Royal College of Physicians | SSNAP

Clinical audit

Sentinel Stroke National Audit Programme (SSNAP)

Clinical audit July - September 2014 public report

National results

January 2015

Based on stroke patients admitted to and/or discharged from hospital between July - September 2014

Prepared by

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

Document purpose	To disseminate results for the process of stroke care for patients admitted and/or discharged in the period between 1 July and 30 September 2014.
Title	Sentinel Stroke National Audit Programme (SSNAP) Clinical Audit July - September 2014 Public Report
Author	Royal College of Physicians, Clinical Effectiveness and Evaluation Unit on behalf of the Intercollegiate Stroke Working Party
Publication	January 2014
Target audience	General public, stroke survivors and carers, health and social care professionals, stroke researchers
Description	This is the seventh 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 July and 30 September 2014. It covers many processes of care across the entire inpatient stay including comparisons with the October-December 2013 report, the January-March 2014 report, and the April-June 2014 report where applicable. The report findings enable the processes of stroke services at national level to be compared with national standards outlined in the fourth edition of the National Clinical Guideline for Stroke (2012) published by the Intercollegiate Stroke Working Party, the NICE (National Institute for Health and Clinical Excellence) Clinical Guidelines, the National Stroke Strategy 2007 and the NICE Quality Standard for Stroke (2010).
Supersedes	SSNAP Clinical Audit April-June 2014 public report
Related publications	National clinical guideline for stroke 4th edition (Royal College of Physicians, 2012): http://www.rcplondon.ac.uk/resources/stroke-guidelines SSNAP Clinical audit April-June 2014 public report – October 2014 http://www.strokeaudit.org/results/National-Results.aspx SSNAP Acute Organisational Audit Report – December 2014: http://www.strokeaudit.org/results/Organisational/National-Organisational.aspx http://www.strokeaudit.org/results/Organisational/Regional-Organisational.aspx National Sentinel Stroke Audit Clinical Report – May 2011: http://www.rcplondon.ac.uk/sentinel SINAP Combined Quarters 1-7 Report – February 2013 and SINAP Comprehensive report – March 2012: www.rcplondon.ac.uk/sinap National clinical guidelines 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 2010: http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp 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 2013-14: http://www.england.nhs.uk/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.
Antihypertension	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.
Accelerating Stroke Improvement Metrics	Stroke indicators measured to accelerate the implementation of the National Stroke Strategy. http://www.improvement.nhs.uk/stroke/
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 ongoing, 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 fecal 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	Bleed on the brain caused by a rupture or burst artery.
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.
Infarction	Stroke caused by a blocked artery.
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 (2012)	National evidence based guidelines for stroke care published by the Intercollegiate Working Party for Stroke fourth edition 2012. http://www.rcplondon.ac.uk/stroke/guidelines.
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://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062

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://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp)
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 6 months. www.rcplondon.ac.uk/ssnap.
SINAP	Stroke Improvement National Audit Programme. A continuous acute stroke audit which measured the process of stroke care in the first 72 hours 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.
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 is the seventh report on the Sentinel Stroke National Audit Programme (SSNAP) data. We believe that this dataset should prove invaluable in helping to shape to future developments in stroke care in England, Wales and Northern Ireland. Without high quality data, improvement in clinical care is unlikely to occur.

This July-September 2014 report includes named hospital results for the entire inpatient care pathway, where the numbers of patients entered in SSNAP for this quarter make this viable.

Congratulations to the thirteen teams who have scored an 'A' overall. Last quarter was the first time that any teams achieved this level when 6 teams scored an 'A'. These latest results reflect the continued effort being made by teams to review SSNAP data each quarter, and use results to monitor and improve their performance over time. Several more teams would have scored an 'A' if they had not been marked down because of issues of case ascertainment and data compliance both of which are problems that should be fairly easily solvable. What this shows is that although we have set the bar very high to achieve the top score it is achievable and we hope will encourage others to strive to improve.

It is encouraging to begin to see some improvements in the national results for stroke care since data collection began, both the first 72 hours of care and in the standards and processes of care by discharge. The quality of data submitted to SSNAP, measured in terms of audit compliance, has also improved each quarter, which is essential in providing meaningful audit results. However, there remains unacceptable variation across the country. SSNAP has moved to absolute measurement of results which means that all teams are capable of showing improvement.

Congratulations to everyone who has contributed to the data presented in this report. It is a fantastic achievement that over 19,000 patient records were available for analysis in this quarter. By the time you read this report over 190,000 records will have been started. We estimate that about 80,000 patients are admitted to hospital with stroke per year in England so we are achieving very high levels of case ascertainment. The power of the data will be huge if the data are complete and of high quality. It 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 are also using the national data to help identify which aspects of care are of most importance and you may be interested to read the publications that have been produced recently. Perhaps of most importance is the PLOS Medicine paper showing a strong association between nurse staffing levels and 30 day mortality. Please use these data to make a case to increase your nursing establishment.

Professor Anthony Rudd FRCP CBE

Chair of the Intercollegiate Stroke Working Party

Key Recommendations

1. SSNAP collects data on the **whole care pathway** from initial arrival at hospital, through all **inpatient settings**, across **ESD and community rehabilitation** (if provided) and up to a **six month follow-up** appointment. It is vital that all teams treating at least 10 stroke patients a year are part of the audit, as it is only when we have full participation across the care pathway that we can get the **complete picture of the care stroke patients receive up to six months**. Acute providers, as well as CCGs, should be encouraging the post-acute providers to register on SSNAP and enter data.

2. It is **extremely important** that data regarding a patient's **6 month follow up is recorded on SSNAP**. These data have the potential to reveal **variations in access** to 6 month assessments **across the country**. In cases where 6 month assessments are being provided but are not recorded on SSNAP, **valuable information about patient outcomes post stroke is being missed**.

3. While SSNAP results at national level are largely in line with previous national stroke audits, there remains **unacceptable variation across the country**. This needs to be addressed. With the shift to absolute measurement of results, **it is possible for all teams to demonstrate improvement.**

4. SSNAP should suffice as the **single source of stroke dat**a for commissioners and we hope that they will use the detailed information provided by SSNAP rather than asking providers to give additional stroke data. SSNAP will be the **source of the stroke measures in the CCG Outcomes Indicator Set** and the **NHS Outcomes Framework**.

5. All teams should be aiming for **complete case ascertainment**. The majority of routinely admitting teams are now submitting **over 90% of their patients to SSNAP**. For these teams SSNAP is providing an accurate local and regional picture, and the volume of data allows robust conclusions to be drawn at national level. The remaining teams **need to focus on achieving this high level of case ascertainment** as they will have a less representative (and therefore less valuable) set of results.

6. Teams should look at the **audit compliance score** and determine how this can be improved. While there have been **improvements** in audit compliance scores, particularly as a result of **increased completion of NIHSS data items**, there are still some teams achieving a low audit compliance score. It is vital that teams are collecting full and accurate NIHSS scores, as it is the foundation for casemix adjustment particularly when used for adjusting mortality results (not to mention its importance in clinical practice). The casemix measures should be looked at closely in order to determine if there are any significant differences from the national average.

7. Teams are encouraged to make use of an array of **valuable tools and resources** available to SSNAP users to help **monitor and improve SSNAP performance**, and **ease the burden** of submitting data to the audit including; the **DIY analysis tool,** a data analysis tool for key measures, designed to aide local reporting, a **thrombolysis tool** which provides a detailed patient-level breakdown of the characteristics of patients receiving thrombolysis, or deemed to have been eligible for thrombolysis, and the **6 month transfer tree**, a spread sheet

outlining the number of each inpatient hospitals' patients that had a 6 month assessment and the name of the provider which carried out the assessment.

8. Therapists should use the **therapy data** provided to identify how their therapy intensity compares with the national average and with other teams. Whilst we appreciate that the collection of therapy data in SSNAP is not sensitive enough to determine what should have been required for each patient, it does provide **an overview of therapy intensity across a whole service (and across whole pathways)**. Therefore, there is a valuable opportunity for therapists to **engage with SSNAP** and **use the results** to highlight where an increased number of patients could be getting **more face-to-face therapy** or where patients could receive **more therapy over a higher number of days** and to consider **how this can be achieved**.

9. There are a wide range of **innovative data visualisation tools** available publically including **dynamic maps** which have been developed to increase the accessibility and openness of SSNAP results. These should be used by clinical teams, commissioners, patients and the public to identify where improvements are needed and drive change. www.strokeaudit.org/results/maps

10. SSNAP produce an **Easy Access Version (EAV)** report each quarter, written specifically for **stroke survivors and their carers**. This report uses **short sentences, simple language, and visual aids** to present results in an easy to read manner. The EAV is **publicly available** and teams should ensure that patients and carers who wish to gain a better understanding of the audit are directed to these reports. www.strokeaudit.org/results/regional

11. Every member of the multi-disciplinary team and managers should have **shared responsibility** for **discussing and acting on these audit results**. Submitting the data to SSNAP constitutes a huge effort on the part of many members of the stroke service and others, and we hope that the **results will be useful for informing plans for service improvements.** There are many teams already using our reports, presentations, and analysis tools in order to drive change within their service.

How SSNAP users are using results to drive change

"All strokes now go directly to CT [scanner], being met by either stroke practitioner or level one stroke nurse who is then able to swallow screen, etc… patient is taken directly to the stroke unit, speeding up initial assessments from stroke nurse/stroke specialist consultant and often therapists. We used SSNAP data to identify that we sometimes only breached [targets] by a few minutes, but now patients… are reaching the unit in a much more timely way."

"PowerPoint presentations allow us to look at the results very quickly following release. Previously it often took some time to interpret the results and produce information in a format useful for team analysis."

"We have created a SSNAP notice board in the staff room showing all the reports so ALL staff involved are aware of the results and show them where we can make improvements, some of the data is also published throughout the trust on a team brief email and are also discussed at our stroke steering group"

"We used the slide at our stroke service development meetings which is attended by therapists, nurses and doctors to highlight areas of good performance and where improvements need to be made. The data on these slides in compared to local data and action plans are created."

"Our SSNAP action planning meetings allow us to:

- *Focus on areas where improvement is needed, identify cause and agree change strategies*
- *Share good practice across the 3 units*
- *Involve the whole team in the process, fostering ownership and a real sense of pride and responsibility in all staff, not just the senior team."*

"Just to let you know that I think the new analysis tool is really good! It will really help us to get an earlier insight as to whether we are improving on the various measures and also allow us to assess our data quality/completeness"

"We have had [used our data] for re-commissioning of existing services and enabled the development of business cases to gain new Early Supported Discharge services in the areas."

"[We have] used SSNAP data to drive recording of NIHSS scores, improvements in thrombolysis rates, and to provide evidence for need for a stroke outreach service, plus much more!"

Background

This is the seventh clinical report produced under the auspices of the new Sentinel Stroke National Audit Programme (SSNAP). It reports on patients admitted (or having stroke onset as an inpatient) and/or discharged from hospital between 1 July and 30 September 2014. The Clinical Effectiveness and Evaluation Unit in the Clinical Standards 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 will provide the data for all other statutory data collections in England including the NICE Quality Standard and Accelerating Stroke Improvement (ASI) metrics and is the chosen method for collection of stroke measures in the NHS Outcomes Framework and the CCG Outcomes Indicator Set. SSNAP metrics will be aligned with those in the Cardiovascular Disease Outcomes Strategy.

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

Methods

A core, minimum dataset (Appendix 2) was developed by the ICSWP in collaboration with other key stakeholders. Prospective data were collected via a secure web-based tool provided by Netsolving. Security and confidentiality were maintained through the use of passwords and a person specific registration process. Detailed help notes and FAQs were provided to ensure standard interpretation of the dataset questions across all participants. Data were 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 http://www.strokeaudit.org/support/datasets.

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 6 months assessment. Teams which treat at least 10 stroke patients a year at any point up to 6 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 (e.g. teams which provide inpatient rehabilitation in a post-acute setting e.g. community hospitals)
- Post-acute non inpatient teams (e.g. early supported discharge and community rehabilitation teams)
- 6 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 6 month assessments is continuing. Given the fact that these teams have not previously participated in national stroke audit, a slower uptake is expected.

Availability of SSNAP reports in the public domain

SSNAP results are made public on a quarterly basis 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.

As in the previous three quarters, named team results for the entire inpatient care pathway for this July - September 2014 report are being made publically available. In this public report, national level results from the previous three quarterly reports are presented alongside the July – September 2014 results where appropriate, allowing comparisons to be made between each quarter.

July-September 2014 report

This report includes complete data for 19,232 stroke patients admitted to and 19,087 stroke patients discharged from inpatient care between 1 July and 30 September 2014. The volume of records collected allows robust conclusions to be drawn at national level.

Number of locked records included	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Number of stroke patients included in the 72 hour results section (Section 3)	18,839	19,638	18,953	19,232
Number of stroke patients included in the discharge results section (Section 4)	17,503	18,704	18,812	19,087

Aims of the July-September 2014 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 July-September 2014 results and the previous three quarterly reports where comparisons are appropriate.
- to describe the methods for calculating the pre-existing or upcoming national measures for stroke in England: these include Accelerating Stroke Improvement (ASI) metrics; the CCG Outcomes Indicator Set; NICE Quality Standard for Stroke measures; and the former Vital Sign/ IPMR for Stroke.

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)
- 6 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** (July - September 2014): An overview of performance by reporting 44 Key Indicators within 10 domains of care by named team
- **Full results portfolio** (July - September 2014): 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 and colour coded maps
- **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. https://www.strokeaudit.org/results/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. Each domain is given a performance level (level A to E) and a **total key indicator score** is calculated based on the average of the 10 domain levels for both patient-centred and team centred domains. A **combined total key indicator score** is calculated by averaging the patient-centred and team-centred total key indicator scores. This combined total key indicator score is adjusted for case ascertainment and audit compliance to result in an overall **SSNAP level**.

Presenting results in this way gives patients, clinicians, commissioners and the public a simple way of understanding complex data and make conclusions on the level of service provision at national and provider level. The themes covered by the SSNAP domains are:

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.

Section 1 of this report presents summary national level results by overall domain and component key indicators. Section 8 presents an overview of named team results for domains and scoring with more detailed results available on the SSNAP results portal: www.strokeaudit.org/results/national.

For technical information about how scores are calculated, please refer to the 'Technical Scoring Info' tab of the SSNAP Summary Report: www.strokeaudit.org/results/national.

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 proportion of all their cases as estimated based on Hospital Episode Statistics (HES) or coding data for the 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 this July- September 2014 quarter. This is a measure of record completion by non-routinely admitting teams rather than a measure of case ascertainment in the true sense. This methodology will be improved once the transfer rate more accurately reflects the stroke pathway. 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.

Inclusion in national level results

This national level report includes **all** locked data submitted by routinely admitting teams, non-routinely admitting acute teams and non-acute inpatient teams. Data from routinely admitting teams are included in both the 72 hour results section (Section 3) and the discharge results section (Section 4); data from non-routinely admitting acute teams and non-acute inpatient teams are included in the discharge results section only. This is because the results in the 72h section are primarily based on standards which the first team treating the patient should have adhered to, whereas the discharge results are relevant to all inpatient teams as it is based on all standards relating to care delivered between 72 hours and discharge from inpatient care. In total 192 teams contributed data to the 72 hour results and 250 teams contributed data to the discharge results.

The table below shows the number of records and teams included in each national level report to date. The case ascertainment achieved in this report represents the substantial effort participating teams have put into collecting audit data for a high number of stroke patients in the acute phase.

Report	Patient records included (72 hour results)	National expected*	Percentage
January – March 2013 (Pilot Report 1)	11,939 (163 teams)	21,555	55%
April – June 2013 (Pilot Report 2)	15,252 (162 teams)	21,308	72%
July - September 2013 Report	17,451 (185 teams)	20,968	83%
October- December 2013 Report	18,839 (183 teams)	20,831	90%
January- March 2014 Report	19,638 (192 teams)	20,693	95%
April-June 2014 Report	18,953 (187 teams)	20,498	92%
July-September 2014 Report	19,232 (186 teams)	20,652	93%

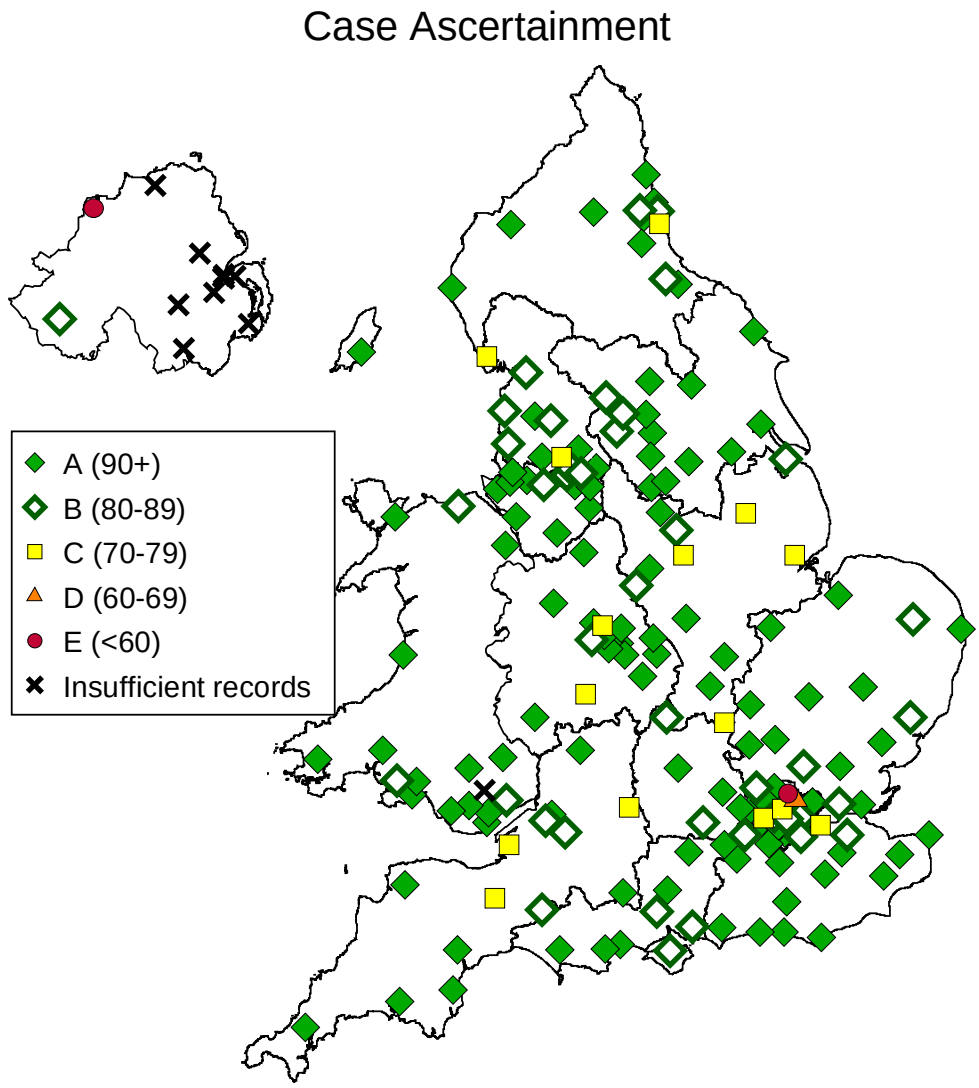
*as derived from HES (or otherwise in Wales and Northern Ireland) and verified by teams with information from their coding departments

Inclusion in this report (individual team level results)

Average patient-centred case ascertainment bandings for **routinely admitting** teams	**Jan – Mar 2014**	**Apr – Jun 2014**	**Jul – Sep 2014**
A: 90%+	111 teams	109 teams	104 teams
B: 80-89%	38 teams	37 teams	38 teams
C: 70-79%	7 teams	10 teams	14 teams
D: 60-69%	2 teams	0 teams	0 teams
E: Less than 60%	10 teams*	11 teams*	11 teams*
Total	168 teams	167 teams	167 teams

* All 11 teams which submitted less than 60% are teams in Northern Ireland. These teams submitted no records but are encouraged to follow their colleagues in Western Health and Social Care Trust and participate in SSNAP.

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

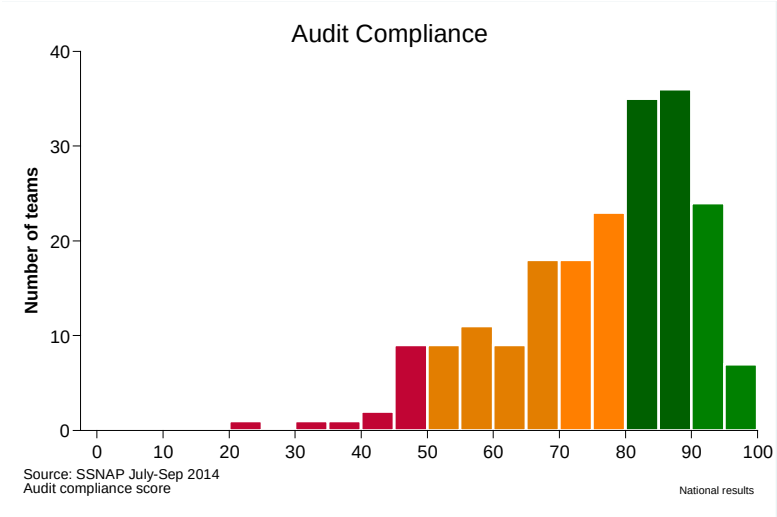


Source: SSNAP July-Sep 2014

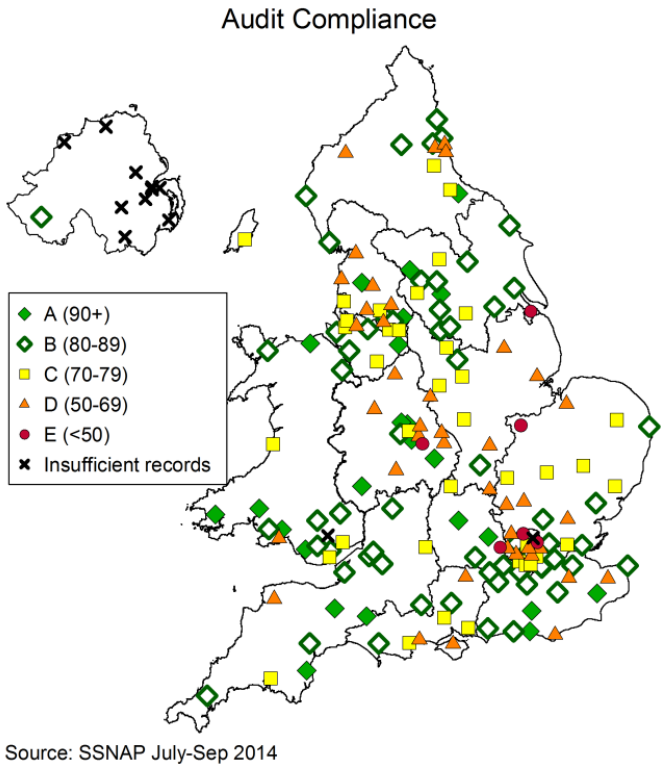
Audit Compliance

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 proportion 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 routinely admitting 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 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. The 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':** 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.
- **'6 month assessment providers':** teams who undertake 6 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':** proportion 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.

Key denominators	Oct- Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Cases Locked to 72 hours	18,839	19,638	18,953	19,232
Cases with known onset time	12,457	13,192	12,812	13,480
Cases with infarct	16,551	17,142	16,704	17,044
Cases with intracerebral haemorrhage	2,050	2,220	2,062	2,010
Cases with unknown type of stroke	238	276	187	178
Inpatient strokes	1,006	1,050	1,011	1,026
Arrive within 'normal hours'	8,734	8,987	8,552	9,005
Arrive 'out of hours'	9,099	9,601	9,390	9,201
Patients who went to a stroke unit	18,162	18,752	18,170	18,427
Patient who had a brain scan	18,601	19,362	18,766	19,054
Patients who had thrombolysis	2,137	2,256	2,303	2,242

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.

13 teams scored an ‘A’ overall this quarter, up from 6 last quarter. 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 it that although we have set the bar very high to achieve the top score, it is achievable and we hope will encourage others to strive to improve. Please see Appendix 3 for a summary of changes in stroke care between the current and previous SSNAP quarterly results, the National Sentinel Stroke Audit (NSSA) and the Stroke Improvement National Audit Programme (SINAP).

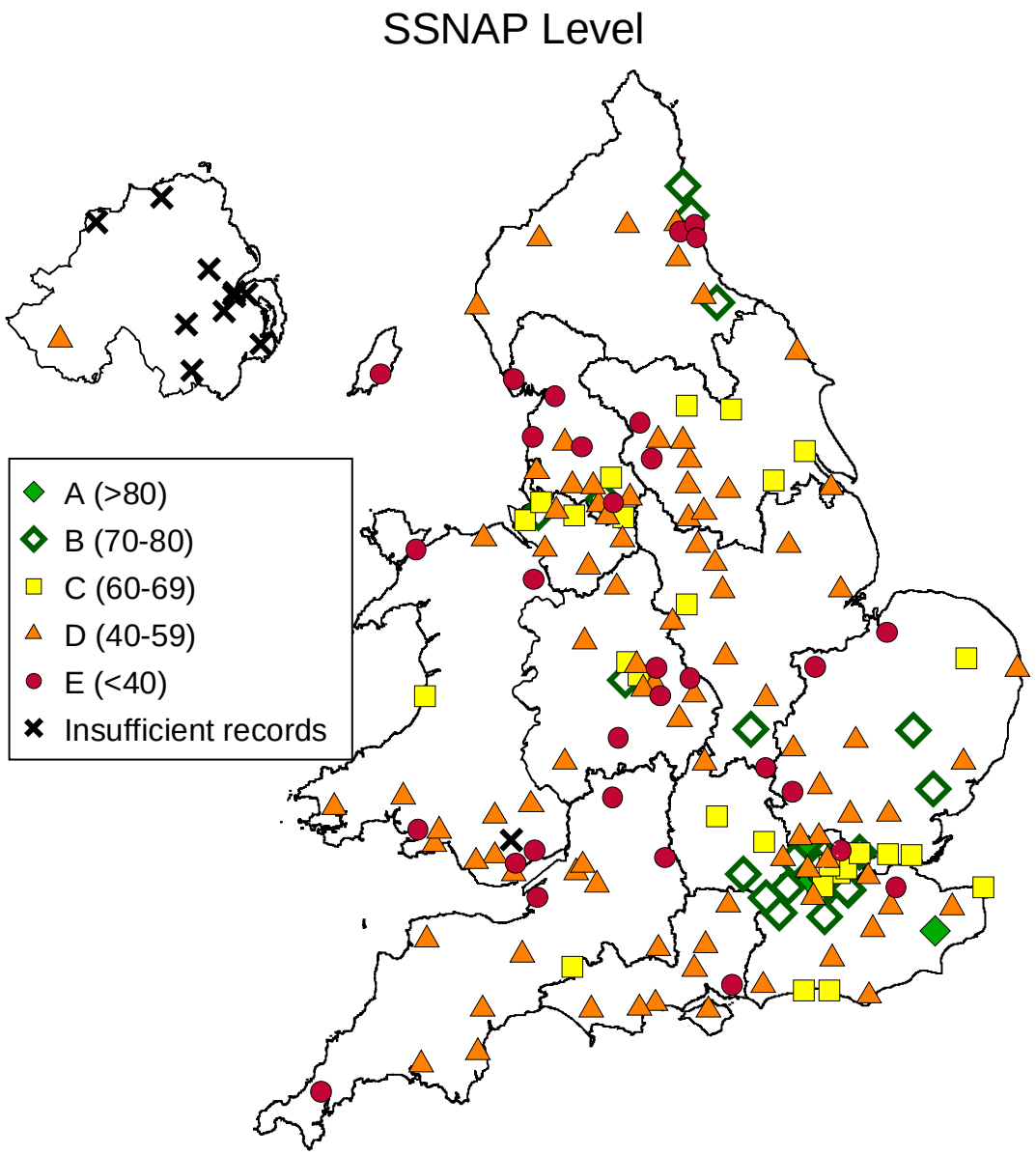
SSNAP Level

The diagram below demonstrates how domain scores are amalgamated into an overall SSNAP score.

Distribution of SSNAP levels across inpatient teams

SSNAP levels:	Oct – Dec 2013 198 teams	Jan – Mar 2014 198 teams	Apr – Jun 2014 204 teams	Jul – Sep 2014 201 teams
A	no teams	no teams	6 teams (3%)	13 teams (6%)
B	5 teams (3%)	14 teams (7%)	17 teams (8%)	24 teams (12%)
C	26 teams (13%)	20 teams (10%)	38 teams (19%)	32 teams (16%)
D	93 teams (47%)	104 teams (53%)	97 teams (48%)	100 teams (50%)
E	74 teams (37%)	60 teams (30%)	46 teams (23%)	32 teams (16%)

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 July-Sep 2014

You may also be interested in…

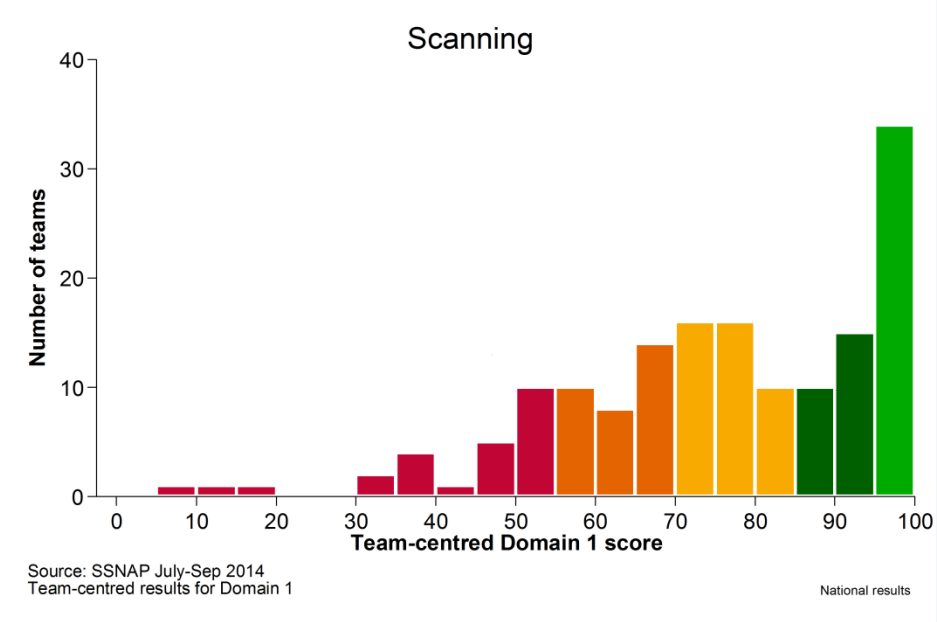
SSNAP domain and key indicator results are also available in the form of **interactive maps** on the SSNAP Reporting Portal (www.strokeaudit.org/results/maps). These dynamic maps allow you to find information about stroke services for your local provider. You can compare different standards of care within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

Domain 1: Scanning

Domain 1: Brain Scanning – Key indicators	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of patients scanned within 1 hour of clock start*	41.7%	43.2%	43.1%	44.1%
Proportion of patients scanned within 12 hours of clock start	84.8%	86.1%	87.1%	87.7%
Median time between clock start and scan	1h 23m	1h 18m	1h 19m	1h 15m

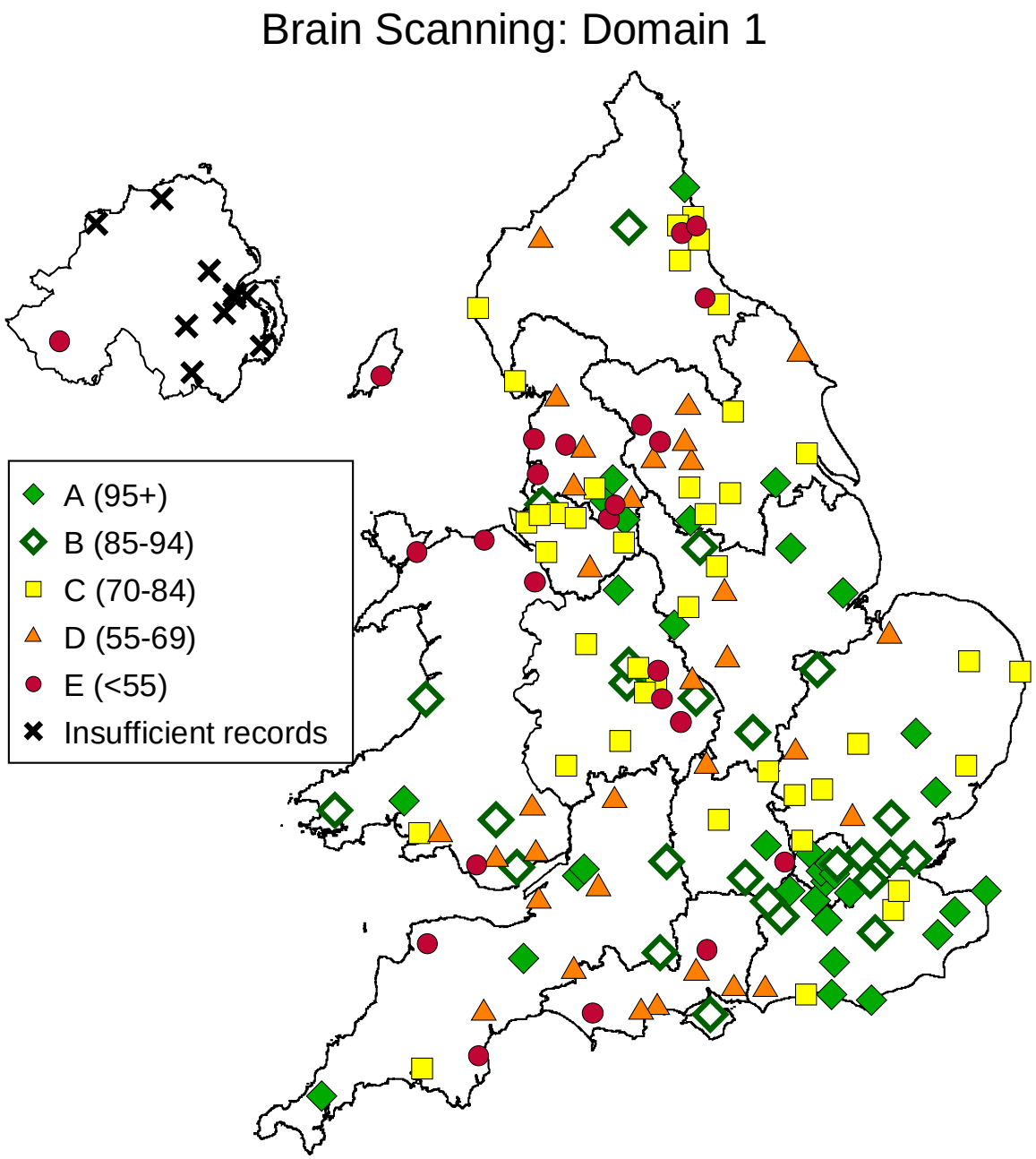
*Target is 50% of all stroke patients

Distribution of scores across all routinely admitting teams for Domain 1 (157 teams)



SSNAP D1 Level	Number of teams achieving each level			
	Oct – Dec 2013	Jan – Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	24 teams (15%)	27 teams (17%)	30 teams (19%)	34 teams (22%)
B	28 teams (18%)	33 teams (21%)	29 teams (18%)	25 teams (16%)
C	38 teams (24%)	35 teams (22%)	30 teams (19%)	41 teams (26%)
D	34 teams (21%)	34 teams (22%)	35 teams (22%)	32 teams (20%)
E	36 teams (23%)	29 teams (18%)	33 teams (21%)	25 teams (16%)

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.

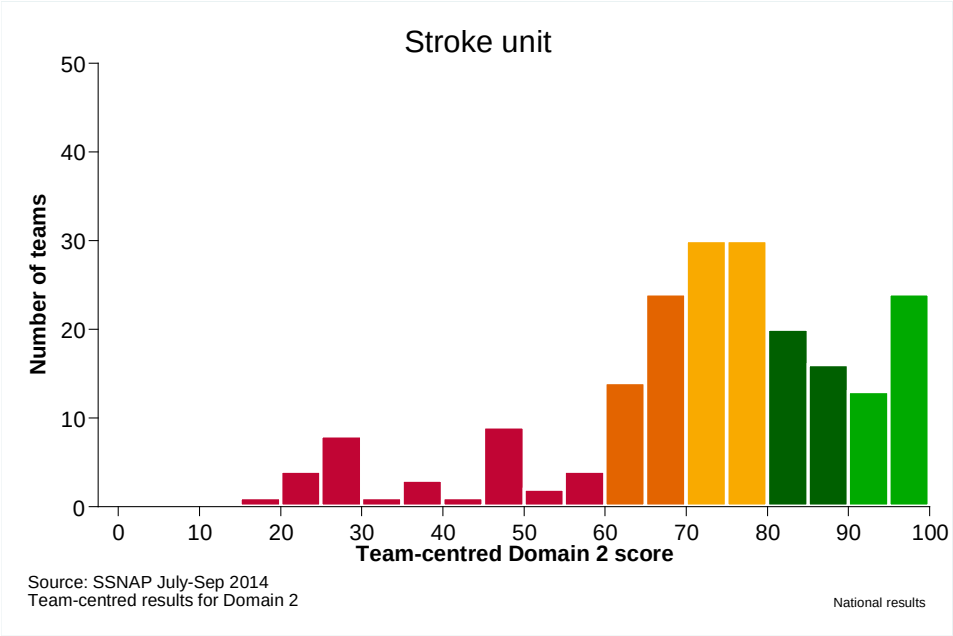


Source: SSNAP July-Sep 2014 (Team Centred)

Domain 2: Stroke Unit

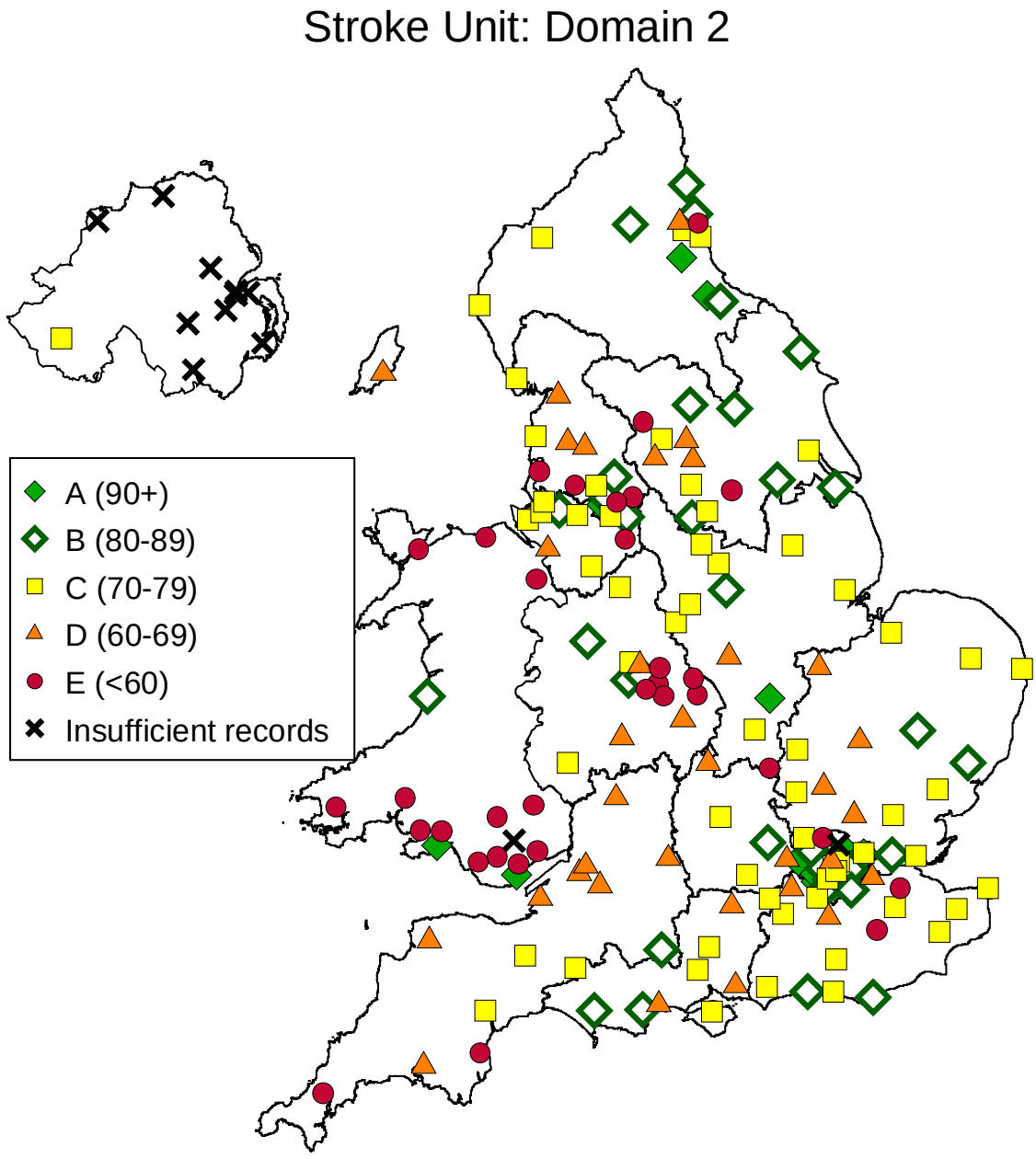
Key indicators: Stroke unit	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (CCG OIS)	58.1%	57.8%	58.0%	59.8%
Median time between clock start and arrival on stroke unit	3h 36m	3h 38m	3h 36m	3h 33m
Proportion of patients who spent at least 90% of their stay on stroke unit	83.5%	83.3%	83.5%	84.3%

Distribution of scores across all inpatient teams for Domain 2 (203 teams)



D2 Level	Number of teams achieving each level			
	Oct – Dec 2013	Jan – Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	32 teams (16%)	28 teams (14%)	39 teams (19%)	37 teams (18%)
B	33 teams (17%)	37 teams (19%)	24 teams (12%)	37 teams (18%)
C	59 teams (30%)	60 teams (30%)	61 teams (30%)	61 teams (30%)
D	33 teams (17%)	35 teams (18%)	43 teams (21%)	35 teams (17%)
E	41 teams (21%)	38 teams (19%)	37 teams (18%)	33 teams (16%)

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.

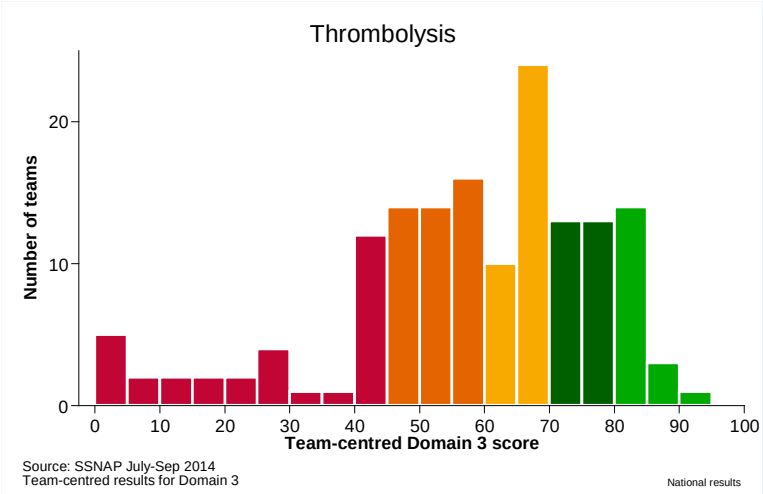


Source: SSNAP July-Sep 2014 (Team Centred)

Domain 3: Thrombolysis

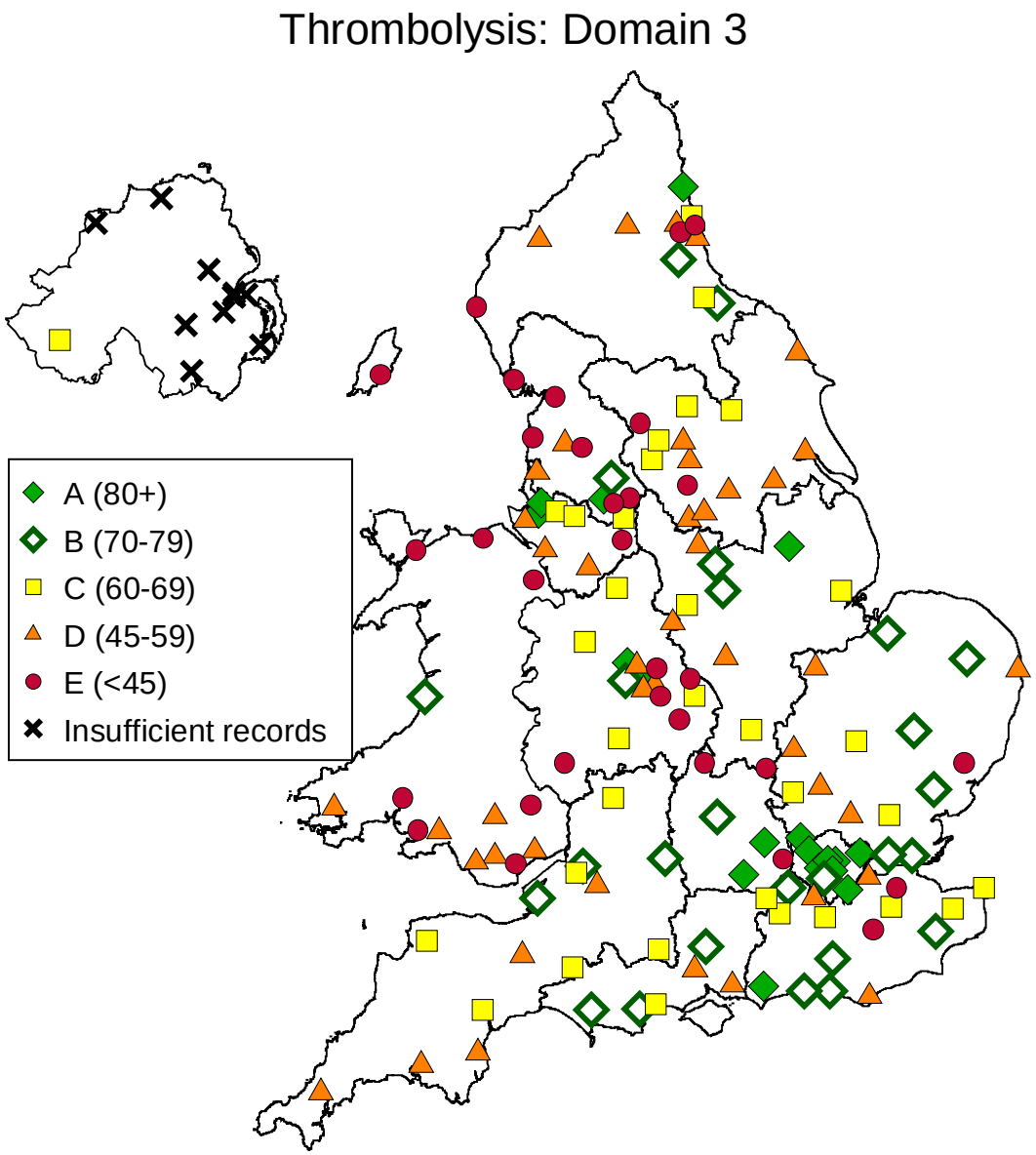
Key indicators: Thrombolysis	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of all stroke patients given thrombolysis (all stroke types) (CCG OIS C3.6)	11.3%	11.5%	12.2%	11.7%
Proportion of eligible patients given thrombolysis (according to the Royal College of Physicians (RCP) guideline minimum threshold)	74.7%	74.9%	80.0%	79.4%
Proportion of patients who were thrombolysed within 1 hour of clock start, if thrombolysed	52.8%	55.5%	55.2%	56.4%
Proportion 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 (NICE Quality Standard)	56.8%	56.5%	57.2%	59.0%
Median time between clock start and thrombolysis (minutes)	58m	56m	57m	56m

Distribution of Domain 3 level across routinely admitting teams (152 teams)



D3 Level	Number of teams achieving each level			
	Oct – Dec 2013	Jan – Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	10 teams (6%)	12 teams (8%)	9 teams (6%)	18 teams (12%)
B	20 teams (13%)	26 teams (16%)	31 teams (20%)	26 teams (17%)
C	35 teams (22%)	39 teams (25%)	40 teams (25%)	33 teams (22%)
D	49 teams (31%)	42 teams (27%)	42 teams (27%)	44 teams (29%)
E	46 teams (29%)	39 teams (25%)	35 teams (22%)	31 teams (20%)

The map below shows the team centred performance of all *routinely admitting* for Domain 3. Each symbol represents a team, colour coded by the overall score achieved.

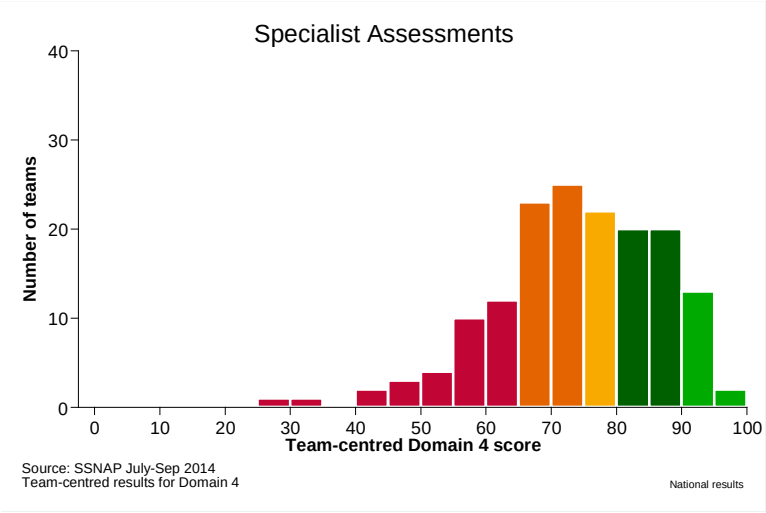


Source: SSNAP July-Sep 2014 (Team Centred)

Domain 4: Specialist Assessments

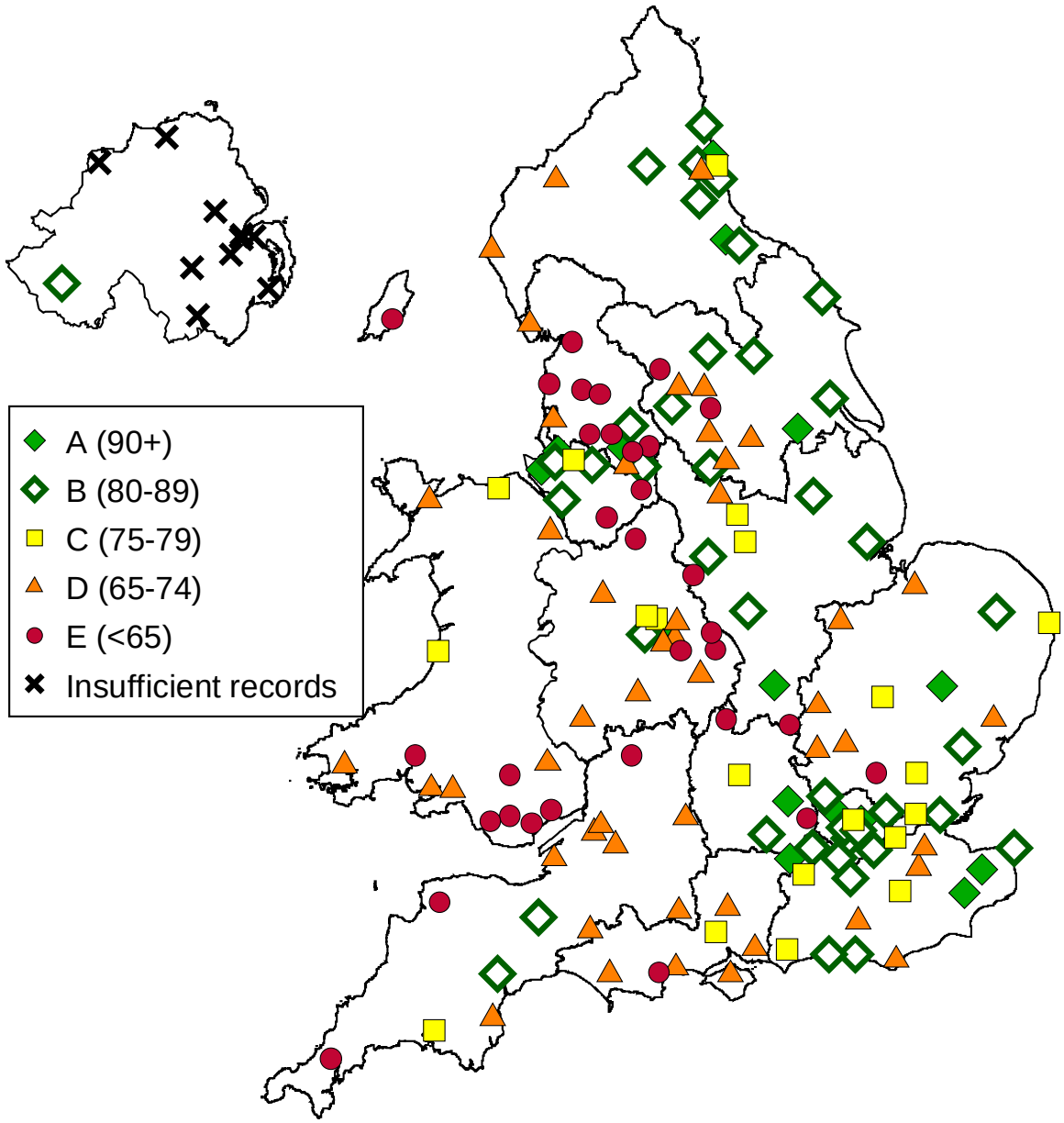
Key Indicators: Specialist Assessments	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	74.8%	75.3%	75.1%	76.5%
Median time between clock start and being assessed by stroke consultant	13h 52m	13h 25m	13h 15m	12h 55m
Proportion of patients who were assessed by a nurse trained in stroke management within 24h of clock start	86.9%	86.6%	87.9%	87.8%
Median time between clock start and being assessed by stroke nurse (minutes)	2h 11m	2h 00m	1h 52m	1h 49m
Proportion of applicable patients who were given a swallow screen within 4h of clock start	64.2%	65%	67.3%	69.2%
Proportion of applicable patients who were given a formal swallow assessment within 72h of clock start	79.3%	80.9%	82.1%	83.6%

Distribution of Domain 4 level across routinely admitting teams (157 teams)



D4 Level	Number of teams achieving each level			
	Oct – Dec 2013	Jan – Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	5 teams (3%)	13 teams (8%)	15 teams (10%)	15 teams (10%)
B	37 teams (23%)	35 teams (22%)	39 teams (25%)	41 teams (26%)
C	21 teams (13%)	18 teams (11%)	20 teams (13%)	20 teams (13%)
D	51 teams (32%)	51 teams (32%)	40 teams (25%)	48 teams (31%)
E	46 teams (29%)	41 teams (26%)	43 teams (27%)	33 teams (21%)

Specialist Assessments: Domain 4

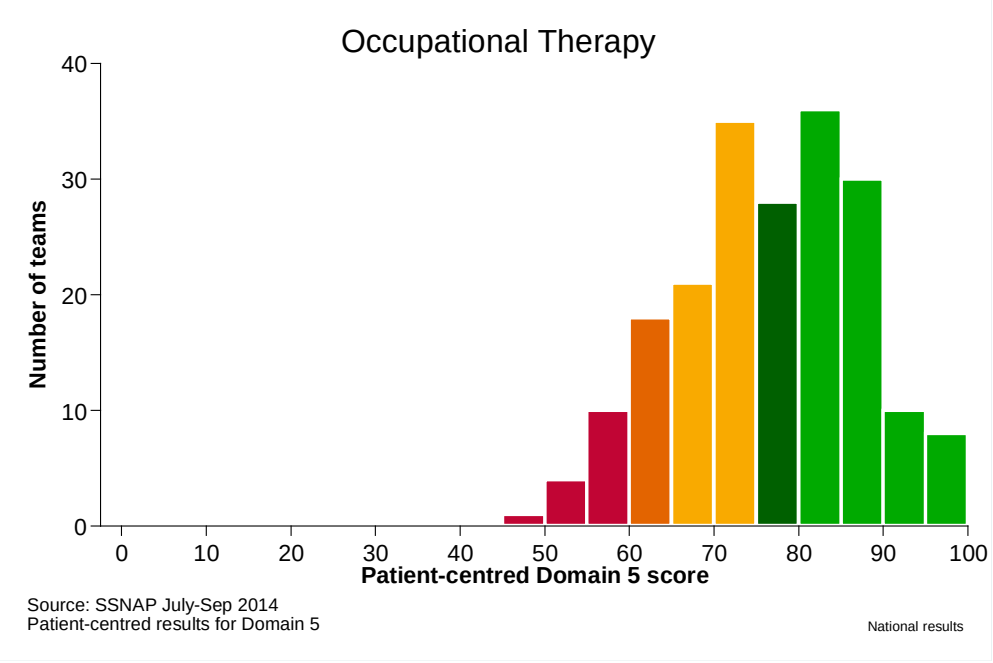


Source: SSNAP July-Sep 2014 (Team Centred)

Domain 5: Occupational Therapy

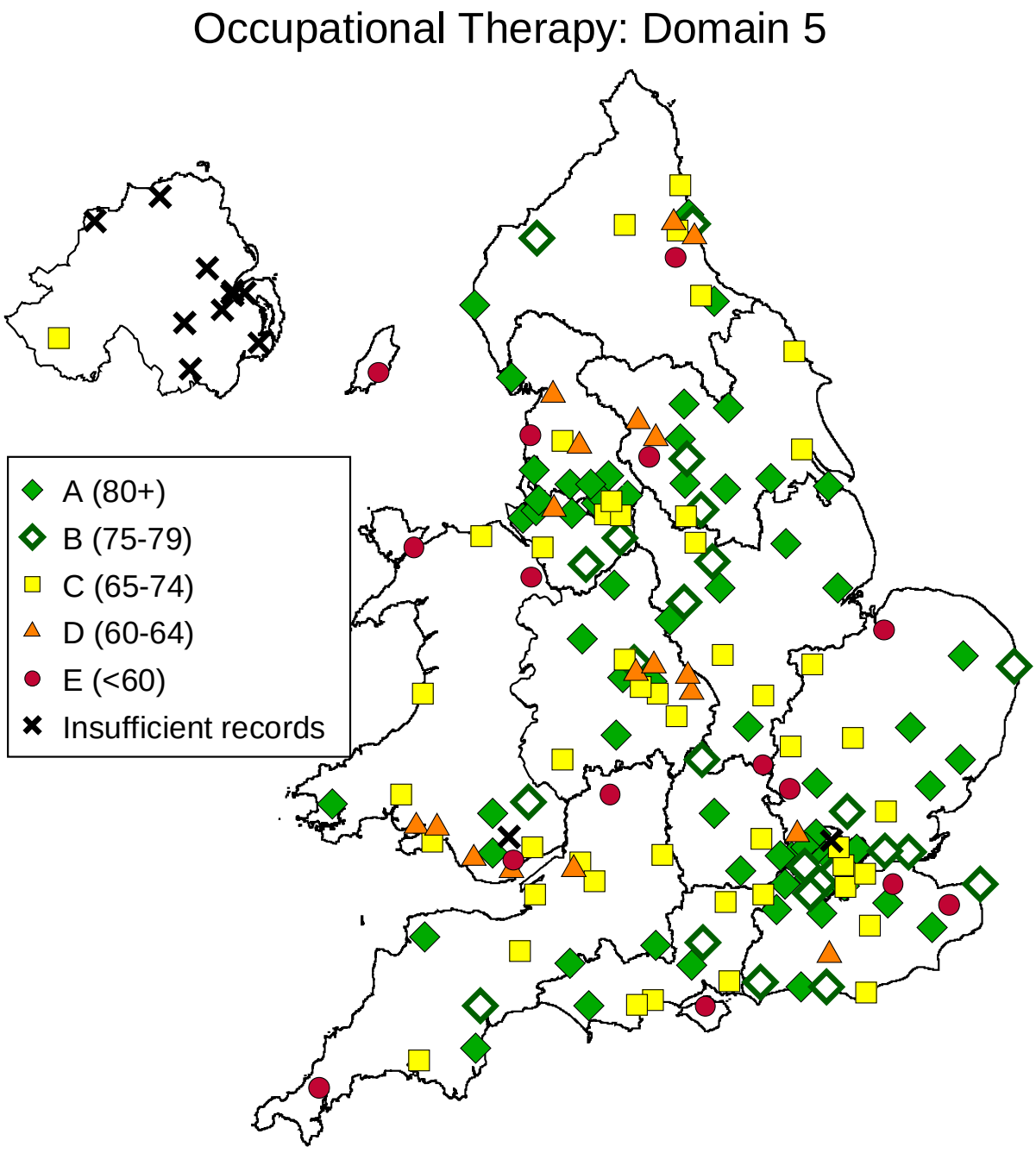
Key Indicators: Occupational Therapy	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of patients reported as requiring occupational therapy	81.2%	80.1%	80.3%	81.2%
Median number of minutes per day on which occupational therapy is received	40 mins	40 mins	40 mins	40.8 mins
Median % of days as an inpatient on which occupational therapy is received	45.3%	44%	53.8%	59.0%
Proxy for NICE Quality Standard Statement 7: % of the minutes of occupational therapy required (according to NICE QS-S7) which were delivered	57.2%	54.9%	67.3%	76.1%

Distribution of Domain 5 level across all inpatient teams (202 teams)



D5 Level	Number of teams achieving each level			
	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	July-Sep 2014
A	41 teams (22%)	34 teams (17%)	65 teams (32%)	88 teams (44%)
B	23 teams (13%)	17 teams (9%)	36 teams (18%)	25 teams (12%)
C	58 teams (32%)	77 teams (39%)	54 teams (27%)	56 teams (28%)
D	20 teams (11%)	25 teams (13%)	26 teams (13%)	18 teams (9%)
E	41 teams (22%)	44 teams (22%)	22 teams (11%)	15 teams (7%)

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.

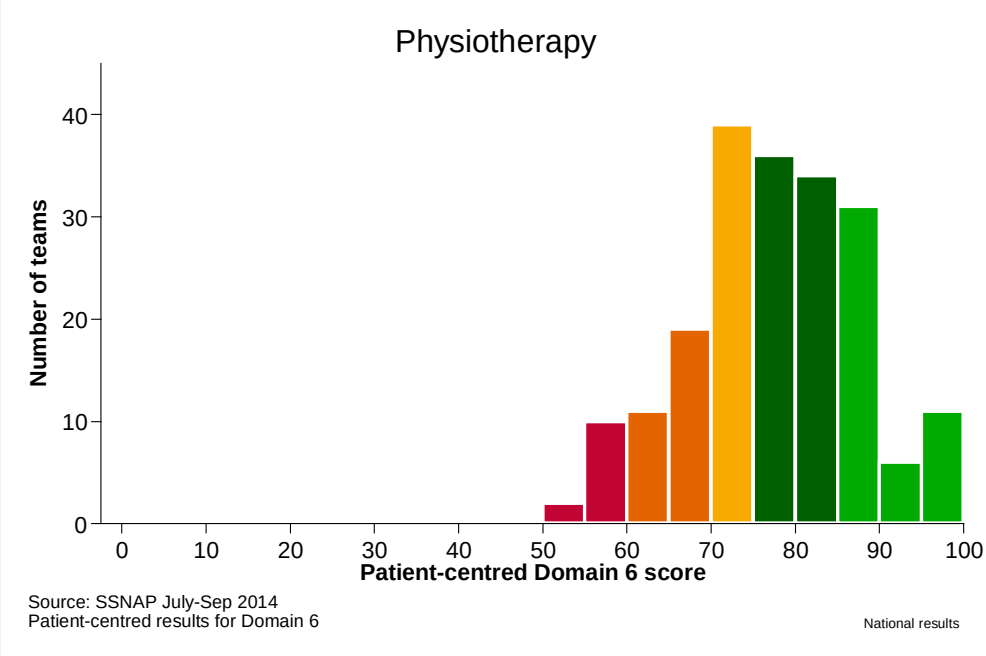


Source: SSNAP July-Sep 2014 (Patient Centred)

Domain 6: Physiotherapy

Key Indicators: Physiotherapy	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of patients reported as requiring physiotherapy	86.2%	84.7%	84.2%	84.6%
Median number of minutes per day on which physiotherapy is received	31.9mins	32.1mins	33.3mins	32.9%
Median % of days as an inpatient on which physiotherapy is received	55.4%	53.6%	65.3%	68.5%
Proxy for NICE Quality Standard Statement 7: % of the minutes of physiotherapy required (according to NICE QS-S7) which were delivered	55.8%	53.4%	67.1%	69.9%

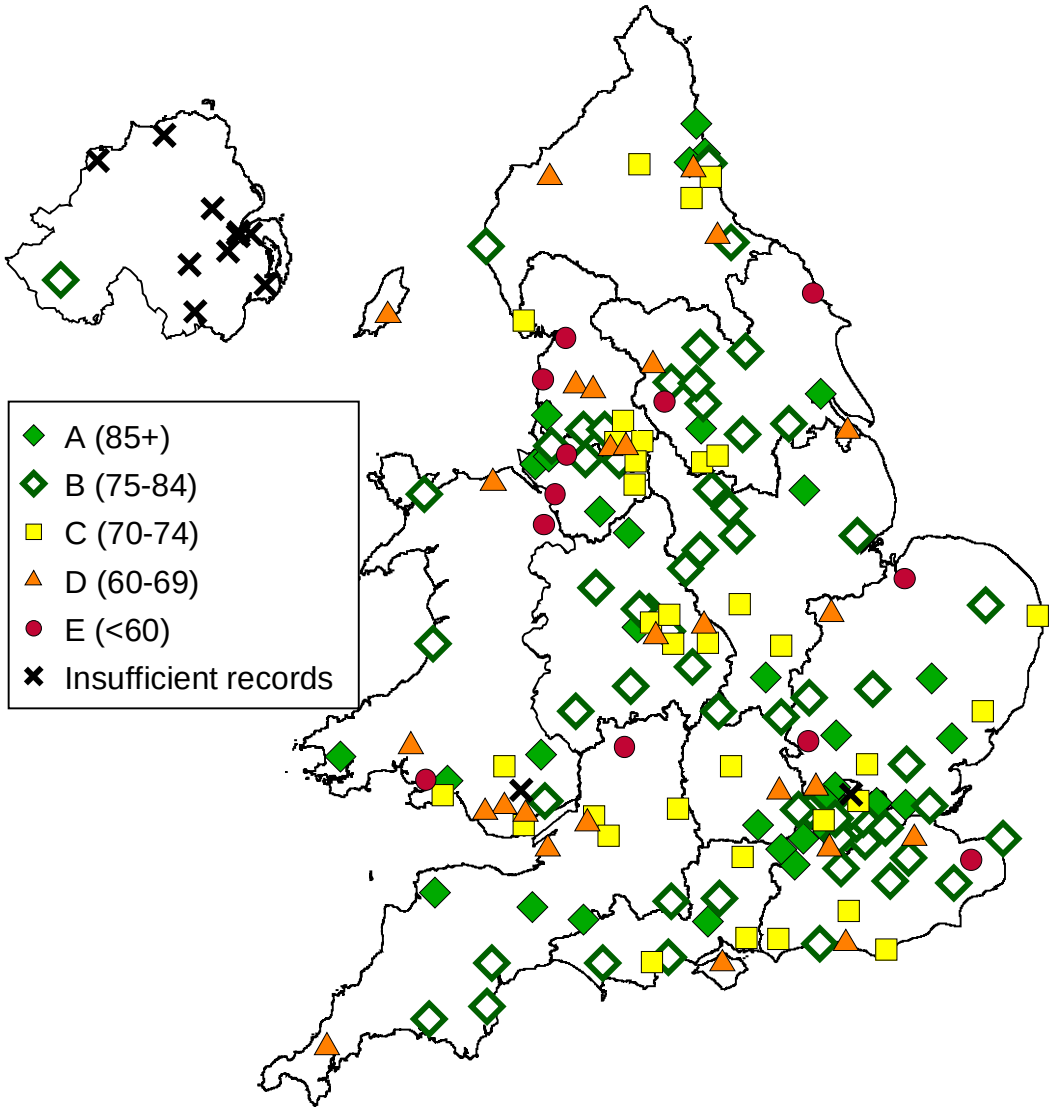
Distribution of Domain 6 level across all inpatient teams (202 teams)



D6 Level	Number of teams achieving each level			
	Oct – Dec 2013	Jan – Mar 2014	Apr – June 2014	Jul – Sept 2014
A	23 teams (13%)	14 teams (7%)	42 teams (21%)	52 teams (26%)
B	44 teams (24%)	52 teams (26%)	78 teams (38%)	71 teams (35%)
C	42 teams (23%)	42 teams (21%)	26 teams (13%)	39 teams (19%)
D	44 teams (24%)	62 teams (31%)	44 teams (22%)	28 teams (14%)
E	30 teams (16%)	27 teams (14%)	13 teams (6%)	12 teams (6%)

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.

Physiotherapy: Domain 6

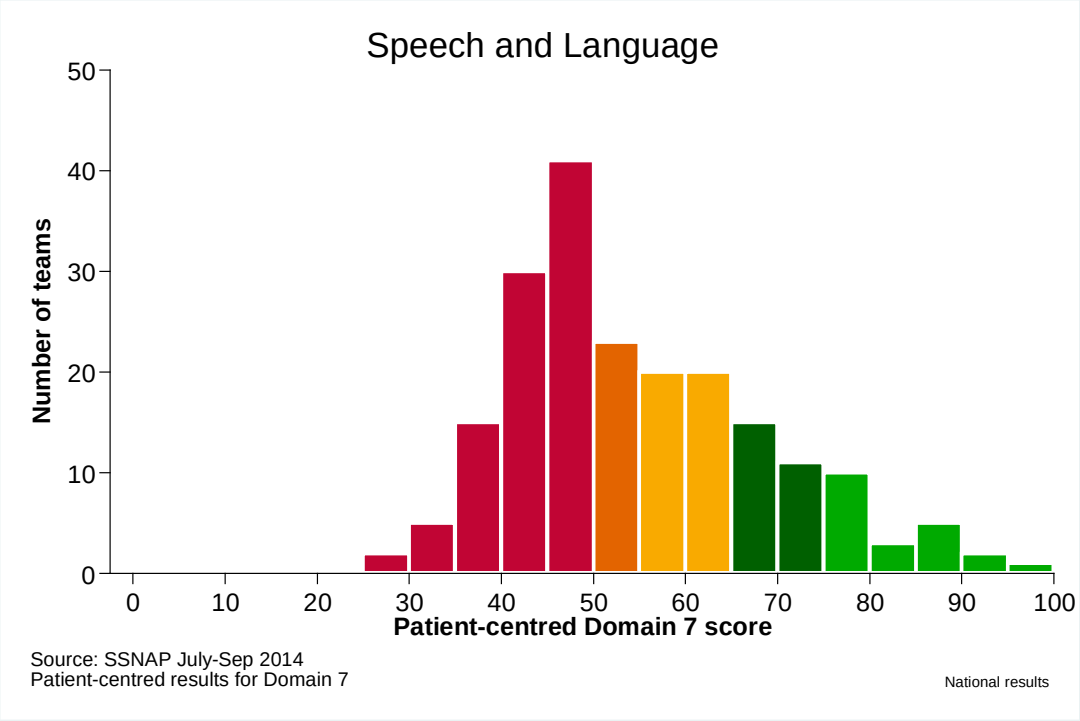


Source: SSNAP July-Sep 2014 (Patient Centred)

Domain 7: Speech and Language Therapy

Key Indicators: Speech and Language Therapy	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of patients reported as requiring speech and language therapy	47.8%	48%	46.9%	47.6%
Median number of minutes per day on which speech and language therapy is received	30 mins	30 mins	30 mins	30.8 mins
Median % of days as an inpatient on which speech and language therapy is received	27.9%	26.6%	35.3%	39.9%
Proxy for NICE Quality Standard Statement 7: % of the minutes of speech and language therapy required (according to NICE QS-S7) which were delivered	25%	23.9%	30.9%	36.4%

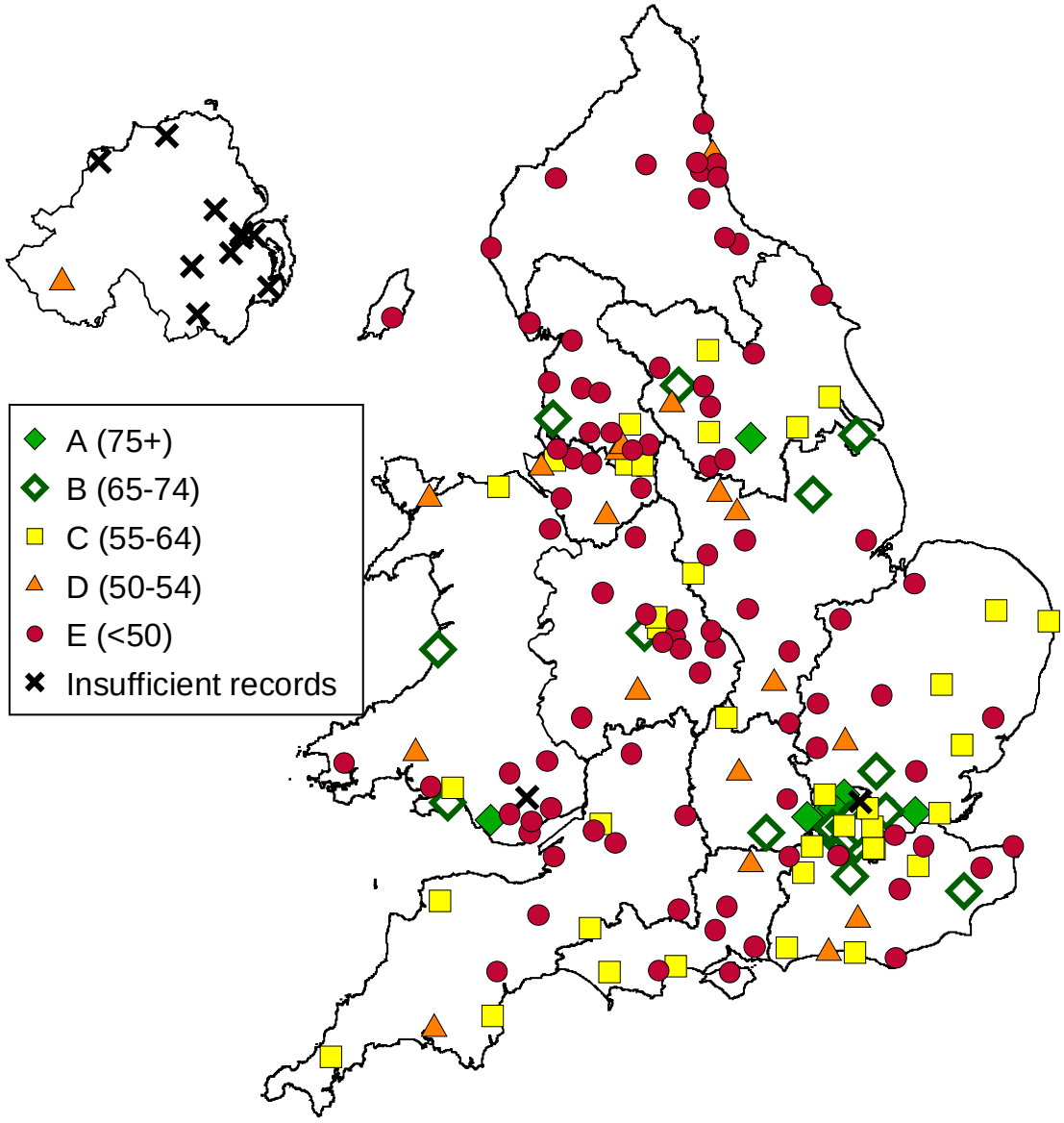
Distribution of Domain 7 level across all inpatient teams (202 teams)



D7 Level	Number of teams achieving each level			
	Oct – Dec 2013	Jan-Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	5 teams (3%)	1 teams (1%)	11 teams (5%)	21 teams (10%)
B	16 teams (9%)	15 teams (8%)	19 teams (9%)	26 teams (13%)
C	34 teams (19%)	35 teams (18%)	48 teams (24%)	40 teams (20%)
D	19 teams (10%)	26 teams (13%)	24 teams (12%)	22 teams (11%)
E	109 teams (60%)	120 teams (61%	101 teams (50%)	93 teams (46%)

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

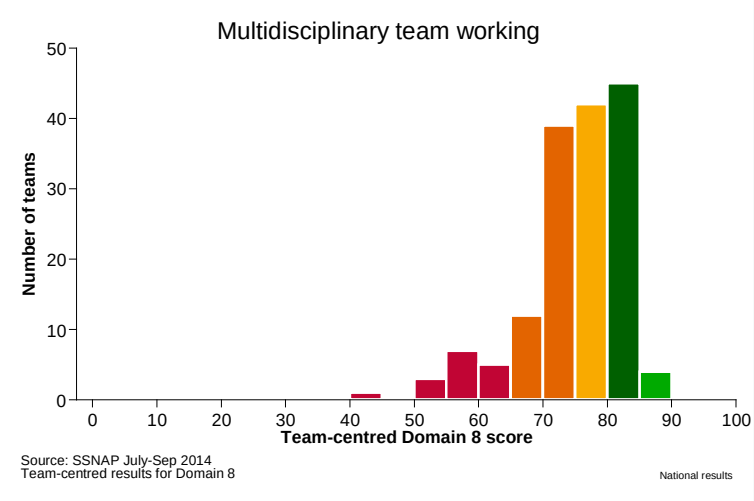


Source: SSNAP July-Sep 2014 (Patient Centred)

Domain 8: Multidisciplinary team working

Key indicators: Multidisciplinary team working	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of applicable patients who were assessed by an occupational therapist within 72h of clock start	86.3%	87.7%	88.1%	89.8%
Median time between clock start and being assessed by occupational therapist	24h 00m	23h 44m	23h 32m	23h 18m
Proportion of applicable patients who were assessed by a physiotherapist within 72h of clock start	93.5%	94.1%	93.8%	94.3%
Median time between clock start and being assessed by physiotherapist	22h 25m	22h 16m	22h 06m	21h 54m
Proportion of applicable patients who were assessed by a speech and language therapist within 72h of clock start	78.6%	80.3%	81.1%	83.3%
Median time between clock start and being assessed by speech and language therapist	25h 29m	25h 16m	24h 27m	24h 39m
Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start	81.0%	82.5%	84.9%	86.8%
Proportion 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	44.5%	46.3%	48.7%	52.7%

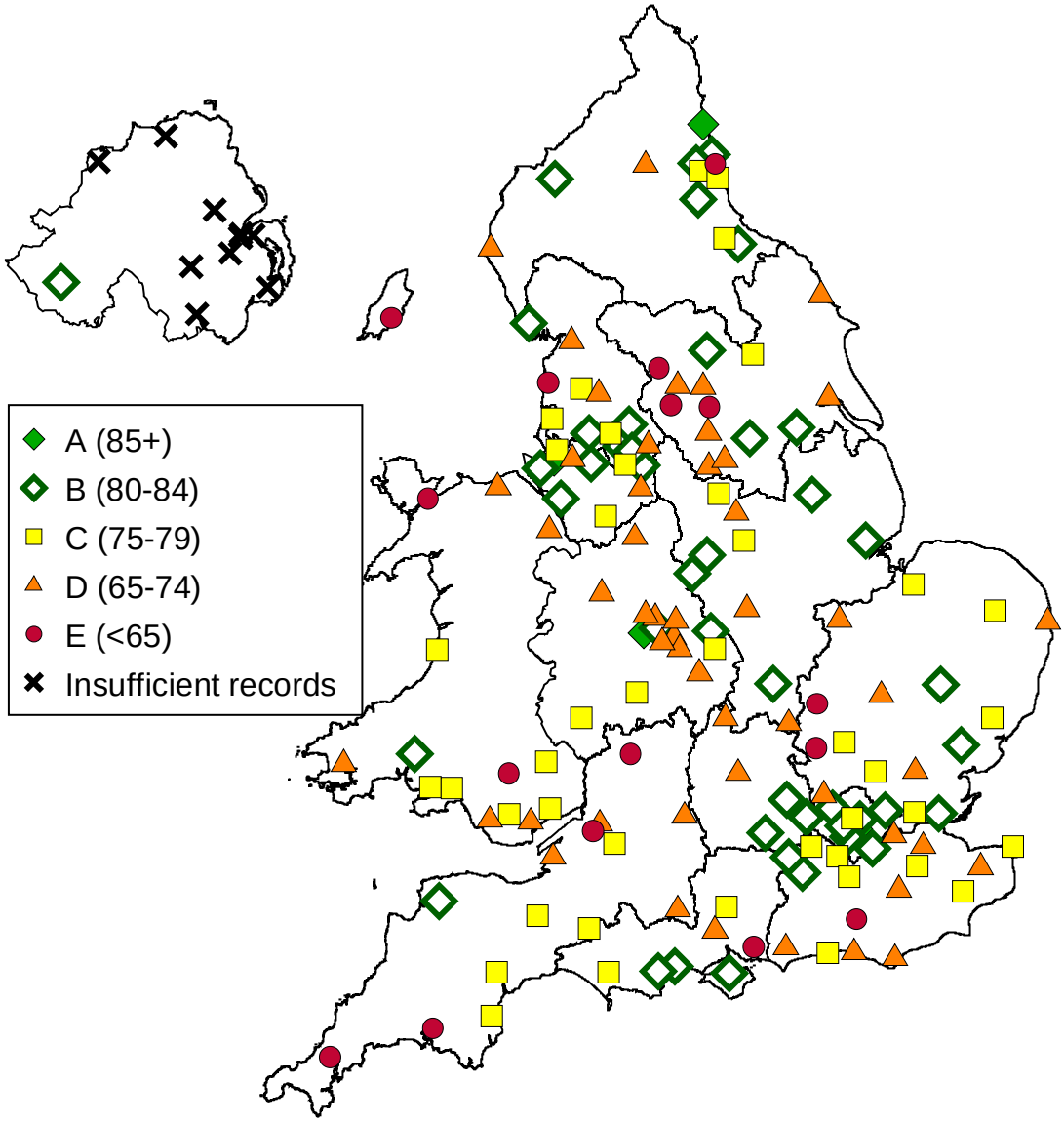
Distribution of Domain 8 level across all routinely admitting teams (157 teams)



D8 Level	Number of teams achieving each level		
	Jan – Mar 2014	**April – June 2014**	**July – September 2014**
A	6 teams (4%)	5 teams (3%)	4 teams (3%)
B	33 teams (21%)	36 teams (23%)	44 teams (28%)
C	36 teams (23%)	49 teams (31%)	42 teams (27%)
D	56 teams (35%)	44 teams (28%)	51 teams (32%)
E	27 teams (17%)	23 teams (15%)	16 teams (10%)

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.

Multidisciplinary Team Work: Domain 8

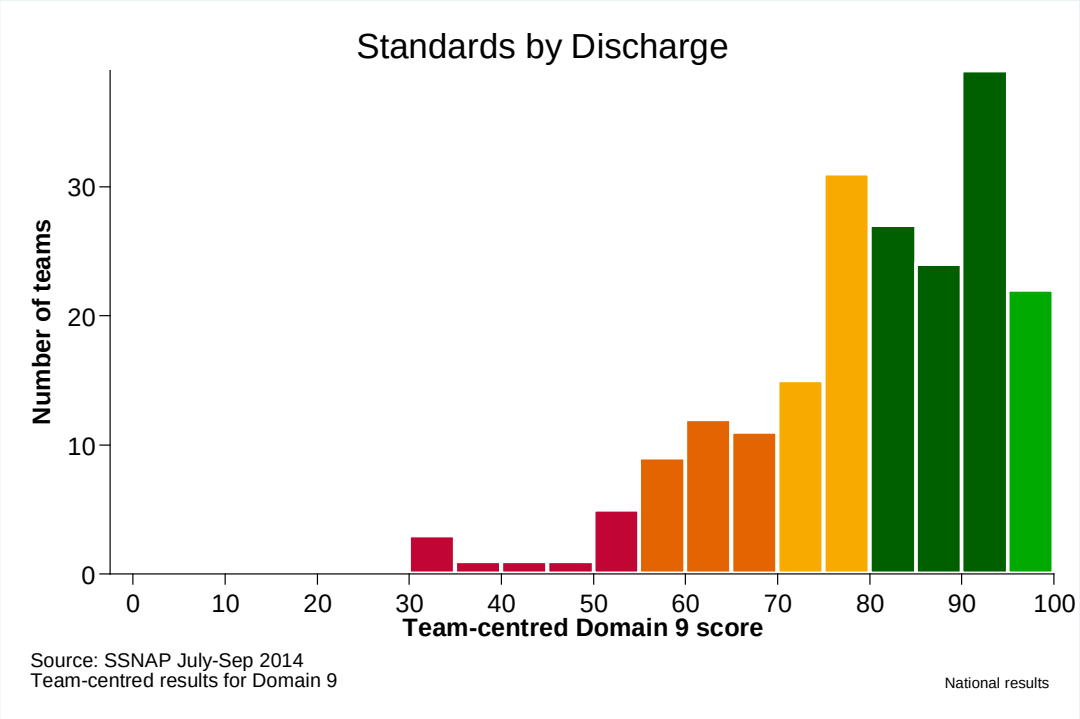


Source: SSNAP July-Sep 2014 (Team Centred)

Domain 9: Standards by Discharge

Key Indicators: Standards by Discharge	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of applicable patients screened for nutrition and seen by a dietitian by discharge	60.8%	62%	67.0%	66.8%
Proportion of applicable patients who have a continence plan drawn up within 3 weeks of clock start	75.3%	79.2%	83.0%	85.0%
Proportion of applicable patients who have mood and cognition screening by discharge	79.2%	81.4%	84.0%	87.0%

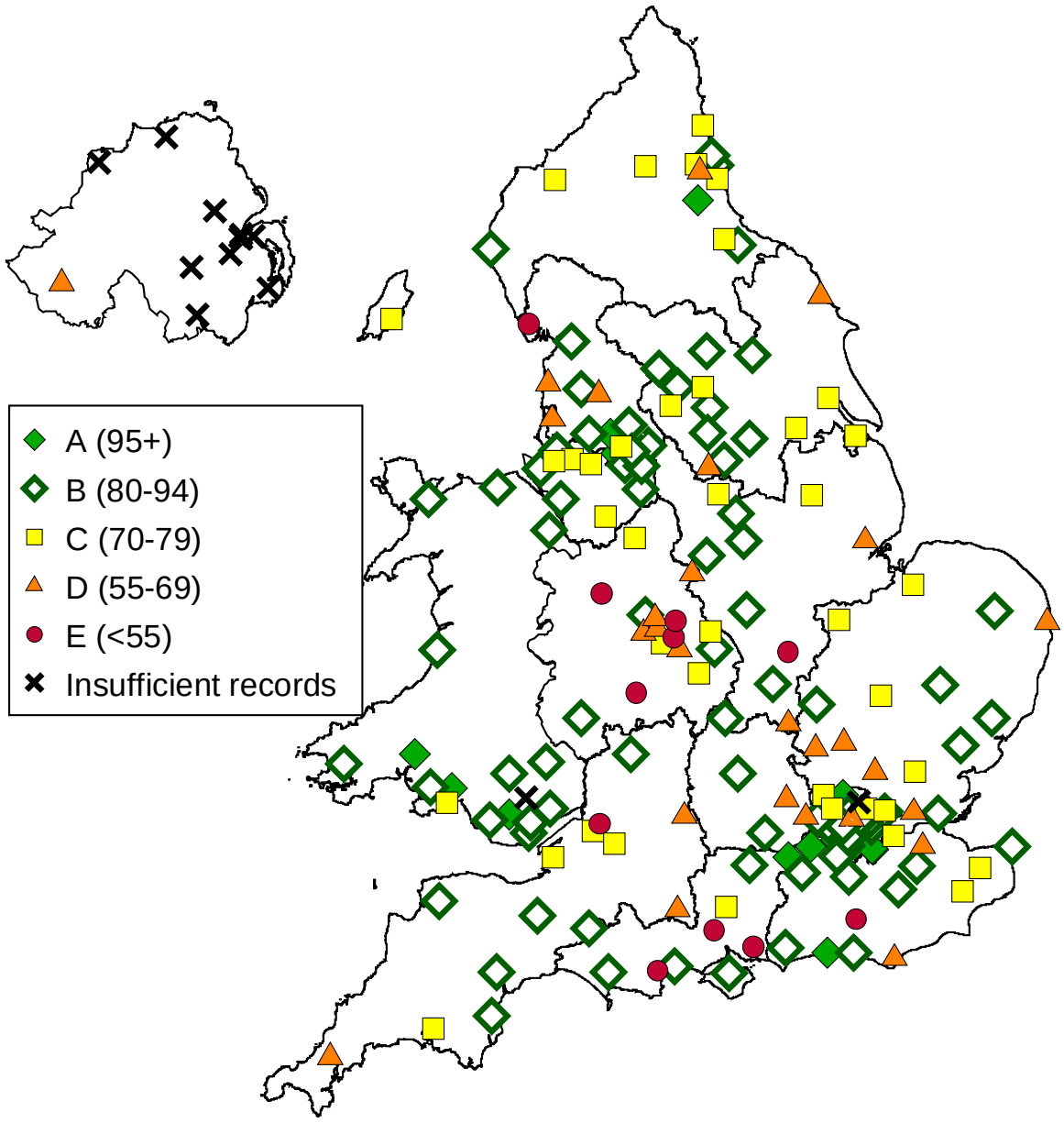
Distribution of Domain 9 level across inpatient teams (200 teams)



D9 Level	Number of teams achieving each level		
	Jan – Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	16 teams (8%)	30 teams (15%)	22 teams (11%)
B	72 teams (37%)	79 teams (39%)	91 teams (46%)
C	35 teams (18%)	32 teams (16%)	44 teams (22%)
D	41 teams (21%)	42 teams (21%)	32 teams (16%)
E	32 teams (16%)	20 teams (10%)	11 teams (6%)

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



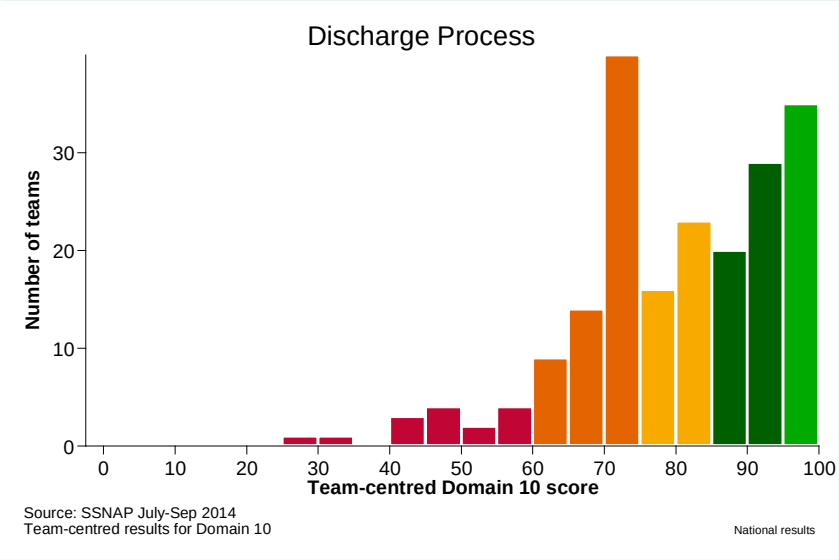
Source: SSNAP July-Sep 2014 (Team Centred)

Domain 10: Discharge Processes

Key Indicators: Discharge Processes	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014
Proportion of applicable patients receiving a joint health and social care plan on discharge	68.3%	74.6%	79.1%	80.7%
Proportion of patients treated by a stroke skilled Early Supported Discharge team*	24.8%	25.5%	25.7%	26.9%
Proportion of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation	91.9%	93.9%	94.3%	95.9%
Proportion of those patients who are discharged alive who are given a named person to contact after discharge	75.9%	80.7%	83.2%	85.2%

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

Distribution of Domain 10 level across all inpatient teams (202 teams)

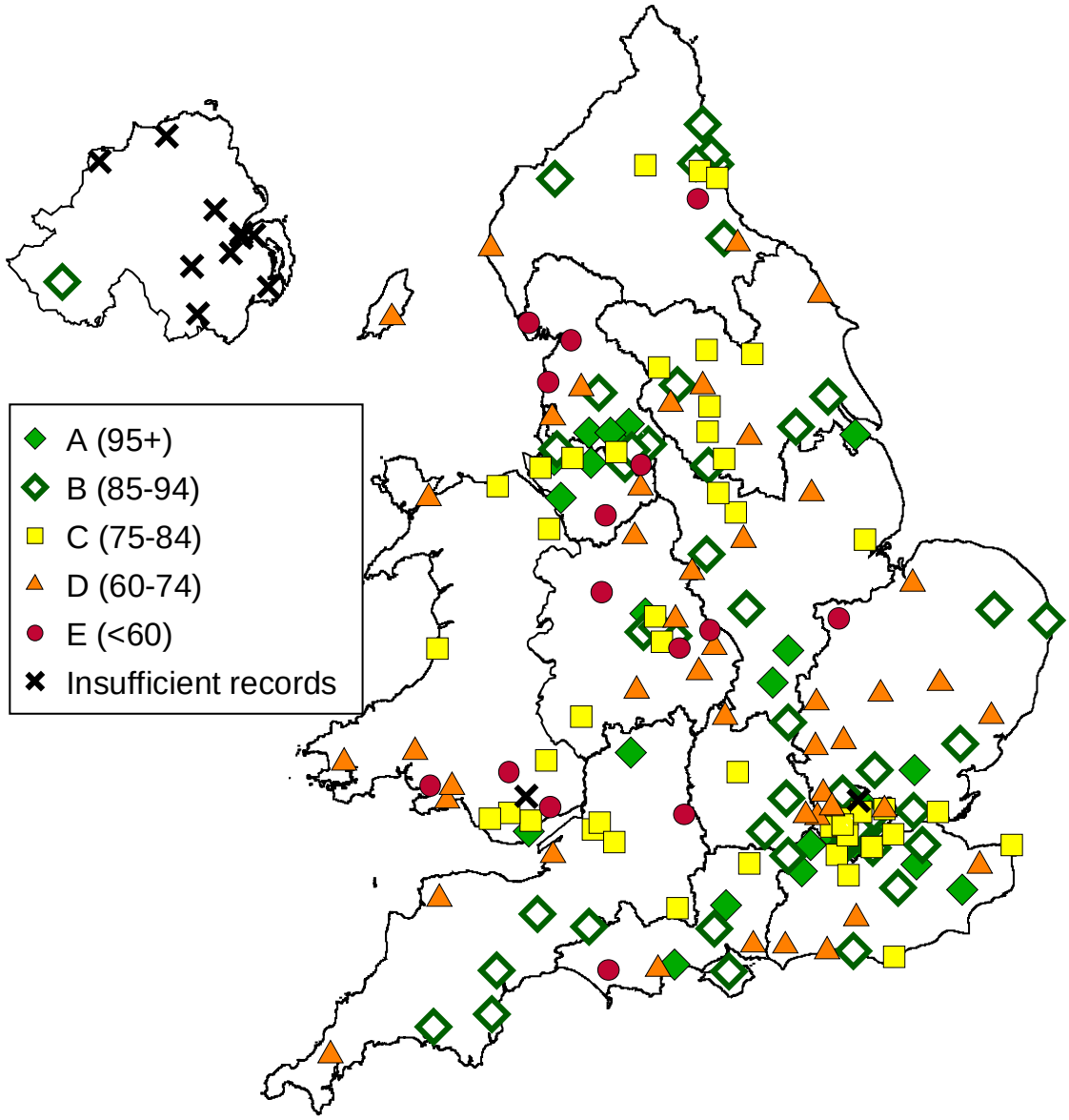


D10 Level	Number of teams achieving each level		
	Jan - Mar 2014	Apr – Jun 2014	Jul – Sep 2014
A	25 teams (12%)	30 teams (15%)	35 teams (18%)
B	43 teams (19%)	51 teams (25%)	50 teams (25%)
C	46 teams (18%)	49 teams (24%)	49 teams (25%)
D	60 teams (34%)	55 teams (27%)	51 teams (26%)
E	21 teams (18%)	17 teams (8%)	15 teams (8%)

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

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.

Discharge Processes: Domain 10



Source: SSNAP July-Sep 2014 (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 19,232 patients admitted July-September 2014. The casemix of the 19,087 patient discharged during the same time period are very similar and have not been included in this public report.

2.1 Patient Numbers

Number of stroke patients (Q1.9) included in report	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Number of stroke patients	18839	19638	18953	19,232	*F1.1*
Patients newly arriving in hospital	*94.7%*	*94.7%*	*94.7%*	*94.7%*	
Patients already in hospital at time of stroke (Q1.10)	*5.3%*	*5.3%*	*5.3%*	*5.3%*	*F11.3*
Median (IQR) number of patients entered into the audit per team*	103 patients (75-143)	111 patients (78-154)	110 patients (74-147)	108 patients (81-153)	

*only for teams which met the minimum criteria for inclusion in named team spreadsheets

2.2 Gender

Gender (Q1.6)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Male patients	49.5%	49.8%	50.4%	50.4%	*F3.5*
Female patients	50.5%	50.2%	49.6%	49.6%	*F3.3*

2.3 Age

Median age on clock start (Q1.5)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Age (years)	77	77	77	77	*F4.1*
Male Patients	74	74	74	74	*F4.10*
Female Patients	81	81	80	80	*F4.7*

% of patients aged >80 years on clock start (Q1.5)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Patients aged over 80 years	39.9%	40.2%	38.8%	38.9%	*F4.6*
Males aged over 80 years	29.6%	30.1%	28.3%	29.3%	*F4.18*
Females aged over 80 years	50.1%	50.2%	49.4%	48.7%	*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.

Number of co-morbidities (Q2.1)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
0	25.4%	25.8%	25.5%	25.2%	*F5.3*
1	36.2%	35.6%	36.4%	36.2%	*F5.5*
2	26.4%	26.4%	26.6%	26.5%	*F5.7*
3	9.8%	10.2%	9.7%	10.1%	*F5.9*
4	2%	1.9%	1.6%	1.9%	*F5.11*
5	0.2%	0.2%	0.2%	0.2%	*F5.13*

Type of co-morbidity (Q2.1) N= 18839	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Congestive Heart Failure	5.4%	5.5%	5.3%	5.5%	*F5.16*
Hypertension	54%	53.8%	54.3%	54.4%	*F5.19*
Diabetes	19.5%	19.7%	20.1%	20.9%	*F5.22*
Stroke/TIA	27.5%	27.1%	26.8%	27.3%	*F5.25*
Atrial Fibrillation	20.8%	21.5%	19.7%	19.7%	*F6.3*

3,790 patients were identified as being in atrial fibrillation prior to admission. The audit recorded whether the patients in atrial fibrillation were on either an antiplatelet or anticoagulant medication, none or both prior to admission and if not whether they had a justifiable reason (no but).

If patient is in Atrial Fibrillation, was the patient on antiplatelet medication prior to admission? (Q2.1.6)	Oct-Dec 2013 N=3916	Jan-Mar 2014 N=4215	Apr-Jun 2014 N=3727	Jul-Sep 2014 N=3790	*Ref*
Yes	40.9%	39%	41.5%	38.6%	*F6.6*
No	49.8%	50.1%	47.0%	47.9%	*F6.8*
No but	9.3%	10.9%	11.6%	13.5%	*F6.10*

If patient is in Atrial Fibrillation, was the patient on anticoagulant medication prior to admission? (Q2.1.7)	Oct-Dec 2013 N=3916	Jan-Mar 2014 N=4215	Apr-Jun 2014 N=3727	Jul-Sep 2014 N= 3790	*Ref*
Yes	38.5%	38.9%	39.7%	41.2%	*F6.13*
No	49%	47.8%	46.3%	43.8%	*F6.15*
No but	12.6%	13.3%	14.0%	15.1%	*F6.17*

If patient is in Atrial Fibrillation, what combination of anticoagulant and antiplatelet medication was the patient on prior to admission?	Oct-Dec 2013 N=3916	Jan-Mar 2014 N=4215	Apr-Jun 2014 N=3727	Jul-Sep 2014 N=3790	*Ref*
Anticoagulant AND antiplatelet medication	5.3%	4.2%	5.3%	4.3%	*F6.20*
Anticoagulant medication only	33.1%	34.7%	34.4%	36.8%	*F6.22*
Antiplatelet medication only	35.5%	34.8%	36.1%	34.3%	*F6.24*
Neither medication	26%	26.2%	24.1%	24.5%	*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. Almost one fifth of patients are in atrial fibrillation (AF) on admission. Only 41.2% of patients in AF on admission are taking anticoagulants with over 34% 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

Stroke Type (Q2.5)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Infarction	87.9%	87.3%	88.1%	88.6%	*F7.3*
Intracerebral Haemorrhage	10.9%	11.3%	10.9%	10.5%	*F7.5*
Unknown (not scanned)	1.3%	1.4%	1.0%	0.9%	*F7.7*

Comment

The distribution of haemorrhage (11%) and infarction (89%) 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.

Modified Rankin Scale score before stroke (Q2.2)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
0 (no symptoms)	57%	55.9%	55.8%	56.2%	*F8.3*
1 (no significant disability)	15.5%	15.5%	15.3%	14.9%	*F8.5*
2 (slight disability)	9.2%	9.9%	10.2%	9.9%	*F8.7*
3 (moderate disability)	10.5%	11.3%	11.1%	11.3%	*F8.9*
4 (moderately severe disability)	5.8%	5.9%	5.8%	6.0%	*F8.11*
5 (severe disability)	2%	1.6%	1.8%	1.7%	*F8.13*
Groups					
1 or 2	24.7%	25.3%	25.5%	24.8%	*H1.12*
3, 4 or 5	18.2%	18.8%	18.7%	19.0%	*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 a 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 6 months to assess how effective treatment for 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).

This mandatory data item was not collected in previous national stroke audits. It is a 15 item scale with one item (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.

Number of NIHSS components completed (Q2.3)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
1 (only the compulsory LOC)	14.9%	13.6%	12.8%	11.9%	*F9.12*
2-14	9.6%	9.6%	8.5%	8.1%	*F9.14*
15 (all components)	75.5%	76.9%	78.8%	80.0%	*F9.16*

Comment

It is encouraging to a consistent increase in the rate of NIHSS completion each quarter. 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 quarters.

2.8 Summary of total NIHSS score

A fully complete NIHSS score was provided for **15,378** patients (*Ref F9.17).*

If NIHSS fully completed, severity groups:	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
0	6.4%	6.5%	6.9%	7.1%	*F9.19*
1-4= minor stroke	43.9%	43.2%	44.2%	44.2%	*F9.21*
5-15= moderate stroke	35.4%	35.3%	34.9%	34.4%	*F9.23*
16-20= moderate/severe stroke	6.7%	7.2%	6.7%	6.6%	*F9.25*
21-42= severe stroke	7.6%	7.9%	7.3%	7.6%	*F9.27*

	Oct-Dec 2013	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
If NIHSS fully completed:	*NIHSS score Median (IQR)*	*NIHSS score Median (IQR)*	*NIHSS score Median (IQR)*	*NIHSS score Median (IQR)*	
Median (IQR)	*4* (2-10)	5 (2-10)	4 (2-10)	4 (2-10)	*F9.28 F9.29 F9.30*
Mean	Mean	Mean	Mean	Mean	
	7.2	7.3	7.1	7.1	*F9.31*

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 933/19232 patients were appropriate for palliative care in the first 72 hours of admission. Of these, 690 (74.0%) were on an end of life pathway within 72 hours of admission.

Palliative Care Decisions	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Has it been decided in the first 72 hours that the patient is for palliative care? (Q3.1)	4.5%	5.1%	5.0%	4.9%	*F10.3*
Median (IQR) number of days from Clock Start to palliative care decision within 72h	1 day (0-2)	1 day (0-2)	1 day (0-2)	1 day (0-2)	*F10.7 F10.8 F10.9*

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.

Date of symptom onset (Q1.11.1)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Precise	70.2%	70.5%	69.5%	70.1%	*H2.3*
Best estimate	19.2%	19.2%	19.0%	18.7%	*H2.5*
Stroke during sleep	10.6%	10.3%	11.4%	11.2%	*H2.7*

Time of symptom onset (Q1.11.2)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Known	66.1%	67.2%	67.6%	68.2%	*H2.17*
Precise	*32.9%*	*33.3%*	34.0%	34.5%	*H2.10*
Best estimate	*33.3%*	*33.8%*	33.6%	33.7%	*H2.12*
Not known	33.9%	32.8%	32.4%	31.8%	*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.

The following histograms show the pattern of stroke onset across a 24 hour clock (figure 1) and by days of the week (figure 2).

Figure 1:

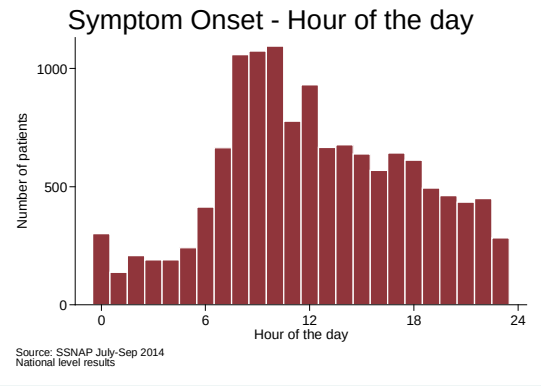
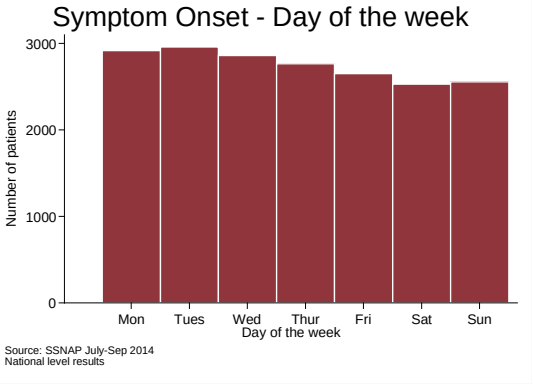


Figure 2:



Comment

It is notable that a low percentage of patients reported as having stroke in sleep at only about 10%. The data highlight how important it is that specialist services are available 24 hours a day and seven days a week.

Section 3: Processes of care in the first 72h

3.1 Timings from onset

Timings from onset (using both precise and best estimate times) (Q1.11.1 and 1.11.2)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from onset to arrival †	2h 30m (1h 20m – 7h 28m)	2h 22m (1h 19m -6h 59m)	2h 29m (1h 18m- 7h 33m)	2h 30m (1h 20m – 7h 32m)	*H3.1 H3.2 H3.3*
Time from onset to stroke unit admission*	7h 00m (4h 05m – 20h 09m)	6h 52m (4h 05m – 20h 13m)	7h 00m (4h 03m – 19h 30m)	7h 00m (4h 05m – 20h 15m)	*H3.4 H3.5 H3.6*
Time from onset to scan*	4h 13m (2h 01m – 14 17m)	3h 57m (1h 58m-13h 20m)	4h 06m (1h 58m – 13h 15m)	4h 06m (1h 59m – 13h 22m)	*H3.7 H3.8 H3.9*
Time from onset to thrombolysis*	2h 25m (1h 50m – 3h 09m)	2h 20m (1h 50m – 3h 00m)	2h 18m (1h 48m - 3h 03m)	2h 20m (1h 49m – 3h 05m)	*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.

Patient arrived by ambulance (Q1.12)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	82.4%	82.7%	81.2%	80.8%	*H4.3*

Comment

As in previous audits, over 80% of 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 in due course, so 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 whilst in hospital.

Timings from clock start (hours & minutes)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to first arrival on a stroke unit	3h 36m (2h 07m – 6h 50m)	3h 38m (2h 09m - 7h 07m)	3h 36m (2h 07m- 6h 57m)	3h 33m (2h 05m- 6h 38m)	*H7.4, H7.5, H7.6*
Time from clock start to scan	1h 23m (31m – 3h 45m)	1h 18m (30m - 3h 19m)	1h 19m (30m -3h 22m)	1h 15m (29m – 3h 13m)	*H6.4, H6.5, H6.6*
Time from clock start to thrombolysis	58m (39m – 1h 26m)	56m (38m – 1h 23m)	57m (38m – 1h 24m)	56m (38m – 1h 24m)	*H16.42, H16.43, H16.44*

The histograms below show the pattern of 'Clock Start' across a 24 hour clock (figure 3) and by day of week (figure 4).

Figure 3:

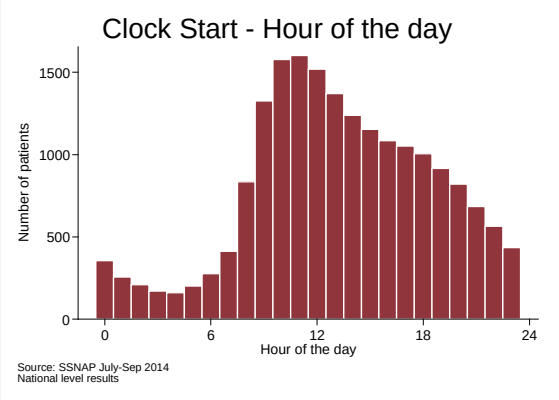
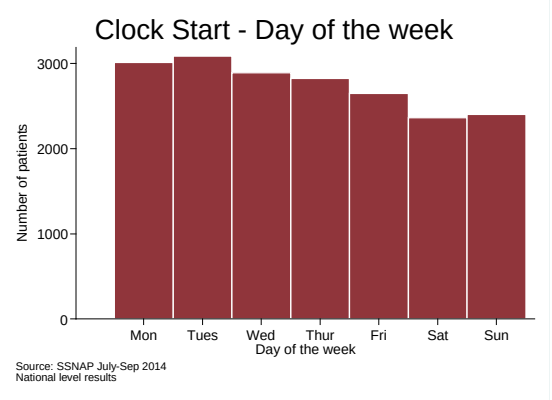


Figure 4:



3.4 Period of Arrival

Arrival during (Q1.13)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Patient arrived in "Normal hours" (Monday to Friday 8am – 6pm, excluding bank holidays)	46.4%	45.8%	45.1%	46.8%	*H5.3*
Patient arrived "Out of hours"	48.3%	48.9%	49.5%	47.8%	*H5.5*
The onset of stroke was when the patient was already in hospital	5.3%	5.3%	5.3%	5.3%	*H5.7*

Figure 5:

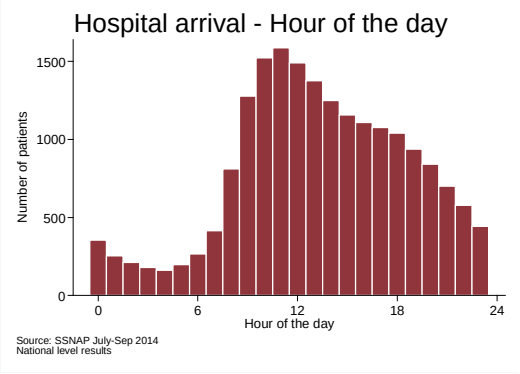
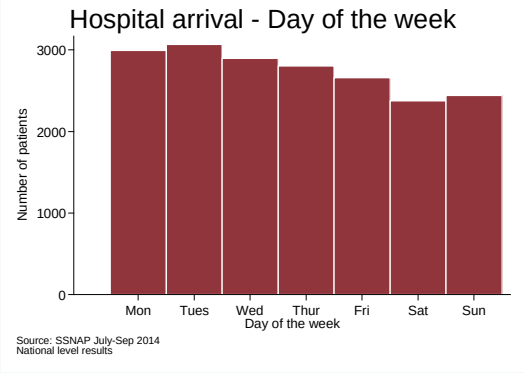


Figure 6:



3.5 Brain Scanning (Domain 1)

99% (19,054) of patients had a brain scan in this cohort.

Key Indicators: Brain scanning	Oct-Dec 2013	Jan-Mar 2014	Apr-June 2014	Jul-Sept 2014	*Ref*
Proportion of patients scanned within 1 hour of clock start*	41.7%	43.2%	43.1%	44.1%	*H6.9*
Proportion of patients scanned within 12 hours of clock start	84.8%	86.1%	87.1%	87.7%	*H6.12*
Median time between clock start and scan	1hr 23mins	1h 18mins	1h 19mins	1h 15m	*H6.4*

*Target is 50% of all stroke patients

Brain Imaging (Q2.4)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Scanned	98.7%	98.6%	99%	99.1%	*H6.3*

Brain scan timings	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to scan	1h 23m (31m – 3h 45m)	1h 18m (30m- 3h 19m)	1h 19m (30m - 3h 22m)	1h 15m (29m – 3h 13m	*H6.4, H6.5, H6.6*
Time from onset to scan*	4h 13m (2h 1m – 14h 17m)	3h 57m (1h 58m - 13h 20m)	4h 06m (1h 58m – 13h 15m)	4h 06m (1h 59m – 13h 22m)	*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.

44.1% (N=8,473) of all patients were scanned within 1 hour of clock start. However, 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 1 hour. For the Accelerating Stroke Improvement measure, the target for brain imaging within one hour was 50% of patients.

The National Clinical Guideline for Stroke 2012 recommends that patients are scanned within 12 hours of clock start. In this sample, 87.7% (16,857) of all patients achieved this standard. 95.1% (N=18,284) of patients were scanned within 24 hours of clock start.

The following histograms show the hour of the day (figure 7) and the day of the week (figure 8) on which patients had a brain scan. The peaks and troughs in the histogram indicate that the majority of scanning takes place during working hours (Monday – Friday, 8am-6pm).

Figure 7:

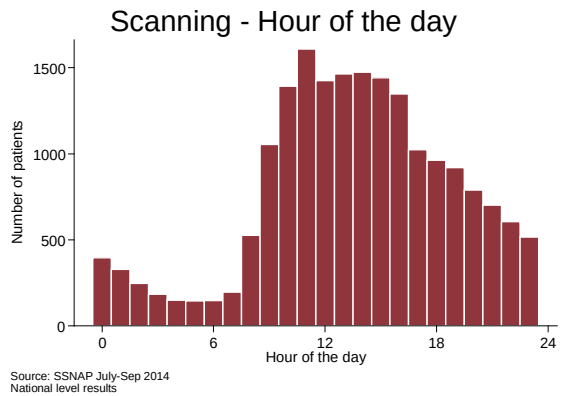
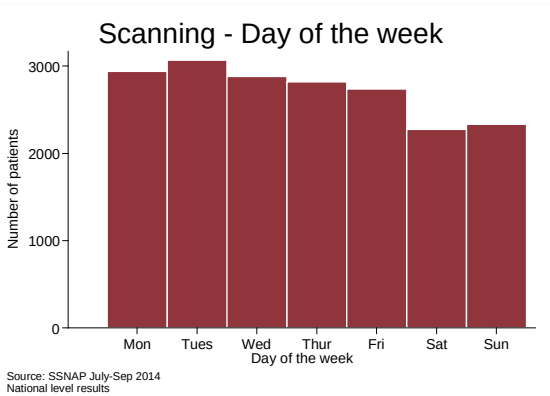


Figure 8:



Comment

Improved access to scanning has been one of the main successes in stroke care over recent years, with over 85% 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 it is still clear from figures 7 and 8 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)

Key indicators: Stroke unit	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients directly admitted to a stroke unit within 4 hours of clock start (CCG OIS)	58.1%	57.8%	58%	59.8%	*H7.18*
Median time between clock start and arrival on stroke unit (hours & minutes)	3h 36m	3h 38m	3h 36m	3h 33m	*H7.4*
Proportion of patients who spent at least 90% of their stay on stroke unit	83.5%	82.3%	82.4%	83.0%	*J8.11*

Went to stroke unit (at first admitting team) (Q1.15)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	96.4%	95.5%	95.9%	95.8%	*H7.3*

Stroke unit timings	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to first arrival on a stroke unit	3h 36m (2h 7m - 6h 50m)	3h 38m (2h 9m - 7h 7m)	3h 36m (2h 7m - 6h 57m)	3h 33m (2h 05m – 6h 38m)	*H7.4, H7.5, H7.6*
Time from symptom onset to arrival at stroke unit *	7h 00m (4h 5m - 20h 9m)	6h 52m (4h 05m - 20h 13m)	7h 00m (04h 03m - 19h 30m)	7h 00m (4h 05m – 20h 15m)	*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.

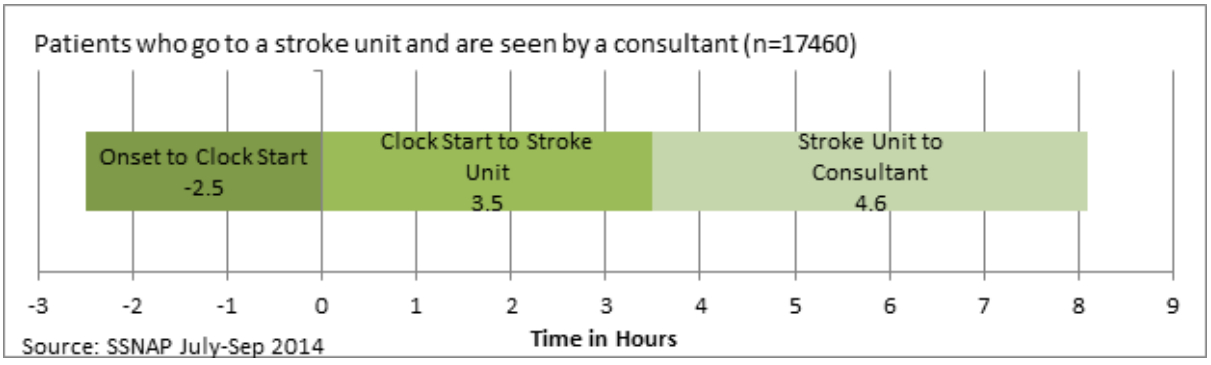
3.7 First ward of admission

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).

First ward of admission (at first admitting team) (Q1.14)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Stroke Unit	73.8%	73.4%	74.1%	75.3%	*H7.11*
Medical Assessment Unit / Acute Admissions Unit / Clinical Decisions Unit (unacceptable)	20.5%	20.2%	19.7%	18.7%	*H7.9*
Intensive Therapy Unit / Coronary Care Unit / High Dependency Unit (acceptable)	1.9%	1.9%	1.7%	1.9%	*H7.13*
Other (unacceptable)	3.9%	4.5%	4.6%	4.2%	*H7.15*

60% of patients were directly admitted to a stroke unit within 4 hours, excluding patients who were directly admitted to an acceptable other location.

Figure 9:



Comment

96% of this group of patients was treated at some time during their stay on a stroke unit although it is still of great concern that nearly 20% 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 15-20% of patients would be eligible for thrombolysis.

Key indicators: Thrombolysis	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of all stroke patients given thrombolysis (all stroke types) (CCG OIS C3.6)	11.3%	11.5%	12.2%	11.7%	*H16.10*
Proportion of eligible patients given thrombolysis (according to the RCP guideline minimum threshold)	74.7%	74.9%	80.0%	79.4%	*H16.55*
Proportion of patients who were thrombolysed within 1 hour of clock start, if thrombolysed	52.8%	55.5%	55.2%	56.4%	*H16.74*
Proportion 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 (NICE Quality Standard)	56.8%	56.5%	57.2%	59.0%	*H16.77*
Median time between clock start and thrombolysis (minutes)	58 mins	56 mins	57 mins	56 mins	*H16.42*

Was the patient given thrombolysis (Q2.6)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	**11.3%**	**11.5%**	**12.2%**	**11.7%**	***H16.3***
No	**3%**	**2.6%**	**1.6%**	**1.7%**	***H16.5***
Thrombolysis not available at hospital	*0.6%*	*0.9%*	*0.7%*	*0.7%*	*H16.14*
Outside thrombolysis service hours	*0.4%*	*0.3%*	*0.2%*	*0.2%*	*H16.16*
Unable to scan quickly enough	*0.1%*	*0.1%*	*0.1%*	*0.1%*	*H16.18*
None	*2%*	*1.3%*	*0.6%*	*0.7%*	*H16.20*
No but*	**85.7%**	**85.9%**	**86.3%**	**86.7%**	***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.

"No but" reasons for not thrombolysing*	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Patient arrived outside the time window for thrombolysis	30.1%	28.4%	28.3%	28.6%	*H16.25*
Wake up time unknown	29.1%	29.9%	30.0%	29.9%	*H16.39*
Stroke too mild/severe	12.9%	13.6%	14.3%	14.6%	*H16.37*
Haemorrhagic stroke	12.0%	12.1%	11.5%	11.1%	*H16.23*

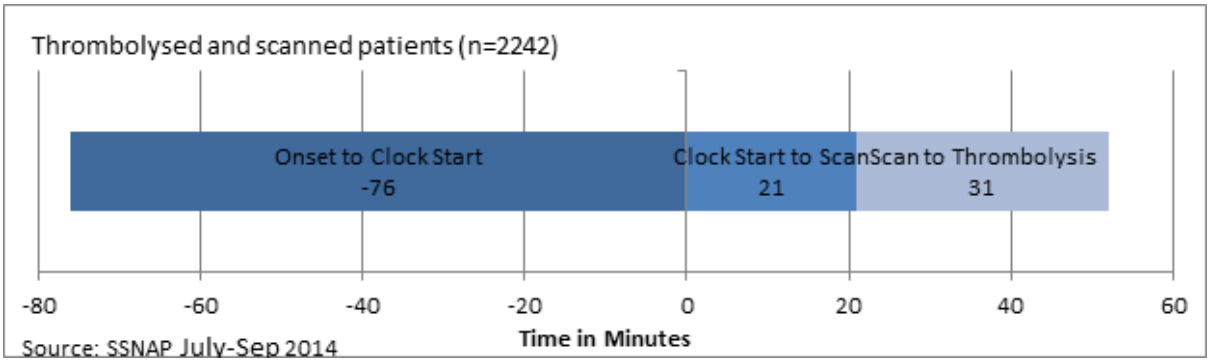
Other reasons for not giving thrombolysis were that the patient's condition was improving, the patient had other co-morbidities and 'other medical reasons' which each ranged between 5-7% of the total number of 'Not but' responses. Other 'No but' reasons were the patient's age, medication and patient refusal which each amounted to between 0-3% of the total cohort for 'No but' responses.

3.8.1 Thrombolysis timings

Thrombolysis timings	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
	Median (IQR)	Median (IQR)	Median (IQR)	Median (IQR)	
Time from clock start to thrombolysis	58m (39m – 1h 26m)	56m (38m - 1h 23m)	57m (38m - 1h 24m)	56m (38m – 1h 24m)	*H16.42, H16.43, H16.44*
Time from onset to thrombolysis	2h 25m (1h 50m – 3h 9m)	2h 20m (1h 50m - 3h)	2h 18m (1h 48m - 3h 03m)	2h 20m (1h 49m – 3h 05m)	*H3.10, H3.11, H3.12*
If thrombolysed, time from onset to clock start	1h 17m	1h 16m	1h 14m	1h 16m	*H16.45*
If thrombolysed, time from clock start to scan*	22m	22m	22m	21m	*H16.46*
If thrombolysed, time from scan to thrombolysis*	31m	31m	31m	31m	*H16.47*

*Timings for patients who had a thrombolysis and scan time.

Figure 10:



Comment

There are still improvements to be made in door to needle time for patients receiving thrombolysis with the median time being 56 minutes. There are big variations between units demonstrating that it is possible to set services up to operate more efficiently.

The following histograms show the hour of the day (figure 11) and the day of the week (figure 12) on which patients were given thrombolysis.

Figure 11:

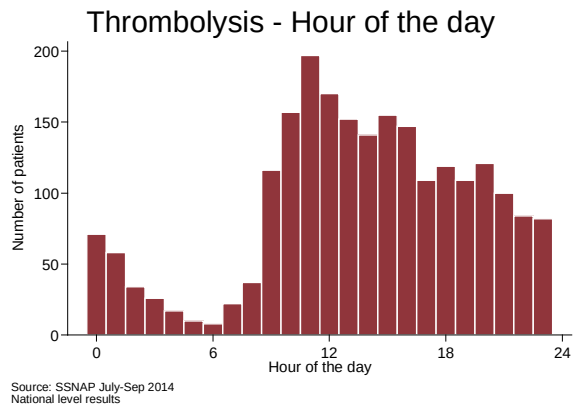
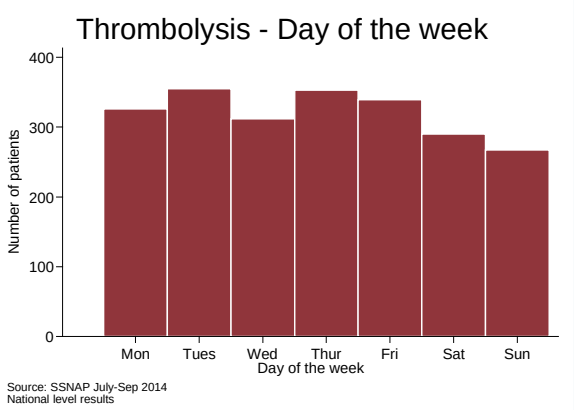


Figure 12:



3.8.2 Thrombolysis based on eligibility

As explained above, 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 2012 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.

Minimum threshold for thrombolysis	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients eligible for thrombolysis (according to the RCP guideline minimum threshold)	13.3%	13.7%	13.7%	13.2%	*H16.50*
Proportion of eligible patients (according to above threshold) who were given thrombolysis	74.7%	74.9%	80%	79.4%	*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

Nearly 12% of admissions are thrombolysed nationally which is higher than nearly every other country. We estimate that 80% potentially eligible patients receive treatment (using the minimum threshold criteria). 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. There is plenty of room for improvement in door to needle times with nearly half of treatments taking over one hour.

3.8.3 Complications following thrombolysis

Thrombolysis complications (Q2.8) if patient received thrombolysis	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Patient had complications (Patients with complications/total number thrombolysed)	8.8% (187/2137)	8.9% (200/2256)	8.7% (200/2303)	9.4% (211/ 2242)	*H17.3, H17.1, H17.2*

Type of complication (as reported) (Q2.8.1)*	**Oct-Dec 2013** N=187	**Jan-Mar 2014** N=203	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Symptomatic intracranial haemorrhage (SIH)	4%	3.6%	4.2%	4.2%	*H17.6*
Angio oedema (AO)	0.6%	0.7%	0.6%	0.6%	*H17.8*
Extracranial bleed (EB)	0.7%	0.8%	0.4%	0.7%	*H17.10*
Other	3.8%	3.9%	3.7%	4.2%	*H17.12*

*some patients had more than one type of complication

Comment

There is about a 4% symptomatic intracranial haemorrhage rate in the patients treated which is in line with data from randomised controlled trials.

3.8.4 NIHSS 24 hours after thrombolysis

NIHSS 24h after thrombolysis, if patient received thrombolysis (Q2.9)	**Oct-Dec 2013** N= 2202	**Jan-Mar 2014** N=1408	**Apr-Jun 2014** N=2356	**Jul-Sep 2014** N=2316	*Ref*
Known	78.2%	78.5%	79.8%	82.5%	*H18.3*
Not known	21.8%	21.5%	21.2%	17.5%	

If NIHSS 24h after thrombolysis is known, severity groups:	Oct-Dec 2013 N=1722	Jan-Mar 2014 N=1074	Apr-Jun 2014 N=1879	Jul-Sep 2014 N=1910	*Ref*
0	16.4%	16.9%	17.5%	17.0%	*H18.6*
1-4 (minor stroke)	30.3%	30.8%	31.1%	32.6%	*H18.8*
5-15 (moderate stroke)	33.6%	34%	35.0%	32.6%	*H18.10*
16-20 (moderate/severe stroke)	10.5%	9%	9.4%	8.5%	*H18.12*
21-42 (severe stroke)	9.2%	9.4%	7.0%	9.2%	*H18.14*

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. been 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

Key Indicators: Swallowing	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of applicable patients who were given a swallow screen within 4h of clock start	64.2%	65%	67.3%	69.2%	*H14.20*
Proportion of applicable patients who were given a formal swallow assessment within 72h of clock start	79.3%	80.9%	82.1%	83.6%	*H15.24*

Swallow screening within 4h (Q2.10)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients applicable to have swallow screening within 4h*	88.4%	87.9%	89.0%	88.9%	*H14.17*
Proportion of applicable patients who had swallow screening in 4 hours	64.2%	65%	67.3%	69.2%	*H14.20*
Median (IQR) time from clock start to swallow screening within 4h (hours & minutes)	1h 42m (52m – 2h 47m)	1h 38m (50m-2h 45m)	1h 35m (49m - 2h 43m)	1h 34m (50m - 2h 43m)	*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".

Figure 13:

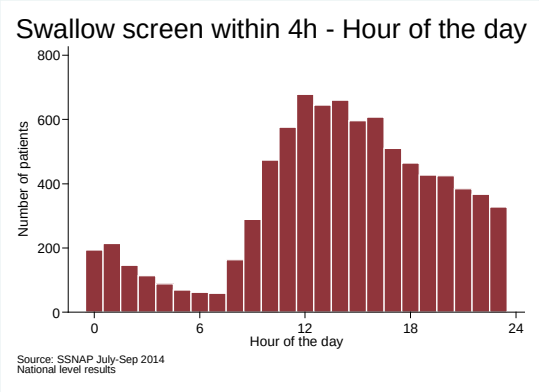
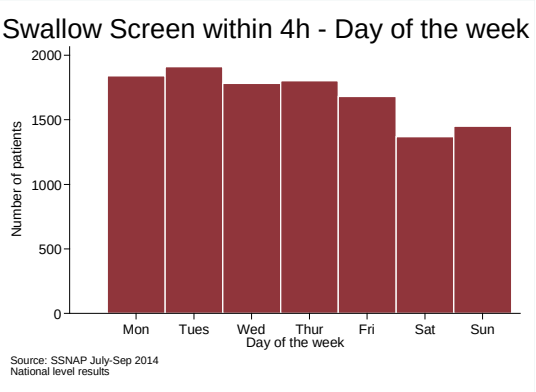


Figure 14:



Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment within 72 hours (Q3.8)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients applicable for a formal swallow assessment within 72 hours	41.1%	42.1%	40.3%	39.7%	*H15.21*
Proportion of applicable patients who had formal swallow assessment within 72 hours	79.3%	80.9%	82.1%	83.6%	*H15.24*
Median (IQR) time from clock start to formal swallow assessment	19h 52m (4h 50m – 35h 47m)	20h 38m (5h 27m - 37h 9m)	19h 54m (5h 45m - 31h 04m)	*20h 20m (6h 19m - 34h 10m)*	*H15.1, H15.2, H15.3*

Figure 15:

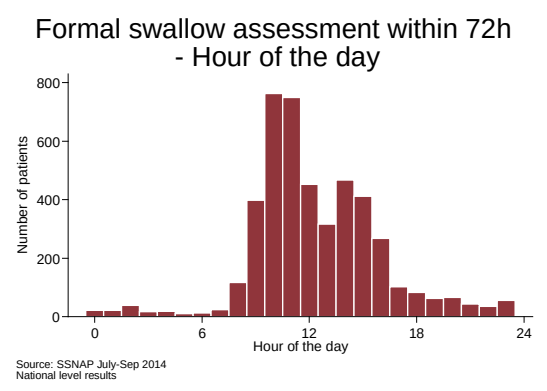
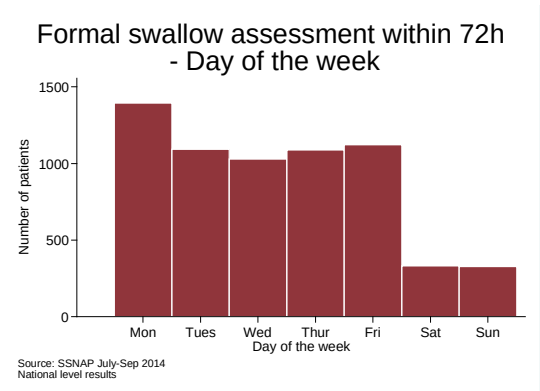


Figure 16:



Comment

69% of applicable patients are screened for the safety of their swallowing within 4 hours of arrival. While this has improved over the four quarters, 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 also not achieved in over 15% of applicable patients.

3.9.2 Assessment by nurse

Key Indicators: Assessment by stroke nurse	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients who were assessed by a nurse trained in stroke management within 24h of clock start	86.9%	86.6%	87.9%	87.8%	*H8.3*
Median time between clock start and being assessed by stroke nurse	2h 11m	2h 00m	1h 52m	1h 49m	*H8.14*

Assessed by a nurse trained in stroke management (Q3.2)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Assessed within 72h	93.8%	93.5%	94.2%	94.2%	*H8.6*
Within 12h	*80%*	*79.6%*	*81.3%*	*81.5%*	*H8.9*
12-24h	*6.9%*	*7%*	*6.6%*	*6.3%*	*H8.11*
24-72h	*6.9%*	*6.9%*	*6.4%*	*6.3%*	*H8.13*
Median (IQR) time from clock start to assessment by stroke nurse	2h 11m (15m – 5h 23m)	2h 00m (13m - 5h 13m)	1h 52m (11m - 4h 47m)	1h 49m (10m - 4h 46m)	*H8.14, H8.15, H8.16*

3.9.3 Assessment by stroke specialist consultant

Key Indicators: Stroke Consultant	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients who were assessed by a stroke specialist consultant physician within 24h of clock start	74.8%	75.3%	75.1%	76.5%	*H9.3*
Median time between clock start and being assessed by stroke consultant	13h 52m	13h 25m	13h 15m	12h 55m	*H9.14*

Assessed by a stroke specialist consultant physician (Q3.3)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Assessed within 72h	92.7%	92.6%	92.4%	93.0%	*H9.6*
Within 12h	*42.3%*	*43.3%*	43.8%	44.8%	*H9.9*
12-24h	*32.5%*	*31.9%*	31.3%	31.7%	*H9.11*
24-72h	*17.9%*	*17.3%*	17.3%	16.5%	*H9.13*
Median (IQR) time for assessment by stroke consultant physician	13h 52m (2h 40m – 22h 8m)	13h 25m (2h 24m - 21h 49m)	13h 15m (2h 18m -21h 49m)	12h 55m (2h 15m – 21h 22m)	*H9.14 H9.15 H9.16*

Comment

Nearly a quarter 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

Key Indicators: Multidisciplinary Working	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of applicable patients who were assessed by an occupational therapist within 72h of clock start	86.3%	87.7%	88.1%	89.8%	*H10.24*
Median time between clock start and being assessed by occupational therapist	24h 00m	23h 44m	23h 32m	23h 18m	*H10.16*

Assessed by an Occupational Therapist within 72h of Clock Start (Q3.5)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients applicable to be assessed by an OT within 72h*	83.1%	83.9%	83.6%	84.6%	*H10.21*
Proportion of applicable patients assessed by an OT within 72 hours	86.3%	87.7%	88.1%	89.8%	*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

Key Indicators: Multidisciplinary Working	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of applicable patients who were assessed by a physiotherapist within 72h of clock start	93.5%	94.1%	93.8%	94.3%	*H11.24*
Median time between clock start and being assessed by physiotherapist	22h 25m	22h 16m	22h 06m	21h 54m	*H11.16*

Assessed by a Physiotherapist within 72h of Clock Start (Q3.6)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Applicable to be assessed by a PT within 72h*	88.9%	88.6%	88%	88.5%	*H11.21*
Proportion of applicable patients assessed by an PT within 72 hours	93.5%	94.1%	93.8%	94.3%	*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

Key Indicators: Multidisciplinary Working	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of applicable patients who were assessed by a speech and language therapist within 72h of clock start	78.6%	80.3%	81.1%	83.3%	*H12.24*
Median time between clock start and being assessed by speech and language therapist	25h 29m	25h 16m	24 h 27m	24h 39m	*H12.16*

Communication assessed by a Speech and Language therapist within 72h of Clock Start (Q3.7)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Applicable* to be assessed by a SALT within 72h	45.1%	45.5%	44.1%	44.5%	*H12.21*
Proportion of applicable patients assessed by a SALT within 72 hours	78.6%	80.3%	81.1%	83.3%	*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 proportion 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

Formal swallow assessment by a Speech and Language Therapist or another professional trained in dysphagia assessment by discharge (Q6.4)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients applicable for formal swallow assessment by discharge*	43.6%	44.1%	43.3%	42.4%	*J23.3*
Proportion of applicable patients who received formal swallow assessment by discharge	86.3%	88.1%	89.9%	90.3%	*J23.6*
Median time (IQR) from Clock Start to formal swallow assessment	23h 05m (6h 16m – 49h 41m)	23h 37m (7h 11m - 51h 18m)	23h 42m (9h 35m - 50h 49m)	23h 08m (8h 47m - 48h 25m)	*J23.7, J23.8, J23.9*

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

Figure 17:

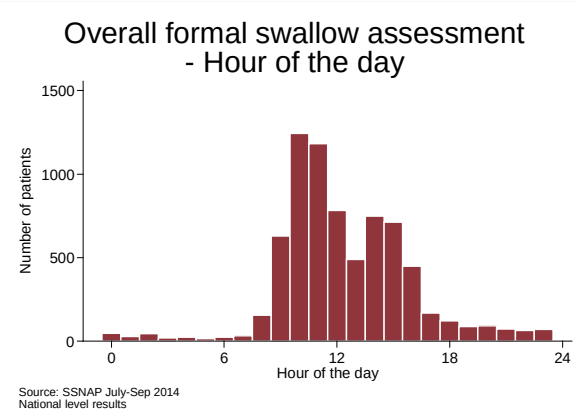
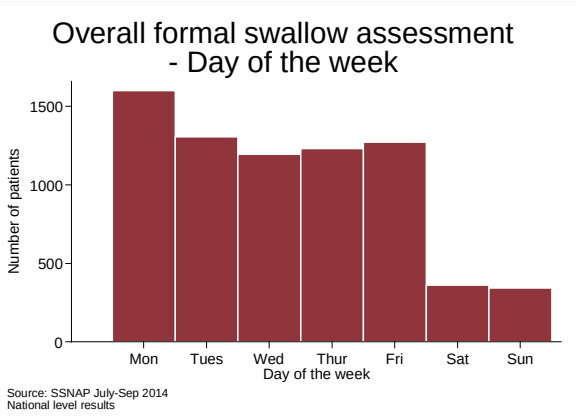


Figure 18:



Comment

It appears that hospitals are performing well in terms of achieving the standards for swallowing assessment. It is encouraging to see a 4% percentage point improvement in the number of patients receiving a swallow assessment by discharge in the last four quarters. 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

Physiotherapy assessment by discharge* (Q6.2)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients applicable for formal physiotherapy assessment by discharge*	90.5%	90.1%	90.2%	90.4%	*J21.3*
Proportion of applicable patients who received formal physiotherapy assessment by discharge	98.7%	99%	98.8%	99.0%	*J21.6*
Median time (IQR) from Clock Start	23h 6m (17h 18m – 41h 10m)	23h (17h 25m - 41h 20m)	22h 55m (17h 10m - 40h 45m)	22h 33m (16h 50m – 38h 53m)	*J21.7 J21.8 J21.9*

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

Figure 19:

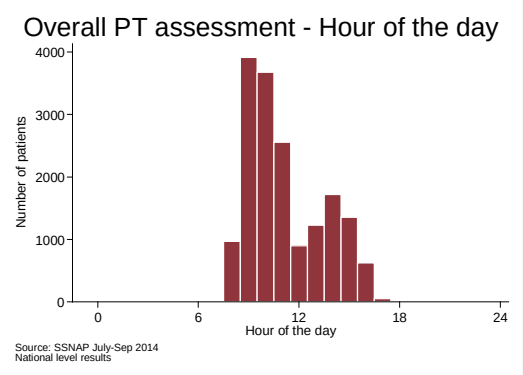
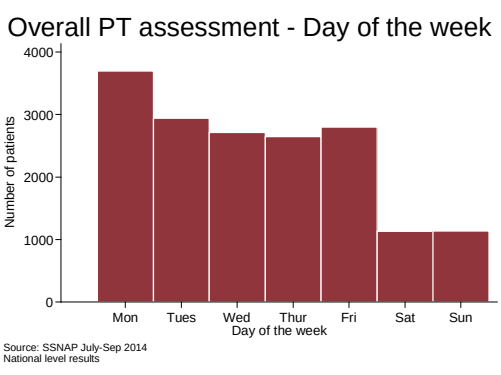


Figure 20:



Comment

99% of patients with motor deficits are assessed by a physiotherapist during their hospital stay. The median time from arrival (or stroke onset in hospital) was under 23 hours. A good performance and what is encouraging is the frequency with which patients are being seen at the

4.1.3 Occupational therapy assessment by discharge

Occupational therapy assessment by discharge* (Q6.1)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Applicable	86.2%	86.4%	87.0%	87.4%	*J20.3*
Compliant	97.1%	97.7%	97.6%	98.0%	*J20.6*
Median time (IQR) from Clock Start (hrs & mins)	25h 51m (19h 21m – 49h 47m)	25h 54m (19h 18m - 50h 30m)	*25h 40m* (18h 59m- 49h 26m)	*24h 48m (18h 38m – 47h 07m)*	*J20.7, J20.8, J20.9*

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

Figure 21:

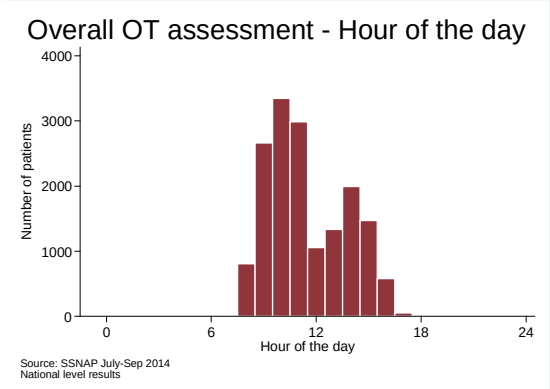
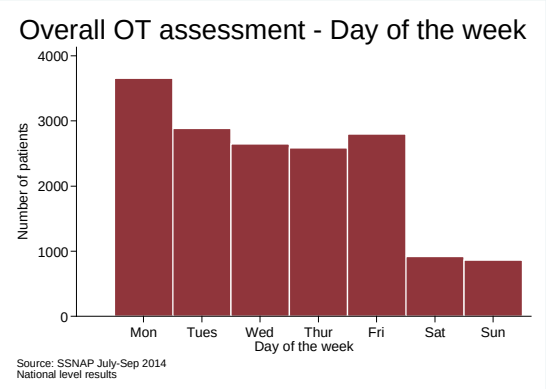


Figure 22:



Comment

Occupational therapists are performing well according to audit data, with 98% of applicable patients being assessed during their hospital stay and with a median time of 25 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

Speech and language therapy communication assessment by discharge* (Q6.3)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Applicable	47.2%	47.5%	47.3%	47.0%	*J22.3*
Compliant	91.9%	93.3%	93.5%	94.3%	*J22.6*
Median time (IQR) from Clock Start (hrs & mins)	33h 33m (20h 30m – 66h 38m)	35h 00m (20h 36m - 66h 49m)	30h 19m (20h 15m - 66h)	28h 45m (19h 45m - 61h 10m)	*J22.7*

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

Figure 23:

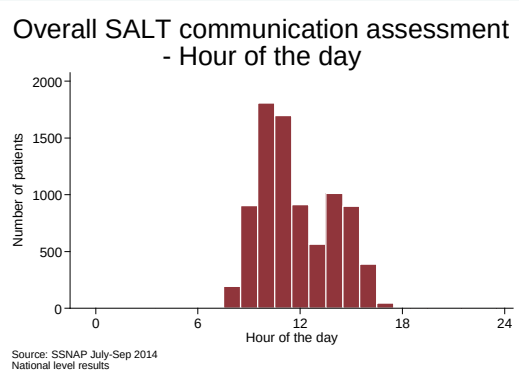
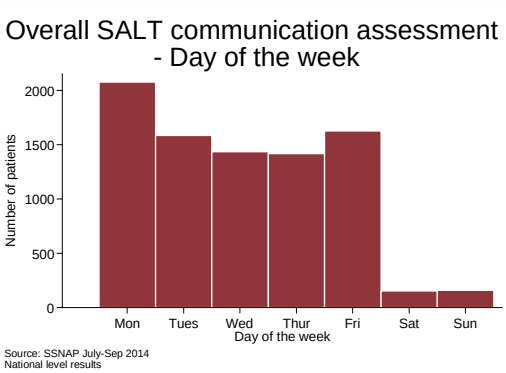


Figure 24:



Comment

94% of applicable patients are seen by speech therapists during their stay, so not as high as for physiotherapy and occupational therapy. The median time between arrival or onset of stroke in hospital and assessment is 29 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)

Key indicators: Multidisciplinary team working	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of applicable patients who have rehabilitation goals agreed within 5 days of clock start	81%	82.5%	84.9%	86.8%	*J13.15*
Proportion 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	44.5%	46.3%	48.7%	52.7%	*J14.3*

Rehabilitation goals agreed (Q4.7)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients applicable for rehab goals within 5 days*	77.7%	77.5%	79.2%	79.1%	*J13.12*
Proportion of applicable patients who have rehab goals set within 5 days	81%	82.5%	84.9%	86.8%	*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)

Key Indicators: Standards by Discharge	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of applicable patients screened for nutrition and seen by a dietitian by discharge	60.8%	62%	67%	66.8%	*J16.15*
Proportion of applicable patients who have a continence plan drawn up within 3 weeks of clock start	75.3%	79.2%	83%	85.0%	*J15.23*
Proportion of applicable patients who have mood and cognition screening by discharge	79.2%	81.4%	84%	87.0%	*J19.3*

4.4.1 Nutritional screening, risk of malnutrition and dietitian

Nutritional screening (Q6.6)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of ALL patients screened	93.7%	93.9%	95.4%	95.5%	*J16.3*
If screened for nutrition:					
Identified as being at high risk of malnutrition	18%	19.1%	18.1%	17.7%	*J16.6*
If identified as being at high risk of malnutrition following nutritional screening:					
Seen by a dietitian	83.4%	83.1%	85.1%	84.6%	*J16.9*

Comment

Over 15% of patients identified as being at high risk of malnutrition on screening do not get to see a dietitian.

Combination of nutritional screening, risk of malnutrition, and seen by dietitian:	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients applicable for nutritional screening/being seen by a dietitian *	23.1%	24%	21.9%	21.5%	*J16.12*
Proportion of applicable patients screened for nutrition and seen by a dietitian by discharge	60.8%	62%	67%	66.8%	*J16.15*

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

4.4.2 Urinary continence plan

Urinary continence plan by discharge from inpatient care (Q6.5)	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of ALL patients for whom urinary continence plan drawn up	30.5%	33.2%	34.9%	35.0%	*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*
Proportion of patients applicable for urinary continence plan by discharge*	39.6%	41%	41.3%	40.1%	*J15.17*
Proportion of applicable patients for whom urinary continence plan drawn up by discharge	77%	80.9%	84.6%	87.2%	*J15.20*

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

Figure 25

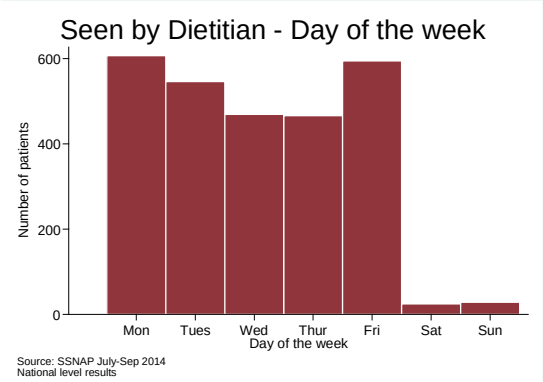
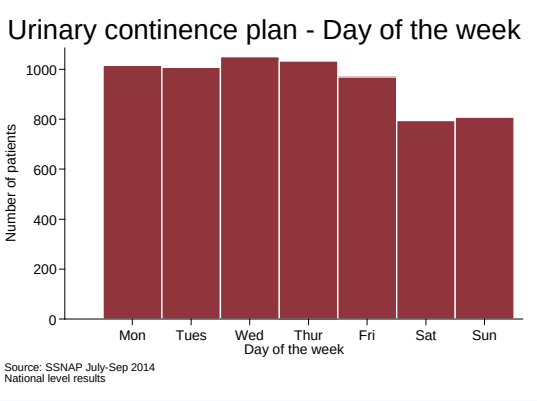


Figure 26



Comment

Over 85% of patients with incontinence are having an assessment performed while an in-patient. It is encouraging to see sustained improvements in results each quarter but given the profound impact of incontinence on a person's life the fact that nearly 15% of patients are not being adequately assessed is terrible. 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

Mood screening (Q6.7)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients applicable for mood screening by discharge*	85.4%	85.3%	86.1%	86.0%	*J17.14*
Proportion of applicable patients who received mood screening by discharge	73.7%	76.1%	79.3%	82.7%	*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 each quarter, nearly 20% of patients who should be screened are not.

Cognition screening (Q6.7)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients applicable for cognition screening by discharge*	83.5%	84.1%	84.3%	84.1%	*J18.14*
Proportion of applicable patients who received cognition screening by discharge	84.7%	86.7%	88.8%	91.4%	*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 nearly 10% of patients are not being evaluated in the way that they should.

Figure 27

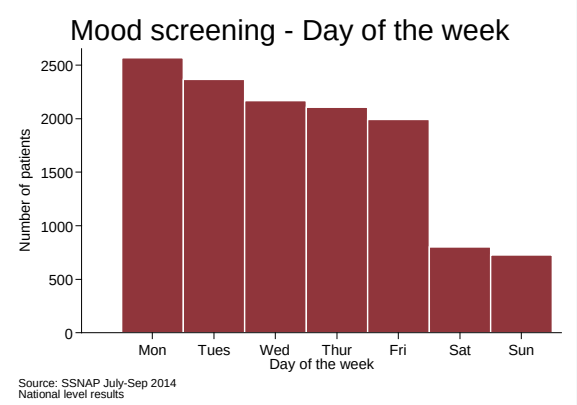
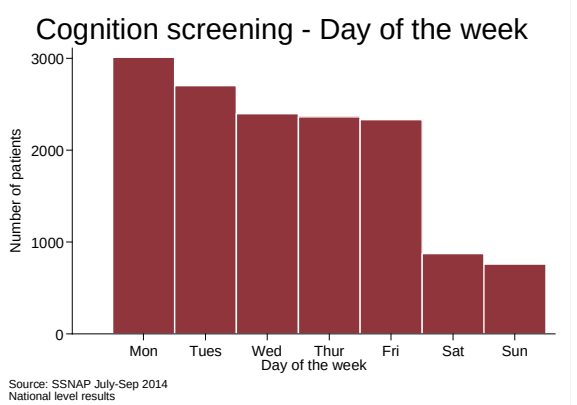


Figure 28



Comment

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 important to recognise that post 72 hour results have significantly improved over the past year, 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

Patient's worst level of consciousness (LOC) in the first 7 days (Q5.1)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
0: Alert keenly responsive	77.8%	77%	79%	79.1%	*J24.3*
1: Not alert but arousable by minor stimulation	8.7%	9.5%	8.8%	9.0%	*J24.5*
2: Not alert but require repeated stimulation to attend	5%	4.9%	4.9%	4.9%	*J24.7*
3: Respond only with reflex motor or autonomic effects /totally unresponsive	8.5%	8.6%	7.2%	7.0%	*J24.9*

4.5.2 Urinary tract infection in first 7 days

Did the patient develop a urinary tract infection in the first 7 days? Q5.2)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	4.8%	5%	4.9%	4.8%	*J25.3*
No	92.1%	93%	93.7%	94.3%	*J25.5*
Not known	3.1%	2%	1.4%	0.9%	*J25.7*

4.5.3 Pneumonia in first 7 days

Did the patient receive antibiotics for a newly acquired pneumonia in the first 7 days? (Q5.3)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	8.3%	9.3%	8.1%	8.6%	*J26.3*
No	88.5%	88.7%	90.6%	90.3%	*J26.5*
Not known	3.2%	2%	1.4%	1.1%	*J26.7*

4.5.4 Modified Rankin Scale score at discharge

Modified Rankin Scale (mRS) score at discharge (Q7.4)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
0 (no symptoms)	18.8%	16.8%	15.9%	15.8%	*J28.3*
1 (no significant disability)	19.5%	19.2%	19.8%	20.0%	*J28.5*
2 (slight disability)	13.8%	13.5%	14.4%	14.6%	*J28.7*
3 (moderate disability)	14.5%	14.5%	15.7%	15.4%	*J28.9*
4 (moderately severe disability)	12.2%	13.3%	13.6%	13.0%	*J28.11*
5 (severe disability)	6.5%	6.7%	6.6%	7.1%	*J28.13*
6 (Dead)	14.8%	16%	14.1%	14.1%	*J28.15*

Modified Rankin Scale (mRS) score Median (IQR)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*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	2 (1-4)	3 (1-4)	2.5 (1-4)	2 (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 going to be vital data in assessing disability outcomes.

4.5.5 Palliative care

Patients for palliative care after 72 hrs* (Q6.9)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	10.4%	11.1%	10.5%	10.6%	*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 their stroke is unsurvivable. 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 6 month survival rate of stroke patients.

In August 2013 NHS England and NHS Improving Quality (NHS IQ) put forward a bid to supply approximately 6 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 July 2014. This is only the second time SSNAP has reported on whether IPC was applied to patients so it is only possible to make comparisons with the previous quarter.

Patients who have intermittent pneumatic compression applied at any point N=18920	**Apr-Jun 2014**	**Jul-Sep 2014**	Ref
Yes	3.7%	6.4%	*J35.3*
No	92%	89.8%	*J35.5*
Not Known	4.3%	3.9%	*J35.7*
If yes, median length of time IPC is applied for (N=1205)	Median = 5 days IQR (2-11 days)	Median = 7 days IQR (3-15 days)	*J35.8, J35.9, J35.10*
If yes, mean length of time IPC is applied for (N=1205)	Mean = 9 days	Mean = 12 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. Though the level of IPC being applied to patients as reported on SSNAP is relatively low, there has been an increase in its application this quarter. This is still a relatively new question to the audit.

4.6 Length of Stay

Length of stay data should be interpreted with caution. These results are based on those patients whose records were locked to discharge and therefore many patients with longer lengths of stay will not be included in the analysis. This is due to the slower rate of recruitment of post-acute teams to SSNAP and consequently some patient records being locked before a patient is discharged from all inpatient care.

As participation of post-acute teams continues to increase there will be an increased number of records fully completed and locked to discharge which will more accurately reflect length of stay across the entire pathway.

Key indicators: Stroke unit	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of applicable patients who spent at least 90% of their stay on stroke unit	83.5%	82.3%	82.4%	83.0%	*J8.11*

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

4.6.1 Length of stay in an inpatient setting

Length of stay	Oct-Dec 2014	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Length of stay from Clock Start to final inpatient discharge including death	Median = 7.2 days IQR (3-20.5 days) Mean = 17 days	Median = 7.4 days IQR (3-22.2 days) Mean = 17.9 days	Median = 7.5 days IQR (2.9-22.9 days) Mean = 18.5 days	Median = 7.1 days IQR (2.8-22.1days) Mean = 18.1 days	*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 7.1 days. That is much shorter than expected which suggests that there may have been some selection bias in the patients entered into SSNAP (although this is likely to be due to patients with shorter lengths of stay being an easier cohort to lock to discharge). As participation rates increase I would expect this figure to rise.

4.6.2 Length of stay on Stroke Unit

Length of stay on stroke unit	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Length of stay on an SU across inpatient pathway - based on component parts of provider level SU length of stay.	Median = 6.3 days IQR (2.2-19.7 days) Mean = 16 days	Median = 6.3 days IQR (2.1-20.1 days) Mean = 16.6 days	Median = 6.1 days IQR (2.1 – 19.9 days) Mean = 16.3 days	*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)

Is over 90% of a patient's stay in hospital spent on a stroke unit?	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	82.3%	82.4%	83.0%	*J8.11*
No	17.7%	17.6%	17.0%	

(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 a fifth 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

Date patient considered by the multidisciplinary team to no longer require inpatient rehabilitation (Q7.3.1)	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Number of days from patient no longer requiring inpatient rehabilitation to stroke unit discharge (Mean)	1.2 days	1 day	0.6 day	*K20.7*
Number of days from patient no longer requiring inpatient rehabilitation to hospital discharge (Mean)	1.7 days	1.4 days	1 day	*K20.8*

*In the January – March 2014 report, the mean number of days has been calculated for the first time. Prior to that the median was calculated (which was 0).

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)

Discharge process results need to be interpreted with caution as it is likely that the records included at this stage are those which were easier to lock to discharge due to the patient having a simpler pathway, e.g. quickly discharged home.

Key Indicators: Discharge Processes	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of applicable patients receiving a joint health and social care plan on discharge	68.3%	74.6%	79.1%	80.7%	*J33.13*
Proportion of patients treated by a stroke skilled Early Supported Discharge team	24.8%	25.5%	25.7%	26.9%	*J10.3*
Proportion of applicable patients in atrial fibrillation on discharge who are discharged on anticoagulants or with a plan to start anticoagulation	91.9%	93.9%	94.3%	95.9%	*J32.16*
Proportion of those patients who are discharged alive who are given a named person to contact after discharge	75.9%	80.7%	83.2%	85.2%	*J34.3*

4.7.1 Discharge destination

Discharge destination (Q7.1)	**Oct-Dec 2013** N= 17503	**Jan-Mar 2014** N=18704	**Apr-Jun 2014** N=18812	**Jul-Sep 2014** N=19087	*Ref*
Discharged alive from inpatient care	85.2%	84%	85.9%	85.9%	*J9.14*
Discharged to a care home	*10.9%*	*11.1%*	*10.4%*	*10.3%*	*J9.5*
Discharged home	*54.1%*	*50.7%*	*49.6%*	*48.3%*	*J9.7*
Discharged somewhere else	*6.9%*	*8%*	*5.3%*	*3.4%*	*J9.9*
Transferred to an ESD/community team	*13.3%*	*14.3%*	*16%*	*17.9%*	*J9.10.2*
Transferred to a non-participating inpatient team	*Not comparable*	*Not comparable*	*2.4%*	*3.4%*	*J9.11.2*
Transferred to a non-participating ESD/community team	*Not comparable*	*Not comparable*	*2.2%*	*2.7%*	*J9.11.4*

*The July-September 2014 quarter is the second where both 'Transferred to a non-participating inpatient team' and 'Transferred to a non-participating ESD/community team' were available to select as discharge destinations in SSNAP.

If discharged home (Q7.6)	Oct-Dec 2013 N=9474	Jan-Mar 2014 N=9474	Apr-Jun 2014 N=9337	Jul-Sep 2014 N=9228	*Ref*
Living Alone	26.6%	24.6%	25.4%	26.1%	*J9.21*
Not living alone	69.9%	72.5%	71.4%	71.2%	*J9.23*
Not known	3.5%	2.9%	3.2%	2.8%	*J9.25*

4.7.2 Care home discharge

If discharged to a care home (Q7.5)	Oct-Dec 2013 N=1911	Jan-Mar 2014 N=2067	Apr-Jun 2014 N=1964	Jul-Sep 2014 N=1959	*Ref*
Previously a resident	37.6%	35.8%	35.1%	37.6%	*J9.28*
Not previously a resident	62.4%	64.2%	64.9%	62.4%	*J9.30*

If discharged alive from inpatient care:	Oct-Dec 2013 N= 14918	Jan-Mar 2014 N=15711	Apr-Jun 2014 N=16160	Jul-Sep 2014 N=16401	*Ref*
Newly institutionalised (discharged to a care home where not previously a resident)	8.0%	8.4%	7.9%	7.5%	*J9.33*

If newly institutionalised:	Oct-Dec 2013 N=1192	Jan-Mar 2014 N=1327	Apr-Jun 2014 N=1274	Jul-Sep 2014 N=1222	*Ref*
Temporary	20.1%	21.6%	19.4%	20.4%	*J9.36*
Permanent	79.9%	78.4%	80.6%	79.6%	*J9.38*

Comment

86% of patients leave hospital alive after a stroke, with almost 50% returning home. Over 10% are discharged to a care home, with nearly two thirds of these being sent to a home for the first time. 80% of these were expected to become permanent residents. The new institutionalisation rate is an important measure of outcome, which at 7.5% 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]

If discharged alive, was it with an Early Supported Discharge team? (Q7.7)	**Oct-Dec 2013** N=14918	**Jan-Mar 2014** N=15711	**Apr-Jun 2014** N=16160	**Jul-Sep 2014** N=16401	*Ref*
Yes, stroke/neurology specific	24.8%	25.5%	25.7%	26.9%	*J10.3*
Yes, non-specialist	1.3%	1.7%	1.7%	1.6%	*J10.5*
No	74.0%	72.9%	72.5%	71.5%	*J10.7*

If discharged alive, was it with a multidisciplinary community rehabilitation team? (Q7.8)	**Oct-Dec 2013** N=14918	**Jan-Mar 2014** N=15711	**Apr-Jun 2014** N=16160	**Jul-Sep 2014** N=16401	*Ref*
Yes, stroke/neurology specific	22.6%	21.7%	21.8%	20.2%	*J11.3*
Yes, non-specialist	6.6%	6.7%	7.6%	7.9%	*J11.5*
No	70.8%	71.5%	70.6%	72.0%	*J11.7*

If discharged alive, was it with either ESD or CRT?	**Oct-Dec 2013** N=14918	**Jan-Mar 2014** N=15711	**Apr-Jun 2014** N=16160	**Jul-Sep 2014** N=16401	*Ref*
Discharged with a stroke/neurology specific service*	41%	40.5%	41.3%	41.1%	*J12.3*

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

Comment

About 40% of patients are discharged with plans for on-going rehabilitation from a specialist team, including ESD or community neurorehabilitation. 27% of patients are discharged using early supported discharge which is a marked improvement compared to the 2010 National Sentinel Stroke Audit results. However, only 18% 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 each quarter as more post-acute teams register for 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

If discharged alive, required help with activities of daily living (ADL)? (Q7.9)	**Oct-Dec 2013** N=14918	**Jan-Mar 2014** N=15711	**Apr-Jun 2014** N=16160	**Jul-Sep 2014** N=16401	*Ref*
Yes	37.2%	37.5%	38.8%	39.4%	*J30.3*
No	62.8%	62.5%	61.2%	60.6%	

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

If patient required help with ADL, what help did they receive (Q7.9.1)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Paid carers	66.8%	67.2%	66.6%	67.3%	*J30.6*
Informal carers	19.6%	18.5%	17.4%	18.5%	*J30.8*
Paid and informal carers	12.5%	13.3%	14.8%	13.3%	*J30.10*
Paid care services unavailable	0.2%	0.2%	0.2%	0.1%	*J30.12*
Patient refused	0.8%	0.8%	0.9%	0.7%	*J30.14*
Applicable for receiving help for ADL (not refused)	**99.2%**	**99.2%**	**99.1%**	**99.3%**	*J30.17*
Compliant (any type of paid services)	**80%**	**81.1%**	**82.2%**	**81.2%**	*J30.20*

If patient required help with ADL, number of social service visits per week (Q7.9.2)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
0 visits	17.1%	19.9%	22.2%	24.4%	*J31.18*
At least one visit per week	23.1%	26.2%	28.7%	29.1%	*J31.20*
1-6 visits	*1.2%*	*1.4%*	*1.6%*	*0.9%*	*J31.5*
7-13 visits	*3.6%*	*4.2%*	*5.0%*	*5.0%*	*J31.7*
14-20 visits	*5.2%*	*5.8%*	*5.9%*	*5.9%*	*J31.9*
21-27 visits	*3.8%*	*4.5%*	*4.7%*	*5.4%*	*J31.11*
28+ visits	*9.4%*	*10.3%*	*11.5%*	*11.9%*	*J31.13*
Not known	59.8%	53.8%	49.1%	46.6%	*J31.15*

Comment

Nearly 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. Over 15% of patients requiring help with ADL receive three or more visits a day from social services.

4.7.5 Atrial Fibrillation at Discharge

If discharged alive, is patient in Atrial Fibrillation (AF) (Q7.10)	Oct-Dec 2013 N=14918	Jan-Mar 2014 N=15711	Apr-Jun 2014 N=16160	Jul-Sep 2014 N=16401	*Ref*
Patient in Atrial Fibrillation	21.8%	22.4%	21.7%	21.3%	*J32.3*
Patient not in Atrial Fibrillation	78.2%	79.6%	79.3%	78.7%	

If in AF, patient given anticoagulation (Q7.10.1)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	75.6%	75.8%	77.0%	79.2%	*J32.6*
No	6.7%	5%	4.6%	3.4%	*J32.8*
No but	17.7%	19.2%	18.4%	17.4%	*J32.10*
Applicable for receiving anticoagulation	**15.3%**	**15.2%**	**15.2%**	**15.1%**	***J32.13***
Compliant	**91.9%**	**93.9%**	**94.3%**	**95.9%**	***J32.16***

4.7.6 Joint Care Planning

If discharged alive, did the patient receive a joint health and social care plan at discharge (Q7.11)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	37.5%	39.3%	43.7%	43.8%	*J33.3*
No	17.5%	13.4%	11.6%	10.5%	*J33.5*
Not applicable	45%	47.3%	44.7%	45.7%	*J33.7*
Applicable for receiving a joint care plan	**46.9%**	**44.2%**	***47.5%***	***46.6%***	***J33.10***
Compliant	**68.3%**	**74.6%**	***79.1%***	***80.7%***	***J33.13***

4.7.7 Named contact at discharge

If discharged alive, was there a named person for the patient and/or carer to contact after discharge? (Q7.12)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Yes	75.9%	80.7%	83.2%	85.2%	*J34.3*
No	24.1%	19.3%	16.8%	14.8%	

Comment

Over 80% 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 10 percentage points since the October - December 2013 report and over 15% since the first pilot report. 85% of patients are given a named contact on discharge. This is another area which has shown consistent improvements each quarter. However, further improvements are needed as the failure to provide joined up services after discharge is one of 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 with 96% of patients being treated.

Section 5: Therapy Intensity

NICE QS Statement 7
Patients with stroke are offered a minimum of 45 minutes 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.

There have been particular concerns about intensity of therapy data, and how it is calculated using SSNAP. In response to feedback received, on April 1st 2014 SSNAP updated the dataset to allow end dates of each therapy to be recorded separately.

Previously a date could only be recorded for when the patient no longer requires inpatient rehabilitation, but this change in the dataset allows teams to reflect when a patient no longer requires one type of therapy but still requires another. In this sense the intensity of each therapy provided can be compared more accurately against what was required. Following the introduction of these changes made to the dataset, therapy intensity results have improved for each therapy recorded on SSNAP. However, it must be noted that results for (April– June 2014) and (July- September 2014) are not directly comparable with previous audit results.

The aim of these measures 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 proportion of patients being considered to require each therapy and the average time patients get across their entire length of stay as an inpatient.

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%).

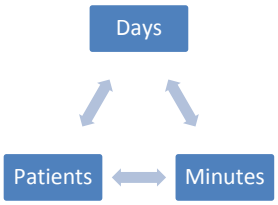
Note: SSNAP collects data on whether a patient was considered to require therapy at any point in the admission and does not reflect whether the patient required or was able to tolerate therapy on each day.

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:

- 80.3% 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 67.3% of inpatient days.

These figures show that the proportion 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. The proportion of days on which therapy is provided is also almost in line with the NICE quality standard 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.



5.1 Occupational Therapy (Domain 5)

Key Indicators: Occupational Therapy	**Oct-Dec 2013**	**Jan-Mar 2014**	**Apr-Jun 2014**	**Jul-Sep 2014**	*Ref*
Proportion of patients reported as requiring occupational therapy	81.2%	80.1%	80.3%	81.2%	*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 min	40 min	40 min	40.8 min	*J3.5*
Median % of days as an inpatient on which occupational therapy is received	45.3%	44%	53.8%	59%	*J3.4*
Proxy for NICE Quality Standard Statement 7: % of the minutes of occupational therapy required (according to NICE QS-S7) which were delivered	57.2%	54.9%	67.3%	76.1%	*J3.10*

5.2 Physiotherapy (Domain 6)

Key Indicators: Physiotherapy	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients reported as requiring physiotherapy	86.2%	84.7%	84.2%	84.6%	*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)	31.9 min	32.1 min	33.3 min	32.9 min	*J4.5*
Median % of days as an inpatient on which physiotherapy is received	55.4%	53.6%	65.3%	68.5%	*J4.4*
Proxy for NICE Quality Standard Statement 7: % of the minutes of physiotherapy required (according to NICE QS-S7) which were delivered	55.8%	53.4%	67.1%	69.9%	*J4.10*

5.3 Speech and Language Therapy (Domain 7)

Key Indicators: Speech and Language Therapy	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Proportion of patients reported as requiring speech and language therapy	47.8%	48%	46.9%	47.6%	*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)	30 min	30 min	30 min	30.8 min	*J5.5*
Median % of days as an inpatient on which speech and language therapy is received	27.9%	26.6%	35.3%	39.9%	*J5.4*
Proxy for NICE Quality Standard Statement 7: % of the minutes of speech and language therapy required (according to NICE QS-S7) which were delivered	25%	23.9%	30.9%	36.4%	*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 progress to be made. The median number of minutes of therapy on the days that patients get any is 40 mins for OT, 33 mins for PT and 30 mins for SALT. However there are days when patients should be getting therapy and when they get none. When these are added in to the equation then the median number of minutes will be lower.

5.4 Psychology

Psychology (Q4.4 – 4.6)	Oct-Dec 2013	Jan-Mar 2014	Apr-Jun 2014	Jul-Sep 2014	*Ref*
Applicable for psychology	5%	5.2%	5.3%	5.5%	*J7.3*
Median % of the days in hospital on which psychology is received	5.2%	5.8%	5.8%	8.6%	*J7.4*
Median number (IQR) of minutes per day on which therapy is received	43.1 mins (30-52.5 mins)	45 mins (30-60 mins)	42.7 mins (30-55 mins)	42.5 mins (30–52.5 mins)	*J7.5, J7.6, J7.7*

Comment

The finding that only about 5% 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. It is estimated that there are approximately 200 teams providing ESD and a slightly greater number providing CRT services in England and Wales. This number will be more firmly established upon completion of a snapshot, organisational audit of post-acute teams in 2015. These providers have not previously been involved in stroke audit and, as expected there is a slower rate of recruitment of these teams onto SSNAP.

There are currently 241 CRT/ESD teams registered on SSNAP and a total of 123 domiciliary teams have submitted data to this report. We congratulate these teams, for leading the way in SSNAP data collection. A full list of domiciliary teams which submitted at least 20 records to SSNAP can be found in Appendix 4.

It is clear from the table below 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.

Region	Number of domiciliary teams which submitted at least 20 records to SSNAP				Number of domiciliary teams which submitted at least 1 record to SSNAP			
	July-Dec 2013	Oct 2013-Mar 2014	Jan-June 2014	Apr-Sep 2014	July-Dec 2013	Oct 2013-Mar 2014	Jan-June 2014	Apr-Sep 2014
Gr Manchester, Lancashire & S.Cumbria	10	13	15	14	17	18	18	18
South West	6	9	9	9	8	11	11	10
London	5	9	12	15	25	33	31	33
East of England	3	3	3	6	6	13	14	20
Yorkshire and the Humber	3	4	4	6	4	8	9	9
West Midlands	2	3	5	4	6	6	7	7
Cheshire and Mersey	2	2	2	2	2	2	2	2
Thames Valley	1	1	1	2	1	2	3	5
Wessex	1	2	2	5	2	3	4	7
North of England	0	1	2	3	0	3	3	3
South East Coast	0	0	0	0	3	2	4	6
Northern Ireland	0	0	0	0	0	0	0	0
Wales	0	0	2	2	1	2	2	2
Islands	0	0	0	0	0	0	0	0
East Midlands	0	0	0	1				1
Total	**33**	**47**	**57**	**69**	**75**	**103**	**108**	**123**

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 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.

Community stroke rehabilitation services cater for those stroke survivors who are able to return home following inpatient rehabilitation or early supported discharge. 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 early supported discharge services, 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.'

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

6.1.3 Interpreting the SSNAP results

This is the fourth time that SSNAP has publically reported results for domiciliary teams at national level. The data were provided from 123 domiciliary teams with data submitted on a median number of 23 patients per team (IQR 9-45). Due to the slower rate of recruitment of these teams, data for the two previous reporting quarters (April – June 2014) and (July - September 2014) has been combined to provide more meaningful results.

Also, 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 future reports, 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-September 2014:

- 13,412 patients were reported in SSNAP as being discharged with a stroke specific domiciliary service (ESD or CRT team). This is approximately 40% of all patients discharged alive from inpatient care.
- However, only 6,431 of patient records were electronically transferred to domiciliary teams for further information to be collected on SSNAP. This reflects the slow rate of recruitment of these teams.
- Of these, 4,263 electronic records were **fully** completed by the domiciliary team.

While the number of completed records remains low, it is considered sufficient to provide results at 'national' level in this report.

Data included in this section were submitted by following team types (as specified by teams themselves when registering for SSNAP):

Data submitted by:	**No. of teams July – Dec 2013**	**No. of teams Oct 2013 – Mar 2014**	**No. of teams Jan – June 2014**	**No. of teams Apr – Sep 2014**
ESD teams (teams which registered as providing ESD only)	40	51	53	60
CRT teams (teams which registered as providing community rehabilitation only)	26	33	33	26
ESD/CRT combined teams (teams which registered as providing both early support discharge and community rehabilitation)	9	19	22	37

For the second time, provider level results for teams submitting at least 20 records will be 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 Preliminary Results for Domiciliary Teams

Domiciliary teams submitted data on 4,263 stroke patients between April – September 2014.

Rehabilitation Goals	**July-Dec 2013** N=2102	**Oct 2013 - Mar 2014** N= 3042	**Jan-June 2014** N=3563	**Apr-Sep 2014** N= 4,263	*Ref*
Reported on SSNAP as applicable for rehabilitation goals while being treated by a domiciliary team	89.2%	89.9%	90.8%	90.4%	*L2.3*
If applicable, rehabilitation goals set by domiciliary team	91.5%	92.3%	93.9%	94.9%	*L2.6*
Median number of days under the care of a domiciliary team until rehabilitation goals are set	0 (0-3)	0 (0-4)	0 (0-4)	0 (0-3)	*L2.7, L2.8, L2.9*

Modified Rankin Scale (mRS) score Median (IQR)	**July-Dec 2013**	**Oct 2013 - Mar 2014**	**Jan-June 2014**	**Apr-Sep 2014**	*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*

Duration of treatment	**July-Dec 2013**	**Oct-Mar 2014**	**Jan-June 2014**	**Apr-Sep 2014**	*Ref*
Duration of treatment with a domiciliary team	Median = 34.9 days IQR (17.8 – 48.1 days) Mean = 38.4 days	Median = 36.8 days IQR (18.1 - 52.8 days) Mean = 42.2 days	Median = 38 days IQR (18.2 - 55.9 days) Mean = 44.8 days	Median = 36 days IQR (16 – 54.3 days) Mean = 44 days	*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 day IQR (0 – 3 days)	Median = 1 day IQR (0 – 3 days)	Median = 1 day IQR (0 – 3 days)	Median = 1 day IQR (0 – 3 days)	*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 4263 patients for whom data on therapy whilst under domiciliary care is available.

The results cover four aspects:

- the proportion of patients reported as being **applicable** for each therapy during their domiciliary rehabilitation

- the proportion of **days** on which therapy was provided
- the median number of **daily therapy minutes** received on **each day** that 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. This is the second quarter in which it is possible to collect end dates for each of the therapies recorded on the SSNAP dataset. On account of these changes made to the dataset, therapy intensity results have improved in this reporting period for each therapy type. However, it must be noted that April – June 2014 and July – September 2014 results are not directly comparable with previous audit results.

Occupational Therapy whilst being treated by a domiciliary team	**July – Dec 2013** N= 2102	**Oct 2013-Mar 2014** N= 3042	**Jan-June 2014** N= 3563	**Apr-Sep 2014** N= 4263	*Ref*
Proportion of **patients** reported as **applicable** for OT at any point during treatment	84.1%	84.5%	83.8%	83.0%	*L6.3*
Proportion of **days** on which OT is received by the patient	14.3%	14.2%	14.3%	18.1%	*L6.4*
Number of OT **minutes** received per day (on days when OT is provided) Median (IQR)	50.8 mins (40-60 mins)	50 mins (40-60 mins)	52.2 mins (42-60 mins)	51.9 mins (42.9-60 mins)	*L6.5, L6.6, L6.7*
Number of OT **minutes** received per day (across entire treatment period) Median (IQR)	6.8 mins (3.1–14.2 mins)	6.7 mins (3-13.7 mins)	7.1 mins (3-14.4 mins)	8.9 mins (4-18.1 mins)	*L6.12, L6.13, L6.14*

Physiotherapy whilst being treated by a domiciliary team	**July – Dec 2013** N= 2102	**Oct-Mar 2014** N= 3042	**Jan-June 2014** N= 3563	**Apr-Sep 2014** N= 4263	*Ref*
Proportion of **patients** reported as **applicable** for PT at any point during treatment	77.7%	77.8%	77.8%	75.6%	*L7.3*
Proportion of **days** on which PT is received by the patient	19.5%	18.3%	18.8%	24%	*L7.4*
Number of PT **minutes** received per day (on days when PT is provided) Median (IQR)	46.8 mins (38.3–60 mins)	46.3 mins (37.9-59.2mins)	48 mins (40-60 mins)	47.9 mins (40-60 mins)	*L7.5, L7.6, L7.7*
Number of PT **minutes** received per day (across entire treatment period) Median (IQR)	8.5 mins (4-17.4 mins)	8.1 mins (3.6- 16.1 mins)	8.8 mins (3.7-18 mins)	11.4 mins (4.9-22 mins)	*L7.12, L7.13, L7.14*

Speech and language therapy whilst being treated by a domiciliary team	**July – Dec 2013** N= 2102	**Oct-Mar 2014** N= 3042	**Jan-June 014** N= 3563	**Apr-Sep 014** N= 4263	*Ref*
Proportion of **patients** reported as **applicable** for SALT at any point during treatment	30.8%	30.8%	30.5%	31.0%	*L8.3*
Proportion of **days** on which SALT is received by the patient	9.9%	9.1%	10.4%	12.8%	*L8.4*
Number of SALT **minutes** received per day (on days when SALT is provided) [Median (IQR)]	50 mins (41.3-60 mins)	48.8 mins (40-60 mins)	50 mins (40-60 mins)	50 mins (42-60 mins)	*L8.5, L8.6, L8.7*
Number of SALT **minutes** received per day (across entire treatment period) [Median (IQR)]	4.5 mins (1.9-11.3 mins)	4.2 mins (1.5- 10.1 mins)	4.7 mins (1.6- 11.7 mins)	6.2mins (2.3-13.7 mins)	*L8.12, L8.13, L8.14*

Psychology	**July – Dec 2013** N= 2102	**Oct-Mar 2014** N= 3042	**Jan-June 2014** N= 3563	**Apr-Sep 2014** N= 4263	*Ref*
Proportion of **patients** reported as **applicable** for psychology at any point during treatment	8%	9.1%	8.4%	7.2%	*L10.3*
Proportion of **days** on which psychology is received by the patient	2.4%	3.1%	3.3%	4.1%	*L10.4*
Number of psychology **minutes** received per day (on days when psychology is provided) [Median (IQR)]	45 mins (20-60 mins)	43.3 mins (20- 60 mins)	45 mins (20- 60 mins)	50 mins (30-60 mins)	*L10.5, L10.6, L10.7*
Number of psychology **minutes** received per day (across entire treatment period) [Mean]	2 minutes	1.9 minutes	2.5 mins	3.7 mins	*L10.8*

Comment: The figure of 7% 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: 6 month Follow Up Assessments

Collection of 6 month outcome data is key to assessing the outcomes of stroke care. It notably forms part of the CCG Outcomes Indicator Set that is to be reported in December 2014 in England.

148 teams have submitted data for at least one patient who received a 6 month assessment. 71 teams have provided a 6 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 6 month follow-up provision nationally. A full list of 6 month assessment provider teams which submitted at least 20 records to SSNAP can be found in Appendix 5. For the second time named team results for teams providing 6 month follow ups are being made publically available. Please see the full results portfolio on the SSNAP Results Portal for individual team results:www.strokeaudit.org/results/national

Region	Number of teams providing at least 20 six month assessments May-December 2013	Number of teams providing at least 20 six month assessments October – March 2014	Number of teams providing at least 20 six month assessments January - June 2014	Number of teams providing at least 20 six month assessments April - September 2014
London	3	5	7	9
East of England	3	5	6	6
West Midlands	4	4	7	5
Cheshire and Mersey	4	5	4	7
Manchester, Lancashire & S.Cumbria	3	5	4	5
North of England	6	7	8	8
Yorkshire and The Humber	5	6	7	7
South East Coast	1	2	2	2
South West	3	4	4	6
Thames Valley		2	3	4
Wessex	1	1	3	3
Wales		1	4	8
Northern Ireland	1	1	1	1
Islands	1	1	1	0
Total	**35**	**49**	**61**	**71**

7.1 Interpreting the Results

The results which follow are based on six month assessments which were due between April- September 2014. The analysis covering record completion concerns whether the question about six month assessment has been answered at all and the analysis covering the proportion of patients applicable to receive this assessment and the proportion of those who actually received it is based on all patients who were alive at the relevant time point.

Breakdown of 6 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. In future quarters, if this question is not answered, it will be interpreted as an assessment did not take place.

- 33975 patient records should have had an answer
    - Of these, 9806 patient records did have an answer (28.9%)

Comment: It is extremely important that data regarding a patient's 6 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 6 month assessments across the country. In cases where 6 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.

- 33975 patients (in the relevant cohort) were not known to have died (either as recorded on SSNAP or from the national register of deaths, the Office for National Statistics) 6 months after admission
    - Of these, patients 29078 (87.8%) were considered to be applicable to receive a six month assessment (i.e. a 'no but' response was not recorded)

N.B. SSNAP records are linked with mortality information from the Office for National Statistics (ONS). The SSNAP data are securely sent for linkage following each quarterly deadline, and the information on any death notifications is provided back monthly. This enables 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. However, due to delays in the provision of the ONS data linkage, the mortality update used for this report was the June 2014 update.

Patients assessed at six months

Out of 29,078 patients considered to be applicable to receive a six month assessment:

- 5,188 patients (17.8%) received a six month assessment

- The inpatient teams which had the highest proportion of patients going on to receive a six month assessment are (in alphabetical order):
- Chesterfield Royal, Croydon University Hospital, Good Hope General Hospital, Hexham General Hospital, Macclesfield District General Hospital, Prince Philip Hospital, Queen Elizabeth Hospital Gateshead, Rotherham Hospital, Singleton Hospital, South Tyneside District Hospital.
- N.B. This does not necessarily indicate that these were the teams who carried out the six month assessments, just that their patients went on to have them.

Comment: Whilst the vast majority of patients alive at this time after stroke are applicable to receive a 6 month review, this is currently happening in only 17.8% 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 review timings:	**May-Dec 2013**	**Oct 2013-Mar 2014**	**Jan-June 2014**	**Apr-Sep 2014**	*Ref*
	Median (IQR)	**Median (IQR)**	**Median (IQR)**	**Median (IQR)**	
Time from admission to hospital (or stroke in hospital) to six month review assessment	6.2 (5.6 – 7) months	6.4 (5.7-7.3) months	6.4 (5.8-7.3) months	6.4 (5.8-7.2) months	*M5.1, M5.2, M5.3*
Time from discharge from all care (In patient and domiciliary) to six month assessment	5.7 (4.7 – 6.3) months	5.8 (4.8- 6.5) months	5.8 (4.9- 6.5) months	5.7 (4.8 – 6.4) months	*M5.4, M5.5, M5.6*

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

Method of assessment /review (Q8.1.2) % (n)	**May – Dec 2013 N=2109**	**Oct 2013-Mar 2014 N=3360**	**Jan-June 2014 N=4364**	**Apr-Sep 2014 N=5188**	*Ref*
In person	83.5% (1760)	83.8% (2817)	85.6% (3736)	84.1% (4364)	*M6.2, M6.3*
By telephone	15.1% (318)	15.6% (524)	13.7**%** (598)	15.1% (783)	*M6.6, M6.7*
By post	1.3% (27)	0.4% (15)	0.3% (12)	0.4% (19)	*M6.8, M6.9*
Online	0.2% (4)	0.1% (4)	0.4% (18)	0.4% (22)	*M6.4, M6.5*

SSNAP offers 6 categories to identify the person who contacted the patient for the review. Unfortunately, this question was not well recorded this quarter and data are unknown for 1569 or 36% of cases. For the remaining 2795 cases, the breakdown is provided below.

Discipline providing the 6 month follow up? (Q8.1.3) %(n)	**May – Dec 2013 N=2019**	**Oct2013 - Mar2014 N=3360**	**Jan – June 2014 N=4364**	**Apr – Sep 2014 N=5188**	*Ref*
Stroke coordinator	50% (617)	53% (1105)	37.1% (1617)	39.4% (2045)	*M6.13, M6.14*
Secondary care clinician	20% (242)	19% (405)	11.9% (521)	10.7% (557)	*M6.21, M6.22*
Therapist	16% (211)	15% (311)	7.9% (346)	9.9% (514)	*M6.15, M6.16*
Voluntary services employee	7% (85)	6% (119)	3.9% (172)	3.6% (187)	*M6.19, M6.20*
District/community nurse	7% (82)	7% (136)	3.1% (135)	2.6% (137)	*M6.17 M6.18*
GP	0% (1)	0% (3)	0.1% (4)	0.2% (11)	*M6.11, M6.12*

Was the patient screened for mood, behaviour or cognition (Q8.2) %(n)	**May-Dec 2013 N=2019**	**Oct 2013-Mar 2014 N=3360**	**Jan – June 2014 N=4364**	**Apr – Sep 2014 N=5188**	*Ref*
Yes	56.9% (1199)	60.6% (2037)	63.3 (2764)	66.5% (3448)	*M7.2 M7.3*
No	26.9% (568)	27.0% (906)	26.9 (1174)	24.5% (1269)	*M7.4 M7.5*
'No but'*	16.2% (342)	12.4% (417)	9.8 (426)	9.1% (471)	*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

Patient identified as needing support (if screened) %(n)	**May-Dec 2013 N=1199**	**Oct 2013-Mar 2014 N=2037**	**Jan – June 2014 N=2764**	**Apr – Sep 2014 N=3448**	*Ref*
Yes	22.3% (267)	23.6% (481)	20.8% (574)	20.9% (720)	*M7.8 M7.10*
Of those identified as needing support, support given	N=267	N=493	N=574	N=720	
Yes	59.9% (160)	58.2% (280)	58.7% (337)	56.1% (404)	*M7.12, M7.13*
No	27% (72)	29.3% (141)	27.2% (156)	26.9% (194)	*M7.14, M7.15*
No but	13.1% (35)	12.5% (60)	14.1% (81)	16.9% (122)	*M7.16, M7.17*

Patient location at the time of the review % (n)	**May-Dec 2013 N=2019**	**Oct 2013-Mar 2014 N=3360**	**Jan – June 2014 N=4364**	**Apr – Sep 2014 N=5188**	*Ref*
Home	89.6% (1890)	89.7% (3014)	89.6% (3908)	88.5% (4589)	*M8.2, M8.3*
Care Home	9.6% (203)	9.3% (314)	9.4% (411)	10.5% (546)	*M8.4, M8.5*
Other	0.8% (16)	1.0% (32)	1.0% (45)	1.0% (53)	*M8.6, M8.7*

Changes in Rankin Score between time periods

For the first time, information about the function of stroke patients 6 months after admission to hospital is being collected. During this period it is available for M4.4/M4.5 patients applicable for a review during the period April-September 2014 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: The proportion of patients with follow up data is small and may not be representative. However, we present the data here to show how important and interesting it could be. Of those given a 6 month assessment (i.e. where the level of deficit is recorded) almost two thirds of patients had no limitation of function prior to their stroke and about 20% fully recovered by the time they were discharged from care. Over 30% were discharged with significant deficits (Rankin Score 3, 4 or 5). By 6 months over third of patients assessed were as independent or more independent than prior to stroke. Over 18% had a major increase in impairment (change in Rankin of 3 to 5 points).

Modified Rankin Score at 3 time points for the M4.4 patients for whom data was available	**Pre stroke**		**At discharge from all care**		**At 6 months**	
	n	**%**	**n**	**%**	**n**	**%**
0 (no symptoms)	3135	64.0%	975	18.9%	1011	19.5%
1 (no significant disability)	833	16.0%	1387	26.7%	1420	27.4%
2 (slight disability)	474	9.1%	1122	21.6%	1006	19.4
3 (moderate disability)	382	7.4%	872	16.8%	953	18.4
4 (moderately severe disability)	147	2.8%	636	12.3%	592	11.4%
5 (severe disability)	37	0.7%	196	3.8%	206	4%

Change in mRS from before stroke to 6 months after stroke	Number of patients	Percentage of patients
-5	1	0.0%
-4	8	0.2%
-3	20	0.4%
-2	104	2.0%
-1	279	5.4%
0	1415	27.3%
1	1505	29.0%
2	904	17.4%
3	615	11.9%
4	270	5.2%
5	67	1.3%
Total	**5188**	**100%**

Out of 16401 patients discharged alive from inpatient care (between July-September 2014) 3813 (20.0%) were diagnosed as being in AF before they had a stroke. 3491 patients were discharged in AF and 2764 (79.2%) of these patients were discharged on anticoagulant therapy (or planned to start it).

SSNAP provides an opportunity to measure the number of patients identified as being in atrial fibrillation 6 months post admission. The following results relate only to the 5188 patients for whom complete 6 month data was submitted.

Atrial Fibrillation: % (n)	**May-Dec 2013 N=2019**	**Oct 2013–Mar 2014 N=3360**	**Jan-June 2014 N=4364**	**Apr–Sep 2014 N=5188**	*Ref*
Persistent, permanent or paroxysmal Atrial Fibrillation (AF) at the time of six month follow-up assessment N=5188	23.3% (492)	23.5% (788)	23.7% (1032)	24.7% (1275)	*M9.1.1, M9.1.2*

If patient is in Atrial Fibrillation at time of six month follow-up assessment % (n)	**May-Dec 2013 N=492**	**Oct 2013–Mar 2014 N=788**	**Jan-June 2014 N=1032**	**Apr–Sep 2014 N=1275**	*Ref*
Was also in AF when first admitted to hospital	54.1% (266)	49.1% (387)	50.1% (517)	53.7% (685)	*M9.4, M9.6*
Was also in AF when discharged from inpatient care	61.2% (301)	56.7% (447)	54.3% (560)	56.6% (722)	*M9.7, M9.9*
Taking anti-coagulant	79.1% (389)	80.1% (631)	77.8% (803)	79.1% (1008)	*M9.10, M9.12*

Current Medication % (n)	**May-Dec 2013 N=2019**	**Oct 2013–Mar 2014 N=3360**	**Jan-June 2014 N=4351***	**Apr–Sep 2014 N=5155***	*Ref*
Taking antiplatelet	62.9% (1327)	66.7% (2241)	66.3% (2886)	63.6% (3279)	*M12.1, M12.3*
Taking anticoagulant	25.1% (529)	24.7% (830)	25.4% (1107)	28.3% (1460)	*M13.2, M13.3*
Taking lipid lowering	77.8% (1641)	79.6% (2675)	80.9% (3521)	81.1% (4182)	*M15.2, M15.3*
Taking antihypertensive	67.6% (1426)	70.3% (2362)	71.9% (3130)	73.0% (3765)	*M16.2, M16.3*

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

Medication % (n)	**May-Dec 2013 N=327**	**Oct 2013–Mar 2014 N=462**	**Jan-June 2014 N=584**	**Apr–Sep 2014 N=778**	*Ref*
If patient was discharged on anti-coagulant, still taking at six month follow-up assessment	82.9% (271)	85.7% (396)	84.2% (492)	82.5% (642)	*M14.2, M14.3*

Since initial stroke patient suffered % (n)	**May-Dec 2013 N=2019**	**Oct 2013–Mar 2014 N=3360**	**Jan-June 2014 N=4364**	**Apr–Sep 2014 N=5188**	*Ref*
Another stroke	2.3% (49)	2.9% (98)	3.2% (138)	3.1% (160)	*M17.2 M17.3*
Myocardial infarction	0.7% (15)	0.9% (29)	0.9% (38)	0.7% (36)	*M18.2 M18.3*
Other hospitalisation illness	14.7% (309)	14% (472)	14.4% (628)	14.8% (768)	*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. This report is available to download from the SSNAP reporting portal: 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 being provided every 3 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 quarter 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 this quarter's results and the previous quarter are illustrated within the table by arrows. Upward pointing arrows indicate that the team has achieved a higher level this quarter than in the previous quarter; downward pointing arrows that the team has achieved a lower level this quarter 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 

6 month follow up results

For the third time, we are reporting the numbers and proportion of patients going on to receive a 6 month assessment. Results are patient-centred (i.e. 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 6 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 6 month reviews as reported on SSNAP, for example, whether patients are taking appropriate medication at 6 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 Total 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

13 teams in England have achieved the top overall performance level this quarter (up from 6 in the previous quarter). 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 quarters.

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	269	274	B↑	A	B	B	B	C↑	A↑	B↑	A	A	A↑↑	C	C↓	D	B	282	75%	43	15%
Barts Health NHS Trust	Royal London Hospital HASU	191	179	A↑↑	A↑↑	B↑↑	A	B↓	C	A↑	A	A↑	B	B	B	B	A	A	362	95%	16	4%
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	219	216	B	B↓	A	A↑	A	B↑	A	B↓	A↑	B	C	B	B	B↑	A↑	450	99%	21	5%
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	189	180	A	B↓	B	A	A	C	A	B	A↑	A↑	B↑	B	A	B	A	295	94%	22	7%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	193	183	B	B	B	A	A	B↑	A	B	A↑	A	C↓	B↑↑	A	B	A	286	93%	59	21%
North West London Hospitals NHS Trust	Northwick Park Hospital HASU	307	294	A	A	A	A	A	B↓	A	A	A	A	A	A	B	C↑	A	401	94%	91	23%
St George's Healthcare NHS Trust	St George's Hospital HASU	298	307	A↑	A	A	A↑	A	C	B	B↑	A↑↑	A↑↑	B	A↑	B	B	A↑	461	94%	54	12%
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	261	249	D↓	C↓	D	B	A	D	A↑	C↓	A	A	B↑	D↓	C	B	B	513	98%	48	9%
Midlands & East - East Midlands SCN																						
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	144	170	C↑	A↑	C	C	C	C	C	B	B	B	E	B↑	B↓	B	C	261	100%	0	0%
Northampton General Hospital NHS Trust	Northampton General Hospital	271	269	B↑	A	B	B	B	C↑	C	A	A	A	D↑	B↓	C↑	A↑	B	426	100%	0	0%
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	227	237	D	C↓	C	C	D	B	B	B	A	B	E↓	D↓	B↑↑	D	C	373	100%	0	0%
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	109	110	D	B	B↑	C	C↑	D	B	C↑	B↓	B↓	D	D	B	C↓	C	147	70%	0	0%
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	102	102	D	C	D	B	A	C	A	B	A	A	B	B↑	C	D	B	167	100%	0	0%
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	94	86	D	C	D	C	A	C	C↑	B	A	B	E↓	B	D	C	C	147	100%	0	0%
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	290	237	D	A↑	C↑	D↓	C	D↓	D↓	B	C	C	E	D	B	B	D↓	455	100%	0	0%
Midlands & East - East of England SCN																						
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	106	107	C	B↓	C	B	B↓	B↑	B	C↓	B↓	A	A↑↑	C↑	D	B↑	B	157	86%	85	54%
Bedford Hospital NHS Trust	Bedford Hospital	57	64	D	A	C↓	D	D↓	C	C↑	D	C↑	B↑	E	E↓	B↓	C	D	72	100%	0	0%
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	142	153	D	A	C	D↓	C	D↓	C↓	C	C↓	B	E↓↓	D	C	D	D↓	274	100%	0	0%
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	158	149	B	A	B↑	A	A	C	B	B	A	A	C↑	C↓	B	B↓	B↓	180	94%	21	12%
East and North Hertfordshire NHS Trust	Lister Hospital	104	122	D	A	D	D↓	C↓	D	D↓	D	A	A↑	D	C	D	D	D	171	100%	2	1%
Ipswich Hospital NHS Trust	Ipswich Hospital	107	116	D↓	B	C↓	D↓↓	C↓	B	E↓↓↓	D↓↓	A↑	C↓↓	E	C	B	D	D↓↓	124	81%	65	52%
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	136	145	D	A	B	D	C	C	D	C	B	C↑	C↑	D	D	B	D	141	99%	1	1%
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	118	125	E	A	D↑	E	C	C↑	C	D↑	E	E	E	E	D	C	D↑	170	99%	0	0%
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	111	120	D	A	D	C	B	C	C	C	C↓↓	B↓	E↓	D	C	A↑↑	C	179	99%	19	11%
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	214	233	C↑	B	C↑	B↑	C	C	B	B	A↑↑	B	C↑↑	C↑	C↑	B	B↑	331	99%	116	35%
Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	113	129	E	A	E	D	C	D	D	D	C	D	E	E↓	C↑	E	D	200	100%	0	0%
Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	89	91	D	B↓	B	D	D	D	D↓	E↓	B↑	C	B↑	D	E↓	B	D	94	96%	4	4%
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	112	139	E	A↑↑	D↑	D↑	D	C	B↑	D	E	E	E	C	C↑↑	D	D↑	218	100%	0	0%
Southend University Hospital NHS Foundation Trust	Southend Hospital	155	159	C	A	B	B	B↑	C	B	B	B	B	C	D↓	B	C	B	131	56%	92	70%
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	111	128	D	B↓	D	D↓	C↓	C	A↑	B↓	D↓	D↓	C↑↑	D↑	C↓	D	D↓	256	100%	0	0%
West Suffolk NHS Foundation Trust	West Suffolk Hospital	107	104	B	A	C	A	A	B	B	A↑	A	A	C	B	B↓	D	A	112	82%	67	60%

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	86	86	D	B↓	D↑	C↑	A↑	C↑	D↑	E	A↑	B↓	C↑↑	B↑	D	D	C↑	152	99%	1	1%
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	129	107	B↑	B	B	B	B	B	B↓	B	A	A	B↑	A↑	E	B	B	186	93%	52	28%
George Eliot Hospital NHS Trust	George Eliot Hospital	61	52	E	A	D	E	C↑	E	D	E	D	D↑	E↓	C↑	C	E	E	84	100%	0	0%
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	136	140	D	A↑	D↓	D	C↓	E↓	D↑	D↓↓	A	B	E	D	E↓	B↑	D	139	93%	23	17%
Heart of England NHS Foundation Trust	Good Hope General Hospital	104	101	E	A	D↓	E	D↑	E	E	D	D	C↓	E	D	E↓	D	E	138	97%	106	77%
Heart of England NHS Foundation Trust	Solihull Hospital	61	62	E	A↑↑	E↓	E	E↓	E	E	E	C↑	C↑	E	E	D↑	E	E	109	98%	6	6%
Royal Wolverhampton NHS Trust	New Cross Hospital	167	167	C↑	A	A	C↑	B	C	A↑	C↑	C↑	B↑↑	E	D	B↑	A	C↑	240	94%	97	40%
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	138	124	C↓	A	C	B	A	B	A	A	D	C↓	C	B	D↓	B↓	B	226	100%	0	0%
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	250	224	D	A	D	D	C	B	C	D	A	B↑	E	D	E	E	D	381	99%	3	1%
South Warwickshire NHS Foundation Trust	Warwick Hospital	70	66	D↑	A	A↑	D	E↓	D	D↓	D	C↑	B↑	E	D	C	D	D	128	100%	0	0%
University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire	253	242	D	A↑↑	D	C	A↑	C	C↓	E↓	A	A	E	D	C	C	C	400	95%	14	4%
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	160	134	D	A	A	D	C	D↑	C↓	D	C↑	D	E	D	C↑	C↓	D	173	99%	3	2%
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	199	209	D↑	A	D	D	B	E	C	E	D	C	E	D	B	D	D	230	100%	2	1%
Walsall Healthcare NHS Trust	Manor Hospital	89	82	D↑	C↓	A↑↑↑	D↑	C↑	C↑↑	D↑	C↑	B↑↑	B↑↑	C↑↑	D	D	C↓	D↑	123	99%	44	36%
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	179	170	E	C↓	D	D	C↑	D↑	C	D↑	A	B	D↑	D	E	D	D	290	100%	0	0%
Wye Valley NHS Trust	Hereford County Hospital	106	94	D	A	A	D	C↑	C↑↑	E	D	C	B	E	C	B	D	D	140	100%	4	3%
North of England - Cheshire and Mersey SCN																						
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	129	125	C↑	A	C	B↑	B↑	C	A↑↑↑	A↑	A	B↓	E	C↑	B	B↑	B↑	145	99%	24	17%
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	86	85	D	A	B	D	C↑	C	D↓	B↑	C↓	E↓↓	E	B↑	B↑↑	A↑	C↑	77	100%	2	3%
East Cheshire NHS Trust	Macclesfield District General Hospital	67	72	D	A	A↑↑	D	C↑	D↓	C↑↑	E	B↑	C↓	E	B	B↑	D	D	70	72%	64	91%
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	113	128	D	A	C	D	D	C↑	D	E	B↑	A	D	D	C↑	E	D	153	81%	90	59%
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	134	153	B↑	A	C	A↑	C	C	A↑	B	A↑	A	C↑	A	C↓	A↑	A↑	221	89%	125	57%
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	88	90	D	B↓	C↓	D	E↓	E	D	D↓	A↑	A↑	B↑	D↓	D↓↓	D	D	129	98%	18	14%
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital	139	152	D↑	A	D	D↑	C	B↑↑↑	C↑	C↑	D↑	E	E	D↑	D↑	C↓	D↑	214	93%	114	53%
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	87	91	C	B↓	B	C	C↑	C	D	B↑	A	B	E	B	C↓	A	C	160	99%	1	1%
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	168	164	C	A	B↑	B↑	C↓	C	D↓	A	A↑	A↑↑	D↑	B	B↑	C↓	B↑	269	100%	38	14%

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 - Manchester, Lancashire & S.Cumbria SCN																						
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	98	109	E	B↓	D	E	E	C	E↓	E	E	E	E	E	D	E	E	167	100%	1	1%
Bolton NHS Foundation Trust	Royal Bolton Hospital	74	64	D	C↓↓	C	C	B	C	B	D	A	B	E	C↑	A	A	B	133	100%	5	4%
Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	62	66	E↓	B↓	B↑	D	E↓	E	E↓↓	E	C	D	E	C	B	B	D	110	89%	28	25%
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	129	154	E	B↓	D	E	D	D	E↓	E	D↑	D↑	E	E	D	B	E	248	100%	0	0%
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	144	138	D↑	A	A↑↑	D↑	E	D	D↑	E	C↑	D	E	D	B↑↑	D	D↑	199	98%	2	1%
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	216	223	C	A	D	A↑	A↑	B	B↑	B	A	C↑	C	B	B	A↑↑	A↑	362	99%	22	6%
Salford Royal NHS Foundation Trust	Salford Royal Hospital	287	255	B↑	B	B	B↑	A	B	A↑	A	A↑↑	C↑	D↑	C↑	C↓	A	B	417	99%	84	20%
Stockport NHS Foundation Trust	Stepping Hill Hospital	143	142	C↑	A	C↑	C	A	B	C	B	C↑↑	C	C↑	B	B	D	B↑	225	100%	4	2%
Tameside Hospital NHS Foundation Trust	Tameside General Hospital	78	87	D	A↑	A	D	D↓	D	C	E↓	A↑	C	E	D↓	B	B	D	124	100%	0	0%
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	111	109	D	A	C	C↑	D	C↑	C	C	C↓	B	C	C	B↑	B	C	156	100%	2	1%
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	58	54	E	C↓↓	B↑	D	C	C↑	E↓	D	A	C↑	E	B↑	E	E	D	107	94%	49	46%
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	68	64	E	B↓	D	E↓	D↓	D↓	E↓	E	D	E↓	E	D	B	D	E↓	100	100%	1	1%
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	98	95	D	A	D	C↑	C↑	D	C↑↑	D↑	A	B↓	E	B↑↑	B	A	C↑	120	95%	75	63%
North of England - North of England SCN																						
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	115	110	E	C↓↓	D	D	B↑	C	D↑	B	D↑	C↑↑	E	D	C↓	C↑	D	179	98%	62	35%
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	225	209	D	A	C	C↑	C	A↑	B↑	B↑	E	C↑	E	B↑	A↑	E	C↑	335	100%	0	0%
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	92	91	E	A↑	D↓	D	E	C	E	D↓↓	C↓	D	E	C↑	D	C	D	86	63%	83	97%
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	139	127	D	B	B↑	C↑	C	D	D↓	B	D↑	A	E	B↑	C↑	B	C↑	217	95%	38	18%
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	82	75	D↑	A↑	D↑	D	D	C↑	D↑	D	B↑	D	E	C↑	C	B↑↑	D	135	100%	7	5%
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	53	53	D	A	B↑↑	D	C	C	E↓	D↑	A	B	E↓↓	D	B↑↑	D	D	48	89%	0	0%
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	112	105	D	B	C	C	E	A	C↓	A	C	D↓	E	B	C	B↑↑	C	185	99%	16	9%
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	26	30	D	A	B↑	D	B↑	B↑	D	B	C↓↓	C↓↓	E	D↓	C↑	C↑	D↓	32	78%	28	88%
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	132	130	B↑	A	B	B	C	B↑	C	A↑	A	A↑	D↓	B	B	B	B	148	95%	77	52%
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	123	124	B↑↑	A	B	B↑	A↑↑	B↑	B↑↑	B	C↑↑	A	E	A↑	C	B	B↑	122	78%	93	76%
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	181	182	B↑	A	A↑	B↑	C↑	B	B	B	A↑	B	E	B↓	B	D	B↑	265	96%	166	63%
South Tyneside NHS Foundation Trust	South Tyneside District Hospital	55	56	E↓	B↓	D↓	D	E↓	E	E	C	B↑	B↑	E	E	B↓	B	D	59	79%	59	100%

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 - Yorkshire and The Humber SCN																						
Airedale NHS Foundation Trust	Airedale General Hospital	56	60	E	B	A	E	E	E	E↓	E	D↑	D	E	E	B	C	E	135	100%	46	34%
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	108	110	D	A	B	C↑	C↑	D	D	D↑	A	A↑	C	D	B	C↑	C↑	158	100%	1	1%
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	98	119	D	B	B	D	E↓	C	C↑	D	D↓	B↑	B↑	D	B	B↑	D	203	100%	26	13%
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	133	129	E	B	C	D↑	D	D	B↑↑	B↑	E	E	D	E	C↑	D	D↑	210	100%	80	38%
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	117	114	D	A	C	D	B	C	D↓	D	C	B	D↑	C	C↓	C↑	D	107	64%	103	96%
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	149	147	D	A↑	C↑	C↑	C↑	E	D	D↑	A↑	B	A↑	B	B	D	C↑	206	86%	1	0%
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	87	92	C↑	A	C↓	B↑	D↓	B↑	C↑	B↑	A	B	C↑↑	C	B	C	B↑	105	100%	2	2%
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	205	208	C↑	A	B↑	C	C↓	C	D↓↓	B	C↑	A↑	C↑	D↑	C↑	B	C	334	100%	0	0%
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	266	224	D	A↑	B↑	D↓	D↓	D	D↓↓	D↓	A↑	B↓	E	D	C↓	D	D↓	361	100%	0	0%
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	215	216	D	A	A↑	D	D↑	D	D	E↓	B	B	E	E	B	C↑	D	319	100%	11	3%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	171	165	C↓	A	B	B	B↓	B	E↓	B↓	A	B	C↑	B	C↓	B↓	B	172	99%	10	6%
Rotherham NHS Foundation Trust	Rotherham Hospital	96	105	D	A	B	D	C↑	C↑	D	D	B↑	C	E	D	B	C	D	96	69%	75	78%
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	227	248	D	A	B	C↑	A↑	B	D	B↑	C	C	E	D	D↓	B	C↑	352	99%	5	1%
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	77	82	D	A	B	D	D↑	B	C	B	C	E	E	E	D↑	C↑	D	128	99%	0	0%
York Teaching Hospital NHS Foundation Trust	York Hospital	151	121	C↑	A	B↑	C	C↑	C↓	C↑	B↑	A↑	B↑	E	C	B	C↓	C	177	90%	92	52%
South England - South East Coast SCN																						
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	96	103	B↑	B	B↑	A↑	A	D	B	B	A↑	A↑	C	C	A	A	A↑	157	100%	0	0%
Brighton and Sussex University Hospitals NHS Trust	Princess Royal Hospital Haywards Heath	53	45	D	A	A	D	A	C↓	B↑	D	D	C↑	D↓	E↓	E↓	C↑↑	D	86	100%	0	0%
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	98	87	C↑	A	A↑	C	A	C	C↑	B	B↑	D	C	D	B	B↑	C	132	87%	72	55%
Dartford and Gravesham NHS Trust	Darent Valley Hospital	64	62	D	C	B	D	B	D↓	D↓	C↓	C↑	B	E	D↑	C↑	C	D	102	100%	0	0%
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	82	78	D↑	A	D	D	A	C↑	C	A	E	E	E	D	C↑	D↑	D	114	100%	13	11%
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	92	87	C	A↑	B	C	A	C	C	B↓	B↑	B	E	C	B	C	C	124	100%	0	0%
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	109	114	A↑↑	A	A↑	A↑↑	A	C	B	A↑	A↑	B	B↑	D	C↑	A↑↑↑	B↑	142	87%	15	11%
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	127	167	D	A	D	D	A	B	D↓	D↓	C↑	C	E	E	D↓	B↑↑	D	256	100%	2	1%
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	75	75	D↓↓	A	B	C↓	B↓	C	D↓↓	B	B↓	D↓↓	E	C↓	B	C	C↓	75	94%	34	45%
Frimley Park Hospital NHS Foundation Trust	Frimley Park Hospital	112	123	B	A	B	B	B	C↓	C↓	A	C	A	E	B	A	B	B	201	100%	1	0%
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	85	85	D	A	D↑	B↑↑	C↑	C↑	C↑	D	A	B	C↑↑	C↑	B↑↑	A↑	B↑↑	118	100%	0	0%
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	88	85	D	A	B↑	D	B	E	E	C↓	C	B↑	E	D↑	B↑↑	B↑	D	140	100%	1	1%
Medway NHS Foundation Trust	Medway Maritime Hospital	83	68	E↓	B↓	B↑	E↓	C	E↓	D↑	D	E	D	E↓↓	D	D	B↓	D	136	100%	0	0%
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	90	80	B↑	A	B↑	B↑	B	D	C	C↑	A↑↑	A	C↑	A↑	B	A↑	B↑	115	100%	0	0%
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	109	102	B↑	A	B	B	A↑	D↓	C	B	A	B↓	B↑	C	B	C↑	B	143	100%	1	1%
Western Sussex Hospitals NHS Trust	St Richards Hospital	89	91	D	A↑	B	C↑	D↑	C↑	A↑↑	B↑↑	B↑	C↑	C↑↑	D	B	D	C↑	144	100%	0	0%
Western Sussex Hospitals NHS Trust	Worthing Hospital	123	113	C↑	A↑	B	B↑	C↑	B	B↓	B↑	A↑↑	B	D↓	D	A↑	D	B↑	169	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
South England - South West SCN																						
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	204	211	E	A	B	D↑	D↑	D	C	E	E	E	E	E	B	A	D	197	78%	145	74%
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	99	96	E	C↓	C	D	B↑	D	B↑	D↑	C↑	C↑	E	D↑	D↓	E	D↑	151	97%	18	12%
North Bristol NHS Trust	North Bristol Hospitals	155	138	D	A	B	D	A↑	D	C	D	C	C	C	E	E	C	D	235	100%	4	2%
Northern Devon Healthcare NHS Trust	North Devon District Hospital	121	109	D	A	D	C	E↓	D↓	C	E	A	A	C	B↑	B↓	B	C	130	96%	9	7%
Plymouth Hospitals NHS Trust	Derriford Hospital	183	170	D	A	C↑	D	C↓	D↓	D↓	C	C↑	B	D↑	E	C↓	A	D↓	350	100%	167	48%
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	188	177	E↓	A	B↑	D	A	E	D	E	E↓↓	D↓	C	E	D↑	D	D	253	100%	0	0%
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	162	167	D	A↑	B	C↑	D↑	C	C	C↓	B↑	B↑↑	E	D	B	B	C↑	229	100%	0	0%
Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	137	134	D	B	B	D	C↑	D	D↓	D	C	C↑	E↓	D	C↑	C	D	218	92%	46	21%
Salisbury NHS Foundation Trust	Salisbury District Hospital	79	93	D↑	A	B	D↑	B↑	C	C↑↑	D↑	A↑↑	B↑↑	E	D	D	C↑	D	136	99%	24	18%
South Devon Healthcare NHS Foundation Trust	Torbay Hospital	171	172	D	A	A↑	D	E	E	D	D	A	B	C	C	B	A↑	C↑	224	100%	0	0%
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	146	111	D↓↓	C↓	A	B	A	C	D↓	B	C↓↓	A	E	B	B	B	B	271	99%	26	10%
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	110	107	D	B↓	B	D	A↑	D↑	C↑	D↑	D↓↓	D	E	E	C↓	C	D	192	98%	6	3%
Weston Area Health NHS Trust	Weston General Hospital	48	55	E	C	B↓	D	C↑	D↑	B↑↑	D	C	D↓↓	E	D↑	C↓	D	D	91	100%	27	30%
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	66	62	C	B↓	A↑	C	D↓	C	C↓	D↑	A	A	C	C↑	B	A↑	B↑	109	96%	16	15%
South England - Thames Valley SCN																						
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	136	135	C	A	A	C	A	C	A	A	C↑	D	E	B↑	D↑	B	C	201	87%	86	43%
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	Wexham Park Hospital	98	101	D	A	E	D	D	D↓	D	D	A	B↑↑	A	C	D	D↓	D	96	83%	1	1%
Milton Keynes Hospital NHS Foundation Trust	Milton Keynes General Hospital	45	44	E	C	D	D	B↑	E	E	E	E	B	E	E	D↓↓	B	D	67	100%	0	0%
Oxford University Hospitals NHS Trust	Horton General Hospital	26	26	D↑	B↓	C	D	D	D	D	E	B	B	C↑	D	B↑↑↑	D↑	D	49	100%	1	2%
Oxford University Hospitals NHS Trust	John Radcliffe Hospital	171	171	C↑	A	A↑	C↑	C	C↑	B↑	C↑	A	C↓	D↑	D	D↑	B↑	C↑	233	100%	13	6%
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	157	157	B	B	B	A	B	C	A	B	A	A	B↑	B↑	B	B	A↑	198	85%	111	56%
South England - Wessex SCN																						
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	97	94	D↑	A	B	C↑	E	B↑↑	B↑	D	A↑↑	B↑↑	C	C↑	B↑↑	E	C↑	133	87%	36	27%
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	137	127	D	A	B↑	D↓	E↓	C↓	C↑	D↓	B↓	B	E	C	C	B	D↓	170	100%	0	0%
Isle of Wight NHS Trust	St Mary's Hospital Newport	50	56	D↑	B	D	D	B	C	E	D	E↓	D	E↓	C↑	B↑	B↑↑	D	103	97%	63	61%
Poole Hospital NHS Foundation Trust	Poole Hospital	131	119	D↑	A	C	D↑	D↑	B↑	B↑↑	E	C	C↑	E	C	E	D	D↑	213	100%	3	1%
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	185	218	E	B↓	C	E	D↑	D	D	D	C↑↑	C↑	E	D↑	E	D	D↑	260	100%	0	0%
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	188	196	D	A	D	C	D	C↑	C	D	C↓↓	B	C↑	B	B	A↑	C	280	100%	2	1%
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	147	148	D	B↓	C	D	D	C	D↓	C↑	A	A↑	E	D	E	B↑	D	232	99%	86	37%

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
Islands																						
Isle of Man Department of Health	Noble's Hospital	42	28	E	A	C↓↓	E	E	D	E	E↓	E	D↓↓	E	E	C	D	E	35	90%	27	77%
Northern Ireland																						
Belfast Health and Social Care Trust	Belfast City Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Northern Health and Social Care Trust	Antrim Area Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Northern Health and Social Care Trust	Causeway 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	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	Lagan Valley 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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Southern Health and Social Care Trust	Craigavon Area Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Southern Health and Social Care Trust	Daisy Hill Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	.	.	.	.
Western Health and Social Care Trust	Altnagelvin Hospital	X	X	X	E	X	X	X	X	X	X	X	X	X	X	X	X	X	70	100%	0	0%
Western Health and Social Care Trust	South West Acute Hospital	45	41	D	B↓	B	D	E	C↑	C↓	B↑↑	C	B↑	D↑	C↑↑	D	B	D	72	100%	38	53%
Wales																						
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	147	145	D	A	A	D	D	E	D	D	D	A	C↑	C↑	B↑	D	D	177	89%	58	33%
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	83	79	D↑	A	A	D↑	E	E	D	E	D↑	D	A↑↑	D↑	B↑	C	D↑	92	92%	20	22%
Aneurin Bevan University Health Board	Nevill Hall Hospital	86	84	D	A	B	D	D↑	E	D	D↑	B↑	A↑	E	C	B↓	C↑	D	113	100%	11	10%
Aneurin Bevan University Health Board	Royal Gwent Hospital	163	100	E	B	C↓	D	D↑	E	D↑	E	C	B↑↑	E	C	B	D	D↑	228	100%	2	1%
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	77	83	D	B↓	A	D	E	E	E	C↓	C	D	C↓	D	B	C↑	D	141	100%	0	0%
Betsi Cadwaladr University Health Board	Maelor Hospital	104	97	E	A	B	E	E	E	E↓	D↑	E↓	E↓	E	D	B	C	E	120	100%	0	0%
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	67	65	E	A↑	B↑	E↓	E	E	E	D↓	E↓	B	D↓	E↓	B↑	E↓	E↓	121	100%	0	0%
Cardiff and Vale University Health Board	University Hospital of Wales	128	123	E	A	B↑	D	B	E	E↓	E	E	D	E	D↑	B	B	D	158	100%	2	1%
Cwm Taf University Health Board	Prince Charles Hospital	56	41	D	A↑↑	B	D	B	E↓	D	E	A	C↓	E	E↓	B	E↓	D	68	100%	27	40%
Cwm Taf University Health Board	Royal Glamorgan	54	57	D↑	A	B↑	D↑	D	E	D↑	E	A↑↑	D↑	E	C↑	A↑	D	D↑	89	100%	58	65%
Hywel Dda Health Board	Bronglais Hospital	28	26	C↑	A	C↑	B↑	B↓	B↑	B↑	C	C	B	B↑	C	B	C	B↑	34	94%	10	29%
Hywel Dda Health Board	Prince Philip Hospital	49	36	E	B	B↓	E↓	C↓	E	E↓	D	D	E	E	D	B↓	E	E↓	41	69%	40	98%
Hywel Dda Health Board	West Wales General	56	47	D	A	A↑	D	A↑	E	E↓	E	C↑↑	D	D↑	C↑	A	D	D	78	93%	51	65%
Hywel Dda Health Board	Withybush General Hospital	46	46	D	A↑	A↑	D	C↓↓	E	D	D↓	A	A↑	E	D	B	D↓	D↓	79	100%	43	54%

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	121	131	C↓	A	A	C↓	B	C	B	C	A	A	B	C	B	D↓	B	175	76%	39	22%
Barnet and Chase Farm Hospitals NHS Trust	Barnet General Hospital	49	52	D↓	A↑	E	C↓	D↓↓	E↓↓	B↓	E↓	A	A↑	A	D	A↑	B	C↓	69	100%	4	6%
Barts Health NHS Trust	Newham General Hospital	32	33	B↑	A↑	D↑	A	B	C↑↑	B↑↑	B	A	A	A	C	B	B↓	A↑	26	47%	17	65%
Barts Health NHS Trust	Royal London Hospital SU	87	76	A↑	A	A↑	A	A↑	C↑	A↑	A↑	A	A↑	A↑	B↑	B	A	A↑	110	96%	3	3%
Barts Health NHS Trust	Whipps Cross University Hospital	34	22	E↓	D↓	E↓	B	B↓	C↓	B↑	B↓	C↓↓	C↓	C	B	B	A	B↓	44	100%	0	0%
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	42	100%	1	2%
Croydon Health Services NHS Trust	Croydon University Hospital	53	56	B↑	A	C↑	A↑	B↓	B↑	B	C↓	A↑↑	A↑	B↑	A↑	A	A	A↑	81	72%	72	89%
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	38	43	C	A↑	C	B↓	B↓	C	C	D	B↑	B	A↑	B↑	B↓	A	B	70	86%	10	14%
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	50	53	C	A	B↑↑	C↓	D↓↓	E↓	D↓↓↓	D	A↑	A↑	B↑	C↑	B↓	A↑	C↓	51	88%	8	16%
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	51	53	B↑	A↑	D	A	A	A	A	A	A	B	A	A	B	D	A	94	99%	0	0%
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	TFP	23	TFP	A	E	TFP	NA	A↑↑	NA	NA	A	A↑	A	E↓↓	B↑	C	TFP	45	92%	7	16%
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU	64	65	A	A	A	A	A	B↑	B↓	B	A	B↓	B	D↓↓	B	C	B↓	121	99%	8	7%
Imperial College Healthcare NHS Trust	St Mary's Hospital Paddington	31	33	B↑	A↑	B↑	A	A	B↑	B	C↓	A	A↑	B↑	D↓↓	B	B	B	60	94%	1	2%
King's College Hospital NHS Foundation Trust	King's College Hospital SU	38	33	B↓	A	D↓↓	A	A	C	A	B↑	A	A	A	C	B	A↑	A	61	91%	8	13%
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital SU	72	67	B↑	A↑	B↑	B↓	A	B↑	B↓	B	C↓	B	C↓	C↑	A	A↑	B	107	91%	34	32%
Kingston Hospital NHS Foundation Trust	Kingston Hospital	43	48	A↑	A	C	A	A	D↓	B	D↓	A↑	A↑	B	B	A	A↑	A↑	92	98%	18	20%
Lewisham and Greenwich NHS Trust	Queen Elizabeth Hospital Woolwich	35	30	C	B↓	B↑	C	A↑	C↑	A	C↓	C↑	B↑	C↓	D	B↓	A↑	B	66	99%	31	47%
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	58	47	C↑	A	C↑	B↑	C↓	E↓	B↓	C	B↑	B	B↑↑	C	A	B	B	41	65%	3	7%
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	TFP	X	TFP	E↓↓↓↓	X	TFP	NA	NA	NA	NA	X	X	X	NA	X	X	TFP	76	97%	1	1%
North West London Hospitals NHS Trust	Northwick Park Hospital SU	174	160	A	A	B	A	A	B↓	A	B↓	A	A	A	A	A	D	A	181	92%	68	38%
Royal Free London NHS Foundation Trust	Royal Free Hospital	52	53	B↑↑	A	C↑	B↑	B↓	E↓	B↓	D↓	A	A	A↑	D	B↑↑	B↑	B	102	99%	7	7%
St George's Healthcare NHS Trust	St George's Hospital SU	34	43	A↑	A	B	A	B↓	C	B↑	C	A↑	A↑	A	B↓	B	A↑	A↑	65	94%	7	11%
University College London Hospitals NHS Foundation Trust	University College Hospital SU	40	29	A↑	A	B↑↑	A	A	D↓	A	B	A↑	A↑	A↑	E↓	A	C	B	71	99%	11	15%
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital	31	25	D	C↓	D	C↓	A	A↑↑	A↑↑↑	B	B↑	C	B↑↑↑	B	B	C↓↓	A↑↑	50	100%	5	10%
Midlands & East - East Midlands SCN																						
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	51	55	D↑	A↑	D↓	D↑	C↑	C↑	B↑↑↑	A↑↑↑	C↑↑	C↑	E	C↑	D↑	A	C↑↑	77	100%	0	0%
Midlands & East - East of England SCN																						
Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	24	100%	0	0%
Midlands & East - West Midlands SCN																						
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	73	99%	2	3%
North of England - Manchester, Lancashire & S.Cumbria SCN																						
Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	27	27	D	B	D	B	C	B	B	B	A	D	D	C	A	C	B	81	100%	0	0%
Pennine Acute Hospitals NHS Trust	Royal Oldham Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	60	100%	0	0%

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 - Yorkshire and The Humber SCN																						
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	32	97%	0	0%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	54	56	D	B	E↓↓	B↑	B↓	C	E↓	C↑	A	D	B↑	D	C	A	C	106	96%	21	20%
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Goole District Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	.	.	.	.
South England - Wessex SCN																						
Hampshire Hospitals NHS Foundation Trust	Basingstoke and North Hampshire Hospital	30	27	D↑	A	D	D	D↑	D	C↑↑	D↑	C↓↓	C↓	D↑	D	C↑	C↓	D	33	100%	0	0%
Wales																						
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	38	40	D↑	A↑↑	D	D	E↓↓	E	D	E↓	C	C↓	B↑↑	D	B↑↑	D↓	D	23	77%	21	91%
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	23	100%	0	0%
Cardiff and Vale University Health Board	Llandough Hospital	42	39	D	A↑	C↑	D	B	E	E↓	E	D	C↑	E	E	A↑	A	D	69	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	25	C	A↑	C	C↓↓	NA	C↓↓	NA	NA	A	B	B	E	D↓	D↓↓	C↓	45	96%	6	13%
Barnet and Chase Farm Hospitals NHS Trust	Chase Farm Hospital Inpatient Rehab Team	TFP	20	C↑	A	E	A↑	NA	A	NA	NA	A↑	A	A↑↑	E	B	C↑	B↑	36	97%	0	0%
North East London NHS Foundation Trust	Grays Court Community Hospital	TFP	20	C	A	C↑	B	NA	A	NA	NA	C	B	A	D↓	C↓	D↓	C↓	29	100%	15	52%
Midlands & East - East Midlands SCN																						
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	31	E	D	E	C	NA	B	NA	NA	A	C	E	E	B	B	C	37	100%	0	0%
Leicestershire Partnership NHS Trust	St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TFP	23	D	C	D	C	NA	B	NA	NA	B	B	E	E	A	B	C	.	.	.	.
Midlands & East - East of England SCN																						
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	44	C↑	A	B↑↑	C	NA	B↓	NA	NA	C	C↑	B↑	D↑	D↓	A	C	61	98%	16	26%
Provide	St Peter's Community Hospital Rehab Unit	TFP	TFP	TFP	NA	D↑	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP	40	100%	15	38%
Midlands & East - West Midlands SCN																						
Birmingham Community Healthcare NHS Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	20	D	B	E	C	NA	A	NA	NA	C	D	B	D	C	C	C	5	100%	0	0%
Mid Staffordshire NHS Foundation Trust	Stafford Hospital	TFP	28	D↑	B↑	E	B↑↑	NA	B↑↑	NA	NA	A↑	A↑	D↑	D	C↑	C↑	C↑	59	100%	6	10%
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	34	D	A↑	E↓↓	C	NA	B↓	NA	NA	C	B	E	E	B	A	C	69	85%	5	7%
North of England - Manchester, Lancashire & S.Cumbria SCN																						
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	38	D	A	D	D	NA	B	NA	NA	C	C	E	E	B	D	D	1	100%	0	0%
North of England - Yorkshire and The Humber SCN																						
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	21	C	A	D↑	B	NA	B	NA	NA	C	B	A↑	B	C↓↓	C	B	40	70%	0	0%
South England - South East Coast SCN																						
East Sussex Healthcare NHS Trust	Bexhill Hospital - Irvine Unit	TFP	24	D	A	E	C	NA	A	NA	NA	C	B	E	E	C	A	C	52	100%	0	0%
South England - South West SCN																						
Great Western Hospitals NHS Foundation Trust	Chippenham Community Hospital - Mulberry Stroke Unit	TFP	34	D	A	C↑	C	NA	B↓	NA	NA	C	B	D	D↑	B↑	D↓	C	52	96%	21	40%
Plymouth Community Healthcare CIC	Mount Gould Hospital	TFP	40	A↑	A	A↑	A↑	NA	A	NA	NA	A↑↑	A↑	C	E	A↑	A	A↑	66	100%	25	38%
Torbay and Southern Devon Health and Care NHS Trust	Newton Abbot Hospital	TFP	51	A	A	B↑↑	A	NA	B↓	NA	NA	A	A	A	D↑	B↓	A	A	83	100%	0	0%
South England - Thames Valley SCN																						
Oxford Health NHS Foundation Trust	Abingdon Community Hospital	TFP	21	D↑	A↑	D↑	C↑	NA	D↑	NA	NA	A	B	C	E	C↑↑	B↑↑↑	C↑	34	100%	3	9%
Oxford Health NHS Foundation Trust	Witney Community Hospital	TFP	22	D	A	E	C	NA	C	NA	NA	A	B	C	E	D	C	C	24	96%	2	8%
Wales																						
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	34	D	A↑↑	D	C	NA	A	NA	NA	A↑	C↑	D↓	E	A↑	D	C	60	100%	44	73%

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	263	271	B↑	A	B	B	B	C↑	A↑	B↑	A	A	A↑	B	C	C↑	A↑
Barts Health NHS Trust	Royal London Hospital HASU	190	194	A↑↑	A↑↑	B↑↑	A	B↓	C↑	A↑	A	A	A	A↑↑	B	B	A	A
Imperial College Healthcare NHS Trust	Charing Cross Hospital HASU	215	227	B	B↓	A	A↑	A	B↑	A↑	B↓	A↑	B	D↓	B↑	B	C↑	B
King's College Hospital NHS Foundation Trust	King's College Hospital HASU	186	190	A	B↓	B	A	A	C	A	B	A	A	A	A	A	B	A
King's College Hospital NHS Foundation Trust	Princess Royal University Hospital HASU	193	194	B	B	B	A	A	B↑↑	A	B	A	A	B↓	B↑	A	C	A
North West London Hospitals NHS Trust	Northwick Park Hospital HASU	307	303	A	A	A	A	A	B↓	A	A	A	A	A	B	C↓	D	A
St George's Healthcare NHS Trust	St George's Hospital HASU	295	302	A↑	A	A	A↑	A	C	B	B↑	A↑	A↑	A	B	B	C	A↑
University College London Hospitals NHS Foundation Trust	University College Hospital HASU	261	285	D↓	C↓	D	B	A	D	A↑	C↓	A	A	C	C	D↓	A	B
Midlands & East - East Midlands SCN																		
Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	140	170	C↑	A↑	C	C	C	C	C	B	B↓	B	E	B↑	B↓	B	C↓
Northampton General Hospital NHS Trust	Northampton General Hospital	268	264	B↑	A	B	B	B	C↑	C	A	A	A	C↑	B↓	B↑↑	A↑	A↑
Nottingham University Hospitals NHS Trust	Nottingham City Hospital	223	240	D	C↓	C	C	D	B	B	C↓	A	B	E↓	C	B↑↑	D	C
Sherwood Forest Hospitals NHS Foundation Trust	Kings Mill Hospital	103	114	D	B	B↑	C	C↑	C↑	B↑	C↑	A	B↓	E↓	D	B	C↓	C
United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	99	102	D	C	D	B	A	C	A	B	A	A	B	B	C	D	B
United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	91	86	D	C	D	C	A	C	C↑	B	A	B	E↓	B	D	C	C
University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	286	284	D	A↑	C↑	D↓	D↓	D↓	D↓	B	C	C↑	E	D↓	B	B	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
Midlands & East - East of England SCN																		
Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	102	95	C	B↓	C	B	B↓	B↑	B	C↓	B↓	A	B↑	C	D	B↑	B
Bedford Hospital NHS Trust	Bedford Hospital	53	67	D	A	C↓	D	D	C↓	D	D	B↑↑	B↑	E	E↓	B↓	D↓	D
Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	141	156	D	A	C	D↓	C	D↓	C↓	C	C↓	B	D↓	D	C	D	D↓
Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	155	158	B	A	B↑	A	A	C	B	B	A	A	B↑	B	B	B↓	A
East and North Hertfordshire NHS Trust	Lister Hospital	104	121	D	A	D	D↓	C↓	D	D↓	D	A	A	D	C↓	D	D	D↓
Ipswich Hospital NHS Trust	Ipswich Hospital	106	116	D↓	B	C↓	D↓↓	C↓	B	E↓↓↓	D↓↓	A↑	C↓↓	E	C	B	D	D↓↓
James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	136	146	D	A	B	D	C	C	D	C	B	C↑	C↑	D↓	D	B	D
Luton and Dunstable University Hospital NHS Foundation Trust	Luton and Dunstable Hospital	118	129	E	A	D↑	E	C	C↑	C	D↑	E	E	E	E	D	D	E
Mid Essex Hospital Services NHS Trust	Broomfield Hospital	111	127	D	A	D	C	B	C	C	C	B↓	B↓	D	D↓↓	C	A↑↑	C↓
Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	214	227	C↑	B	C↑	B↑	C	C	B	B	B↑	B	C↑	C↑	B↑	B↑	B↑
Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	112	132	E	A	E	D	B↑	D	D	D	C	D	E	D↓	C↑	E	D
Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	87	96	D	B↓	B	D	D	D↓	D	E↓	B↑	C↓	B↑	C	D	B	D
Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital Kings Lynn	112	139	E	A↑↑	D↑	D↑	D	C	B↑	D	E	E	E	C	C↑↑	D	D↑
Southend University Hospital NHS Foundation Trust	Southend Hospital	154	160	C	A	B	B	B↑	C	B	B	B	B	C↑	B	B	C	B
West Hertfordshire Hospitals NHS Trust	Watford General Hospital	107	134	D	B↓	D	D↓	C↓	C	A↑	B↓	D↓	D↓	C↑↑	D	C↓	D	D↓
West Suffolk NHS Foundation Trust	West Suffolk Hospital	106	104	B	A	C	A	A	B	B	A	A	A	C	B	B↓	D	A
Midlands & East - West Midlands SCN																		
Burton Hospitals NHS Foundation Trust	Queens Hospital Burton upon Trent	84	89	D	B↓	D↑	C↑	A	C↑	D↑	E	A↑	B↓	C↑↑	B	D	D	C↑
Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	124	97	B↑	B	B	B	B	B	B	B	A	A	C	A↑	D↑	B	B
George Eliot Hospital NHS Trust	George Eliot Hospital	43	52	E	A	D	E	D↑	E	E	E	D↑	E	E	B↑	C	E	E
Heart of England NHS Foundation Trust	Birmingham Heartlands Hospital	132	142	D	A↑	D↓	D	C↓	E↓	D↑	D↓↓	A	B	E	D↓	E↓	B↑	D
Heart of England NHS Foundation Trust	Good Hope General Hospital	95	105	E	A	D↓	E	E	E	E	D	D	C↓	E	D	E↓	D	E
Heart of England NHS Foundation Trust	Solihull Hospital	48	62	E	A↑↑	E↓	E	E	E	E	E	C↑↑	C↑	E	D↑	D↑	E	E
Royal Wolverhampton NHS Trust	New Cross Hospital	164	170	C↑	A	A	C↑	B	C↑	A↑	C↑	D	C	E	D	B↑	A	C↑
Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	137	126	C↓	A	C	B	A	B	A	A	D	C↓	C	B	D↓	B↓	B
Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	241	233	D	A	D	D	C	B	C	D	A	B↑	E	D	E	E	D
South Warwickshire NHS Foundation Trust	Warwick Hospital	62	66	D↑	A	A↑	D	E	D↑	E	D↑	C↑	B↑	E	D↓	C	D	D↑
University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire	243	255	D	A↑↑	D	C	A↑	C	C↓	E↓	A	A	E	D	C	D	C
University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	153	142	D	A	A	D	C	E	D↓	D	D↓	D	E	D	C↑	C↓	D
University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	196	217	D↑	A	D	D	B	E	C	E	D↓	B↑	E	C↑	B	D	D
Walsall Healthcare NHS Trust	Manor Hospital	88	83	D↑	C↓	A↑↑↑	D↑	C↑	D↑	D↑	C↑	B↑↑	A↑↑↑	C↑↑	D	D	C↓	D↑
Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	175	171	E	C↓	D	D	C↑	D↑	C	D↑	A	B	D↑	C↑	E	D	D
Wye Valley NHS Trust	Hereford County Hospital	106	115	D	A	A	D	C↑	C↑↑	E	D	B↑	B	E	C	B	C	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 - Cheshire and Mersey SCN																		
Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	128	125	C↑	A	C	B↑	B↑	C	A↑↑↑	A↑	A	B↓	E	C	B	B↑	B↑
Countess of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	83	88	D	A	B	D	C↑	D↓	D↓	B↑	D↓↓	E↓↓	E	B	B↑↑	A↑	D
East Cheshire NHS Trust	Macclesfield District General Hospital	50	73	D	A	A↑↑	D	C↑↑	E↓↓	E	E	B↑	C↓	E	D↓↓	B↑	D	D
Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	104	130	D	A	C	D	D	C↑	D	E	C	A	D	C	C↑	E	D
Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	133	154	B↑	A	C	A↑	C↑	C	A↑	B	A	A	C↑	A	C↓	A↑	A↑
Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	86	90	D	B↓	C↓	D	E↓	E	D	D↓	A↑	A↑	B↑	C	D↓↓	D	D
St Helens and Knowsley Teaching Hospitals NHS Trust	Whiston Hospital	138	151	D↑	A	D	D↑	C	B↑↑↑	C↑	C↑	E	E	E	D↑	C↑↑	C↓	D↑
Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	80	93	C	B↓	B	C	C↑	C	C↑	B↑↑	A	B	E	B	C↓	A	B↑
Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	168	164	C	A	B↑	B↑	C↓	C	D↓	A	A↑	A↑↑	D↑	B	B↑	C↓	B↑
North of England - Manchester, Lancashire & S.Cumbria SCN																		
Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	98	108	E	B↓	D	E	E	C	E↓	E	E	E	E	E	D	E	E
Bolton NHS Foundation Trust	Royal Bolton Hospital	51	63	D	C↓↓	C	C	C	C	NA	E	A	B	E	C	A	A	C
Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	56	66	E↓	B↓	B↑	D	E	E	E	E	D↓	D↑	E	B	B↓	B	D
East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	128	151	E	B↓	D	E	D	D	E↓	E	D	E	E	D	D	B	E
Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	141	134	D↑	A	A↑↑	D↑	E	D	D↑	E	D↓	B↑	E	C	B↑↑	D	D↑
Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	193	225	C	A	D	A↑	A↑	B↑	B	B	A	C↑	C	B	B	A↑↑	A↑
Salford Royal NHS Foundation Trust	Salford Royal Hospital	282	275	B↑	B	B	B↑	A	B	A↑	A	B↑	D	C↑↑	B↑↑	C	A	B↑
Stockport NHS Foundation Trust	Stepping Hill Hospital	132	147	C↑	A	C↑	C	A↑	B↑	C	B	C↑↑	D↓	C	B	B	E	C
Tameside Hospital NHS Foundation Trust	Tameside General Hospital	56	86	D	A↑	A	D	D	E	E	E	A↑↑	C↑	E	D↓	B	B	D
University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	87	112	D	A	C	C↑	E	C↑	NA	D	C↓	C	C	C	B↑	B	D
University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	57	54	E	C↓↓	B↑	D	C	C↑	E↓	D	A	C↑	E	B↑	E	E	D
University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	68	66	E	B↓	D	E↓	D↓	D↓	E↓	E	D	E↓	E	D↓↓	B	E↓	E↓
Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	73	96	D	A	D	C↑	D↑	E	NA	E	A	B↓	E	B	B	A	C↑
North of England - North of England SCN																		
City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	114	111	E	C↓↓	D	D	C	C	D↑	B	D↑	C↑↑	E	C↑	C↓	C↑	D
County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	223	209	D	A	C	C↑	C	A↑	B↑	B↑	E	C↑	E	B↑	A↑	E	C↑
Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	89	91	E	A↑	D↓	D	E	C	E	D↓↓	C↓	D	E	C↑	D	C	D
Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	136	128	D	B	B↑	C↑	C	D	D↓	B	D↑	A	E	B↑	C↑	B	C↑
North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	81	80	D↑	A↑	D↑	D	D	C↑	D↑	D	B↑	D	E	B↑	C	B↑↑	D
North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	52	54	D	A	B↑↑	D	C	C	E↓	D↑	A	B	E↓↓	D	B↑↑	D	D
North Tees and Hartlepool NHS Foundation Trust	University Hospitals of North Tees and Hartlepool	110	105	D	B	C	C	E	A	C↓↓	A	C	D↓	E	C	C	B↑↑	C
Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	26	30	D	A	B↑	D	B↑	B↑	D	B	C↓↓	C↓↓	E	D	C↑	C↑	D
Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	126	130	B↑	A	B	B	C	B↑	C	A↑	A	A↑↑	D↓	B	B	B	B
Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	121	126	B↑↑	A	B	B↑	A↑↑	B↑	A↑↑↑	B	C↑↑	A	E	A↑	C	B	B↑
South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	181	187	B↑	A	A↑	B↑	C↑	B	B	B	A↑	B	E	B↓	B	D	B↑
South Tyneside NHS Foundation Trust	South Tyneside District Hospital	55	56	E↓	B↓	D↓	D	E↓	E	E	C	B↑	B↑	E	E	B↓	B	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 - Yorkshire and The Humber SCN																		
Airedale NHS Foundation Trust	Airedale General Hospital	54	60	E	B	A	E	E	E	E	E	D↑	D	E	E	B	C	E
Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	103	111	D	A	B	C↑	C↑	C↑	E↓	D↑	A	A↑	C	D	B	C↑	C↑
Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	98	119	D	B	B	D	E↓	C	C↑	D	D↓	B↑	B↑	D	B	B↑	D
Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	131	129	E	B	C	D↑	D	D	C↑	B↑	E	E	D	E	C↑	D	D↑
Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	113	115	D	A	C	D	B	C	D↓	D	C	B	D↑	C↓	C↓	C↑	D↓
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	143	145	D	A↑	C↑	C↑	C↑	E	D	D↑	A↑	A	A	B	B	D	C
Harrogate and District NHS Foundation Trust	Harrogate District Hospital	84	92	C↑	A	C↓	B↑	D↓	B↑	C↑	B↑	A	B	C↑↑	B↑	B	C	B↑
Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	200	210	C↑	A	B↑	C	C↓	C	D↓↓	B	C↑	A↑	C↑	D↑	C↑	B	C
Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	263	223	D	A↑	B↑	D↓	D↓	D	D↓↓	D↓	A↑	B↓	E	D↓	C↓	D	D↓
Mid Yorkshire Hospitals NHS Trust	Pinderfields Hospital	211	215	D	A	A↑	D	D↑	D	D↑	E↓	B	B	E	E	B	C↑	D
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	166	177	C↓	A	B	B	A	B	D↓	A	B↑	C	D↑	B↓	C↓	B↓	B
Rotherham NHS Foundation Trust	Rotherham Hospital	91	105	D	A	B	D	C↑	C↑	D↑	D↑	B↑	C	E	D↑	B	C	D
Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	225	248	D	A	B	C↑	A↑	B	D	B↑	C	C	E	D	D↓	B	C↑
York Teaching Hospital NHS Foundation Trust	Scarborough General Hospital	73	81	D	A	B	D	D↑	B	D↓	B	C	E	E	D	D↑	D	D
York Teaching Hospital NHS Foundation Trust	York Hospital	150	124	C↑	A	B↑	C	C↑	B	C↑	B↑	A↑	B↑	E	C	B	C↓	C
South England - South East Coast SCN																		
Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	95	103	B↑	B	B↑	A↑	A	D	B	B	A↑	A↑	C	C↓	A	A	A↑
Brighton and Sussex University Hospitals NHS Trust	Princess Royal Hospital Haywards Heath	53	51	D	A	A	D	A	C↓	B↑	D	E	D↓	C↑↑	E↓	E↓	D↓↓	D
Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	95	93	C↑	A	A↑	C	A	C	B↑↑	B	C↑	C↑	C	D	B	B↑	B↑
Dartford and Gravesham NHS Trust	Darent Valley Hospital	61	60	D	C	B	D	B	D	D↓	C↓	C	C	E	D	C↑	C	D
East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	76	78	D↑	A	D	D	A	C↑	C	A	E	E	E	D	C↑	D↑	D
East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	90	89	C	A↑	B	C	A	C	C	B↓	B↑	B	E	C	B	C	C
East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	109	110	A↑↑	A	A↑	A↑↑	A	C	B	A↑	A↑	A↑	B↑	C	C↑	A↑↑↑	A↑↑
East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	126	157	D	A	D	D	A	B	D↓	D↓	C↑	C	E	D↑	D↓	C	D
Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	73	78	D↓↓	A	B	C↓	A	C	D↓↓	B	B↓	C↓	E	C↓	B	C	C↓
Frimley Park Hospital NHS Foundation Trust	Frimley Park Hospital	106	124	B	A	B	B	B	C↓	C↓	A	C↑	A↑	E	B	A↑	B	B
Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	79	85	D	A	D↑	B↑↑	C↑	C↑	C↑	D	A	B	C↑↑	C	B↑↑	A↑	B↑↑
Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	88	87	D	A	B↑	D	B	E	E	C↓	C	C	E	D↑	B↑↑	B↑	D
Medway NHS Foundation Trust	Medway Maritime Hospital	82	69	E↓	B↓	B↑	E↓	C	E↓	E	D↑	E	D	E↓↓	D	D	B↓	E↓
Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	86	82	B↑	A	B↑	B↑	B	C↑	C	C↑	A↑↑	A	C	B	B	A↑	B↑
Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	105	109	B↑	A	B	B	A↑	D↓	C↑	B	A	B	B↑	C	B↓	C↑	B
Western Sussex Hospitals NHS Trust	St Richards Hospital	83	93	D	A↑	B	C↑	D↑	C↑	A↑	C↑	B↑	C	C↑↑	D	B	D	C↑
Western Sussex Hospitals NHS Trust	Worthing Hospital	122	120	C↑	A↑	B	B↑	C↑	B	B↓	B↑	A↑↑	A↑	D↓	C↑	A↑	D	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
South England - South West SCN																		
Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	198	213	E	A	B	D↑	D↑	D	C	E	E	E	E	E	B	A↑	D↑
Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	96	106	E	C↓	C	D	B↑	D	B↑	D↑	C	C	D↑	D	D↓	E	D
North Bristol NHS Trust	North Bristol Hospitals	146	140	D	A	B	D	A	D	B↑	D	C	C	C	D↓	E	C	D
Northern Devon Healthcare NHS Trust	North Devon District Hospital	121	111	D	A	D	C	E↓	D↓	C	E	A	A	B↑	B↑	B↓	D↓↓	C
Plymouth Hospitals NHS Trust	Derriford Hospital	182	176	D	A	C↑	D	C↓	D↓	D↓	C	E	B	E↓	E	C↓	B	D
Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	187	179	E↓	A	B↑	D	A	E	D	E	E↓↓	D↓	C	E	D	D	D
Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	159	168	D	A↑	B	C↑	D↑	C	C	B	B↑↑	B↑↑	E	C	B	B	C↑
Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	134	135	D	B	B	D	D	D	D↓	D	C	C	E	C↑	C↑	C	D
Salisbury NHS Foundation Trust	Salisbury District Hospital	78	92	D↑	A	B	D↑	B↑	B↑	C↑↑	D↑	A↑↑	B↑↑↑	E	D	D	C↑	C↑↑
South Devon Healthcare NHS Foundation Trust	Torbay Hospital	170	175	D	A	A↑	D	E	E	D	D	A↑	B↑	D↑	C	B	B	D
Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	144	142	D↓↓	C↓	A	B	A	C	D↓	B	C↓	A	D↑	C↓	B	B	B
University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	108	110	D	B↓	B	D	A↑	D↑	C↑	D↑	D↓	D	E	E	C↓	C	D
Weston Area Health NHS Trust	Weston General Hospital	45	56	E	C	B↓	D	D	D↑	B↑↑	D	C	D↓↓	E↓	D	C↓	D	D
Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	66	65	C	B↓	A↑	C	D↓	C	C↓	D↑	A	A	C	C	B	B	C↓
South England - Thames Valley SCN																		
Buckinghamshire Healthcare NHS Trust	Wycombe General Hospital	131	138	C	A	A	C	A	B↑	A	A	C↑↑	D	E	B	D↑	B	B↑
Heatherwood and Wexham Park Hospitals NHS Foundation Trust	Wexham Park Hospital	83	102	D	A	E	D	E	D↓	E	E↓	A	C↑	A	B↑	D	D↓	D
Milton Keynes Hospital NHS Foundation Trust	Milton Keynes General Hospital	33	44	E	C	D	D	C↑	E	E	E	E	B	E	D↑	D↓↓	B	D
Oxford University Hospitals NHS Trust	Horton General Hospital	23	25	D↑	B↓	C	D	D↑	D	E	E	C↓	C↓	C↑	D↓	B↑↑↑	D↑	D
Oxford University Hospitals NHS Trust	John Radcliffe Hospital	164	167	C↑	A	A↑	C↑	C	C↑	B↑	C↑↑	A	B	C↑↑	D	B↑↑↑	C↓	C↑
Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	155	158	B	B	B	A	B	C	A	B	A	A	B↑	B	B	B	A
South England - Wessex SCN																		
Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	97	95	D↑	A	B	C↑	E	B↑↑	B↑	D	A↑↑	B↑↑	C	C↑	B↑↑	E	C↑
Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	133	127	D	A	B↑	D↓	E↓	C↓	B↑↑	D↓	A↑	B	E	C↓	C	A↑	C
Isle of Wight NHS Trust	St Mary's Hospital Newport	50	59	D↑	B	D	D	B↑	C	NA	D	E↓	D↓	E↓	B↑	B↑	B↑↑	D
Poole Hospital NHS Foundation Trust	Poole Hospital	129	120	D↑	A	C	D↑	D↑	B↑	B↑↑	E	C	C↑	E	B↑	E	D	D↑
Portsmouth Hospitals NHS Trust	Queen Alexandra Hospital Portsmouth	182	225	E	B↓	C	E	D↑	D	D	D	C↑↑	C↑	E	E	E	D	E
Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	187	190	D	A	D	C	D	D	C	D	C↓↓	B	C	B	B	A↑	C
University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	146	137	D	B↓	C	D	D	C	D↓	C↑	A	A↑	E	D	E	B↑	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
Islands																		
Isle of Man Department of Health	Noble's Hospital	41	38	E	A	C↓↓	E	E	D↓	E	E↓	E	C↓↓	E	E	C	D	E↓
Northern Ireland																		
Belfast Health and Social Care Trust	Belfast City Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Northern Health and Social Care Trust	Antrim Area Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Northern Health and Social Care Trust	Causeway 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	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	Lagan Valley 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	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Southern Health and Social Care Trust	Craigavon Area Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Southern Health and Social Care Trust	Daisy Hill Hospital	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Western Health and Social Care Trust	Altnagelvin Hospital	X	X	X	E	X	X	X	X	X	X	X	X	X	X	X	X	X
Western Health and Social Care Trust	South West Acute Hospital	45	46	D	B↓	B	D	E	C↑	C↓	B↑↑	C	B↑	D↑	B↑↑↑	D	B	C↑
Wales																		
Abertawe Bro Morgannwg University Health Board	Morriston Hospital	145	149	D	A	A	D	D	E	D	D	D↑	A	C↑	C↑	A↑↑	D	D
Abertawe Bro Morgannwg University Health Board	Princess Of Wales Hospital	81	78	D↑	A	A	D↑	E	E	D	E	D↑	D	A↑↑	D↑	B↑	C	D↑
Aneurin Bevan University Health Board	Nevill Hall Hospital	84	89	D	A	B	D	D↑	E	E↓	D↑	B↑	A	E	C	B↓	C	D
Aneurin Bevan University Health Board	Royal Gwent Hospital	162	157	E	B	C↓	D	D↑	E	D↑	E	C	B↑	E↓↓	C	B	E↓↓	D
Betsi Cadwaladr University Health Board	Glan Clwyd District General Hospital	77	83	D	B↓	A	D	E	E	E	C↓	C	D	C↓	D↓	B	C	D
Betsi Cadwaladr University Health Board	Maelor Hospital	103	104	E	A	B	E	E	E	E	D↑	E↓	E↓	E	D	B	C	E
Betsi Cadwaladr University Health Board	Ysbyty Gwynedd	67	66	E	A↑	B↑	E↓	E	E	E	D↓	E↓	B	E↓↓	E↓	B	D↓	E↓
Cardiff and Vale University Health Board	University Hospital of Wales	128	122	E	A	B↑	D	B	E	E↓	E	E	D	E	D↑	B	C	D
Cwm Taf University Health Board	Prince Charles Hospital	56	53	D	A↑↑	B	D	B	E↓	D	E	B↑↑	D↓↓	E	E↓	B	E↓	D
Cwm Taf University Health Board	Royal Glamorgan	54	54	D↑	A	B↑	D↑	D	E	D↑	E	A↑↑↑↑	B↑↑↑	E	C↑	A↑	C↑	D↑
Hywel Dda Health Board	Bronglais Hospital	25	26	C↑	A	C↑	B↑	B↓	B↑	B↑	C	C	B	B↑	C	B	C	B↑
Hywel Dda Health Board	Prince Philip Hospital	46	36	E	B	B↓	E↓	C↓	E	E↓	D	D	E	E	C↑	B↓	E	E↓
Hywel Dda Health Board	West Wales General	56	49	D	A	A↑	D	A↑	E	E↓	E	C↑↑	D	E	B↑	A	D	D
Hywel Dda Health Board	Withybush General Hospital	45	45	D	A↑	A↑	D	B↓	E	D	D	A	A↑	E	D	B	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
London - London SCN																		
Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford SU	TFP	128	C↓	A	A	C↓	NA	A	NA	NA	C	B	E↓	NA	B	D	C
Barnet and Chase Farm Hospitals NHS Trust	Barnet General Hospital	22	55	D↓	A↑	E	C↓	E	E↓↓↓	NA	E	A	A↑	A	D	A↑↑	B	C↓↓
Barts Health NHS Trust	Newham General Hospital	TFP	34	B↑	A↑	D↑	A	NA	A	NA	NA	A	A	A↑	NA	B	B↓	A
Barts Health NHS Trust	Royal London Hospital SU	TFP	89	A↑	A	A↑	A	NA	A	NA	NA	A↑	A↑	A↑	NA	B	A	A
Barts Health NHS Trust	Whipps Cross University Hospital	TFP	22	E↓	D↓	E↓	B	NA	A	NA	NA	C↑↑	D	D↑	NA	C↓	A	C
Chelsea and Westminster Hospital NHS Foundation Trust	Chelsea and Westminster Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
Croydon Health Services NHS Trust	Croydon University Hospital	TFP	59	B↑	A	C↑	A↑	NA	A	NA	NA	C↑	B↑	D↑	NA	A↑	A	B↑
Epsom and St Helier University Hospitals NHS Trust	St Helier Hospital	TFP	42	C	A↑	C	B↓	NA	B↓	NA	NA	C	B	B	NA	B↓	B↓	B↓
Guy's and St Thomas' NHS Foundation Trust	St Thomas Hospital	TFP	54	C	A	B↑↑	C↓	NA	C↓	NA	NA	C	B	E↓	NA	B↓	A↑	C↓
Hillingdon Hospitals NHS Foundation Trust	Hillingdon Hospital	TFP	53	B↑	A↑	D	A	NA	A	NA	NA	B↑	C	A	NA	B	D	B
Homerton University Hospital NHS Foundation Trust	Homerton University Hospital	TFP	25	TFP	A	E	TFP	NA	A	NA	NA	A	A	A	NA	B	C	TFP
Imperial College Healthcare NHS Trust	Charing Cross Hospital SU	TFP	66	A	A	A	A	NA	A	NA	NA	A	B	C↑	NA	A↑	C	A↑
Imperial College Healthcare NHS Trust	St Mary's Hospital Paddington	TFP	36	B↑	A↑	B↑	A	NA	A	NA	NA	A	A↑	C	NA	B	C↓	A
King's College Hospital NHS Foundation Trust	King's College Hospital SU	TFP	41	B↓	A	D↓↓	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	73	B↑	A↑	B↑	B↓	NA	A	NA	NA	C↓	B	E↓↓	NA	A	B	B↓
Kingston Hospital NHS Foundation Trust	Kingston Hospital	TFP	50	A↑	A	C	A	NA	A	NA	NA	A↑	A↑	B↑	NA	A	A↑	A
Lewisham and Greenwich NHS Trust	Queen Elizabeth Hospital Woolwich	TFP	27	C	B↓	B↑	C	NA	B↑	NA	NA	E	C↑	D↓↓	NA	B↓	A↑	C
Lewisham and Greenwich NHS Trust	University Hospital Lewisham	TFP	49	C↑	A	C↑	B↑	NA	B	NA	NA	B↑	B↑↑	D↑	NA	A	B	B↑
North Middlesex University Hospital NHS Trust	North Middlesex Hospital	TFP	X	TFP	E↓↓↓↓	X	TFP	NA	X	NA	NA	X	X	X	NA	X	X	TFP
North West London Hospitals NHS Trust	Northwick Park Hospital SU	TFP	163	A	A	B	A	NA	A	NA	NA	A	A	B↓	NA	A	D	A
Royal Free London NHS Foundation Trust	Royal Free Hospital	TFP	56	B↑↑	A	C↑	B↑	NA	B	NA	NA	A↑↑	B↓	B↑	NA	B↑↑	A↑↑	A↑↑
St George's Healthcare NHS Trust	St George's Hospital SU	TFP	39	A↑	A	B	A	NA	A	NA	NA	A↑↑	A↑↑	B↓	NA	B	B↓	A
University College London Hospitals NHS Foundation Trust	University College Hospital SU	TFP	42	A↑	A	B↑↑	A	NA	A	NA	NA	A	A↑	A↑	NA	NA	NA	A
West Middlesex University Hospital NHS Trust	West Middlesex University Hospital	TFP	25	D	C↓	D	C↓	NA	A	NA	NA	D↓	D↓	E	NA	B↓	C↓↓	D↓↓
Midlands & East - East Midlands SCN																		
Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	TFP	53	D↑	A↑	D↓	D↑	NA	A↑↑	NA	NA	E	D↑	E	NA	E	A	D
Midlands & East - East of England SCN																		
Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
Midlands & East - West Midlands SCN																		
Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
North of England - Manchester, Lancashire & S.Cumbria SCN																		
Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	TFP	27	D	B	D	B	NA	A	NA	NA	A	D	D	NA	A	C	B
Pennine Acute Hospitals NHS Trust	Royal Oldham Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
North of England - Yorkshire and The Humber SCN																		
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Bassetlaw District General Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	TFP	53	D	B	E↓↓	B↑	NA	B↑↑	NA	NA	A	D	B↑	NA	C	A	B↑
Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Goole District Hospital	TFP	TFP	TFP	NA	NA	TFP	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	TFP

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
South England - Wessex SCN																		
Hampshire Hospitals NHS Foundation Trust	Basingstoke and North Hampshire Hospital	TFP	26	D↑	A	D	D	NA	D↓	NA	NA	C	C↑	E	NA	B↑↑↑	C	D
Wales																		
Abertawe Bro Morgannwg University Health Board	Singleton Hospital	TFP	40	D↑	A↑↑	D	D	NA	A	NA	NA	C	C	C↑	NA	C↑↑	D↓	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	39	D	A↑	C↑	D	NA	A↑	NA	NA	D	C↑	E	NA	B	A	C

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	25	C	A↑	C	C↓↓	NA	A	NA	NA	A	A↑	C↓	NA	C↓	D↓↓	B↓
Barnet and Chase Farm Hospitals NHS Trust	Chase Farm Hospital Inpatient Rehab Team	TFP	20	C↑	A	E	A↑	NA	A	NA	NA	A↑	A	A↑↑	NA	B	C↑	A↑
North East London NHS Foundation Trust	Grays Court Community Hospital	TFP	20	C	A	C↑	B	NA	A	NA	NA	C	B	B↑	NA	A	D↓	B
Midlands & East - East Midlands SCN																		
Leicestershire Partnership NHS Trust	Coalville Community Hospital	TFP	32	E	D	E	C	NA	A	NA	NA	A	C	E	NA	B	B	B
Leicestershire Partnership NHS Trust	St Lukes Stroke Rehabilitation Team - Market Harborough Hospital	TFP	24	D	C	D	C	NA	A	NA	NA	C	B	E	NA	A	B	B
Midlands & East - East of England SCN																		
Norfolk Community Health and Care NHS Trust	Norwich Community Hospital - Beech Ward	TFP	44	C↑	A	B↑↑	C	NA	A	NA	NA	C	C	C↑	NA	D	A	B↑
Provide	St Peter's Community Hospital Rehab Unit	TFP	21	TFP	NA	D↑	TFP	NA	B↓	NA	NA	A	A	C↑	NA	NA	NA	TFP
Midlands & East - West Midlands SCN																		
Birmingham Community Healthcare NHS Trust	Moseley Hall Stroke Rehabilitation Unit	TFP	20	D	B	E	C	NA	A	NA	NA	C	E	A	NA	D	C	C
Mid Staffordshire NHS Foundation Trust	Stafford Hospital	TFP	27	D↑	B↑	E	B↑↑	NA	A	NA	NA	A	A	D↑	NA	D↑	C↑	B↑
Staffordshire and Stoke-on-Trent Partnership NHS Trust	Staffordshire Rehabilitation Team	TFP	36	D	A↑	E↓↓	C	NA	A	NA	NA	C↑	B↑	E	NA	C↓↓	A	B
North of England - Manchester, Lancashire & S.Cumbria SCN																		
Lancashire Teaching Hospitals NHS Foundation Trust	Chorley and South Ribble Hospital	TFP	32	D	A	D	D	NA	B	NA	NA	C	D	E	NA	C	D	D
North of England - Yorkshire and The Humber SCN																		
Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Montagu Hospital	TFP	20	C	A	D↑	B	NA	A	NA	NA	E↓	B↑	A↑	NA	NA	NA	B
South England - South East Coast SCN																		
East Sussex Healthcare NHS Trust	Bexhill Hospital - Irvine Unit	TFP	24	D	A	E	C	NA	A	NA	NA	C	A	E	NA	B	A	B
South England - South West SCN																		
Great Western Hospitals NHS Foundation Trust	Chippenham Community Hospital - Mulberry Stroke Unit	TFP	35	D	A	C↑	C	NA	A	NA	NA	B↑	B	D↑	NA	C↑	D↓	C
Plymouth Community Healthcare CIC	Mount Gould Hospital	TFP	40	A↑	A	A↑	A↑	NA	A	NA	NA	A↑↑	A↑	B↑	NA	B↑	A	A↑
Torbay and Southern Devon Health and Care NHS Trust	Newton Abbot Hospital	TFP	52	A	A	B↑↑	A	NA	A	NA	NA	A	A	A	NA	A	A	A
South England - Thames Valley SCN																		
Oxford Health NHS Foundation Trust	Abingdon Community Hospital	TFP	22	D↑	A↑	D↑	C↑	NA	D↑	NA	NA	B	C↓↓	B	NA	D↑	B↑↑↑	C↑
Oxford Health NHS Foundation Trust	Witney Community Hospital	TFP	22	D	A	E	C	NA	C	NA	NA	A	B	C	NA	D	C	C
Wales																		
Cwm Taf University Health Board	Ysbyty Cwm Rhondda	TFP	34	D	A↑↑	D	C	NA	A	NA	NA	B↓	D	E	NA	B	D	C

Conclusion

It is unprecedented to have collected such a high volume of cases with good data quality and a representative sample within two years of initiating a new national audit. In addition an exceptional turnaround time for rapid public reporting by named hospital is a considerable achievement. The efforts of all the teams and almost registered audit users is acknowledged. It is important to give them credit for such success and to give teams time to understand the depth of reporting before jumping to any conclusions about a single measure at this stage.

We are reporting every quarter and whilst teams will be investigating where changes need to be made please allow them time to conduct a full diagnosis and time to draw up action plans to address issues. We are privileged to have honest self-reporting which is beginning to show what happens to patients after the early part of their recovery and we urge patience as more community hospitals and teams register and 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.

Appendix 1: Intercollegiate Stroke Working Party – List of Members

Chair

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

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

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

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

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

List of Members

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

AGILE – Professional Network of the Chartered Society of Physiotherapy
Miss Louise Briggs, Allied Health Professional Therapy Consultant, St George's Healthcare NHS Trust, London

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

B*ritish and Irish Orthoptic Society*
Dr Fiona Rowe, Senior Lecturer, University of Liverpool

British Association of Social Workers/National Institute for Health Research School for Social Care Research
Professor Jill Manthorpe, Professor of Social Work, King's College London

British Association of Stroke Physicians
Dr Neil Baldwin, Consultant Stroke Physician, North Bristol NHS Trust

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

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

Appendix 1: Intercollegiate Stroke Working Party – List of Members

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

British Psychological Society
Dr Audrey Bowen, Senior Lecturer In Psychology, University of Manchester

British Psychological Society
Dr Jason Price, Consultant Clinical Neuropsychologist, South Tees Hospital NHS Foundation Trust

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

Centre for the Economics of Mental and Physical Health, King's College London
Dr Anita Patel, Reader in Health Economics, King's College London

Chartered Society of Physiotherapy
Dr Cherry Kilbride, Lecturer in Physiotherapy, Centre for Research in Rehabilitation, 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
Mrs Karen Clements, Lead Occupational Therapist for the stroke rehabilitation unit, Royal Derby Hospital

College of Occupational Therapists and Special Section Neurological Practice
Professor Avril Drummond, Professor of Healthcare Research, University of Nottingham

NHS England
Dr Dimitri Varsamis, Domain Team Lead – Acute Portfolio, 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

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

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

Appendix 1: Intercollegiate Stroke Working Party – List of Members

Royal College of Nursing
Ms Amanda Jones, Stroke Nurse Consultant, Sheffield Teaching Hospitals NHS Foundation Trust

Royal College of Nursing
Dr Christopher Burton, Senior Research Fellow in Evidence Based Practice, Bangor University

Royal College of Radiologists
Dr Philip White, Consultant Interventional Neuroradiologist, Western General Hospital, Edinburgh

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

Royal College of Speech & Language Therapists
Dr Sue Pownall, Speech and Language Therapy Team Leader, Sheffield Teaching Hospitals NHS Foundation Trust

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

Stroke Association
Mr Jon Barrick, Chief Executive, Stroke Association

Stroke Association
Mr Joe Korner, Director of Communications, Stroke Association

NHS Stroke Physicans
Dr Phil Jones, Consultant Stroke Physician, Hywel Dda University Health Board, and National Clinical Lead for Stroke in Wales

University of Sheffield
Professor Pam Enderby, Professor of Community Rehabilitation, University of Sheffield

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

SSNAP Core Dataset 2.1.1

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

NB. There is a more reader friendly version of the changes from v1.1.2 available in the Support section of the webtool; 'Changes to SSNAP dataset (version 2.1.1)'

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')

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)

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

<u>This admission</u> *(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 ○

<u>Patient Condition in first 7 days</u> *(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.

Appendix 3 – Comparisons between SSNAP and previous stroke audits

This appendix summarises changes in stroke care measured between the latest two quarters of SSNAP reports and previous stroke audits, the National Sentinel Stroke Audit (NSSA) and SINAP.

Comparisons with National Sentinel Stroke Audit

The table below shows the change in proportion of appropriate patients receiving care in line with published guidelines between the last 4 rounds of the National Sentinel Stroke Audit and the current quarter of SSNAP.

During analysis we have looked in detail at changes in applicability of standards over previous rounds but in general the standards are being considered for the same proportion of patients as previously. It is important to note that not all standards are directly comparable over time.

% COMPLIANCE						
	National Sentinel Stroke Audit				**SSNAP**	**SSNAP**
Standards (100% is the optimal compliance)	2004	2006	2008	2010	Apr-June 2014	July-Sept 2014
% admitted to a stroke unit during their stay	46	62	74	88	95.9	95.8
% admitted to an acute or combined SU within 4 hours	Not asked	Not asked	17	38	58	59.8
% spending 90% of stay in a stroke unit	Not asked	Not asked	58	60	82.4%	83%
Screen swallowing disorders in the first 4 hours				56	67.3%	61.5%
Brain scan carried out within 24 hours of stroke	59	42	59	70	94.7	95.1
Patient received alteplase if appropriate	Not asked	Not asked	9	25	80*	79.4
Swallowing assessed by Speech and Language Therapist within 72 hours of admission	65	67	79	86	82.1	83.6
Patient assessed by Physiotherapist within 72 hours of admission	63	71	84	91	93.8	94.3
Initial assessment of communication problems by Speech & Language Therapist within 7 days of admission	68	69	75	82	N/A	N/A
Patient assessed by Occupational Therapist within 4 days of admission	Not asked	50	66	83	88.1*	89.8*
Evidence patient's mood has been assessed	47	55	65	80	79.3	71.1
Cognitive status assessed	65	71	78	85	88.8	76.8
Screened for malnutrition	Not asked	Not asked	69	84	95.4	95.5
Written evidence that rehabilitation goals agreed by multi-disciplinary team within 5 days				78	84.9	68.7
Written evidence that rehabilitation goals agreed by multidisciplinary team by discharge	68	76	86	94	94.5	94.9
Plan to promote urinary continence	58	54	60	63	84.6	35

*Not directly comparable

Appendix 3 – Comparisons between SSNAP and previous stroke audits

Changes for SINAP measures from Oct-Dec 2012

The results in the table below outline the changes over time between the final SINAP quarterly report (Oct-Dec 2012 admissions) and the current SSNAP Report (January - March 2014) where comparisons are possible.

SINAP	SINAP: October - December 2012 admissions	SSNAP: Apr - Jun 2014 admissions	SSNAP: July - Sept 2014 admissions
Number of stroke patients included in report	9,010	18,953	19,232
Proportion of inpatient strokes	4%	5.3%	5.3%
Arrival to scan median (mins)	85	79	75
Total proportion of patients thrombolysed	11%	12.2%	11.7%
Proportion of patients thrombolysed within 1 hour of arrival	51%	55.2%	56.4%
Arrival to thrombolysis median (mins)	59	57*	56*
Proportion of patients scanned within 1 hour of arrival at hospital	40%	43.1%	44.1%
Proportion of patients scanned within 24 hours of arrival at hospital	93%	94.7%	95.1%
Proportion of patients who arrived on a stroke unit within 4hours of arrival (when hospital arrival was out of hours)	65%	58%	59.8%
Proportion of patients seen by a stroke consultant within 24 hours of arrival	85%	75.1%	76.5%
Proportion of patients with a known onset time	66%	69.5%	70.1%
Proportion of eligible patients thrombolysed	70%	80%*	13.2%
Bundle 1: Seen by nurse and one therapist within 24h and all relevant therapists within 72h	68%	55.4%	58.1%
Bundle 3 First ward of admission was stroke unit and patient arrived there within four hours of hospital arrival	66%	58.6%	59.8%

*non directly comparable

Appendix 4: Actively Participating Domiciliary Teams

Region	Early Supported Discharge Teams
Cheshire and Mersey	• Warrington and Halton ESD Team • Wirral Stroke ESD Team
East of England	• Anglian Community Enterprise ESD • Norwich ESD Team • Mid Essex ESD Team • Essex ESD Team (SEPT) • West Essex ESD Team
East Midlands	• Central Nottinghamshire ESD Team
London	• Enfield ESD Team • Whipps Cross ESD Team • Croydon ESD Team • Lambeth ESD Team • Southwark ESD Team • Sutton and Merton ESD Team • Queens Hospital Romford ESD Team
Manchester, Lancashire and South Cumbria	• Bolton ESD Team • Central Manchester ESD Team • Heywood, Middleton and Rochdale ESD Team • Oldham Community ESD Team • Salford ESD Team • Tameside and Glossop ESD Team • University Hospitals of South Manchester ESD Team • Wrightington Wigan and Leigh ESD Team
North of England	• North Tyneside ESD Team • Wansbeck ESD Team
South West	• Gloucestershire ESD Team • North Bristol ESD Team • Plymouth Community Healthcare ESD Team • Somerset Partnership ESD Team
Thames Valley	• Buckinghamshire ESD Team • Oxford ESD Team
Wales	• Wrexham ESD Team • Cardiff and Vale ESD Team
Wessex	• Dorset HealthCare ESD Team • Poole ESD Team

Appendix 4: Actively Participating Domiciliary Teams

	• Royal Bournemouth Hospital ESD Team • Solent Stroke ESD Team (Southampton) • Lymington New Forest ESD Team
West Midlands	• Wolverhampton and Seisdon ESD Team • Shrewsbury and Telford ESD Team • Staffordshire ESD Team
Yorkshire and The Humber	• Bradford ESD Team • Locala (Kirklees) Stroke ESD Team

Appendix 4: Actively Participating Domiciliary Teams

Region	Early Supported Discharge and Community Rehab Teams (Joint Function)
London	• North East London Community Stroke Team
Manchester, Lancashire and South Cumbria	• Central Lancashire Community Neuro Rehab Team
North of England	• Newcastle upon Tyne ESD Team
South West	• Torbay Community Neuro Rehab Team • Wiltshire Integrated Community Health Directorate • Sirona Care & Health - Community Stroke Service • Teignbridge, Totnes & Dartmouth Community Stroke Team
West Midlands	• East Staffordshire Community Stroke Rehab Team
Yorkshire and The Humber SCN	• MY Therapy Neuro Rehab Team & Wakefield ESD Team • Sheffield Community Intermediate Care Service

Region	Community Rehab Teams
East of England	• Stevenage, North Herts and Royston Integrated Community Rehab Team
London	• Enfield Community Stroke Rehab Team • Whipps Cross Community Rehab Team • Lambeth Community Stroke Rehab Team • Bromley SCREHN Community Rehab Team • Southwark Community Stroke Rehab Team • Sutton and Merton Community Neuro Rehab Team • Your Healthcare Community Rehab Team
Manchester, Lancashire and South Cumbria	• Central Manchester Community Stroke Team • Pennine Acute NHS Trust Community Stroke Rehab Team • Bury Stroke Rehab Team • Oldham Community - Rehab Team • Tameside and Glossop Community Stroke Team
Yorkshire and The Humber	• Rotherham Community Stroke Team • York Community Stroke Rehab Team
South West	• Swindon Community Stroke Team

Appendix 4: Actively Participating Domiciliary Teams

Appendix 5: Teams which provided 20 or more six month assessments

Region	Six month assessment provider
Cheshire and Mersey	• University Hospital Aintree • Macclesfield District General Hospital • Leighton Hospital • Royal Liverpool University Hospital • Whiston Hospital • Arrowe Park Hospital • Wirral Stroke ESD Team
East of England	• Anglian Community Enterprise ESD • Ipswich Hospital • Norfolk Community 6 Month Assessment Provider • South West Essex ESD Team • Essex 6 Month Assessment Provider (Cumberlege ICC) • West Suffolk Hospital
London	• Croydon University Hospital • Bromley SCREHN Community Rehab Team SD/THMT • Queen Elizabeth Hospital Woolwich • North East London Community Stroke Team • Outer North East London 6 Month Assessment Provider • South West Essex 6 Month Assessment Provider • Brent 6 Month Assessment Provider • Harrow 6 Month Assessment Provider • Islington Stroke Association 6 Month Assessment Provider
Manchester, Lancashire and South Cumbria	• Central Manchester 6 Month Assessment Provider • Bury Stroke Rehab Team • Salford Stroke Association IASS - 6 Month Assessment Provider • Furness General Hospital • Wrightington Wigan and Leigh 6 month review team
North of England	• Sunderland Royal Hospital • Queen Elizabeth Hospital Gateshead • Newcastle upon Tyne ESD Team • Hexham General Hospital • North Tyneside General Hospital • Wansbeck General Hospital • James Cook University Hospital • South Tyneside District Hospital
Northern Ireland	• South West Acute Hospital
South East Coast	• Royal Sussex County Hospital • Central Surrey Health Community Rehab Team
South West	• Gloucestershire 6 Month Assessment Provider

Appendix 5: Teams which provided 20 or more six month assessments

	• Wiltshire 6 Month Assessment Provider • North Somerset DARRT - 6 Month Assessment Provider • Derriford Hospital • Somerset 6 Month Assessment Provider • Somerset Partners hip ESD Team
Thames Valley	• Berkshire Community Neuro Rehab Team • Buckinghamshire Healthcare 6 Month Assessment Provider • Oxfordshire 6 Month Assessment Provider • Buckinghamshire Stroke Association - 6 Month Assessment Provider
Wales	• Prince of Wales Hospital • Swansea Locality 6 month review team • Prince Charles Hospital • Royal Glamorgan • Ysbyty Cwm Rhondda • Prince Philip Hospital • West Wales General • Withybush General Hospital
Wessex	• Dorset HealthCare 6 Month Assessment Provider • St Mary's Hospital Newport • Southampton General Hospital
West Midlands	• Good Hope General Hospital • Staffordshire ESD Team • Wolverhampton Community 6 Month Assessment Provider • Dudley Stroke Association - 6 month assessment provider • Walsall Community Stroke Rehab Team
Yorkshire and The Humber	• Chesterfield Royal • Diana Princess of Wales Hospital Grimsby • Rotherham Community Stroke Team • Bradford Stroke Association IASS - 6 Month Assessment Provider • Calderdale Stroke Association IASS - 6 Month Assessment Provider • Kirklees Stroke Association IASS - 6 Month Assessment Provider • York Hospital