
	Barts Health NHS Trust (Newham University Hospital)	1	Newham University Hospital
	Barts Health NHS Trust (Royal London Hospital)	1	Royal London Hospital
	Barts Health NHS Trust (Whipps Cross Hospital)	1	Whipps Cross University Hospital
	Chelsea and Westminster Hospital NHS Foundation Trust	1	Chelsea and Westminster Hospital
	Croydon Health Services NHS Trust	1	Croydon Health Services NHS Trust
	Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)	1	St Helier Hospital
	Guy's and St Thomas' Hospital NHS Foundation Trust	1	St Thomas' Hospital
	Hillingdon Hospitals NHS Foundation Trust	1	The Hillingdon Hospital NHS Foundation Trust
	Homerton University Hospital NHS Foundation Trust	1	Homerton University Hospital
	Imperial College Healthcare NHS Trust	2	Charing Cross Hospital St Mary's Hospital
	King's College Hospital NHS Foundation Trust	1	King's College Hospital
	Kingston Hospital NHS Trust	1	Kingston Hospital NHS Trust
	Lewisham Healthcare NHS Trust	1	Lewisham Healthcare NHS trust
	North Middlesex University Hospital NHS Trust	1	North Middlesex University Hospital
	North West London Hospitals NHS Trust (Northwick Park Hospital)	1	Northwick Park Hospital
	Royal Free London NHS Foundation Trust	1	Royal Free Hospital
	South London Healthcare NHS Trust	2	Princess Royal University Hospital Queen Elizabeth Hospital
	St George's Healthcare NHS Trust	1	St George's Hospital Healthcare NHS Trust
University College London Hospitals NHS Foundation Trust	2	University College Hospital London The National Hospital for Neurology and Neurosurgery	
West Middlesex University Hospital NHS Trust	1	West Middlesex University Hospital NHS Trust	
East Midlands	Chesterfield Royal Hospital NHS Foundation Trust	1	Chesterfield Royal Hospital
	Derby Hospitals NHS Foundation Trust	1	Derby Hospitals NHS Foundation Trust
	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	2	Doncaster Royal Infirmary Bassetlaw District General Hospital

Region	Site Name 2012	Number of hospitals included	Hospitals
East Midlands	Kettering General Hospital NHS Foundation Trust	1	Kettering General Hospital
	Milton Keynes Hospital NHS Foundation Trust	1	Milton Keynes Hospital NHS Foundation Trust
	Northampton General Hospital NHS Trust	1	Northampton general Hospital
	Nottingham University Hospitals NHS Trust	1	Nottingham University Hospitals NHS Trust
	Sherwood Forest Hospitals NHS Foundation Trust	1	King's Mill Hospital
	United Lincolnshire Hospitals NHS Trust (Grantham and District Hospital)	1	Grantham and District Hospital
	United Lincolnshire Hospitals NHS Trust (Lincoln County)	1	Lincoln County hospital
	United Lincolnshire Hospitals NHS Trust (Pilgrim Hospital)	1	Pilgrim Hospital
	University Hospitals of Leicester NHS Trust	1	Leicester Royal Infirmary
East of England	Basildon and Thurrock University Hospitals NHS Foundation Trust	1	Basildon and Thurrock University Hospital
	Bedford Hospital NHS Trust	1	Bedford Hospital NHS Trust
	Cambridge University Hospitals NHS Foundation Trust	1	Addenbrookes Hospital
	Colchester Hospital University NHS Foundation Trust	1	Colchester General Hospital
	East and North Hertfordshire NHS Trust	1	Lister Hospital
	Hinchingbrooke Health Care NHS Trust	1	Hinchingbrooke Hospital
	Ipswich Hospital NHS Trust	1	Ipswich Hospital
	James Paget University Hospitals NHS Foundation Trust	1	James Paget University Hospital
	Luton and Dunstable Hospital NHS Foundation Trust	1	Luton & Dunstable University Hospital
	Mid Essex Hospital Services NHS Trust	1	Broomfield Hospital
	Norfolk and Norwich University Hospitals NHS Foundation Trust	1	Norfolk and Norwich University Hospitals NHS Foundation Trust
	Peterborough and Stamford Hospitals NHS Foundation Trust	1	Peterborough City Hospital
	Princess Alexandra Hospital NHS Trust	1	Princess Alexandra Hospital
	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	1	The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust
	Southend University Hospital NHS Foundation Trust	1	Southend University Foundation Hospital Trust
	West Hertfordshire Hospitals NHS Trust	1	Watford General Hospital
	West Suffolk Hospital NHS Foundation Trust	1	West Suffolk Hospital
West Midlands	Burton Hospitals NHS Foundation Trust	1	Queens Hospital
	Dudley Group NHS Foundation Trust	1	Russell's Hall Hospital
	George Eliot Hospital NHS Trust	1	George Eliot Hospital
	Heart of England NHS Foundation Trust (Birmingham Heartlands and Solihull Hospitals)	2	Birmingham Heartlands Solihull Hospital
	Heart of England NHS Foundation Trust (Good Hope Hospital)	1	Good Hope Hospital

Region	Site Name 2012	Number of hospitals included	Hospitals
West Midlands	Royal Wolverhampton Hospitals NHS Trust	1	New Cross Hospital
	Sandwell and West Birmingham Hospitals NHS Trust (City Hospital)	1	City hospital
	Sandwell and West Birmingham Hospitals NHS Trust (Sandwell District Hospital)	1	Sandwell hospital
	Shrewsbury and Telford Hospital NHS Trust	2	Royal Shrewsbury Hospital Princess Royal Hospital
	South Warwickshire NHS Foundation Trust	1	South Warwickshire NHS Foundation Trust
	University Hospital of North Staffordshire NHS Trust combined with Staffordshire and Stoke on Trent Partnership NHS Trust	1	University Hospital of North Staffordshire
	University Hospitals Birmingham NHS Foundation Trust in collaboration with Birmingham Community Healthcare NHS Trust	1	Queen Elizabeth Hospital, Birmingham
	University Hospitals Coventry and Warwickshire NHS Trust	1	University Hospital Coventry & Warwickshire NHS Trust
	Walsall Healthcare NHS Trust	1	Walsall healthcare NHS Trust
	Worcestershire Acute Hospitals NHS Trust (Alexandra Hospital Redditch)	1	Alexandra Hospital
	Worcestershire Acute Hospitals NHS Trust (Worcester Royal Hospital)	1	Worcestershire Royal Hospital
	Wye Valley NHS Trust	1	County Hospital, Hereford
North East	City Hospitals Sunderland NHS Foundation Trust	1	City Hospitals Sunderland
	County Durham and Darlington NHS Foundation Trust	1	University hospital of North Durham
	Gateshead Health NHS Foundation Trust	1	Queen Elizabeth Hospital Gateshead
	Newcastle upon Tyne Hospitals NHS Foundation Trust	3	Royal Victoria Infirmary Hospital Newcastle General Hospital Freeman Hospital
	North Tees and Hartlepool NHS Foundation Trust	2	University Hospital of North Tees University Hospital of Hartlepool
	Northumbria Healthcare NHS Foundation Trust (Hexham Hospital)	1	Hexham General Hospital
	Northumbria Healthcare NHS Foundation Trust (North Tyneside General Hospital)	1	North Tyneside General Hospital
	Northumbria Healthcare NHS Foundation Trust (Wansbeck General Hospital)	1	Wansbeck General Hospital
	South Tees Hospitals NHS Foundation Trust	1	The James Cook University Hospital
	South Tyneside NHS Foundation Trust	1	South Tyneside NHS Foundation Trust
North West	Aintree University Hospitals NHS Foundation Trust	1	Aintree University Hospital NHS Foundation Trust
	Blackpool Teaching Hospitals NHS Foundation Trust	1	Blackpool Victoria Hospital
	Bolton NHS Foundation Trust	1	Royal Bolton Hospital
	Central Manchester University Hospitals NHS Foundation Trust (Manchester Royal Infirmary)	1	Manchester Royal Infirmary
	Central Manchester University Hospitals NHS Foundation Trust (Trafford General Hospital)	1	Trafford General Hospital
	Countess of Chester Hospital NHS Foundation Trust	1	Countess of Chester Hospital
	East Cheshire NHS Trust	1	Macclesfield District General Hospital

Region	Site Name 2012	Number of hospitals included	Hospitals
North West	East Lancashire Hospitals NHS Trust	1	Royal Blackburn Hospital
	Lancashire Teaching Hospitals NHS Foundation Trust	1	Royal Preston Hospital
	Mid Cheshire Hospitals NHS Foundation Trust	1	Leighton Hospital
	North Cumbria University Hospitals NHS Trust (Cumberland Infirmary)	1	Cumberland Infirmary
	North Cumbria University Hospitals NHS Trust (West Cumberland Hospital)	1	West Cumberland Hospital
	Pennine Acute Hospitals NHS Trust (Fairfield General Hospital and Rochdale Infirmary)	1	Fairfield General Hospital
	Pennine Acute Hospitals NHS Trust (North Manchester General Hospital)	1	North Manchester General Hospital
	Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)	1	Royal Oldham Hospital
	Royal Liverpool and Broadgreen University Hospitals NHS Trust	1	Royal Liverpool & Broadgreen University Hospital (NHS) Trust
	Salford Royal NHS Foundation Trust	1	Salford Royal Foundation Trust
	Southport and Ormskirk Hospital NHS Trust	1	Southport & Formby District General Hospital
	St Helens & Knowsley Teaching Hospitals NHS Trust	1	Whiston Hospital
	Stockport NHS Foundation Trust	1	Stockport NHS Foundation Trust
	Tameside Hospital NHS Foundation Trust in collaboration with NHS Tameside and Glossop	1	Tameside Hospital NHS Foundation Trust
	University Hospital of South Manchester NHS Foundation Trust	1	University Hospital of South Manchester
	University Hospitals of Morecambe Bay NHS Foundation Trust (Furness General Hospital)	1	Furness General Hospital
	University Hospitals of Morecambe Bay NHS Foundation Trust (Royal Lancaster Infirmary & Westmorland General Hospital)	1	Royal Lancaster Infirmary
	Warrington and Halton Hospitals NHS Foundation Trust	1	Warrington and Halton Hospitals NHS Foundation Trust
	Wirral University Teaching Hospital NHS Foundation Trust	1	Wirral University Teaching Hospital NHS Foundation Trust
	Wrightington, Wigan and Leigh NHS Foundation Trust	1	Royal Albert Edward Infirmary
Yorkshire and the Humber	Airedale NHS Foundation Trust	1	Airedale NHS Foundation Trust
	Barnsley Hospital NHS Foundation Trust	1	Barnsley Hospital NHS Foundation Trust
	Bradford Teaching Hospitals NHS Foundation Trust	1	Bradford Royal Infirmary
	Calderdale and Huddersfield NHS Foundation Trust	2	Calderdale Royal Hospital Huddersfield Royal Infirmary
	Harrogate and District NHS Foundation Trust	1	Harrogate District Hospital
	Hull and East Yorkshire Hospitals NHS Trust	1	Hull Royal Infirmary
	Leeds Teaching Hospitals NHS Trust	2	Leeds General Infirmary St James Hospital
	Mid Yorkshire Hospitals NHS Trust	3	Pinderfields Hospital Dewsbury & District Hospital

Region	Site Name 2012	Number of hospitals included	Hospitals
Yorkshire and the Humber	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Diana Princess of Wales Hospital)	1	Pontefract Hospital Diana, Princess of Wales Hospital
	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Scunthorpe General Hospital)	1	Scunthorpe General Hospital
	Rotherham NHS Foundation Trust	1	Rotherham NHS Foundation Trust
	Scarborough and North East Yorkshire Healthcare NHS Trust	2	Scarborough Hospital Bridlington Hospital
	Sheffield Teaching Hospitals NHS Foundation Trust	2	Royal Hallamshire Hospital Northern General Hospital
	York Hospitals NHS Foundation Trust	1	York Teaching Hospital NHS Foundation Trust
South Central	Buckinghamshire Healthcare NHS Trust	1	Wycombe Hospital
	Hampshire Hospitals NHS Foundation Trust	2	Royal Hampshire County Hospital North Hampshire Hospital
	Heatherwood and Wexham Park Hospitals NHS Foundation Trust	2	Wexham Park Hospital Heatherwood Hospital
	Oxford University Hospitals NHS Trust (Horton General Hospital)	1	Horton General Hospital
	Oxford University Hospitals NHS Trust (John Radcliffe Hospital)	1	John Radcliffe Hospital
	Portsmouth Hospitals NHS Trust jointly with Hampshire and Portsmouth City PCTs	1	Queen Alexandra Hospital
	Royal Berkshire NHS Foundation Trust	1	Royal Berkshire Hospital
	University Hospital Southampton NHS Foundation Trust	1	University Hospital Southampton NHS Foundation Trust
South East Coast	Ashford and St Peter's Hospital NHS Foundation Trust	1	Ashford and St Peter's Hospitals NHS Foundation trust
	Brighton and Sussex University Hospitals NHS Trust (Princess Royal Hospital Haywards Heath)	1	Princess Royal Hospital
	Brighton and Sussex University Hospitals NHS Trust (Royal Sussex County Hospital)	1	Royal Sussex County Hospital
	Dartford & Gravesham NHS Trust	1	Darent Valley Hospital
	East Kent Hospitals University NHS Foundation Trust (Kent and Canterbury Hospital)	1	Kent and Canterbury Hospital
	East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth The Queen Mother Hospital)	1	Queen Elizabeth the Queen Mother Hospital
	East Kent Hospitals University NHS Foundation Trust (William Harvey Hospital)	1	William Harvey Hospital
	East Sussex Healthcare NHS Trust (Conquest Hospital)	1	Conquest Hospital
	East Sussex Healthcare NHS Trust (Eastbourne District General Hospital)	1	Eastbourne District General Hospital
	Epsom and St Helier University Hospitals NHS Trust (Epsom General Hospital)	1	Epsom General Hospital
	Frimley Park Hospitals NHS Foundation Trust	1	Frimley Park Hospital NHS Trust
	Isle of Wight NHS Trust	1	St Marys Hospital
	Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital)	1	Maidstone Hospital
Maidstone and Tunbridge Wells NHS Trust (Tunbridge Wells Hospital)	1	Tunbridge Wells Hospital	
Medway NHS Foundation Trust, Medway PCT and Swale PCT	1	Medway Maritime Hospital	

Region	Site Name 2012	Number of hospitals included	Hospitals
South East Coast	Royal Surrey County Hospital NHS Foundation Trust	1	Royal Surrey Country Hospital
	Surrey & Sussex Healthcare NHS Trust	1	East Surrey Hospital
	Western Sussex Hospitals NHS Trust (St Richard's Hospital)	1	St Richard's Hospital
	Western Sussex Hospitals NHS Trust (Worthing & Southlands Hospitals NHS Trust)	1	Worthing Hospital
South West	Dorset County Hospital NHS Foundation Trust	1	Dorset County Hospital NHS Foundation Trust
	Gloucestershire Hospitals NHS Foundation Trust	1	Gloucestershire Royal Hospital
	Great Western Hospitals NHS Foundation Trust	1	The Great Western Hospitals NHS Foundation Trust
	North Bristol NHS Trust	2	Frenchay Hospital Southmead Hospital
	Northern Devon Healthcare NHS Trust in collaboration with North Devon Primary Care Trust	1	North Devon District Hospital
	Plymouth Hospitals NHS Trust in collaboration with Plymouth Community Healthcare	2	Plymouth Hospital NHS Trust Mount Gould Hospital
	Pooler Hospital NHS Foundation Trust	1	Pooler Hospital NHS Trust
	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	1	The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
	Royal Cornwall Hospitals NHS Trust	1	Royal Cornwall Hospital Trust
	Royal Devon and Exeter NHS Foundation Trust in collaboration community hospitals under	1	Royal Devon & Exeter Hospital
	Northern Devon Healthcare NHS Trust		
	Royal United Hospital Bath NHS Trust	1	Royal United Hospital, Bath NHS Trust
	Salisbury NHS Foundation Trust	1	Salisbury NHS Foundation Trust
	South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust	2	Torbay Hospital Newton Abbot Hospital
	Taunton and Somerset NHS Foundation Trust	1	Taunton and Somerset Foundation Trust
	University Hospitals Bristol NHS Foundation Trust	2	Bristol Royal Infirmary South Bristol Community Hospital
	Weston Area Health NHS Trust	1	Weston General Hospital
Yeovil District Hospital NHS Foundation Trust	1	Yeovil District Hospital NHS Foundation Trust	

Region/ Country	Site Name 2012	Number of hospitals included	Hospitals
Northern Ireland	Belfast Health and Social Care Trust (Mater Hospital)	1	Mater Hospital
	Belfast Health and Social Care Trust (Royal Group of Hospitals and Belfast City Hospital)	2	Royal Group of Hospitals Belfast City hospital
	Northern Health and Social Care Trust (Antrim Area Hospital)	1	Antrim Area Hospital
	Northern Health and Social Care Trust (Causeway)	1	Causeway Hospital
	South Eastern Health and Social Care Trust (Downe Hospital)	1	Downe Hospital
	South Eastern Health and Social Care Trust (Lagan Valley Hospital)	1	Lagan Valley Hospital
	South Eastern Health and Social Care Trust (Ulster Community and Hospitals)	1	Ulster Hospital
	Southern Health and Social Care Trust (Craigavon Area)	1	Craigavon Area Hospital
	Southern Health and Social Care Trust (Daisy Hill Hospital)	1	Daisy Hill Hospital
	Western Health and Social Care Trust (Altnagelvin Hospitals)	1	Altnagelvin Hospital
Western Health and Social Care Trust (Southern Sector - Erne)	1	South West Area Hospital	
Wales	Abertawe Bro Morgannwg University Health Board (Morrison Hospital and Singleton Hospital)	2	Morrison Hospital Singleton Hospital
	Abertawe Bro Morgannwg University Health Board (Princess of Wales Hospital)	1	Princess of Wales Hospital
	Aneurin Bevan Health Board (Nevill Hall Hospital)	1	Nevill Hall Hospital
	Aneurin Bevan Health Board (St Woolos Hospital, Royal Gwent and Caerphilly District Miner's Hospital)	1	Royal Gwent Hospital
	Betsi Cadwaladr University Health Board (Glan Clwyd District General Hospital)	1	Glan Clwyd Hospital
	Betsi Cadwaladr University Health Board (Wrexham Maelor Hospital)	1	Wrexham Maelor
	Betsi Cadwaladr University Health Board (Ysbyty Gwynedd)	1	Ysbyty Gwynedd
	Cardiff and Vale University Health Board (University Hospital Wales)	1	University Hospital Wales
	Cwm Taf Health Board (Prince Charles Hospital)	1	Prince Charles Hospital
	Cwm Taf Health Board (Royal Glamorgan Hospital)	1	Royal Glamorgan Hospital
	Hywel Dda Health Board (Bronglais General Hospital)	1	Bronglais General Hospital
	Hywel Dda Health Board (Prince Philip Hospital)	1	Prince Philip Hospital
	Hywel Dda Health Board (West Wales General Hospital)	1	Glangwili General Hospital
Hywel Dda Health Board (Withybush General Hospital)	1	Withybush General Hospital	
Islands	Isle of Man Department of Health	1	Nobles Hospital
	States of Guernsey Health and Social Services Department	1	Princess Elizabeth Hospital

Appendix 2B

This table can be used to identify sites within the audit from local hospitals.

Hospitals	Site name in the audit
London	
Barnet Hospital General Hospital	Barnet and Chase Farm Hospitals NHS Trust
Charing Cross Hospital	Imperial College Healthcare NHS Trust
Chase Farm Hospital	Barnet and Chase Farm Hospitals NHS Trust
Chelsea and Westminster Hospital	Chelsea and Westminster Hospital NHS Foundation Trust
Croydon Health Services NHS Trust	Croydon Health Services NHS Trust
Homerton University Hospital	Homerton University Hospital NHS Foundation Trust
King George Hospital	Barking, Havering and Redbridge University Hospitals NHS Trust
King's College Hospital	King's College Hospital NHS Foundation Trust
Kingston Hospital NHS Trust	Kingston Hospital NHS Trust
Lewisham Healthcare NHS trust	Lewisham Healthcare NHS Trust
Newham University Hospital	Barts Health NHS Trust (Newham University Hospital)
North Middlesex University Hospital	North Middlesex University Hospital NHS Trust
Northwick Park Hospital	North West London Hospitals NHS Trust (Northwick Park Hospital)
Princess Royal University Hospital	South London Healthcare NHS Trust
Queen Elizabeth Hospital	South London Healthcare NHS Trust
Queens Hospital	Barking, Havering and Redbridge University Hospitals NHS Trust
Royal Free Hospital	Royal Free London NHS Foundation Trust
Royal London Hospital	Barts Health NHS Trust (Royal London Hospital)
St George's Hospital Healthcare NHS Trust	St George's Healthcare NHS Trust
St Helier Hospital	Epsom and St Helier University Hospitals NHS Trust (St Helier Hospital)
St Mary's Hospital	Imperial College Healthcare NHS Trust
St Thomas' Hospital	Guy's and St Thomas' Hospital NHS Foundation Trust
The Hillingdon Hospital NHS Foundation Trust	Hillingdon Hospitals NHS Foundation Trust
The National Hospital for Neurology and Neurosurgery	University College London Hospitals NHS Foundation Trust
University College Hospital London	University College London Hospitals NHS Foundation Trust

Hospitals	Site name in the audit
London	
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital NHS Trust
Whipps Cross University Hospital	Barts Health NHS Trust (Whipps Cross Hospital)
East Midlands	
Bassetlaw District General Hospital	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Chesterfield Royal Hospital	Chesterfield Royal Hospital NHS Foundation Trust
Derby Hospitals NHS Foundation Trust	Derby Hospitals NHS Foundation Trust
Doncaster Royal Infirmary	Doncaster and Bassetlaw Hospitals NHS Foundation Trust
Grantham and District Hospital	United Lincolnshire Hospitals NHS Trust (Grantham and District Hospital)
Kettering General Hospital	Kettering General Hospital NHS Foundation Trust
King's Mill Hospital	Sherwood Forest Hospitals NHS Foundation Trust
Leicester Royal Infirmary	University Hospitals of Leicester NHS Trust
Lincoln County hospital	United Lincolnshire Hospitals NHS Trust (Lincoln County)
Milton Keynes Hospital NHS Foundation Trust	Milton Keynes Hospital NHS Foundation Trust
Northampton general Hospital	Northampton General Hospital NHS Trust
Nottingham University Hospitals NHS Trust	Nottingham University Hospitals NHS Trust
Pilgrim Hospital	United Lincolnshire Hospitals NHS Trust (Pilgrim Hospital)
East of England	
Addenbrookes Hospital	Cambridge University Hospitals NHS Foundation Trust
Basildon and Thurrock University Hospital	Basildon and Thurrock University Hospitals NHS Foundation Trust
Bedford Hospital NHS Trust	Bedford Hospital NHS Trust
Broomfield Hospital	Mid Essex Hospital Services NHS Trust
Colchester General Hospital	Colchester Hospital University NHS Foundation Trust
Hinchingbrooke Hospital	Hinchingbrooke Health Care NHS Trust
Ipswich Hospital	Ipswich Hospital NHS Trust
James Paget University Hospital	James Paget University Hospitals NHS Foundation Trust
Lister Hospital	East and North Hertfordshire NHS Trust
Luton & Dunstable University Hospital	Luton and Dunstable Hospital NHS Foundation Trust
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospitals NHS Foundation Trust
Peterborough City Hospital	Peterborough and Stamford Hospitals NHS Foundation Trust

Hospitals	Site name in the audit
East of England	
Princess Alexandra Hospital	Princess Alexandra Hospital NHS Trust
Southend University Foundation Hospital Trust	Southend University Hospital NHS Foundation Trust
The Queen Elizabeth Hospital Kings Lynn NHS Foundation Trust	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust
Watford General Hospital	West Hertfordshire Hospitals NHS Trust
West Suffolk Hospital	West Suffolk Hospital NHS Foundation Trust
West Midlands	
Alexandra Hospital	Worcestershire Acute Hospitals NHS Trust (Alexandra Hospital Redditch)
Birmingham Heartlands	Heart of England NHS Foundation Trust (Birmingham Heartlands and Solihull Hospitals)
City hospital	Sandwell and West Birmingham Hospitals NHS Trust (City Hospital)
County Hospital, Hereford	Wye Valley NHS Trust
George Eliot Hospital	George Eliot Hospital NHS Trust
Good Hope Hospital	Heart of England NHS Foundation Trust (Good Hope Hospital)
New Cross Hospital	Royal Wolverhampton Hospitals NHS Trust
Princess Royal Hospital	Shrewsbury and Telford Hospital NHS Trust
Queen Elizabeth Hospital, Birmingham	University Hospitals Birmingham NHS Foundation Trust in collaboration with Birmingham Community Healthcare NHS Trust
Queens Hospital	Burton Hospitals NHS Foundation Trust
Royal Shrewsbury Hospital	Shrewsbury and Telford Hospital NHS Trust
Russell's Hall Hospital	Dudley Group NHS Foundation Trust
Sandwell hospital	Sandwell and West Birmingham Hospitals NHS Trust (Sandwell District Hospital)
Solihull Hospital	Heart of England NHS Foundation Trust (Birmingham Heartlands and Solihull Hospitals)
South Warwickshire NHS Foundation Trust	South Warwickshire NHS Foundation Trust
University Hospital Coventry & Warwickshire NHS Trust	University Hospitals Coventry and Warwickshire NHS Trust
University Hospital of North Staffordshire	University Hospital of North Staffordshire NHS Trust combined with Staffordshire and Stoke on Trent Partnership NHS Trust
Walsall healthcare NHS Trust	Walsall Healthcare NHS Trust
Worcestershire Royal Hospital	Worcestershire Acute Hospitals NHS Trust (Worcester Royal Hospital)

Hospitals	Site name in the audit
North East	
City Hospitals Sunderland	City Hospitals Sunderland NHS Foundation Trust
Freeman Hospital	Newcastle upon Tyne Hospitals NHS Foundation Trust
Hexham General Hospital	Northumbria Healthcare NHS Foundation Trust (Hexham Hospital)
Newcastle General Hospital	Newcastle upon Tyne Hospitals NHS Foundation Trust
North Tyneside General Hospital	Northumbria Healthcare NHS Foundation Trust (North Tyneside General Hospital)
Queen Elizabeth Hospital Gateshead	Gateshead Health NHS Foundation Trust
Royal Victoria Infirmary Hospital	Newcastle upon Tyne Hospitals NHS Foundation Trust
South Tyneside NHS Foundation Trust	South Tyneside NHS Foundation Trust
The James Cook University Hospital	South Tees Hospitals NHS Foundation Trust
University Hospital of Hartlepool	North Tees and Hartlepool NHS Foundation Trust
University hospital of North Durham	County Durham and Darlington NHS Foundation Trust
University Hospital of North Tees	North Tees and Hartlepool NHS Foundation Trust
Wansbeck General Hospital	Northumbria Healthcare NHS Foundation Trust (Wansbeck General Hospital)
North West	
Aintree University Hospital NHS Foundation Trust	Aintree University Hospitals NHS Foundation Trust
Blackpool Victoria Hospital	Blackpool Teaching Hospitals NHS Foundation Trust
Countess of Chester Hospital	Countess of Chester Hospital NHS Foundation Trust
Cumberland Infirmary	North Cumbria University Hospitals NHS Trust (Cumberland Infirmary)
Fairfield General Hospital	Pennine Acute Hospitals NHS Trust (Fairfield General Hospital and Rochdale Infirmary)
Furness General Hospital	University Hospitals of Morecambe Bay NHS Foundation Trust (Furness General Hospital)
Leighton Hospital	Mid Cheshire Hospitals NHS Foundation Trust
Macclesfield District General Hospital	East Cheshire NHS Trust
Manchester Royal Infirmary	Central Manchester University Hospitals NHS Foundation Trust (Manchester Royal Infirmary)

Hospitals	Site name in the audit
North West	
North Manchester General Hospital	Pennine Acute Hospitals NHS Trust (North Manchester General Hospital)
Royal Albert Edward Infirmary	Wrightington, Wigan and Leigh NHS Foundation Trust
Royal Blackburn Hospital	East Lancashire Hospitals NHS Trust
Royal Bolton Hospital	Bolton NHS Foundation Trust
Royal Lancaster Infirmary	University Hospitals of Morecambe Bay NHS Foundation Trust (Royal Lancaster Infirmary & Westmorland General Hospital)
Royal Liverpool & Broadgreen University Hospital (NHS) Trust	Royal Liverpool and Broadgreen University Hospitals NHS Trust
Royal Oldham Hospital	Pennine Acute Hospitals NHS Trust (Royal Oldham Hospital)
Royal Preston Hospital	Lancashire Teaching Hospitals NHS Foundation Trust
Salford Royal Foundation Trust	Salford Royal NHS Foundation Trust
Southport & Formby District General Hospital	Southport and Ormskirk Hospital NHS Trust
Stockport NHS Foundation Trust	Stockport NHS Foundation Trust
Tameside Hospital NHS Foundation Trust	Tameside Hospital NHS Foundation Trust in collaboration with NHS Tameside and Glossop
Trafford General Hospital	Central Manchester University Hospitals NHS Foundation Trust (Trafford General Hospital)
University Hospital of South Manchester	University Hospital of South Manchester NHS Foundation Trust
Warrington and Halton Hospitals NHS Foundation Trust	Warrington and Halton Hospitals NHS Foundation Trust
West Cumberland Hospital	North Cumbria University Hospitals NHS Trust (West Cumberland Hospital)
Whiston Hospital	St Helens & Knowsley Teaching Hospitals NHS Trust
Wirral University Teaching Hospital NHS Foundation Trust	Wirral University Teaching Hospital NHS Foundation Trust
Yorkshire and the Humber	
Airedale NHS Foundation Trust	Airedale NHS Foundation Trust
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital NHS Foundation Trust
Bradford Royal Infirmary	Bradford Teaching Hospitals NHS Foundation Trust
Bridlington Hospital	Scarborough and North East Yorkshire Healthcare NHS Trust
Calderdale Royal Hospital	Calderdale and Huddersfield NHS Foundation Trust

Hospitals	Site name in the audit
Yorkshire and the Humber	
Dewsbury & District Hospital	Mid Yorkshire Hospitals NHS Trust
Diana, Princess of Wales Hospital	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Diana Princess of Wales Hospital)
Harrogate District Hospital	Harrogate and District NHS Foundation Trust
Huddersfield Royal Infirmary	Calderdale and Huddersfield NHS Foundation Trust
Hull Royal Infirmary	Hull and East Yorkshire Hospitals NHS Trust
Leeds General Infirmary	Leeds Teaching Hospitals NHS Trust
Northern General Hospital	Sheffield Teaching Hospitals NHS Foundation Trust
Pinderfields Hospital	Mid Yorkshire Hospitals NHS Trust
Pontefract Hospital	Mid Yorkshire Hospitals NHS Trust
Rotherham NHS Foundation Trust	Rotherham NHS Foundation Trust
Royal Hallamshire Hospital	Sheffield Teaching Hospitals NHS Foundation Trust
Scarborough Hospital	Scarborough and North East Yorkshire Healthcare NHS Trust
Scunthorpe General Hospital	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust (Scunthorpe General Hospital)
St James Hospital	Leeds Teaching Hospitals NHS Trust
York Teaching Hospital NHS Foundation Trust	York Hospitals NHS Foundation Trust
South Central	
Heatherwood Hospital	Heatherwood and Wexham Park Hospitals NHS Foundation Trust
Horton General Hospital	Oxford University Hospitals NHS Trust (Horton General Hospital)
John Radcliffe Hospital	Oxford University Hospitals NHS Trust (John Radcliffe Hospital)
North Hampshire Hospital	Hampshire Hospitals NHS Foundation Trust
Queen Alexandra Hospital	Portsmouth Hospitals NHS Trust jointly with Hampshire and Portsmouth City PCTs
Royal Berkshire Hospital	Royal Berkshire NHS Foundation Trust
Royal Hampshire County Hospital	Hampshire Hospitals NHS Foundation Trust
University Hospital Southampton NHS Foundation Trust	University Hospital Southampton NHS Foundation Trust
Wexham Park Hospital	Heatherwood and Wexham Park Hospitals NHS Foundation Trust
Wycombe Hospital	Buckinghamshire Healthcare NHS Trust

Hospitals	Site name in the audit
South East Coast	
Ashford and St Peter's Hospitals NHS Foundation trust	Ashford and St Peter's Hospital NHS Foundation Trust
Conquest Hospital	East Sussex Healthcare NHS Trust (Conquest Hospital)
Darent Valley Hospital	Dartford & Gravesham NHS Trust
East Surrey Hospital	Surrey & Sussex Healthcare NHS Trust
Eastbourne District General Hospital	East Sussex Healthcare NHS Trust (Eastbourne District General Hospital)
Epsom General Hospital	Epsom and St Helier University Hospitals NHS Trust (Epsom General Hospital)
Frimley Park Hospital NHS Trust	Frimley Park Hospitals NHS Foundation Trust
Kent and Canterbury Hospital	East Kent Hospitals University NHS Foundation Trust (Kent and Canterbury Hospital)
Maidstone Hospital	Maidstone and Tunbridge Wells NHS Trust (Maidstone Hospital)
Medway Maritime Hospital	Medway NHS Foundation Trust, Medway PCT and Swale PCT
Princess Royal Hospital	Brighton and Sussex University Hospitals NHS Trust (Princess Royal Hospital Haywards Heath)
Queen Elizabeth the Queen Mother Hospital	East Kent Hospitals University NHS Foundation Trust (Queen Elizabeth The Queen Mother Hospital)
Royal Surrey Country Hospital	Royal Surrey County Hospital NHS Foundation Trust
Royal Sussex County Hospital	Brighton and Sussex University Hospitals NHS Trust (Royal Sussex County Hospital)
St Marys Hospital	Isle of Wight NHS Trust
St Richard's Hospital	Western Sussex Hospitals NHS Trust (St Richard's Hospital)
Tunbridge Wells Hospital	Maidstone and Tunbridge Wells NHS Trust (Tunbridge Wells Hospital)
William Harvey Hospital	East Kent Hospitals University NHS Foundation Trust (William Harvey Hospital)
Worthing Hospital	Western Sussex Hospitals NHS Trust (Worthing & Southlands Hospitals NHS Trust)
South West	
Bristol Royal Infirmary	University Hospitals Bristol NHS Foundation Trust
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital NHS Foundation Trust
Frenchay Hospital	North Bristol NHS Trust
Gloucestershire Royal Hospital	Gloucestershire Hospitals NHS Foundation Trust

Hospitals	Site name in the audit
South West	
Mount Gould Hospital	Plymouth Hospitals NHS Trust in collaboration with Plymouth Community Healthcare
Newton Abbot Hospital	South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust
North Devon District Hospital	Northern Devon Healthcare NHS Trust in collaboration with North Devon Primary Care Trust
Plymouth Hospital NHS Trust	Plymouth Hospitals NHS Trust in collaboration with Plymouth Community Healthcare
Poole Hospital NHS Trust	Poole Hospital NHS Foundation Trust
Royal Cornwall Hospital Trust	Royal Cornwall Hospitals NHS Trust
Royal Devon & Exeter Hospital	Royal Devon and Exeter NHS Foundation Trust in collaboration community hospitals under Northern Devon Healthcare NHS Trust
Royal United Hospital, Bath NHS Trust	Royal United Hospital Bath NHS Trust
Salisbury NHS Foundation Trust	Salisbury NHS Foundation Trust
South Bristol Community Hospital	University Hospitals Bristol NHS Foundation Trust
Southmead Hospital	North Bristol NHS Trust
Taunton and Somerset Foundation Trust	Taunton and Somerset NHS Foundation Trust
The Great Western Hospitals NHS Foundation Trust	Great Western Hospitals NHS Foundation Trust
The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust
Torbay Hospital	South Devon Healthcare NHS Foundation Trust and Torbay and Southern Devon Health Care Trust
Weston General Hospital	Weston Area Health NHS Trust
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital NHS Foundation Trust

Hospitals	Site Name 2012
Northern Ireland	
Mater Hospital	Belfast Health and Social Care Trust (Mater Hospital)
Royal Group of Hospitals	Belfast Health and Social Care Trust (Royal Group of Hospitals and Belfast City Hospital)
Belfast City hospital	Belfast Health and Social Care Trust (Royal Group of Hospitals and Belfast City Hospital)
Antrim Area Hospital	Northern Health and Social Care Trust (Antrim Area Hospital)
Causeway Hospital	Northern Health and Social Care Trust (Causeway)
Downe Hospital	South Eastern Health and Social Care Trust (Downe Hospital)
Lagan Valley Hospital	South Eastern Health and Social Care Trust (Lagan Valley Hospital)
Ulster Hospital	South Eastern Health and Social Care Trust (Ulster Community and Hospitals)
Craigavon Area Hospital	Southern Health and Social Care Trust (Craigavon Area)
Daisy Hill Hospital	Southern Health and Social Care Trust (Daisy Hill Hospital)
Altnagelvin Hospital	Western Health and Social Care Trust (Altnagelvin Hospitals)
South West Area Hospital	Western Health and Social Care Trust (Southern Sector - Erne)
Wales	
Morryston Hospital	Abertawe Bro Morgannwg University Health Board (Morryston Hospital and Singleton Hospital)
Singleton Hospital	Abertawe Bro Morgannwg University Health Board (Morryston Hospital and Singleton Hospital)
Princess of Wales Hospital	Abertawe Bro Morgannwg University Health Board (Princess of Wales Hospital)
Nevill Hall Hospital	Aneurin Bevan Health Board (Nevill Hall Hospital)
Royal Gwent Hospital	Aneurin Bevan Health Board (St Woolos Hospital, Royal Gwent and Caerphilly District Miner's Hospital)
Glan Clwyd Hospital	Betsi Cadwaladr University Health Board (Glan Clwyd District General Hospital)
Wrexham Maelor	Betsi Cadwaladr University Health Board (Wrexham Maelor Hospital)
Ysbyty Gwynedd	Betsi Cadwaladr University Health Board (Ysbyty Gwynedd)
University Hospital Wales	Cardiff and Vale University Health Board (University Hospital Wales)
Prince Charles Hospital	Cwm Taf Health Board (Prince Charles Hospital)
Royal Glamorgan Hospital	Cwm Taf Health Board (Royal Glamorgan Hospital)
Bronglais General Hospital	Hywel Dda Health Board (Bronglais General Hospital)

Hospitals	Site Name 2012
Wales	
Prince Philip Hospital	Hywel Dda Health Board (Prince Philip Hospital)
Glangwili General Hospital	Hywel Dda Health Board (West Wales General Hospital)
Withybush General Hospital	Hywel Dda Health Board (Withybush General Hospital)
Islands	
Nobles Hospital	Isle of Man Department of Health
Princess Elizabeth Hospital	States of Guernsey Health and Social Services Department

Appendix 3: Acute organisational audit proforma 2012

This proforma should describe your stroke services as on **2 July 2012**. Please complete all questions. Clarification is available online against each question and also in the Help Booklet provided. In some cases you will either be directed to a later question or a response will not apply based on answers to key questions. Data should be submitted to the Royal College of Physicians via the Web Tool.

Final Deadline: 31 August 2012.

Helpdesk:

Telephone: 020 3075 1383

E-mail: ssnap@rcplondon.ac.uk

SITE CODE:

Basic Organisational Information

A. Audit Questions

A1. Auditor Discipline: (tick all that apply)

Doctor
 Manager
 Nurse
 Therapist
 Clinical Audit/Clinical Governance
 Other (please specify)

A2. How many hospitals are covered by this form? []

Please give the full name of each individual hospital. In this question, we are asking about acute hospitals which directly admit acute stroke patients or routinely admit them within 7 days. We will ask about community hospitals/ intermediate care units in Section 11.

	Full name of hospital	Total number of stroke unit beds
1		
2		
3		
4		

B. Caseload

B1. What is the total number of inpatients with stroke across all primary admitting hospitals (i.e. all hospitals in A2) at the time this form is completed? []

B2. How many inpatients with stroke are in stroke unit beds across all primary admitting hospitals at the time this form is completed? []

B3. How many inpatients with stroke are in general assessment / decision beds (e.g. Medical Assessment Unit (MAU), Clinical Decision Unit (CDU), Acute Medical Unit (AMU)) across all primary admitting hospitals at the time this form is completed? []

B4. How many inpatients with stroke are on other wards across all primary admitting hospitals at the time this form is completed? []

How many patients are on each ward? (must add up to the total for **B4**):

- | | |
|----------------------------------|-----------------------------------|
| (i) Coronary care unit | [] |
| (ii) Care of the elderly ward | [] |
| (iii) Neurology ward | [] |
| (iv) ITU | [] |
| (v) HDU | [] |
| (vi) Generic rehabilitation unit | [] |
| (vii) General medical ward | [] |
| (viii) Other(s) | [] Name(s) of ward(s): _____ |

B5. What is the total number of inpatients with confirmed or suspected TIA across all primary admitting hospitals at the time this form is completed? []

If B5 is 0 please go to Section 1.

B5(a). How many inpatients with confirmed or suspected TIA are in stroke unit beds across all primary admitting hospitals at the time this form is completed? []

B6. What is the total number of patients admitted with stroke for the financial year 1 April 2011 – 31 March 2012? []

TAB ONE**SECTION 1: ACUTE PRESENTATION**Care in the first 72 hours after stroke

1.1 Which of the following options best describes the service at your site for patients during the first 72 hours after stroke?

- (i) We treat all of these patients
- (ii) We treat some of these patients
- (iii) We treat none of these patients

If 1.1(iii) is chosen:

1.1(a) Please give the RCP site code of the main hospital treating your patients for the first 72 hours. []

(Please call the SSNAP helpdesk if you do not know this code)

NB your acute domain score will be based on this site's acute domain score.

Please go to Section 2 if 1.1(iii) is chosen.

Ambulance

1.2. Are there arrangements in place with local ambulance services to FAST-Track (rapid blue light transfer to hospital) patients presenting with acute stroke who may be appropriate for thrombolysis?

Yes No

1.3. Is there an agreed pathway for ambulance clinicians to transport appropriate patients directly to a stroke unit?

Yes No

Telemedicine

1.4. Does the stroke service use telemedicine to allow remote access for the management of acute stroke care?

Yes No

If yes:

1.4(a) Which of the following do you use: (Tick all that apply)

(i) Remote viewing for brain imaging

(ii) Video enabled clinical assessment

1.4(b) Do you operate a telemedicine rota with other hospitals?

Yes No

Thrombolysis in your Hospital(s)

1.5. Do you provide thrombolysis at the following hospital(s)?

Please choose 'No but...' if the hospital no longer provides thrombolysis but did provide it during the past 12 months.

	Full name of hospital	Thrombolysis at this hospital?
1	<i>On web tool this table will be auto-completed from A2</i>	Yes <input type="radio"/> No <input type="radio"/> No but ... <input type="radio"/>
2		Yes <input type="radio"/> No <input type="radio"/> No but ... <input type="radio"/>
3		Yes <input type="radio"/> No <input type="radio"/> No but ... <input type="radio"/>
4		Yes <input type="radio"/> No <input type="radio"/> No but ... <input type="radio"/>

Please answer 1.6 if you have answered 'Yes' or 'No but ...' for Question 1.5 for any hospitals.

Only answer 1.8 – 1.11 if answered 'Yes' to 1.5 (i.e. if you currently provide thrombolysis at any of the hospitals above)

1.6. How many patients were thrombolysed across your site from 1 April 2011 – 31 March 2012?

[]

1.7 QUESTION REMOVED

1.8. What level of thrombolysis service does your site offer? (i.e. across all above hospitals)

(a) Weekdays: Number of hours per day [] hours

(b) Saturdays: Number of hours per day [] hours

(c) Sundays/Bank Holidays: Number of hours per day [] hours

1.9. Who initially assesses patients for thrombolysis at your site? (Answer for 'normal hours' and, if applicable, 'out of hours' and select all that apply)

	'Normal Hours' (up to and including 10 consecutive hours on weekdays)	'Out of Hours' (weekend/ bank holidays and more than 10 hrs weekdays)
(i) Consultant physician	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Registrar	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Lower grade doctor	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Stroke nurse or therapist band 8	<input type="checkbox"/>	<input type="checkbox"/>
(v) Stroke nurse or therapist band 7	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Stroke nurse or therapist band 6	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Stroke nurse or therapist band 5	<input type="checkbox"/>	<input type="checkbox"/>

1.10. Who makes the final decision that a patient should be given thrombolysis at your site? (Answer for 'normal hours' and, if applicable, 'out of hours' and select all that apply)

	'Normal Hours' (up to and including 10 consecutive hours on weekdays)	'Out of Hours' (weekend/ bank holidays and more than 10 hrs weekdays)
(i) Consultant physician in person	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Consultant physician via telemedicine	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Consultant physician via telephone	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Registrar	<input type="checkbox"/>	<input type="checkbox"/>
(v) Lower grade doctor	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Stroke nurse band 8	<input type="checkbox"/>	<input type="checkbox"/>
(vii) Stroke nurse band 7	<input type="checkbox"/>	<input type="checkbox"/>
(viii) Stroke nurse band 6	<input type="checkbox"/>	<input type="checkbox"/>
(ix) Stroke nurse band 5	<input type="checkbox"/>	<input type="checkbox"/>

1.11. How many consultant level doctors from your trust are there on an on call thrombolysis rota? []

For each of these consultants, please state their specialty

1.11(a) Which specialty is this consultant?	Consultant:									
	1:	2:	3:	4:	5:	6:	7:	8:	9:	10:
(i) Stroke physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ii) Neurologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(iii) Care of the Elderly	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(iv) Cardiologist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(v) General Medicine physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(vi) A & E	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(vii) Acute physician	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(viii) Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Thrombolysis in other hospital(s)

1.12. Does your hospital have a formal bypass arrangement with the local ambulance service to take stroke patients to a hospital where a thrombolysis service is available (during those times when you do not provide thrombolysis)?

Yes No

If yes:

1.12(a) When did this arrangement begin? [/ /] (dd/mm/yyyy)

1.13. Do you have an agreement with (an)other site(s) to provide thrombolysis for your patients (during the hours when your site does not provide it)?

Yes No

If no go to Section 2

1.13(a) How many sites do you have an agreement with? []

1.13(b) Please give the RCP codes of each of these sites [] (Please call the helpdesk if you do not know these codes)

1.13(c) Does your site have a joint on call medical rota for thrombolysis with this/these site(s)?

Yes No

1.13(d) What level of service is provided by the other site(s) (combined with your site)?

(i) Weekdays: Number of hours per day [] hours

(ii) Saturdays: Number of hours per day [] hours

(iii) Sundays/Bank Holidays: Number of hours per day [] hours

TAB TWO**SECTION 2: ASSESSMENT WARDS TAKING STROKE PATIENTS****General assessment/ decision beds (e.g. Medical Assessment Unit (MAU), Clinical Decision Unit (CDU), Acute Medical Unit)**

2.1. Are there ever stroke patients in general assessment/ decision beds e.g. MAU?

Yes No (Cannot tick no if B3 is > 0)

If no, go straight to Section 3

For the following questions we have used 'MAU' generically, but please answer in relation to equivalent general assessment/decision beds.

2.2. Of the stroke patients in the MAU today, how many have been there for the following lengths of time?

(N.B. The total must be equal to B3)

(i) Less than 24 hours []

(ii) 24 – 48 hours []

(iii) 49 – 72 hours []

(iv) 3 – 7 days []

(iii) More than 7 days []

Please answer the following questions if you answered 'yes' to 2.1 even if there are no stroke patients on this ward on the day you complete this form.

2.3. How many beds are in the MAU? []

2.4. How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?

[]

2.5. How many days per week is there a consultant ward round for these beds? []

2.6. When there are stroke patients in the MAU, are they seen by a stroke specialist consultant?

Yes No

If yes:

2.6(a). How many days per week would a stroke patient be seen by a stroke specialist consultant? []

(e.g. enter '7' if the patient would be seen on every day that they are in the MAU, even if patients are never in MAU for 7 days) *For further examples please click on the help icon or consult the help booklet.*

2.7. Is there a system in place to make sure that there is always a nurse or therapist on duty in the MAU who is trained and assessed as competent in the following?

(a) Swallow screening

Yes No

(b) Stroke assessment and management

Yes No

2.8. Is there immediate access to scanning for urgent stroke patients (as defined in the NICE Guidelines) in the MAU?

Yes No

2.9. Is there a policy for direct admission of stroke patients to the MAU from A&E/front door?

Yes No

TAB THREE**SECTION 3: STROKE UNITS**

3.1. Please give the following details for each of these hospitals:

		Answer separately for each hospital			
	(a) Full name of hospital	(b) Total number of stroke unit beds (can be 0).*	(c) Number of stroke unit beds solely for patients in first 72 hours after stroke	(d) Number of stroke unit beds solely for patients beyond 72 hours after stroke	(e) Number of stroke unit beds used for both pre and post-72 hour care
1	<i>On the web tool the names of hospitals will be auto-completed from A2</i>				
2					
3					
4					
	TOTAL:				

Note: if 1.1(iii) is chosen (i.e. if your site does not treat patients within 72 hours) 3.1(c) and 3.1(e) above will be greyed out and you will not be able to answer any questions in sections 3A or 3C.

SECTION 3A: STROKE UNITS – Beds for patients in first 72 hours after stroke

Care on stroke unit beds used solely for patients in the first 72 hours after stroke (please answer based on ALL beds noted in 3.1(c))

3.2. Are any of the following exclusion criteria ever used to exclude a patient from these beds?

Yes No

If yes:

3.2(a) Tick all the exclusion criteria that might apply:

- (i) Age related
- (ii) Stroke severity
- (iii) Pre existing dementia
- (iv) No rehabilitation potential
- (v) End of life care

3.3. Which of the following best describes the admission of pre-72 hour patients to these stroke unit beds?

(Please select only one option)

- (i) All patients are always directly admitted
- (ii) All patients are directly admitted, except for those who have another predominant acute condition which demands management on another ward
- (iii) All patients are directly admitted, except for when there is not a bed available in the stroke unit
- (iv) Only those patients who may be eligible for thrombolysis are directly admitted
- (v) Only those patients who receive thrombolysis are directly admitted
- (vi) Some patients are directly admitted, but not as outlined in any of the categories above
- (vii) Patients are never directly admitted to the stroke unit

If 3.3(vii) is selected go to 3.4

3.3(a) When is direct admission available for pre-72 hour patients to these beds?

- (i) Weekdays: Number of hours per day [] hours
- (ii) Saturdays: Number of hours per day [] hours
- (iii) Sundays/Bank Holidays: Number of hours per day [] hours

3.4. How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)? []

3.5. How many days per week is there a stroke specialist consultant ward round for these beds? (*If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6*). []

3.6. Is there immediate access to scanning for urgent stroke patients (as defined in the NICE Guidelines) on these beds?

Yes No

3.7. Are there acute stroke protocols/guidelines for these beds?

Yes No

3.8. How many of the following *nursing* staff are there usually on duty at 10am for these beds? (Enter 0 if no staff of that grade). *Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for 3.1c).*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Qualified nurses	[]	[]	[]
(ii) Care assistants	[]	[]	[]

3.9. How many nurses are there usually on duty for these beds at 10am who are trained in the following? (Enter 0 if none).

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Swallow screening	[]	[]	[]
(ii) Stroke assessment and management	[]	[]	[]

SECTION 3B: STROKE UNITS – Beds for patients beyond 72 hours after stroke

Care on stroke unit beds used solely for patients beyond 72 hours after stroke (please answer based on ALL beds noted in 3.1(d))

3.10. Are any of the following exclusion criteria ever used to exclude a patient from these beds?

Yes No

If yes:

3.10(a) Tick all the exclusion criteria that might apply:

- (i) Age related
- (ii) Stroke severity
- (iii) Pre existing dementia
- (iv) No rehabilitation potential
- (v) End of life care

3.11. How many days per week is there a stroke specialist consultant ward round for these beds? (*If there is more than one location for these beds, please give an estimated average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6.*)

[]

3.12. How many of the following *nursing* staff are there usually on duty at 10am for these beds? (Enter 0 if no staff of that grade) *Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for 3.1d)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Qualified nurses	[]	[]	[]
(ii) Care assistants	[]	[]	[]

3.13. How many nurses are there usually on duty for these beds at 10am who are trained in the following? (Enter 0 if none).

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Swallow screening	[]	[]	[]
(ii) Stroke assessment and management	[]	[]	[]

SECTION 3C: STROKE UNITS – Beds for both pre and post 72 hour care

Care on stroke unit beds which are used for both pre and post 72 hour care (please answer based on ALL beds noted in 3.1(e))

3.14. Are any of the following exclusion criteria ever used to exclude a patient from these beds?

Yes No

If yes:

3.14(a) Tick all the exclusion criteria that might apply:

- (i) Age related
- (ii) Stroke severity
- (iii) Pre existing dementia
- (iv) No rehabilitation potential
- (v) End of life care

3.15. Which of the following best describes the admission of pre-72 hour patients to these stroke unit beds?

(Please select only one option)

- (i) All patients are always directly admitted
- (ii) All patients are directly admitted, except for those who have another predominant acute condition which demands management on another ward
- (iii) All patients are directly admitted, except for when there is not a bed available in the stroke unit
- (iv) Only those patients who may be eligible for thrombolysis are directly admitted
- (v) Only those patients who receive thrombolysis are directly admitted
- (vi) Some patients are directly admitted, but not as outlined in any of the categories above
- (vii) Patients are never directly admitted to the stroke unit

If 3.15 (vii) is selected go to 3.16

3.15(a) When is direct admission available for pre-72 hour patients to these beds?

- (i) Weekdays: Number of hours per day [] hours
- (ii) Saturdays: Number of hours per day [] hours
- (iii) Sundays/Bank Holidays: Number of hours per day [] hours

3.16. How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?

[]

3.17. How many days per week is there a stroke specialist consultant ward round for these beds? (If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6). []

3.18. Is there immediate access to scanning for urgent stroke patients (as defined in the NICE Guidelines) on these beds?

Yes No

3.19. Are there acute stroke protocols/guidelines for these beds?

Yes No

3.20. How many of the following *nursing* staff are there usually on duty at 10am for these beds? (Enter 0 if no staff of that grade). *(N.B. Please do not double count any nurses/care assistants listed in 3.8 or 3.12) Only the nursing staff for the beds which are solely used for patients pre and post 72 hour care (i.e. the total entered for 3.1e.)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(iii) Qualified nurses	[]	[]	[]
(iv) Care assistants	[]	[]	[]

3.21. How many nurses are there usually on duty for these beds at 10am who are trained in the following? (Enter 0 if none). *(N.B. Please do not double count any nurses listed in 3.9 or 3.13)*

	Weekdays	Saturdays	Sundays/Bank Holidays
(i) Swallow screening	[]	[]	[]
(ii) Stroke assessment and management	[]	[]	[]

TAB 4

SECTION 4: SERVICES AND STAFF ACROSS ALL STROKE UNIT BEDS

Do not answer this section if you do not have any stroke units across your site (i.e. if total of 3.1(b) = 0)

4.1. Does your stroke unit have access to the following within 5 days:

- (a) Social work expertise Yes No
- (b) Orthotics Yes No
- (c) Orthoptics Yes No
- (d) Podiatry/foot health Yes No

4.2. Does your stroke unit have access to clinical psychologist(s)? Yes No

If no go to 4.3

(a) Is this within 5 days? Yes No

(b) What aspects of stroke care are provided by the clinical psychologist(s)?

- | | Inpatient | | Outpatient | |
|---|---------------------------|--------------------------|---------------------------|--------------------------|
| (i) Mood assessment | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| (ii) Higher cognitive function assessment | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| (iii) Mood treatment | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| (iv) Higher cognitive function treatment | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |
| (v) Non cognitive behavioural problems
assessment and/or treatment | Yes <input type="radio"/> | No <input type="radio"/> | Yes <input type="radio"/> | No <input type="radio"/> |

4.3. What is the total establishment of whole time equivalents (WTEs) of the following qualified professionals and support workers for all your stroke unit beds? (Enter 0 if no establishment). Only tick the 6 day working or 7 day working option if these professionals treat stroke patients *in relation to stroke management* at weekends *on the stroke unit*.

	WTE	5 day working	6 day working	7 day working
(i) Clinical Psychology (qualified)	[]	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ii) Clinical Psychology (support worker)				
(iii) Dietetics (qualified)				
(iv) Dietetics (support worker)				
(v) Occupational Therapy (qualified)				
(vi) Occupational Therapy (support worker)				
(vii) Physiotherapy (qualified)				
(viii) Physiotherapy (support worker)				
(ix) Speech & Language Therapy (qualified)				
(x) Speech & Language Therapy (support worker)				
(xi) Pharmacy (qualified)				
(xii) Pharmacy (support worker)				
(xiii) Nursing (qualified)				
(xiv) Nursing (care assistant/support worker)				

4.4. Do patients on the stroke unit stay in bed until assessed by a physiotherapist?

Yes No

4.5. How many sessions of junior doctor time are there per week in total for all stroke unit beds?

[] Sessions

Team Meetings

4.6. How often are there formal team meetings, on average, for the interchange of information about individual patients on the stroke unit?

- (i) Less than once a week
- (ii) Once a week
- (iii) Twice a week
- (iv) More than twice a week

4.6(a) Which of the following disciplines regularly attend the team meetings to discuss stroke patients on the stroke unit(s)?

- (i) Clinical Psychology
- (ii) Dietetics
- (iii) Medicine (senior doctor)
- (iv) Nursing
- (v) Occupational Therapy
- (vi) Physiotherapy
- (vii) Social Work
- (viii) Speech and Language Therapy

4.6(b) Are **all** stroke unit inpatients discussed in these meetings?

Yes No

4.6(c) Are stroke inpatients on other wards ever discussed in these meetings?

Yes No Not applicable because all stroke patients always on stroke unit

If no or N/A selected for 4.6(c) go to 4.7

4.6(d) Are **all** stroke inpatients on other wards discussed in these meetings?

Yes No

Palliative Care

4.7. Are palliative care stroke patients treated on the stroke unit(s)?

Yes No

If yes:

4.7(a) Is the Liverpool Care Pathway used?

Yes No

4.7(b) Is there same day access to a specialist palliative care team on weekdays?

Yes No

4.7(c) Is there same day access to a specialist palliative care team at the weekend?

Yes No

TAB 5

SECTION 5: OTHER STROKE CARE MODELS

EARLY SUPPORTED DISCHARGE TEAM

Definition – Early supported discharge team refers to a multidisciplinary team which provides rehabilitation and support in a community setting with the aim of reducing the duration of hospital care for stroke patients.

We will ask you about two types of ESD team in this part – stroke/neurology specialist and non-specialist (please make sure you answer the correct section(s) – this could be none, either or both)

Specialist Early Supported Discharge Team

A stroke/neurology specific team is one which treats stroke patients either solely or as well as general neurology patients.

5.1. Do you have access to a **stroke/neurology specific** early supported discharge multidisciplinary team?

Yes No

If no go to 5.2

5.1(a) The team treats:

- (i) Only stroke patients
- (ii) Stroke and general neurology patients
- (iii) Stroke and/or general neurology and other patients

5.1(b) What percentage of your catchment area has access to this team? []

5.1(c) Does the team include the following professional groups (please select yes or no) and what is the current approximate waiting time for each? (Answer for the PCT/borough that you get most patients from)

Profession in team?	Yes <input type="radio"/> No <input type="radio"/>	Patient seen at home:			
		Within 48h	49h - 7days	8 - 14days	>14days
Clinical Psychologist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist doctor	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist nurse	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech & language therapist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic therapy worker	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/Carer support worker	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.1(d) How many of your stroke patients have received treatment from the team at home in the last week? (N.B. each patient can only be counted once no matter how many times they were visited) []

5.1(e) What percentage of your stroke patients receive early supported discharge from a stroke/neurology specific team? []

5.1(f) Are there delays in discharging patients suitable for ESD because of delays in ESD response time/ therapy assessments/ social work/ home adaptations?

Yes No

Non-specialist Early Supported Discharge Team

5.2. Do you have access to a **non-specialist** early supported discharge multidisciplinary team?

Yes No

If no go to 5.3

5.2(a) What percentage of your catchment area has access to this team? []

5.2(b) Does the team include the following professional groups (please select yes or no) and what is the current approximate waiting time for each? (Answer for the PCT/borough that you get most patients from)

Profession in team?	Patient seen at home:				
	Yes <input type="radio"/> No <input type="radio"/>	Within 48h	49h - 7days	8 - 14days	>14days
Clinical Psychologist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech & language therapist	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic therapy worker	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/Carer support worker	Yes <input type="radio"/> No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.2(c) How many of your stroke patients have received treatment from the team at home in the last week? (N.B. each patient can only be counted once no matter how many times they were visited) []

5.2(d) What percentage of your stroke patients receive early supported discharge from a generic team? []

5.2(e) Are there delays in discharging patients suitable for ESD because of delays in ESD response time/ therapy assessments/ social work/ home adaptations?

Yes No

LONGER TERM COMMUNITY REHABILITATION TEAM

Specialist Community Rehabilitation Team

5.3. Do you have access to a **stroke/neurology specific** community rehabilitation team for longer term management?

Yes No

If no go to 5.4

5.3(a) The team treats:

- (i) Only stroke patients
- (ii) Stroke and general neurology patients
- (iii) Stroke and/or general neurology and other patients

5.3(b) What percentage of your catchment area has access to this team? []

5.3(c) Does the team include the following professional groups (please select all that apply) and what is the current approximate waiting time for each? (answer for the PCT/borough that you get most patients from)

Patient seen at home:

Profession in team?					Patient seen at home:			
	Yes	No			Within 48h	49h - 7days	8 - 14days	>14days
Clinical Psychologist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist doctor	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Specialist nurse	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech & language therapist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic therapy worker	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/Carer support worker	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.3(d) How many of your stroke patients have received treatment from the team at home in the last week?

(N.B. each patient can only be counted once no matter how many times they were visited)

[]

5.3(e) Are there delays in discharging patients for longer term community management because of delays in therapy assessments/ social work/ home adaptations?

Yes No

Non-specialist Community Rehabilitation Team

5.4. Do you have access to a **non-specialist** community rehabilitation team for longer term management?

Yes No

If no go to 5.5

5.4(a) What percentage of your catchment area has access to this team? []

5.4(b) Does the team include the following professional groups (please select all that apply) and what is the current approximate waiting time for each? (Answer for the PCT/borough that you get most patients from)

Profession in team?	Patient seen at home					
	Yes	No	Within 48h	49h - 7days	8 - 14days	>14days
Clinical Psychologist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dietitian	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Occupational therapist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physiotherapist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social worker	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctor	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurse	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speech & language therapist	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Generic therapy worker	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family/Carer support worker	Yes <input type="radio"/>	No <input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.4(c) How many of your stroke patients have received treatment from the team at home in the last week? (N.B. each patient can only be counted once no matter how many times they were visited)

[]

5.4(d) Are there delays in discharging patients for longer term community management because of delays in therapy assessments/ social work/ home adaptations?

Yes No

TAB 6

SECTION 6: TIA / NEUROVASCULAR SERVICE

6.1. Do you have a neurovascular clinic?

Yes No

If no:

6.1(a) Who provides this for your patients?

(i) Another site within our trust

(ii) Another trust Please give trust code: []

Please go to Section 7

If Yes:

(b) How many clinics within a 4 week period? []

(c) How many new patients were seen during the past 4 weeks? []

(d) What is the current average waiting time for an appointment? [] days

6.2. What is the usual waiting time to get carotid imaging?

(a) For HIGH risk TIA patients
(ABCD2 score 4 or more)

(b) For LOW risk TIA patients
(ABCD2 score less than 4)

- | | | |
|-----------------------------------|-----------------------|-----------------------|
| (i) The same day (7 days a week) | <input type="radio"/> | <input type="radio"/> |
| (ii) The same day (5 days a week) | <input type="radio"/> | <input type="radio"/> |
| (iii) The next day | <input type="radio"/> | <input type="radio"/> |
| (iv) The next weekday | <input type="radio"/> | <input type="radio"/> |
| (v) Within a week | <input type="radio"/> | <input type="radio"/> |
| (vi) Longer than a week | <input type="radio"/> | <input type="radio"/> |

6.3. Within what timescale can you see, investigate and initiate treatment for ALL your **HIGH** risk TIA patients?

Tick which service(s) you have:	(a) Inpatient	Yes <input type="radio"/> No <input type="radio"/>	(b) Outpatient	Yes <input type="radio"/> No <input type="radio"/>
(i) The same day (7 days a week)		<input type="radio"/>		<input type="radio"/>
(ii) The same day (5 days a week)		<input type="radio"/>		<input type="radio"/>
(iii) The next day		<input type="radio"/>		<input type="radio"/>
(iv) The next weekday		<input type="radio"/>		<input type="radio"/>
(v) Within a week		<input type="radio"/>		<input type="radio"/>
(vi) Within a month		<input type="radio"/>		<input type="radio"/>
(vii) Longer than a month		<input type="radio"/>		<input type="radio"/>

6.4. Within what timescale can you see, investigate and initiate treatment for ALL your **LOW** risk TIA patients?

Tick which service(s) you have:	(a) Inpatient	Yes <input type="radio"/> No <input type="radio"/>	(b) Outpatient	Yes <input type="radio"/> No <input type="radio"/>
(i) The same day (7 days a week)		<input type="radio"/>		<input type="radio"/>
(ii) The same day (5 days a week)		<input type="radio"/>		<input type="radio"/>
(iii) The next day		<input type="radio"/>		<input type="radio"/>
(iv) The next weekday		<input type="radio"/>		<input type="radio"/>
(v) Within a week		<input type="radio"/>		<input type="radio"/>
(vi) Within a month		<input type="radio"/>		<input type="radio"/>
(vii) Longer than a month		<input type="radio"/>		<input type="radio"/>

TAB 7**SECTION 7: SPECIALIST ROLES**

7.1. Is there a clinician with specialist knowledge of stroke who is formally recognised as having principal responsibility for stroke services?

Yes No

If yes:

7.1(a) Please select one option

Doctor

Nurse

Therapist

7.2. Do you have an accredited specialist registrar in post registered for stroke specialist training?

Yes No

7.3. How many PAs do you have for Stroke Consultant Physicians? [] PAs

7.3(a) How many of these PAs are Direct Clinical Care (DCCs) for Stroke? []

7.4. How many of the following stroke specialist nursing and therapy staff do you have at each of the following bands? Enter 0 if no staff of that grade.

	Band 7	Band 8a	Band 8b	Band 8c
Clinical Psychologists				
Dietitian				
Nurses				
Occupational Therapists				
Physiotherapists				
Speech and Language Therapists				

7.5. Do you provide a service which actively:

(a) Supports stroke patients to remain in, return to or withdraw (if appropriate) from work?

Yes No

(b) Provides educational or vocational training?

Yes No

7.6 Do you have any unfilled stroke consultant posts?

Yes No

If yes,

7.6(a) How many PAs do these posts cover? [] PAs

7.6(b) For how many months have these posts been funded but unfilled? [] months

TAB 8

SECTION 8: QUALITY IMPROVEMENT, RESEARCH, TRAINING & LEADERSHIP

8.1. Has a report on stroke services been prepared for the trust board between 1 April 2011 and 31 March 2012 (e.g. regarding the Sentinel Audit/ Vital Signs)?

Yes No

8.2. What level of management takes responsibility for the follow-up of the results and recommendations of the Sentinel Stroke Audit? (Select all that apply)

- (i) Executive on the Board
- (ii) Non-executive on the Board
- (iii) Chairman of Clinical Governance (or equivalent)
- (iv) Directorate Manager
- (v) Stroke Clinical Lead
- (vi) Other (please specify)
- (vii) No specific individual
- (viii) Not known

8.3. Is there a strategic group responsible for stroke?

Yes No

If yes:

8.3(a) Which of the following does it include? (select all that apply)

- (i) Ambulance trust representative
- (ii) Clinician
- (iii) Patient representative
- (iv) Commissioner
- (v) Social Services
- (vi) Stroke Network representative
- (vii) Trust board member

8.4. Is there funding for external courses available for nurses and therapists?

Yes No

If yes:

8.4(a) How many staff days were paid for between 1 April 2011 and 31 March 2012? []

8.5. Is there a system in place which provides feedback on individual cases to the referring ambulance clinicians?

Yes No

8.6. How often is there a formal survey seeking patient/carer views on stroke services?

- (i) Never
- (ii) Less than once a year
- (iii) 1-2 times a year
- (iv) 3-4 times a year
- (v) More than 4 a year
- (vi) Continuous (every patient)

8.7. Has a report been produced between 1 April 2011 and 31 March 2012 which analysed the views of stroke patients?

Yes No

8.8. Are patient surveys and/or reports discussed in a formal meeting and plans devised to act upon findings?

Yes No

Research Information

8.9. Is information provided to patients about research studies and how to participate?

Yes No

8.10. How many stroke studies are registered with your Research & Development Department (on the day you complete this form)?

Total []

8.11 What is the total number of WTEs allotted in your site for stroke data collection?

WTEs []

8.11 (a) What disciplines are covered by the WTEs for stroke data collection?

- Doctor Manager Nurse Therapist Clinical Audit/Clinical Governance
- Data clerk/analyst with specific responsibility for stroke
- Data clerk/analyst with general audit responsibilities

Leadership**Questions 8.12 – 8.23 relate to your answer for Q7.1 (If No was selected for Q7.1 the following questions are not applicable)**

From Q7.1 a clinical leader is a clinician with specialist knowledge of stroke who is formally recognised as having principal responsibility for stroke services.

8.12 How often does the clinical leader meet with senior management (director level) within the trust?

- (i) Never
- (ii) Annually
- (iii) Twice a year
- (iv) Quarterly
- (v) Monthly

8.13 How often does the clinical leader meet with local clinicians from neighbouring trusts?

- (i) Never
- (ii) Annually
- (iii) Twice a year
- (iv) Quarterly
- (v) Monthly

8.14 How often are there leadership meetings in which strategic planning is discussed?

- (i) Never
- (ii) Annually
- (iii) Twice a year
- (iv) Quarterly
- (v) Monthly

8.15 Is there a forum for all staff to communicate with leader(s)?

Yes No

8.16 Are there mechanisms in place for the leader to act upon team performance measurements? (For example management of adverse events)

Yes No

8.17 Is there a mission statement available for the team?

Yes No

8.18 Is the leader an invited member of any external (stroke) specialist advisory groups (and at what level – i.e. regional, national etc)?

Yes No

8.19 Is the link between stroke service income and performance quality explained to staff (i.e. via appraisal/ongoing training) by leader(s)?

Yes No

8.20 Does the clinical leader have protected time to promote self development?

Yes No

8.21 Are senior staff given protected time to teach junior staff?

Yes No

8.22 Does the leader facilitate the dissemination of research (e.g. journal club/email learning group)?

Yes No

8.23 Does the leader have protected time to be involved in academic research?

Yes No

TAB 9

SECTION 9: PATIENT/ CARER COMMUNICATION

	Stroke Unit(s)		Outpatients	
	Yes	No	Yes	No
9.1. Does the organisation of the ward/unit enable patients to have access to their management plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.2. Is there patient information literature displayed in unit/ward on the following?

	Stroke Unit(s)		Outpatients	
	Yes	No	Yes	No
(a) Patient versions of national or local guidelines/standard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(b) Social Services local Community Care arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(c) The Benefits Agency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(d) Information on stroke	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(e) Secondary prevention advice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

9.3. Are patients given a personalised rehabilitation discharge plan?

Yes No

9.4. Does the stroke service have formal links with patients and carers organisations for communication on any of the following?

Yes No

9.4. If yes, select all that apply:

- (i) Service provision
- (ii) Audit
- (iii) Service reviews and future plans
- (iv) Developing research

9.5. Does the stroke service have formal links with community user groups for stroke?

Yes No

9.6. Is there a policy to give patients a named contact on transfer from hospital to community?

Yes No

TAB 10**SECTION 10: FUTURE PLANS**

10.1. Will there be any changes in service with regard to thrombolysis in the next 12 months?

Yes No

If yes:

10.1(a) What change will there be:

- (i) We will be offering thrombolysis for first time
- (ii) We will be increasing the hours in which we offer thrombolysis
- (iii) We will be decreasing the hours in which we offer thrombolysis
- (iv) We will still offer thrombolysis and another site will be providing thrombolysis for us in the hours we do not offer it
- (v) We will provide thrombolysis for another site
- (vi) We will no longer provide thrombolysis but (an)other site(s) will provide it for our patients
- (vii) We will no longer provide thrombolysis

10.2. Will there be any changes to bed provision on the stroke unit(s) in the next 12 months?

Yes No

If yes:

10.2(a) What change will there be:

- (i) The number of beds will increase
- (ii) The number of beds will decrease

10.3. Will there be any changes in access to early supported discharge teams in the next 12 months?

Yes No

If yes:

10.3(a). What changes will there be?

- (i) We will have access to a stroke/neurology specific early supported discharge team
- (ii) We will no longer have access to a stroke/neurology specific early supported discharge team
- (iii) We will have access to a non-specialist early supported discharge team
- (iv) We will no longer have access to a non-specialist early supported discharge team

10.4. Will there be any changes in access to community rehabilitation teams for longer term management in the next 12 months?

Yes No

If yes:

10.4(a). What changes will there be?

- (i) We will have access to a stroke/neurology specific community rehabilitation team
- (ii) We will no longer have access to a stroke/neurology specific community rehabilitation team
- (iii) We will have access to a non-specialist community rehabilitation team
- (iv) We will no longer have access to a non-specialist community rehabilitation team

10.5. Will there be any changes in provision of neurovascular/TIA services in the next 12 months?

Yes No

If yes:

10.5(a) What changes will there be?

- (i) We will no longer have a neurovascular clinic
- (ii) We will have a neurovascular clinic
- (iii) We will increase the number of clinics we have in a 4 week period
- (iv) We will decrease the number of clinics we have in a 4 week period

TAB 11**SECTION 11: OTHER HOSPITALS/ UNITS IN THE STROKE PATHWAY**

11A. How many other locations, providing bed-based rehabilitation (*i.e. community hospital beds, intermediate care beds, rehab stroke unit beds, generic rehab beds*), take at least 10 patients per year with a primary diagnosis of stroke (from your hospital(s) *i.e.* the patients are transferred from the hospital(s) entered in A2)? []

Please give the following details for each of these hospitals/ units (up to a maximum of 10 – if there are more than 10, please choose the 10 which receive the most patients from you):

We will be auditing patient care in community hospitals as part of the new stroke audit SSNAP. Could you please supply us with the name and email addresses of the people who would be able to provide details of patient care in these hospitals?

Hospital 1**11.1**

(a) Full name of hospital/ unit: _____

(b) Which PCT in England (or equivalent in Wales and Northern Ireland) is it under?

(c) Is this a stroke unit?

Yes No

(d) Total number of stroke unit beds: [] (if (c) is yes)

(e) Current number of stroke inpatients (can be 0): []

(f) Who provides medical cover for stroke patients in each unit? **Select all that apply**

(i) Stroke specialist doctor

(ii) Patient's own GP

(iii) Any GP

(iv) Other (please specify)

(g) Do patients within this unit have access, at least 5 days per week, to the following: **Select all that apply**

(i) Occupational Therapy

(ii) Physiotherapy

(iii) Speech and Language Therapy

Please give the name and email address of key contact in Hospital 1?

Name:

Email:

Hospital 2**11.2.****(a)** Full name of hospital/ unit: _____**(b)** Which PCT is it under? _____**(c)** Is this a stroke unit?Yes No **(d)** Total number of stroke unit beds: [] (if (c) is yes)**(e)** Current number of stroke inpatients (can be 0): []**(f)** Who provides medical cover for stroke patients in each unit? **Select all that apply**(i) Stroke specialist doctor (ii) Patient's own GP (iii) Any GP (iv) Other (please specify) **(g)** Do patients within this unit have access, at least 5 days per week, to the following: **Select all that apply**(i) Occupational Therapy (ii) Physiotherapy (iii) Speech and Language Therapy

Please give the name and email address of key contact in Hospital 2?

Name:

Email:

Hospital 3**11.3.****(a)** Full name of hospital/ unit: _____**(b)** Which PCT is it under? _____**(c)** Is this a stroke unit?Yes No **(d)** Total number of stroke unit beds: [] (if (c) is yes)**(e)** Current number of stroke inpatients (can be 0): []**(f)** Who provides medical cover for stroke patients in each unit? **Select all that apply**(i) Stroke specialist doctor (ii) Patient's own GP (iii) Any GP (iv) Other (please specify) **(g)** Do patients within this unit have access, at least 5 days per week, to the following: **Select all that apply**(i) Occupational Therapy (ii) Physiotherapy (iii) Speech and Language Therapy

Please give the name and email address of key contact in Hospital 3?

Name:

Email:

Up to a maximum of 10 hospitals

Appendix 4: ORGANISATIONAL AUDIT SCORING SYSTEM 2012

Domain 1 Acute care organisation			
Domain elements (and relevant questions)	Question scoring	Inclusion/exclusion criteria	Domain score calculation
<p>Care for all patients in the first 72 hours on a SU: 7 features of (hyper-) acute care: 3.4/3.16; 3.6/3.18; either 3.3(i, ii)/3.15(i, ii) 3.5/3.17; 3.7/3.19; 3.9/3.21</p> <p>Number of patients thrombolysed across your site from 1 April 2011 – 31 March 2012 (Q1.6) AS A PERCENTAGE OF the total number of patients admitted with stroke between 1 April 2011 – 31 March 2012 (QB6).</p> <p>Q1.8 and 1.13(d) Level of thrombolysis (days, hours). Represents Total service onsite +/- local arrangements with neighbouring sites.</p>	<p>7 features = 4; 5/6 features = 2; < 5 features = 0</p> <p>0 if have rehab only beds. 0 if no SU.</p> <p>If Q1.8 is less than 24/7 = NA <3% = 0.5 3 – <6% = 1 6% – <10% = 1.5 10% or more = 2</p> <p>Q1.8 and Q1.13: thrombolysis is offered weekdays only = 0.5; thrombolysis is offered < 24hrs every day = 1; thrombolysis is offered 24/7 = 2</p>	<p><i>This is assessed only on the pre-72 hour beds if they are present or the pre-and post-72 hour beds if not.</i></p> <p><i>Hospitals which do not provide 24/7 on-site thrombolysis are not included in this score</i></p>	<p>Add scores together (0-8) , divide by 8 and multiply by 100 for 0-100 score</p> <p><i>Hospitals which do not provide 24/7 on-site thrombolysis add scores together (0-6), divide by 6 and multiply by 100</i></p>

Domain 2 Organisation of care			
<p>Stroke patients in other wards than SU? B3 and B4(ii), (iii), (vi), (vii), (viii)</p> <p>QA2 and QB1 Ratio of SU beds to the number of people with stroke on the day</p> <p>Q5.1 Stroke/neurology specialist early supported discharge multidisciplinary team</p> <p>Q5.3 Stroke/neurology specialist Community Team for longer term management</p> <p>Q5.1(c) Waiting times Early Supported Discharge</p>	<p>Score 2 if ALL patients either in SU beds (B2) or in CCU (B4i), ITU (B4iv) or HDU (B4v) beds on day of audit. Otherwise score 0.</p> <p>i.e. Score 0 if there is ANY stroke patient on MAU/General assessment wards (B3) or on COE (B4ii), Neurology (B4iii), Generic rehab unit (B4vi) or Other wards (B4vii) or 'unknown' wards.</p> <p>Is calculated by dividing the total number of Stroke Unit beds (QA2) by the No. of patients with stroke across the site (QB1): ratio $\geq 1 = 2$; 0.75-0.99 = 1; <0.75= 0.5 No SU beds=0</p> <p>Yes+ 4 or more specialities including PT, OT and SALT = 2; Yes+ 3 specialities including PT, OT and SALT = 1; Yes+ specialities NOT including PT, OT and SALT = 0.5; No Team = 0</p> <p>Yes+ 4 or more specialities including PT, OT and SALT = 2; Yes+ 3 specialities including PT, OT and SALT = 1; Yes+ specialities NOT including PT, OT and SALT = 0.5; No Team = 0</p> <p>For ANY one of the therapies (PT, OT, SLT) within 48 hrs = 2; > 48 hrs = 0; No Team = 0</p>		<p>Add scores together (0-10), and multiply by 10 for 0-100 score.</p>

Domain 3 Specialist roles			
Q3. 5, 3.11, 3.17 Consultant ward rounds	7 days/week = 2; 4-6 days = 1; <4 days = 0; No SU = 0	<i>If there is more than one type of SU bed the pre-72 hour beds dominate the scoring, then the pre & post 72 hour bed and then post 72 hour beds.</i> <i>14 London SUs are removed from the denominator for this element of the score</i>	Add scores together (0-10) , and multiply by 10 for 0-100 score For London SUs, Add scores together (0-8) , divide by 8 and multiply by 100 for 0-100 score
Q7.4 Band 7 nurse AND at least one band 7 therapist of any discipline	Yes =2 if band 7-8 nurses AND ANY band 7-8 clinical psychologists, dietitian, OT, PT, or SALT; No = 0		
Q4.1 Access within 5 days to Social work expertise, Orthotics, Orthoptics, Podiatry	Yes to all = 1; if not yes to all = 0; No SU=0		
Q4.7 Palliative care patients treated on SU	Yes = 1; No = 0; No SU=0		
Q4.2 Access to clinical psychologists and aspects of care provided	Score separately for inpatients and outpatients: Score 2 if have access to clinical psychologists and ALL of following provided - mood assessment, higher cognitive function assessment, mood treatment, higher cognitive function treatment, non-cognitive behavioural problems assessment and/or treatment. Score 1.5 if have access to clinical psychologists but less than ALL of above aspects of care provided. Score 0 if do not have access to clinical psychologists. Sum together the two scores for inpatients and outpatients out of a total of 4 and divide by 2 for a score 0-2.		
Q7.5(a) and (b) Provision of service which supports stroke patients to remain in, return to or withdraw from work / provision of educational or vocational training	Score 1 if provides service which supports stroke patients to remain in, return to or withdraw from work OR provides educational or vocational training; Score 0 if do not provide either service.		
Q4.4 Patients stay in bed until assessed by physiotherapist	Score 1 if No, score 0 if Yes No SU = 0		

Domain 4 Interdisciplinary services (Stroke Unit)							
Q3.8, Q3.12, Q3.20 Sum together nurses usually on duty at 10am weekdays per 10 SU beds	Ratio = $\frac{\text{Sum of those usually on duty at 10am weekday} \times 10}{\text{Total No. of stroke unit beds (QA2sum)}}$ Score using formula based on 2012 site variation (median & IQR) Ratios rounded to 2 decimal places before scoring applied. Any WTE of 0.00 has been scored as Zero.				Those with no stroke unit score Zero on this domain. The site variation is based on 189 sites which had a stroke unit	Add the 10 scores together, and multiply by 10 for 0-100 score	
i) Qualified nurses	Ratio	0.54-1.54	1.57-1.86	1.87-2.25			2.26+
	Score	0.25	0.5	0.75			1
ii) Care assistants	Ratio	0.55-1.145	1.15-1.52	1.53-2.00			2.05+
	Score	0.25	0.5	0.75			1
Q4.3 Qualified therapy staff availability (WTE) per 10 SU beds	Ratio = $\frac{\text{Staff availability (WTE)} \times 10}{\text{Total No. of stroke unit beds (QA2sum)}}$ Score uses formula based on 2012 site variation (median & IQR).						
i) Clinical psychology	Ratio	>0-0.11	0.12+				
	Score	0.75	1				
ii) Dietetics	Ratio	0.01-0.112	0.114-0.1725	0.173-0.278			0.28+
	Score	0.25	0.5	0.75			1
iii) OT	Ratio	0.27-0.828	0.83-1.087	1.0875-1.364	1.365+		
	Score	0.25	0.5	0.75	1		
iv) Physiotherapy	Ratio	0.37-1.039	1.04-1.311	1.315-1.605	1.61+		
	Score	0.25	0.5	0.75	1		
v) Speech & Language Therapy	Ratio	0.038-0.325	0.33-0.473	0.48-0.70	0.705+		
	Score	0.25	0.5	0.75	1		
vi) Pharmacy	Ratio	0.009-0.07895	0.08-0.1475	0.148-0.25	0.26+		
	Score	0.25	0.5	0.75	1		
Q4.3 6 or 7 day working for occupational therapy, physiotherapy, speech and language therapy.	Score 2 if 6 or 7 day working for at least 2 disciplines; Score 1 if 6 or 7 day working for 1 discipline; Score 0 if no 6 or 7 day for any discipline						

Domain 5 TIA/neurovascular service			
Q6.3 TIA service can see, investigate & initiate treatment for <u>all</u> high-risk patients within:	Same and next day (7 days a week) = 1; same and next day (5 days a week) = 0.5; > more than next weekday = 0	<i>If no TIA service is provided onsite, these scores are obtained from the hospital providing this service for the site.</i> <i>Q6.3 & Q6.4 can apply to both inpatient and outpatient services. If site has both services then score for which has the BEST times</i>	Add the four scores together and multiply by 25 for 0-100 score.
Q6.4 TIA service can see, investigate & initiate treatment for <u>all</u> low-risk patients within:	Within a week = 1; longer than a week = 0		
Q6.2 Usual waiting time to get carotid imaging (high-risk TIA)	Same and next day (7 days a week) = 1; same and next day (5 days a week) = 0.5; > more than next weekday = 0		
Q6.2 Usual waiting time to get carotid imaging (low-risk TIA)	Within a week = 1; longer than a week = 0		

Domain 6 Quality improvement training & research			
Q8.1 Report produced for trust board	Yes = 1; No = 0		Add these four scores together and multiply by 25 for 0-100 score.
Q8.3 Strategic group responsible for stroke	Score each of the following counts: ambulance rep, clinician, patient rep, PCT commissioner, social services, trust board member, stroke network representative and divide by 7 for a 0-1 score		
Q8.4 Funding for external courses available for nurse & therapists and number of staff study days funded between April 2011 – March 2012	Yes and at least 10 study days funded = 1; Yes and 5-9 study days funded = 0.5; No funding or less than 4 study days funded = 0		
Q8.10 Clinical research studies	4 or more = 1; 1-3 studies = 0.5; none = 0		

Domain 7 Team meetings			
Q4.6 Formal Team meetings frequency	> twice a week = 1; once or twice a week = 0.5; < once a week = 0	Those with no stroke unit score Zero on this domain.	Add these three scores together, divide by 3 and multiply by 100 for a 0-100 score.
Q4.6(a) Disciplines who regularly attend	Count over the eight disciplines of Q4.6 (a) and divide by 8 for a 0-1 score		
Q4.6(b) Are all SU inpatients discussed in these meetings	Yes = 1; No = 0		

Domain 8 Communication with patients and carers			
Q9.1 Patient access to their management plan	Score as Yes = 1, No = 0 separately for Stroke Unit and for Outpatients. Then add scores and divide by 2 to get 0-1 score		Add the 8 scores together, divide by 8 and multiply by 100 for 0-100 score
Q9.2 For each of the following: Patient version Social services Benefits agency Secondary prevention advice	Score each as Yes = 1, No = 0 separately for Stroke Unit and for Outpatients. Then these 8 scores are added and divided by 8 to give a 0-1 score		
Q9.3 Personalised rehabilitation discharge plan	Yes = 1; No = 0		
Q9.4 Formal links with patients and carers organisations	On ALL of the following: service provision, audit, and service reviews and future plans = 1; On 1 or 2 of the above = 0.5; No links = 0		
Q9.5 Community user group for stroke	Yes = 1; No = 0		
Q9.6 Policy to give patients a named contact on transfer to hospital/community	Yes = 1; No = 0		
Q8.6 Patient/carer views sought on stroke services	Continuous or > 4 times a year = 1; 1-4 times year = 0.5; < once a year = 0		
Q8.7 Report produced within past 12 months which analysed views of patients	Yes = 1; No = 0		

Overall Organisational score 2012 was computed (scale 0-100) as the simple average of the 8 domain scores.