Scoring Summary

This document contains technical information regarding the scoring algorithm.
For a list of definitions and details on how each Key Indicator is calculated please see the
Simplified technical guidance.

How SSNAP scores are calculated

There are several stages to calculating a SSNAP score:
1) Each Key Indicator is assigned a score from 0-100:
Typically, the score for an indicator is the percentage achieved. However, for some Key
Indicators this is not appropriate, and a score is attributed based on the performance in the
Key Indicator. The Key Indicator scores are outlined in each domain section below.

2) Algorithm for calculating domain scores and levels:
Once the score for each individual Key Indicator is known, the patient-centred domain score
is calculated by adding together all the patient-centred key indicator scores in the domain
and dividing by the number of applicable patient-centred key indicators.
For example, Patient-centred Domain 2 score = (KI2.1A + KI2.2A + KI2.3A + KI2.4A) / 4

Similarly, the team-centred domain score is calculated by adding together all the team-
centred key indicator scores in the domain and dividing by the number of applicable team-
centred key indicators.

Each domain score is then categorised into levels A to E. The score required to achieve each
level is outlined in each domain section below and we plan to keep these levels static for at
least a few reporting periods so that they can be a fixed point of reference for each team to
measure improvement.

Note: Where a team does not have a particular key indicator score (e.g. Teams which do not
routinely admit patients would not have a team-centred % scanned with 20 minutes score)
that key indicator would not count towards the domain score. The domain score would be
calculated out of the relevant key indicators within the domain. For details of which key
indicators apply to which team types please see the "Key Indicator applicability" table at the
bottom of this document.

3) Algorithm for combining domain levels into a Total Key Indicator level:
Once the level for each of the domains has been determined each level is assigned a
number of points (A=100, B=80, C=60, D=40, E=20).

For example, an average score of 67% for patient-centred Domain 4 would be a Level C
performance. Level C would be worth 60 points towards the patient-centred Total Key
Indicator score.

The patient-centred Total Key Indicator score is calculated by adding together all of the
patient-centred domain points and dividing by the number of applicable patient-centred
domains.

This score is then assigned a patient-centred Total Key Indicator level:
A= over 80
B= between 70 and <80
C= between 60 and <70
D= between 40 and <60
E= less than 40

Similarly, the team-centred Total Key Indicator score is calculated by adding together the team-centred domain points and dividing by the number of applicable team-centred domains. Then a level is assigned as above.

Note: If a domain (either patient-centred or team-centred) is wholly not applicable (e.g. The whole of domain 1 would be not applicable for team who do not directly admit patients) then the patient-centred (or team-centred) total KI score would be calculated out of the relevant domains. Please see the "Key Indicator applicability" table at the bottom of this document.

4) Adjustments for case ascertainment and audit compliance to produce the final SSNAP Score:

In order to adjust for case ascertainment and audit compliance, the Combined Total Key Indicator score is created by averaging the patient-centred and team-centred Total Key Indicator scores. This Combined Total Key Indicator score is then adjusted for case ascertainment and audit compliance. Please see the **Simplified technical guidance** for more detailed information about how case ascertainment and audit compliance levels are calculated.

Adjusting for case ascertainment and audit compliance:
Low case ascertainment or audit compliance will result in a team receiving an adjustment. The size of the adjustment varies depending on how low the case ascertainment or audit compliance band is:

Adjustment 1:
Case ascertainment adjustments:
Band A = Case ascertainment is 90% or higher, no adjustment is made to the score (100% of the score is maintained)
Band B = Case ascertainment is between 80 to <90%, an adjustment resulting in 95% of the score is made
Band C = Case ascertainment is between 70 to <80%, an adjustment resulting in 85% of the score is made
Band D = Case ascertainment is between 60 to <70%, an adjustment resulting in 70% of the score is made
Band E = Case ascertainment is less than 60%, an adjustment resulting in 50% of the score is made

Adjustment 2:

Audit compliance adjustments:

Band A = Audit compliance is 90 or higher, no adjustment is made to the score (100% of the remaining score following Adjustment 1 is maintained)

Band B = Audit compliance is between 80 to <90, an adjustment resulting in 95% of the remaining score following Adjustment 1 is made

Band C = Audit compliance is between 70 to <80, an adjustment resulting in 90% of the remaining score following Adjustment 1 is made

Band D = Audit compliance is between 50 to <70, an adjustment resulting in 85% of the remaining score following Adjustment 1 is made

Band E = Audit compliance is less than 50, an adjustment resulting in 80% of the remaining score following Adjustment 1 is made

For example, a team with 70-79% case ascertainment would keep 85% of their original score in Adjustment 1. If that team had 80-89 audit compliance, the team would occur a second adjustment, keeping 95% of their remaining score.

SSNAP Score and Level:

The resulting adjusted SSNAP score is then assigned a level:

A= over 80
B= between 70 and <80
C= between 60 and <70
D= between 40 and <60
E= less than 40

5) Patient-centred and team-centred SSNAP scores:

The same process as above is used to calculate the patient-centred and team-centred SSNAP scores, except the specific (patient-centred or team-centred) Total Key Indicator scores are used rather than the Combined Total Key Indicator score.

Reasons a team would not receive a score or a report:

"Case ascertainment less than 60%" = Teams which did not meet their minimum case ascertainment target for inclusion in a particular cohort do not receive results for that cohort.

"Too few to report" = Teams with less than 20 patients in a particular cohort do not receive results for that cohort.

"None entered/No records" = Team which did not submit any records in a particular cohort do not receive results for that cohort.

Domain Scores

The following section shows the A-E domain levels for each domain as well as a breakdown of how to achieve the Key Indicator score for each Key Indicator within that domain. For more in-depth guidance on calculating each Key Indicator please see the **Simplified technical guidance.**

Domains for SSNAP Key Indicators scoring:
Domain 1: Hyperacute assessment
Domain 2: Specialist pathway
Domain 3: Reperfusion
Domain 4: MDT assessment
Domain 5: Therapy intensity
Domain 6: Therapy frequency
Domain 7: Standards by discharge

Domain 1: Hyperacute assessment
Level A: Average score = 90, Total score = 630
Level B: Average score = 80, Total score = 560
Level C: Average score = 70, Total score = 490
Level D: Average score = 60, Total score = 420
Level E: Average score <60, Total score = <420

1.1 Percentage of patients scanned within 20 minutes of clock start
The score for this indicator is the percentage scanned within 20 minutes multiplied by 2.5, and capped at a score of 100 (i.e. Scanning 40% of patients within 20 minutes achieves the top score for this indicator)

1.2 Median time between clock start and scan
The score for this indicator is allocated depending on your team's median clock start to scan time:
A score of 100 is obtained if the median time is less than 45 minutes
A score of 90 is obtained if the median time is between 45 to <60 minutes
A score of 80 is obtained if the median time is between 60 to <75 minutes
A score of 70 is obtained if the median time is between 75 to <90 minutes
A score of 60 is obtained if the median time is between 1.5 to <2 hours
A score of 50 is obtained if the median time is between 2 to <3 hours
A score of 40 is obtained if the median time is between 3 to <4 hours
A score of 30 is obtained if the median time is between 4 to <5 hours
A score of 20 is obtained if the median time is between 5 to <6 hours
A score of 10 is obtained if the median time is between 6 to <8 hours
A score of 0 is obtained if the median time is 8 hours or longer

1.3 Percentage of patients given CTA on first imaging visit
The score for this indicator is the percentage given a CTA on first imaging visit multiplied by 4, and capped at a score of 100 (i.e. Giving 25% of patients a CTA on first imaging visit achieves the top score for this indicator)

1.4 Percentage of wake-up strokes and strokes with unknown onset time given CTA, CTP or MRI on first imaging visit
The score for this indicator is the percentage given a CTA, CTP or MRI on first visit multiplied by 1.25, and capped at a score of 100 (i.e. Giving 80% of applicable patients given a CTA, CTP or MRI on first visit achieves the top score for this indicator)

1.5 Percentage of patients assessed by a stroke-skilled clinician (including consultant) within 1 hour of clock start
The score for this indicator is the percentage attained.

1.6 Percentage of patients assessed by a nurse trained in stroke management within 4 hours of clock start
The score for this indicator is the percentage attained.

1.7 Percentage of applicable patients who were given a swallow screen within 4 hours of clock start
The score for this indicator is the percentage attained.

Domain 2: Specialist pathway
Level A: Average score = 90, Total score = 360
Level B: Average score = 80, Total score = 320
Level C: Average score = 70, Total score = 280
Level D: Average score = 60, Total score = 240
Level E: Average score <60, Total score = <240

2.1 Percentage of patients directly admitted to a stroke unit within 4 hours of clock start
The score for this indicator is the percentage attained.

2.2 Median time between clock start and arrival on stroke unit
The score for this indicator is allocated depending on your team's median clock start to arrival on stroke unit time:
A score of 100 is obtained if the median time is less than 60 minutes
A score of 90 is obtained if the median time is between 1 to <2 hours
A score of 80 is obtained if the median time is between 2 to <3 hours
A score of 70 is obtained if the median time is between 3 to <4 hours
A score of 60 is obtained if the median time is between 4 to <4.5 hours
A score of 50 is obtained if the median time is between 4.5 to <5 hours
A score of 40 is obtained if the median time is between 5 to <5.5 hours
A score of 30 is obtained if the median time is between 5.5 to <6 hours
A score of 20 is obtained if the median time is between 6 to <7 hours
A score of 10 is obtained if the median time is between 7 to <8 hours
A score of 0 is obtained if the median time is 8 hours or longer

2.3 Percentage of patients who spent at least 90% of their stay on stroke unit
The score for this indicator is the percentage attained.

2.4 Percentage of patients treated by a stroke specialist community rehabilitation team (ESD, CRT or combined)
The score for this indicator is the percentage of patients treated by a stroke specialist community rehabilitation team multiplied by 1.25, and capped at a score of 100 (i.e. Discharging 80% of patients to a stroke specialist community rehabilitation team achieves the top score for this indicator).

Domain 3: Reperfusion
Level A: Average score = 85, Total score = 595
Level B: Average score = 75, Total score = 525
Level C: Average score = 65, Total score = 455
Level D: Average score = 55, Total score = 385
Level E: Average score <55, Total score = <385

3.1 Percentage of all stroke patients given thrombolysis
The score for this indicator is the percentage of patients given thrombolysis multiplied by 5, and capped at a score of 100 (i.e. Thrombolysing 20% of patients achieves the top score for this indicator)

3.2 Percentage of stroke patients with extended indications for thrombolysis given thrombolysis
The score for this indicator is the percentage of patients with extended indications for thrombolysis given thrombolysis multiplied by 3.34, and capped at a score of 100 (i.e. Thrombolysing 30% of patients with extended indications for thrombolysis achieves the top score for this indicator)

3.3 Percentage of stroke patients given thrombolysis (within 4h) compared with bespoke site-specific target
The score for this indicator is the achievement against the bespoke target.

3.4 Median time between clock start and thrombolysis
The score for this indicator is allocated depending on your team's median clock start to thrombolysis time:
A score of 100 is obtained if the median time is less than 30 minutes
A score of 90 is obtained if the median time is between 30 to <40 minutes
A score of 80 is obtained if the median time is between 40 to <50 minutes
A score of 70 is obtained if the median time is between 50 to <60 minutes
A score of 60 is obtained if the median time is between 60 to <70 minutes
A score of 50 is obtained if the median time is between 70 to <80 minutes
A score of 40 is obtained if the median time is between 80 to <90 minutes
A score of 30 is obtained if the median time is between 90 to <100 minutes
A score of 20 is obtained if the median time is between 100 to <110 minutes
A score of 10 is obtained if the median time is between 110 to <120 minutes
A score of 0 is obtained if the median time is 120 minutes or longer

3.5 Percentage of all patients given thrombectomy
The score for this indicator is the percentage given thrombectomy multiplied by 10, and capped at a score of 100 (i.e. Thrombectomy rate of 10% of patients achieves the top score for this indicator)

3.6 Median time between arrival and discharge at first admitting team (door-in-door-out) for patients receiving thrombectomy
The score for this indicator is allocated depending on your team's median door-in-door-out time:
A score of 100 is obtained if the median time is less than 45 minutes
A score of 90 is obtained if the median time is between 45 to <60 minutes
A score of 80 is obtained if the median time is between 60 to <75 minutes
A score of 70 is obtained if the median time is between 75 to <90 minutes
A score of 60 is obtained if the median time is between 1.5 to <2 hours
A score of 50 is obtained if the median time is between 2 to <2.5 hours
A score of 40 is obtained if the median time is between 2.5 to <3 hours
A score of 30 is obtained if the median time is between 3 to <4 hours
A score of 20 is obtained if the median time is between 4 to <5 hours
A score of 10 is obtained if the median time is between 5 to <6 hours
A score of 0 is obtained if the median time is 6 hours or longer

3.7 Median time between arrival at thrombectomy centre and arterial puncture (door to puncture)
The score for this indicator is allocated depending on your team's median door to puncture time:
A score of 100 is obtained if the median time is less than 45 minutes
A score of 90 is obtained if the median time is between 45 to <60 minutes
A score of 80 is obtained if the median time is between 60 to <75 minutes
A score of 70 is obtained if the median time is between 75 to <90 minutes
A score of 60 is obtained if the median time is between 1.5 to <2 hours
A score of 50 is obtained if the median time is between 2 to <2.5 hours
A score of 40 is obtained if the median time is between 2.5 to <3 hours
A score of 30 is obtained if the median time is between 3 to <4 hours
A score of 20 is obtained if the median time is between 4 to <5 hours
A score of 10 is obtained if the median time is between 5 to <6 hours
A score of 0 is obtained if the median time is 6 hours or longer

Domain 4: MDT Assessment
Level A: Average score = 80, Total score = 400
Level B: Average score = 70, Total score = 350
Level C: Average score = 60, Total score = 300
Level D: Average score = 50, Total score = 250
Level E: Average score <50, Total score = <250

4.1 Percentage of patients assessed by a stroke specialist consultant within 14 hours of clock start
The score for this indicator is the percentage attained.

4.2 Percentage of applicable patients who were given a formal swallow assessment within 24 hours of clock start
The score for this indicator is the percentage attained.

4.3 Percentage of applicable patients who were assessed by an occupational therapist within 24 hours of clock start
The score for this indicator is the percentage attained.

4.4 Percentage of applicable patients who were assessed by a physiotherapist within 24 hours of clock start
The score for this indicator is the percentage attained.

4.5 Percentage of applicable patients who were assessed by a speech and language therapist within 72 hours of clock start
The score for this indicator is the percentage attained.

Domain 5: Therapy intensity
Level A: Average score = 50, Total score = 150
Level B: Average score = 40, Total score = 120
Level C: Average score = 30, Total score = 90
Level D: Av. Score = 20, Total score = 60
Level E: Average score <20, Total score = <60

5.1 Percentage of applicable patients who are assessed by a nurse within 4 hours AND occupational therapist and physiotherapist within 24 hours AND speech and language therapist within 72 hours AND have rehab goals agreed within 5 days
The score for this indicator is the percentage attained.

5.2 Percentage of patients achieving the NICE target for total therapy dose received
The score for this indicator is the percentage receiving 128 minutes of therapy per day multiplied by 2.2, and capped at a score of 100 (i.e. 46% of patients receiving 128 minutes of therapy per day achieves the top score for this indicator)

5.3 Median number of minutes of total therapy received per day the patient is an inpatient
The score for this indicator is allocated depending on your team's median number of total minutes per day:
A score of 100 is obtained if the median is 128 or more minutes per day
A score of 90 is obtained if the median is 112 or more and <128 minutes per day
A score of 80 is obtained if the median is 98 or more and <112 minutes per day
A score of 70 is obtained if the median is 84 or more and <98 minutes per day
A score of 60 is obtained if the median is 70 or more and <84 minutes per day
A score of 50 is obtained if the median is 56 or more and <70 minutes per day
A score of 40 is obtained if the median is 42 or more and <56 minutes per day
A score of 30 is obtained if the median is 28 or more and <42 minutes per day
A score of 20 is obtained if the median is 14 or more and <28 minutes per day
A score of 10 is obtained if the median is more than 0 and <14 minutes per day
A score of 0 is obtained if the median time is 0 minutes per day

Domain 6: Therapy Frequency

6.1 Percentage of patients receiving 3 hours of motor therapy per day motor therapy received.
The score for this indicator is the percentage receiving 3 hours of motor function per day multiplied by 1.43, and capped at a score of 100 (i.e. 70% of patients receiving 3 hours of motor function per day achieves the top score for this indicator)

6.2 Median percentage of days as an inpatient on which motor therapy is received
The score for this indicator is the percentage attained.

6.3 Percentage of patients receiving 45 minutes of psychological therapy per day psychological therapy received.
The score for this indicator is the percentage attained.

6.4 Median percentage of days as an inpatient on which psychological therapy is received
The score for this indicator is the percentage attained.

6.5 Percentage of patients receiving 45 minutes of communication/swallowing therapy per day communication/swallowing therapy received.
The score for this indicator is the percentage attained.

6.6 Median percentage of days as an inpatient on which communication/swallowing therapy is received
The score for this indicator is the percentage attained.

Domain 7: Standards by discharge
Level A: Average score = 95, Total score = 760
Level B: Average score = 85, Total score = 680
Level C: Average score = 75, Total score = 600
Level D: Average score = 60, Total score = 480
Level E: Average score <60, Total score = <480

7.1 Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (or seen by a dietitian before screening)
The score for this indicator is the percentage attained.

7.2 Infection rate: percentage of patients with a urinary tract infection in the first 7 days and percentage of patients given antibiotics for newly acquired pneumonia in the first 7 days
A score of 100 is obtained if the sum of both rates is 0 or more and <10%
A score of 75 is obtained if the sum of both rates is 10 or more and <15%
A score of 0 is obtained if the sum of both rates is more than 15%

7.3 Percentage of applicable patients who have mood screening by discharge
The score for this indicator is the percentage attained.

7.4 Percentage of applicable patients who have cognition screening by discharge
The score for this indicator is the percentage attained.

7.5 Percentage of applicable patients assessed by a psychologist by discharge
The score for this indicator is the percentage attained.

7.6 Percentage of applicable patients who have vision screening by discharge
The score for this indicator is the percentage attained.

7.7 Percentage of applicable patients assessed by an orthoptist by discharge (or have an orthoptic outpatient appointment scheduled by discharge)
The score for this indicator is the percentage attained.

7.8 Percentage of those patients who are discharged alive who are given a named contact for information, support and advice
The score for this indicator is the percentage attained.

Key Indicator applicability

*Note: if in a given quarter a non-routinely admitting team or a non-acute inpatient team **directly admit at least 20 patients within 24 hours** they will receive the same key indicators as per routinely admitting teams.*

	Routinely admitting teams	Non-routinely admitting teams	Non-acute inpatient teams
1. Hyperacute assessment			
1.1 Percentage of patients scanned within 20 minutes of clock start			
1.1A Patient centred	✔	✔	✖
1.1B Team centred	✔	✖	✖
1.2 Median time between clock start and scan (hours:mins)			
1.2A Patient centred	✔	✔	✖
1.2B Team centred	✔	✖	✖
1.3 Percentage of patients given CTA on first imaging visit			
1.3A Patient centred	✔	✔	✖
1.3B Team centred	✔	✖	✖
1.4 Percentage of wake-up strokes and strokes with unknown onset time given CTA, CTP or MRI on first imaging visit			
1.4A Patient centred	✔	✔	✖
1.4B Team centred	✔	✖	✖
1.5 Percentage of patients assessed by a stroke-skilled clinician (including consultant) within 1 hour of clock start			
1.5A Patient centred	✔	✔	✖
1.5B Team centred	✔	✖	✖
1.6 Percentage of patients assessed by a nurse trained in stroke management within 4 hours of clock start			
1.6A Patient centred	✔	✔	✖
1.6B Team centred	✔	✖	✖
1.7 Percentage of applicable patients who were given a swallow screen within 4 hours of clock start			
1.7A Patient centred	✔	✔	✖

	Routinely admitting teams	Non-routinely admitting teams	Non-acute inpatient teams
1.7B Team centred	✔	✖	✖
2. Specialist pathway key indicators			
2.1 Percentage of patients directly admitted to a stroke unit within 4 hours of clock start			
2.1A Patient centred	✔	✔	✖
2.1B Team centred	✔	✖	✖
2.2 Median time between clock start and arrival on stroke unit (hours:mins)			
2.2A Patient centred	✔	✔	✖
2.2B Team centred	✔	✖	✖
2.3 Percentage of patients who spent at least 90% of their stay on stroke unit			
2.3A Patient centred (percentage of stay across all inpatient teams)	✔	✔	✔
2.3B Team centred (percentage of stay under your team whilst an inpatient)	✔	✔	✔
2.4 Percentage of patients treated by a stroke specialist community rehabilitation team (ESD, CRT or combined)			
2.4A Patient centred	✔	✔	✔
2.4B Team centred	✔	✔	✔
3. Reperfusion key indicators			
3.1 Percentage of stroke patients arriving within 4 hours of onset given thrombolysis			
3.1A Patient centred	✔	✔	✖
3.1B Team centred	✔	✖	✖
3.2 Percentage of stroke patients arriving within 8.5 hours of onset given thrombolysis			
3.2A Patient centred	✔	✔	✖
3.2B Team centred	✔	✖	✖
3.3 Percentage of stroke patients given thrombolysis compared with bespoke site-specific target			
3.3A Patient centred	✖	✖	✖
3.3B Team centred	✔	✖	✖

	Routinely admitting teams	Non-routinely admitting teams	Non-acute inpatient teams
3.4 Median time between clock start and thrombolysis (hours:mins)			
3.4A Patient centred	✔	✔	✘
3.4B Team centred	✔	✘	✘
3.5 Percentage of all patients given thrombectomy			
3.5A Patient centred	✔	✔	✘
3.5B Team centred	✔	✘	✘
3.6 Median time between arrival and discharge at first admitting team (door-in-door-out) for patients receiving thrombectomy (hours:mins)			
3.6A Patient centred	✔	✔	✘
3.6B Team centred	✔	✘	✘
3.7 Median time between arrival at thrombectomy centre and arterial puncture (door to puncture) (hours:mins)			
3.7A Patient centred	✔	✔	✘
3.7B Team centred	✔	✘	✘
4. MDT assessment			
4.1 Percentage of patients assessed by a stroke specialist consultant within 14 hours of clock start			
4.1A Patient centred	✔	✔	✘
4.1B Team centred	✔	✘	✘
4.2 Percentage of applicable patients who were given a formal swallow assessment within 24 hours of clock start			
4.2A Patient centred	✔	✔	✘
4.2B Team centred	✔	✘	✘
4.3 Percentage of applicable patients assessed by an occupational therapist within 24 hours of clock start			
4.3A Patient centred	✔	✔	✘
4.3B Team centred	✔	✘	✘
4.4 Percentage of applicable patients assessed by a physiotherapist within 24 hours of clock start			
4.4A Patient centred	✔	✔	✘
4.4B Team centred	✔	✘	✘

	Routinely admitting teams	Non-routinely admitting teams	Non-acute inpatient teams
4.5 Percentage of applicable patients who were assessed by a speech and language therapist within 72h of clock start			
4.5A Patient centred	✔	✔	✘
4.5B Team centred	✔	✘	✘
5. Therapy intensity indicators			
5.1 Percentage of applicable patients who are assessed by a nurse within 4 hours AND all relevant therapists within 24 hours AND have rehab goals agreed within 5 days			
5.1A Patient centred	✔	✔	✔
5.1B Team centred	✘	✘	✘
5.2 Percentage of patients achieving the NICE target for total therapy dose received			
5.2A Patient centred	✔	✔	✔
5.2B Team centred	✔	✔	✔
5.3 Median number of minutes of total therapy received per day the patient is an inpatient			
5.3A Patient centred (days across all inpatient teams)	✔	✔	✔
5.3B Team centred (days with this team)	✔	✔	✔
6. Therapy frequency indicators			
6.1 Percentage of patients receiving 3 hours of motor function therapy per day motor function therapy received			
6.1A Patient centred	✔	✔	✔
6.1B Team centred	✔	✔	✔
6.2 Median percentage of days as an inpatient on which motor function is received			
6.2A Patient centred (% of the days across all inpatient teams)	✔	✔	✔
6.2B Team centred (% of the days with this team)	✔	✔	✔
6.3 Percentage of patients receiving 45 minutes of psychological function therapy per day psychological function therapy received			
6.3A Patient centred (days across all inpatient teams)	✔	✔	✔
6.3B Team centred (days with this team)	✔	✔	✔

	Routinely admitting teams	Non-routinely admitting teams	Non-acute inpatient teams
6.4 Median percentage of days as an inpatient on which psychological function is received			
6.4A Patient centred (% of the days across all inpatient teams)	✔	✔	✔
6.4B Team centred (% of the days with this team)	✔	✔	✔
6.5 Percentage of patients receiving 45 minutes of communication/swallowing therapy per day communication/swallowing therapy received			
6.5A Patient centred (days across all inpatient teams)	✔	✔	✔
6.5B Team centred (days with this team)	✔	✔	✔
6.6 Median percentage of days as an inpatient on which communication/swallowing is received			
6.6A Patient centred (% of the days across all inpatient teams)	✔	✔	✔
6.6B Team centred (% of the days with this team)	✔	✔	✔
7. Standards by discharge key indicators			
7.1 Percentage of applicable patients screened for nutrition and seen by a dietitian by discharge (or seen by a dietitian before screening)			
7.1A Patient centred	✔	✔	✔
7.1B Team centred	✔	✔	✘
7.2 Infection rate: percentage of patients with a urinary tract infection in the first 7 days and percentage of patients given antibiotics for newly acquired pneumonia in the first 7 days			
7.2A Patient centred	✔	✔	✔
7.2B Team centred	✔	✔	✘
7.3 Percentage of applicable patients who have mood screening by discharge			
7.3A Patient centred	✔	✔	✔
7.3B Team centred	✔	✔	✔
7.4 Percentage of applicable patients who have cognition screening by discharge			
7.4A Patient centred	✔	✔	✔
7.4B Team centred	✔	✔	✔

	Routinely admitting teams	Non-routinely admitting teams	Non-acute inpatient teams
7.5 Percentage of applicable patients assessed by a psychologist by discharge			
7.5A Patient centred	✔	✔	✔
7.5B Team centred	✔	✔	✔
7.6 Percentage of applicable patients who have vision screening by discharge			
7.6A Patient centred	✔	✔	✔
7.6B Team centred	✔	✔	✔
7.7 Percentage of applicable patients assessed by an orthoptist by discharge (or have an orthoptic outpatient appointment scheduled by discharge)			
7.7A Patient centred	✔	✔	✔
7.7B Team centred	✔	✔	✔
7.8 Percentage of those patients discharged alive who are given a named contact for information, support and advice			
7.8A Patient centred	✔	✔	✔
7.8B Team centred	✔	✔	✔