Royal College of Physicians | SSNAP

Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit April-July 2016

Public Report

National results

November 2016

Based on stroke patients admitted to and/or discharged from hospital between April - July 2016

Prepared by

Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party

Clinical audit

Document purpose	To disseminate results for the process of stroke care for patients admitted and/or discharged in the period between April-July 2016.
Title	Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit April-July 2016 Public Report
Author	Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party
Publication	November 2016
Target audience	General public, stroke survivors and carers, health and social care professionals, stroke researchers
Description	This is a public report on the clinical component (process of care) of the national stroke audit, the Sentinel Stroke National Audit Programme (SSNAP). It publishes national and named team results on the quality of stroke care for patients admitted and/or discharged between 1 April and 31 July 2016. It covers many processes of care across the entire inpatient stay including comparisons with most recent reporting periods. The report findings enable the processes of stroke services at national level to be compared with national standards outlined in the fifth edition of the National Clinical Guideline for Stroke (2016) published by the Intercollegiate Stroke Working Party, the NICE (National Institute for Health and Clinical Excellence) Clinical Guidelines, the National Stroke Strategy 2007 and the NICE Quality Standards for Stroke (2016).
Supersedes	SSNAP Clinical Audit January-March 2016 public report
Related publications	National clinical guideline for stroke 5th edition (Royal College of Physicians, 2016): www.strokeaudit.org/guideline SSNAP Clinical audit public report – January-March 2016 http://www.strokeaudit.org/results/National-Results.aspx SSNAP Post-Acute Stroke Service Provider Audit https://www.strokeaudit.org/results/PostAcute/National.aspx SSNAP Acute Organisational Audit Report – November 2016: *Coming soon* https://www.strokeaudit.org/results/Organisational/National-Organisational.aspx NICE Quality Standard for Stroke 2016: https://www.nice.org.uk/guidance/qs2 National Stroke Strategy (Department of Health, 2007): http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062 Department of Health: Progress in improving stroke care (National Audit Office, 2010): http://www.nao.org.uk/publications/0910/stroke.aspx National Cardiovascular Outcomes Strategy: https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy CCG Outcomes Indictor Set 2015-16 https://www.england.nhs.uk/resources/resources-for-ccgs/ccg-out-tool/ccg-ois/
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Glossary

Activities of daily living	Refers to activities that people normally undertake (e.g. bathing, dressing, self-feeding).
Acute ischaemic stroke	A type of stroke that happens when a clot blocks an artery that carries blood to the brain, causing brain cells to die.
Acute stroke unit	An acute stroke unit is one which treats patients usually in an intensive model of care with continuous monitoring and nurse staffing levels.
Anticoagulation	Treatment to reduce the likelihood of blood clotting.
Antihypertensive	A drug that reduces high blood pressure.
Antiplatelet	A drug that helps prevent the formation of blood clots by affecting the function of certain blood cells; examples are aspirin and clopidogrel.
Aphasia	A condition that affects the brain and leads to problems using language correctly.
Audit	An audit compares clinical process for individual patients and national guidelines.
Atrial fibrillation (AF)	This is an abnormal heart beat which can result in the formation of blood clots. Warfarin is prescribed for people with AF to thin the blood and prevent clots forming.
Cardiovascular Disease Outcomes Strategy	Provides advice to local authority and NHS commissioners and providers about actions to improve cardiovascular disease outcomes. https://www.gov.uk/government/publications/improving-cardiovascular-disease-outcomes-strategy
Care home	A residential setting where a number of older people live, usually in single rooms, and have access to on-site care services.
Carer	Someone (commonly the patient's spouse, a close relative or a friend) who provides on going, unpaid support and personal care at home.
Casemix	A measure of the characteristics of people included in a study such as age, gender, ethnicity and co-existing illnesses.

CCG Outcome Indicator Set (CCG OIS)	A set of measures by which commissioners of health services (Clinical Commissioning Groups) are held to account for the quality of services and the health outcomes achieved through commissioning. http://www.england.nhs.uk/ccg-ois
CCU	Coronary Care Unit.
Cohort	Group of patients included in analysis for report. It comprises patients admitted and/or discharged to hospital during a defined date range.
Co-morbidity	The coexistence of two or more diseases.
Community rehabilitation team	Teams working in the community delivering rehabilitation services.
Continence plan	A plan to help a patient increase their control over urinary and faecal discharge.
Congestive heart failure	Poor heart function resulting in accumulation of fluid in the lungs and legs.
Domiciliary Care	The delivery of a range of personal care and support services to individuals in their own homes.
Dysphagia	Difficulty in swallowing.
Early Supported Discharge	A service providing rehabilitation and support to stroke patients in a community setting by a multi-disciplinary team with the aim of reducing the duration of hospital care for stroke patients.
HDU	High Dependency Unit.
Haemorrhage/ haemorrhagic stroke	Bleeding caused by blood escaping into the tissues.
Hyperacute stroke unit	Some stroke services designate the most intensive treatment as hyperacute. This would be where patients are initially treated and usually for a short period of time (i.e. up to three days).
Hypertension	High blood pressure.
Incontinence	Inability to control passing of urine and/or faeces.
Infarct	An area of cell death due to the result of a deprived blood supply.
Interquartile range (IQR)	The IQR is the range between 25th and 75th centile which is equivalent to the middle half of all values.

Intermittent Pneumatic Compression (IPC)	A mechanical method of preventing deep vein thrombosis in the legs.
ITU	Intensive Treatment/Therapy Unit.
Joint care planning	A process in which a person and their healthcare professional work together to create a personalised package of care.
Level of Consciousness	A medical term used to describe a patient's awareness of his or her surroundings and arousal potential.
Lipid Lowering	Reducing the concentration of lipid, such as cholesterol, in the blood.
MAU	Medical Assessment Unit.
Median	The median is the middle point of a data set; half of the values are below this point, and half are above this point.
Mood screening	Identifying mood disturbance and cognitive impairment using a validated tool.
Motor deficits	These include phenomena such as lack of coordination in movement, lack of selected movement, and lack of motor control.
Multidisciplinary Team	Refers to several types of health professionals working together, physiotherapists, occupational therapists, speech and language therapists, nurses and doctors.
Myocardial Infarction	A heart attack.
National Clinical Guidelines For Stroke (2016)	National evidence based guidelines for stroke care published by the Intercollegiate Working Party for Stroke fifth edition 2016. www.strokeaudit.org/guideline
National Institutes of Health Stroke Scale (NIHSS)	A validated international tool used by healthcare professionals to objectively quantify the impairment caused by a stroke.
National Sentinel Stroke Audit (NSSA)	A national audit conducted by The Royal College of Physicians monitors the rate of progress in stroke care services in England, Wales and Northern Ireland in a two year cycle www.rcplondon.ac.uk/sentinel. The NSSA has been replaced by the Sentinel Stroke National Audit Programme (SSNAP).
National Stroke Strategy	Provides a quality framework to secure improvements to stroke services, offers guidance and support to commissioners and strategic health authorities. http://clahrc-gm.nihr.ac.uk/cms/wp-content/uploads/DoH-National-Stroke-Strategy-2007.pdf

NICE Acute stroke guidelines	The NICE Clinical Guideline CG68 Stroke Diagnosis and initial management of acute stroke (NICE 2008). http://guidance.nice.org.uk/CG68
NICE Rehabilitation stroke guidelines	Stroke rehabilitation: Long-term rehabilitation after stroke (NICE 2013): www.nice.org.uk/CG162
NICE Quality Standard for Stroke	NICE quality standards define high standards of care within stroke. It provides specific, concise quality statements, measures and audience descriptors to provide definitions of high-quality care. http://pathways.nice.org.uk/pathways/stroke
Nutritional screening	A first-line process of identifying patients who are already malnourished or at risk of becoming so.
Palliative care	Treating symptoms for end of life care.
Rankin score	A scale used to measure the degree of disability of dependence in the daily activities of living.
Rehabilitation stroke unit	Stroke units generally accepting patients after 7 days or more and focussing on rehabilitation.
Sentinel Stroke National Audit Programme (SSNAP)	SSNAP is a new continuous audit that collects data for every stroke patient along the entire stroke care pathway up to six months: www.strokeaudit.org
SINAP	Stroke Improvement National Audit Programme. A continuous acute stroke audit which measured the process of stroke care in the first 72 hours between May 2010 and December 2012 www.rcplondon.ac.uk/sinap. The Sentinel Stroke National Audit Programme (SSNAP) has replaced SINAP.
Specialist	A clinician whose practice is limited to a particular branch of medicine or surgery, especially one who is certified by a higher educational organisation.
Thrombolysis	The use of drugs to break up a blood clot.
Thrombectomy	The surgical removal of a thrombus from a blood vessel.
TIA	Transient ischaemic attack – a stroke which completely recovers within 24 hours of onset of symptoms.
Urinary tract infection	An infection of the kidney, ureter, bladder, or urethra.

Foreword

This report on the Sentinel Stroke National Audit Programme (SSNAP) uses data collected between April - July 2016. It includes named hospital results for the entire inpatient care pathway, where the numbers of patients entered in SSNAP for this period make this viable.

In this reporting period, 42 teams achieved an overall 'A' score in SSNAP, which indicates a world-class stroke service. That services are continually improving the stroke care provided to patients is evident from the fact that in the previous reporting cycle only 25 teams achieved an A grade.

The improvements in results are symptomatic of the continued efforts made by teams to use SSNAP data as a tool for continuously improving the quality of the stroke services they provide to patients. The genuine commitment to submitting timely and complete data each reporting period and acting on audit results to improve clinical care should be celebrated. Even more teams would have scored an 'A' if they had not been marked down because of issues around the timeliness and quality of data submission, which should be fairly easily solvable. These latest audit results reinforce our belief that although SSNAP has set stringent, aspirational targets the top score is achievable and sustainable over time.

It is encouraging to see that steady and continuous improvements are being made across each scoring level and there has been yet another decrease in the number of services scoring an 'E' across the reporting period. SSNAP reports audit results in absolute terms which means that all teams are capable of showing improvement. The quality of data submitted to SSNAP, measured in terms of audit compliance, has also improved each reporting period, which is essential in providing meaningful audit results.

At national level, we are seeing improvements period-on-period in the results for stroke care, both in the acute processes of care, including rapid scanning, thrombolysis provision, and access to a stroke unit, and in the standards and processes of care by discharge. However, there is unacceptable variation across the country. Six month assessments after stroke are not available to all patients and the number of cases completed to six months remains low when compared to the levels of case ascertainment in the acute phase of SSNAP. This is concerning and something that should be continuously monitored. Section 7 reports on six month assessment provision in more detail.

Congratulations to everyone who has contributed to the data presented in this report. It is a fantastic achievement that roughly 28,000 patient records are available for analysis this reporting period. We estimate that approximately 80,000 patients are admitted to hospital with stroke per year so we are achieving very high levels of case ascertainment. Complete and high quality data will be extremely powerful in shaping the future developments in stroke care in England, Wales and Northern Ireland. They will enable a much stronger case to be made for improvements and greatly help patients, commissioners and clinicians alike get the best out of the services.

We have received numerous case studies from stroke care providers outlining how they have used the data to improve their services. It is motivating and encouraging to see that our reporting outputs are valued and we hope to see continued improvements in results in future reporting periods.

Professor Anthony Rudd FRCP CBE
Chair of the Intercollegiate Stroke Working Party
Clinical Director of RCP Stroke Programme

Background

Sentinel Stroke National Audit Programme (SSNAP) has been collecting and reporting on the processes of stroke care since June 2013. The Clinical Effectiveness and Evaluation Unit (CEEu) in the Care Quality and Improvement Department of the Royal College of Physicians first conducted the National Sentinel Stroke Audit (NSSA) in 1998 (www.rcplondon.ac.uk/sentinel) and subsequently a total of 7 rounds were undertaken with 100% participation achieved since 2006. SSNAP combines the NSSA and the Stroke Improvement National Audit Programme (SINAP) which audited care in the first 72 hours after stroke between 2010 and 2012. (www.rcplondon.ac.uk/sinap).

Aims of SSNAP clinical audit

The SSNAP clinical audit collects a minimum dataset for every stroke patient, including acute care, rehabilitation, 6-month follow-up, and outcome measures in England, Wales and Northern Ireland. The aims of the audit are:

- to benchmark services regionally and nationally
- to monitor progress against a background of organisational change to stroke services and more generally in the NHS
- to support clinicians in identifying where improvements are needed, planning for and lobbying for change, and celebrating success
- to empower patients to ask searching questions.

Organisation of the audit

This audit is commissioned by the Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England as part of the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and run by the Clinical Effectiveness and Evaluation unit (CEEu) of the Royal College of Physicians, London. Data were collected at team level within trusts (or Health Boards in Wales) using a standardised method. Clinical involvement and supervision at team level is provided by a lead clinical contact in each hospital who has overall responsibility for data quality. The audit is guided by a multidisciplinary steering group responsible for the RCP Stroke Programme – the Intercollegiate Stroke Working Party (ICSWP). Details of membership of the ICSWP can be found in Appendix 1 or www.rcplondon.ac.uk/stroke.

Evidence based standards and indicators

SSNAP is the single source of data for stroke in England and Wales. It provides the data for all other statutory data collections in England including the NICE Quality Standard and is the chosen method for collection of stroke measures in the NHS Outcomes Framework and the CCG Outcomes Indicator Set. SSNAP metrics are aligned with those in the Cardiovascular Disease Outcomes Strategy. SSNAP data are being used as risk indicators for Care Quality Commission's Intelligent Monitoring and for the Stroke Care in England NHS Marker.

The results from this clinical audit compare delivery of care with standards derived from systematically retrieved and critically appraised research evidence and agreed by experts in all disciplines involved in the management of stroke. The strength of evidence is outlined in the guidelines. 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 5th edition (Royal College of Physicians, 2016) www.strokeaudit.org/guideline
- National clinical guideline for diagnosis and initial management of acute stroke and transient ischaemic attack (NICE, 2008) https://www.nice.org.uk/guidance/CG68
- Stroke rehabilitation: Long-term rehabilitation after stroke (NICE 2013): www.nice.org.uk/CG162
- NICE Quality Standard for Stroke 2016 https://www.nice.org.uk/guidance/qs2

Datasets and methodology

A core, minimum dataset (Appendix 2) was developed by the ICSWP in collaboration with key stakeholders. Prospective data were collected via a secure web-based tool provided by Net Solving Ltd. Security and confidentiality are maintained through the use of passwords and a person specific registration process. Detailed help notes and FAQs are provided to ensure standard interpretation of the dataset questions across all participants. Data are analysed by the Stroke Programme at the Royal College of Physicians.

Only 'locked' data are included in SSNAP analysis. The process of locking ensures high data quality and signifies that the data have been signed off by the lead clinician and are ready for central analysis.

To view the SSNAP core dataset and help-notes, and for more details about the methods of data collection, submission and analysis, please visit https://www.strokeaudit.org/Support/Datasets.aspx

Eligibility and audit scope

SSNAP aims to measure the quality of stroke care along the patient pathway from initial admission, through all subsequent locations, up to and including six month assessment. Teams which treat at least 10 stroke patients a year at any point up to six months are eligible to participate. Data are therefore collected by different types of teams along the stroke pathway. These include:

- Routinely admitting acute teams (teams which admit stroke patients directly for acute stroke care)
- Non-routinely admitting acute teams (teams which do not generally admit stroke patients directly but continue to provide care in an acute setting when patients have been transferred from place of initial treatment)
- Non-acute inpatient teams (teams which provide inpatient rehabilitation in a post-acute setting e.g. community hospitals)
- Post-acute non inpatient teams (these teams include early supported discharge and community rehabilitation teams)
- Six month assessment providers.

100% of routinely admitting teams and non-routinely admitting acute teams in England, Wales, Northern Ireland, and the Islands are registered on SSNAP. Recruitment of non-inpatient teams and teams providing six month assessments is continuing. Given the fact that these teams have not previously participated in national stroke audit there has been a slower uptake but more post-acute teams are submitting data to the audit each reporting period.

Availability of SSNAP reports in the public domain

SSNAP results are made public each reporting period by named team. This model provides clinicians, commissioners, patients and carers, and the general public with up to date information on the processes of stroke care across the entire pathway and is in line with the Department of Health in England's data transparency policy.

April - July 2016 report

This report includes complete data for 28,003 stroke patients admitted to and 27,606 stroke patients discharged from inpatient care between 1 April – 31 July 2016. The volume of records collected allows robust conclusions to be drawn at national level. Similar levels of case ascertainment were achieved in previous reporting periods.

Aims of this report

- To publish national and team level results for the entire inpatient stroke care pathway in the public domain.
- To allow comparisons to be made between the latest results and the previous three reporting periods.
- To describe the methods for calculating the pre-existing or upcoming national measures for stroke in England: the CCG Outcomes Indicator Set; and NICE Quality Standard for Stroke measures.

Organisation of this report

- Summary of overall performance by domains and key indicators (Section 1)
- National level results for patient casemix (Section 2)
- National level results for processes of care in the first 72 hours (Section 3)
- National level results for processes of care by discharge (Section 4)
- National level results for therapy intensity (Section 5)
- Early Supported Discharge and Community Rehabilitation Results (Section 6)
- Six month follow-up assessments (Section 7)
- SSNAP Performance Tables (by named team) (Section 8)

Supplementary reporting outputs

With the exception of Section 8, this PDF report presents national level results. Detailed results by named teams are available on the SSNAP Reporting Portal www.strokeaudit.org/Results/National including:

- **Summary results spreadsheet:** An overview of performance by reporting 44 Key Indicators within 10 domains of care by named team.
- **Full results portfolio:** A very detailed reference document which includes 72 hour and discharge results for SSNAP data item by named team in addition to information about casemix, patient cohorts and pathways, and inter-team variation.
- **Regional slideshows:** Hospital results are grouped by region and presented in graphs.
- **Dynamic maps:** Allow you to find information about stroke services for your local provider. You can compare different standards of care within your team, and compare your local provider to other providers and against regional and national averages. www.strokeaudit.org/results/Clinical-audit/maps

Key indicators, domains and scoring

44 Key Indicators have been chosen by the ICSWP as representative of high quality stroke care. These include data items included in the CCG Outcomes Indicator Set and NICE Quality Standards (covering England only). The key indicators are grouped into **10 domains** covering key aspects of the process of stroke care. Both patient-centred domain scores (whereby scores are attributed to every team which treated the patient at any point in their care) and team-centred domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to) are calculated.

Participation and Case Ascertainment

Case ascertainment is a vital component of SSNAP as the aim is to have fully complete data on every new stroke admission. To be included in the named team results spreadsheets available on the SSNAP reporting portal (www.strokeaudit.org/Results/National), routinely admitting teams in England had to submit a minimum percentage of all their cases as estimated based on Hospital Episode Statistics (HES) or coding data for a previous year, which was subsequently validated by teams. The threshold for teams in Wales and Northern Ireland was based on the number of annual admissions as reported in the SSNAP Acute Organisational Audit 2012.

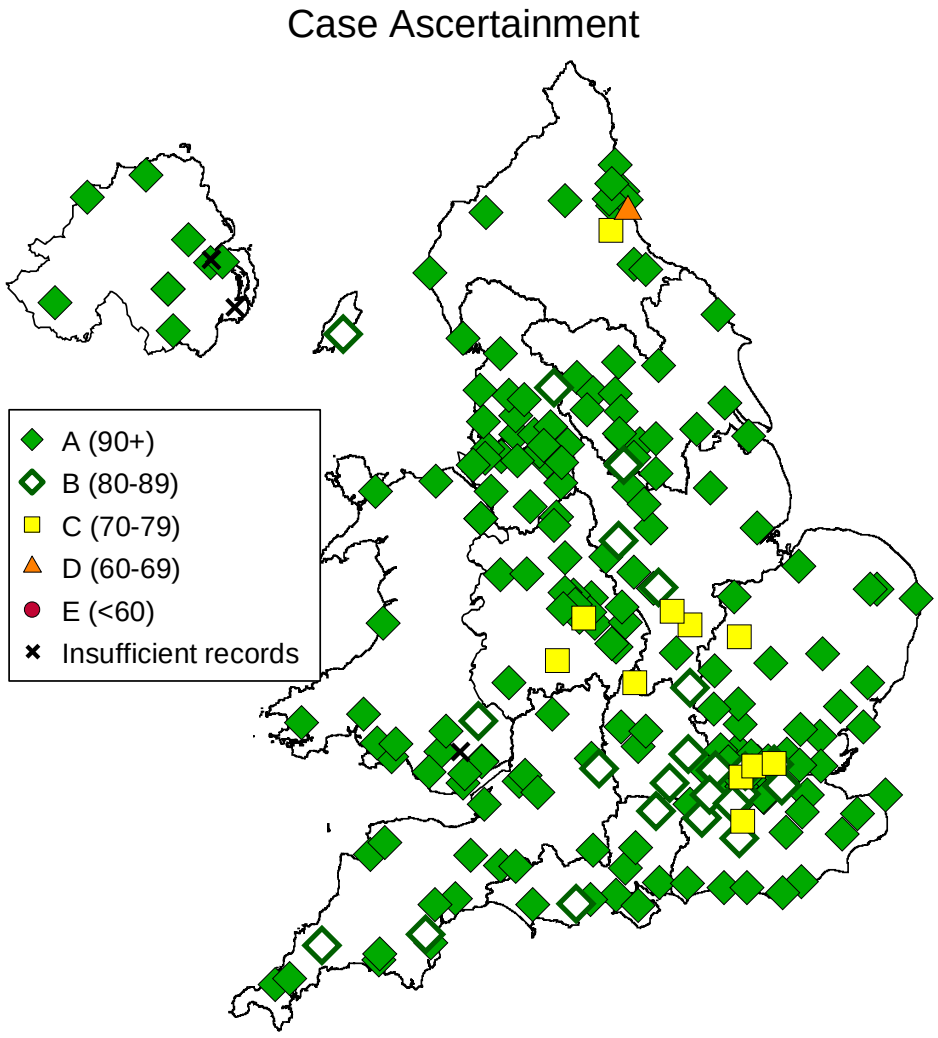
For non-routinely admitting teams, HES projections have not been utilised; rather a proxy has been generated comparing the number of patients arriving at a team with the number of patients leaving the team in a reporting period. This is a measure of record completion by non-routinely admitting teams, rather than a measure of case ascertainment in the true sense. It is recognised that neither method can be totally accurate which is why results are presented in bands. Case ascertainment is included as a component in the overall SSNAP score.

The following table and map clearly highlights the high levels of case ascertainment achieved in SSNAP. The number of records submitted to SSNAP each reporting period is in line with national expected figures meaning that data is meaningful and robust.

Inclusion in this report (individual team level results)

	Three month reporting			Four month reporting
Average patient-centred case ascertainment bandings for **routinely admitting** teams	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A: 90%+	124 teams	126 teams	126 teams	130 teams
B: 80-89%	16 teams	20 teams	18 teams	11 teams
C: 70-79%	7 teams	3 teams	1 team	5 teams
D: 60-69%	3 teams	0 teams	2 teams	1 team
E: Less than 60%	6 teams	1 teams	1 team	2 teams
Total	156 teams	150 teams	148 teams	149 teams

The map below shows combined case ascertainment banding achieved by all inpatient teams. Each symbol represents a team, colour coded by band.

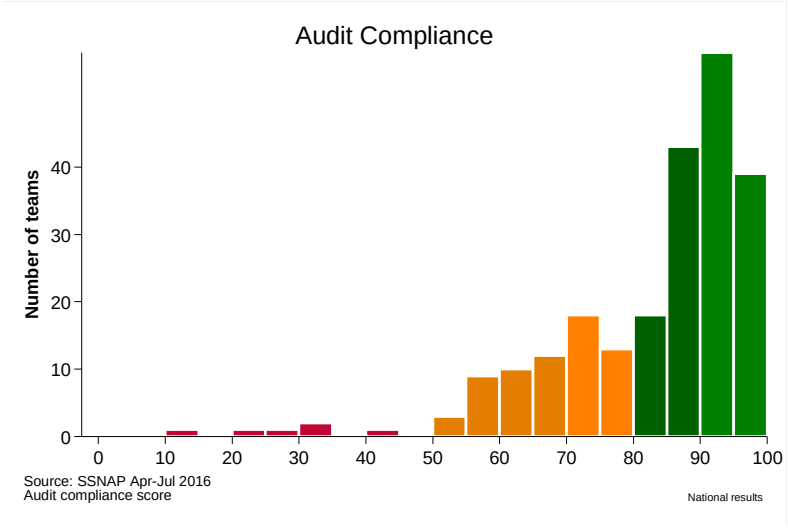


Source: SSNAP Apr-Jul 2016

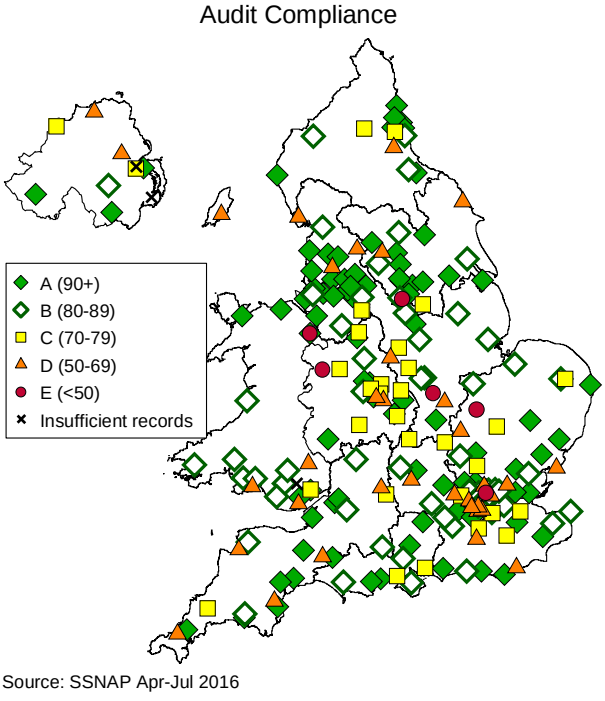
Audit Compliance

High audit compliance is a prerequisite for meaningful audit results. Individual teams were provided with a weighted audit compliance score to provide a context in which to interpret their process of care results and identify areas of improvement. The audit compliance score includes measures of completeness of non-mandatory data items, in particular the breakdown of the NIHSS and percentage of 'unknown' responses. In response to feedback from post-acute teams, some measures of speed of data entry and data transfer have been added to ensure that these teams are able to complete their sections in a timely way so that the rapid turnaround of results can be maintained.

The graph below shows the distribution of audit compliance bands across all inpatient teams.



The following map shows the audit compliance level achieved by all inpatient teams. Each symbol represents a team, colour coded by the overall level achieved. Teams with insufficient or no records submitted are also highlighted with an X symbol.



How to read this report

National results (out of all patients submitted to the audit in England, Wales, Northern Ireland and the Islands): In this report national results are presented as percentages, medians and interquartile ranges (IQR). The median is the middle point of the data; 50% of patients' results lie on either side. The interquartile range is the middle half of values; the bottom 25% of patients' results are below this range and the top 25% of patients' results are above this range. Unless otherwise stated in the report, 100% is the optimal performance and the higher the percentage, the higher the quality of care. For timings, the shorter the median time to intervention the better the care.

Clinical Commentary: This report contains clinical commentary from the Stroke Programme Clinical Director, Professor Tony Rudd.

No, but…answers: The diversity of effects from a stroke creates difficulties for clinical management and for determining overall standards of care. For example, if someone is unconscious after their stroke it would not be possible to test their walking or speech difficulties within the time frames normally required. The audit therefore designated specified circumstances where standards would not be applicable. The full wording of questions can be found in Appendix 2.

Compliance rates: The compliance rate is recorded as a percentage, with 100% being optimal (unless otherwise stated). The denominators for the compliance rates are those cases for whom the standards applied, i.e. any *No, but…* exceptions have not been included in the calculations of compliance. There are some time-points along the stroke pathway at which the concept of applicability is not relevant (i.e. when all patients are deemed applicable for a standard). Please see the technical guidance on the final tab of the 'Full results portfolio' for more details (www.strokeaudit.org/results/national).

Reference numbers: These refer to the position in the accompanying MS Excel spreadsheets where individual team level results for standards and indicators can be found.

'Patient-centred' and 'team-centred' results: SSNAP reports on the processes of care and patient outcomes in two ways; 'patient centred' and 'team centred'. 'Patient centred' attribute the results to every team which treated the patient at any point in their care. A team's patient-centred results demonstrate the quality of care that their patients received across the whole inpatient care pathway, regardless of how many teams each patient went to, or which of the teams provided each aspect of care. 'Team centred' attribute the results to the team considered to be most appropriate to assign the responsibility for the measure to. In Section 1 (national level domains and scoring), it is clearly stated whether team- or patient-centred results are being presented. In Section 8 (domains and scoring by named team), both team- and patient-centred results are provided.

Both patient-centred and team-centred results are presented on separate tabs in the accompanying full results portfolio. For the majority of cases, the national level results in this PDF report will match those in *both* the patient-centred and team-centred results tab in the portfolio. One exception is therapy provision, where the national level patient-centred and team-centred results differ. National level results for therapy intensity in Section 5 of this report are patient centred. For comparisons between an individual team's performance (team-centred results) with the national, please refer to the team-centred national results in the post 72 hour 'team centred' tab of the portfolio.

Definitions

- '**Normal Hours'** refers to patients who arrived at hospital on a weekday between 8am and 6pm (excluding Bank Holidays).
- **'Out of Hours'** refers to patients who arrived at hospital on a weekday before 8am or after 6pm or at any time on a weekend or Bank Holiday.
- **'Inpatient Onset'** refers to patients who were already in hospital at the time of stroke.
- **'Clock Start'** is used to signify the time at which the 'clock starts' for measuring key timings. This is arrival in most instances (patients newly arriving in hospital) but will be the onset of symptoms time for patients already in hospital at time of stroke.
- **'Team'**: SSNAP collects self-reported details of care at the level of individual clinical teams across the stroke pathway e.g. acute teams, inpatient rehabilitation teams.
- **'Routinely Admitting Teams'** are defined as teams who typically directly admit the majority of their stroke patients.
- **'Non-Routinely Admitting Acute Teams'** are teams who provide acute care but who are typically transferred the majority of their stroke patients from other teams.
- **'Non-Acute Inpatient Teams':** teams who provide only rehabilitation care in an inpatient setting.
- **'Early Supported Discharge Teams':** multi-disciplinary teams providing rehabilitation and support to stroke patients in a community setting with the aim of reducing the duration of hospital care for stroke patients.
- **Community Rehabilitation Teams':** teams working in the community delivering rehabilitation services.
- **'Six Month Assessment Providers':** teams who undertake six month reviews of stroke patients. They may be acute teams, domiciliary teams or third sector providers.
- **'Team-Centred Results':** results are attributed to the team considered to be most appropriate to assign the responsibility for the measure to.
- **'Patient-Centred Results':** results are attributed to every team which treated the patient at any point in their care.
- **'Audit Compliance':** measure of completeness of non-mandatory SSNAP data items.
- **'Case Ascertainment':** percentage of all stroke cases entered onto SSNAP. High levels of case ascertainment are essential to ensure representativeness.
- **'Key Indicator':** an important measure of stroke care, e.g. in SSNAP there are 44 Key Indicators which are considered representative of high quality care.
- **'Domain':** an important area of care comprising several key indicators related to that topic i.e. in SSNAP there are 10 domains e.g. scanning.
- **'Total Key Indicator Score':** the average of the 10 domain levels (separately for patient-centred and team-centred results).
- **'Combined Total Key Indicator Score':** the average of the patient-centred and team-centred Total Key Indicator Score.
- **'SSNAP Score':** combined Total Key Indicator Score adjusted for Case Ascertainment and Audit Compliance.

Denominators

This report will not contain numerators and denominators for each standard. Please refer to the accompanying 'Full results portfolio' (www.strokeaudit.org/results/national) for this level of detail. The table below outlines the key denominators in the report. These will vary throughout the report depending on the number of patients included in the analyses for each standard.

	Three month reporting			Four month reporting
Key denominators	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Cases Locked to 72 hours	19,971	20,989	20,991	28,003
Cases with known onset time	13,610	14,386	14,238	19,214
Cases with infarct	17,475	18,254	18,218	24,487
Cases with intracerebral haemorrhage	2,327	2,605	2,683	3,379
Cases with unknown type of stroke	169	130	90	137
Inpatient strokes	990	1,257	1,170	1,560
Arrive within 'normal hours'	9,307	9,669	9,480	12,635
Arrive 'out of hours'	9,674	10,063	10,341	13,808
Patients who went to a stroke unit	19,267	20,207	20,156	26,903
Patient who had a brain scan	19,802	20,859	20,901	27,866
Patients who had thrombolysis	2,182	2,309	2,389	3,331

Technical information on how the results were calculated can be found on the final tab of the 'Full Results Portfolio' www.strokeaudit.org/results

Wherever possible, the audit question numbers have been included in the tables of results to facilitate reference to the actual question wording.

Section 1: Summary of domain and key indicator results

This section provides a summary of performance at national level. It is based upon results for **44 key indicators** which are grouped into **10 domains** covering key aspects of stroke care.

For Domains 1 – 10 in this section, either patient-centred domain scores (whereby scores are attributed to every team which treated the patient at any point in their care) or team-centred domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to) have been calculated and given a performance level (A-E). Domain levels are presented in histograms and colour coded point maps. The decision about which results to present was made on the basis of the appropriateness of assigning responsibility for a SSNAP domain to a particular team e.g. team-centred results are provided for scanning as these results can be clearly assigned to the first admitting team; patient-centred results are presented for the therapy intensity domains as therapy is provided by all teams that treated the patient along the pathway.

The section begins with the **overall SSNAP score** calculated as follows:

- **Domain levels** are combined into separate patient-centred and team-centred **total key indicator scores**
- A **combined total key indicator score** is derived from the average of these two scores
- This combined score is adjusted for **case ascertainment** and **audit compliance**

Themes covered by the SSNAP domains:

- Domain 1: Scanning
- Domain 2: Stroke unit
- Domain 3: Thrombolysis
- Domain 4: Specialist assessments
- Domain 5: Occupational therapy
- Domain 6: Physiotherapy
- Domain 7: Speech & language therapy
- Domain 8: MDT working
- Domain 9: Standards by discharge
- Domain 10: Discharge processes

Unless otherwise stated, 100% is the optimal performance. For timings, the shorter the median time to intervention the better.

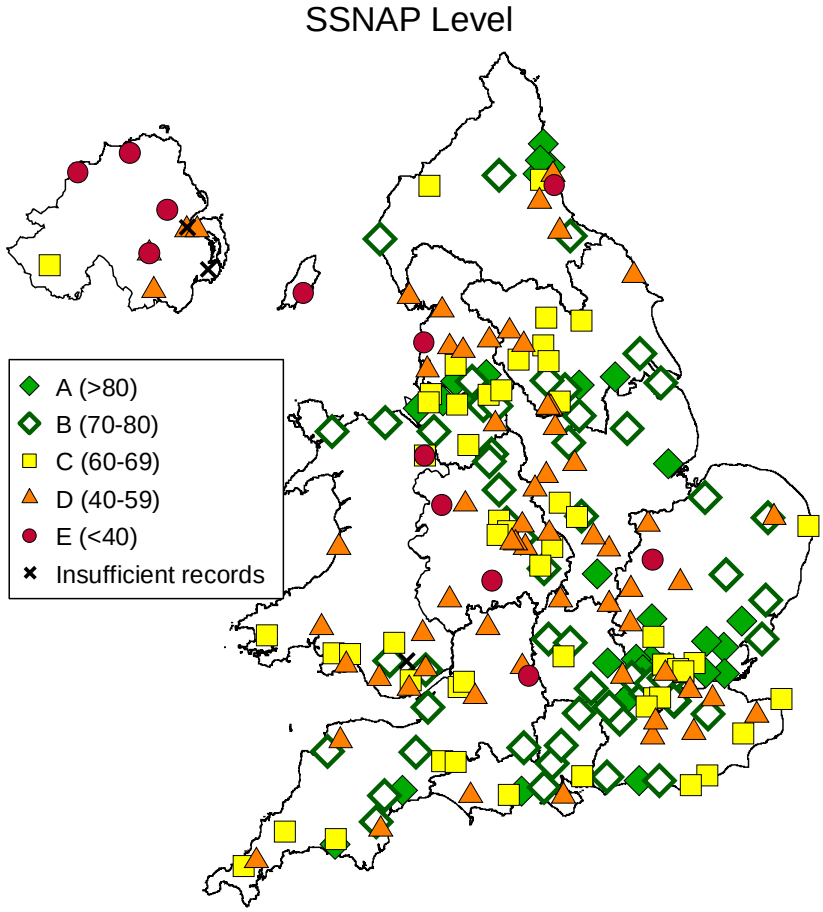
42 teams scored an A this reporting period, this is the top overall performance level. Several more teams would have scored an ‘A’ if they had not been marked down because of issues of case ascertainment and audit compliance. Nowhere else in the world has set as stringent standards and the results should be read in this context. However, what the latest results show is that although we have set the bar very high to achieve the top score, it is achievable and we hope this will encourage others to strive to improve.

SSNAP Level

Distribution of SSNAP levels across inpatient teams

	Three month reporting			Four month reporting
SSNAP levels:	**Jul – Sep 2015 206 teams**	**Oct – Dec 2015 215 teams**	**Jan-Mar 2016 213 teams**	**Apr-Jul 2016 228 teams**
A	36 teams (17%)	26 teams (12%)	25 teams (12%)	42 teams (18%)
B	43 teams (21%)	56 teams (26%)	46 teams (22%)	59 teams (26%)
C	38 teams (18%)	47 teams (22%)	50 teams (23%)	53 teams (23%)
D	73 teams (35%)	72 teams (33%)	77 teams (36%)	62 teams (27%)
E	16 teams (8%)	14 teams (7%)	15 teams (7%)	12 teams (5%)

The map below shows the SSNAP level achieved by all *inpatient teams* in England, Wales, and Northern Ireland. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or no records submitted are highlighted with an **X**.



Source: SSNAP Apr-Jul 2016

You may also be interested in…

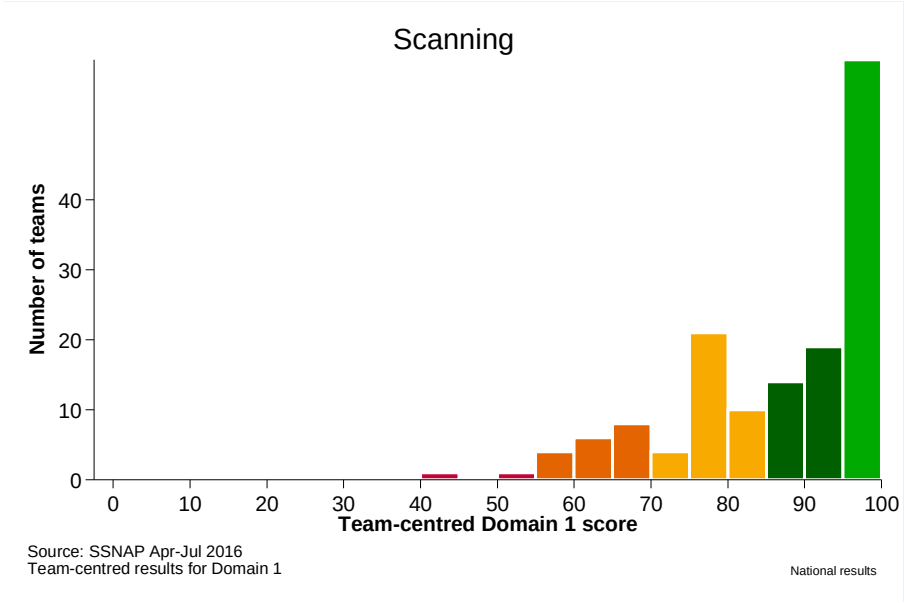
SSNAP domain and key indicator results are also available in the form of **interactive maps** on the SSNAP Reporting Portal (www.strokeaudit.org/results/Clinical-audit/maps). These dynamic maps allow you to find information about stroke services for your local provider. You can compare different standards of care within your team, and compare your local provider to other providers and against regional and national averages.

Domain 1: Scanning

	Three month reporting			Four month reporting
Domain 1: Brain Scanning – Key indicators	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of patients scanned within 1 hour of clock start*	47.4%	48.2%	48.4%	50.8%
Percentage of patients scanned within 12 hours of clock start	91.0%	91.8%	92.6%	93.2%
Median time between clock start and scan	1h 06m	1h 04m	1h 04m	59m

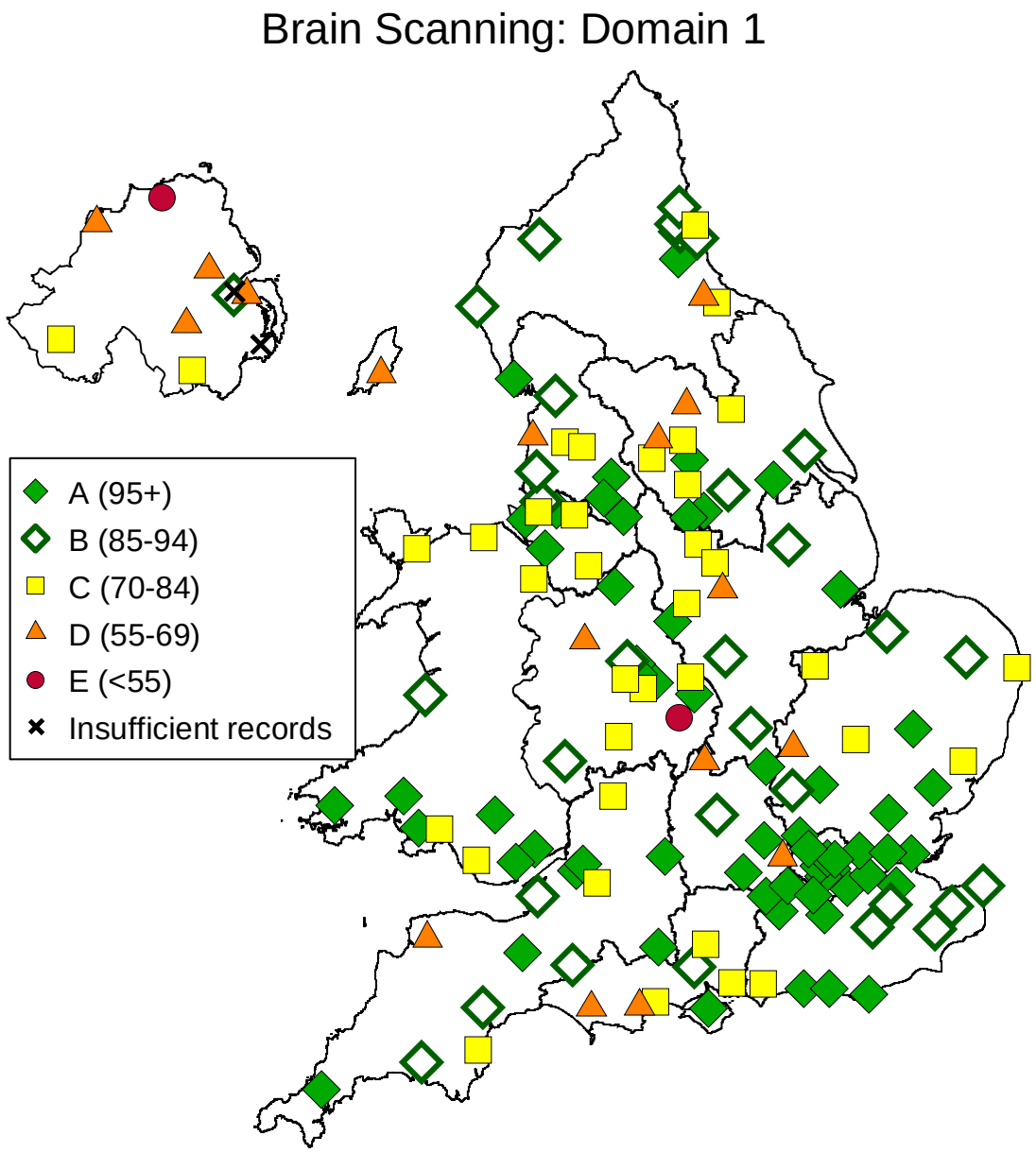
*Target is 50% of all stroke patients

Distribution of scores across all routinely admitting teams for Domain 1 (147 teams)



SSNAP D1 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A	44 teams (29%)	53 teams (35%)	51 teams (35%)	60 teams (41%)
B	38 teams (25%)	31 teams (20%)	33 teams (22%)	32 teams (22%)
C	33 teams (22%)	34 teams (22%)	38 teams (26%)	36 teams (24%)
D	23 teams (15%)	22 teams (14%)	17 teams (12%)	17 teams (12%)
E	15 teams (10%)	12 teams (8%)	8 teams (5%)	2 teams (1%)

The map below shows the team centred performance of all *routinely admitting teams* for Domain 1. Each symbol represents a team, colour coded by the overall score achieved.

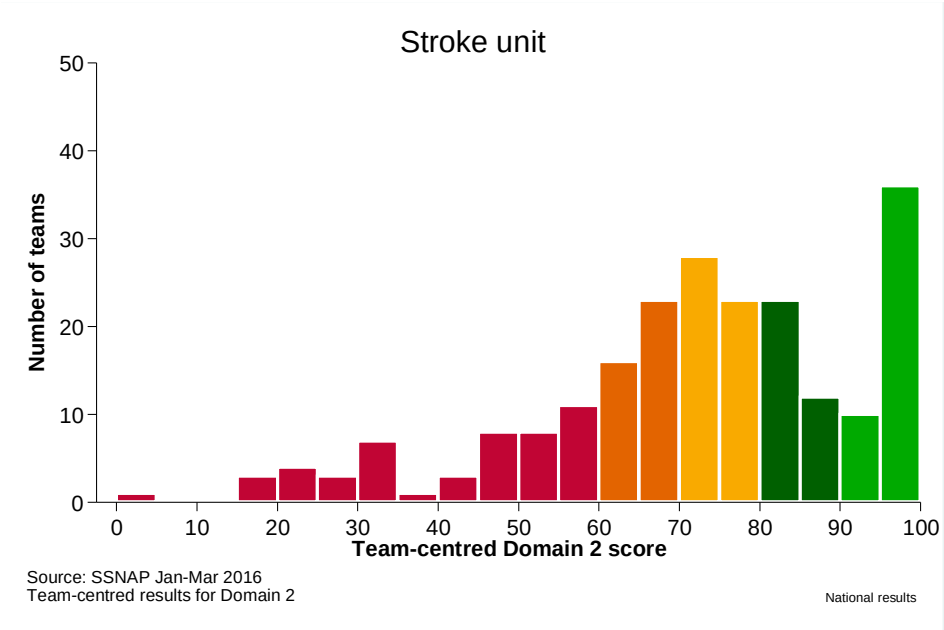


Source: SSNAP Apr-Jul 2016 (Team Centred)

Domain 2: Stroke Unit

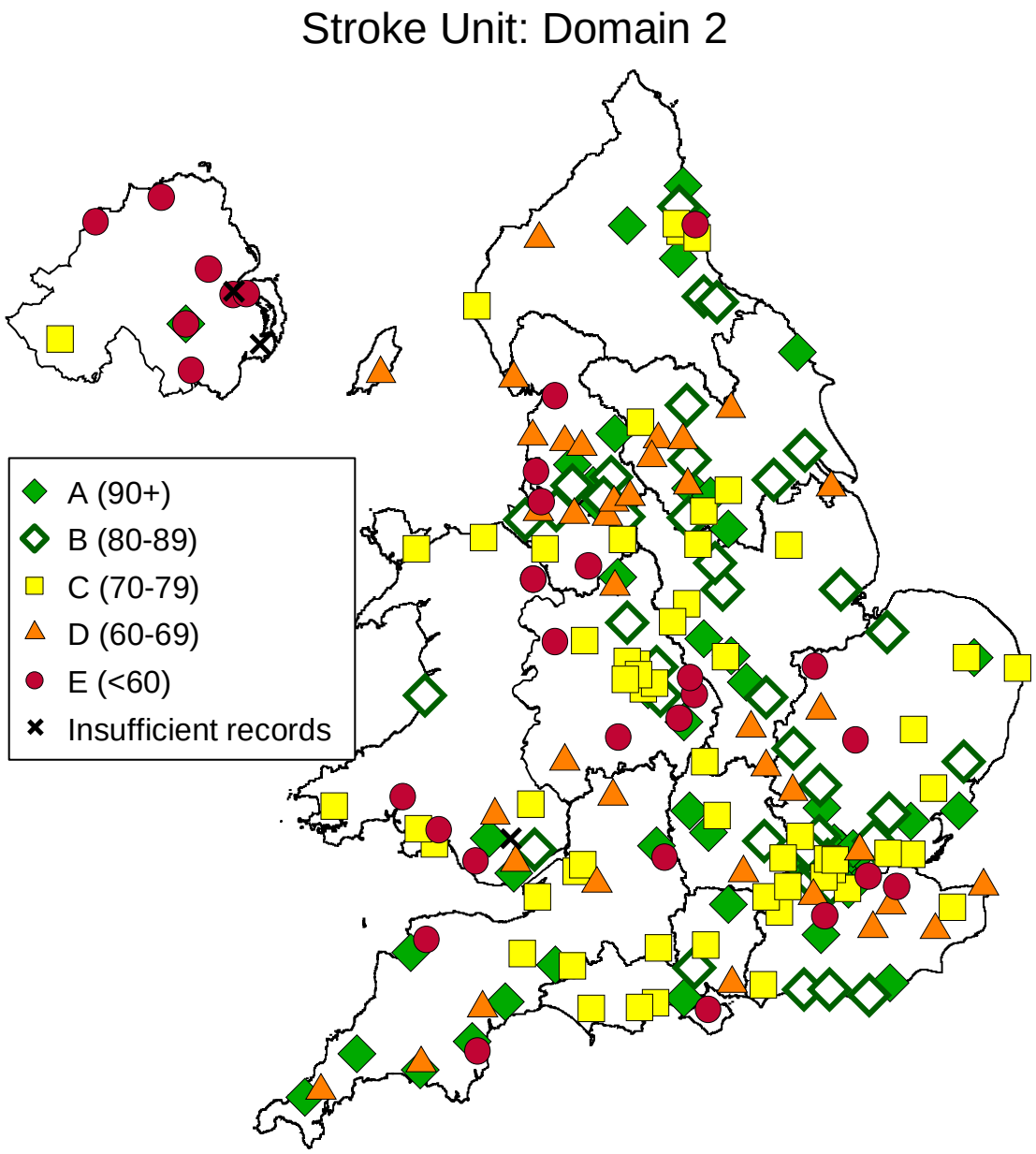
	Three month reporting			Four month reporting
Key indicators: Stroke unit	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of patients directly admitted to a stroke unit within 4 hours of clock start (CCG OIS)	61.8%	59.8%	54.0%	59.3%
Median time between clock start and arrival on stroke unit	3h 28m	3h 35m	3h 51m	3h 35m
Percentage of patients who spent at least 90% of their stay on stroke unit	85.1%	84.4%	82.4%	84.0%

Distribution of scores across all inpatient teams for Domain 2 (228 teams)



D2 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A	42 teams (20%)	49 teams (22%)	46 teams (21%)	59 teams (26%)
B	47 teams (23%)	39 teams (18%)	32 teams (15%)	42 teams (18%)
C	58 teams (28%)	67 teams (31%)	50 teams (23%)	58 teams (25%)
D	29 teams (14%)	35 teams (16%)	38 teams (18%)	38 teams (17%)
E	32 teams (15%)	28 teams (13%)	49 teams (23%)	31 teams (14%)

The map below shows the team centred performance of all *inpatient teams* for Domain 2. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.

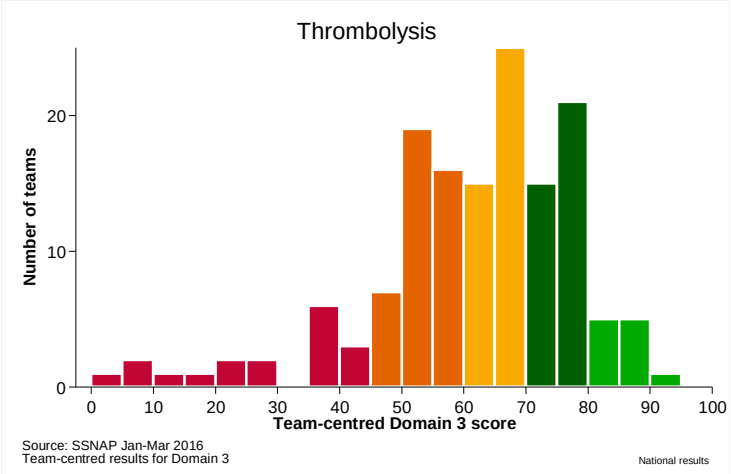


Source: SSNAP Apr-Jul 2016 (Team Centred)

Domain 3: Thrombolysis

	Three month reporting			Four month reporting
Key indicators: Thrombolysis	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of all stroke patients given thrombolysis (all stroke types) (CCG OIS C3.6)	10.9%	11.0%	11.4%	11.9%
Percentage of eligible patients given thrombolysis (according to the Royal College of Physicians (RCP) guideline minimum threshold)	85.6%	85.6%	85.7%	87.7%
Percentage of patients who were thrombolysed within 1 hour of clock start, if thrombolysed	59.8%	57.9%	58.6%	61.4%
Percentage of applicable patients directly admitted to a stroke unit within 4 hours of clock start AND who either receive thrombolysis or have a pre-specified justifiable reason ('no but') for why it could not be given	61.4%	59.4%	53.7%	58.9%
Median time between clock start and thrombolysis (minutes)	53m	55m	54m	52m

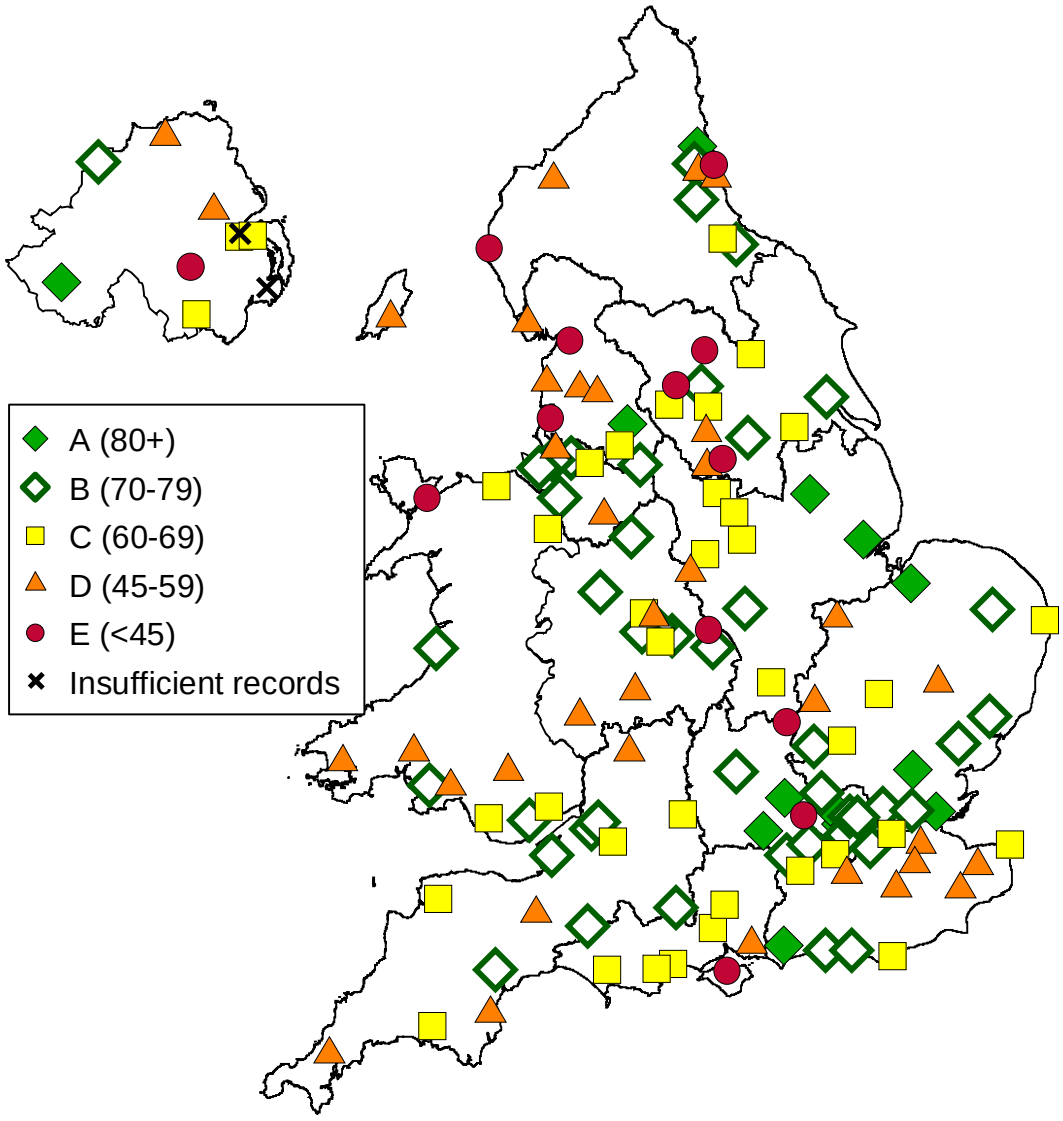
Distribution of Domain 3 level across routinely admitting teams (145 teams)



D3 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A	15 teams (10%)	10 teams (7%)	11 teams (8%)	13 teams (9%)
B	35 teams (24%)	38 teams (26%)	36 teams (25%)	45 teams (31%)
C	37 teams (25%)	41 teams (28%)	39 teams (27%)	38 teams (26%)
D	42 teams (29%)	37 teams (25%)	42 teams (29%)	36 teams (25%)
E	18 teams (12%)	21 teams (14%)	18 teams (12%)	13 teams (9%)

The map below shows the team centred performance of all *routinely admitting teams* for Domain 3. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.

Thrombolysis: Domain 3

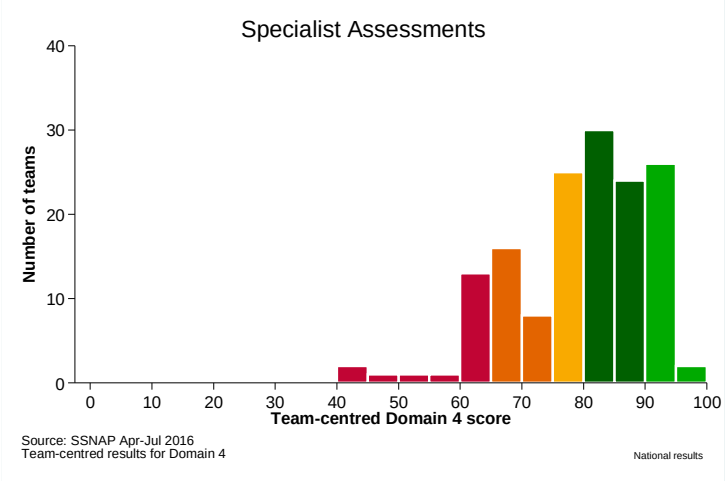


Source: SSNAP Apr-Jul 2016 (Team Centred)

Domain 4: Specialist Assessments

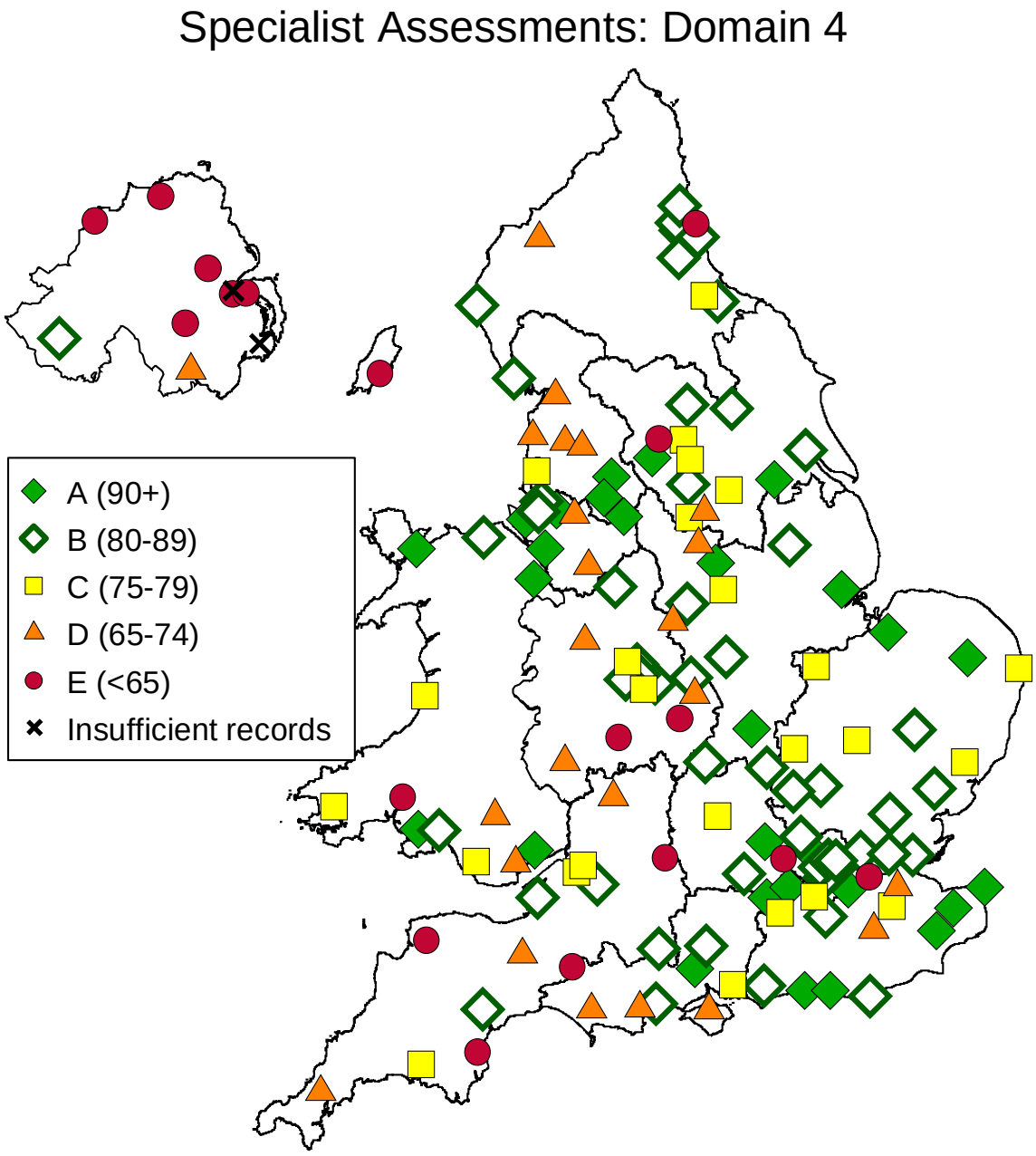
	Three month reporting			Four month reporting
Key Indicators: Specialist Assessments	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	79.6%	78.7%	79.1%	80.5%
Median time between clock start and being assessed by stroke consultant	12h 27m	12h 17m	12h 03m	11h 29m
Percentage of patients who were assessed by a nurse trained in stroke management within 24h of clock start	89.1%	88.8%	89.0%	89.8
Median time between clock start and being assessed by stroke nurse (minutes)	1h 26m	1h 26m	1h 30m	1h 15m
Percentage of applicable patients who were given a swallow screen within 4h of clock start	72.8%	72.0%	71.2%	74.4%
Percentage of applicable patients who were given a formal swallow assessment within 72h of clock start	84.9%	83.8%	84.5%	87.5%

Distribution of Domain 4 level across routinely admitting teams (147 teams)



D4 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A	21 teams (14%)	20 teams (13%)	17 teams (12%)	28 teams (19%)
B	48 teams (31%)	46 teams (30%)	52 teams (35%)	52 teams (35%)
C	21 teams (14%)	22 teams (14%)	25 teams (17%)	25 teams (17%)
D	39 teams (25%)	38 teams (25%)	33 teams (22%)	24 teams (16%)
E	24 teams (16%)	26 teams (17%)	20 teams (14%)	18 teams (12%)

The map below shows the team centred performance of all *routinely admitting teams* for Domain 4. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol

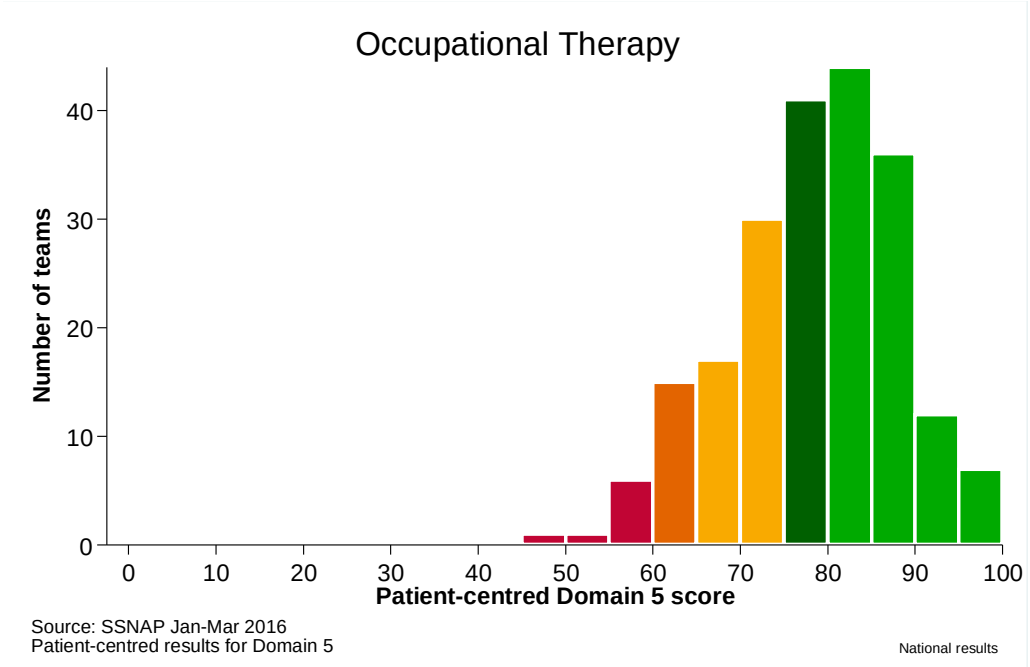


Source: SSNAP Apr-Jul 2016 (Team Centred)

Domain 5: Occupational Therapy

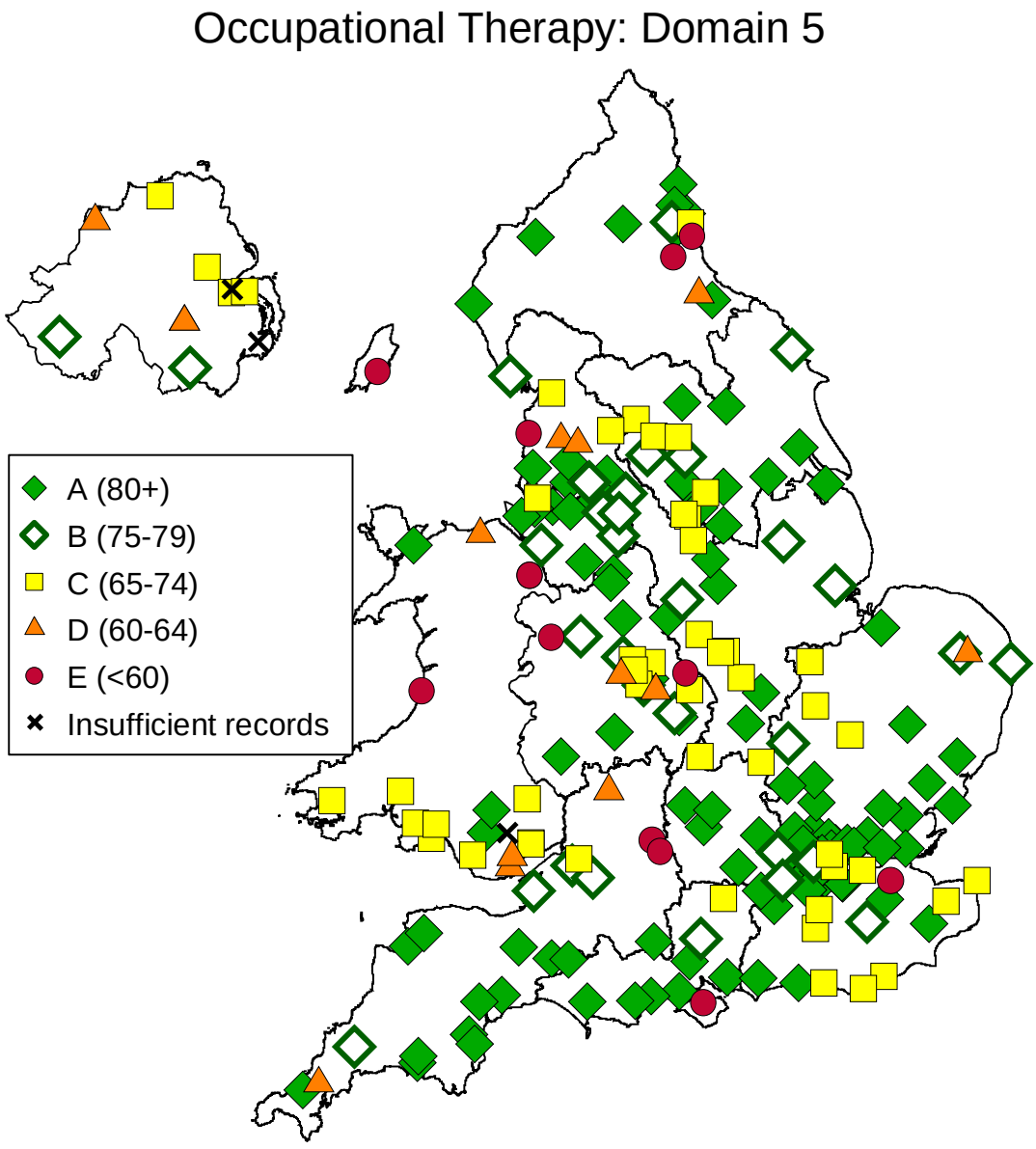
	Three month reporting			Four month reporting
Key Indicators: Occupational Therapy	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of patients reported as requiring occupational therapy	82.7%	83.6%	83.6%	83.5%
Median number of minutes per day on which occupational therapy is received	40.4 mins	41.3 mins	40.0 mins	40.0 mins
Median % of days as an inpatient on which occupational therapy is received	62.2%	63.5%	61.7%	62.3%
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of occupational therapy required (according to 2016 NICE QS-S2) which were delivered	80.9%	85.1%	80.2%	80.9%

Distribution of Domain 5 level across all inpatient teams (228 teams)



D5 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016
A	96 teams (46%)	118 teams (55%)	104 teams (49%)	119 teams (52%)
B	39 teams (19%)	38 teams (18%)	39 teams (18%)	32 teams (14%)
C	48 teams (23%)	38 teams (18%)	48 teams (23%)	50 teams (22%)
D	10 teams (5%)	13 teams (6%)	14 teams (7%)	14 teams (6%)
E	14 teams (7%)	8 teams (4%)	8 teams (4%)	13 teams (6%)

The map below shows the patient centred performance of all *inpatient teams* for Domain 5. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.

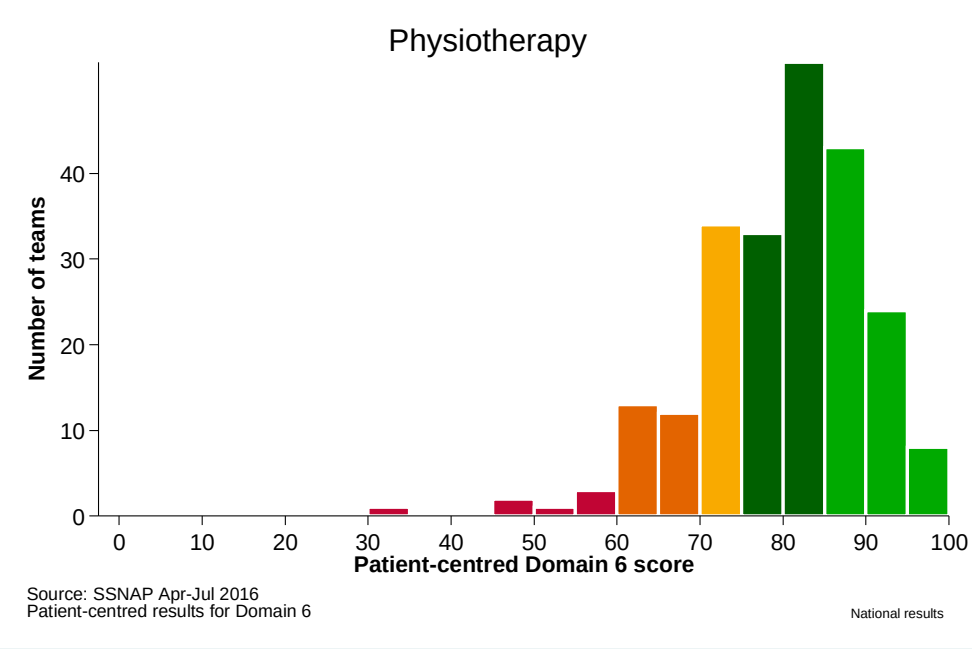


Source: SSNAP Apr-Jul 2016 (Patient Centred)

Domain 6: Physiotherapy

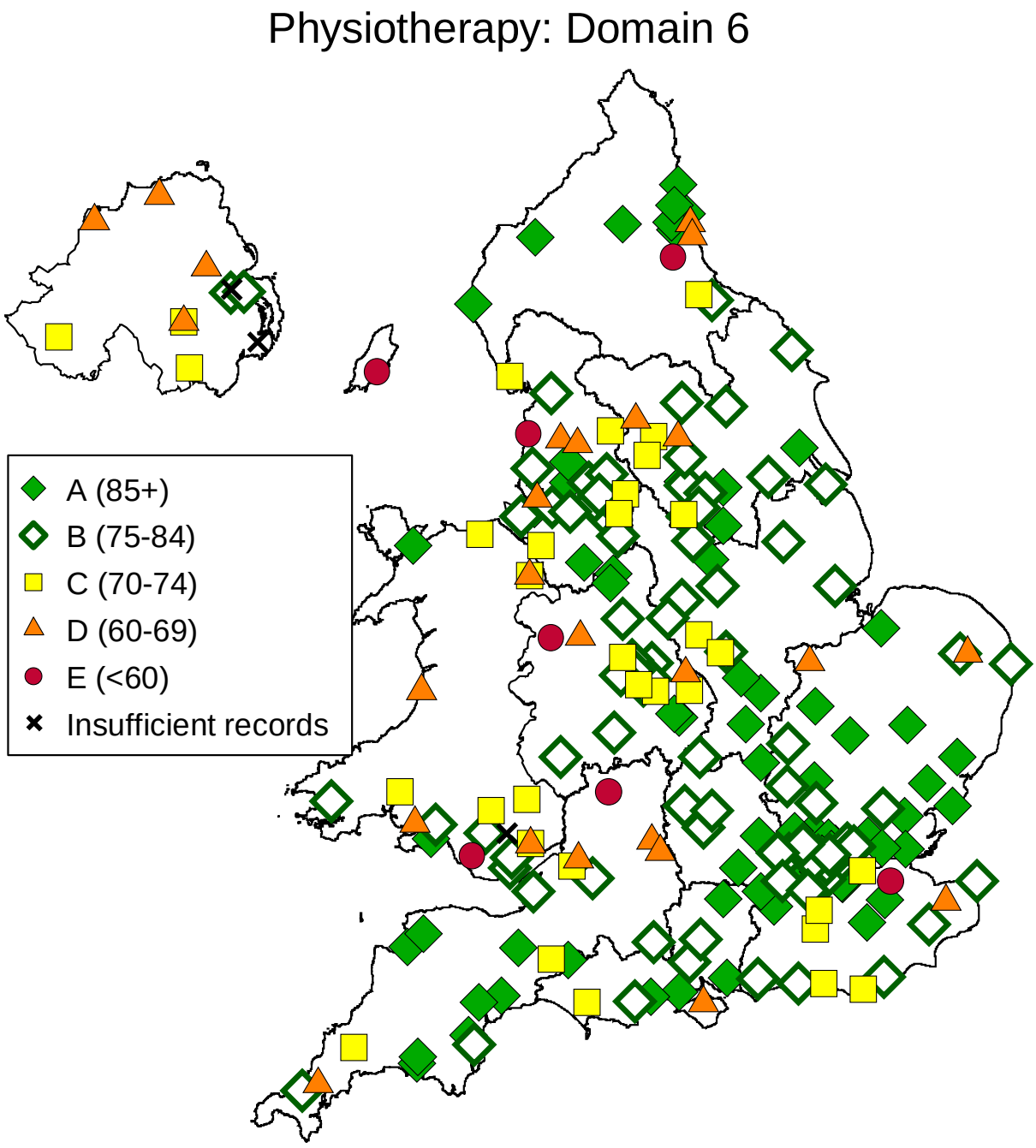
	Three month reporting			Four month reporting
Key Indicators: Physiotherapy	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of patients reported as requiring physiotherapy	85.3%	85.4%	85.0%	85.3%
Median number of minutes per day on which physiotherapy is received	33.3 mins	34.5 mins	33.8 mins	34.5 mins
Median % of days as an inpatient on which physiotherapy is received	71.6%	71.6%	69.7%	70.7%
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of physiotherapy required (according to 2016 NICE QS-S2) which were delivered	74.5%	77.2%	73.2%	76.3%

Distribution of Domain 6 level across all inpatient teams (228 teams)



D6 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A	70 teams (34%)	75 teams (35%)	65 teams (31%)	78 teams (34%)
B	79 teams (38%)	81 teams (38%)	83 teams (39%)	85 teams (37%)
C	25 teams (12%)	29 teams (13%)	26 teams (12%)	33 teams (14%)
D	23 teams (11%)	24 teams (11%)	32 teams (15%)	25 teams (11%)
E	10 teams (5%)	6 teams (3%)	7 teams (3%)	7 teams (3%)

The map below shows the patient centred performance of all *inpatient teams* for Domain 6. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.

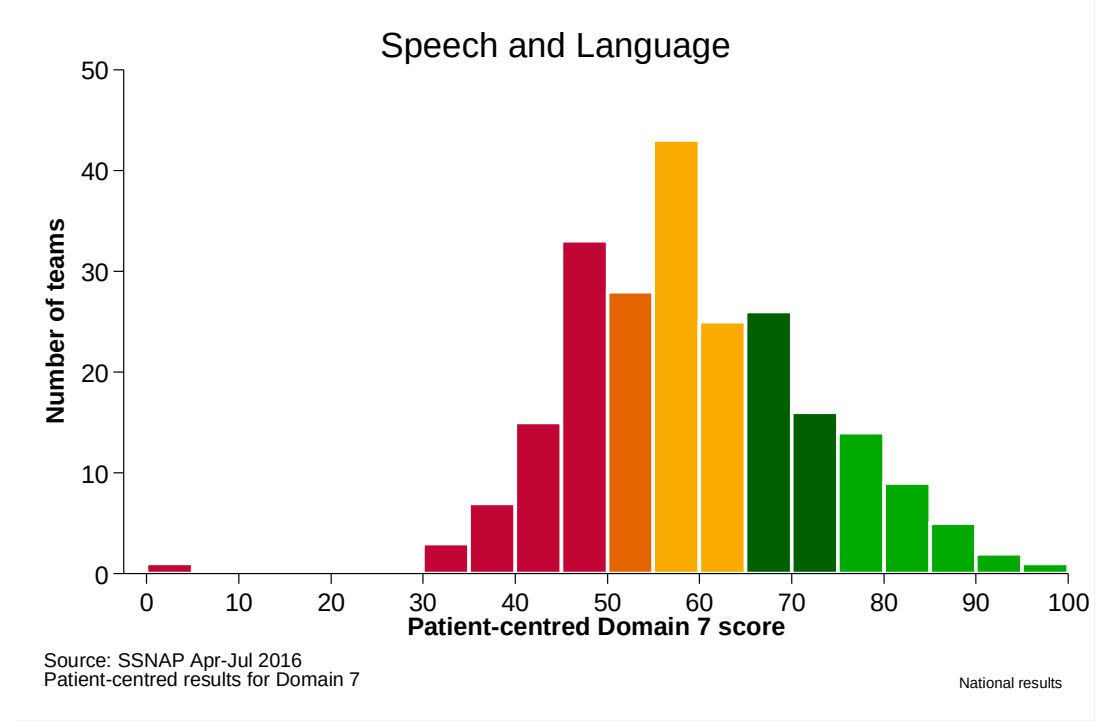


Source: SSNAP Apr-Jul 2016 (Patient Centred)

Domain 7: Speech and Language Therapy

	Three month reporting			Four month reporting
Key Indicators: Speech and Language Therapy	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of patients reported as requiring speech and language therapy	48.2%	49.4%	48.8%	50.0%
Median number of minutes per day on which speech and language therapy is received	31.7 mins	32.5 mins	31.5 mins	32.0 mins
Median % of days as an inpatient on which speech and language therapy is received	44.1%	44.7%	45.0%	45.3%
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of speech and language therapy required (according to 2016 NICE QS-S2) which were delivered	41.9%	44.7%	43.0%	45.1%

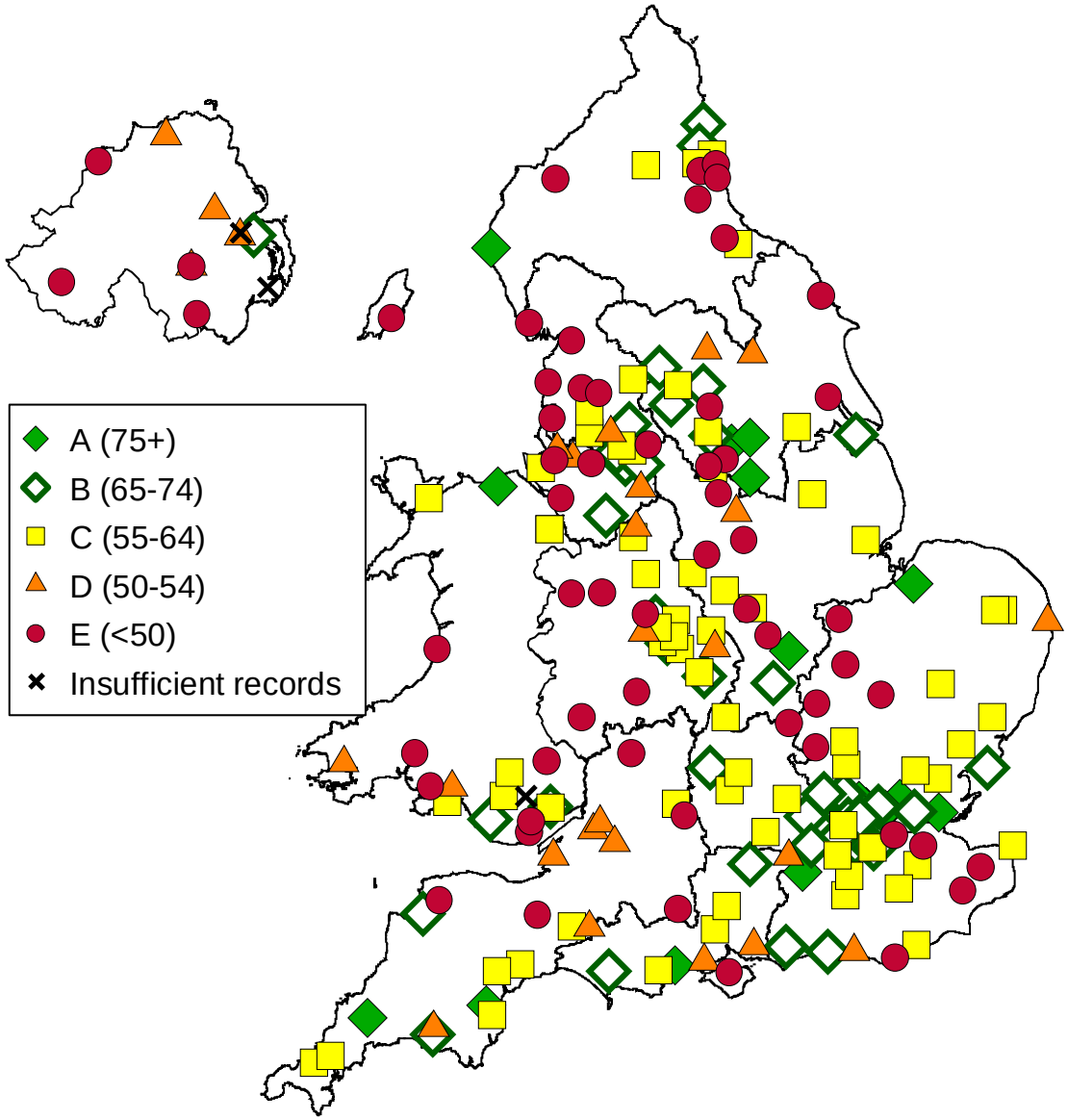
Distribution of Domain 7 level across all inpatient teams (228 teams)



D7 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016
A	25 teams (12%)	33 teams (15%)	31 teams (15%)	32 teams (14%)
B	39 teams (19%)	31 teams (14%)	30 teams (14%)	42 teams (18%)
C	42 teams (20%)	52 teams (24%)	69 teams (32%)	68 teams (30%)
D	40 teams (19%)	43 teams (20%)	28 teams (13%)	27 teams (12%)
E	61 teams (29%)	56 teams (26%)	55 teams (26%)	59 teams (26%)

The map below shows the patient centred performance of all *inpatient teams* for Domain 7. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.

Speech and Language Therapy: Domain 7

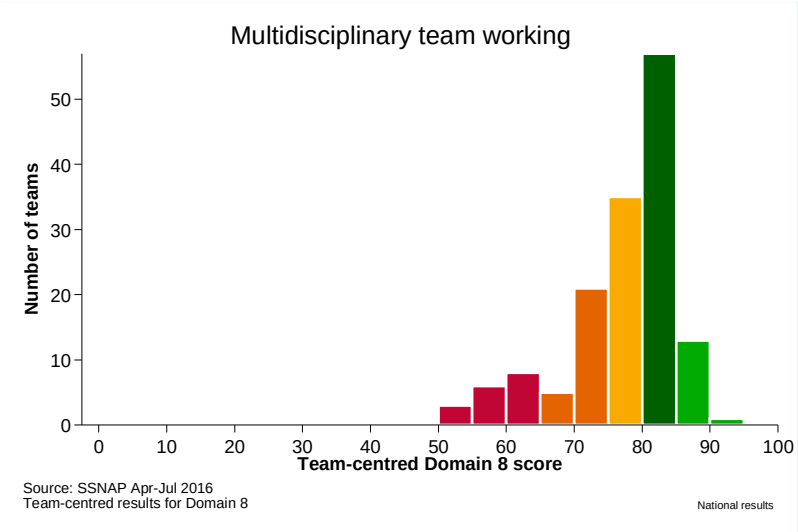


Source: SSNAP Apr-Jul 2016 (Patient Centred)

Domain 8: Multidisciplinary team working

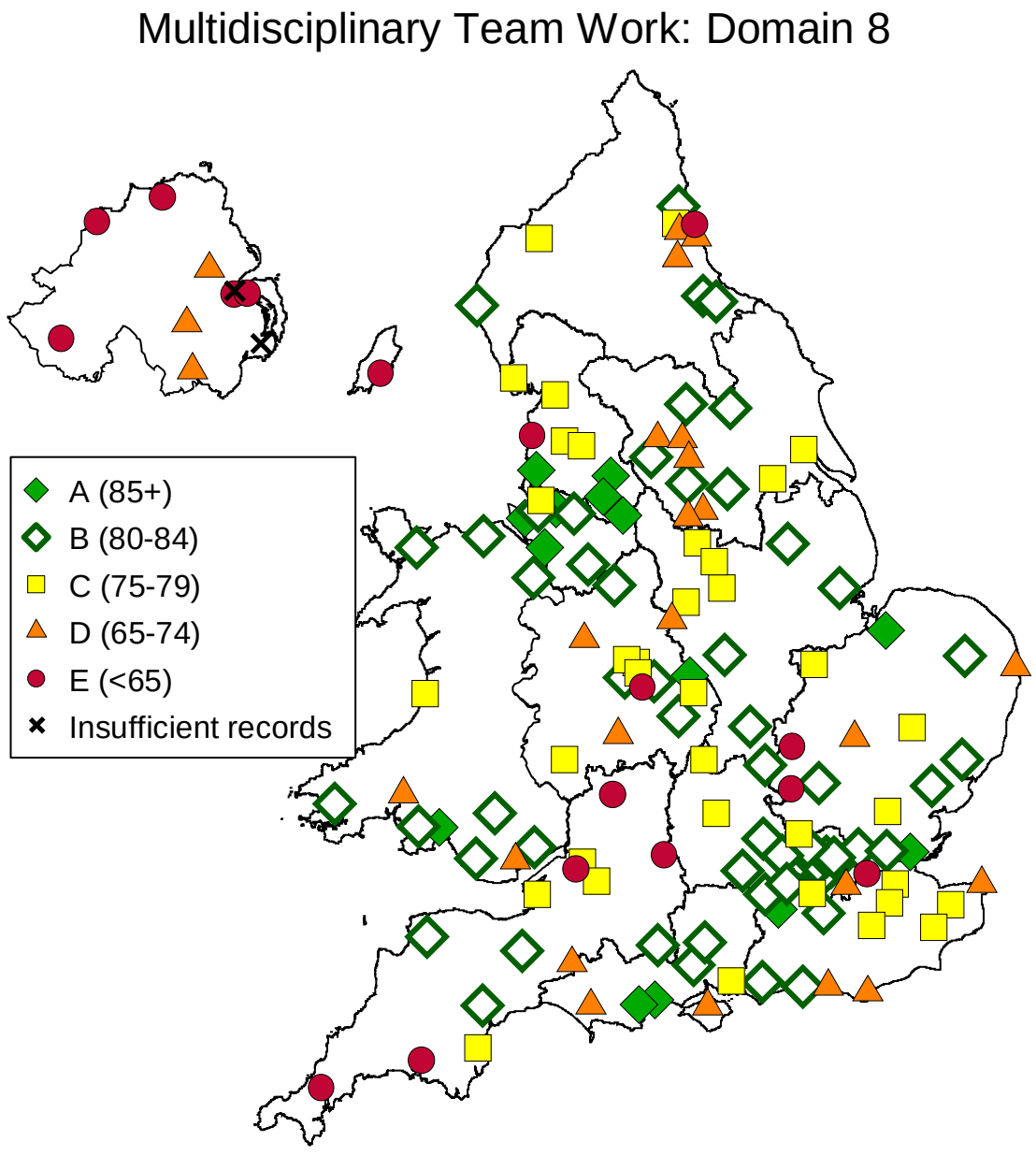
	Three month reporting			Four month reporting
Key indicators: Multidisciplinary team working	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of applicable patients who were assessed by an occupational therapist within 72h of clock start	90.4%	90.3%	90.7%	91.2%
Median time between clock start and being assessed by occupational therapist	22h 11m	22h 08m	22h 00m	21h 58m
Percentage of applicable patients who were assessed by a physiotherapist within 72h of clock start	94.5%	94.1%	94.2%	94.5%
Median time between clock start and being assessed by physiotherapist	21h 15m	21h 11m	21h 25m	21h 07m
Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start	86.9%	85.1%	86.4%	88.3%
Median time between clock start and being assessed by speech and language therapist	23h 45m	24h 01m	23h 39m	21h 12m
Percentage of applicable patients who have rehabilitation goals agreed within 5 days of clock start	89.0%	90.1%	90.2%	90.0%
Percentage of applicable patients who are assessed by a nurse within 24h AND at least one therapist within 24h AND all relevant therapists within 72h AND have rehab goals agreed within 5 days	57.8%	57.4%	57.8%	58.7%

Distribution of Domain 8 level across all routinely admitting teams (147 teams)



D8 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016
A	12 teams (8%)	11 teams (7%)	13 teams (9%)	14 teams (10%)
B	54 teams (35%)	45 teams (30%)	51 teams (35%)	55 teams (37%)
C	37 teams (24%)	45 teams (30%)	42 teams (29%)	36 teams (24%)
D	37 teams (24%)	35 teams (23%)	25 teams (17%)	25 teams (17%)
E	13 teams (8%)	16 teams (11%)	16 teams (11%)	17 teams (12%)

The map below shows the team centred performance of all *routinely admitting* teams for Domain 8. Each symbol represents a team, colour coded by the overall score achieved.



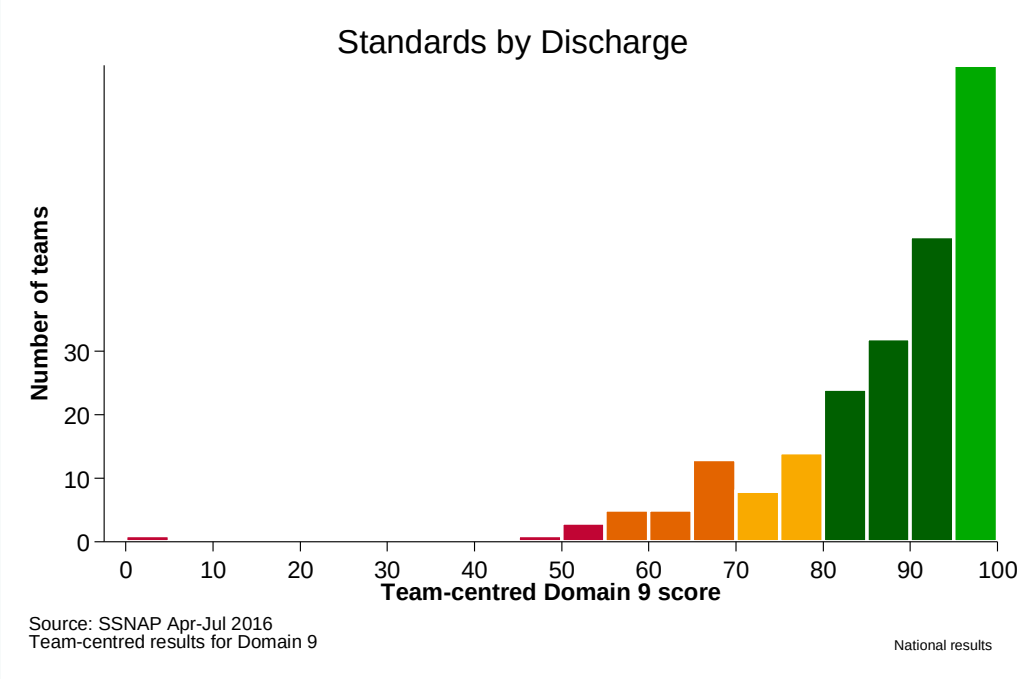
Source: SSNAP Apr-Jul 2016 (Team Centred)

Domain 9: Standards by Discharge

	Three month reporting			Four month reporting
Key Indicators: Standards by Discharge	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge*	80.3%	80.4%	78.5%	82.1%
Percentage of applicable patients who have a continence plan drawn up within 3 weeks of clock start	89.3%	89.6%	89.7%	90.7%
Percentage of applicable patients who have mood and cognition screening by discharge	90.0%	90.1%	89.2%	90.7%

* From January – March 2015 onwards, patients who are indicated as being for palliative care (either within 72 hours or by discharge) are now excluded from this measurement.

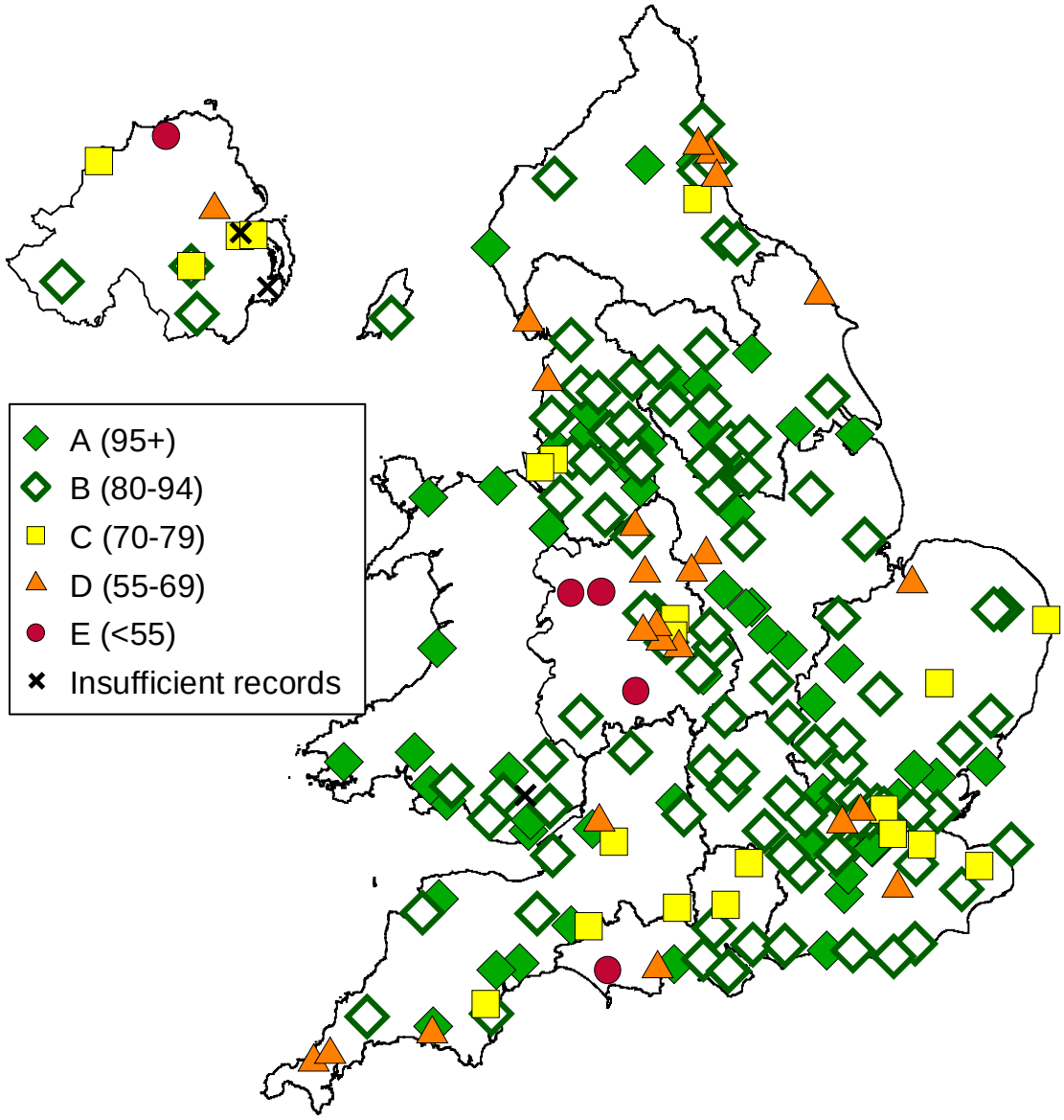
Distribution of Domain 9 level across inpatient teams (227 teams)



D9 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
A	68 teams (33%)	63 teams (29%)	63 teams (30%)	75 teams (33%)
B	83 teams (40%)	89 teams (42%)	80 teams (38%)	102 teams (45%)
C	28 teams (14%)	36 teams (17%)	32 teams (15%)	21 teams (9%)
D	19 teams (9%)	18 teams (8%)	30 teams (14%)	24 teams (11%)
E	9 teams (4%)	8 teams (4%)	7 teams (3%)	5 teams (2%)

The map below shows the team centred performance of all *inpatient teams* for Domain 9. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.

Standards by Discharge: Domain 9



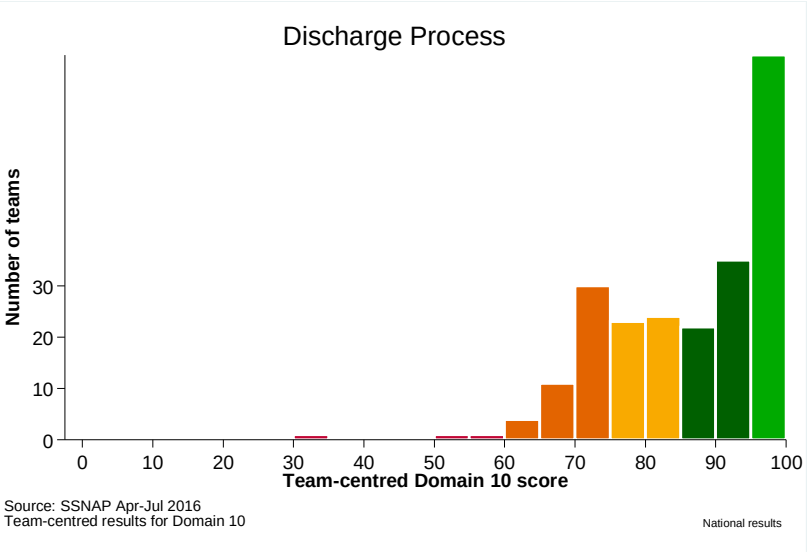
Source: SSNAP Apr-Jul 2016 (Team Centred)

Domain 10: Discharge Processes

	Three month reporting			Four month reporting
Key Indicators: Discharge Processes	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**
Percentage of applicable patients receiving a joint health and social care plan on discharge	87.4%	89.3%	89.9%	90.5%
Percentage of patients treated by a stroke skilled Early Supported Discharge team*	31.8%	33.7%	34.3%	33.7%
Percentage of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation	97.1%	97.6%	97.0%	97.4%
Percentage of those patients who are discharged alive who are given a named person to contact after discharge	90.1%	92.0%	92.4%	93.3%

* According to literature, approximately 34% of stroke patients are considered eligible for ESD [1]

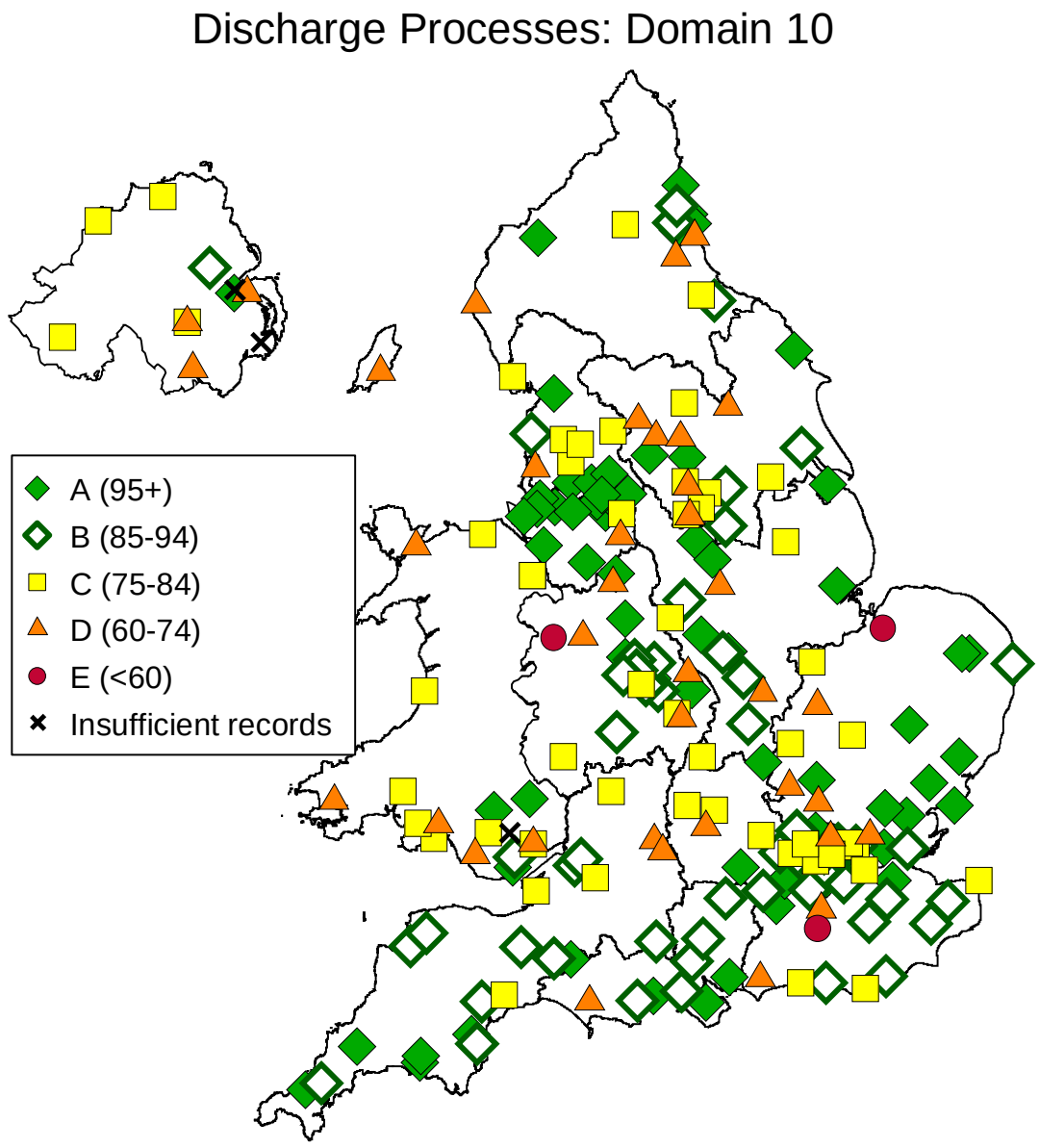
Distribution of Domain 10 level across all inpatient teams (225 teams)



[1] http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard

D10 Level	Number of teams achieving each level			
	Three month reporting			Four month reporting
	Jul-Sep 2015	Oct-Dec 2015	Jan-Mar 2016	Apr-Jul 2016
A	66 teams (32%)	71 teams (33%)	71 teams (34%)	75 teams (33%)
B	56 teams (27%)	59 teams (28%)	53 teams (25%)	56 teams (25%)
C	43 teams (21%)	51 teams (24%)	58 teams (27%)	54 teams (24%)
D	33 teams (16%)	25 teams (12%)	23 teams (11%)	37 teams (16%)
E	8 teams (4%)	8 teams (4%)	6 teams (3%)	3 teams (1%)

The map below shows the team centred performance of all *inpatient teams* for Domain 10. Each symbol represents a team, colour coded by the overall score achieved. Teams with insufficient or too few records submitted are highlighted with an X symbol.



Source: SSNAP Apr-Jul 2016 (Team Centred)

Section 2: Casemix

Casemix describes the characteristics of the group (or cohort) of stroke patients treated by a team. It includes demographics and type of stroke. The figures for casemix will be used in future reports to adjust for patient outcomes including mortality. It is therefore extremely important that the casemix data entered is of the highest quality and validated by the lead clinical contact.

The casemix figures in this section relate to those patients admitted between April – July 2016. The casemix of the patients discharged during the same time period are very similar and have not been included in this public report.

2.1 Patient Numbers

	Three month reporting			Four month reporting	
Number of stroke patients (Q1.9) included in report	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Number of stroke patients	19,971	20,989	20,991	28,003	*F1.1*
Patients newly arriving in hospital	*95.0%*	*94.0%*	*94.4%*	*94.4%*	
Patients already in hospital at time of stroke (Q1.10)	*5.0%*	*6.0%*	*5.6%*	*5.6%*	*F11.3*

2.2 Gender

	Three month reporting			Four month reporting	
Gender (Q1.6)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Male patients	51.6%	50.6%	50.6%	51.6%	*F3.5*
Female patients	48.4%	49.4%	49.4%	48.4%	*F3.3*

2.3 Age

	Three month reporting			Four month reporting	
Median age on clock start (Q1.5)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Age (years)	77	77	77	77	*F4.1*
Male Patients	73	74	74	73	*F4.10*
Female Patients	80	81	80	80	*F4.7*

	Three month reporting			Four month reporting	
% of patients aged >80 years on clock start (Q1.5)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Patients aged over 80 years	38.7%	40.2%	39.7%	38.5%	*F4.6*
Males aged over 80 years	28.6%	30.0%	30.3%	29.3%	*F4.18*
Females aged over 80 years	49.4%	50.6%	49.3%	48.4%	*F4.15*

Comment The patients being entered onto SSNAP appear to be very similar in terms of age to previous audits that we have conducted (Sentinel and SINAP).

2.4 Co-morbidities

These were recorded for all cases.

	Three month reporting			Four month reporting	
Number of co-morbidities (Q2.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
0	26.1%	25.5%	26.6%	26.5%	*F5.3*
1	35.3%	36.2%	35.5%	35.6%	*F5.5*
2	26.7%	25.8%	26.2%	26.2%	*F5.7*
3	9.9%	10.3%	9.7%	9.6%	*F5.9*
4	1.9%	2.0%	1.8%	1.8%	*F5.11*
5	0.2%	0.2%	0.2%	0.2%	*F5.13*

	Three month reporting			Four month reporting	
Type of co-morbidity (Q2.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Congestive Heart Failure	5.5%	5.7%	5.4%	5.5%	*F5.16*
Hypertension	54.0%	54.6%	53.7%	53.1%	*F5.19*
Diabetes	21.0%	20.5%	20.4%	20.8%	*F5.22*
Stroke/TIA	26.7%	26.8%	26.0%	26.5%	*F5.25*
Atrial Fibrillation	19.7%	20.0%	19.5%	19.3%	*F6.3*

The audit recorded whether the patients in atrial fibrillation were on either an antiplatelet or on anticoagulant medication, none, or both prior to admission and if not whether they had a justifiable reason (no but).

	Three month reporting			Four month reporting	
If patient is in Atrial Fibrillation, was the patient on antiplatelet medication prior to admission? (Q2.1.6)	**Jul-Sep 2015 N=3935**	**Oct-Dec 2015 N=4200**	**Jan-Mar 2016 N=4103**	**Apr-Jul 2016 N=5401**	*Ref*
Yes	30.6%	29.0%	27.2%	25.5%	*F6.6*
No	54.9%	57.1%	58.3%	60.5%	*F6.8*
No but	14.4%	13.9%	14.4%	14.0%	*F6.10*

	Three month reporting			Four month reporting	
If patient is in Atrial Fibrillation, was the patient on anticoagulant medication prior to admission? (Q2.1.7)	**Jul-Sep 2015 N=3935**	**Oct-Dec 2015 N=4200**	**Jan-Mar 2016 N=4103**	**Apr-Jul 2016 N=5401**	*Ref*
Yes	46.8%	48.9%	50.1%	51.4%	*F6.13*
No	40.4%	39.0%	38.5%	36.0%	*F6.15*
No but	12.8%	12.1%	11.5%	12.6%	*F6.17*

	Three month reporting			Four month reporting	
If patient is in Atrial Fibrillation, what combination of anticoagulant and antiplatelet medication was the patient on prior to admission?	**Jul-Sep 2015** **N=3935**	**Oct-Dec 2015** **N=4200**	**Jan-Mar 2016** **N=4103**	**Apr-Jul 2016** **N=5401**	*Ref*
Anticoagulant AND antiplatelet medication	3.9%	4.0%	4.1%	3.9%	*F6.20*
Anticoagulant medication only	42.8%	44.9%	46.0%	47.5%	*F6.22*
Antiplatelet medication only	26.7%	25.1%	23.2%	21.7%	*F6.24*
Neither medication	26.6%	26.0%	26.8%	27.0%	*F6.26*

Comment: These data are similar to the last National Sentinel Stroke Audit and reveal that there are still major issues in primary and secondary care about ensuring that patients have effective stroke prevention. Approximately one fifth of patients are in atrial fibrillation (AF) on admission. Over 50% of patients in AF on admission are taking anticoagulants with over 20% taking only antiplatelet drugs which are considered ineffective for patients in AF. Over a quarter of patients have had a prior stroke or TIA.

2.5 Stroke Type

	Three month reporting			Four month reporting	
Stroke Type (Q2.5)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Infarction	87.5%	87.0%	86.8%	87.4%	*F7.3*
Intracerebral Haemorrhage	11.7%	12.4%	12.8%	12.1%	*F7.5*
Unknown (not scanned)	0.8%	0.6%	0.4%	0.5%	*F7.7*

Comment: The distribution of haemorrhage and infarction is as expected from UK stroke epidemiology supporting the impression that there has not been significant case selection bias in terms of cases submitted to the audit.

2.6 Modified Rankin Scale scores before stroke

This is fully recorded for all patients in this cohort.

	Three month reporting			Four month reporting	
Modified Rankin Scale score before stroke (Q2.2)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
0 (no symptoms)	55.0%	53.6%	54.6%	54.9%	*F8.3*
1 (no significant disability)	14.9%	15.8%	15.1%	14.9%	*F8.5*
2 (slight disability)	10.7%	10.5%	10.7%	10.1%	*F8.7*
3 (moderate disability)	11.6%	11.8%	11.8%	12.2%	*F8.9*
4 (moderately severe disability)	6.2%	6.4%	6.1%	6.2%	*F8.11*
5 (severe disability)	1.6%	1.9%	1.7%	1.7%	*F8.13*
Groups					
1 or 2	25.6%	26.3%	25.8%	25.0%	*H1.12*
3, 4 or 5	19.4%	20.0%	19.6%	20.1%	*H1.13*

Comment: These data reinforce the message that stroke often occurs in frail patents. Nearly half of the cohort had restriction of activity before their stroke (Rankin score greater than 0) with nearly one fifth having very significant pre-stroke problems (Rankin Score greater than 2). These data will be used in the future to evaluate stroke outcomes at six months to assess how effective treating the stroke has been.

2.7 Completion rate of NIHSS items

High quality data are needed to assess the severity of stroke at admission. The best way of doing this is by using the National Institutes of Health Stroke Scale (NIHSS). It is a 15 item scale with one item that is mandatory (level of consciousness (LOC)). NIHSS completion is included in the audit compliance score for individual teams with the expectation that completion rates will improve substantially.

	Three month reporting			Four month reporting	
Number of NIHSS components completed (Q2.3)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
1 (only the compulsory LOC)	8.7%	8.2%	6.7%	5.1%	*F9.12*
2-14	5.4%	5.8%	5.1%	4.9%	*F9.14*
15 (all components)	85.9%	86.0%	88.2%	90.0%	*F9.16*

Comment: It is encouraging to see a consistent increase in the rate of NIHSS completion each reporting period. Completing an NIHSS for all stroke patients is fundamental in quantifying the level of impairment caused by a stroke and we would expect the level of completion to continue to increase in future reporting periods.

2.8 Summary of total NIHSS score

	Three month reporting			Four month reporting	
If NIHSS fully completed, severity groups:	**Jul-Sep 2015** N=17152	**Oct-Dec 2015** N=18059	**Jan-Mar 2016** N=18517	**Apr-Jul 2016** N=25197	*Ref F9.17*
0	7.1%	6.9%	6.8%	7.0%	*F9.19*
1-4= minor stroke	43.8%	42.3%	42.1%	42.6%	*F9.21*
5-15= moderate stroke	34.0%	35.0%	35.4%	34.8%	*F9.23*
16-20= moderate/severe stroke	6.9%	7.2%	7.5%	6.9%	*F9.25*
21-42= severe stroke	8.3%	8.6%	8.2%	8.7%	*F9.27*

Median and mean NIHSS scores are publically available in the full results portfolio, which is available at the link below.

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

Comment: A score of 0 does not mean that the patient did not have a stroke. There are deficits that are unrecorded by the score and some patients will have presented after the first 24 hours following stroke and have made a complete recovery. The distribution of the NIHSS scores is in line with what we expected again reassuring us that a representative sample of stroke patients is being submitted to SSNAP.

2.9 Palliative Care within 72h

It was reported that 1,534 out of 28,003 patients were appropriate for palliative care in the first 72 hours of admission. Of these, 1345 (87.7%) were on an end of life pathway within 72 hours of admission.

	Three month reporting			Four month reporting	
Palliative Care Decisions	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Has it been decided in the first 72 hours that the patient is for palliative care? (Q3.1)	5.1%	5.3%	5.2%	5.5%	*F10.3*

Comment: About 5% of patients have such severe strokes that a decision is made within the first 72 hours to palliate.

2.10 Onset of symptoms

The provision of standards of care within a specific timeframe depends on whether or not the day and time of onset can be obtained. The audit recognises that it may not be possible to identify a precise time for all patients, in which case the 'best estimate' is used.

	Three month reporting			Four month reporting	
Date of symptom onset (Q1.11.1)	**Apr-Jun 2015**	**Jul-Sep 2015**	**Oct-Dec 2015**	**Apr-Jul 2016**	*Ref*
Precise	68.0%	68.1%	67.2%	66.5%	*H2.3*
Best estimate	18.8%	18.7%	19.7%	21.1%	*H2.5*
Stroke during sleep	13.2%	13.1%	13.1%	12.4%	*H2.7*

	Three month reporting			Four month reporting	
Time of symptom onset (Q1.11.2)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Known	69.2%	68.5%	67.8%	68.6%	*H2.17*
Precise	33.3%	32.3%	32.1%	32.7%	*H2.10*
Best estimate	35.9%	36.3%	35.7%	36.0%	*H2.12*
Not known	30.8%	31.5%	32.2%	31.4%	*H2.14*

Time of onset is an important measure of data quality as it reflects the care taken to ascertain the time of onset as accurately as possible. From a clinical perspective a known time of onset will determine whether patients are appropriate for thrombolysis and intra-arterial treatment.

Comment: It is notable that a low percentage of patients reported as having stroke during sleep. The data highlights how important it is that specialist services are available 24 hours a day and seven days a week.

2.11 Ethnicity

Ethnicity (Q1.8)	**April 2015-March 2016**	
Known	79069	93.9%
White	*74408*	*88.4%*
Mixed / multiple ethnicity group	*374*	*0.4%*
Asian / Asian British	*2381*	*2.8%*
Black / African / Caribbean / Black British	*1048*	*1.2%*
Other ethnic group	*858*	*1.0%*
Not known	5115	6.1%

Due to low numbers in some categories, the ethnicity data is reported on an annual cohort. The high proportion of not known responses indicates difficulties in collecting this data.

Section 3: Processes of care in the first 72 hours

3.1 Timings from onset

	Three month reporting			Four month reporting	
Timings from onset (using both precise and best estimate times) (Q1.11.1 and 1.11.2)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from onset to arrival †	2h 46m (1h 24m – 8h 25m)	2h 45m (1h 25m – 8h 05m)	2h 49m (1h 28m – 8h 31m)	2h 49m (1h 26m – 8h 52m)	*H3.1 H3.2 H3.3*
Time from onset to stroke unit admission*	7h 10 m (4h 05m – 19h 35m)	7h 10m (4h 12m – 19h 31m)	7h 53m (4h 23m – 20h 33m)	7h 20m (4h 09m – 20h 13m)	*H3.4 H3.5 H3.6*
Time from onset to scan*	4h 10m (2h 01m – 12h 45m)	3h 58m (1h 58m – 11h 40m)	4h 01m (2h 00m – 12h 05m)	3h 56m (1h 57m – 11h 57m)	*H3.7 H3.8 H3.9*
Time from onset to thrombolysis*	2h 20m (1h 45m – 3h)	2h 23m (1h 50m – 3h 06m)	2h 25m (1h 53m – 3h 07m)	2h 23m (1h 48m – 3h 06m)	*H3.10 H3.11 H3.12*

†excluding in hospital stroke onset
*including in hospital stroke onset

Comment: There are clearly major improvements to be made in terms of reducing the time from symptom onset to arrival in the hospital. This will require further campaigns such as the FAST campaign to improve the understanding of the public and also work with the ambulance services to reduce the time from call to hospital arrival.

3.2 Arrival by ambulance

The percentages in the table below are for patients who arrived at hospital by ambulance. Patients already in hospital at the time of stroke are excluded.

	Three month reporting			Four month reporting	
Patient arrived by ambulance (Q1.12)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	81.4%	82.4%	82.2%	81.8%	*H4.3*

Comment: As in previous audits, most patients arrive at hospital by ambulance, highlighting the importance of ensuring that paramedics are seen as an integral part of the stroke team and are included in training education and quality improvement. We aspire to link ambulance data to SSNAP so that we can report an accurate account of the whole acute care pathway.

3.3 Timings from Clock Start

Clock start is defined as the time of arrival for newly arrived patients, and the symptom onset time (precise and best estimate) for patients who have a stroke while in hospital.

	Three month reporting			Four month reporting	
Timings from clock start (hours & minutes)	**Jul-Sep 2015** Median (IQR)	**Oct-Dec 2015** Median (IQR)	**Jan-Mar 2016** Median (IQR)	**Apr-Jul 2016** Median (IQR)	*Ref*
Time from clock start to first arrival on a stroke unit	3h 28m (2h 02m-6h 09m)	3h 35m (2h 06m – 6h 35m)	3h 51m (2h 14m – 8h 00m)	3h 35m (2h 03m – 6h 43m)	*H7.4, H7.5, H7.6*
Time from clock start to scan	1h 06m (28m-2h 45m)	1h 04m (26m – 2h 42m)	1h 04m (26m – 2h 50m)	59m (24m – 2h 34m)	*H6.4, H6.5, H6.6*
Time from clock start to thrombolysis	53m (36m-1h 18m)	55m (38m – 1h 19m)	54m (37m – 1h 19m)	52m (36m – 1h 16m)	*H16.42, H16.43, H16.44*

3.4 Period of Arrival

	Three month reporting			Four month reporting	
Arrival during (Q1.13)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Patient arrived in 'Normal hours' (Monday to Friday 8am – 6pm, excluding bank holidays)	46.6%	46.1%	45.2%	45.1%	*H5.3*
Patient arrived 'Out of hours'	48.4%	47.9%	49.3%	49.3%	*H5.5*
The onset of stroke was when the patient was already in hospital	5.0%	6.0%	5.6%	5.6%	*H5.7*

3.5 Brain Scanning (Domain 1)

	Three month reporting			Four month reporting	
Brain Imaging (Q2.4)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Scanned	99.2%	99.4%	99.6%	99.5%	*H6.3*

	Three month reporting			Four month reporting	
Brain scan timings	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to scan	1h 06m (28m – 2h 45m)	1h 04m (26m – 2h 42m)	1h 04m (26m – 2h 50)	0h 59m (24m – 2h 34)	*H6.4, H6.5, H6.6*
Time from onset to scan*	4h 10m (2h 01m – 12h 45m)	3h 58m (1h 58m – 11h 40m)	4h 01m (2h 00m – 12h 05m)	3h 56m (1h 57m – 11h 57m)	*H3.7, H3.8, H3.9*

*This standard is based on patients who had a scan and for whom a precise or best estimate onset time was known.

Approximately half of patients were scanned within 1 hour of clock start. Although this is considered out of all patients (as SSNAP does not measure eligibility for scan within 1 hour), this standard is not aiming for 100% compliance as not all patients would be considered eligible for a scan within one hour. For the Accelerating Stroke Improvement measure, the target for brain imaging within one hour was 50% of patients. Please note, the new RCP National Clinical Guideline for Stroke (fifth edition, 2016) recommends that all patients are scanned within 1 hour. It is appreciated that this change will take time to implement.

The National Clinical Guideline for Stroke 2012 recommended that all patients are scanned within 12 hours of clock start. In this sample, this standard was achieved for more than 90% of all patients.

Comment: Improved access to scanning has been one of the main successes in stroke care over recent years, with over 90% of patients in the cohort for this report being scanned within 12 hours. Many services appear to be adopting the logical policy of scanning patients immediately on arrival at hospital. However SSNAP data has shown that there is a lower chance of patients being scanned at weekends than during the week and there are still relatively few patients scanned at night time.

3.6 Stroke Unit Admission (Domain 2)

	Three month reporting			Four month reporting	
Went to stroke unit (at first admitting team) (Q1.15)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	96.5%	96.3%	96.0%	96.1%	*H7.3*

	Three month reporting			Four month reporting	
Stroke unit timings	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to first arrival on a stroke unit	3h 28m (2h 02m – 6h 09m)	3h 35m (2h 06m – 6h 35m)	3h 51m (2h 14m – 8h 00m)	3h 35m (2h 03m – 6h 43m)	*H7.4, H7.5, H7.6*
Time from symptom onset to arrival at stroke unit *	7h 10m (4h 05m- 19h 35m)	7h 10m (4h 12m – 19h 31m)	7h 53m (4h 23m - 20h 33m)	7h 20m (4h 09m - 20h 13m)	*H3.4, H3.5, H3.6*

*This standard is based on patients who went to a stroke unit and for whom a precise or best estimate onset time was known.

3.7 First ward of admission

It is acknowledged that for a small proportion of patients direct admission to a stroke unit is not appropriate and the audit captures and differentiates between those who go to an acceptable other location (e.g. intensive care) compared to a 'non acceptable' location (e.g. generic admissions unit).

	Three month reporting			Four month reporting	
First ward of admission (at first admitting team) (Q1.14)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Stroke Unit	77.9%	78.4%	77.4%	78.4%	*H7.11*
Medical Assessment Unit / Acute Admissions Unit / Clinical Decisions Unit (unacceptable)	16.2%	14.5%	15.6%	14.7%	*H7.9*
Intensive Therapy Unit / Coronary Care Unit / High Dependency Unit (acceptable)	2.1%	2.4%	2.0%	2.1%	*H7.13*
Other (unacceptable)	3.9%	4.7%	5.0%	4.8%	*H7.15*

Comment: Almost all of this group of patients were treated at some time during their stay on a stroke unit although it is still of great concern that such a large percentage of patients are admitted initially to a general ward such as a medical admission unit. Direct admission to a stroke unit remains the most important intervention we have for acute stroke and so it is concerning that a significant number of patients are failed in this way. Correcting this part of the pathway should be a top priority for all hospitals operating such systems. In some cases this will be understandable if the patient has their stroke post-surgery or while on an intensive care unit, but we know that in-hospital stroke patients do tend to be identified and managed more slowly.

3.8 Thrombolysis (Domain 3)

Thrombolysis is a clot busting drug which can be a very effective way of treating ischaemic strokes (caused by blood clot). The eligibility criteria for thrombolysis are based on age, type of stroke and time lapse since stroke onset. Based on these criteria, it is expected that between 15 and 20% of patients would be eligible for thrombolysis.

	Three month reporting			Four month reporting	
Was the patient given thrombolysis (Q2.6)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	10.9%	11.0%	11.4%	11.9%	*H16.3*
No	0.9%	1.0%	1.0%	0.9%	*H16.5*
Thrombolysis not available at hospital	*0.5%*	*0.6%*	*0.7%*	*0.5%*	*H16.14*
Outside thrombolysis service hours	*0.1%*	*0.2%*	*0.1%*	*0.1%*	*H16.16*
Unable to scan quickly enough	*0.1%*	*0.1%*	*<0.1%*	*<0.1%*	*H16.18*
None	*0.2%*	*0.2%*	*0.2%*	*0.3%*	*H16.20*
No but*	88.2%	88.0%	87.7%	87.2%	*H16.7*

*Since a patient can have more than one "no but" reason, the breakdown is given in the following table.

Comment: It is encouraging to see that a higher level of thrombolysis is being sustained compared to other high income countries.

'No but' is answered when there was a medical reason stated for not giving thrombolysis according to the hospital. The most common medical reasons are outlined below.

	Three month reporting			Four month reporting	
'No but' reasons for not thrombolysing	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Patient arrived outside the time window for thrombolysis	29.1%	31.8%	32.9%	33.2%	*H16.25*
Wake up time unknown	31.7%	36.8%	37.5%	37.1%	*H16.39*
Stroke too mild/severe	13.3%	14.3%	13.9%	13.8%	*H16.37*
Haemorrhagic stroke	12.1%	14.8%	15.2%	14.3%	*H16.23*

Other reasons for not giving thrombolysis were that the patient's condition was improving, the patient had other co-morbidities and 'other medical reasons'. Other less common 'No but' reasons were the patient's age, medication, and patient refusal.

Further details of less common "No but" reasons, can be found within the results portfolio.

www.strokeaudit.org/results/national

3.8.1 Thrombolysis timings

	Three month reporting			Four month reporting	
Thrombolysis timings	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to thrombolysis	53m (36m – 1h 18m)	55m (38m – 1h 19m)	54m (37m – 1h 19m)	52m (36m – 1h 16m)	*H16.42, H16.43, H16.44*
Time from onset to thrombolysis	2h 20m (1h 45m – 3h 00m)	2h 23m (1h 50m – 3h 06m)	2h 25m (1h 53m – 3h 07m)	2h 23m (1h 48m – 3h 06m)	*H3.10, H3.11, H3.12*
If thrombolysed, time from onset to clock start	1h 17m	1h 20m	1h 21m	1h 21m	*H16.45*
If thrombolysed, time from clock start to scan	20m	21m	20m	20m	*H16.46*
If thrombolysed, time from scan to thrombolysis	29m	30m	30m	29m	*H16.47*

Comment: These data show there are still improvements to be made in door to needle time for patients receiving thrombolysis. There are big variations between units demonstrating that it is possible to set services up to operate more efficiently.

3.8.2 Thrombolysis based on eligibility

There are several reasons why thrombolysis might not be clinically appropriate for certain patients. This section presents results for eligible patients only. Eligibility is defined by the National Clinical Guideline for Stroke 2016 and includes:

Patients with a final diagnosis of stroke (Q1.9 recorded as 'Stroke'), and one of:

- newly arrived patients aged under 80 with an onset to arrival time of less than 3.5 hours
- newly arrived patients aged 80 or over with an onset to arrival time of less than 2 hours
- patients already in hospital at time of stroke

except patients with at least one medical reason for not giving thrombolysis that is **consistent** with information provided in other sections of the audit.

	Three month reporting			Four month reporting	
Minimum threshold for thrombolysis	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients eligible for thrombolysis (according to the RCP guideline minimum threshold)	11.6%	11.4%	11.8%	12.1%	*H16.50*
Percentage of eligible patients (according to above threshold) who were given thrombolysis	85.6%	85.6%	85.7%	87.7%	*H16.55*

See the 'Technical Information' section of the 'Full Results Portfolio' on the SSNAP reporting portal for more details about how eligibility is calculated.

Comment: A higher percentage of stroke admissions are thrombolysed than nearly every other country. The majority of patients not being thrombolysed, when there were no medical contraindications, were the result of services not being available on site or at the hour the patient arrived. Reorganisation of services is urgently needed in those areas that are still not providing specialist 24 hour hyperacute stroke care.

3.8.3 Complications following thrombolysis

	Three month reporting			Four month reporting	
Thrombolysis complications (Q2.8) if patient received thrombolysis	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Patient had complications (Patients with complications/total number thrombolysed)	8.4% (184/2182)	9.5% (220/2309)	9.2% (220/2391)	8.6% (285/3331)	*H17.3, H17.1, H17.2*

	Three month reporting			Four month reporting	
Type of complication (as reported) (Q2.8.1)*	**Jul-Sep 2015** N=2182	**Oct-Dec 2015** N=2309	**Jan-Mar 2016** N=2389	**Apr-Jul 2016** N=3331	*Ref*
Symptomatic intracranial haemorrhage (SIH)	3.9%	4.3%	4.4%	4.5%	*H17.6*
Angio oedema (AO)	0.4%	0.7%	0.5%	0.5%	*H17.8*
Extracranial bleed (EB)	0.5%	0.6%	0.4%	0.6%	*H17.10*
Other	3.9%	4.2%	4.0%	3.3%	*H17.12*

*some patients had more than one type of complication

Comment: The symptomatic intracranial haemorrhage rate in patients treated with thrombolysis is in line with data from randomised controlled trials.

3.8.4 NIHSS 24 hours after thrombolysis

	Three month reporting			Four month reporting	
NIHSS 24h after thrombolysis, if patient received thrombolysis (Q2.9)	**Jul-Sep 2015** N=2182	**Oct-Dec 2015** N=2309	**Jan-Mar 2016** N=2389	**Apr-Jul 2016** N=3331	*Ref*
Known	89.9%	88.4%	89.6%	90.8%	*H18.3*
Not known	10.7%	11.6%	10.4%	9.2%	

	Three month reporting			Four month reporting	
If NIHSS 24h after thrombolysis is known, severity groups:	**Jul-Sep 2015** N=1961	**Oct-Dec 2015** N=2042	**Jan-Mar 2016** N=2140	**Apr-Jul 2016** N=3070	*Ref*
0	13.2%	14.2%	14.4%	15.2%	*H18.6*
1-4 (minor stroke)	33.9%	33.5%	32.7%	34.3%	*H18.8*
5-15 (moderate stroke)	34.1%	33.1%	34.4%	31.9%	*H18.10*
16-20 (moderate/severe stroke)	9.1%	8.4%	9.3%	8.9%	*H18.12*
21-42 (severe stroke)	9.7%	10.8%	9.1 %	9.6%	*H18.14*

Cases that do not contain NIHSS 24 hours after thrombolysis negatively affect the accuracy of case mix adjusted mortality data and often have to be excluded from the analysis. SSNAP therefore requires high completion rates of NIHSS scores 24 hours after thrombolysis. Teams with less than 90% completion rate of NIHSS score after 24 hours are excluded from the SSNAP Collaboration. The SSNAP collaboration is an acknowledgement for use in peer reviewed papers, more details of which can be found in the link below.

https://www.strokeaudit.org/Research/SSNAP-Collaboration.aspx

3.8.5 Emerging treatment: Thrombectomy

Thrombectomy is an emerging treatment in ischaemic stroke. It involves insertion of a guidewire catheter tube into an artery in the groin, and feeding this up into the blocked artery in the brain. The clot is then removed using a mechanical device with the aim of restoring blood and oxygen flow to the brain. If technically successful and done in time thrombectomy can greatly improve the outcome of the brain injury due to stroke in selected patients.

The evidence base for using thrombectomy in treating ischaemic stroke has expanded enormously over the past 18 months but the implications for implementation in routine clinical practice are still emerging. For any service providing thrombectomy, ensuring that treatment is provided safely and effectively is of the highest clinical importance. For this reason SSNAP added questions on intra-arterial therapy to the mandatory core dataset on 1 October 2015. Between April and July 2016, it was reported that 164 patients out of 24,487 ischaemic stroke patients received intra-arterial intervention and data on thrombectomy was submitted by 30 teams. The median number of thrombectomies per team was 3 (IQR 1-7) with one team carrying out 23 and another team carrying out 19. According to the 2014 Acute Organisational Audit 295 patients who presented with acute stroke were treated intra-arterially between 1 April 2013 and 31 March 2014.

Though it is not possible to make meaningful conclusions on thrombectomy provision based on such low numbers at this early stage of data collection, median thrombectomy timings are provided in the table below to give the reader some insight into proposed future reporting. As thrombectomy provision becomes more widely available to patients across the country, it is expected that the number of cases submitted to SSNAP will increase making the data more robust. It will then be possible to provide more detailed results. Until the uptake of intra-arterial intervention increases and this is reflected in SSNAP data, national level results only will be reported on.

Median (IQR) (in minutes)	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Number of patients receiving thrombectomy	51	73	164	*N/A*
Onset to puncture	235 mins (190-310)	213 mins (172-290)	231 mins (175-326)	*N/A*
Onset to completion	310 mins (237-375)	285 mins (225-350)	314 mins (228-391)	*N/A*
Clock start to puncture	145 mins (92-208)	124 mins (84 – 171)	120 mins (77-183)	*N/A*
Puncture to deployment*	26 mins (15-35)	20 mins (12 – 29)	20 mins (10-34)	*N/A*
Puncture to end of procedure	60 mins (44-90)	60 mins (40 -84)	58 mins (35-85)	*N/A*

**For 14 patients in Apr-Jul 2016 the device was not deployed. These patients have been excluded from this timing*

3.9 Specialist assessments (Domain 4)

Following admission, there are a number of assessments that are considered mandatory elements of high quality stroke care. Some assessments (e.g. being seen by a nurse or stroke consultant) are applicable for all stroke patients. There are other instances where certain assessments do not apply for valid reasons. In these cases, teams can answer 'No but' and the record is excluded from the analysis of that particular standard. For example some patients may not need a formal swallow assessment as they had already passed their initial swallow screen.

The 'compliant' percentage in the tables below indicates the proportion of *applicable* patients receiving the assessment in question.

3.9.1 Swallowing screening and assessments

	Three month reporting			Four month reporting	
Swallow screening within 4h (Q2.10)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable to have swallow screening within 4h*	89.7%	89.4%	89.8%	90.3%	*H14.17*
Percentage of applicable patients who had swallow screening in 4 hours	72.8%	72.0%	71.2%	74.4%	*H14.20*
Median (IQR) time from clock start to swallow screening within 4h (hours & minutes)	1h 27m (46m – 2h 32m)	1h 25m (45m – 2h 28m)	1h 23m (44m – 2h 28m)	1h 21m (42m – 2h 25m)	*H14.12, H14.13, H14.14*

*Applicable patients are those for whom Q2.10.1 is not answered "Patient refused" or "Patient medically unwell until time of screening".

	Three month reporting			Four month reporting	
Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment within 72 hours (Q3.8)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for a formal swallow assessment within 72 hours	38.8%	39.6%	40.0%	39.0%	*H15.21*
Percentage of applicable patients who had formal swallow assessment within 72 hours	84.9%	83.8%	84.5%	87.5%	*H15.24*
Median (IQR) time from clock start to formal swallow assessment	19h 42m (5h 49m – 29h 48m)	20h 10m (5h 40m – 32h 51m)	20h 03m (6h 30m – 30h 52m)	19h 55m (6h 47m – 31h 02m)	*H15.1, H15.2, H15.3*

Comment: Over 70% of applicable patients are screened for the safety of their swallowing within 4 hours of arrival. While this has improved since data collection began, it is disturbing that there are still so many cases not meeting this standard. This screening should be an essential component of the immediate evaluation of the patient. Swallow assessment within 72 hours of admission is achieved for over 80% of applicable patients which is another area where results have improved.

3.9.2 Assessment by nurse

	Three month reporting			Four month reporting	
Assessed by a nurse trained in stroke management (Q3.2)	**Jul-Sep 2015**	**Oct- Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Assessed within 72h	94.6%	94.4%	94.7%	95.1%	*H8.6*
Within 12h	*83.5%*	*83.3%*	*83.0%*	*84.9%*	*H8.9*
12-24h	*5.6%*	*5.5%*	*6.0%*	*5.0%*	*H8.11*
24-72h	*5.4%*	*5.6%*	*5.7%*	*5.3%*	*H8.13*
Median (IQR) time from clock start to assessment by stroke nurse	1h 26m (09m – 4h 14m)	1h 26m (10m – 4h 20m)	1h 30m (08m – 4h 50m)	1h 15m (06m – 4h 12m)	*H8.14, H8.15, H8.16*

3.9.3 Assessment by stroke specialist consultant

	Three month reporting			Four month reporting	
Assessed by a stroke specialist consultant physician (Q3.3)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Assessed within 72h	94.0%	93.4%	93.8%	94.4%	*H9.6*
Within 12h	46.1%	46.1%	46.8%	48.1%	*H9.9*
12-24h	33.4%	32.6%	32.3%	32.4%	*H9.11*
24-72h	14.5%	14.7%	14.7%	13.8%	*H9.13*
Median (IQR) time for assessment by stroke consultant physician	12h 27m (2h 05m – 20h 34m)	12h 17m (1h 58m – 20h 42m)	12h 03m (1h 58m – 20h 43m)	11h 29m (1h 48m – 20h 10m)	*H9.14* *H9.15* *H9.16*

Comment: Approximately a fifth of stroke admissions are not seen by a specialist stroke physician within 24 hours of admission.

3.10 Therapy Assessments in first 72 hours (Part of Domain 8)

For physiotherapy, occupational therapy and speech and language therapy assessments, applicable patients are those that remain after patients who refused, were medically unwell or had no relevant deficit are excluded.

The 'compliant' percentage in the tables below indicates the proportion of *applicable* patients receiving the assessment in question.

NB The audit did not ask about applicability in relation to therapy assessments within 24 hours. Adherence is therefore calculated out of all patients but it is not aimed at 100% optimal level/value.

Please refer to Section 4.1 'assessments by discharge' and Section 5 'therapy intensity' for further information about each of the therapy disciplines.

3.10.1 Occupational Therapy Assessments in first 72 hours

	Three month reporting			Four month reporting	
Assessed by an Occupational Therapist within 72h of Clock Start (Q3.5)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable to be assessed by an OT within 72h*	86.7%	86.2%	86.6%	86.7%	*H10.21*
Percentage of applicable patients assessed by an OT within 72 hours	90.4%	90.3%	90.7%	91.2%	*H10.24*

*Applicable patients are those for whom Q3.5.1 is not answered as "Patient refused", "Patient medically unwell" or "Patient had no relevant deficit"

3.10.2 Physiotherapy Assessments in first 72 hours

	Three month reporting			Four month reporting	
Assessed by a Physiotherapist within 72h of Clock Start (Q3.6)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Applicable to be assessed by a PT within 72h*	89.2%	88.9%	89.0%	89.5%	*H11.21*
Percentage of applicable patients assessed by an PT within 72 hours	94.5%	94.1%	94.2%	94.5%	*H11.24*

*Applicable patients are those for whom Q3.6.1 is not answered as "Patient refused", "Patient medically unwell" or "Patient had no relevant deficit"

3.10.3 Speech and Language Therapy in first 72 hours

	Three month reporting			Four month reporting	
Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Applicable* to be assessed by a SALT within 72h	45.8%	47.0%	47.1%	48.5%	*H12.21*
Percentage of applicable patients assessed by a SALT within 72 hours	86.9%	85.1%	86.4%	88.3%	*H12.24*

*Applicable patients are those for whom Q3.7.1 is not answered as "Patient refused", "Patient medically unwell" or "Patient had no relevant deficit"

Comment: Assessment by SALT, OT or PT within 72 hours of admission is not a particularly stringent target and should be achievable in the vast majority of cases. It is likely that services with rapid access to therapists are working more efficiently and are more likely to get their patients home more quickly, as well as initiating treatment earlier with the probability of a better outcome than when treatment is delayed.

Section 4: Discharge results

4.1 Assessments by discharge

For physiotherapy, occupational therapy and speech and language therapy assessments, applicable patients are those that remain after patients who refused, were medically unwell or had no relevant deficit are excluded.

The 'compliant' percentage in the tables below indicates the percentage of *applicable* patients receiving the assessment in question.

For more information on assessments in the first 72 hours please see section 3.10.

4.1.1 Swallow assessment by discharge

	Three month reporting			Four month reporting	
Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment by discharge (Q6.4)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for formal swallow assessment by discharge*	41.5%	41.4%	42.3%	41.7%	*J23.3*
Percentage of applicable patients who received formal swallow assessment by discharge	91.3%	91.1%	91.4%	92.9%	*J23.6*
Median time (IQR) from Clock Start to formal swallow assessment	22h 15m (8h 21m – 47h)	22h 52m (7h 28m – 48h 14m)	22h 21m (8h 39m – 46h 53m)	22h 11m (8h 59m – 46h 12m)	*J23.7, J23.8, J23.9*

*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Comment: It appears that hospitals are performing well in terms of achieving the standards for swallowing assessment. It is encouraging to see significant improvement in the number of patients receiving a swallow assessment by discharge since data collection began. I am however concerned looking at the data that there may be errors in completion of this item. It refers to when a speech and language therapist (or another professional trained in dysphagia assessment) sees a patient who has been identified on screening as possibly having problems with the safety of their swallow. Looking at the times of day and day of the week this was purported to have been completed credibility is stretched. I am not aware of any services which offer 24/7 specialist swallowing assessments.

4.1.2 Physiotherapy assessment by discharge

	Three month reporting			Four month reporting	
Physiotherapy assessment by discharge* (Q6.2)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for formal physiotherapy assessment by discharge*	90.8%	90.5%	90.8%	91.2%	*J21.3*
Percentage of applicable patients who received formal physiotherapy assessment by discharge	99.0%	98.9%	98.8%	98.9%	*J21.6*
Median time (IQR) from Clock Start to formal physiotherapy assessment	21h 52m (16h 02m – 35h 30m)	22h 02m (16h 18m – 36h 14m)	21h 56m (16h 15m – 36h 45m)	21h 51m (15h 55m – 35h 33m)	*J21.7 J21.8 J21.9*

*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Comment: Almost all patients with motor deficits are assessed by a physiotherapist during their hospital stay. The median time from arrival (or stroke onset in hospital) was around 22 hours. A good performance and what is encouraging is the frequency with which patients are being seen at the weekend.

4.1.3 Occupational therapy assessment by discharge

	Three month reporting			Four month reporting	
Occupational therapy assessment by discharge* (Q6.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for formal occupational therapy assessment by discharge*	89.1%	89.0%	89.3%	89.6%	*J20.3*
Percentage of applicable patients who received formal occupational therapy assessment by discharge	98.3%	98.3%	98.3%	98.3%	*J20.6*
Median time (IQR) from Clock Start (hrs & mins) to formal occupational therapy assessment	23h 19m (17h 22m – 45h 15m)	23h 26m (17h 30m - 45h 35m)	23h 05m (17h 17m - 44h 29m)	23h 11m (17h 03m - 43h 59m)	*J20.7, J20.8, J20.9*

*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Comment: Occupational therapists are performing well according to audit data, with almost all of applicable patients being assessed during their hospital stay and with a median time of less than 24 hours between admission (or stroke onset in hospital) and assessment. As with physiotherapy it is encouraging to see how many patients are being assessed at the weekend.

4.2 Speech and language therapy communication assessment by discharge

	Three month reporting			Four month reporting	
Speech and language therapy communication assessment by discharge* (Q6.3)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for formal speech and language therapy communication assessment by discharge*	48.5%	49.0%	48.9%	50.3%	*J22.3*
Percentage of applicable patients who received formal speech and language communication therapy assessment by discharge	96.1%	95.8%	95.7%	96.3%	*J22.6*
Median time (IQR) from Clock Start (hrs & mins) to formal speech and language therapy communication assessment	26h 33m (18h 41m – 54h 47m)	26h 46m (19h 16m – 54h 21)	26h 01m (18h 45m – 51h 50m)	25h 17m (17h 53m – 49h 45m)	*J22.7* *J22.8* *J22.9*

*Includes patients who were assessed within 72h and those assessed between 72h and discharge.

Comment: Though the vast majority applicable patients are seen by speech therapists during their stay, this percentage is not as high as for physiotherapy and occupational therapy. The median time between arrival or onset of stroke in hospital and assessment is approximately 26 hours. This is longer than for the other two principal therapies and probably reflects the fact that very few services provide weekend speech and language therapy.

4.3 Multidisciplinary Working (part of Domain 8)

	Three month reporting			Four month reporting	
Rehabilitation goals agreed (Q4.7)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for rehab goals within 5 days*	80.8%	81.5%	81.6%	82.2%	*J13.12*
Percentage of applicable patients who have rehab goals set within 5 days	89.0%	90.1%	90.2%	90.0%	*J13.15*

*Patients are applicable unless they have no deficits, refuse rehabilitation goals, or are on palliative care and have no rehabilitation potential

4.4 Standards by Discharge (Domain 9)

4.4.1 Nutritional screening, risk of malnutrition and dietitian

	Three month reporting			Four month reporting	
Nutritional screening (Q6.6)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of ALL patients screened	96.6%	96.4%	96.0%	96.4%	*J16.3*
If screened for nutrition:					
Identified as being at high risk of malnutrition	18.9%	19.5%	20.2%	20.3%	*J16.6*
If identified as being at high risk of malnutrition following nutritional screening:					
Seen by a dietitian	89.1%	89.9%	89.9%	92.2%	*J16.9*

Comment: Over 7% of patients identified as being at high risk of malnutrition on screening do not get to see a dietitian.

	Three month reporting			Four month reporting	
Combination of nutritional screening, risk of malnutrition, and seen by dietitian:	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for nutritional screening/being seen by a dietitian *	15.4%	15.7%	16.6%	16. 6%	*J16.12.1*
Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge**	80.3%	80.4%	78.5%	82.1%	*J16.15.1*

*Patients are applicable if screened for nutrition AND identified as high risk, or not screened for nutrition.

** Patients who are indicated as being for palliative care (either within 72 hours or by discharge) are excluded from this measurement

4.4.2 Urinary continence plan

	Three month reporting			Four month reporting	
Urinary continence plan by discharge from inpatient care (Q6.5)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of ALL patients for whom urinary continence plan drawn up	38.3%	39.7%	40.3%	40.2%	*J15.3*
Median (IQR) time from clock start to continence plan drawn up (in days)	0 days (0-1)	0 days (0-1)	0 days (0-1)	0 days (0-1)	*J15.12 J15.13 J15.14*
Percentage of patients applicable for urinary continence plan by discharge*	42.0%	43.7%	43.9%	43.3%	*J15.17*
Percentage of applicable patients for whom urinary continence plan drawn up by discharge	91.0%	91.0%	91.7%	92.8%	*J15.20*

*Applicable patients are those for whom Q6.5.1 has not been answered "Patient refused" or "Patient continent"

Comment: Over 90% of patients with incontinence are having an assessment performed while an in-patient. It is encouraging to see sustained improvements in results each reporting period but given the profound impact of incontinence on a person's life, the fact that around 10% of patients are not being adequately assessed is unacceptable. Becoming incontinent as an adult is embarrassing and demoralising. It should be treated with the utmost sensitivity and skill. To ignore it and not even bother to establish the cause and treatment is unacceptable practice.

4.4.3 Mood and Cognition screening

	Three month reporting			Four month reporting	
Mood screening (Q6.7)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for mood screening by discharge*	86.0%	86.0%	85.9%	85.2%	*J17.14*
Percentage of applicable patients who received mood screening by discharge	87.5%	87.3%	86.0%	88.4%	*J17.17*

Comment: There remains a significant issue in terms of screening patients for mood disturbance. Over 50% of patients are likely to have a significant depression or anxiety state at some time after their stroke. This is frequently seen early after the stroke and it is vital that the diagnosis is made early and patients helped to deal with the problem. While there have been continued improvements in mood screening many patients who should be screened are not.

	Three month reporting			Four month reporting	
Cognition screening (Q6.7)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients applicable for cognition screening by discharge*	83.9%	83.4%	82.9%	82.5%	*J18.14*
Percentage of applicable patients who received cognition screening by discharge	91.9%	91.9%	91.3%	92.3%	*J18.17*

*Applicable patients are those for whom Q6.7.1/Q6.8.1 has not been answered "Patient refused" or "Patient medically unwell for entire admission" and whose total length of stay is 7 days or longer.

Comment: There are similar issues with screening for cognitive impairment where about 10% of patients are not being evaluated in the way that they should.

Comment: The data shows that there remain issues about the quality of care being provided after the first 72 hours. There is rarely an excuse not to achieve all of these aspects of care. They are not optional. Though it is important to recognise that post 72 hour results have significantly improved since data collection began, efforts should be made to improve these aspects of care further going forward.

4.5 Patient Condition up to discharge

4.5.1 Worst Level of consciousness in first 7 days

	Three month reporting			Four month reporting	
Patient's worst level of consciousness (LOC) in the first 7 days (Q5.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
0: Alert keenly responsive	79.9%	79.6%	79.4%	79.5%	*J24.3*
1: Not alert but arousable by minor stimulation	8.5%	8.3%	8.6%	8.8%	*J24.5*
2: Not alert but require repeated stimulation to attend	4.8%	4.7%	4.7%	4.7%	*J24.7*
3: Respond only with reflex motor or autonomic effects /totally unresponsive	6.9%	7.4%	7.4%	6.9%	*J24.9*

4.5.2 Urinary tract infection in first 7 days

	Three month reporting			Four month reporting	
Did the patient develop a urinary tract infection in the first 7 days? (Q5.2)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	4.4%	4.5%	4.8%	4.6%	*J25.3*
No	95.1%	94.9%	94.2%	94.6%	*J25.5*
Not known	0.5%	0.6%	1.0%	0.8%	*J25.7*

4.5.3 Pneumonia in first 7 days

	Three month reporting			Four month reporting	
Did the patient receive antibiotics for a newly acquired pneumonia in the first 7 days? (Q5.3)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	7.7%	8.1%	8.8%	8.7%	*J26.3*
No	91.8%	91.3%	90.2%	90.6%	*J26.5*
Not known	0.5%	0.6%	1.0%	0.8%	*J26.7*

The following paper, authored by Craig J, Smith and Benjamin D. Bray and published in the American Stroke Association, uses SSNAP data to derive a clinical risk score for predicting stroke-associated pneumonia.
https://www.strokeaudit.org/SupportFiles/Documents/Research/J-Am-Heart-Assoc-2015-Smith.aspx

4.5.4 Modified Rankin Scale score at discharge

	Three month reporting			Four month reporting	
Modified Rankin Scale (mRS) score at discharge (Q7.4)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
0 (no symptoms)	13.3%	12.0%	12.1%	12.5%	*J28.3*
1 (no significant disability)	19.0%	18.8%	18.3%	18.6%	*J28.5*
2 (slight disability)	15.6%	15.8%	15.7%	15.6%	*J28.7*
3 (moderate disability)	17.2%	17.0%	17.4%	17.4%	*J28.9*
4 (moderately severe disability)	14.2%	14.8%	14.2%	14.7%	*J28.11*
5 (severe disability)	7.1%	6.9%	7.0%	7.1%	*J28.13*
6 (Dead)	13.5%	14.8%	15.2%	14.2%	*J28.15*

	Three month reporting			Four month reporting	
Modified Rankin Scale (mRS) score Median (IQR)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
mRS score before stroke	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-2)	*J28.16, J28.17, J28.18*
mRS score at discharge	3 (1-4)	3 (1-4)	3 (1-4)	3 (1-4)	*J28.19, J28.20, J28.21*
Change in mRS score	1 (0-3)	1 (0-3)	1 (0-3)	1 (0-3)	*J28.22, J28.23, J28.24*

Comment: The rates of both urine and chest infection are lower than we have previously reported in the National Sentinel Stroke Audit. We are keen to try and accurately monitor these rates as markers of both case severity and complication rate. We are getting good completion rates for discharge modified Rankin Scale score which is vital in assessing disability outcomes.

4.5.5 Palliative care

	Three month reporting			Four month reporting	
Patients for palliative care after 72 hrs* (Q6.9)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	11.2%	11.7%	12.0%	11.8%	*J29.3*

*Palliative care decision between 72h and discharge from inpatient care.

Comment: One of the areas of care that we need to improve is care of the patients when they are unlikely to survive. The evidence suggests that patients prefer to die at home. We appear to be achieving this for only a small minority of patients.

4.5.6 Intermittent Pneumatic Compression (IPC)

Intermittent Pneumatic Compression (IPC) reduces the risk of a person admitted to hospital with a stroke developing a deep vein thrombosis (DVT). The CLOTS 3 trial results showed a 3.6% decrease in absolute risk reduction in the incidence of DVT and that IPC improves the six month survival rate of stroke patients.

In August 2013 NHS England and NHS Improving Quality (NHS IQ) put forward a bid to supply approximately six months' worth of IPC sleeves to all stroke units in an effort to realise the benefits in every day practice. To ascertain the level of implementation of IPC sleeves following the findings of the trial, the questions related to IPC were added to the revised SSNAP dataset and are mandatory for patients admitted on or after 1 October 2014.

	Three month reporting			**Four month reporting**	
Patients who have intermittent pneumatic compression applied at any point	**Jul-Sep 2015** N=19551	**Oct-Dec 2015** N=20408	**Jan-Mar 2016** N=20223	**Apr-Jul 2016** N=27605	*Ref*
Yes	15.8%	17.7%	18.7%	19.0%	*J35.3*
No	80.8%	78.1%	78.2%	78.9%	*J35.5*
Not Known	3.4%	4.2%	3.1%	2.1%	*J35.7*
If yes:	N=3085	N=3611	N=3776	N=5238	*J35.2*
median length of time IPC is applied for	Median = 7 days IQR (3-17)	Median = 7 days IQR (2-16)	Median = 6 days IQR (2-15)	Median = 6 days IQR (2-15)	*J35.8 J35.9, J35.10*
mean length of time IPC is applied for	Mean = 14 days	Mean = 14 days	Mean = 13 days	Mean = 13 days	*J35.11*

Comment: Since 2012 there is new RCT evidence to support intermittent pneumatic compression device use in selected stroke patients. We will look to monitor the implementation of this at a patient level in SSNAP.

4.5.7 Mortality Data on SSNAP

Based on data collected on SSNAP from April 2014 - March 2015, it is reported that 13.9% of stroke patients admitted to hospitals in England and Wales died (either in hospital or after being discharged from inpatient care) within 30 days of clock start. Annual mortality results including those for 2013/14 and 2014/15 at provider level are publicly available on the SSNAP webtool. Provider level mortality results are adjusted for case mix including stroke severity and presented as a standardised mortality ratio. SSNAP intends to publish mortality results for 2015/16 later this year.

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

4.6 Length of Stay

Participation of post-acute teams has continued to increase, and therefore an increased number of records have been fully completed and locked to discharge which will more accurately reflect length of stay across the entire pathway.

(See section 3.6 for additional stroke unit key indicators).

4.6.1 Length of stay in an inpatient setting

	Three month reporting			Four month reporting	
Length of stay (in days)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Length of stay from Clock Start to final inpatient discharge including death (in days)	Median = 7.1 IQR (2.7-22.1) Mean = 18.3	Median = 7.2 IQR (2.8-22.3) Mean = 18.4	Median = 7.3 IQR (2.8-23.1) Mean = 18.6	Median = 7.3 IQR (2.8-24.1) Mean = 19.0	*J8.1, J8.2, J8.3, J8.4*

Comment: The median length of stay in this cohort for all patients (including deaths in hospital) is 7.3 days which is shorter than we would have expected.

4.6.2 Length of stay on Stroke Unit

	Three month reporting			Four month reporting	
Length of stay on stroke unit (in days)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Length of stay on an SU across inpatient pathway - based on component parts of provider level SU length of stay (in days)	Median = 6.2 IQR (2.1 – 20.1) Mean = 16.6	Median = 6.3 IQR (2.1-20.4) Mean = 16.9	Median = 6.3 IQR (2.1-20.9) Mean = 16.9	Median = 6.4 IQR (2.1-21.9) Mean = 17.4	*J8.5, J8.6, J8.7, J8.8*

(excludes patients who go straight to ITU/CCU/HDU at any provider during their inpatient stay)

4.6.3 90% of stay on Stroke Unit (Part of Domain 2)

	Three month reporting			Four month reporting	
Is over 90% of a patient's stay in hospital spent on a stroke unit?	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	82.6%	84.4%	82.4%	84.0%	*J8.11*
No	17.4%	15.6%	17.6%	16.0%	

(excludes patients who go straight to ITU/CCU/HDU at any provider during their inpatient stay)

Comment: While we are managing to treat most patients at some stage on a stroke unit, nearly 20% are not spending at least 90% of their stay on the unit.

4.6.4 Delays in discharging patients who no longer require inpatient rehabilitation

	Three month reporting			Four month reporting	
Date patient considered by the multidisciplinary team to no longer require inpatient rehabilitation (Q7.3.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Number of days from patient no longer requiring inpatient rehabilitation to stroke unit discharge (Mean)	0.7 days	0.6 days	0.6 days	0.8 days	*K20.7*
Number of days from patient no longer requiring inpatient rehabilitation to hospital discharge (Mean)	1.1 days	1.0 days	1.0 days	1.1 days	*K20.8*

Comment: It is important that where there are delays in arranging discharge, for whatever reason, these are documented and data submitted to SSNAP.

4.7 Discharge Processes (Domain 10)

4.7.1 Discharge destination

	Three month reporting			Four month reporting	
Discharge destination (Q7.1)	**Jul-Sep 2015** N=19551	**Oct-Dec 2015** N=20409	**Jan-Mar 2016** N=20223	**Apr-Jul 2016** N=27606	*Ref* *J9.12*
Discharged alive from inpatient care	86.5%	85.2%	84.8%	85.8%	*J9.14*
Discharged to a care home	*10.1%*	*9.8%*	*10.0%*	*9.5%*	*J9.5*
Discharged home	*40.3%*	*37.2%*	*36.0%*	*36.5%*	*J9.7*
Discharged somewhere else	*2.6%*	*2.4%*	*2.2%*	*1.9%*	*J9.9*
Transferred to an ESD/community team	*27.5%*	*29.4%*	*30.3%*	*31.1%*	*J9.10.2*
Transferred to a non-participating inpatient team	*3.8%*	*4.0%*	*4.0%*	*4.0%*	*J9.11.2*
Transferred to a non-participating ESD/community team	*2.2%*	*2.3%*	*2.3%*	*2.8%*	*J9.11.4*

	Three month reporting			Four month reporting	
If discharged home (Q7.6)	**Jul-Sep 2015** N=7877	**Oct-Dec 2015** N=7597	**Jan-Mar 2016** N=7283	**Apr-Jul 2016** N=10071	*Ref*
Living Alone	24.8%	26.2%	25.3%	25.2%	*J9.21*
Not living alone	72.9%	71.3%	72.4%	72.3%	*J9.23*
Not known	2.3%	2.5%	2.2%	2.5%	*J9.25*

4.7.2 Care home discharge

	Three month reporting			Four month reporting	
If discharged to a care home (Q7.5)	**Jul-Sep 2015** N=1977	**Oct-Dec 2015** N=1998	**Jan-Mar 2016** N=2021	**Apr-Jul 2016** N=2615	*Ref*
Previously a resident	34.6%	36.4%	33.3%	35.4%	*J9.28*
Not previously a resident	65.4%	63.6%	66.7%	64.6%	*J9.30*

	Three month reporting			Four month reporting	
If discharged alive from inpatient care:	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N=17140	**Apr-Jul 2016** N=23697	*Ref* *J9.32*
Newly institutionalised (discharged to a care home where not previously a resident)	7.6%	7.3%	7.9%	7.1%	*J9.33*

	Three month reporting			Four month reporting	
If newly institutionalised:	**Jul-Sep 2015** N=1293	**Oct-Dec 2015** N=1271	**Jan-Mar 2016** N=1348	**Apr-Jul 2016** N=1689	*Ref*
Temporary	18.5%	20.1%	21.9%	19.7%	*J9.36*
Permanent	81.5%	79.9%	78.1%	80.3%	*J9.38*

Comment: About 85% of patients leave hospital alive after a stroke, with about a third of those returning home. Close to 10% are discharged to a care home, with 65% of these being sent to a home for the first time. Approximately 80% of these were expected to become permanent residents. The new institutionalisation rate is an important measure of outcome, which at 7% is lower than we have previously seen in the Sentinel audits where there were rates of about 10-15%.

4.7.3 Early Supported Discharge and Multidisciplinary Community Rehabilitation Teams

According to published literature, approximately 34% of stroke patients are considered eligible for ESD[2]

	Three month reporting			Four month reporting	
If discharged alive, was it with an Early Supported Discharge team? (Q7.7)	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N=17140	**Apr-Jul 2016** N=23697	*Ref*
Yes, stroke/neurology specific	31.8%	33.7%	34.3%	33.7%	*J10.3*
Yes, non-specialist	1.2%	1.0%	1.0%	0.8%	*J10.5*
No	67.0%	65.3%	64.7%	65.5%	*J10.7*

	Three month reporting			Four month reporting	
If discharged alive, was it with a multidisciplinary community rehabilitation team? (Q7.8)	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N=17140	**Apr-Jul 2016** N=23697	*Ref*
Yes, stroke/neurology specific	20.7%	22.0%	21.9%	22.1%	*J11.3*
Yes, non-specialist	6.4%	6.0%	5.4%	5.5%	*J11.5*
No	72.9%	72.0%	72.7%	72.4%	*J11.7*

	Three month reporting			Four month reporting	
If discharged alive, was it with either ESD or CRT?	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N=17140	**Apr-Jul 2016** N=23697	*Ref*
Discharged with a stroke/neurology specific service*	46.5%	49.1%	49.3%	49.3%	*J12.3*

*Also includes patients who are discharged with both ESD and CRT if at least one is stroke/neurology specific.

[2] http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard

Comment: Approximately 34% of patients alive at discharge are discharged using a stroke or neurology specific early supported discharge team which is a marked improvement compared to the 2010 National Sentinel Stroke Audit results. Whilst about half of patients are discharged with plans for on-going rehabilitation from a specialist team, including ESD or community neurorehabilitation, only about 36% of patients who were discharged alive from inpatient care had their record transferred on the SSNAP data collection tool to an ESD or community rehabilitation team for continued data entry. It is encouraging that this figure is increasing as more post-acute teams register and participate in SSNAP but further improvements are needed if we are to get an accurate picture of the whole of the patient pathway.

4.7.4 Activities of Daily Living

	Three month reporting			Four month reporting	
If discharged alive, required help with activities of daily living (ADL)? (Q7.9)	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N=17140	**Apr-Jul 2016** N=23697	*Ref*
Yes	41.2%	41.5%	40.6%	40.0%	*J30.3*
No	58.8%	58.5%	59.4%	60.0%	

	Three month reporting			Four month reporting	
If patient required help with ADL, what help did they receive (Q7.9.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Paid carers	68.2%	68.1%	68.0%	68.9%	*J30.6*
Informal carers	17.9%	18.4%	19.0%	17.8%	*J30.8*
Paid and informal carers	12.6%	12.1%	11.6%	12.1%	*J30.10*
Paid care services unavailable	0.1%	0.2%	0.1%	0.1%	*J30.12*
Patient refused	1.2%	1.3%	1.3%	1.1%	*J30.14*
Applicable for receiving help for ADL (not refused)	98.8%	98.7%	98.7%	98.9%	*J30.17*
Compliant (any type of paid services)	81.7%	81.2%	80.6%	81.9%	*J30.20*

	Three month reporting			Four month reporting	
If patient required help with ADL, number of social service visits per week (Q7.9.2)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
0 visits	28.8%	31.6%	32.8%	32.9%	*J31.18*
At least one visit per week	28.8%	30.2%	29.8%	31.6%	*J31.20*
1-6 visits	*1.0%*	*1.4%*	*1.0%*	*1.1%*	*J31.5*
7-13 visits	*4.5%*	*5.2%*	*5.2%*	*5.3%*	*J31.7*
14-20 visits	*5.5%*	*6.1%*	*6.2%*	*6.0%*	*J31.9*
21-27 visits	*5.0%*	*5.4%*	*4.9%*	*5.0%*	*J31.11*
28+ visits	*12.8%*	*12.1%*	*12.5%*	*14.3%*	*J31.13*
Not known	42.5%	38.2%	37.4%	35.5%	*J31.15*

Comment: Approximately 40% of patients are discharged needing help with activities of daily living. Nearly a fifth receive this solely from unpaid carers and about two thirds from only paid carers. The remainder receive help from both paid and unpaid carers. 19% of patients requiring help with ADL receive three or more visits a day from social services.

4.7.5 Atrial Fibrillation at Discharge

	Three month reporting			Four month reporting	
If discharged alive, is patient in Atrial Fibrillation (AF) (Q7.10)	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N=17140	**Apr-Jul 2016** N=23697	*Ref*
Patient in Atrial Fibrillation	22.5%	22.2%	21.7%	21.6%	*J32.3*
Patient not in Atrial Fibrillation	77.5%	77.8%	78.3%	78.4%	

	Three month reporting			Four month reporting	
If in AF, patient given anticoagulation (Q7.10.1)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	81.9%	83.5%	83.1%	83.4%	*J32.6*
No	2.4%	2.1%	2.6%	2.2%	*J32.8*
No but	15.6%	14.5%	14.3%	14.4%	*J32.10*
Applicable for receiving anticoagulation	16.4%	16.2%	15.8%	15.9%	*J32.13*
Compliant	97.1%	97.6%	97.0%	97.4%	*J32.16*

4.7.6 Joint Care Planning

	Three month reporting			Four month reporting	
If discharged alive, did the patient receive a joint health and social care plan at discharge (Q7.11)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	46.8%	47.1%	46.4%	48.0%	*J33.3*
No	6.8%	5.6%	5.2%	5.0%	*J33.5*
Not applicable	46.4%	47.3%	48.4%	47.0%	*J33.7*
Applicable for receiving a joint care plan	46.3%	44.9%	43.7%	45.5%	*J33.10*
Compliant	87.4%	89.3%	89.9%	90.5%	*J33.13*

4.7.7 Named contact at discharge

	Three month reporting			Four month reporting	
If discharged alive, was there a named person for the patient and/or carer to contact after discharge? (Q7.12)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Yes	90.1%	92.0%	92.4%	93.3%	*J34.3*
No	9.9%	8.0%	7.6%	6.7%	

Comment: Approximately 90% of the patients with ongoing health and social care needs are discharged with joint health and social care plans. This represents an increase of over 25 percentage points since data collection began in 2013. Over 90% of patients are given a named contact on discharge. This is another area which has shown consistent improvements each reporting period. However, further improvements are needed as the failure to provide joined up services after discharge is one of the principle areas of concern raised by patients. We are also doing better in terms of anticoagulating or making plans to anticoagulate patients in atrial fibrillation.

Section 5: Therapy intensity

2016 NICE QS Statement 2
Patients with stroke are offered a minimum of 45 minutes per day of each active therapy that is required, for a minimum of 5 days a week, at a level that enables the patient to meet their rehabilitation goals for as long as they are continuing to benefit from the therapy and are able to tolerate it.

The aim of the therapy measures reported on by SSNAP is to get an overall picture of the intensity of each therapy being provided to patients i.e. to look at national changes over time, for teams to benchmark themselves against national level results and to look at differences between teams in terms of percentage of patients being considered to require each therapy and the average time patients get across their entire length of stay as an inpatient. SSNAP allows teams to reflect when a patient no longer requires one type of therapy but still requires another. This way the intensity of each therapy provided can be compared against what was required.

Note: SSNAP collects data on whether a patient was considered to require therapy at any point in the admission and does not reflect whether the patient required or was able to tolerate therapy on each day.

We have calculated a proxy measure for the **NICE quality standard** by combining the percentage of patients considered to require therapy, the percentage of days on which each therapy was received, and the number of therapy minutes received per day.

Patients: The benchmark for levels of patients requiring therapy is 80% for occupational therapy, 85% for physiotherapy and 50% for speech and language therapy. This has been derived using data collected in previous rounds of stroke audit and has proved to be consistent at national level.

Minutes: In line with the NICE quality standard, the benchmark is 45 minutes of therapy provided per day 5 days a week. If a patient receives therapy 7 days a week the benchmark is equivalent to 32 minutes per day.

Days: In line with the NICE quality standard, an adjustment is made to the total number of days on which therapy was received to approximate the number of *working* days by multiplying by 5 out of 7 (approximately 70%).

To improve performance in the therapy domains, teams may need to improve one or more of the 3 elements. Taking national level results for occupational therapy as an example,

- 83.5% of patients nationally were considered to require therapy
- a median of 40 minutes of therapy was provided per day (based on 7 day week)
- therapy was delivered on 62.3% of inpatient days.

These figures show that the percentage of patients considered applicable is in line with the expected level of 80% and the number of therapy minutes *across 7 days* exceeds what would be recommended across this time period (target for 7 days = 32 minutes) if the NICE quality standard was extrapolated. However, the percentage of days on which therapy is provided is below the NICE quality standard of approximately 70%.

With limited resources to achieve equilibrium between patients, days and minutes, the goal is to maximise the use of resources to benefit the highest number of patients throughout their stay.

In addition to this, SSNAP produces a therapy pack, a comprehensive guide to therapy data and reporting in SSNAP. The guide is published each reporting period and contains useful information on the submission of data, FAQs and an explanation of how data are presented.

The guide is available to logged in users at:

https://www.strokeaudit.org/Support/Resources/Therapy-Resources.aspx

5.1 Occupational Therapy (Domain 5)

	Three month reporting			Four month reporting	
Key Indicators: Occupational Therapy	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients reported as requiring occupational therapy	82.7%	83.6%	83.6%	83.5%	*J3.3*
Median number of minutes per day on which occupational therapy is received (based on 7 days when equivalent NICE QS benchmark is 32 minutes)	40.4 mins	41.3 mins	40.0 mins	40.0 mins	*J3.5*
Median % of days as an inpatient on which occupational therapy is received	62.2%	63.5%	61.7%	62.3%	*J3.4*
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of occupational therapy required (according to 2016 NICE QS-S2) which were delivered	80.9%	85.1%	80.2%	80.9%	*J3.10*

5.2 Physiotherapy (Domain 6)

	Three month reporting			Four month reporting	
Key Indicators: Physiotherapy	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients reported as requiring physiotherapy	85.3%	85.4%	85.0%	85.3%	*J4.3*
Median number of minutes per day on which physiotherapy is received (based on 7 days when equivalent NICE QS benchmark is 32 minutes)	33.3 mins	34.5 mins	33.8 mins	34.5 mins	*J4.5*
Median % of days as an inpatient on which physiotherapy is received	71.6%	71.6%	69.7%	70.7%	*J4.4*
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of physiotherapy required (according to 2016 NICE QS-S2) which were delivered	74.5%	77.2%	73.2%	76.3%	*J4.10*

5.3 Speech and Language Therapy (Domain 7)

	Three month reporting			Four month reporting	
Key Indicators: Speech and Language Therapy	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Percentage of patients reported as requiring speech and language therapy	48.2%	49.4%	48.8%	50.0%	*J5.3*
Median number of minutes per day on which speech and language therapy is received (based on 7 days when equivalent NICE QS benchmark is 32 minutes)	31.7 mins	32.5 mins	31.5 mins	32.0 mins	*J5.5*
Median % of days as an inpatient on which speech and language therapy is received	44.1%	44.7%	45.0%	45.3%	*J5.4*
Proxy for 2016 NICE Quality Standard Statement 2: % of the minutes of speech and language therapy required (according to 2016 NICE QS-S2) which were delivered	41.9%	44.7%	43.0%	45.1%	*J5.10*

Comment: There has been progress made over the last couple of years in terms of the intensity of therapy provided by all of the disciplines, although there is still room for further improvement. The median number of minutes of therapy on the days that patients receive it is 40 minutes for OT, 34 minutes for PT and 32 minutes for SALT. However, there are days when patients should be undergoing therapy and yet they receive none. When these are added in to the equation then the median number of minutes will be lower.

5.4 Psychology

	Three month reporting			Four month reporting	
Psychology (Q4.4 – 4.6)	**Jul-Sep 2015**	**Oct-Dec 2015**	**Jan-Mar 2016**	**Apr-Jul 2016**	*Ref*
Applicable for psychology	6.2%	5.6%	5.7%	5.6%	*J7.3*
Median % of the days in hospital on which psychology is received	9.8%	9.1%	9.3%	9.5%	*J7.4*
Median number (IQR) of minutes per day on which therapy is received	40.0 mins (30 - 55mins)	38.8 mins (30 - 51.7 mins)	40.0 mins (30 – 51.7 mins)	40.0 mins (30 – 54 mins)	*J7.5, J7.6, J7.7*

Comment: The finding that only about 6% of patients need psychology is not consistent with published literature on the prevalence of cognitive and mood difficulties, or the self-reported, long term, unmet needs of stroke survivors. It is important to clarify that teams should answer that the patient is applicable if the patient has any psychological difficulty even if the service does not have access to a psychologist or other mental health professional.

Section 6: Early supported discharge and community rehabilitation preliminary results

6.1 Introduction

While audit data for acute stroke care and services have been collected routinely via national stroke audits delivered by the RCP Stroke Programme since 1998, there has been limited opportunity to expand this data collection to the post-acute setting. Consequently, domiciliary stroke services in the community have so far been largely provided without consistent benchmarking via clinical audit. SSNAP now offers a unique opportunity to measure the quality of stroke services in the post-acute phase.

6.1.1 Domiciliary teams and SSNAP

There is no single model of stroke care organisation or commissioning and consequently pathways of stroke care beyond the acute setting are complex. Using data submitted to last year's first post-acute organisational audit, which reported on the availability and structure of stroke services in community settings, we can now estimate that there are 160 teams providing ESD and approximately 200 community rehabilitation services in England and Wales. More information on this pioneering audit can be found here: http://www.strokeaudit.org/results/PostAcute.aspx

There are currently 299 teams working in the community registered on SSNAP, a total of 196 domiciliary teams have submitted at least one record to this report and 116 of these teams submitted enough records to receive named team results. We congratulate these teams for leading the way in SSNAP data collection. A full list of the domiciliary teams which submitted sufficient data to receive results can be found in the results portfolio.

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

It is clear that certain areas of the country are performing significantly better than others in terms of submitting domiciliary data to the audit. It is therefore important that all community teams are encouraged to register for SSNAP and fully complete the information collected at this stage on all records transferred to them to give an accurate picture of the whole of the patient pathway.

6.1.2 Early supported discharge and community rehabilitation

A key element of the National Stroke Strategy is the implementation of early supported discharge (ESD). ESD is a system in which rehabilitation is provided to stroke patients at home instead of at hospital by a multi-disciplinary team at the same intensity as inpatient care. ESD should be stroke specific and delivered by teams with specialist stroke skills. According to literature, approximately 34% of stroke patients are considered eligible for ESD [3].

ESD can result in better outcomes for patients including reduction of long-term mortality and institutionalisation rates, increased independence six months after a stroke and increased capacity to undertake activities of daily living and greater patient satisfaction (Langhorne et al 2005). Benefits have also been identified for acute hospital providers with reduced lengths of stays for stroke patients.

[3] http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD000443.pub3/pdf/standard

Community stroke rehabilitation services cater for those stroke survivors who are able to return home following inpatient rehabilitation or ESD. Access to a specialist stroke multi-disciplinary community rehabilitation team should be available to all those for whom it is clinically appropriate.

The needs of patients being treated by these teams will differ case by case. For example, some will need only one therapy while others will need several. Domiciliary stroke services should be designed around the needs of the stroke survivor and their family and be appropriate for all ages. For example, patients with aphasia and other communication-related impairments will have specific needs while working age adults will have different recovery goals such as returning to work or parenting.

From research literature, it is known that there is a wide variation in the availability of rehabilitation and community services. Some areas have ESD, responsive community stroke rehabilitation teams and vocational rehabilitation services which demonstrate good outcomes and value for money. Other areas have no dedicated community stroke service and are without access to even generic rehabilitation teams. This inequality of access to services results in variation in patient experience and outcomes. The Care Quality Commission (CQC, 2011) reported across a number of aspects of ESD and community rehabilitation services and concluded: 'the overall picture is one of inconsistency, waits between transfer home and commencing community rehabilitation and lack of specialist access.'

6.1.3 Interpreting the SSNAP results

SSNAP publically reports results for domiciliary teams at national and provider level. SSNAP now reports domiciliary results over a four month reporting period, in the same way that results for inpatient teams are reported. In the past, SSNAP combined 2 quarters worth of domiciliary data due to the slower rate of recruitment of these teams but now SSNAP has been collecting data for years it is expected that all domiciliary teams should be participating and entering all their data to SSNAP.

National figures have been calculated based on the combined data input by ESD teams, CRT teams and a small number of teams which provide both of these functions. In the text that follows the term used will be 'domiciliary team' as there is insufficient data to report on the different types of team separately. However, it should be noted that ESD and CRT teams have distinct functions and, in the future, results for each type of team will be presented separately to better reflect this.

The mechanics of collecting information at this stage of the pathway require the inpatient team to collect data on SSNAP about the processes of care as an inpatient and to send the data electronically to the next team to continue the electronic data capture. The domiciliary team has to be registered to have permission to complete the electronic record. Between April-July 2016:

11,674 patients were reported in SSNAP as being discharged with a stroke specific domiciliary service (ESD or CRT team). This is approximately 49% of all patients discharged alive from inpatient care.

- However, only 8585 patient records were electronically transferred to domiciliary teams for further information to be collected on SSNAP.
- In this time period, 6684 electronic records were **fully** completed by the domiciliary team for 6501 patients.

It is planned to report on case ascertainment for domiciliary teams using data from the post-acute organisational audit in the future.

Provider level results for teams submitting at least 20 records are publically available. Please see Tab L of the 'Full Results Portfolio' on the SSNAP Reporting Portal for these results.
http://www.strokeaudit.org/results/National-Results.aspx

6.2 Results for Domiciliary Teams

Domiciliary teams April 2016 – July 2016.

	Six month reporting			Four month reporting	
Rehabilitation Goals	**Apr-Sep 2015** N=8132	**Jul-Dec 2015** N=9076	**Oct 2015-March 2016** N=9655	**Apr-Jul 2016** N=6684	*Ref*
Reported on SSNAP as applicable for rehabilitation goals while being treated by a domiciliary team	90.3%	89.9%	89.8%	90.8%	*L2.3*
If applicable, rehabilitation goals set by domiciliary team	94.4%	94.4%	94.2%	94.2%	*L2.6*
Median number of days under the care of a domiciliary team until rehabilitation goals are set	0 (0-3)	0 (0 -3)	0 (0-2)	0 (0-1)	*L2.7, L2.8, L2.9*

	Six month reporting			Four month reporting	
Modified Rankin Scale (mRS) score Median (IQR)	**Apr-Sep 2015**	**Jul-Dec 2015**	**Oct 2015-March 2016**	**Apr-Jul 2016**	*Ref*
mRS score at discharge from domiciliary teams	2 (1-3)	2 (1-3)	2 (1-3)	2 (1-3)	*L3.1, L3.2, L3.3*

	Six month reporting			Four month reporting	
Duration of treatment (in days)	**Apr-Sep 2015**	**Jul-Dec 2015**	**Oct 2015-March 2016**	**Apr-Jul 2016**	*Ref*
Duration of treatment with a domiciliary team (in days)	Median 36.1 IQR (16.8 – 55.2) Mean 46.3	Median 36.0 IQR (16.0 – 54.9) Mean 46.4	Median 36.0 IQR (16.9 – 54.9) Mean 47.1	Median 37.1 IQR (18.0 – 56.8) Mean 48.6	*L4.1, L4.2, L4.3, L4.4*
Number of days between discharge from inpatient care to first direct contact with domiciliary team	Median =1 IQR (0 - 2)	Median = 1 IQR (0-2)	Median = 1 IQR (0-3)	Median = 1 IQR (0-3)	*L4.5, L4.6, L4.7*

6.2.1 Therapy results

This section presents results about the intensity of rehabilitation provided by domiciliary teams in the community. As described earlier in this report, intensity of therapy is collected separately for each part of the patient's pathway.

The tables in this section present results for the 6,684 patient records for which data on therapy whilst under domiciliary care is available.

The results cover 3 aspects:

- the percentage of patients reported as being **applicable** for each therapy during their domiciliary rehabilitation
- the percentage of **days** on which therapy was provided
- the median number of **daily therapy minutes** received on **each day** therapy was provided
- the median number of **daily therapy minutes** received across the **entire treatment period** under domiciliary team (i.e. regardless of whether or not therapy was provided every day).

Note: SSNAP collects data on whether a patient was considered to require therapy at any point whilst under the care of a domiciliary team and does not reflect whether the patient required or was able to tolerate therapy on each day.

	Six month reporting			**Four month reporting**	
Occupational Therapy whilst being treated by a domiciliary team	**Apr-Sep 2015** N=8132	**Oct-Dec 2015** N=9076	**Oct 2015-March 2016** N=9655	**Apr-Jul 2016** N=6684	*Ref*
Percentage of **patients** reported as **applicable** for OT at any point during treatment	80.6%	80.1%	80.7%	79.5%	*L6.3*
Median percentage of **days** on which OT is received by the patient	21.0%	21.5%	21.5%	20.9%	*L6.4*
Number of OT **minutes** received per day (on days when OT is provided) Median (IQR)	50 mins (41.7–60 mins)	50 mins (41.4–60 mins)	50 mins (40.9-60 mins)	48.8 mins (40-60 mins)	*L6.5, L6.6, L6.7*
Number of OT **minutes** received per day (across entire treatment period) Median (IQR)	10 mins (5-19.2 mins)	10.3 mins (5.1-19.3 mins)	10 mins (4.8-19.2 mins)	9.8 mins (4.9-18.6 mins)	*L6.12, L6.13, L6.14*

	Six month reporting			Four month reporting	
Physiotherapy whilst being treated by a domiciliary team	**Apr-Sep 2015** N= 8132	**Oct-Dec 2015** N=9076	**Oct 2015-March 2016** N=9655	**Apr-Jul 2016** N=6684	*Ref*
Percentage of **patients** reported as **applicable** for PT at any point during treatment	73.0%	72.6%	72.4%	71.2%	*L7.3*
Median percentage of **days** on which PT is received by the patient	26.2%	27.1%	27.4%	26.4%	*L7.4*
Number of PT **minutes** received per day (on days when PT is provided) Median (IQR)	46.8 mins (40-58.8 mins)	46.3 mins (40-58 mins)	46.1 mins (39.4-57.5 mins)	45.7 mins (39.2-56.3 mins)	*L7.5, L7.6, L7.7*
Number of PT **minutes** received per day (across entire treatment period) Median (IQR)	11.9 mins (5.6–22.2 mins)	12.3 mins (6.1-22.5 mins)	12.1 mins (6-21.7 mins)	11.7 mins (5.7-20.6 mins)	*L7.12, L7.13, L7.14*

	Six month reporting			Four month reporting	
Speech and language therapy whilst being treated by a domiciliary team	**Apr-Sep 2015** N= 8132	**Jul-Dec 2015** N=9076	**Oct 2015-March 2016** N=9665	**Apr-Jul 2016** N=6684	*Ref*
Percentage of **patients** reported as **applicable** for SALT at any point during treatment	34.0%	33.2%	32.1%	33.1%	*L8.3*
Median percentage of **days** on which SALT is received by the patient	16.1%	17.1%	17.2%	15.4%	*L8.4*
Number of SALT **minutes** received per day (on days when SALT is provided) Median (IQR)	47.2 mins (40-60 mins)	46.7 mins (40-60 mins)	48.3 mins (40-60 mins)	47.0 mins (40-60 mins)	*L8.5, L8.6, L8.7*
Number of SALT **minutes** received per day (across entire treatment period) Median (IQR)	7.7 mins (3.2-15.2 mins)	7.8 mins (3.4-15.5 mins)	8 mins (3.4-16.2 mins)	7.1 mins (3.0-14.3 mins)	*L8.12, L8.13, L8.14*

	Six month reporting			Four month reporting	
Psychology	**Apr-Sep 2015** N= 8132	**Jul-Dec 2015** N=9076	**Oct 2015-March 2016** N=9665	**Apr-Jul 2016** N=6684	*Ref*
Percentage of **patients** reported as **applicable** for psychology at any point during treatment	8.3%	8.3%	8.2%	7.8%	*L10.3*
Median Percentage of **days** on which psychology is received by the patient	5.3%	5.7%	5.7%	5.5%	*L10.4*
Number of psychology **minutes** received per day (on days when psychology is provided) [Median (IQR)]	53.3 mins (40-60 mins)	60 mins (45-60 mins)	60 mins (45-60 mins)	60 mins (43.7-60 mins)	*L10.5, L10.6, L10.7*
Number of psychology **minutes** received per day (across entire treatment period) [Mean]	4.1 mins	4.2 mins	4.4 mins	5.2 mins	*L10.8*

Comment: The figure reported for patients applicable for psychology from an ESD/CRT team is unlikely to be an accurate reflection of the care needs for patients post-stroke. It is expected that at least 50% of stroke patients will suffer from depression or cognitive impairments in the weeks following their stroke and will therefore require psychological support. We urge all teams to indicate when a patient is applicable for psychology, even if the team is not in a position to provide this service to their patients.

Section 7: Six month follow up assessments

Collection of six month outcome data is key to assessing the outcomes of stroke care. It notably forms part of the CCG Outcomes Indicator Set that was reported in December 2014 and December 2015 in England.

200 teams have submitted data for at least one patient who received a six month assessment. 104 teams have provided a six month assessment for at least 20 patients and the breakdown is shown in table below. These include acute hospitals, domiciliary teams, and voluntary organisations e.g. the Stroke Association. As this is a relatively small number, the results may not be representative of six month follow-up provision nationally. A full list of six month assessment provider teams which submitted at least 20 records to SSNAP can be found in the results portfolio. Named team results for teams providing six month follow ups are publically available. Please see the 'Full Results Portfolio' on the SSNAP Results Portal for individual team results: www.strokeaudit.org/results/national

	Six month reporting period			**Four month reporting period**
Region	**Number of teams providing at least 20 six month assessments April-September 2015**	**Number of teams providing at least 20 six month assessments July-December 2015**	**Number of teams providing at least 20 six month assessments October 2015-March 2016**	**Number of teams providing at least 20 six month assessments April-July 2016**
London	12	14	12	9
East of England	9	11	9	9
East Midlands	1	1	3	3
West Midlands	6	7	8	9
Cheshire and Mersey	11	10	11	9
Manchester, Lancashire & South Cumbria	9	9	10	8
North of England	14	14	13	11
Yorkshire and The Humber	12	11	14	12
South East	4	5	6	4
South West	7	7	9	9
Thames Valley	4	5	5	4
Wessex	3	4	4	3
Wales	11	11	11	10
Northern Ireland	1	2	3	4
Islands	1	1	1	0
Total	**105**	**112**	**119**	**104**

7.1 Interpreting the Results

The results which follow are based on six month assessments which were due in this reporting period. The record completion analysis below concerns whether the question about six month assessment has been answered at all, and the analyses covering the percentage of patients applicable to receive this assessment and the percentage of those who actually received it are based on all patients who were alive at the relevant time point.

Breakdown of six month assessment analysis

Record completion

Information on record completion for the six month assessment question is provided to give an indication of how widely this section of the audit is being answered, rather than indicating the numbers of patients who had a six month assessment completed. If this question is not answered, it is interpreted as an assessment did not take place.

- 24,060 patient records should have had an answer recorded on the webtool
    - Of these, 11,053 patient records (45.9%) did have an answer.

Comment: It is extremely important that data regarding a patient's six month follow up is recorded on SSNAP. This is regardless of whether or not the assessment was provided. These data have the potential to reveal variations in access to six month assessments across the country. In cases where six month assessments are being provided but are not recorded on SSNAP, valuable information about patient outcomes post stroke is being missed.

Applicability for six month assessment

Patients are considered to be applicable to receive a six month assessment unless they are known to have died before six months after admission, or if they have a 'no but' reason recorded for the six month assessment question. Therefore any patients alive six months after admission who do not have an answer recorded in the audit are deemed applicable.

- 20,086 patients were considered to be applicable to receive a six month assessment (i.e. excludes died in care, died within six months of admission* and 'no but')
  *either as recorded on SSNAP or from the national register of deaths, the Office for National Statistics

Note: SSNAP records are linked with mortality information from the Office for National Statistics (ONS). Usually, SSNAP data are securely sent for linkage following each reporting deadline, enabling SSNAP to track mortality other than as reported on SSNAP (i.e. after patients have left care). We use this in determining eligibility for receiving a six month assessment and for other purposes, such as providing casemix adjusted mortality rates for providers. (Following lengthy delays, SSNAP has been able to perform linkage with ONS to obtain information for patients that died. These results will be publically reported in later in the year. These patients have therefore been able to be excluded from the denominator).

Patients assessed at six months

Out of 20,086 patients considered to be applicable to receive a six month assessment:

- 6,150 patients (30.6%) received a six month assessment
- The inpatient teams which had the highest percentage of patients going on to receive a six month assessment are:
    - Ipswich Hospital, West Cumberland Hospital, Prince Philip Hospital, Ulster Hospital, Staffordshire Rehabilitation Team, Chesterfield Royal, Airedale General Hospital
- N.B. This does not necessarily indicate that these were the teams who carried out the six month assessments, only that their patients went on to have them.

Comment: While the vast majority of patients alive at this time after stroke are applicable to receive a six month review this is currently happening in a minority of cases. Clinical teams and commissioners need to work closely together to see this improve to get the most value from the audit for service improvement.

7.2 Preliminary Results

	Six month reporting period			Four month reporting period	
Six month review timings:	**Apr-Sep 2015**	**Jul-Dec 2015**	**Oct 2015-March 2016**	**Apr-Jul 2016**	*Ref*
	Median (IQR)	**Median (IQR)**	**Median (IQR)**	**Median (IQR)**	
Time from admission to hospital (or stroke in hospital) to six month review assessment	6.3 (5.7-7.2) *months*	6.4 (5.8-7.2) *months*	6.5 (5.8-7.4) *months*	6.5 (5.9-7.5) *months*	*M5.1, M5.2, M5.3*
Time from discharge from all care (In patient and domiciliary) to six month assessment	5.6 (4.5-6.3) *months*	5.6 (4.4-6.3) *months*	5.6 (4.4-6.4) *months*	5.6 (4.4-6.4) *months*	*M5.4, M5.5, M5.6*

SSNAP is collecting the mode of administration of the review as it provides context.

	Six month reporting period			Four month reporting period	
Method of assessment /review (Q8.1.2) % (n)	**Apr-Sep 2015** N=8176	**Jul-Dec 2015** N=8141	**Oct 2015-March 2016** N=8664	**Apr-Jul 2016** N=6150	*Ref*
In person	81.7% (6683)	81.6% (6639)	82.6% (7155)	81.9% (5034)	*M6.2, M6.3*
By telephone	17.6% (1435)	17.5% (1426)	16.7% (1445)	17.6% (1085)	*M6.6, M6.7*
By post	0.5% (37)	0.8% (67)	0.7% (64)	0.4% (27)	*M6.8, M6.9*
Online	0.3 (21)	0.1% (9)	0.0% (0)	0.1% (4)	*M6.4, M6.5*

SSNAP offers six categories to identify the person who contacted the patient for a review. Unfortunately, this question was not well recorded throughout this reporting period and "*other*" was recorded for 2,041 cases (33.2%).

	Six month reporting period			**Four month reporting period**	
Discipline providing the six month follow up? (Q8.1.3) %(n)	**Apr-Sep 2015** N=8176	**Jul-Dec 2015** N=8141	**Oct 2015-Mar 2016** N= 8664	**Apr-Jul 2016** N=6150	*Ref*
Stroke coordinator	39.4% (3221)	37.6% (3065)	34.1% (2958)	32.2% (1982)	*M6.13, M6.14*
Secondary care clinician	8.7% (710)	7.7% (624)	7.3% (636)	7.6% (470)	*M6.21, M6.22*
Therapist	8.9% (727)	9.6% (784)	10.5% (909)	11.9% (731)	*M6.15, M6.16*
Voluntary services employee	6.1% (501)	6.3% (511)	6.2% (533)	6.4% (394)	*M6.19, M6.20*
District/community nurse	6.4% (524)	6.9% (564)	7.9% (685)	8.5% (525)	*M6.17 M6.18*
GP	0.1% (8)	0.1% (7)	0.1% (8)	0.1% (7)	*M6.11, M6.12*
Other	30.4% (2485)	31.8% (2586)	33.9% (2935)	33.2% (2041)	*M6.23 M6.24*

	Six month reporting period			**Four month reporting period**	
Was the patient screened for mood, behaviour or cognition (Q8.2) %(n)	**Apr-Sep 2015** N=8176	**Jul-Dec 2015** N=8141	**Oct 2015-Mar 2016** N=8664	**Apr-Jul 2016** N=6150	*Ref*
Yes	66.9% (5468)	68.3% (5573)	70.9% (6140)	74.1% (4558)	*M7.2 M7.3*
No	24.1% (1973)	23.4% (1905)	22.0% (1902)	19.5% (1198)	*M7.4 M7.5*
'No but'*	9% (735)	8.1% (663)	7.2% (622)	6.4% (394)	*M7.6 M7.7*

*'No but' is an appropriate response if a problem has already been detected and there is an action plan in place

	Six month reporting period			Four month reporting period	
Patient identified as needing support (if screened) % (n)	**Apr-Sep 2015** N=5468	**Jul-Dec 2015** N=5573	**Oct 2015-Mar 2016** N=6140	**Apr-Jul 2016** N=4558	*Ref*
Yes	19.2% (1048)	19.6% (1094)	20.3% (1247)	20.9% (953)	*M7.8 M7.10*
Of those identified as needing support, support given	*N=1048*	*N=1094*	*N=1247*	*N=953*	*M7.8*
Yes	62.7% (699)	61.8% (648)	64.6% (806)	61.3% (584)	*M7.12, M7.13*
No	23.2% (259)	24.0% (252)	24.3% (303)	25.9% (247)	*M7.14, M7.15*
No but	14.1% (157)	14.1% (148)	11.1% (138)	12.8% (122)	*M7.16, M7.17*

	Six month reporting			Four month reporting	
Patient location at the time of the review % (n)	**Apr-Sep 2015** N=8176	**Jul-Dec 2015** N=8141	**Oct 2015-Mar 2016** N=8664	**Apr-Jul 2016** N=6150	*Ref*
Home	89.9% (7353)	89.8% (7312)	89.3% (7735)	89.3% (5489)	*M8.2, M8.3*
Care Home	9.1% (744)	9.3% (756)	9.6% (829)	9.5% (583)	*M8.4, M8.5*
Other	1.0% (79)	0.9% (73)	1.2% (100)	1.3% (78)	*M8.6, M8.7*

Changes in Rankin Score between time periods

Information about the function of stroke patients six months after admission to hospital is also collected. During this period it is available for 6,011 out of 20,086 patients applicable for a review during this reporting period and cannot be interpreted as representative until the data have been collected for a longer time period. The data on this cohort shows that patients who are receiving a review include all severity levels.

Comment: Though the percentage of patients with follow up data recorded on SSNAP is improving each reporting period, it may not be entirely representative of the national picture. As recruitment of six month providers continues to increase, data will become more meaningful and robust. The results below reinforce how invaluable these data could be.

Modified Rankin Score at 3 time points for the 6,011 patients for whom data was available	Pre stroke		At discharge from all care		At six months	
	N	%	N	%	n	%
0 (no symptoms)	3714	61.8	854	14.2	1036	17.2
1 (no significant disability)	1037	17.3	1692	28.2	1616	26.9
2 (slight disability)	561	9.3	1388	23.1	1265	21.0
3 (moderate disability)	479	8.0	1079	18.0	1193	19.8
4 (moderately severe disability)	177	2.9	786	13.1	668	11.1
5 (severe disability)	43	0.7	212	3.5	233	3.9

Change in mRS from before stroke to six months after stroke	Number of patients	Percentage of patients
-5	0	0
-4	7	0.1
-3	28	0.5
-2	99	1.7
-1	326	5.4
0	1524	25.4
1	1826	30.4
2	1174	19.5
3	678	11.3
4	274	4.6
5	75	1.3
Total	**6011**	

SSNAP provides an opportunity to measure the number of patients identified as being in AF six months post admission. From April 2014 a “not known” option was added to the dataset for the following questions, however the percentage of patients for whom “not known” was answered is less than 8%.

	Six month reporting			Four month reporting	
In Atrial Fibrillation if discharged alive from inpatient care: % (n)	**Jul-Sep 2015** N=16915	**Oct-Dec 2015** N=17395	**Jan-Mar 2016** N= 17140	**Apr-Jul 2016** N= 23697	*Ref*
diagnosed as being in AF before stroke	19.7% (3935)	17.7% (3083)	17.5% (3003)	17.2% (4,076)	
discharged from inpatient care in AF	22.5% (3798)	22.0% (3857)	21.7% (3725)	21.6% (5123)	*K27.1 K27.3*
If discharged in AF, patient given anticoagulant medication	81.9% (3112)	83.5% (3219)	83.1% (3097)	83.4% (4271)	*K27.5 K27.6*

	Six month reporting			Four month reporting	
Atrial Fibrillation at 6 months: % (n)	**Apr-Sep 2015** N=8144	**Jul-Dec 2015** N=8117	**Oct 2015 – Mar 2016** N=8640	**Apr-Jul 2016** N=6140	*Ref*
Persistent, permanent or paroxysmal Atrial Fibrillation (AF) at the time of six month follow-up assessment	23.7% (1933)	23.6% (1917)	23.5% (2030)	23.6% (1448)	*M9.1.1, M9.1.2*

	Six month reporting period			Four month reporting period	
If patient is in Atrial Fibrillation at time of six month follow-up assessment % (n)	**Apr-Sep 2015** N=1933	**Jul-Dec 2015** N=1917	**Oct 2015 – Mar 2016** N=2030	**Apr-Jul 2016** N=1448	*Ref*
Was also in AF when first admitted to hospital	50.2% (970)	50.9%(975)	52.2% (1060)	50.1% (726)	*M9.4, M9.6*
Was also in AF when discharged from inpatient care	65.8% (1271)	66.6% (1276)	66.8% (1356)	66.6% (965)	*M9.7, M9.9*
Taking anti-coagulant	80.2% (1550)	81.5% (1563)	82.1% (1667)	80.7% (1168)	*M9.10, M9.12*

	Six month reporting			Four month reporting	
Current Medication* % (n)	**Apr-Sep 2015** N=8144	**Jul-Dec 2015** N=8117	**Oct 2015 – Mar 2016** N=8640	**Apr-Jul 2016** N=6140	*Ref*
Taking antiplatelet	61.1% (4978)	60.7% (4927)	61.2% (5289)	60.8% (3736)	*M12.2, M12.3*
Taking anticoagulant	27.9% (2272)	28.6% (2325)	28.3% (2442)	27.8% (1708)	*M13.2, M13.3*
Taking lipid lowering	77.4% (6306)	76.8% (6233)	77.4% (6684)	77.5% (4758)	*M15.2, M15.3*
Taking antihypertensive	70.1% (5713)	69.8% (5662)	70.2% (6062)	71.4% (4385)	*M16.2, M16.3*

*some teams were not able to answer this question and their patients were therefore removed from this denominator

	Six month reporting			Four month reporting	
Medication % (n)	**Apr-Sep 2015** N=1661	**Jul-Dec 2015** N=1588	**Oct 2015 – Mar 2016** N=1662	**Apr-Jul 2016** N=1149	*Ref*
If patient was discharged on anti-coagulant, still taking at six month follow-up assessment	78.9% (1231)	79.8% (1268)	81.1% (1348)	81.2% (933)	*M14.1, M14.3*

	Six month reporting			Four month reporting	
Since initial stroke patient suffered % (n)	**Apr-Sep 2015** N=8176	**Jul-Dec 2015** N=8141	**Oct 2015-Mar 2016** N=8664	**Apr-Jul 2016** N=6150	*Ref*
Another stroke	2.8% (231)	2.9% (235)	3.0% (261)	2.7% (167)	*M17.2 M17.3*
Myocardial infarction	0.6% (48)	0.5% (42)	0.6% (48)	0.7% (42)	*M18.2 M18.3*
Other hospitalisation illness	13.1% (1069)	12.8% (1038)	13.3% (1156)	14.4% (887)	*M19.2 M19.3*

Section 8: SSNAP Performance Tables (by named team)

This section aims to provide a summary of performance for named teams based on **10 domains** of care. Both patient-centred domain scores (whereby scores are attributed to every team which treated the patient at any point in their care) and team-centred domain scores (whereby scores are attributed to the team considered to be most appropriate to assign the responsibility for the measure to) are calculated. Each domain is given a performance level (level A to E) and a **key indicator score** is calculated based on the average of the 10 domain levels for both patient-centred and team centred domains.

The **overall performance** section of the table consists of:

- A **Combined Key Indicator (KI) Score** derived from the average of the patient- and team-centred total KI score.
- **Case ascertainment** and **audit compliance** levels
- **SSNAP level** which is the combined total key indicator score adjusted for case ascertainment and audit compliance.

The results in this table should be read in combination with the SSNAP 'Summary Report' which includes named team results for the 44 key indicators which comprise the 10 domains: www.strokeaudit.org/results/National-Results

To be included in the SSNAP scoring, teams had to achieve a minimum case ascertainment requirement. Teams which did not meet this requirement (i.e. with insufficient records to be included in the named team results) are shown by an **X**. Some teams did not receive results due to them treating small number of patients during the time period. These teams are shown by 'TFP' (too few patients to report on).

Across the SSNAP domain results a consistent colour code is used to represent each team's performance for specific domains and overall.

Colour	Level
	A
	B
	C
	D
	E
X	Insufficient data
TFP	Too few patients to report on

Changes over time

Teams are being encouraged to review their results (which are provided every 4 months) and plan to implement change. In some aspects it may be possible to make change rapidly, in other areas of care this may take longer. We are providing information on how the current results compare with the previous reporting period for an indication of where changes may be starting to be made. These need to be interpreted with caution at this stage as a number of factors may be influential at this time.

Changes between the April - July 2016 results and the previous reporting period are illustrated within the table by arrows. Upward pointing arrows indicate that the team has achieved a higher level this reporting period than in the previous reporting period; downward pointing arrows that the

team has achieved a lower level this reporting period than previously. The number of arrows represents the extent of the change.

For example, an *increase of 2 levels* from D to B would be shown by the symbol 

Six month follow up results

SSNAP report upon the numbers and percentage of patients going on to receive a six month assessment; these results are patient-centred (attributed to all teams who treated the patient). Therefore, the named-team results do not necessarily indicate that these were the teams who carried out the six month assessments, just that their patients went on to have them. Please refer to results in the 'Full Results Portfolio' for details about the clinical information related to these reviews reported on SSNAP, for example, whether patients are taking appropriate medication at six months.

Interpreting the results

The colour-coded tables are structured as follows:

1. Patient-centred results
    - A. Routinely admitting teams
        - i. Geographical Region
            - Hospital (ordered alphabetically)
    - B. Non-routinely admitting teams *(as above)*
    - C. Non-acute teams (as above)
2. Team-centred results
   Same structure as above

The column headings in the performance tables have been abbreviated for reasons of space. Please use the following key as a guide when using the results.

Abbreviated heading	Full Description
SSNAP Level	SSNAP Level
CA	Case ascertainment
AC	Audit compliance
Combined KI level	Combined Total Key Indicator Level
D1 Scan	Domain 1: Scanning
D2 SU	Domain 2: Stroke unit
D3 Throm	Domain 3: Thrombolysis
D4 Spec asst	Domain 4: Specialist assessments
D5 OT	Domain 5: Occupational therapy
D6 PT	Domain 6: Physiotherapy
D7 SALT	Domain 7: Speech and language therapy
D8 MDT	Domain 8: Multi-disciplinary team working
D9 Std disch	Domain 9: Standards by discharge
D10 Disch proc	Domain 10: Discharge processes
PC KI level	Patient-centred Total Key Indicator Level
TC KI level	Team-centred Total Key Indicator Level

42 teams in England have achieved the top overall performance level this reporting period (up from 25 teams in the previous reporting period). Considering the extremely high standards SSNAP has set, an 'A' score is a fantastic achievement for these teams. Though nowhere else in the world has set such stringent standards, it does show that this top score is achievable. It is expected that the number of teams achieving top scores will increase as further improvements to stroke services are made nationally in future reporting periods.

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
London - London SCN																						
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford HASU	282	264	C↑	C↑	B↑	A↑	A	D	B	B↑	A	B↓	A	C	B↑	C	B	220	88%	28	13%
Barts Health NHS Trust	Royal London Hospital HASU	279	272	B	A	A↑	B	A	C	B	B↑↑	C↓	B↓	B↓	B↑	B↑	B↓	B	151	92%	26	17%
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	323	305	B↓	A	A	B↓	A	B	A	B	A	B	C	B↓	D↓	B	B↓	223	94%	31	14%
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	248	235	A	A↑	B↓	A	A	C↑	B	B	A	B↓	A↑	B↑	A	A	A	229	96%	46	20%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	265	268	B	A↑	B	A	A	C	B	A	A	A	C	D↓	A	B	A	203	94%	18	9%
London North West Healthcare NHS Trust	Northwick Park Hospital HASU	435	415	A	A	A	A	A	B	A	A	A	B↓	A	A	A	C	A	246	92%	84	34%
St George's Healthcare NHS Trust	St George's Hospital HASU	434	409	A	A	B	A	A	C	B	B	A	A	A	B↑	A	A	A	319	93%	22	7%
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	446	412	A↑↑	A	A↑↑	A↑	A↑	C↑↑	B	B↑	A	A↑	A↑↑	D	B	B	A↑↑	243	93%	58	24%
Midlands & East - East Midlands SCN																						
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	168	159	D↓	B↓	C	C↓	C↓	C	C↓	B	B	B	E	C↓	D↓↓↓	B↑	C↓	198	100%	0	0%
Northampton General Hospital NHS Trust	Northampton General Hospital	318	297	A↑	A	A	A↑	B↓	D↑	C	A	A	A	B↑	B	B↓	B	B	81	49%	71	88%
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	382	404	D	A↑	B↑	C↑	D	B	C	C↑	A	B	E	C	B↑	D	C↑	280	100%	25	9%
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	155	154	B	A	A	B	C	B	C↓	A↑	A	A↑	D	C	A	A	B	124	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	193	179	B	A	B	B↓	B↓	C	A	B	B	B	C↓	B↓	B	C↓	B↓	107	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	187	163	A↑↑	A	B	A↑	A↑	B↑	A↑	A↑	B	B↑	C	B	B↑	A↑	A↑	101	100%	1	1%
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	419	395	C	A	B	B↑	B	C	B↑	B↑	C	C↓	E↓	C↓	A	A↑	B	314	100%	0	0%
Midlands & East - East of England SCN																						
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	196	187	A	A	A	A	A	C↑	B↓	B	A↑	A	B	A	B	A	A	94	76%	57	61%
Bedford Hospital NHS Trust	Bedford Hospital	73	69	D	A	D	D	D	C↓	C	C↑↑	B	B	E	E	A	C↑	D	77	100%	0	0%
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	203	215	D	A	C↓	D↓	C	E↓	C↑	C	C	A	E↓	D↓	B	C	D↓	148	98%	2	1%
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	181	183	A↑	A	A	A↑	A	C↑	B↑	B	A	A↑	C↑	B↑	B↑	A	A↑	84	75%	55	65%
East and North Hertfordshire NHS Trust	Lister Hospital	266	273	A↑↑	A	A↑	A↑↑	A↑	C	C	B↑	A	A↑	C↑	B↑	B↑↑	B	B↑	121	93%	50	41%
Ipswich Hospital NHS Trust	Ipswich Hospital	246	179	B	A	A	B	C↓	B	B↑	C↓	A	A	C↑	B	B	A	B	78	52%	78	100%
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	155	158	C	A	A	C	C	C	C	B↑	B↓	B	D↓	D	C↓	B	C	113	100%	2	2%
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	207	194	D	A	B	C↑	B	D↑	B↑	B↑↑↑	A	B	E	E	B↑	C	C↑	139	99%	5	4%
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	186	182	A↑	A	A	A↑	A↑	B	B	B	A↑	B	C	C	B	A	A↑	104	95%	22	21%
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	385	385	B	A	B	B	B↑	C↑	B	A↑	B	B	C	B↑	B	A	B	225	100%	55	24%
Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	201	201	D	A	B↑	D	C	E↓	D	C↑	C	D	E	D	B↑	C	D	135	100%	0	0%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	160	164	B↑	A	B↓	A↑↑	B↑	B↑	A↑↑	A↑	A↑	A↑↑	A↑	A↑	D↓	E	A↑↑	143	100%	0	0%
Southend University Hospital NHS Foundation Trust	Southend Hospital	224	224	A↑	A	A	A↑	A	C	A↑	B	A↑↑	A	A↑↑	B	B	B↑	A↑	89	72%	66	74%
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	207	204	A↑↑	A	A	A↑↑	A↑	C↑↑	B↑	B	A	A↑	B↑	C↑	A	B↑	A↑↑	139	90%	33	24%
West Suffolk NHS Foundation Trust	West Suffolk Hospital	169	130	B↓	A	A	B↓	A	C	D↓	B	A	A	C	C↓	C↓↓	A	B↓	112	82%	73	65%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
Midlands & East - West Midlands SCN																						
Burton Hospitals NHS Foundation Trust	Queens Hospital Burton upon Trent	128	125	D	A↑	D	C↓	A	C	D↓↓	D	A	B↑	C	D↓	D	C↓	C	95	92%	13	14%
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	208	209	C	A	B	C	C↓	C↑↑	B↑	B	D↓↓	B	D↓	B	D	B	C	131	90%	35	27%
George Eliot Hospital NHS Trust	George Eliot Hospital	81	77	D	A	C	D	B↑	E	D↑	B	E↓	D	C	B↓	B	D	D	66	100%	2	3%
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	266	281	B↑	A	C	A↑	A	C	B	B↑	A	B↓	C	B	D	A	B	236	100%	0	0%
Royal Wolverhampton NHS Trust	New Cross Hospital	184	183	C↑	A	A	C↑	B↑	C↑	C↓	C↑	B↑↑	C	E	C↑	B↑↑	A↑	C↑	105	91%	44	42%
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	184	173	C	A	C	B	A	C↓	B	B↓	C	B↓	C↑	C	D	B	B	160	99%	13	8%
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	338	335	D↑	A	C↑	D	D↓	C↑	B↑	D	B	D	E	D	E	D↑	D	303	100%	7	2%
South Warwickshire NHS Foundation Trust	Warwick Hospital	100	99	C↑	A	A	C↑	D	E	C	D↓	B↑	A↑	C↑↑	B↓	B	D	C↑	75	100%	0	0%
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	183	166	D	A	A	D	C↓↓	C	C↓	C↓	C↑	C↑	C↑	E	C↑	B	D	135	84%	38	28%
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	279	282	C↑	A	A	C↑	A↑	E	B↑	D	C	C↑	D	C	B	A	C↑	171	100%	28	16%
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	394	380	B	A	A	B	A	D	B	B	A	A	C↑↑	A↑	B	A	A↑	185	89%	113	61%
Walsall Healthcare NHS Trust	Manor Hospital	133	117	B↑	A	A	B↑	A	C↑↑	D	B↑	C	B	B	B↑	B	B	B↑	82	92%	28	34%
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	261	200	E↓	C↓	C	D	C	E	D	E↓	A	B↓	E	D	E↓	B	D	171	79%	9	5%
Wye Valley NHS Trust	Hereford County Hospital	170	170	D	A	A	D	B↑	D↑	D↑	D	A↑↑	B↑↑	E	D	B↓	C	D	112	99%	5	4%
North of England - Cheshire and Mersey SCN																						
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	162	155	C	A	A	C	B↑	E	D↓	B↓	C	D↓	D↓	D↓	A	A	C	138	93%	56	41%
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	131	133	B↑	A	A	B↑	A↑	C↑	B↑	A	B↑	C↑	E	A↑	B	A	B↑	57	86%	35	61%
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	175	164	C	A	B	C	C	E↓	D	D	A	A	B↑	B↑	B	A↑	B↑	49	71%	37	76%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	184	187	C	A	B	B	C	D↑	B↑	B	A	A	E	B	C↓	A	B	131	92%	15	11%
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	116	117	D	A↑	A	D	B↑	E	E↓	D	A	B	E	A↑	B	D↓	D	82	92%	17	21%
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital	271	245	A	A	A	A	A	B	C↓↓	B↓	A	B	D↓	A	B	A	A	201	96%	106	53%
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	125	126	C↑	A↑	A↑	C↑	B↑	D↑	C↑	D	A	B	E	B↑	B↑	A	C↑	43	61%	34	79%
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	217	216	A↑	A	A	A↑	A	B↑	B↑↑	A	A	B	C↑	A	C↓	A	A↑	102	84%	93	91%
North of England - Manchester, Lancashire & S.Cumbria SCN																						
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	169	158	E	A	A	E	D	D	D↑	D↑	E	E	E	E	D	B↑	E	123	97%	31	25%
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	228	216	D	A	A↑	D	C	D	D	D	D↓	D	E	C↑	B↑	C↓↓	D	146	95%	35	24%
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	182	188	D↓	A	A	D↓	C	D	D↓	D	D↓↓↓	D↓↓	E	C↓	B↓	C↑	D↓	132	99%	10	8%
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	375	377	A	A	A	A	A	B	A↑	A	A	B	B	A	B	A	A	226	99%	62	27%
Salford Royal NHS Foundation Trust	Salford Royal Hospital	589	628	A↑	A	A↑	A	A	B	C	A↑	A	B	C	A	A↑	A	A	449	90%	128	29%
Stockport NHS Foundation Trust	Stepping Hill Hospital	342	337	B↓	A	B↓	A	A	B	B	A	B	C↓	B↑	A	B	C	A	271	99%	19	7%
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	74	77	D	A	D↓↓	D	A↑	D↓	D	B	B↑	C↑↑	E	B↑	D	C↓	C↑	57	100%	20	35%
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	116	113	D	A	B	D	C	E	E	D	C↓	B↑	E	D	B	A↑	D	91	100%	0	0%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
North of England - North of England SCN																						
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	146	134	E	D↓↓	B↑	D	B	C	D	B	E↓	D	E	D	D↑	D	D	137	99%	8	6%
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	215	191	D	C↓	D↓	D↓	A↑↑↑	A↑	B↑	B	E↓↓↓↓	E↓↓↓↓	E	D↓	C↓↓	D	D↓	297	100%	2	1%
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	151	150	C↑	A	C↓	B↑↑	B↑	C↑	C	B↑	A	A	E	D	B↑↑	A↑↑	B↑↑	92	85%	65	71%
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	198	202	A↑	A	A	A↑	A↑↑	B↑	B↑↑	B	B	A	C	C	A↑	B	A↑	138	83%	71	51%
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	147	148	C↑	A	B	C↑	B↑	D↑	D	D↑	A	A↑	E	C	B	A	C↑	64	77%	49	77%
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	74	71	B↑	A	A	B↑	B	C↑	D	B↑↑	A	A	A↑	B↑	A↑	D↓	B↑	31	78%	31	100%
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	182	188	D	A	B	D↓	D↑	B	C↓	C↓	D↓	C↑	E↓	C↓	B	C	D↓	136	96%	110	81%
Northumbria Healthcare NHS Foundation Trust	Northumbria Specialist Emergency Care Hospital HASU	326	318	A↑	A	A	A↑	B↑	B↑	A↑	B	A	A	B	B	C	A↑	A↑	220	95%	84	38%
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	271	287	B	A	A	B	C	B	B	B	A	B↑↑	C↑	A	B	B	B	147	91%	120	82%
South Tyneside NHS Foundation Trust	South Tyneside District Hospital	103	103	D↑	A	A↑	D	C↑	E	E	E	C	D↓↓	E	E	B	A↑↑	D	47	85%	33	70%
North of England - Yorkshire and The Humber SCN																						
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	181	183	B↑↑	A	A↑	B↑↑	C↑	D↑	D↑	B↑↑	A	A	C↑	B	A	C	B↑	82	86%	61	74%
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	160	175	D	A	D↓	D↓	D↓	D↓	E↓	E↓	C	C↓	C	D	A↑	C↓	D↓	167	94%	96	57%
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	226	231	C↓	A	B↑	B	C	D↓	C↓	A↑	B↓	C↓	B↑	C↓	B↓	A	B	97	87%	55	57%
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	185	173	D↓	A	B↓	C	C↓	C	C	D	C↓	B	E↓↓	C	B	A	C↓	129	70%	127	98%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	226	228	A	A	A	A	B	C	B↑↑	C↓	A	A	A	B	B	B	A↑	156	99%	3	2%
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	109	110	C↑	A	B	C↑	D	B↑	E↓	B↑	A↑	B↑↑	D	B↑	B	C	C↑	61	95%	0	0%
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	275	274	B↑↑	A	B	B↑	B	B↑	B↑	B↑	A↑	A↑↑↑	E	D↓	B	B	B↑	152	89%	51	34%
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	327	318	C↑	A	A↑	C↑	C	D	B↑	C	C↑	D	B↑	D	A	C	C↑	200	100%	67	34%
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	273	297	C↑	A	A	C↑	B	B↑	C↑	C	B↑	B↑	E	D↑	B	A↑	C↑	187	89%	30	16%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	221	220	A	A	A	A	A	B	C↑	A	A	B↓	C↓	C↓	A	C	B↓	151	100%	21	14%
Rotherham NHS Foundation Trust	Rotherham Hospital	151	162	C↑	A	A↑	C↑	A	C↑	E	D	A↑↑	B↑	E↓	D	B	C	C↑	33	46%	27	82%
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	326	319	D	A	B	C↑	A↑	B	D↑	C	C	C↑	E	D	B↑	C	C↑	202	89%	104	51%
York Teaching Hospital NHS Foundation Trust	York Hospital	296	309	C	A	A↑	C	C↑	D	C↑	B	A	B↓	D	B↑	B	C	C	213	72%	73	34%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
South England - South East SCN																						
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	138	124	A	B↓	A	A	A	C	B	A	B↓	B↓	B↑	B	A	A	A	122	100%	0	0%
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	183	147	B↑	A	A	B↑	A	B↑	B↑	A	C↑	C	D↓	D	B↓	B	B	122	100%	1	1%
Dartford and Gravesham NHS Trust	Darent Valley Hospital	102	80	D	B	B	D	A↑	E	C↑↑	E↓	C	C↓	E	E↓	C↑	C	D	75	100%	0	0%
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	99	94	D	A	B↑	D	B↓	C↑↑	D↑	A	C↑↑	D↑	E	D	C↓↓	B	D	58	94%	13	22%
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	146	141	C↓↓	A	B↓	C↓↓	A	D↓	B↑	A	C↓↓	B↓	C↓	D↓↓	B↓	C↓↓	B↓	82	98%	9	11%
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	152	145	C↓	A	A	C↓	B↓	D	D	A	A	B	E	C	B	B	C↓	86	95%	26	30%
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	145	163	C↑	A	A↑	C	A	B	C↑↑	B	C	C	E↓	D	B↑	B	C	106	100%	11	10%
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	85	78	C↓	B↓	A	B	A	D↓	C	C	A↑	B	C	C	B↓	B↑	B	49	74%	35	71%
Frimley Health NHS Foundation Trust	Frimley Park Hospital	141	141	B↓	A	B↓	A	A	C	B	A↑	A↑	A	D↓	B	B↓	B	A	130	99%	0	0%
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	130	134	B	A	A	B	B↓	D	D	C	A	A↑	C	C↓	B	B↓	B	108	100%	0	0%
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	116	107	D	A	C↓	C	B	D↑	C	D↓	B	A↑	C	C↑	D↓	B	C	85	100%	0	0%
Medway NHS Foundation Trust	Medway Maritime Hospital	125	114	D	A	C↓	D	A	E↓	D	D	E	E↓	E↓	D	C	A↑	D	102	100%	11	11%
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	95	93	B	B↓	B	A	A	C↑	C↓↓	B↑	A	A	A↑	A	B	A↑	A	78	100%	0	0%
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	147	170	D↓	C↓↓	C	C↓	A	D	D↓	B	C↓	C↓	C	B	A	D	C↓	171	100%	1	1%
Western Sussex Hospitals NHS Trust	St Richards Hospital	125	125	B	A	A	B	B↑	C	A↑	B	A↑	B	B	B	B	D↓	B	97	100%	0	0%
Western Sussex Hospitals NHS Trust	Worthing Hospital	171	168	A↑	A	B	A↑	A	B↑	B	A↑	A	B	B	B↑	A	C	A↑	123	100%	0	0%
South England - South West SCN																						
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	287	303	D↑	A	B	D↑	C↑	D↑	C↑	D↑	D	E	E	E	B	C↓	D↑	143	78%	94	66%
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	141	131	E	B↑	C↓	D↑	A↑↑	E	C↑	E	E	D↑	E	E	B↑	D↑	D↑	93	86%	31	33%
North Bristol NHS Trust	North Bristol Hospitals	226	217	C↑	A	A↑	C↑	A	C↑↑	A↑↑	B↑↑	C↑	D↑	D↑	D	D↑	A	C↑	172	98%	7	4%
Northern Devon Healthcare NHS Trust	North Devon District Hospital	137	131	D	A	B	C↑	D↑	E↓	C↑	E	A	A	E↓	C	B↑	B↑	D	101	100%	0	0%
Plymouth Hospitals NHS Trust	Derriford Hospital	258	252	C↑	A	B	C↑	B	D	C↑	C	A	A↑	D↑	E	B↑	A↑	C↑	186	99%	59	32%
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	271	268	D	A	A	D	A	D↑	D↓	D	D↓	D↓	C	E	D	A	D	171	99%	32	19%
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	241	248	B	A	A	B	B↑	D↓	B	B	A	A	C	B	A	B	B	174	100%	3	2%
Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	210	180	D↓	A	B	C↓	B	D↓	C↓	B	B↑	B	D↓	C↓	C↑	B	C↓	138	97%	36	26%
Salisbury NHS Foundation Trust	Salisbury District Hospital	131	147	B↑	A	B	B↑	A↑	C	B↑↑	B↑	A	B	E	B	C	B	B↑	91	99%	7	8%
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	216	188	B↑	A	A↑	B	A	C	D↓	C↓	A↑	A↑	E	B	B	B↓	B	127	93%	18	14%
Torbay and South Devon NHS Foundation Trust	Torbay Hospital	198	199	D	A↑	A↑	D	C↑	E	D	E↓	A	B	C	C	B↑	A↑	C↑	165	98%	1	1%
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	173	168	C↑	A↑	A	C↑	A	C↑	B↑	C↑	B↑↑	C↑	D↑	E	A	B	C↑	103	99%	2	2%
Weston Area Health NHS Trust	Weston General Hospital	70	76	B↑	A	A	B↑	B↓	C	B↓	B↑	B↑	B↑↑	D	C↑	B	C	B↑	36	80%	11	31%
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	130	127	C↓	A	A	C↓	A	C↑	B	E↓	A	A	D↓	D↓	C	A	B	46	85%	29	63%
South England - Thames Valley SCN																						
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	173	178	A	B↓	A	A	A	B↑	A	A	A	A↑	C	B	B	B↓	A	101	78%	37	37%
Frimley Health NHS Foundation Trust	Wexham Park Hospital	119	133	D	A	D	C↑	D	C↑	D	D↑	B↑	B	B↓	C	B	B	C	79	99%	2	3%
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes General Hospital	71	69	D↑	B↑↑	C	C↑	A↑	D↑	D	B↑↑	C	A	E	C↑	B	A	C↑	22	92%	5	23%
Oxford University Hospitals NHS Foundation Trust	Horton General Hospital	29	29	D	C↓↓	C↓	C↑	C	C	B↑↑↑	B↑↑	C	B↑	C↑	C	B↓	C	C↑	30	100%	5	17%
Oxford University Hospitals NHS Foundation Trust	John Radcliffe Hospital	214	207	B	A↑	A	B	B	C	A	C↓	A	B	C	C	B	C↑	B	135	97%	16	12%
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	221	223	B	B	B	A	A↑	D	A	B	A	A	C	C	B↓	A	A	118	93%	64	54%

Routinely Admitting Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
South England - Wessex SCN																						
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	150	147	D↑	A	B↑	D	D↑	C	C↑	D	A↑	C↑	B↑	D	D↑	D	D	63	81%	55	87%
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	184	174	B	A	A	B	C↑	C	C↓	B	B↓	B↓	C	B	C	B↓	B	105	100%	0	0%
Isle of Wight NHS Trust	St Mary's Hospital Newport	98	109	D	A	B	D	A	E↓	E	D	E	D↓	E	D	B	B	D	78	98%	42	54%
Poole Hospital NHS Foundation Trust	Poole Hospital	160	159	C↑	B↓	A↑	C↑	D↓	C↑	C↑	D↑	A↑	B	C↓	A↑	D	B↑	C↑	107	87%	63	59%
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	329	325	C	A	C↓	C	C↑	D↑	C↑	C↓	A	A	D↓	C	B↑	A	B↑	262	100%	1	0%
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	242	237	A	A	A	A	C↓	C	C↓	B↑	A	A↑	A	A	A	A	A	121	92%	52	43%
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	265	256	B	A	B	B	B	B	C↓	B	A	B↓	C↑↑	B↑	B	A↑	B	183	98%	76	42%
Islands																						
Isle of Man Department of Health	Noble's Hospital	50	27	E	B	D	E	D	D	D	E	E	E	E	E	B	D	E	37	95%	8	22%
Northern Ireland																						
Belfast Health and Social Care Trust	Mater Infirmorum Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Belfast Health and Social Care Trust	Royal Victoria Hospital Belfast	180	174	D	A↑↑↑↑	C	D	B	E	C	E	C	B	D	E	C	A	D	4	100%	0	0%
Northern Health and Social Care Trust	Antrim Area Hospital	128	121	E	A	D↑	D	D↑	E	D↓	E	C	D↓	D	E	D↑	B↓	D	130	100%	0	0%
Northern Health and Social Care Trust	Causeway Hospital	56	51	E	A	D	E	E	E	D↑	E	C↑	D	D↓	E	E	C	E	73	100%	0	0%
South Eastern Health and Social Care Trust	Downe General Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
South Eastern Health and Social Care Trust	Ulster Hospital	139	139	D	A↑	A↑	D	D	E	C	E	C↓	B↑↑	B↑	E	C↓	D↓	D	22	96%	22	100%
Southern Health and Social Care Trust	Craigavon Area Hospital	130	132	E	A	B↑	E↓	D	E	E↓	E	D↓	D↓	E↓	E	B↑↑	D↓	E↓	75	93%	48	64%
Southern Health and Social Care Trust	Daisy Hill Hospital	49	52	D↑	A	A	D↑	C↑	E	C↑	D↑	B↑	C↑	E	E	B↑	D	D↑	44	90%	21	48%
Western Health and Social Care Trust	Altnagelvin Hospital	67	62	E	A	C	D↑	D↑	E	B↑	E	D	D↑	E	E	B↑↑	C↑	D↑	66	97%	27	41%
Western Health and Social Care Trust	South West Acute Hospital	58	48	C↑	A	A↑	C	C↓	C	A	B↑	B↓	C↓	E	E	B↑↑	C	C	38	97%	29	76%
Wales																						
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	205	195	C↑	A	B↓	C↑	C↑	E	D	B↑↑	C↓↓	B↓	D↑	A	B	D	C↑	56	53%	19	34%
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	111	110	D	A	B	D	C	E	C↑	C↑	C	E↓	B↑	B	B↓	D	D	73	94%	27	37%
Aneurin Bevan University Health Board	Royal Gwent Hospital	256	200	B↑	A↑	A↑↑	B	A	B↑	C	A↑	C↓↓	D	C	A↑	B	C↑	B	168	99%	0	0%
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	125	129	B	A	A	B	C	C	C↑	B	D↓	C↑	A	A	A	C	B	103	100%	24	23%
Betsi Cadwaladr University Health Board	Maelor Hospital	180	165	C↑	A	A	C↑	B	E↓	C	A↑	E	C↑	C↑↑	A↑	A↑	C	C↑	126	87%	48	38%
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	115	95	B↑	A	A↑	B↑	C↑	D↑	E↓	A↑	A↑↑	A↑	C	A	A	D↓	B↑	79	100%	0	0%
Cardiff and Vale University Health Board	University Hospital of Wales	209	194	C↑	A	A	C↑	A	D↑	C	D↑	D↑	B↑↑	E	D	A	A	C↑	143	100%	2	1%
Cwm Taf University Health Board	Prince Charles Hospital	188	179	C↑	A	B	B↑↑	A↑	E	D↑	D↑	A	C↓	C↑	C↑	A↑	A↑	C↑	126	100%	114	90%
Hywel Dda Health Board	Bronglais Hospital	55	55	D	A	B	D↓	B	B↑	A	C	E↓	D↓	E	D	A↑	D↓	D↓	34	100%	1	3%
Hywel Dda Health Board	Prince Philip Hospital	74	79	C↑	A	B	C↑	A↑↑	C↑↑	B↑	B	C↑	D	E	C↓	A	C	C↑	28	53%	28	100%
Hywel Dda Health Board	West Wales General	94	89	D	A	B	D	A	E	C↑	D	C	C↑	E	D↓	A	C	D	24	59%	14	58%
Hywel Dda Health Board	Withybush General Hospital	55	63	C	A	B↓	C	A	D↑	D↓	C↓	C	B	D↓	A↑	B↓	D	C	22	76%	15	68%

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
London - London SCN																						
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford SU	155	129	C	B↓	A	B↑	A	D	C↓	B↑	A	B↓	A	C	C	C↑	B	129	88%	21	16%
Barts Health NHS Trust	Newham General Hospital	39	38	B	A↑	D↓	A	B↓	C↑	C	B↑	A	A	A	B↑↑	B↑	A	A↑	24	71%	15	63%
Barts Health NHS Trust	Royal London Hospital SU	81	79	A↑↑	A↑↑	A↑	A	A	C	B	B↑	A	A↑	A	B↑	B	A	A	56	93%	9	16%
Barts Health NHS Trust	Whipps Cross University Hospital	55	55	B	A	B	A↑	A	D↓	D↓	D	A↑	A↑	A	C↑	A↑	B↓	B	31	74%	19	61%
Central London Community Healthcare NHS Trust	Charing Cross Neuro-rehabilitation Unit	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	7	100%	2	29%
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	28	25	B	C↓↓	B	A	A	C↑	A	B	A	A	A	B	C	A	A	22	92%	3	14%
Croydon Health Services NHS Trust	Croydon University Hospital	68	74	C	A	D↓	B	B	D	B	D	A↑	B	B	C	A	A	B	51	75%	13	25%
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	62	53	C↓	B↓	D	A	B↓	D	B	D	A	B	A	C	A↑	A	B	27	71%	3	11%
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	59	57	A	A	A	A	A	D	B	B↑	A	A	A	C	A	A	A	53	96%	18	34%
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	48	44	B↓	B↓	C↓	A	A	B↓	B↓	B↓	A	B	A	A	B↓	C	A	40	78%	0	0%
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	42	40	D	C	E	A↑	A	B↑↑↑	A↑	B↑↑	A	A	A	C↑	C↑↑	B↓	A↑	40	100%	13	33%
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU	122	101	B	A↑	B	A	A	B	A↑	B↓	B↓	B	B	B	B	B↓	A	79	93%	8	10%
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU - Nine South Ward	24	30	A↑	A↑	A↑	A	A	B	A	B	A	B↑	B	B↓	B	B↓	A	47	92%	16	34%
King's College Hospital NHS Foundation Trust	King's College Hospital SU	45	40	A	A↑	B↓	A	A	C↑↑	C↓	B	A	A	B↓	C↓	A↑	A	A	41	95%	10	24%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	90	104	B	A	C↑	A	A	B↑	A	A↑	A	A	B	D	A	A	A	70	95%	8	11%
Kingston Hospital NHS Foundation Trust	Kingston Hospital	59	65	B↑	A↑	D	A	B↓	D	B↑↑	D↓	A	A↑	B	C↓	B	A	B	41	95%	3	7%
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	115	108	A↑	A	A	A↑	A↑	C	B↑	B↑↑	C↓↓	B	B↑	C↑	A↑	A	B	109	89%	42	39%
London North West Healthcare NHS Trust	Northwick Park Hospital SU	266	243	A	A	B↓	A	A	B	A	A	A	A	A	A	A	C	A	128	93%	61	48%
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	73	67	C↑	A↑	D	B	A↑↑↑	D↑	C↑	C↑	A	A	A↑	D	B	D↓	B↑	53	100%	1	2%
Royal Free London NHS Foundation Trust	Barnet General Hospital	52	53	A↑	A↑	A	A	B	D↑	B	C↑	A	A	B↓	D	B	A↑	B	29	100%	12	41%
Royal Free London NHS Foundation Trust	Royal Free Hospital	67	72	A↑	A	B↑	A↑	A	C↑↑	D↓↓	B	A	A↑	A	D↓	B↑	A	B	51	98%	17	33%
St George's Healthcare NHS Trust	St George's Hospital SU	86	84	A	A	D↓	A	A	C	A↑	C	A	A↑	A	B	A	A	A	64	97%	6	9%
University College London Hospitals NHS Foundation Trust	University College Hospital SU	46	24	A↑↑	B↓	B	A↑	A	B↑↑↑	A↑	B↑	A	A↑	A↑	E	B↑	A	A↑	39	95%	4	10%
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital	41	39	B	A↑↑↑↑	D	A	A	B	B	B	A	A	B	B	B	B	A	37	100%	1	3%
Midlands & East - East Midlands SCN																						
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	50	35	D↑	C	D	B↑↑	A	D↑	C	A↑	A↑↑	A↑↑	A↑↑	B↑↑	A↑	D	A↑↑	29	73%	13	45%
Midlands & East - East of England SCN																						
Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	29	21	E	C	E	D	C	E	D	D	C	A	E	D	A	D	D	17	100%	0	0%
Midlands & East - West Midlands SCN																						
Heart of England NHS Foundation Trust	Good Hope General Hospital	73	81	D	A	C↓	C	C	E	C↓	D↑	C↓↓	B	C	C↑	C↑	B	D	72	100%	1	1%
Heart of England NHS Foundation Trust	Solihull Hospital	72	71	D	A	D↓	D↓	B	C↑	C	D↓	D↓	C↓	C	C↑	D	B↓	D↓	45	100%	0	0%
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	21	23	E	A	E	E	E	E	E	E	E	E	E	E	E	E	E	19	100%	1	5%
University Hospitals of North Midlands NHS Trust	County Hospital	42	51	B↑↑↑	A↑↑	B↑↑	B↑↑	A↑	D↑	B↑↑	B↑	A↑	B	C↑↑	B↑↑	D↓	A	B↑↑	27	100%	2	7%
North of England - Cheshire and Mersey SCN																						
East Cheshire NHS Trust	Macclesfield District General Hospital	49	47	D	A	C↑	C	A	C↑↑	A↑	B	B↑	B↑	D	B	A↑	D	B↑	28	85%	23	82%

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
North of England - Manchester, Lancashire & S.Cumbria SCN																						
Bolton NHS Foundation Trust	Royal Bolton Hospital	82	88	B	A	A↑	B	B	C	B	C↓	B	B	D↑	B	B	A	B	63	98%	3	5%
Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	58	57	C	A↑	A↑	C	C	D↑	E↓↓	C	A	B↑	C	B	B	A	C	28	78%	9	32%
Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	45	52	A	A	A	A	C↓	B↑	C↓	A	A	B↓	B↑	A↑	A↑	A	A	32	89%	10	31%
Tameside Hospital NHS Foundation Trust	Tameside General Hospital	57	63	C↑	A↑↑	A	C	B	D	C	D↓	B	C	E↓↓	C	A	A	C↓	51	100%	2	4%
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	95	93	B↑	A	A	B↑	C↑	E	C↑↑	C↑	B	B	B↑	C	A↑	A↑	B↑↑	61	82%	13	21%
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	87	90	A↑↑	A	A↑↑↑	A↑	B↑	C↑	E↓↓↓	B	A	A↑	C	B↑	A↑	A	B	60	90%	48	80%
North of England - North of England SCN																						
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	24	24	B↑↑	A↑	C↑	A↑	A↑↑	B↑	A↑↑	A↑	A	A	C	B↑	A↑↑↑	C	A↑↑	10	63%	9	90%
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	66	64	A↑	A↑	A↑	A	B↑	C	A↑	B	A	A	C↓↓	B	C↓	A	A	65	94%	15	23%
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	75	70	A↑↑	A↑	A↑	A↑	C↓	B↑	A↑	B	A	A	B↓	B	B↑↑	A↑	A↑	43	91%	19	44%
North of England - Yorkshire and The Humber SCN																						
Airedale NHS Foundation Trust	Airedale General Hospital	75	70	D↓	A	A	D↓	D↓	D	D	E	C	D	B↓	D	B	D↓	D	54	86%	53	98%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	39	46	B↑	A	A	B↑	B↑	C↑↑	C↑↑	C↑↑	A	B	B↓	D↑	A	A	B↑	35	100%	8	23%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Goole District Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	7	100%	0	0%
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	77	72	D	A	D	D	C↑	E	E	C↓	B↑	B↑	E↓	D	D	A↑	D	57	90%	7	12%
South England - Wessex SCN																						
Hampshire Hospitals NHS Foundation Trust	Basingstoke and North Hampshire Hospital	45	36	B↑↑	B↓	A↑	B↑	C↑	C	B↑↑	B	C↓↓	A↑	B↑↑↑	B	C	B	B↑	28	100%	0	0%
Wales																						
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	32	34	D	A	D↓↓	D	C↑↑	E	D	C↑↑	C	A↑	C	B↑	A↑	C	C↑	11	42%	8	73%
Aneurin Bevan University Health Board	Nevill Hall Hospital	58	55	D	B	D↓↓	C↑	B↑↑	D↑	D↑	C↑↑	C↓↓	C↓	E	C	B	A↑↑	C↑	43	66%	18	42%
Aneurin Bevan University Health Board	Ysbyty Ystrad Fawr	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	26	100%	0	0%
Cardiff and Vale University Health Board	Llandough Hospital	84	87	D	A↑↑↑↑	D	C	A	C	D	E	D	B	E	D	A	A	C	67	100%	0	0%

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
London - London SCN																						
Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital Inpatient Rehab Team	TFP	40	C↓	A	B↓	B	NA	B	NA	NA	A↑	B	B	E↓	E↓	C	C	27	87%	3	11%
Midlands & East - East Midlands SCN																						
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	56	C	A↑	C↑	B	NA	A	NA	NA	C	C↓	C	C↓↓	A	A↑	B↓	48	100%	0	0%
Leicestershire Partnership NHS Trust	St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TFP	26	D	C	E	B	NA	B	NA	NA	C	A	E	C	A	B	B	30	100%	0	0%
University Hospitals of Leicester NHS Trust	Leicester City Stroke Rehabilitation Unit	TFP	51	B	B	B	B↓	NA	A	NA	NA	C↓	B	C	D↓↓↓	A	A	B↓	43	100%	0	0%
Midlands & East - East of England SCN																						
Anglian Community Enterprise CIC	Clacton Hospital	TFP	24	B	A	D	A	NA	A	NA	NA	A	A	B	C	B	A	A	18	95%	9	50%
Hertfordshire Community NHS Trust	Danesbury Neurological Centre	TFP	27	C↑	A	C↑	B↑	NA	A↑	NA	NA	A↑	B	C↓↓	D↑	B↑↑	D↓↓	B↑	25	100%	15	60%
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	51	D	A	C	C	NA	A	NA	NA	D↓	D↓	C↑	D↑	B	A	C	40	100%	15	38%
North East London NHS Foundation Trust	Brentwood Community Hospital	TFP	24	C	A	D	B	NA	B	NA	NA	A	A	A	D	A	D	B	18	90%	16	89%
Provide	St Peter's Community Hospital Rehab Unit	TFP	32	A	A	B↓	A	NA	A	NA	NA	A	A	C↓	C	B	A↑	A	22	100%	6	27%
Midlands & East - West Midlands SCN																						
Birmingham Community Healthcare NHS Foundation Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	50	D	C↓	D	B↑	NA	A	NA	NA	B↑	B↑	B	E	A↑↑	B↑	B↑	49	100%	2	4%
South Warwickshire NHS Foundation Trust	Feldon Stroke Rehabilitation Unit SWFT	TFP	50	B↑	A	C↑	A↑	NA	B	NA	NA	A	A	B↑	B	A↑	D	A↑	16	100%	0	0%
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	44	B↑	A↑	C↑	A↑	NA	A	NA	NA	A↑	A	D	A↑	C↓	A	A	21	81%	21	100%
North of England - Manchester, Lancashire & S.Cumbria SCN																						
East Lancashire Hospitals NHS Trust	Pendle Community Hospital - Marsden Stroke Unit	TFP	55	D	B	D	C	NA	A	NA	NA	C	C	C	D	B	C	C	1	100%	0	0%
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	34	C↓	A	D	A	NA	A	NA	NA	A	A	C	D↓↓	A	C	B↓	46	100%	3	7%
North of England - Yorkshire and The Humber SCN																						
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	34	B	A	C↓	A	NA	B	NA	NA	A	A	A	A↑↑	B	B	A	25	100%	0	0%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	45	B↑	A	A↑↑	B	NA	B	NA	NA	C↓	B	A	D↓	B	C↑	B	31	94%	1	3%
Sheffield Teaching Hospitals NHS Foundation Trust	Beech Hill Rehabilitation Unit	TFP	29	D	B	E	C↓	NA	B↓	NA	NA	C↓	B	C	D	B	D↓	C↓	33	92%	7	21%
South West Yorkshire Partnership NHS Foundation Trust	Kendray Hospital	TFP	53	A	A	A↑	A	NA	B↓	NA	NA	A	B	B	A	A	D↓	A	120	89%	110	92%
South England - South East SCN																						
East Sussex Healthcare NHS Trust	Bexhill Hospital - Irvine Unit	TFP	21	C	A	D	B	NA	A	NA	NA	C	B	C	E	C	B	C	33	100%	5	15%
Sussex Community NHS Foundation Trust	Crawley Hospital Stroke Rehab Ward	TFP	40	D	B↑	D	C	NA	A	NA	NA	C	C↓	C↓	C↓	A	E	C↓	36	100%	0	0%
South England - South West SCN																						
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Lanyon Stroke Rehabilitation Unit	TFP	79	C	A	D	B↓	NA	A	NA	NA	A	B↓	C↓	E	D	A	B	50	100%	11	22%
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Woodfield Stroke Rehabilitation Unit	TFP	33	C	B↓	C	A↑	NA	B	NA	NA	B↑	C	A↑	E	C↑	A	B↑	18	100%	3	17%
Northern Devon Healthcare NHS Trust	Bideford Community Hospital	TFP	25	B	A	D	A	NA	A	NA	NA	A	A	B	D	C	B	B	20	100%	0	0%
Northern Devon Healthcare NHS Trust	East Devon Community Stroke Rehab Unit	TFP	34	A↑	A	A↑↑	A↑	NA	A	NA	NA	A	A	C	B↑	A	C	A	21	100%	1	5%
Plymouth Community Healthcare CIC	Mount Gould Hospital	TFP	37	A	A	A↑	A	NA	B↓	NA	NA	A	A	B↓	E	C↓	A↑	B↓	19	100%	4	21%
SEQOL - Care and Support Partnership CIC	Forest Ward - Swindon Intermediate Care Centre	TFP	31	D	A	D	D	NA	A↑	NA	NA	E	D	C↑↑	E	A↑	D↓	D	21	81%	15	71%
Somerset Partnership NHS Foundation Trust	South Petherton Community Hospital	TFP	41	C	A↑	D	B↓	NA	A	NA	NA	A↑	C↓↓	C	C↑	B	B↓	B	15	88%	7	47%
Torbay and South Devon NHS Foundation Trust	Newton Abbot Hospital	TFP	55	B↑	B↑	D	A	NA	A	NA	NA	A	A	A	D	B↑↑	A	A	71	96%	0	0%
South England - Thames Valley SCN																						
Oxford Health NHS Foundation Trust	Abingdon Community Hospital	TFP	26	C	A	D	B	NA	A	NA	NA	A	B	C	D	B	D	B	17	100%	5	29%
Oxford Health NHS Foundation Trust	Witney Community Hospital	TFP	28	B	A	B	B	NA	A	NA	NA	A	B	B	C	B	C	B	16	100%	3	19%
South England - Wessex SCN																						
Southern Health NHS Foundation Trust	Lymington New Forest Hospital	TFP	22	B	A	C	A	NA	A	NA	NA	A	A	D	C	A	B	A	22	100%	5	23%

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Patient Centred Data											Six Month Assessment			
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level	Number Applicable	% Applicable	Number assessed	% Assessed
Northern Ireland																						
Southern Health and Social Care Trust	South Tyrone and Lurgan Hospitals	TFP	44	D	A	A↑↑↑	D	NA	B	NA	NA	D	C↓	D↓	E	C↑	C	D	36	95%	18	50%
Wales																						
Aneurin Bevan University Health Board	St Woolos Hospital	TFP	50	D	A↑	C↑↑	C	NA	A	NA	NA	C	C	B	A	B	D↑	B	27	100%	0	0%
Betsi Cadwaladr University Health Board	Wrexham Rehabilitation Unit	TFP	28	E	A	E	D	NA	E	NA	NA	E	D	C	C	A	C	D	14	78%	2	14%
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	28	B	A	B	B	NA	A	NA	NA	A	B	C	D	B	C	B	29	100%	27	93%

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford HASU	276	291	C↑	C↑	B↑	A↑	A	D	B	B↑	A	A	A	B	B↑↑	B	A↑
Barts Health NHS Trust	Royal London Hospital HASU	275	279	B	A	A↑	B	A	C	B	B↑↑	B↓	B↓	C↓↓	B	B↑↑	C	B
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	300	333	B↓	A	A	B↓	A	B	A	B	A	B↓	B↑	B↓	D↓	C↓	B↓
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	245	237	A	A↑	B↓	A	A	C↑	B	B	A	A	A↑	B	A	B↓	A
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	263	264	B	A↑	B	A	A	C	B	A	A	A	C↓	D↓	A	B↑	A
London North West Healthcare NHS Trust	Northwick Park Hospital HASU	435	440	A	A	A	A	A	B	A	A	A	B↓	B↓	B	A↑	C	A
St George's Healthcare NHS Trust	St George's Hospital HASU	428	426	A	A	B	A	A	C↑	B	B	A	A	A	B	A	B↓	A
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	446	436	A↑↑	A	A↑↑	A↑	A↑	C↑↑	B	B↑	A	A	A↑↑	B	A↑	B	A↑
Midlands & East - East Midlands SCN																		
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	165	159	D↓	B↓	C	C↓	C↓	C	C↓	B	B	B	E	C↓	D↓↓↓	B↑	C↓
Northampton General Hospital NHS Trust	Northampton General Hospital	316	313	A↑	A	A	A↑	B↓	D↑	C	A	A	A	A↑↑	B	B↓	B	A↑
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	378	402	D	A↑	B↑	C↑	D	B	C	C↑	A↑	B	E	C	B↑	D	C↑
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	153	156	B	A	A	B	C	B	C↓	A↑	A	A↑	D	C	A	A	B
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	191	180	B	A	B	B↓	B↓	C	A	B	B	B	C↓	B	B	C↓	B↓
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	186	163	A↑↑	A	B	A↑	A↑	B↑	A↑	A↑	B	B↑	C	B	B↑	A↑	A↑
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	410	414	C	A	B	B↑	B↑	C	B↑	B	C	C	D	B	A	B	B↑
Midlands & East - East of England SCN																		
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	193	190	A	A	A	A	A	C↑	B↓	B	A	A	B	B↓	B	A	A
Bedford Hospital NHS Trust	Bedford Hospital	56	71	D	A	D	D	D↑	B	D↓	C↑↑	B	B	E	E↓	A	C↑	D
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	196	222	D	A	C↓	D↓	C	E↓	C↑	C	C	A	E↓↓	D↓	B	C↑	D↓
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	180	184	A↑	A	A	A↑	A	C↑	B↑	B	A	A↑	C↑	B↑	B↑	A	A↑
East and North Hertfordshire NHS Trust	Lister Hospital	263	275	A↑↑	A	A↑	A↑↑	A↑	B↑	C↑	B↑	A	A↑	C↑↑	B	B↑↑	A	A↑↑
Ipswich Hospital NHS Trust	Ipswich Hospital	185	180	B	A	A	B	C↓	B	B↑	C↓	A	A	C↑	B	B	A	B
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	153	159	C	A	A	C	C	C	C	C	B↓	B	D	D	C↓	B	C
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	202	206	D	A	B	C↑	B	D↑	B↑	B↑↑↑	A	B	E	E	B	D↓	C↑
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	184	181	A↑	A	A	A↑	A↑	B	A↑	B	B↑	B	C↑	C	A↑	A	A↑
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	384	389	B	A	B	B	B↑	C↑	B	A↑	B↓	B	C	B↑	B↓	A	B
Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	199	202	D	A	B↑	D	C	E↓	D	C↑	C	D	E↓	C	B↑	C	D
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	159	166	B↑	A	B↓	A↑↑	B↑	B↑	A↑↑	A↑	A↑	A↑↑	A↑	A↑	D↓	E	A↑↑
Southend University Hospital NHS Foundation Trust	Southend Hospital	219	224	A↑	A	A	A↑	A	C	A↑	B	A↑	A	A↑↑	A	B	B↑	A↑
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	206	206	A↑↑	A	A	A↑↑	A↑	C↑↑	B↑	B	A	A↑	B↑	C↑	A	B	A↑
West Suffolk NHS Foundation Trust	West Suffolk Hospital	138	129	B↓	A	A	B↓	A	C	D↓	B	A	A	C	C↓	C↓↓	A	B↓

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
Midlands & East - West Midlands SCN																		
Burton Hospitals NHS Foundation Trust	Queens Hospital Burton upon Trent	126	124	D	A↑	D	C↓	A	C	D↓↓	D	A	A↑	C	D↓	D	C↓↓	C↓
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	206	211	C	A	B	C	C↓	C↑↑	B↑	B	D↓	B	D↓	B↑	D	B	C
George Eliot Hospital NHS Trust	George Eliot Hospital	60	78	D	A	C	D	C↑	E	E	B	E↓↓	D	C	A	B	D	D
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	260	278	B↑	A	C	A↑	A	C	B	B↑	A	B	A↑	B↑	C↑	A	A↑
Royal Wolverhampton NHS Trust	New Cross Hospital	179	181	C↑	A	A	C↑	B↑	C↑	C↓	C↑	C↑	C	E	C↑	B↑↑	A↑	C↑
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	184	173	C	A	C	B	A	C↓	B	B↓	C	B↓	C↑	C	D	B	B
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	331	337	D↑	A	C↑	D	D↓	C↑	B↑	D↑	C↓	D	E	D	E	D↑	D
South Warwickshire NHS Foundation Trust	Warwick Hospital	84	102	C↑	A	A	C↑	E	E	NA	E↓↓	A↑↑	A	B↑↑	B↓	B	C↑	C↑
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	179	176	D	A	A	D	C↓↓	C	C↓	C↓	C↑	C	D↑	E↓	D	C↓	D↓
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	276	290	C↑	A	A	C↑	A↑	E	B↑	D	C	C↑	C↑	C	B	A	C↑
University Hospitals of North Midlands NHS Trust	Royal Stoke University Hospital	352	391	B	A	A	B	A	D	B	B	A	A	C↑↑	B	B	D↓↓↓	B
Walsall Healthcare NHS Trust	Manor Hospital	130	129	B↑	A	A	B↑	A	C↑↑	D	B↑	C	C	B↑	C↓	B	B	B↑
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	257	240	E↓	C↓	C	D	C	E	D	E↓	A	B↓	E	D↓	E↓	B	D
Wye Valley NHS Trust	Hereford County Hospital	170	173	D	A	A	D	B↑	D↑	D↑	D	B↑	B↑↑	E	C↑	B↓	C	D
North of England - Cheshire and Mersey SCN																		
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	158	155	C	A	A	C	B↑	E	D↓	B↓	C	D↓	D↓	C	A	A	C
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	130	132	B↑	A	A	B↑	A↑	C↑	B↑	A	B↑	C↑	E	A↑	B	A	B↑
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	153	173	C	A	B	C	C	E↓	D	D	C↓↓	B↓	B↑	B↑↑	B	A↑	C
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	177	190	C	A	B	B	C	D↑	B↑	B	A	A	E	B	C↓	A	B
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	115	116	D	A↑	A	D	B	E	E↓	C↑	A	B	E	A↑	B	D↓	C
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital	248	237	A	A	A	A	A	B	B	A	A	B↑	C	A	B	A	A
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	116	127	C↑	A↑	A↑	C↑	C	D↑	C↑	D	A	B	E	B↑	B↑	A	C↑
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	214	217	A↑	A	A	A↑	A	B↑	B↑↑	A	A	B	C↑↑	A	C↓	A	A↑
North of England - Manchester, Lancashire & S.Cumbria SCN																		
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	164	161	E	A	A	E	D	D	D↑	D↑	E	E	E	E	D	B↑	E
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	226	222	D	A	A↑	D	C	D	D	D	D↓	D	D↑	C↑	B↑	C↓↓	D
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	177	185	D↓	A	A	D↓	C	D	D	D	D↓↓↓	D↓↓↓	D	C↓	B↓	C↑	D↓
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	322	376	A	A	A	A	A	B↑	A↑	A↑	A	B	B	A	B	A	A
Salford Royal NHS Foundation Trust	Salford Royal Hospital	584	609	A↑	A	A↑	A	A↑	B	C	A↑	A	B	C	A↑	A↑	A	A↑
Stockport NHS Foundation Trust	Stepping Hill Hospital	333	344	B↓	A	B↓	A	A	B	B	A	B	C↓	B	A	B	C	A
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	73	75	D	A	D↓↓	D	A↑	D↓	D	B	B↑	C↑↑	E	C	D	C↓	D
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	115	114	D	A	B	D	B↑	E	E	D	C↓	B↑	E	C	B	A↑	D

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
North of England - North of England SCN																		
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	140	135	E	D↓↓	B↑	D	B	C	D	B	E↓	D	E	D	D↑	D	D
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	208	193	D	C↓	D↓	D↓	A↑↑↑	A↑	B↑	B	E↓↓↓↓	E↓↓↓↓	E	D↓	C↓↓	D	D↓
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	144	149	C↑	A	C↓	B↑↑	B↑	C↑	D↓	B↑↑	A	A	E	D	B↑↑	A↑↑	B↑↑
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	191	202	A↑	A	A	A↑	B↑	C	B↑↑	B	B	A	B	C	A↑	B	B
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	145	147	C↑	A	B	C↑	B↑	D↑	D	D↑	A	A↑	E	C	B	A	C↑
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	73	72	B↑	A	A	B↑	B	C↑	E↓	B↑↑	A	A	A	B↑	A↑	D↓	B
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	180	190	D	A	B	D↓	D↑	B	C↓	C↓	D↓	C↑	E↓	B	B	C	D↓
Northumbria Healthcare NHS Foundation Trust	Northumbria Specialist Emergency Care Hospital HASU	326	324	A↑	A	A	A↑	B↑	B↑	A↑	B	A	A	A	B	D↓	B↑	A↑
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	267	289	B	A	A	B	C	B	B	B	A	B↑↑	C↑	B	B	B	B
South Tyneside NHS Foundation Trust	South Tyneside District Hospital	102	103	D↑	A	A↑	D	C↑	E	E	E	B↑	D↓	E	E	B	A↑↑	D
North of England - Yorkshire and The Humber SCN																		
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	178	177	B↑↑	A	A↑	B↑↑	C↑	D↑	D↑	B↑↑	A	A	C↑	B↑	A	C↑	B↑↑
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	155	173	D	A	D↓	D↓	D	D↓	E↓	E↓	C↓	B↓	C↑	D	A	D↓↓	D↓
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	225	229	C↓	A	B↑	B	C	D↓	C↓	A↑	B↓	C↓	B↑	B	B↓	A	B
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	178	174	D↓	A	B↓	C	C	C	C	D	C↓	B	E↓↓	C	B	A	C
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	212	232	A	A	A	A	B	C	B↑↑	C↓	A	A	A	B	B↓	B	A
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	108	110	C↑	A	B	C↑	D	B↑	E↓	B↑	A↑	C↑	D	B	B	C	C↑
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	271	273	B↑↑	A	B	B↑	B	B↑	B↑	B↑	A↑	A↑↑	E	C	B	B	B↑
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	322	321	C↑	A	A↑	C↑	C	D	B↑	C	C↑	D↑	B↑	D	A	D↓	C↑
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	265	299	C↑	A	A	C↑	A↑	B↑	C↑	C	B↑	B↑↑	E	D↑	B	A↑	B↑↑
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	212	220	A	A	A	A	A	B	C	A	A	A	C↓	C↓	A	C	A
Rotherham NHS Foundation Trust	Rotherham Hospital	144	161	C↑	A	A↑	C↑	A	C↑	E	D	A↑↑	B↑	E↓↓	D↓	A	C	C
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	314	328	D	A	B	C↑	A↑	B	D↑	C	C	C↑	E↓	D	B	C↑	C↑
York Teaching Hospital NHS Foundation Trust	York Hospital	295	305	C	A	A↑	C	C	D	C↑	B	A	B↓	D↓	B↑	A	D↓	C↓

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
South England - South East SCN																		
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	137	125	A	B↓	A	A	A	C	B	A	B↓	B↓	B	B	A	A	A
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	182	178	B↑	A	A	B↑	A	B↑	B↑	A	D↑	C	C	D	B↓	B	B↑
Dartford and Gravesham NHS Trust	Darent Valley Hospital	101	101	D	B	B	D	A↑	E	C↑↑	E↓	C	C↓	E	E↓	C↑	C	D
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	93	94	D	A	B↑	D	B↓	C↑↑	D↑	A	C↑↑	D↑	E	C	C↓↓	B	C↑
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	142	146	C↓↓	A	B↓	C↓↓	B↓	D↓	C	A	C↓↓	B↓	C↓	D↓↓	B↓	C↓↓	C↓↓
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	150	148	C↓	A	A	C↓	B↓	D	D	A	A	B	E	C	B	B	C↓
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	142	161	C↑	A	A↑	C	A	B	C↑↑	B	C	C	E↓	D	B	C↓	C
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	82	78	C↓	B↓	A	B	A	D↓	C↑	C	A↑	B	C	C	B↓	B↑	B
Frimley Health NHS Foundation Trust	Frimley Park Hospital	140	146	B↓	A	B↓	A	A	C	B	A	A↑	A	D↓	B	B↓	B	A
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	124	134	B	A	A	B	B↓	D↓	D	C	A	A↑	C	C↓	B	B↓	B
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	115	109	D	A	C↓	C	B	D↑	D↓	D↓	B	A↑	D↓	C↑	D↓	B	C
Medway NHS Foundation Trust	Medway Maritime Hospital	125	116	D	A	C↓	D	A	E↓	D	D	E	E↓	E	C	C	A↑	D
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	92	101	B	B↓	B	A	A	C↑	C↓↓	C	A	A	A↑↑	A↑	B	A↑	A↑
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	145	176	D↓	C↓↓	C	C↓	A	E↓	D↓	B	B↑	B↑	B	B	A	D↓	B
Western Sussex Hospitals NHS Trust	St Richards Hospital	112	129	B	A	A	B	C	C	A↑	B↑	A↑	B	C↓	B	B	D↓	B
Western Sussex Hospitals NHS Trust	Worthing Hospital	169	173	A↑	A	B	A↑	A	B↑	B	A↑	A	B	B	B↑	A	C	A↑
South England - South West SCN																		
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	282	303	D↑	A	B	D↑	C↑	D↑	D	D↑	D	E	E	E	B	C↓	D↑
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	139	156	E	B↑	C↓	D↑	A↑↑	E	C↑	E	C↑↑	D↑	E	E	B↑	D↑	D↑
North Bristol NHS Trust	North Bristol Hospitals	205	225	C↑	A	A↑	C↑	A	C↑↑	B↑↑	C↑	C↑	D	D↑	C↑	D↑	B↓	C↑
Northern Devon Healthcare NHS Trust	North Devon District Hospital	135	131	D	A	B	C↑	D↑	E↓	C↑	E	A	A	E↓↓	B↑	A↑↑↑	B↑	C↑
Plymouth Hospitals NHS Trust	Derriford Hospital	255	260	C↑	A	B	C↑	B	D	C↑	C	A	A	D↑	E	A↑↑	A↑	B↑
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	267	282	D	A	A	D	A	D↑	D↓	D	E	D	D	E	D	B	D
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	239	251	B	A	A	B	B↑	D↓	B	B	A	A	C	B	A	B	B
Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	203	205	D↓	A	B	C↓	C↓	D↓	C↓	B	C	B	D↓↓	C↓	C↑	C↓	C↓
Salisbury NHS Foundation Trust	Salisbury District Hospital	129	147	B↑	A	B	B↑	A↑	C	B↑↑	B↑	A	B	E	B	C	B	B↑
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	206	208	B↑	A	A↑	B	A	C↓	D↓	D↓↓	A↑↑	A↑	E	B	B	B	B
Torbay and South Devon NHS Foundation Trust	Torbay Hospital	190	210	D	A↑	A↑	D	C↑	E	D	E↓	B↓	C	D	C	B↑	B↑	D
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	169	166	C↑	A↑	A	C↑	A	C↑	B↑	C↑	B↑↑	C	D↑	E	A	B	C↑
Weston Area Health NHS Trust	Weston General Hospital	65	73	B↑	A	A	B↑	B	C	B↓	B	B	B↑↑	C↑	C↓	B	C	B
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	127	133	C↓	A	A	C↓	B↓	C↑	B	E↓	A	A	D↓	D↓↓	C	A	C↓
South England - Thames Valley SCN																		
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	167	180	A	B↓	A	A	A	B	A	A	A	A↑	C	B	B	C↓↓	A
Frimley Health NHS Foundation Trust	Wexham Park Hospital	105	131	D	A	D	C↑	D	C↑	E	E	B↑	B	B↓	B↑	B	B	C↑
Milton Keynes University Hospital NHS Foundation Trust	Milton Keynes General Hospital	59	69	D↑	B↑↑	C	C↑	A↑↑	D↑	E	B↑↑	D↓	A	E	B↑↑	B	A	C↑
Oxford University Hospitals NHS Foundation Trust	Horton General Hospital	21	28	D	C↓↓	C↓	C↑	D↓	C	NA	B↑↑	C	B↑	C↑↑	C	B↓	C	C↑
Oxford University Hospitals NHS Foundation Trust	John Radcliffe Hospital	209	208	B	A↑	A	B	B	C	B	C	A	B	C	C↓	B↓	C↑	B
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	216	228	B	B	B	A	A↑	D	A	B	A	A	C	B↑	B↓	A	A

Routinely Admitting Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
South England - Wessex SCN																		
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	149	150	D↑	A	B↑	D	D↑	C	C↑	D	A↑	C↑	B↑	D	E	D	D
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	182	182	B	A	A	B	C	C	C↓	B	A	A	C	B	C	B↓	B
Isle of Wight NHS Trust	St Mary's Hospital Newport	98	109	D	A	B	D	A	E↓	E	D	E	D↓	E	D	B	A↑	D
Poole Hospital NHS Foundation Trust	Poole Hospital	155	159	C↑	B↓	A↑	C↑	D↓	C↑	C↑	D↑	A↑	B	C↓	A↑	D	B↑	C↑
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	324	331	C	A	C↓	C	C↑	D↑	D	C↓	A	A	D↓	C	B↑	A	C
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	241	237	A	A	A	A	C↓	C	C↓	B	A	A↑	A	A	A	A	A
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	259	258	B	A	B	B	B	B	C↓	A↑	A	B↓	C↑↑	B↑	B↓	B	B
Islands																		
Isle of Man Department of Health	Noble's Hospital	50	27	E	B	D	E	D	D	D	E	E	E	E	E	B	D	E
Northern Ireland																		
Belfast Health and Social Care Trust	Mater Infirmorum Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Belfast Health and Social Care Trust	Royal Victoria Hospital Belfast	179	196	D	A↑↑↑↑	C	D	B	E	C	E	C	B	C	E	C	A	D
Northern Health and Social Care Trust	Antrim Area Hospital	126	121	E	A	D↑	D	D↑	E	D↓	E	C	D↓	D	D	D↑	B↓	D
Northern Health and Social Care Trust	Causeway Hospital	54	52	E	A	D	E	E	E	D↑	E	C↑	D	D↓	E	E	C	E
South Eastern Health and Social Care Trust	Downe General Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
South Eastern Health and Social Care Trust	Ulster Hospital	137	139	D	A↑	A↑	D	D	E	C	E	C↓	B↑↑	B↑	E	C↓	D↓	D
Southern Health and Social Care Trust	Craigavon Area Hospital	126	132	E	A	B↑	E↓	D	E	E↓	E	C	C↑	D↓	D↑	B↑	D	D
Southern Health and Social Care Trust	Daisy Hill Hospital	46	51	D↑	A	A	D↑	C↑	E	C↑	D↑	B↑	D	D↑	D↑	B↑	D	D↑
Western Health and Social Care Trust	Altnagelvin Hospital	67	66	E	A	C	D↑	D↑	E	B↑	E	D	D↑	E	E	C↑	C↑	D↑
Western Health and Social Care Trust	South West Acute Hospital	55	55	C↑	A	A↑	C	C↓	C↑	A	B↑	B↓	C↓	E	E	B↑	C	C
Wales																		
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	204	205	C↑	A	B↓	C↑	C	E	D	B↑↑	A↑	A	C	A↑	B	D	C
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	110	112	D	A	B	D	C	E	C↑	C	C	D	B↑	B	B↓	D	D
Aneurin Bevan University Health Board	Royal Gwent Hospital	253	242	B↑	A↑	A↑↑	B	A	B↑	C	A↑	A	B	A↑	B	B	C	A↑
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	125	129	B	A	A	B	C	C	C↑	B	D↓	C↑	A	B↓	A	C	B
Betsi Cadwaladr University Health Board	Maelor Hospital	167	163	C↑	A	A	C↑	C↓	E	C	A↑	E	B↑↑	C↑↑	B	A↑	C	C↑
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	115	113	B↑	A	A↑	B↑	C↑	C↑↑	E↓	A↑	A↑↑	A↑	B↓	B↓	A	D↓	B↑
Cardiff and Vale University Health Board	University Hospital of Wales	204	206	C↑	A	A	C↑	A	D↑	B↑	D↑	C↑↑	B↑↑	E	D↑	A	B↓	C↑
Cwm Taf University Health Board	Prince Charles Hospital	186	185	C↑	A	B	B↑↑	A↑	D↑	D↑	D↑	A	C↓	C	B↑	A↑	A	B↑
Hywel Dda Health Board	Bronglais Hospital	54	56	D	A	B	D↓	B↓	B↑	B↓	C	E	E↓	E	C	A↑	C	D↓
Hywel Dda Health Board	Prince Philip Hospital	69	79	C↑	A	B	C↑	A↑↑	C↑↑	B↑	A↑	C↑	D	E	B	A	C	B↑↑
Hywel Dda Health Board	West Wales General	92	92	D	A	B	D	A	E	D	E↓	C	C↑	E	D↓	A	C	D
Hywel Dda Health Board	Withybush General Hospital	54	61	C	A	B↓	C	A	C↑↑	D↓	C↓	C	B↑	C↑	B↓	A	D↓	C

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford SU	TFP	143	C	B↓	A	B↑	NA	A	NA	NA	C	C↑	C↓	NA	C	C↑	C
Barts Health NHS Trust	Newham General Hospital	TFP	38	B	A↑	D↓	A	NA	A	NA	NA	A	A	A	NA	B↑	A	A
Barts Health NHS Trust	Royal London Hospital SU	TFP	78	A↑↑	A↑↑	A↑	A	NA	A	NA	NA	A	A	B	NA	B↑	A	A
Barts Health NHS Trust	Whipps Cross University Hospital	TFP	55	B	A	B	A↑	NA	A	NA	NA	B↑	B↑	A	NA	A↑	B↓	A
Central London Community Healthcare NHS Trust	Charing Cross Neuro-rehabilitation Unit	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	TFP	25	B	C↓↓	B	A	NA	A	NA	NA	A↑	B	B	NA	NA	NA	A
Croydon Health Services NHS Trust	Croydon University Hospital	TFP	75	C	A	D↓	B	NA	B	NA	NA	A↑	C	C	NA	A	A	A↑
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	TFP	51	C↓	B↓	D	A	NA	B	NA	NA	C↓↓	C	A	NA	A↑	A	A
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	TFP	58	A	A	A	A	NA	B↓	NA	NA	A	A	A↑	NA	A	A	A
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	TFP	43	B↓	B↓	C↓	A	NA	A	NA	NA	B↓	B	B↓	NA	A↑	C	A
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	TFP	38	D	C	E	A↑	NA	A	NA	NA	B	A	A	NA	D↑	B↓	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU	TFP	117	B	A↑	B	A	NA	A	NA	NA	A	B	C	NA	B	B	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU - Nine South Ward	TFP	30	A↑	A↑	A↑	A	NA	A	NA	NA	A↑	B↑	C↑	NA	A↑	NA	A↑
King's College Hospital NHS Foundation Trust	King's College Hospital SU	TFP	44	A	A↑	B↓	A	NA	A	NA	NA	A	A	B	NA	A	A	A
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	TFP	96	B	A	C↑	A	NA	A	NA	NA	B↑	A	D	NA	A	A	A
Kingston Hospital NHS Foundation Trust	Kingston Hospital	TFP	68	B↑	A↑	D	A	NA	B	NA	NA	A	A↑	C↓	NA	A↑	A	A
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	TFP	110	A↑	A	A	A↑	NA	A↑	NA	NA	C↓	B↑	C	NA	A↑	A	A↑
London North West Healthcare NHS Trust	Northwick Park Hospital SU	TFP	264	A	A	B↓	A	NA	A	NA	NA	A	A	A	NA	A	C	A
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	TFP	68	C↑	A↑	D	B	NA	A↑	NA	NA	A	A	A↑	NA	B	D↓	A
Royal Free London NHS Foundation Trust	Barnet General Hospital	TFP	59	A↑	A↑	A	A	NA	B	NA	NA	A	A	B	NA	B	A	A
Royal Free London NHS Foundation Trust	Royal Free Hospital	TFP	68	A↑	A	B↑	A↑	NA	A	NA	NA	A↑	A↑	A↑↑	NA	B↑	A	A↑
St George's Healthcare NHS Trust	St George's Hospital SU	TFP	85	A	A	D↓	A	NA	A	NA	NA	A	A↑	A↑	NA	A	A	A
University College London Hospitals NHS Foundation Trust	University College Hospital SU	TFP	36	A↑↑	B↓	B	A↑	NA	B↓	NA	NA	A↑	A↑↑	A↑↑	NA	A↑↑	NA	A↑
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital	TFP	44	B	A↑↑↑↑	D	A	NA	A	NA	NA	A	A	C	NA	B	B	A
Midlands & East - East Midlands SCN																		
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	TFP	35	D↑	C	D	B↑↑	NA	B↑↑	NA	NA	A↑↑↑	B↑↑	D↑	NA	A↑	D	B↑↑
Midlands & East - East of England SCN																		
Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	TFP	21	E	C	E	D	NA	D	NA	NA	E	B	E	NA	A	D	D
Midlands & East - West Midlands SCN																		
Heart of England NHS Foundation Trust	Good Hope General Hospital	TFP	83	D	A	C↓	C	NA	B	NA	NA	C↓↓	B	E	NA	C↑	B	C
Heart of England NHS Foundation Trust	Solihull Hospital	TFP	71	D	A	D↓	D↓	NA	B	NA	NA	E↓	C↓	E↓	NA	D	B↓	D↓
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	24	E	A	E	E	NA	E	NA	NA	E	E	E	NA	E	E	E
University Hospitals of North Midlands NHS Trust	County Hospital	TFP	51	B↑↑↑	A↑↑	B↑↑	B↑↑	NA	B↑↑↑	NA	NA	B↑	B↑	C↑↑	NA	D	A	B↑↑
North of England - Cheshire and Mersey SCN																		
East Cheshire NHS Trust	Macclesfield District General Hospital	TFP	47	D	A	C↑	C	NA	C	NA	NA	C	C↓	E↓	NA	A↑	D	D↓

Non-Routinely Admitting Acute Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
North of England - Manchester, Lancashire & S.Cumbria SCN																		
Bolton NHS Foundation Trust	Royal Bolton Hospital	TFP	86	B	A	A↑	B	NA	A	NA	NA	A	B	E	NA	B	A	B
Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	TFP	58	C	A↑	A↑	C	NA	D↑	NA	NA	A	C	E↓↓	NA	B	A	C↓
Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	TFP	51	A	A	A	A	NA	A↑	NA	NA	A	B	D↑	NA	A↑	A	A↑
Tameside Hospital NHS Foundation Trust	Tameside General Hospital	TFP	63	C↑	A↑↑	A	C	NA	D	NA	NA	B	D	E	NA	A	A	C
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	TFP	92	B↑	A	A	B↑	NA	D	NA	NA	B↑	B	B↑	NA	A↑	A↑	B↑
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	TFP	90	A↑↑	A	A↑↑↑	A↑	NA	B↑↑	NA	NA	A	A↑	D↑	NA	A↑	A	A↑
North of England - North of England SCN																		
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	TFP	24	B↑↑	A↑	C↑	A↑	NA	A	NA	NA	A	A	E	NA	A	C	B
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	TFP	64	A↑	A↑	A↑	A	NA	A	NA	NA	A	B↑	C	NA	D↓↓	A	B↓
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	TFP	69	A↑↑	A↑	A↑	A↑	NA	A	NA	NA	B↑	A↑	D↓	NA	B↑↑	A↑	A↑
North of England - Yorkshire and The Humber SCN																		
Airedale NHS Foundation Trust	Airedale General Hospital	TFP	70	D↓	A	A	D↓	NA	C↓	NA	NA	C	D	C↓	NA	B	D↓	D↓
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	TFP	45	B↑	A	A	B↑	NA	D↑	NA	NA	A↑↑	B↑↑	B↓	NA	A	A	A↑
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Goole District Hospital	TFP	TFP	TFP	NA	TFP	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	TFP	73	D	A	D	D	NA	A↑↑	NA	NA	B↑	C↑	E	NA	D	A↑	C↑
South England - Wessex SCN																		
Hampshire Hospitals NHS Foundation Trust	Basingstoke and North Hampshire Hospital	TFP	37	B↑↑	B↓	A↑	B↑	NA	A	NA	NA	C	A↑↑	D↑	NA	C	B↑	B↑
Wales																		
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	TFP	32	D	A	D↓↓	D	NA	C↓↓	NA	NA	D↓	D↓	E↓	NA	A↑	C	D↓
Aneurin Bevan University Health Board	Nevill Hall Hospital	TFP	51	D	B	D↓↓	C↑	NA	C↑↑	NA	NA	C↓↓	D↓↓	E	NA	B	A↑↑	C↑
Aneurin Bevan University Health Board	Ysbyty Ystrad Fawr	TFP	X	X	X	X	X	NA	X	NA	NA	X	X	X	NA	X	X	X
Cardiff and Vale University Health Board	Llandough Hospital	TFP	86	D	A↑↑↑↑	D	C	NA	A	NA	NA	E	B	E	NA	A	A	B

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	King George Hospital Inpatient Rehab Team	TFP	38	C↓	A	B↓	B	NA	A	NA	NA	A	B	C	NA	B	C	B↓
Midlands & East - East Midlands SCN																		
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	56	C	A↑	C↑	B	NA	A	NA	NA	C	C↓	E↓	NA	A	A↑	B
Leicestershire Partnership NHS Trust	St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TFP	26	D	C	E	B	NA	A	NA	NA	C	A	E	NA	A	B	B
University Hospitals of Leicester NHS Trust	Leicester City Stroke Rehabilitation Unit	TFP	51	B	B	B	B↓	NA	A	NA	NA	B	B	E↓	NA	A	A	B↓
Midlands & East - East of England SCN																		
Anglian Community Enterprise CIC	Clacton Hospital	TFP	24	B	A	D	A	NA	A	NA	NA	A	B	D	NA	A	A	A
Hertfordshire Community NHS Trust	Danesbury Neurological Centre	TFP	28	C↑	A	C↑	B↑	NA	A	NA	NA	A↑↑	B	E↓↓	NA	B↑↑	D↓↓	B
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	51	D	A	C	C	NA	A	NA	NA	E↓↓	D↓	D↑	NA	B↑	A	C
North East London NHS Foundation Trust	Brentwood Community Hospital	TFP	24	C	A	D	B	NA	B	NA	NA	A	A	C	NA	A	D	B
Provide	St Peter's Community Hospital Rehab Unit	TFP	32	A	A	B↓	A	NA	A	NA	NA	A	A	D↓↓	NA	A	A↑	A
Midlands & East - West Midlands SCN																		
Birmingham Community Healthcare NHS Foundation Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	42	D	C↓	D	B↑	NA	A	NA	NA	C	B↑	C↓	NA	B↑↑	B↑	B↑
South Warwickshire NHS Foundation Trust	Feldon Stroke Rehabilitation Unit SWFT	TFP	49	B↑	A	C↑	A↑	NA	A	NA	NA	A	A↑	B↑↑↑	NA	A↑	D	A↑
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	44	B↑	A↑	C↑	A↑	NA	A	NA	NA	A↑	A	E	NA	D↓	A	B
North of England - Manchester, Lancashire & S.Cumbria SCN																		
East Lancashire Hospitals NHS Trust	Pendle Community Hospital - Marsden Stroke Unit	TFP	55	D	B	D	C	NA	A	NA	NA	B	C	C	NA	B	C	B
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	34	C↓	A	D	A	NA	A	NA	NA	A	B↓	C↑	NA	A	C	A
North of England - Yorkshire and The Humber SCN																		
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	35	B	A	C↓	A	NA	A↑	NA	NA	A	B	C↑	NA	B	B	A↑
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	44	B↑	A	A↑↑	B	NA	A	NA	NA	C	A↑	C↓	NA	B	C↑	B
Sheffield Teaching Hospitals NHS Foundation Trust	Beech Hill Rehabilitation Unit	TFP	31	D	B	E	C↓	NA	A	NA	NA	B	B	E	NA	B	D↓	C↓
South West Yorkshire Partnership NHS Foundation Trust	Kendray Hospital	TFP	52	A	A	A↑	A	NA	A	NA	NA	A	B	B↑	NA	A	D↓	A
South England - South East SCN																		
East Sussex Healthcare NHS Trust	Bexhill Hospital - Irvine Unit	TFP	21	C	A	D	B	NA	A	NA	NA	C	B	C	NA	B	B	B
Sussex Community NHS Foundation Trust	Crawley Hospital Stroke Rehab Ward	TFP	40	D	B↑	D	C	NA	A	NA	NA	C↑	D↓↓	E	NA	A	E	D↓
South England - South West SCN																		
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Lanyon Stroke Rehabilitation Unit	TFP	79	C	A	D	B↓	NA	A	NA	NA	A	B↓	C↓	NA	D	A	B↓
CORNWALL PARTNERSHIP NHS FOUNDATION TRUST	Woodfield Stroke Rehabilitation Unit	TFP	32	C	B↓	C	A↑	NA	A	NA	NA	A↑	C↓	A↑	NA	B↑↑	A	A↑
Northern Devon Healthcare NHS Trust	Bideford Community Hospital	TFP	25	B	A	D	A	NA	A	NA	NA	A	A	C	NA	B	B	A
Northern Devon Healthcare NHS Trust	East Devon Community Stroke Rehab Unit	TFP	32	A↑	A	A↑↑	A↑	NA	A	NA	NA	B	A	D↑	NA	A	C	B
Plymouth Community Healthcare CIC	Mount Gould Hospital	TFP	38	A	A	A↑	A	NA	A	NA	NA	A	A	B	NA	D↓	A↑	A
SEQOL - Care and Support Partnership CIC	Forest Ward - Swindon Intermediate Care Centre	TFP	32	D	A	D	D	NA	A	NA	NA	E	C↑↑	E	NA	A	D↓	D
Somerset Partnership NHS Foundation Trust	South Petherton Community Hospital	TFP	40	C	A↑	D	B↓	NA	A	NA	NA	C↓	D↓↓↓	E↓↓	NA	A↑	B↓	C↓↓
Torbay and South Devon NHS Foundation Trust	Newton Abbot Hospital	TFP	56	B↑	B↑	D	A	NA	A	NA	NA	A	A	A	NA	C↑	A	A
South England - Thames Valley SCN																		
Oxford Health NHS Foundation Trust	Abingdon Community Hospital	TFP	27	C	A	D	B	NA	A	NA	NA	A	B	E	NA	B	D	B
Oxford Health NHS Foundation Trust	Witney Community Hospital	TFP	28	B	A	B	B	NA	A	NA	NA	B	B	C	NA	B	C	B

Non-Acute Inpatient Teams		Number of patients		Overall Performance				Team Centred Data										
Trust	Team Name	Admit	Disch	SSNAP Level	CA	AC	Combined KI Level	D1 Scan	D2 SU	D3 Throm	D4 Spec Asst	D5 OT	D6 PT	D7 SALT	D8 MDT	D9 Std Disch	D10 Disch Proc	TC KI Level
South England - Wessex SCN																		
Southern Health NHS Foundation Trust	Lymington New Forest Hospital	TFP	22	B	A	C	A	NA	A	NA	NA	A	A	E	NA	B	B	B
Northern Ireland																		
Southern Health and Social Care Trust	South Tyrone and Lurgan Hospitals	TFP	45	D	A	A↑↑↑	D	NA	A	NA	NA	D	C	E↓	NA	C↑	C	D
Wales																		
Aneurin Bevan University Health Board	St Woolos Hospital	TFP	51	D	A↑	C↑↑	C	NA	A	NA	NA	D↓	C↑	E	NA	B	D↑	D
Betsi Cadwaladr University Health Board	Wrexham Rehabilitation Unit	TFP	28	E	A	E	D	NA	E	NA	NA	E	E	E	NA	A	C	D
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	28	B	A	B	B	NA	A	NA	NA	A	B	E	NA	B	C	B

Conclusion

It is unprecedented to have collected such a high volume of cases with good data quality and a representative sample within three years of initiating a new national audit. Participation in the audit continues to be an unparalleled success. In the latest reporting period 32,916 patient records were submitted to SSNAP for analysis, demonstrating the efforts of all the teams and registered audit users.

Without information and data about stroke services in England, Wales and Northern Ireland it would not be possible to persuade clinicians, commissioners or NHS England that there is still work to be done to ensure that high quality care is provided to patients regardless of where they live or when they have their stroke.

Recent audit results have shown that improvements to stroke services are being made. In the corresponding reporting period last year only 14 services achieved an “A” score compared to 42 teams in this reporting period. The consistent decrease in the number of hospitals achieving the lowest scoring band is similarly reassuring. The latest audit results reinforce our belief that whilst the audit sets the bar high to attain the top grade, world class stroke care is achievable.

That clinicians are reviewing their results every reporting period and investigating where changes need to be made to improve the care they provide to patients should be celebrated. It is important that we allow teams the time to conduct a full diagnosis and time to draw up action plans to address issues. We are privileged to have honest self-reporting from providers. We are now increasingly in a position to report what happens to patients after the early part of their recovery and we urge all stroke care providers working in a community setting to participate in SSNAP make the post-acute data similar in quality to the years spent reporting acute data with resultant improvements to the quality of care and outcomes. This will remain one of our biggest challenges in the year ahead.

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 University Hospitals NHS Foundation Trust, London

Dr Martin James, Consultant Stroke Physician, Royal Devon and Exeter NHS Foundation Trust; Honorary Associate Professor, University of Exeter Medical School

List of Members

Association of Chartered Physiotherapists in Neurology
Dr Nicola Hancock, Lecturer in Physiotherapy, School of Health Sciences, University of East Anglia

AGILE – Professional Network of the Chartered Society of Physiotherapy
Mrs Louise McGregor, Allied Health Professional Therapy Consultant – Acute Rehabilitation, St George's University Hospitals 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 Stroke Physicians
Dr Neil Baldwin, Consultant Stroke Physician
Dr Damian Jenkinson, Consultant in Stroke Medicine, Dorset County Hospital Foundation Trust

British Society of Rehabilitation Medicine/Society for Research in Rehabilitation
Professor Derick Wade, Consultant in Rehabilitation Medicine, The Oxford Centre for Enablement

British Geriatrics Society
Professor Helen Rodgers, Professor of Stroke Care, Newcastle University

British Dietetic Association
Mr Alex Lang, Guy's and St Thomas' NHS Foundation Trust

British and Irish Orthoptic Society
Dr Fiona Rowe, Reader in Orthoptics and Health Services Research, University of Liverpool

British Psychological Society
Dr Audrey Bowen, The Stroke Association John Marshall Memorial Reader in Psychology, University of Manchester

Dr Jason Price, Consultant Clinical Neuropsychologist, The James Cook University Hospital

Dr Shirley Thomas, Lecturer in Rehabilitation Physiotherapy, Queens Medical Centre

British Society of Neuroradiologists
Dr Andrew Clifton, Interventional Neuroradiologist, St George's University Hospitals NHS Foundation Trust, London

Chartered Society of Physiotherapy
Dr Cherry Kilbride, Senior Lecturer in Physiotherapy, Institute of Health, Environment and Societies, Brunel University, London

The Cochrane Stroke Group
Professor Peter Langhorne, Professor of Stroke Care Medicine, University of Glasgow

College of Occupational Therapists and Special Section Neurological Practice
Professor Avril Drummond, Professor of Healthcare Research, University of Nottingham
Mrs Karen Clements, Clinical Specialist Occupational Therapist – Stroke, London Road Community Hospital

College of Paramedics
Mr Joseph Dent, Advanced Paramedic, College of Paramedics

Faculty of Prehospital Care of the Royal College of Surgeons of Edinburgh and the National Ambulance Service Medical Directors Group
Dr Neil Thomson, Interim Deputy Medical Director, London Ambulance Service NHS Trust

Health Economics Advice
Professor Anita Patel, Chair in Health Economics, Queen Mary University of London

NIMAST (Northern Ireland)
Dr Michael Power, Consultant Physician Ulster Hospital Belfast, Founder and Committee Member NIMAST

Patient representative
Mr Robert Norbury

Patient representative
Mr Stephen Simpson

Patient representative
Ms Marney Williams

Public Health England
Dr Patrick Gompertz, Consultant Physician, The Royal London Hospital

Public Health England/Royal College of Physicians
Dr Benjamin Bray, Clinical Research Fellow, Kings College London

Royal College of Nursing
Mrs Diana Day, Stroke Consultant Nurse, Addenbrooke's Hospital, Cambridge University Hospitals NHS Foundation Trust
Dr Amanda Jones, Stroke Nurse Consultant, Sheffield Teaching Hospitals NHS Foundation Trust

Royal College of Radiologists
Prof Philip White, Hon Consultant Neuroradiologist, Newcastle Upon Tyne Hospitals NHS Foundation Trust

Royal College of Speech & Language Therapists
Ms Rosemary Cunningham, Speech and Language Therapy Team Manager, Royal Derby Hospital (Derbyshire Community Health Services Foundation Trust)

Royal College of Speech & Language Therapists
Professor Pam Enderby, Professor of Rehabilitation, University of Sheffield
Dr Sue Pownall, Head of speech and Language Therapy, Sheffield Teaching Hospitals NHS Foundation Trust

Southern Health and Social Care Trust
Dr Michael McCormick, Consultant Geriatrician/Stroke Physician, Craivagon Area Hosptial

Stroke Association
Mr Jon Barrick, Chief Executive, Stroke Association
Mr Dominic Brand, Director of Marketing and External Affairs, Stroke Association

Welsh Government Stroke Implementation Group
Dr Phil Jones, Clinical Lead for Wales, Hywel Dda University Health Board

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

SSNAP Core Dataset 3.1.1

For queries, please contact ssnap@rcplondon.ac.uk
Webtool for data entry: www.strokeaudit.org

NB. There is a stand-alone intra-arterial proforma available in the support section of the dataset which lists only those additional questions related to this intervention. The changes in the SSNAP Core Dataset 3.1.1 are all related to these new dataset questions.

Version	Date	Changes
1.1.1	12 Dec 2012	– Official core dataset following pilot versions (most recent 3.6.16)
1.1.2	18 Feb 2013	– 1.12.2 – word 'incident' added to question and allowed values changed to 10 characters – 2.8 – sub questions renumbered – 6.10 – word 'First' added
2.1.1	02 Apr 2014	– 1.14 Which was the first ward the patient was admitted to at the first hospital? (wording change from 'Which was the first ward the patient was admitted to?') – 3.1 Has it been decided in the first 72 hours that the patient is for palliative care? (wording change from 'If yes, does the patient have a plan for their end of life care?') – 3.1.2 – If yes, does the patient have a plan for their end of life care? (wording change from 'Is the patient on an end of life pathway?') – 4.4.1 – New question: 'If yes, at what date was the patient no longer considered to require this therapy?' – 4.5.1 Question removed – 4.6.1 Question removed – 6.9.2 – If yes, does the patient have a plan for their end of life care? (wording change from 'Is the patient on an end of life pathway?') – 6.11 - New question: 'Was intermittent pneumatic compression applied? ' – 6.11.1 - New question: 'If yes, what date was intermittent pneumatic compression first applied?' *Validations: Cannot be before clock start and cannot be after 7.3* – 6.11.2 - New question: 'If yes, what date was intermittent pneumatic compression finally removed?' *Cannot be before clock start or 6.11.1 and cannot be after 7.3* – 7.1 – Additional answer options: 'Was transferred to another inpatient care team, not participating in SSNAP'; 'Was transferred to an ESD/community team, not participating in SSNAP'. *Validations: Selecting either of these has same effect as selecting 'discharged somewhere else'* – 7.3.1 – 'Date patient considered by the multidisciplinary team to no longer require inpatient care?' (wording change from 'Date patient considered by the multidisciplinary team to no longer require inpatient rehabilitation?') – 8.4 – Additional answer option: 'Not Known'. ('What is the patient's modified Rankin Scale score?') – 8.5 – Additional answer option: 'Not Known'. ('Is the patient in persistent, permanent or paroxysmal atrial fibrillation?') – 8.6.1 – Additional answer option: 'Not Known'. ('Is the patient taking: Antiplatelet?') – 8.6.2 – Additional answer option: 'Not Known'. ('Is the patient taking: Anticoagulant?') – 8.6.3 – Additional answer option: 'Not Known'. ('Is the patient taking: Lipid Lowering?') – 8.6.4 – Additional answer option: 'Not Known'. ('Is the patient taking: Antihypertensive?') – 8.7.1 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Stroke') – 8.7.2 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Myocardial infarction') – 8.7.3 – Additional answer option: 'Not Known'. ('Since their initial stroke, has the patient had any of the following: Other illness requiring hospitalisation')
3.1.1	01 Oct 2015	– 2.11 – New question – 'Did the patent receive an intra-arterial intervention for acute stroke?' – 2.11.1 – New question – 'Was the patient enrolled into a clinical trial of intra-arterial

		intervention?' – 2.11.2 – New question – 'What brain imaging technique was carried out prior to the intra-arterial intervention?' – 2.11.3 – New question – 'How was anaesthesia managed during the intra-arterial intervention?' – 2.11.4 – New question – 'What was the speciality of the lead operator?' – 2.11.5 – New question – 'Were any of the following used?' – 2.11.6 – New question – 'Date and time of:' – 2.11.7 – New question – 'Did any of the following complications occur?' – 2.11.8 – New question – 'Angiographic appearance of culprit vessel and result assessed by operator (modified TCI score):' – 2.11.9 – New question – 'Where was the patient transferred after the completion of the procedure?'

Hospital / Team — Auto-completed on web tool

Patient Audit Number — Auto-completed on web tool

Demographics/ Onset/ Arrival *(must be completed by the first hospital)*

1.1. Hospital Number — Free text (30 character limit)

1.2. NHS Number — 10 character numeric — or — No NHS Number ○

1.3. Surname — Free text (30 character limit)

1.4. Forename — Free text (30 character limit)

1.5. Date of birth — dd / mm / yyyy

1.6. Gender — Male ○ Female ○

1.7. Postcode of usual address — 2-4 alphanumerics / 3 alphanumerics

1.8. Ethnicity — A – Z (select radio button) — or — Not Known ○

1.9. What was the diagnosis? Stroke ○ TIA ○ Other ○ (*If TIA or Other please go to relevant section)*

1.10. Was the patient already an inpatient at the time of stroke? Yes ○ No ○

1.11. Date/time of onset/awareness of symptoms — dd / mm / yyyy / hh / mm

1.11.1. The date given is: Precise ○ Best estimate ○ Stroke during sleep ○

1.11.2. The time given is: Precise ○ Best estimate ○ Not known ○

1.12. Did the patient arrive by ambulance? Yes ○ No ○

If yes:

1.12.1. Ambulance trust — Default / Drop-down of all trusts

1.12.2. Computer Aided Despatch (CAD) / Incident Number — 10 characters — or Not known ○

1.13. Date/ time patient arrived at first hospital — dd / mm / yyyy / hh / mm

1.14. Which was the first ward the patient was admitted to at the first hospital?
MAU/ AAU/ CDU ○ Stroke Unit ○ ITU/CCU/HDU ○ Other ○

1.15. Date/time patient first arrived on a stroke unit — dd / mm / yyyy / hh / mm
or Did not stay on stroke unit ○

Casemix/ First 24 hours *(if patient is transferred to another setting after 24 hours, this section must be complete)*

2.1. Did the patient have any of the following co-morbidities prior to this admission?

2.1.1 Congestive Heart Failure: Yes ○ No ○

2.1.2 Hypertension: Yes ○ No ○

2.1.3 Atrial fibrillation: Yes ○ No ○

2.1.4 Diabetes: Yes ○ No ○

2.1.5 Stroke/TIA: Yes ○ No ○

2.1.6 If 2.1.3 is yes, was the patient on antiplatelet medication prior to admission? Yes ○ No ○ No but ○

2.1.7 If 2.1.3 is yes was the patient on anticoagulant medication prior to admission? Yes ○ No ○ No but ○

2.2. What was the patient's modified Rankin Scale score before this stroke? 0 - 5

2.3. What was the patient's NIHSS score on arrival? Automated calculation of total score

		0	1	2	3	4	Not known
2.3.1	Level of Consciousness (LOC)	○	○	○	○		
2.3.2	LOC Questions	○	○	○			○
2.3.3	LOC Commands	○	○	○			○
2.3.4	Best Gaze	○	○	○			○
2.3.5	Visual	○	○	○	○		○
2.3.6	Facial Palsy	○	○	○	○		○
2.3.7	Motor Arm (left)	○	○	○	○	○	○
2.3.8	Motor Arm (right)	○	○	○	○	○	○
2.3.9	Motor Leg (left)	○	○	○	○	○	○
2.3.10	Motor Leg (right)	○	○	○	○	○	○
2.3.11	Limb Ataxia	○	○	○			○
2.3.12	Sensory	○	○	○			○
2.3.13	Best Language	○	○	○	○		○
2.3.14	Dysarthria	○	○	○			○
2.3.15	Extinction and Inattention	○	○	○			○

2.4. Date and time of first brain imaging after stroke dd mm yyyy hh mm
or Not imaged ○

2.5. What was the type of stroke? Infarction ○ Primary Intracerebral Haemorrhage ○

2.6. Was the patient given thrombolysis? Yes ○ No ○ No but ○ (auto-selected if 2.5=PIH)

2.6.1 If no, what was the reason:

Thrombolysis not available at hospital at all ○ Outside thrombolysis service hours ○
Unable to scan quickly enough ○ None ○

2.6.2 If no but, please select the reasons:

Haemorrhagic stroke (auto-selected if 2.5=PIH) ☐ Age ☐
Arrived outside thrombolysis time window ☐ Symptoms improving ☐
Co-morbidity ☐ Stroke too mild or too severe ☐
Contraindicated medication ☐ Symptom onset time unknown/wake-up stroke ☐
Patient or relative refusal ☐ Other medical reason ☐

2.7. Date and time patient was thrombolysed dd mm yyyy hh mm

2.8. Did the patient have any complications from the thrombolysis? Yes ○ No ○

2.8.1 If yes, which of the following complications:

Symptomatic intracranial haemorrhage ☐ Angio oedema ☐ Extracranial bleed ☐ Other ☐

2.8.2 If other, please specify Free text (30 character limit)

2.9. What was the patient's NIHSS score at 24 hours after thrombolysis? 0 - 42 or Not known ○

2.10. Date and time of first swallow screen dd mm yyyy hh mm
or Patient not screened in first 4 hours ○

2.10.1 If screening was not performed within 4 hours, what was the reason? Enter relevant code (see appendix)

2.11 Did the patient receive an intra-arterial intervention for acute stroke? Yes ○ No ○

2.11.1 Was the patient enrolled into a clinical trial of intra-arterial intervention? Yes ○ No ○

2.11.2 What brain imaging technique(s) was carried out prior to the intra-arterial intervention?

a. CTA or MRA Yes ○ No ○

b. Measurement of ASPECTS score Yes ○ No ○

c. Assessment of ischaemic penumbra by perfusion imaging Yes ○ No ○

2.11.3 How was anaesthesia managed during the intra-arterial intervention?

Local anaesthetic only (anaesthetist NOT present) ○

Local anaesthetic only (anaesthetist present) ○

Local anaesthetic and conscious sedation (anaesthetist NOT present) ○

Local anaesthetic and conscious sedation (anaesthetist present) ○

General anaesthetic ○

Other ○

2.11.4 What was the specialty of the lead operator?

Interventional neuroradiologist ○

Cardiologist ○

Interventional radiologist ○

Other ○

2.11.5 Were any of the following used?

a. Thrombo-aspiration system Yes ○ No ○

b. Stent retriever Yes ○ No ○

c. Proximal balloon/flow arrest guide catheter Yes ○ No ○

d. Distal access catheter Yes ○ No ○

2.11.6 Date and time of:

a. Arterial puncture: dd mm yyyy hh mm

b. First deployment of device for thrombectomy or aspiration dd mm yyyy hh mm

○ Not performed

c. End of procedure (time of last angiographic run on treated vessel): dd mm yyyy hh mm

2.11.7 Did any of the following complications occur?

a. Symptomatic intra-cranial haemorrhage Yes ○ No ○

b. Extra-cranial haemorrhage Yes ○ No ○

c. Other procedural complication resulting in harm to the patient Yes ○ No ○

2.11.8 Angiographic appearance of culprit vessel and result assessed by operator (modified TICI score)

a. Pre intervention 0 ○ 1 ○ 2a ○ 2b ○ 3 ○

b. Post intervention 0 ○ 1 ○ 2a ○ 2b ○ 3 ○

2.11.9 Where was the patient transferred after the completion of the procedure?

Intensive care unit or high dependency unit ○

Stroke unit ○

Other ○

Assessments – First 72 hours *(if patient is transferred after 72 hours, this section must be complete and locked)*

3.1. Has it been decided in the first 72 hours that the patient is for palliative care? Yes ○ No ○
If yes:

3.1.1. Date of palliative care decision dd mm yyyy

3.1.2. If yes, does the patient have a plan for their end of life care? Yes ○ No ○

3.2. Date/time first assessed by nurse trained in stroke management dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.3. Date/time first assessed by stroke specialist consultant physician dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.4. Date/time of first swallow screen dd mm yyyy hh mm (If date/time already entered for screening within 4 hours (2.10), 3.4 does not need to be answered)
or Patient not screened in first 72 hours ○

3.4.1 If screening was not performed within 72 hours, what was the reason? Enter relevant code

3.5. Date/time first assessed by an Occupational Therapist dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.5.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

3.6. Date/time first assessed by a Physiotherapist dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.6.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

3.7. Date/time communication first assessed by Speech and Language Therapist dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.7.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

3.8. Date/time of formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment dd mm yyyy hh mm
or No assessment in first 72 hours ○

3.8.1 If assessment was not performed within 72 hours, what was the reason? Enter relevant code

This admission *(this section must be completed by every team/ hospital/ care setting)*

4.1. Date/ time patient arrived at this hospital/team dd mm yyyy hh mm

4.2. Which was the first ward the patient was admitted to at this hospital?
MAU/ AAU/ CDU ○ Stroke Unit ○ ITU/CCU/HDU ○ Other ○

4.3. Date/time patient arrived on stroke unit at this hospital dd mm yyyy hh mm
or Did not stay on stroke unit ○

	1. Physiotherapy	2. Occupational Therapy	3. Speech and language therapy	4. Psychology
4.4. Was the patient considered to require this therapy at any point in this admission?	Yes○ No○	Yes○ No○	Yes○ No○	Yes○ No○
4.4.1 If yes, at what date was the patient no longer considered to require this therapy?				
4.5. On how many days did the patient receive this therapy across their total stay in this hospital/team?				
4.6. How many minutes of this therapy in total did the patient receive during their stay in this hospital/team?				

4.7. Date rehabilitation goals agreed: dd mm yyyy or No goals ○

4.7.1. If no goals agreed, what was the reason?	
Not known ○	Patient medically unwell for entire admission ○
Patient refused ○	Patient has no impairments ○
Organisational reasons ○	Patient considered to have no rehabilitation potential ○

Patient Condition in first 7 days *(if patient is transferred after 7 days, this section must be complete)*

5.1. What was the patient's worst level of consciousness in the first 7 days following initial admission for stroke? (Based on patient's NIHSS Level of Consciousness (LOC) score): 0 ○ 1 ○ 2 ○ 3 ○

5.2. Did the patient develop a urinary tract infection in the first 7 days following initial admission for stroke as defined by having a positive culture or clinically treated? Yes ○ No ○ Not known ○

5.3. Did the patient receive antibiotics for a newly acquired pneumonia in the first 7 days following initial admission for stroke? Yes ○ No ○ Not known ○

Assessments – By discharge *(some questions are repeated from the "Assessments – First 72 hours" section but should only be answered if assessments not carried out in the first 72 hours)*

6.1. Date/time first assessed by an Occupational Therapist dd mm yyyy hh mm
or No assessment by discharge ○
6.1.1 If no assessment, what was the reason? Enter relevant code

6.2. Date/time first assessed by a Physiotherapist dd mm yyyy hh mm
or No assessment by discharge ○
6.2.1 If no assessment, what was the reason? Enter relevant code

6.3. Date/time communication first assessed by Speech and Language Therapist dd mm yyyy hh mm
or No assessment by discharge ○
6.3.1 If no assessment, what was the reason? Enter relevant code

6.4. Date/time of formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment dd mm yyyy hh mm
or No assessment by discharge ○
6.4.1 If no assessment, what was the reason? Enter relevant code

6.5. Date urinary continence plan drawn up dd mm yyyy or No plan ○
6.5.1 If no plan, what was the reason? Enter relevant code

6.6. Was the patient identified as being at high risk of malnutrition following nutritional screening?
Yes ○ No ○ Not screened ○
6.6.1 If yes, date patient saw a dietitian dd mm yyyy or Not seen by a dietitian ○

6.7. Date patient screened for mood using a validated tool dd mm yyyy or Not screened ○
6.7.1 If not screened, what was the reason? Enter relevant code

6.8. Date patient screened for cognition using a simple standardised measure? dd mm yyyy
or Not screened ○
6.8.1 If not screened, what was the reason? Enter relevant code

6.9. Has it been decided by discharge that the patient is for palliative care? Yes ○ No ○
If yes:
6.9.1 Date of palliative care decision dd mm yyyy
6.9.2 If yes, does the patient have a plan for their end of life care? Yes ○ No ○

6.10. First date rehabilitation goals agreed: dd mm yyyy or No goals ○

This question is auto-completed. It will be based on the first date that is entered for 4.7. If no hospitals / care settings in the pathway enter a date (i.e. all select 'no goals'), then 'no goals' will be selected here

6.11 Was intermittent pneumatic compression applied? Yes ○ No ○ Not Known ○

6.11.1 If yes, what date was intermittent pneumatic compression first applied? dd mm yyyy
6.11.2 If yes, what date was intermittent pneumatic compression finally removed? dd mm yyyy

Discharge / Transfer

7.1. The patient:
Died ○
Was discharged to a care home ○
Was discharged home ○
Was discharged to somewhere else ○
Was transferred to another inpatient care team ○
Was transferred to an ESD / community team ○
Was transferred to another inpatient care team, not participating in SSNAP ○
Was transferred to an ESD/community team, not participating in SSNAP ○

7.1.1 If patient died, what was the date of death? dd mm yyyy

7.1.2 Did the patient die in a stroke unit? Yes ○ No ○

7.1.3 What hospital/team was the patient transferred to? Enter team code

7.2. Date/time of discharge from stroke unit dd mm yyyy hh mm

7.3. Date/time of discharge/transfer from team dd mm yyyy hh mm

7.3.1 Date patient considered by the multidisciplinary team to no longer require inpatient care?
dd mm yyyy

7.4. Modified Rankin Scale score at discharge/transfer 0 - 6 (defaults to 6 if 7.1 is died in hospital)

7.5. If discharged to a care home, was the patient: Previously a resident ○ Not previously a resident ○
7.5.1 If not previously a resident, is the new arrangement: Temporary ○ Permanent ○

7.6. If discharged home, is the patient: Living alone ○ Not living alone ○ Not known ○

7.7. Was the patient discharged with an Early Supported Discharge multidisciplinary team?
Yes, stroke/neurology specific ○ Yes, non-specialist ○ No ○

7.8. Was the patient discharged with a multidisciplinary community rehabilitation team?
Yes, stroke/neurology specific ○ Yes, non-specialist ○ No ○

7.9. Did the patient require help with activities of daily living (ADL)? Yes ○ No ○
If yes:
7.9.1 What support did they receive?
Paid carers ○ Paid care services unavailable ○
Informal carers ○ Patient refused ○
Paid and informal carers ○
7.9.2 At point of discharge, how many visits per week were social services going to provide? 0 - 100
or Not known ○

7.10. Is there documented evidence that the patient is in atrial fibrillation on discharge? Yes ○ No ○
7.10.1 If yes, was the patient taking anticoagulation (not anti-platelet agent) on discharge or discharged with a plan to start anticoagulation within the next month? Yes ○ No ○ No but ○

7.11. Is there documented evidence of joint care planning between health and social care for post discharge management? Yes ○ No ○ Not applicable ○

7.12. Is there documentation of a named person for the patient and/or carer to contact after discharge?
Yes ○ No ○

Six month (post admission) follow-up assessment

8.1. Did this patient have a follow-up assessment at 6 months post admission (plus or minus two months)?
Yes ○ No ○ No but ○ No, patient died within 6 months of admission ○
N.B. 'No but' should only be answered for DNAs, patients who are not registered with a GP, or patients who have had another stroke and a new SSNAP record started

8.1.1 What was the date of follow-up? dd mm yyyy

8.1.2 How was the follow-up carried out: In person○ By telephone ○ Online ○ By post ○

8.1.3 Which of the following professionals carried out the follow-up assessment:

GP	○	District/community nurse	○
Stroke coordinator	○	Voluntary Services employee	○
Therapist	○	Secondary care clinician	○
Other	○		

8.1.4 If other, please specify Free text (30 character limit)

8.1.5 Did the patient give consent for their identifiable information to be included in SSNAP?*
Yes, patient gave consent ○ No, patient refused consent ○ Patient was not asked○

8.2 Was the patient screened for mood, behaviour or cognition since discharge using a validated tool?
Yes ○ No ○ No but ○
8.2.1 If yes, was the patient identified as needing support? Yes ○ No ○
8.2.2 If yes, has this patient received psychological support for mood, behaviour or cognition since discharge?
Yes ○ No ○ No but ○

8.3. Where is this patient living? Home ○ Care home ○ Other ○
8.3.1 If other, please specify Free text (30 character limit)

8.4. What is the patient's modified Rankin Scale score? 0 - 6 Not known ○

8.5. Is the patient in persistent, permanent or paroxysmal atrial fibrillation? Yes ○ No ○ Not known ○

8.6. Is the patient taking:

8.6.1 Antiplatelet:	Yes ○	No ○	Not known ○
8.6.2 Anticoagulant:	Yes ○	No ○	Not known ○
8.6.3 Lipid Lowering:	Yes ○	No ○	Not known ○
8.6.4 Antihypertensive:	Yes ○	No ○	Not known ○

8.7. Since their initial stroke, has the patient had any of the following:

8.7.1 Stroke	Yes ○	No ○	Not known ○
8.7.2 Myocardial infarction	Yes ○	No ○	Not known ○
8.7.3 Other illness requiring hospitalisation	Yes ○	No ○	Not known ○

*8.1.5. This question is mandatory to be collected at the 6 month review and is a requirement for collecting patient identifiable information as part of our section 251 (NHS Act 2006) approval from the Ethics and Confidentiality Committee of the National Information Governance Board.