



Royal College
of Physicians

Sentinel Stroke National
Audit Programme (SSNAP)

Sentinel Stroke National Audit Programme (SSNAP)

Acute organisational audit report

This report is for stroke
survivors and their families

November 2016

Easy access version

2016

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Useful Contacts and Websites

The Stroke Association (provides practical support, including telephone helplines, publications and welfare grants, to people who have had strokes, their families and carers)

Helpline: 0303 303 3100

Textphone: 18001 0303 3033 100

Website: www.stroke.org.uk

Email: info@stroke.org.uk

Chest Heart & Stroke Scotland

Advice Line: 0808 801 0899

Website: www.chss.org.uk

Email: advice@chss.org.uk

Northern Ireland Chest Heart & Stroke

Helpline: 028 9032 0184

Website: www.nichs.org.uk

Email: mail@nichs.org.uk

Different Strokes

(run by and for younger people who have had strokes)

Telephone: 0845 130 7172

Website: www.differentstrokes.co.uk

Email: info@differentstrokes.co.uk

NHS Choices (Medical advice and information on health services)

Telephone: (for non-emergency medical advice): 111

Website: www.nhs.uk

Headway (charity for people who have had a brain injury)

Helpline: 0808 800 2244 (Mon–Fri, 9am–5pm)

www.headway.org.uk

helpline@headway.org.uk

Brain and Spine Foundation

Helpline: 0808 808 1000

Website: www.brainandspine.org.uk

Email: helpline@brainandspine.org.uk

Age UK

England: 0800 169 2081

Northern Ireland: 0808 808 7575

Scotland: 0800 4 70 80 90

Wales: 08000 223 444

Website: www.ageuk.org.uk

Disabled Living Foundation

Helpline: 0300 999 0004 (Mon-Fri, 10am-4pm)

Website: www.dlf.org.uk

Email: helpline@dlf.org.uk

Mind / Mind Cymru (England and Wales)

Infoline: 0300 123 3393

Text: 86463

Website: www.mind.org.uk

Email: info@mind.org.uk

Niamh Mental Wellbeing (Northern Ireland Association for Mental Health)

Enquiries: 028 9032 8474

Website: www.niamhwellbeing.org

Email: info@niamhwellbeing.org

**Royal National Institute of Blind
People (RNIB)**

Helpline: 0303 123 9999

Website: www.rnib.org.uk

Email: helpline@rnib.org.uk

**Scottish Association of Mental Health
(SAMH)**

Telephone: 0141 530 1000

Website: www.samh.org.uk

Email: enquire@samh.org.uk

Alzheimer's Society (Information and
support on all types of dementia)

Helpline: 0300 222 1122

Website: www.alzheimers.org.uk

Email: enquiries@alzheimers.org.uk

Introduction to SSNAP Easy Access Report

This is a report about a project called the **Sentinel Stroke National Audit Programme (SSNAP)**.

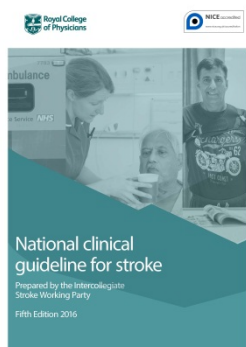
This report tells stroke survivors and their families about **how hospital stroke services in England, Wales and Northern Ireland are organised**.

The information is written in a way that is **easy to understand** but you may want someone to **help** you when you **read** this report.

What is SSNAP?

SSNAP **measures** stroke services in **hospitals** and in services which provide **longer term care**. It does this to improve the quality of stroke services.

SSNAP produces a **guideline book** which **tells hospitals and longer term services** how to organise a **good quality** stroke service.



The guideline book '**National clinical guideline for stroke**', is available to all stroke services in England, Wales, Northern Ireland, the Isle of Man and the Channel Islands.

There is a version of this book specifically for stroke patients and their carers.

SSNAP also collects information from hospitals about the care given to stroke patients from the time they **arrive at hospital** to **6 months after stroke**. These results are available in an Easy Access Version **every 4 months**.

SSNAP aims to **improve stroke services and care** for stroke patients.

The **Royal College of Physicians** (RCP) runs SSNAP.

NHS England and NHS Wales (Welsh Government) pay for SSNAP.

The **Stroke Working Party** guides SSNAP.

This includes

- people who work in stroke
- charities such as the Stroke Association
- people who have had a stroke.

When we say **we** in this booklet, this means members of the **Stroke Working Party**.

Thank you to the following, who made this report easy to read

- **Speakeasy**, a charity based in Bury, which supports people with aphasia
- The **stroke survivors** on the working party

Acute Organisational Audit

In 2016 we carried out an organisational audit of 178 hospitals.

This audit looked at how stroke services are organised within these hospitals.

The audit focused on 10 standards of stroke service organisation that hospitals should be meeting. This report will tell you about each of these standards and which hospitals have met them.

The information from each hospital was collected by the **hospital staff themselves**.

We compared the results in England, Wales and Northern Ireland.

How to read the results

This report gives information about 10 standards of stroke service organisation.

Each hospital must meet each of these standards.

There might be some words that you may be unsure of. Please look at page 32 which has the meanings of useful words.

This report has different information shown in different ways:

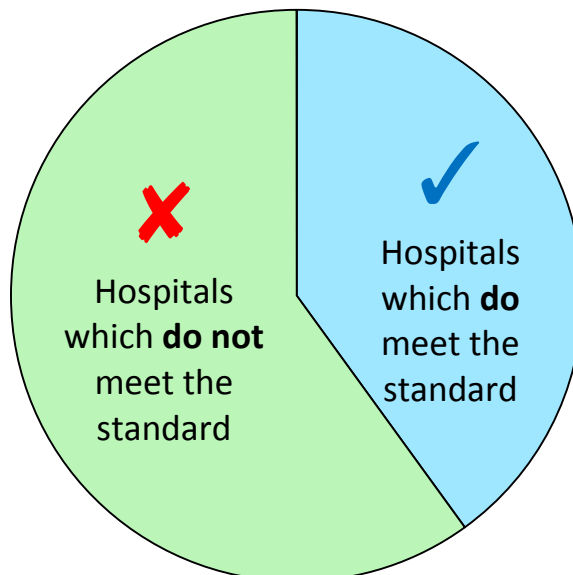


This symbol shows when hospitals are **meeting a standard**.

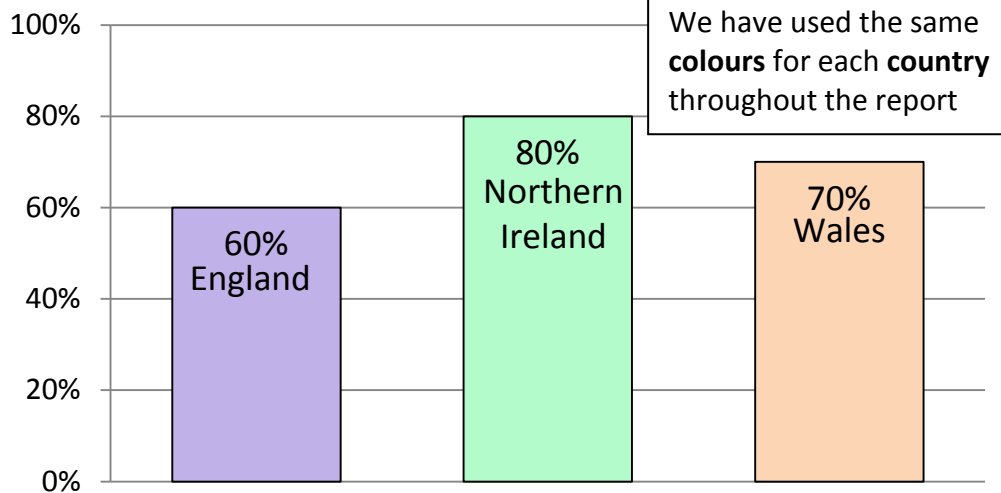


This symbol shows when hospitals are **not meeting a standard**.

The chart below is an example to show how these symbols are used in the report.

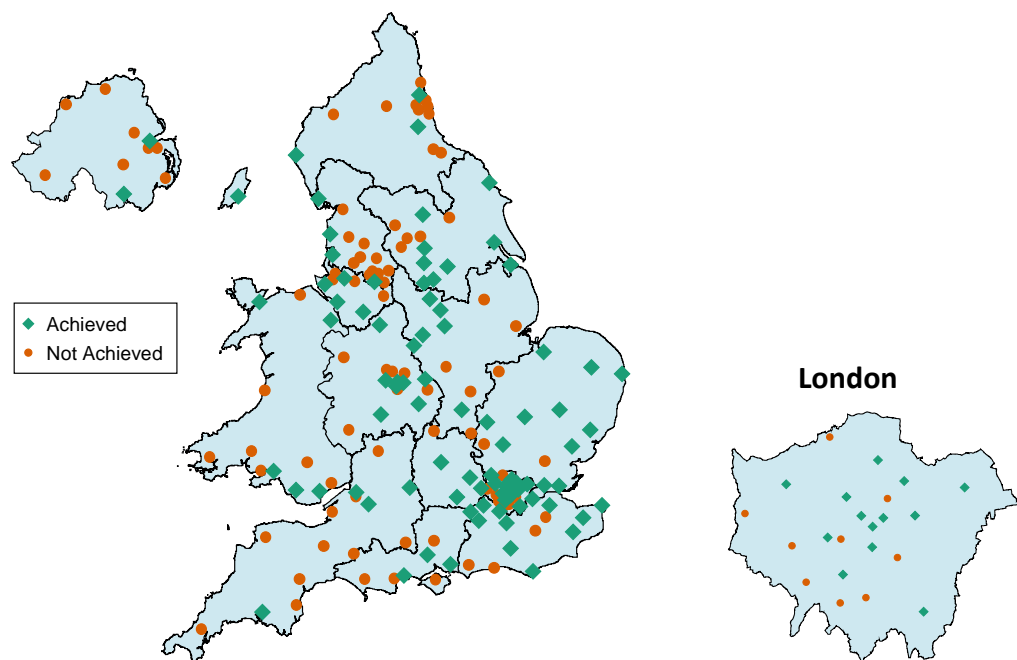


When we are looking at differences between countries within the UK the chart will look like this



The results for each area are shown on a **national map**.

KI 1 : Number of senior nurses



SSNAP Acute Organisational Audit 2016

They show how well hospitals are organised in **England, Wales and Northern Ireland**.

- There is a **box** beside each map.
- It shows which **shapes** are for hospitals meeting a standard and hospitals not.
'Achieved' means they met the standard, **'Not achieved'** means they did not.

A bigger version of London has been given.

Standard 1: Number of senior nurses

What should be done?

- Hospitals should have 2.375 or more senior nurses per 10 stroke unit beds.

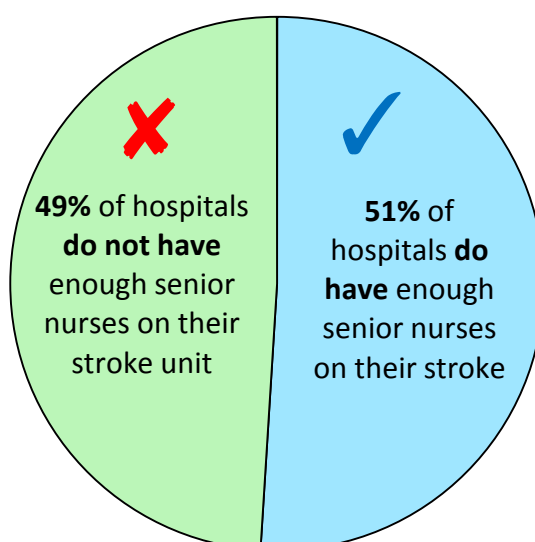
Why should it be done?

Senior nurses, those who are **Band 6 or Band 7**, often **manage the stroke ward** and make sure that stroke patients receive the **specialist care they should do**.

In beds that treat patients in the **first 72 hours** following their stroke they may need to **make important decisions** about specialist treatments such as clot busting treatments.

Patients in beds that only treat patients **after the first 72 hours** following stroke may have less access to stroke consultants. So senior nurses are needed to ensure stroke patients continue to have access to specialist senior staff.

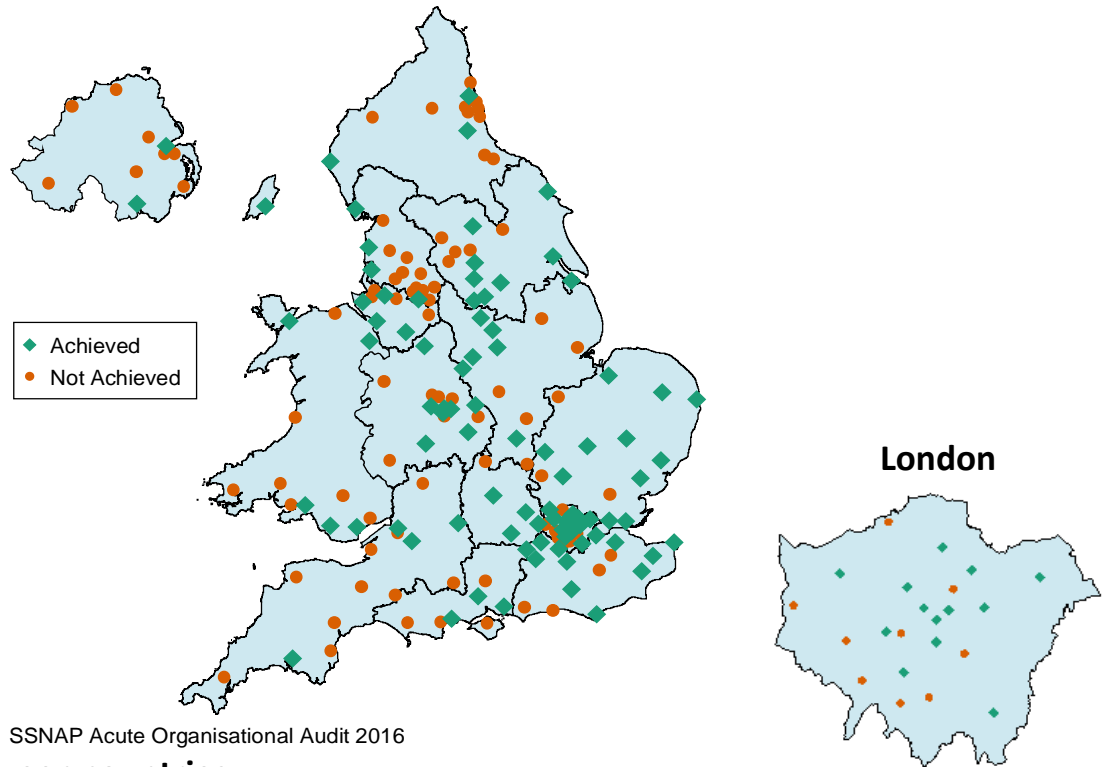
51% of hospitals have enough senior nurses on their stroke unit.



National results

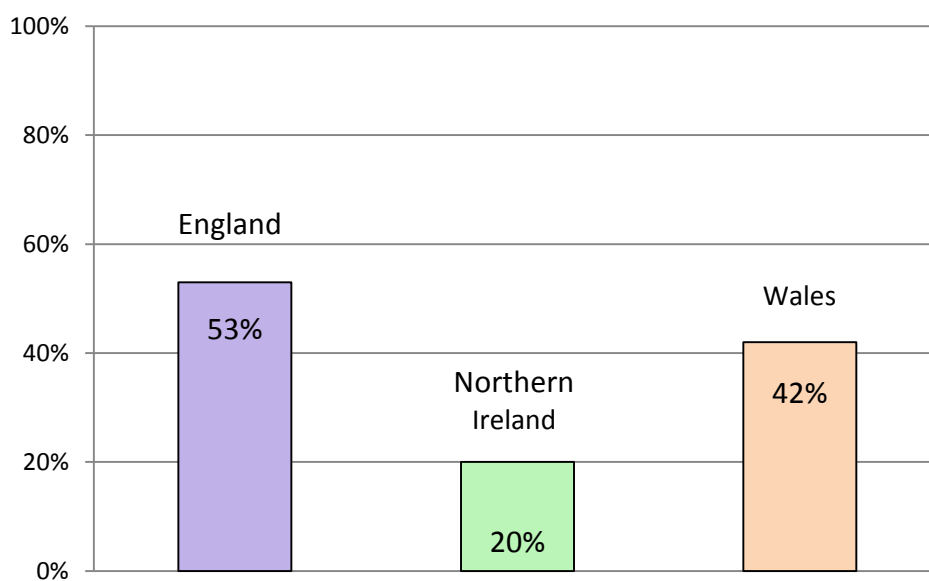
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 1**.

KI 1 : Number of senior nurses



Differences between countries

Around half of the hospitals in **England and Wales** have enough senior nurses. **Only 20%** of hospitals in **Northern Ireland** have enough senior nurses.



Standard 2: Access to clinical psychology

What should be done?

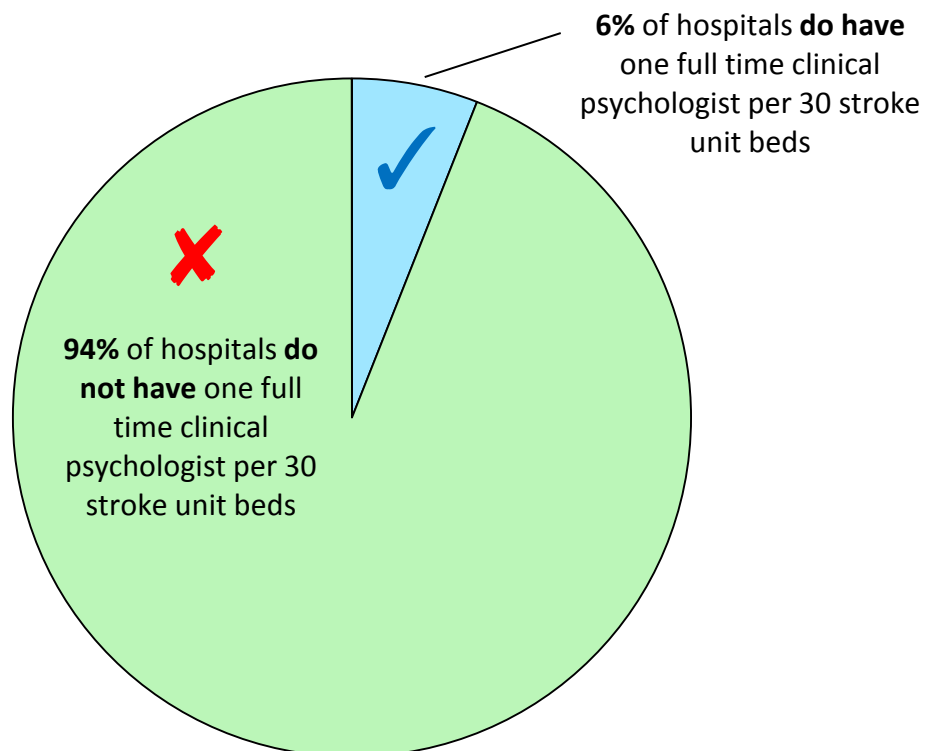
- There should be at least one full time clinical psychologist per 30 stroke unit beds.

Why should it be done?

Many stroke survivors suffer **psychological problems after a stroke**.

Making sure they can access a clinical psychologist who can help them with this is **as important** as providing them with **access to physical therapists**.

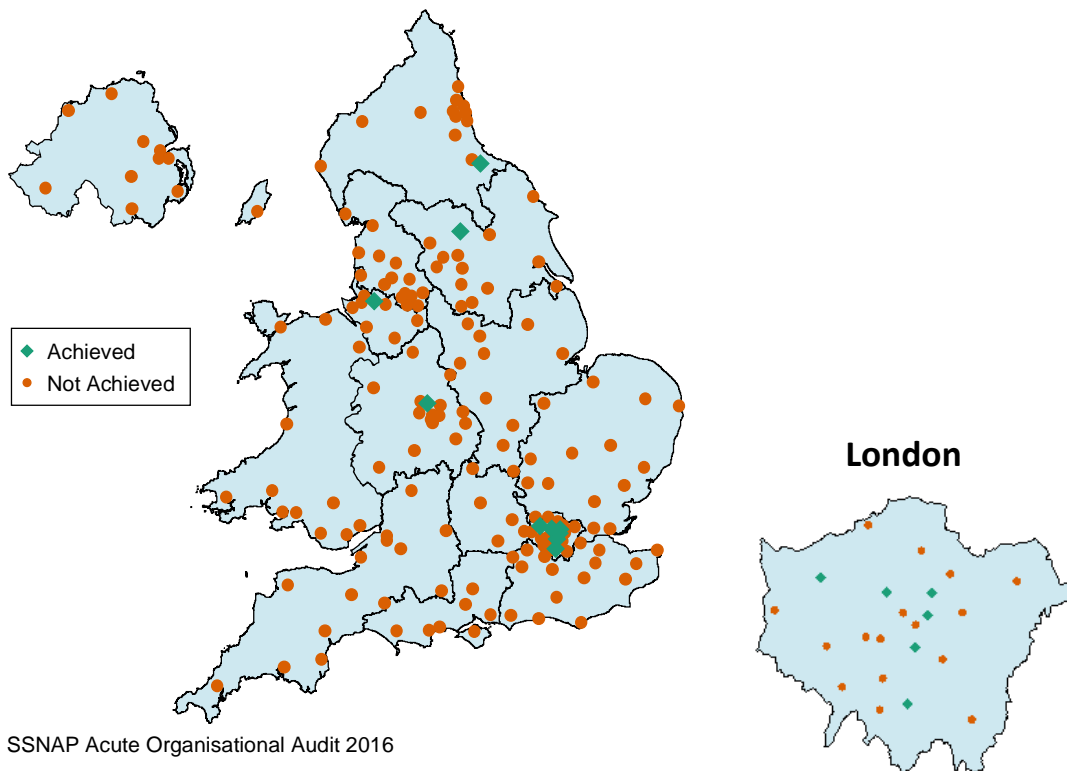
Only 6% of hospitals have at least one full time clinical psychologist per 30 stroke unit beds.



National results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 2**.

KI 2 : Access to clinical psychologist



Differences between countries

No hospitals in Wales or Northern Ireland have a full time clinical psychologist per 30 stroke unit beds.



Standard 3: Stroke consultant ward rounds

What should be done?

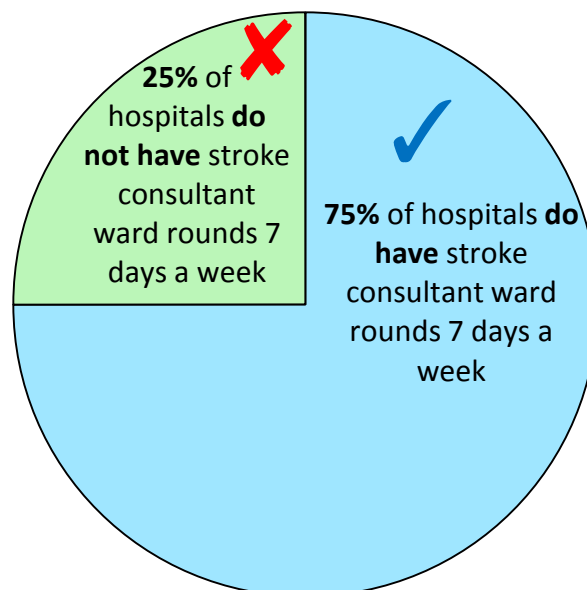
- Beds that treat patients in the first 72 hours following stroke should have stroke consultant ward rounds 7 days a week.

Why should it be done?

Daily stroke consultant ward rounds ensure that stroke patients **receive specialist support and input** into their treatment every day.

This is **particularly important in the first 72 hours** following a stroke when patients are more likely to be **most unwell**.

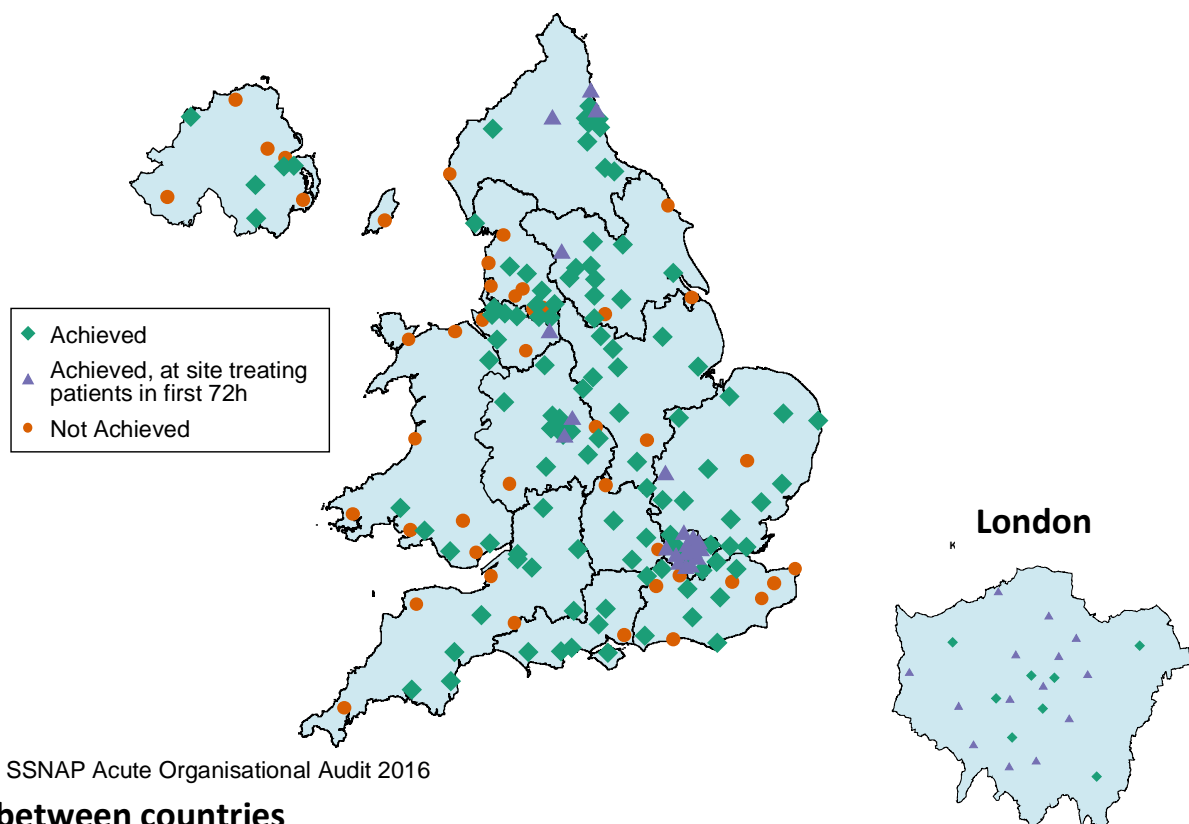
75% of hospitals have **stroke consultant ward rounds 7 days a week** on their beds treating patients in the first 72 hours.



National Results

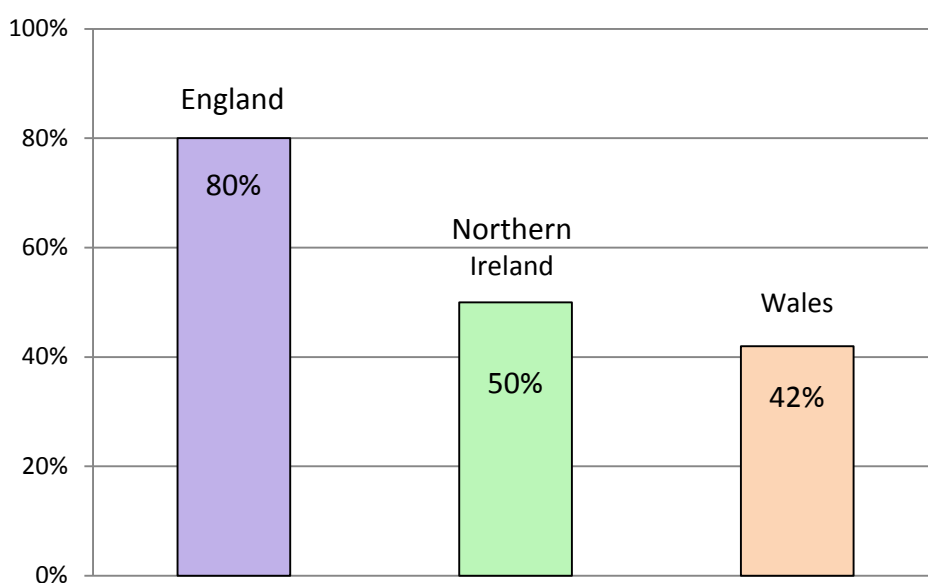
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 3**.

KI 3 : Daily Stroke consultant led ward rounds



Differences between countries

80% of hospitals in **England** have **stroke consultant ward rounds 7 days a week**. Around **half** of hospitals in **Wales and Northern Ireland** are meeting this standard.



Standard 4: Nurses on duty at 10AM weekends

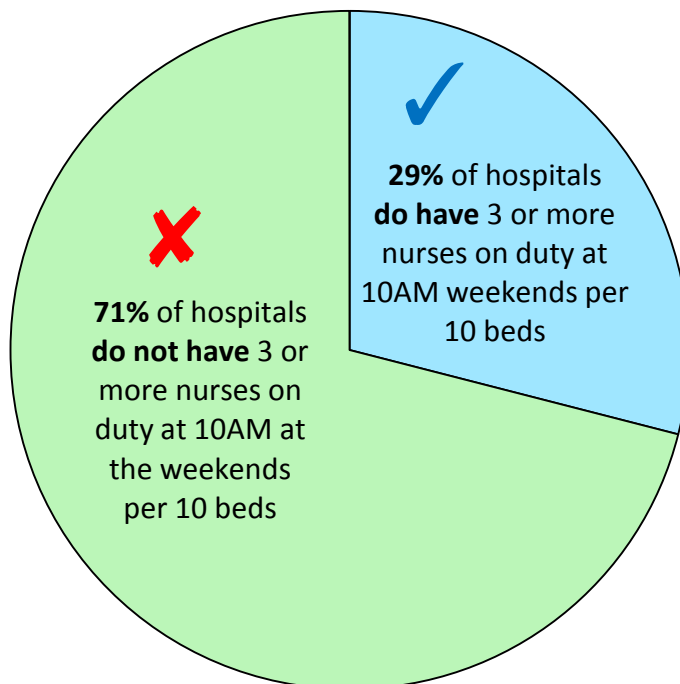
What should be done?

- Hospitals must have 3 or more nurses on duty at 10AM on the weekends per 10 beds

Why should it be done?

Nurse staffing levels in hospital are important and associated with **increased patient safety** and **reduced deaths**.

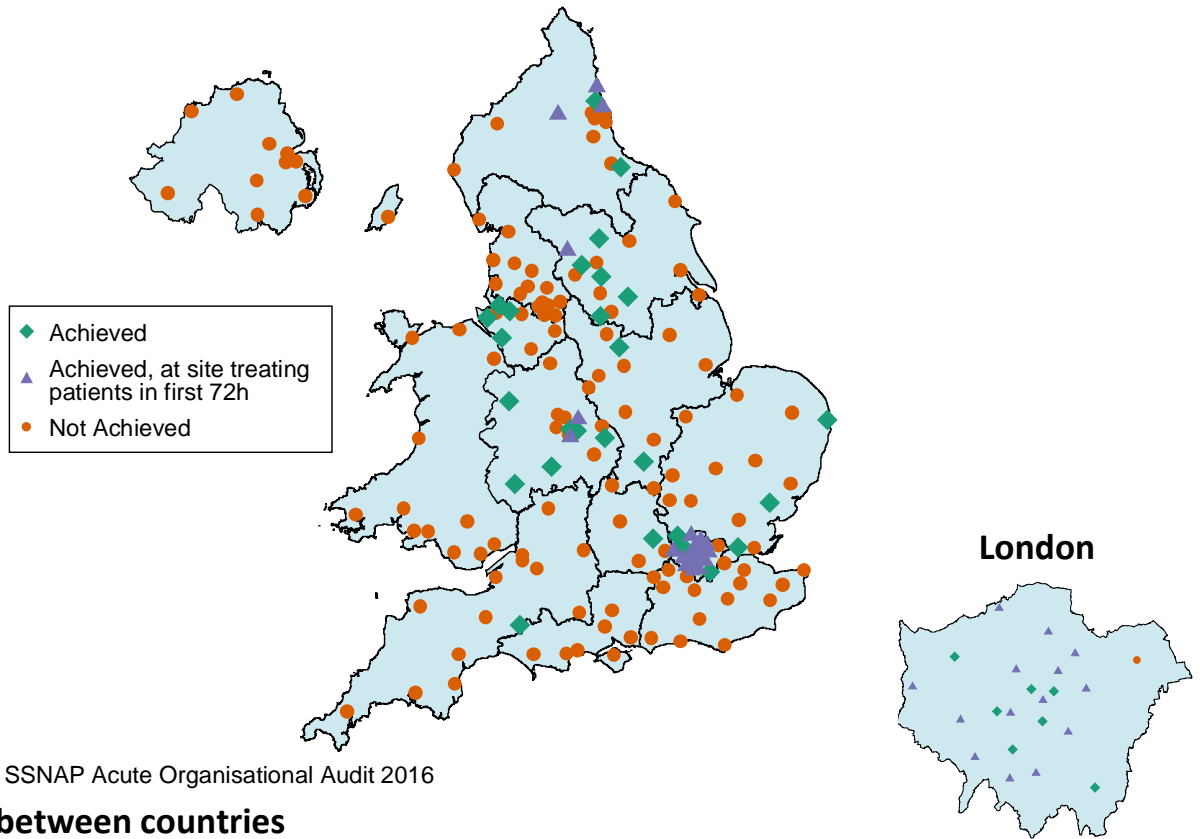
29% of hospitals have **3 or more nurses** on duty at 10AM at the weekend.



National Results

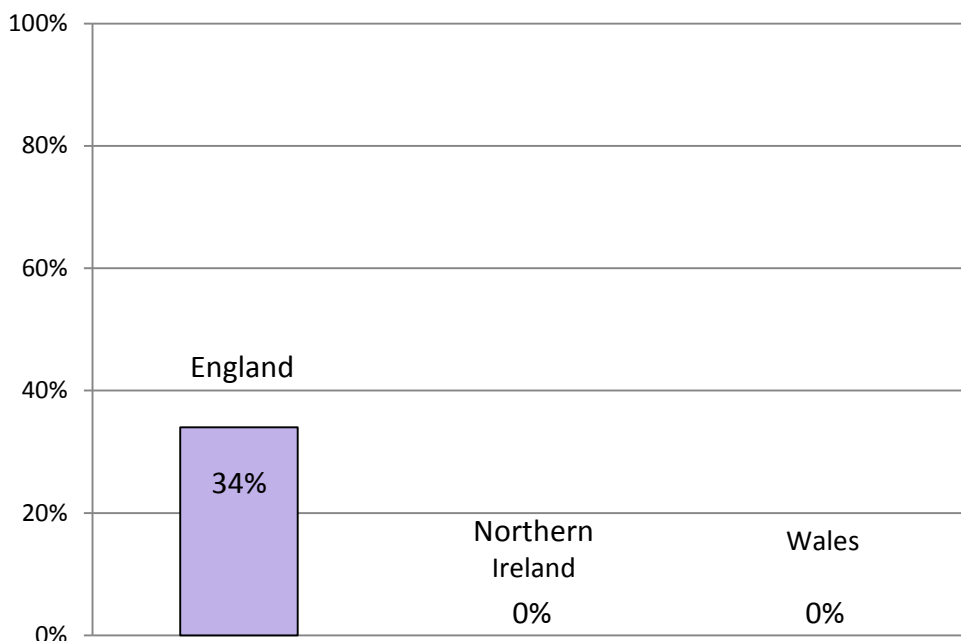
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 4**.

KI 4 : Weekend nursing levels



Differences between countries

No hospitals in Wales and Northern Ireland have 3 or more nurses on duty at 10AM at the weekend.



Standard 5: At least two types of therapy 7 days a week

What should be done?

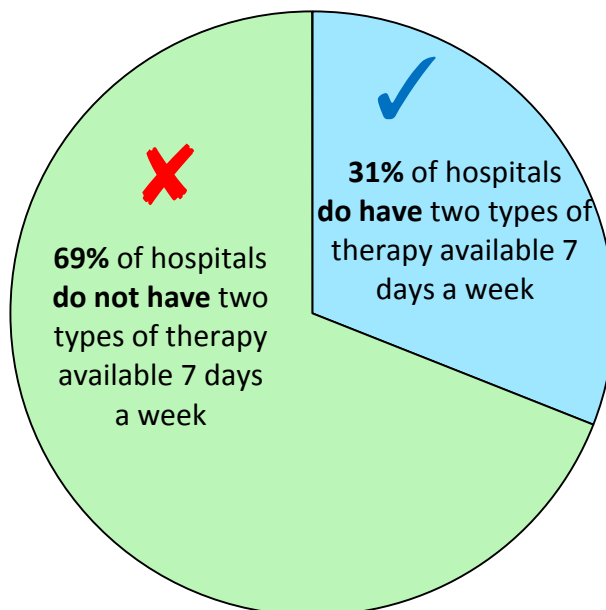
- Hospitals should have **at least two types of therapy** available to stroke patients **7 days a week**.
- This includes occupational therapy, physiotherapy and speech and language therapy.

Why should it be done?

It is important that stroke patients have access to therapists **every day of the week**.

If a patient is admitted to hospital on a Friday, **they should not have to wait 3 days** for their therapy to start.

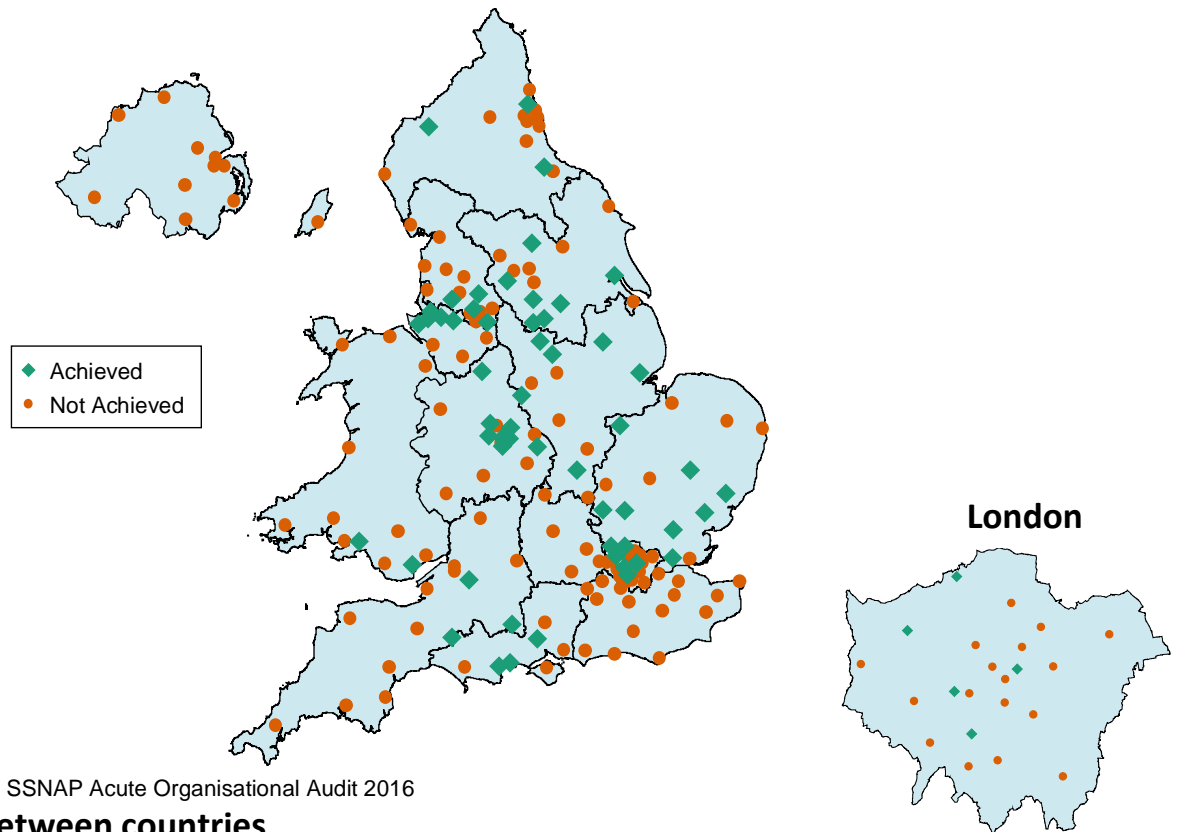
31% of hospitals have at least **two types of therapy** available 7 days a week.



National Results

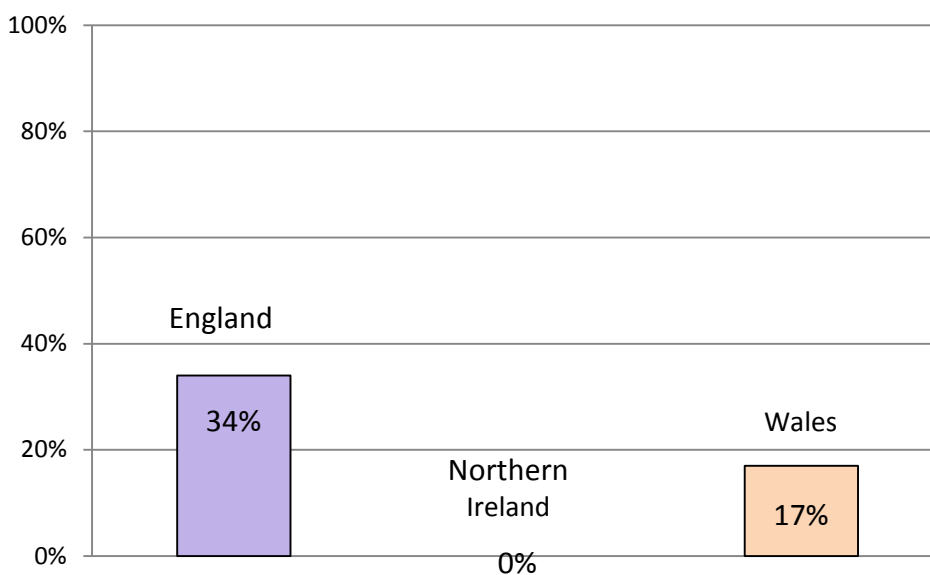
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 5**.

KI 5 : At least two types of therapy available 7 days a week



Differences between countries

No hospitals in Northern Ireland have two types of therapy available 7 days a week and only a few in Wales.



Standard 6: Patient access to thrombectomy treatment

What should be done?

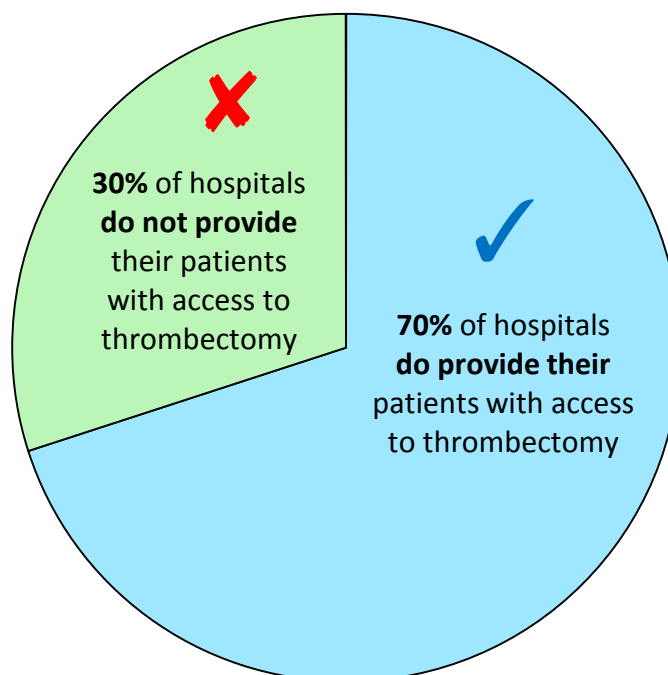
- Hospitals should be able to provide stroke patients with **access to thrombectomy at their hospital** or by **sending them to another hospital** to receive it.

Why should it be done?

Thrombectomy is a **very new operation to remove a blood clot**.

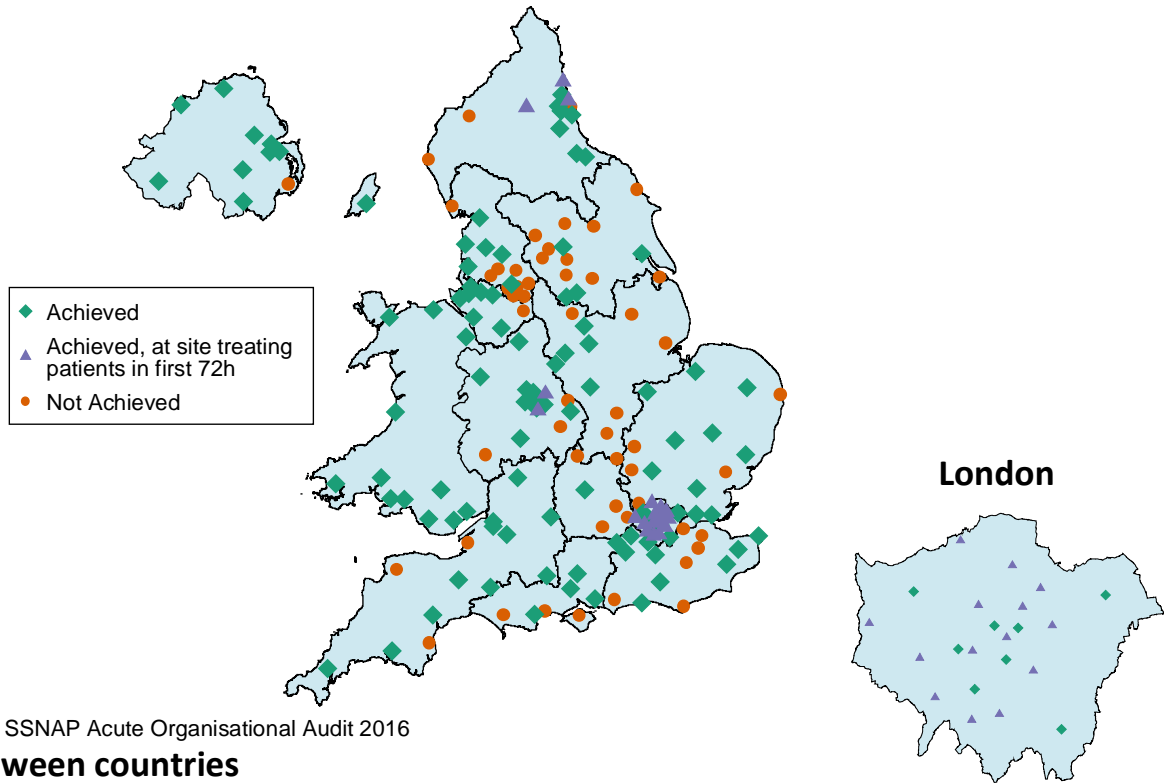
Thrombectomy treatment **can reduce disability** if it is carried out on **suitable patients** within **5 hours** after stroke.

70% of hospitals can offer their stroke patients **access to thrombectomy**.



National Results

The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 6**. **KI 6 : Access to thrombectomy treatment**



Differences between countries

All hospitals in Wales and nearly all in Northern Ireland are able to offer their stroke patients **access to thrombectomy**. **66%** of hospitals in **England** met this standard.



Standard 7: Intermittent pneumatic compression (IPC) devices

What should be done?

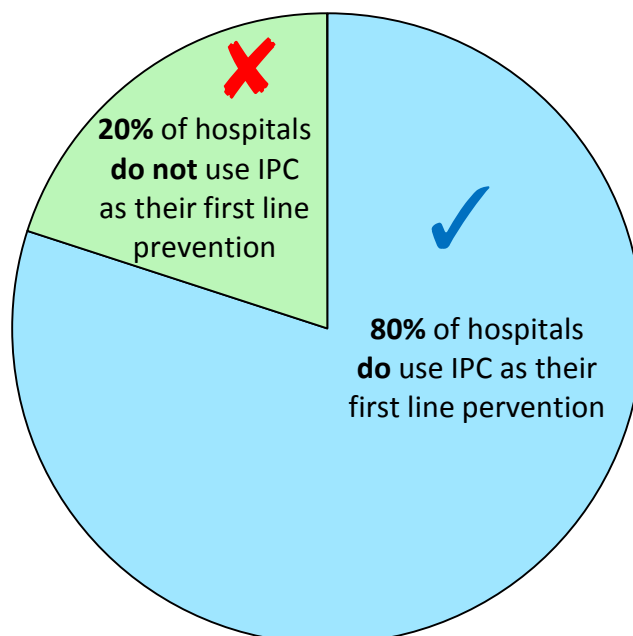
- Hospitals should use intermittent pneumatic compression devices **as their first line prevention for venous thromboembolism**

Why should it be done?

Venous thromboembolism is a problem **many stroke patients experience** as they are **not able to move around** as well any more.

Intermittent pneumatic compression (IPC) devices **help to reduce the risk** of venous thromboembolism **more than other** types of prevention do.

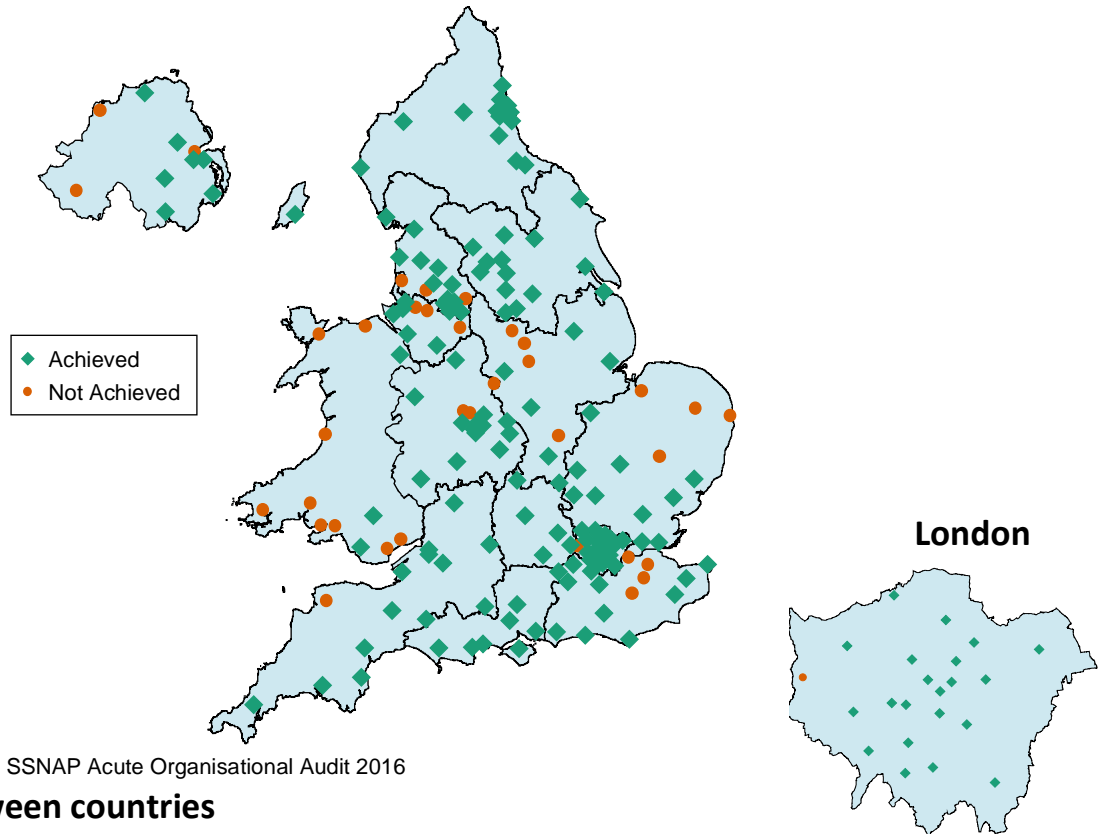
80% of hospitals use **intermittent pneumatic compression devices** as their first line prevention for thromboembolism.



National Results

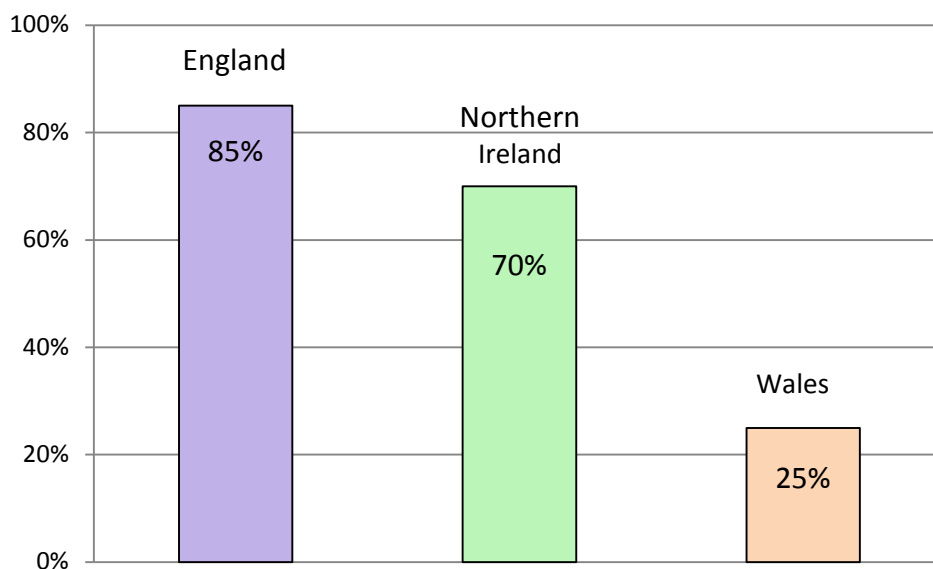
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 7**.

KI 7 : Intermittent pneumatic compression device (IPC)



Differences between countries

Many hospitals in England and Northern Ireland use intermittent pneumatic compression (IPC) devices as their first line prevention for venous thromboembolism.



Standard 8: Access to specialist early supported discharge

What should be done?

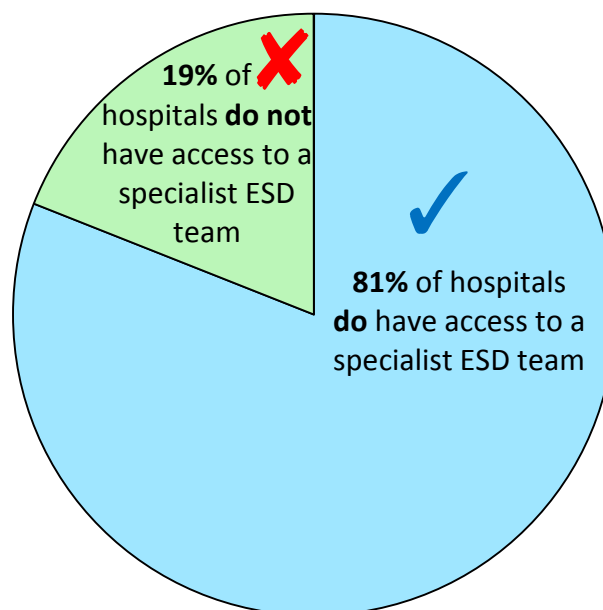
- Hospitals should be able to provide their patients with access to at least one specialist early supported discharge (ESD) team

Why should it be done?

Specialist early supported discharge (ESD) teams treat patients at home and treat stroke patients only.

They provide the **same level of care as hospital** and enable patients to **return home quicker**.

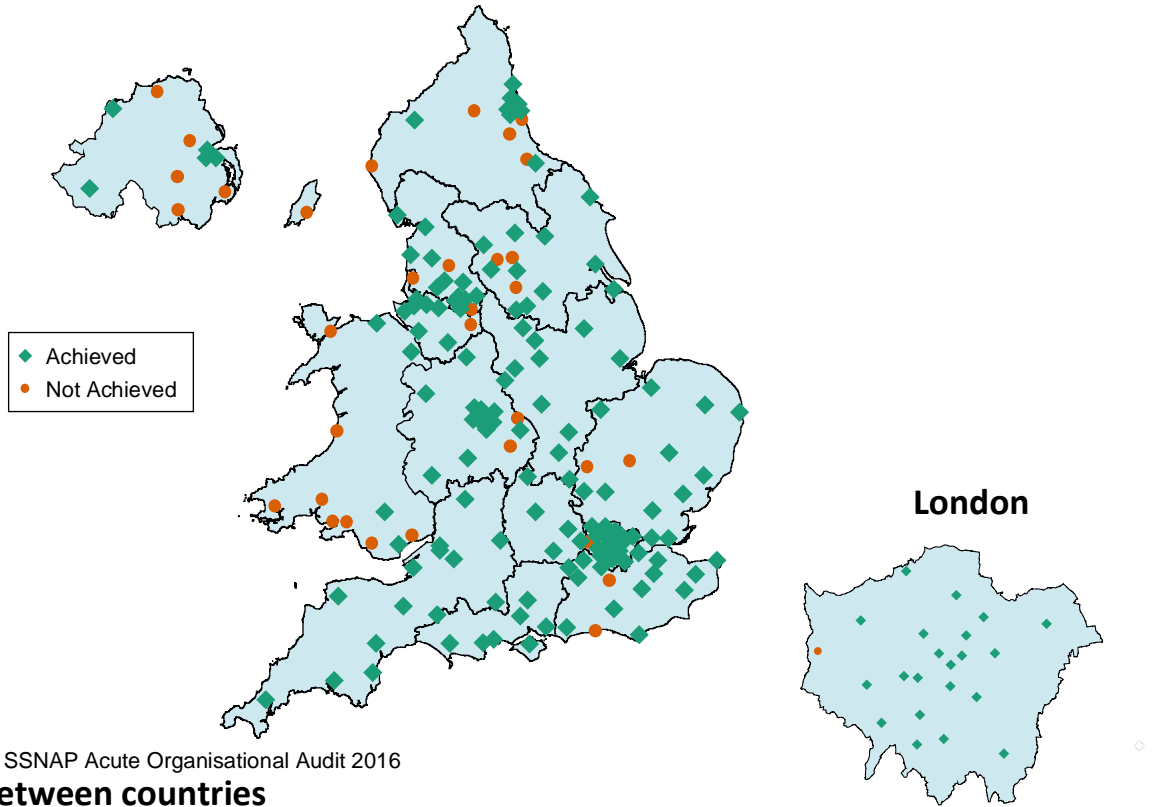
81% of hospitals can offer their stroke patients **access to a specialist early supported discharge (ESD) team**.



National Results

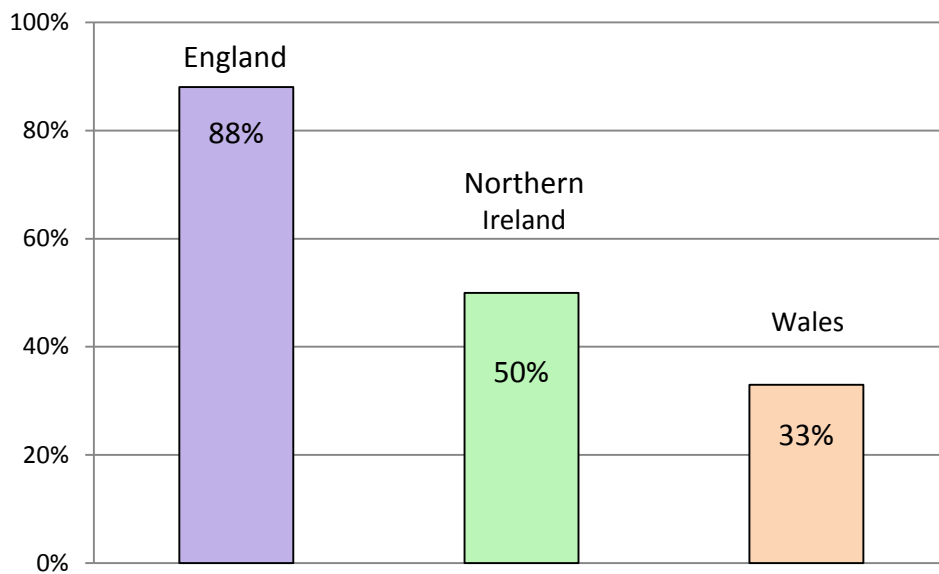
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 8**.

KI 8 : Access to specialist Early Supported Discharge (ESD)



Differences between countries

Most hospitals in England and half in Northern Ireland have access to a specialist early supported discharge (ESD) team for their patients.



Standard 9: Transient ischaemic attack (TIA)

What should be done?

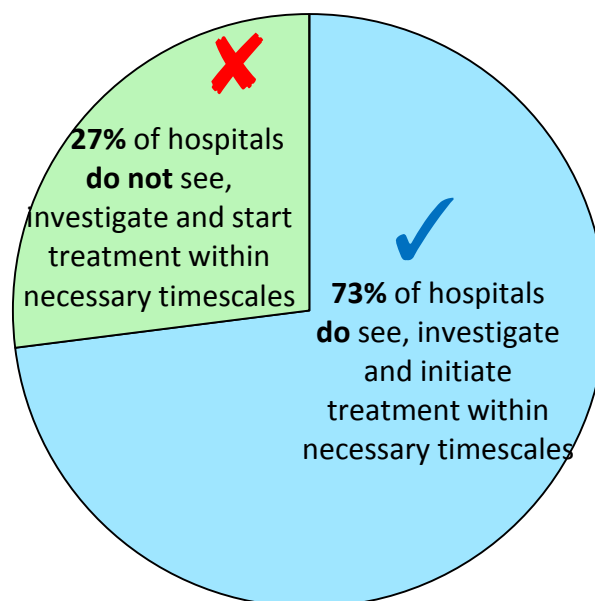
- Hospital neurovascular clinics treat transient ischaemic attack (TIA) patients and should be able to see, investigate and start treatment:
 - **The same or next day (7 days a week) for high risk TIA patients**
 - **Within a week for low risk TIA patients**

Why should it be done?

A suspected TIA is an **emergency**.

People should **not wait to see if the symptoms get better** and they should be **seen and treated as soon as possible**.

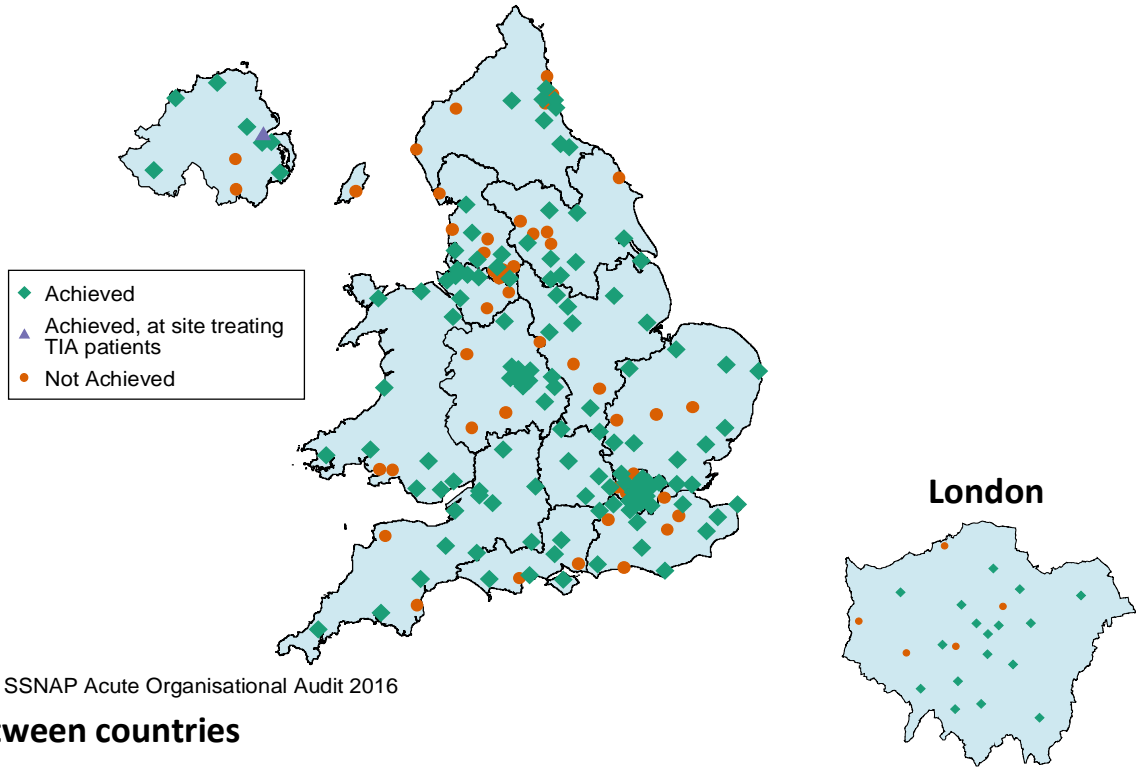
73% of hospitals' TIA clinics can see, investigate and start treatment for **high risk TIA patients the same day or the next day 7 days a week** and for **low risk patients within a week**.



National Results

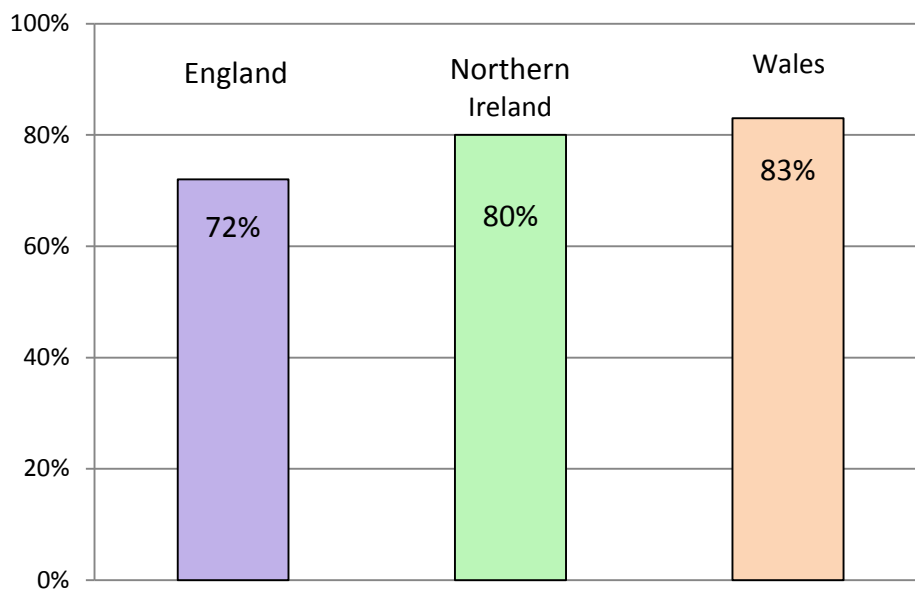
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 9**.

KI 9 : Transient Ischaemic Attack (TIA)



Differences between countries

80% or more hospitals in Wales and Northern Ireland can see, investigate and start treatment the same or next day 7 days a week for high risk TIA patients and within a week for low risk TIA patients.



Standard 10: Patient and carer surveys

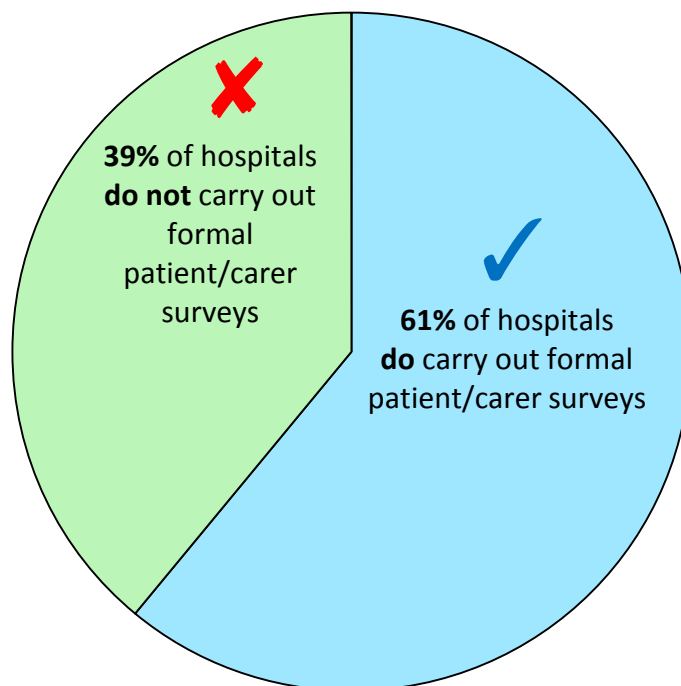
What should be done?

- Hospitals should carry out **formal patient and carer surveys** asking them **what they think of hospital stroke services** at least once a year

Why should it be done?

Carrying out patient and carer surveys means that **patient views** on stroke services are **used to help** make **changes and improvements** to stroke services.

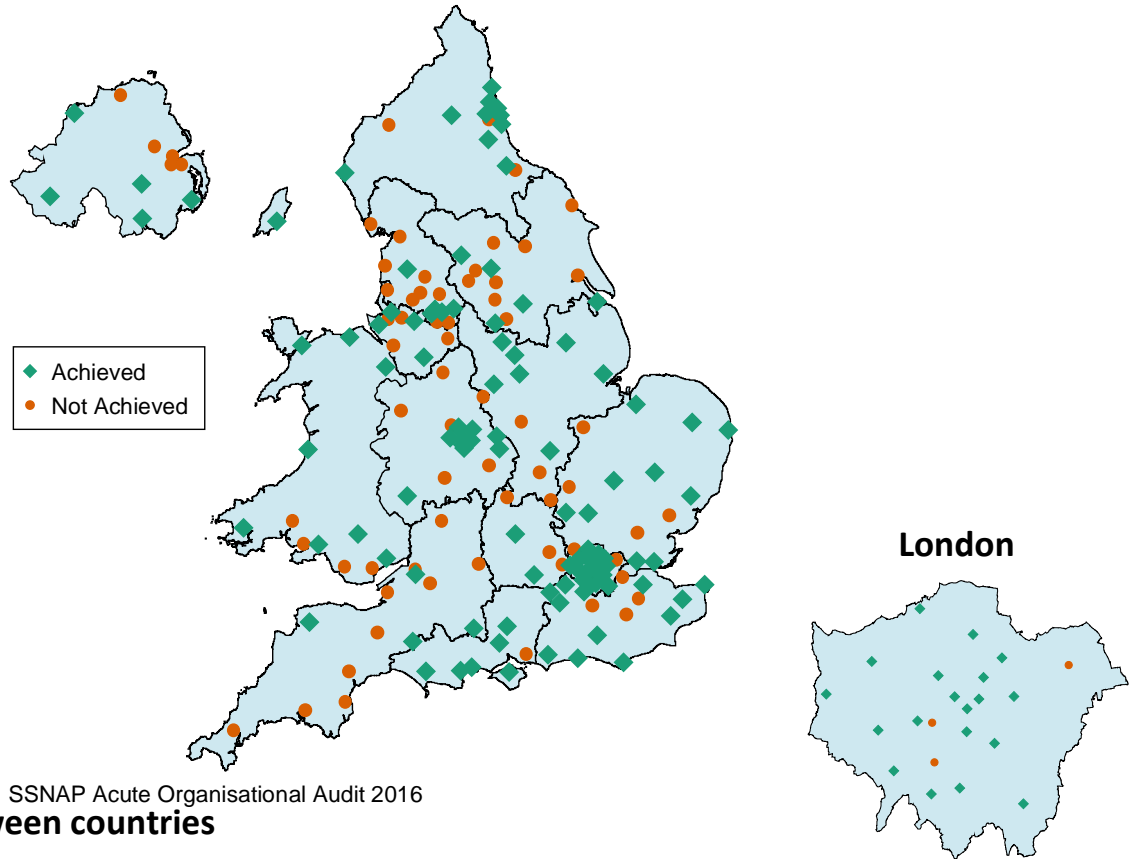
61% of hospitals carry out formal patient and carer surveys at least once a year.



National Results

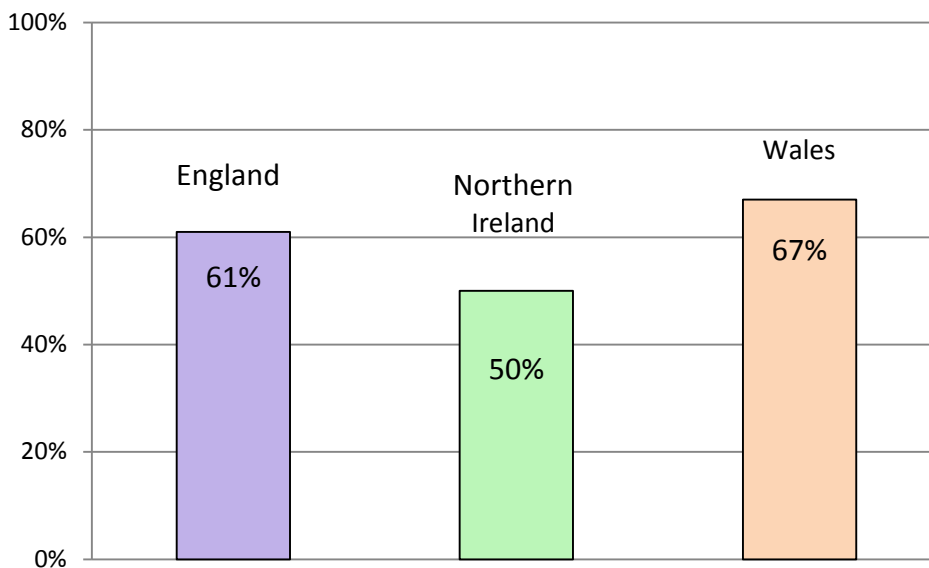
The map below shows how **well** hospitals in England, Wales and Northern Ireland have done for **standard 10**.

KI 10 : Patient and carer surveys



Differences between countries

Two-thirds of hospitals in Wales are carrying out formal patient/carers surveys on their stroke services at least once a year.



Recommendations

This section tells you what hospitals should do to improve stroke services.

Key words	Recommendation	Current Findings
6 month reviews	All stroke patients should have a health and social care review 6 months after their stroke as per national standards and guidance.	38% of hospitals are funded to carry out 6 month reviews . 92% of hospitals have all or some of their patients receiving a 6 month review . 80% of hospitals whose patients receive a 6 month review have other services carrying out reviews for them.
Acute Stroke Unit	Patients with acute stroke should be admitted directly to a stroke unit with specialist stroke beds within 4 hours of arrival at hospital.	All hospitals can directly admit stroke patients to a stroke unit or have local arrangements in place with other hospitals to make sure this happens.
Clinical Psychology	All stroke units should have access to a qualified full time clinical psychology per 30 stroke unit beds	6% of hospitals currently have access to a qualified full time clinical psychologist per 30 stroke unit beds.
Early Supported Discharge Team	Services should have access to high quality specialist early supported discharge for appropriate patients.	81% of hospitals have access to a stroke specialist early supported discharge team.

Key words	Recommendation	Current Findings
Intermittent pneumatic compression (IPC)	All hospitals should use intermittent pneumatic compression (IPC) devices as their first line prevention of thromboembolism.	80% of hospitals are using IPC devices as their first line prevention.
Nursing	Staffing levels are important and there should be a minimum of 3 nurses per 10 beds on weekends. At least one nurse trained in swallow screening should be available at the weekends. Nurse staffing levels should meet national standards on nursing levels of numbers and ratios of registered and unregistered nurses as an absolute minimum.	29% of hospitals have at least 3 nurses per 10 hospital beds on weekends. 10% of hospitals with beds for patients in the first 72 hours are meeting nurse staffing levels. 15% of hospitals with beds for patients after the first 72 hours are meeting nurse staffing levels.
Patient involvement	Patients and carers should be involved in all aspects of their stroke care	61% of hospitals ask patients about their views on stroke services at least once a year.

Key words	Recommendation	Current Findings
Scanning	Hospitals should make sure that the necessary processes are in place to ensure that all patients are scanned within 1 hour of arrival at hospital.	100% of hospitals which treat patients in the first 72 hours following stroke have immediate access to scanning.
Stroke Consultants	Stroke services must ensure that they have enough stroke consultants to provide stroke consultant ward rounds 7 days a week. Patients must be seen by a stroke consultant within 14 hours of arriving at hospital.	75% of hospitals have stroke consultant ward rounds 7 days a week.
Therapy	Hospitals should have two types of therapy available 7 days a week. This includes occupational therapy, physiotherapy and speech and language therapy.	31% of hospitals provide access to two types of therapy 7 days a week.
Thrombectomy	Stroke services should have plans to provide thrombectomy 24 hours a day, 7 days a week.	70% of hospitals provide their stroke patients with access to intra-arterial (thrombectomy) treatment.

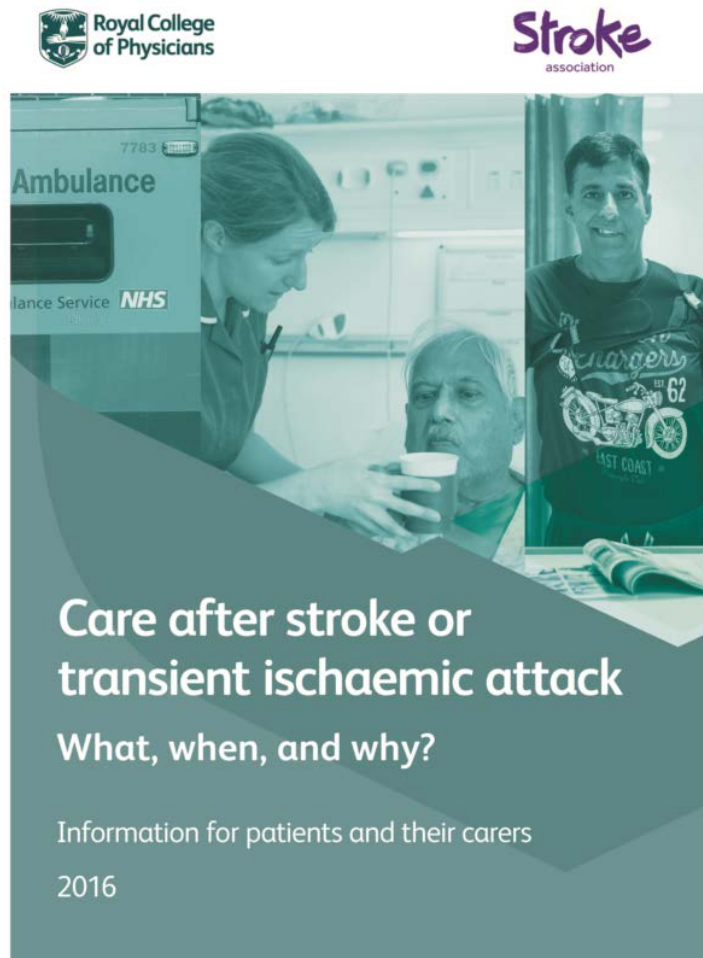
Useful words

Aphasia	Problems with speech and language.
Audit (Organisational)	Audit of the service organisation, comparing how stroke care is organised against national guidelines in all the hospitals in England, Wales, Northern Ireland, the Isle of Man and the Channel Islands.
Blood Clot	One of the two causes of stroke. The other is bleeding in the brain.
Carer	Someone who is not paid but provides support and personal care at home – this includes relatives and friends.
Clot busting treatments	Thrombolysis: a special clot-busting treatment using a drug called alteplase. Thrombolysis should be done within 4.5 hours of stroke. Thrombectomy: a new operation to remove a blood clot. Thrombectomy should be done within 5 hours of stroke.
CT scan (brain scan)	CT stands for Computerised Tomography. It is an X-ray to look at a problem in someone's brain to help diagnose any problems.
Deep vein thrombosis (DVT)	Blood clots start to form within a deep vein causing pain and swelling. This normally occurs in a leg or arm.

Intermittent pneumatic compression (IPC) device	Devices that include an air pump and inflatable sleeve, glove or boot to help with circulation in the hands, arms and legs. Improving circulation can reduce the risk of deep vein thrombosis (DVT) (see above) and venous thromboembolism (see below).
National Clinical Guideline for Stroke (2016)	A national set of guidelines for stroke care published by the Intercollegiate Stroke Working Party (5th edition 2016).
Psychological problems	Conditions such as depression and difficulty understanding things.
Specialist early supported discharge (ESD) team	A team which treats patients in their own home, providing the same care as in hospital. A specialist ESD team will see stroke patients only and therefore have staff specifically trained to look after people who have had a stroke.
SSNAP (Sentinel Stroke National Audit Programme)	A clinical audit project to measure patient care and the organisation of care against guidelines on how to deliver the best care. Recommendations can then be made on how to improve.
Neurovascular Clinic	An outpatient clinic for patients with TIA (mini-stroke) to investigate causes and help prevent stroke.
TIA	Transient Ischaemic Attack – a mini-stroke , where the effects pass quickly and leave no lasting damage if treated quickly.

Trusts	In the National Health Service (NHS), trusts are organisational units, e.g. hospital trusts, community trusts, primary care trusts. In this report it usually refers to hospitals.
Ward round	A review of all patients on the ward, their condition and treatment by a specialist member of the team, usually a stroke consultant.
Venous thromboembolism	A blood clot which forms within a vein.

Further information on stroke care for patients and carers



- This booklet is a **shorter version** of the 'National Clinical **Guideline** for Stroke' (2016).
- It is written for **stroke survivors and their carers** but is also useful for anyone who has an interest in stroke care and management.
- It gives **information and advice** on the **care and treatment** of adults **after a stroke** or TIA (mini stroke).
- It also has listings of **organisations and support groups** who can help stroke patients and their families or carers.
- The patient version of the **Guideline** is available here <https://www.strokeaudit.org/Guideline/Patient-Guideline.aspx> .



If you would like more copies of this **Easy Access Version**, please contact the Stroke Programme at the Royal College of Physicians

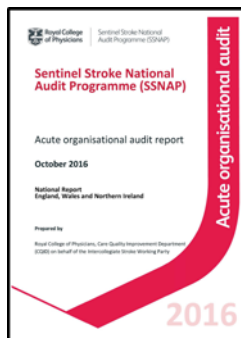
Tel: 020 3075 1383

Email: ssnap@rcplondon.ac.uk

This booklet is a shorter version of the full-length report.

To see the full **SSNAP Organisational Audit Report**, please go to

www.strokeaudit.org/results



If you would like to see the Easy Access Version of the **National Stroke Strategy**, please go to: www.dh.gov.uk/stroke

We want to know.....

What do you think of this report? Have you found it useful?

Please email ssnap@rcplondon.ac.uk and let us know.