

SSNAP Combined Organisational Audit

Introductory webinar

SSNAP

**Sentinel Stroke National
Audit Programme**



Netiquette



Please do not raise your hand to ask a question as we are not able to hear you!



The Q&A function available throughout the webinar. We will be addressing questions at the end.



We may not be able to respond to your query during the webinar. However, we will endeavour to include responses to new queries in future resources/ communications.

Contents



1. Background

The SSNAP organisational audits provide a 'snapshot' of the structure and organisation of stroke services in England, Wales and Northern Ireland.

History of organisational audits

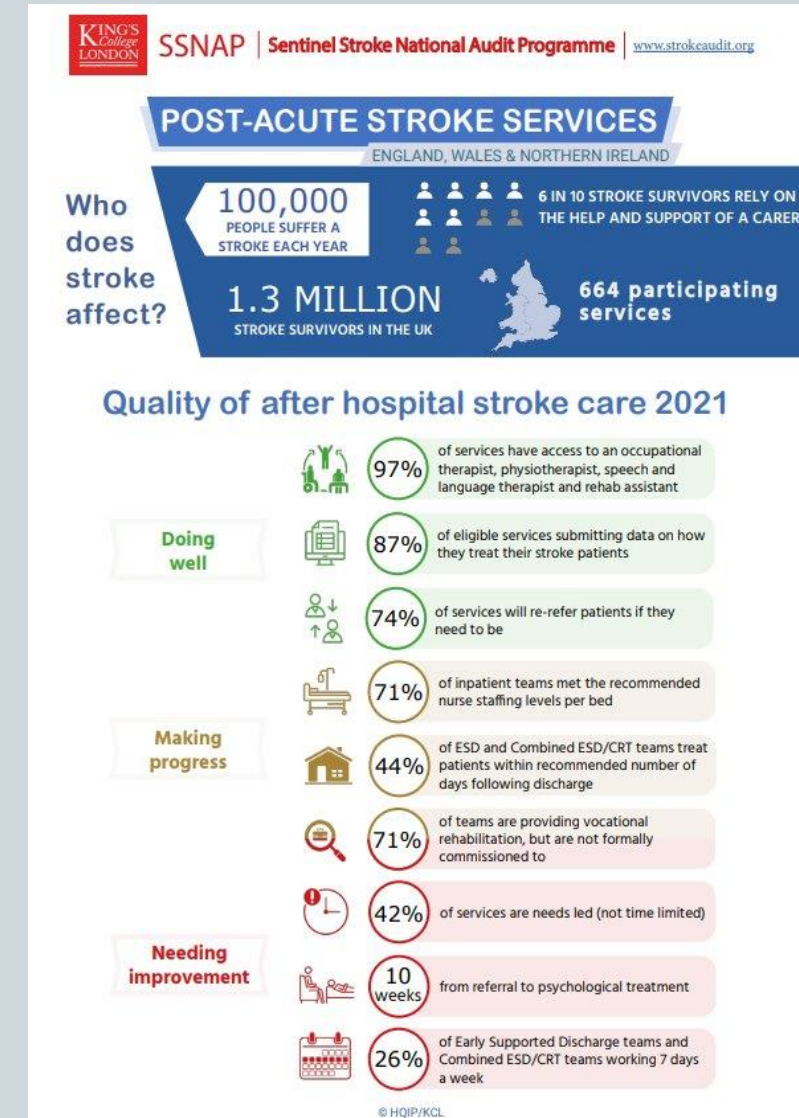
Audit	2012	2014	2015	2016	2019	2021
Acute	✓	✓		✓	✓	✓
Post-acute OA			✓			✓

The last organisational audit for acute and post-acute services was run in 2021

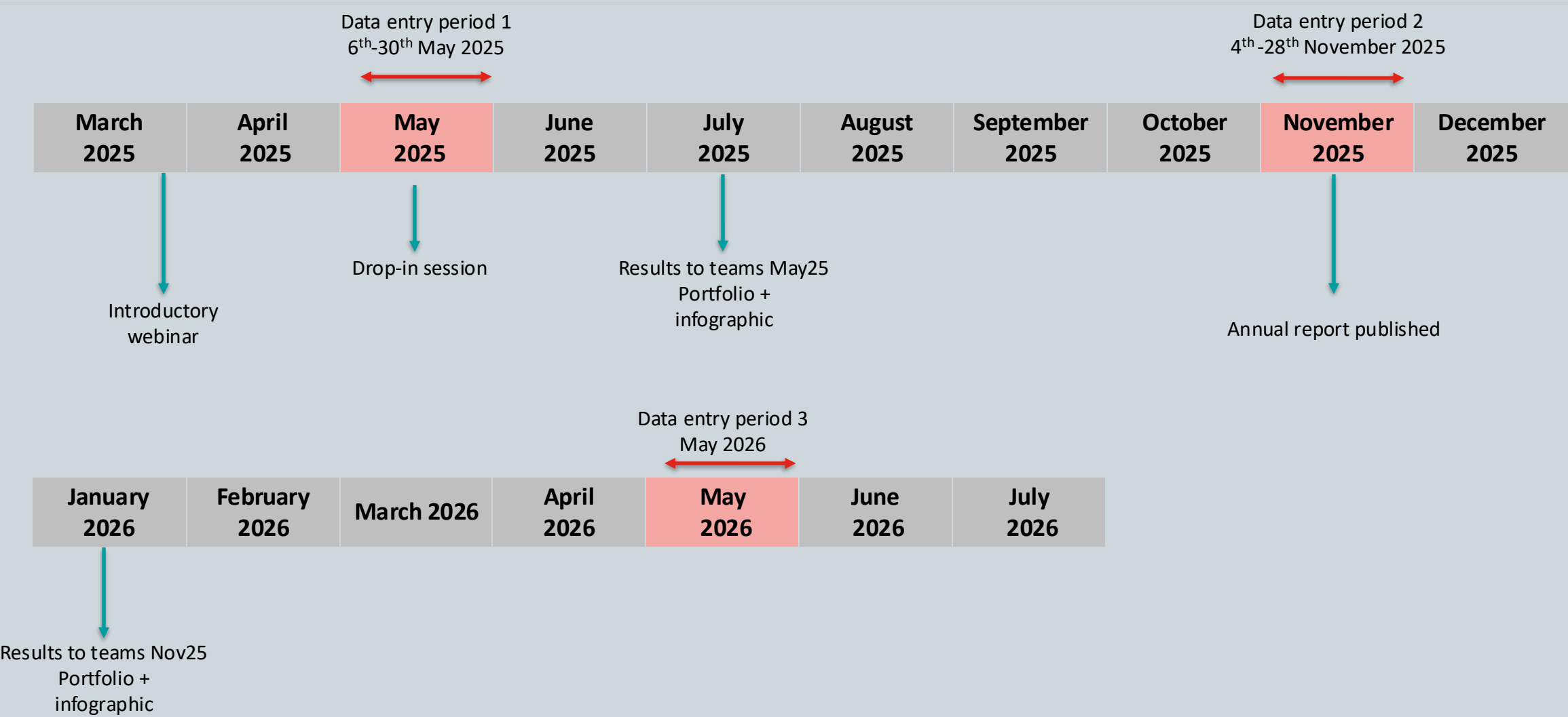
1. Background

Aims of the audit:

- To audit performance against the requirements in the 2023 National Clinical Guideline for Stroke and other relevant evidence and policy documents
- To enable trusts to benchmark the quality of their stroke services nationally and regionally
- To establish a baseline of current service organisation nationally to compare with processes of care (as assessed in the SSNAP clinical audit) and to monitor changes over time.
- To measure changes over time in the resources available for specialist stroke care, in particular the workforce.
- To provide timely, transparent information to patients, the public and professionals about the quality of stroke care organisation locally and nationally.
- To provide commissioners with evidence of the quality of commissioned services and to identify where improvements to services were needed and make recommendations.

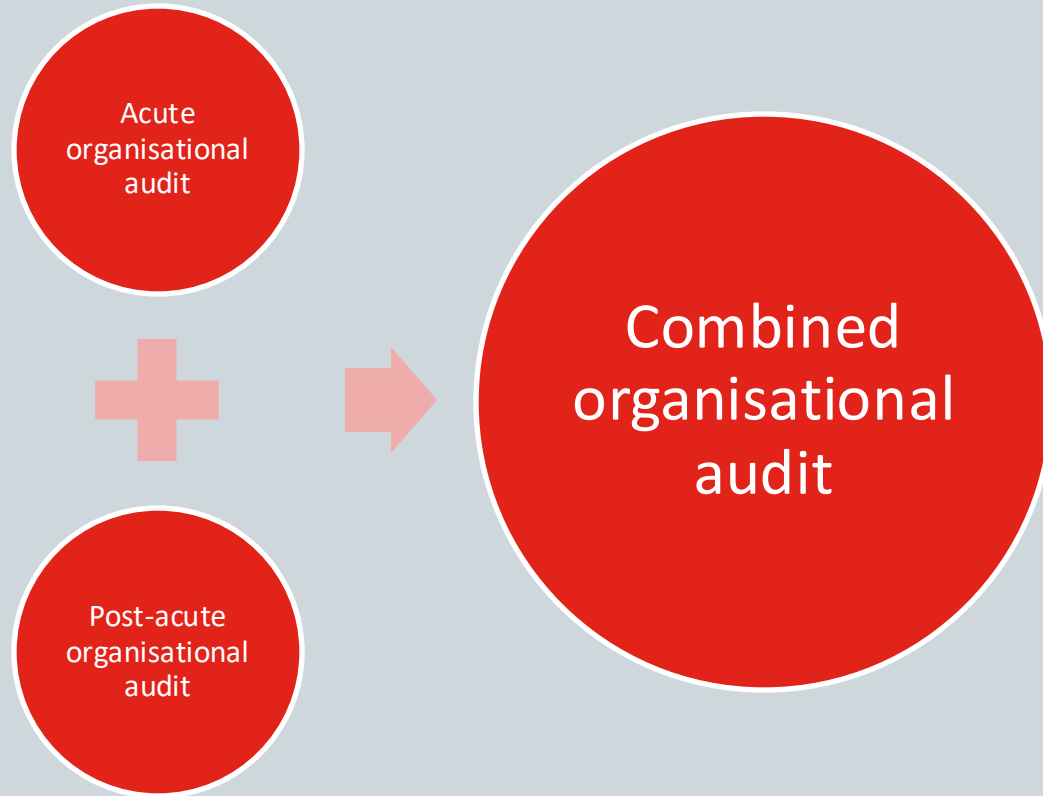


2. Timeline



3. New format

The acute and post-acute organisational audits will now be run as one combined organisational audit



New Combined:

- Dataset
- Helpnotes
- Portfolio

No need to register separately for this combined organisational audit

3. New format

The organisational audit will now be run six monthly with data collection periods in May and November each year. The audit will collect a 'snapshot' of services at that time.



The proforma will not need to be fully completed every six months



Only those answers which have changed will need to be updated



The proforma will then need to be signed off each reporting period

E17 Declaration

We confirm the data in this form has been reviewed and is ready for analysis

4. Dataset

<u>Section A</u>	1	<u>General organisational information</u>	All services
	2	<u>Workforce</u>	All services except standalone 6m providers (1.4 = Yes)
	3	<u>Quality improvement and leadership</u>	
	4	<u>Training</u>	
	5	<u>Discharge information</u>	
	6	<u>Research</u>	
<u>Section B</u>	7	<u>Acute presentation</u>	Acute inpatient services (1.1 = Yes)
	8	<u>Stroke units</u>	
	9	<u>Thrombolysis and thrombectomy</u>	
	10	<u>Specialist investigations for stroke and TIA patients</u>	
	11	<u>TIA/Neurovascular service</u>	
	12	<u>Medical workforce</u>	
<u>Section C</u>	13	<u>Inpatient rehabilitation</u>	Post-acute services (1.1 = No) except standalone 6m providers (1.4 = Yes)
	14	<u>Community based rehabilitation</u>	
	15	<u>Vocational rehabilitation</u>	
<u>Section D</u>	16	<u>Six month assessments</u>	All services
<u>Section E</u>	17	<u>Declaration</u>	All services

- Four sections for data entry
- Only the sections relevant to your team type/the care your team provides will be available to answer
- Final section to confirm and lock data for analysis

Section A

	Subsections	Services
1	General organisational information	All services



Answered by all service types



Provides information on basic organisation and provision of services at site



Determines which of the other audit sections are available to answer

Section A

	Subsections	Services
2	Workforce	All services except standalone 6m providers
3	Quality improvement and leadership	All services except standalone 6m providers
4	Training	All services except standalone 6m providers
5	Discharge information	All services except standalone 6m providers
6	Research	All services except standalone 6m providers

Section B

	Subsections	Services
7	Acute Presentation	Acute inpatient services
8	Stroke Units	Acute inpatient services
9	Thrombolysis and thrombectomy	Acute inpatient services
10	Specialist investigations for stroke and TIA patients	Acute inpatient services
11	TIA/Neurovascular Service	Acute inpatient services
12	Medical workforce	Acute inpatient services

Section C

Inpatient Rehabilitation | Post-Acute inpatient services

**Only available to teams that provide this service*

C13 Inpatient rehabilitation

13.1 Does your service provide inpatient rehabilitation?

Yes ☐

No ☐

If Q13.1 is 'No' the rest of the section will be unavailable



Location

Medical Cover

Onsite facilities

Section C

Community-based Rehabilitation | Post-Acute services

**Only available to teams that provide this service*

C14 Community based rehabilitation

- 14.1 Does your service provide community-based rehabilitation?
- Yes ☐
- No ☐

If Q14.1 is 'No' the rest of the section will be unavailable

Community service
provision

Re-referrals

Location, waiting time,
services provided

Section C

Vocational Rehabilitation | Post-Acute services

A service that supports stroke patients to return and remain in work

**only available to those teams that have answered that they provide this service*

C15 Vocational rehabilitation

15.1 Is this service commissioned to provide vocational rehabilitation?

Yes ☐

No ☐

Not commissioned but provided ☐

If 15.1 is 'Yes' or 'Not commissioned but provided', grey out 15.1a

15.1a If no, is there an alternative service you can refer people with stroke to for vocational rehabilitation (e.g. other rehabilitation services or charities)?

Yes ☐

No ☐

If Q15.1 and Q15.1a are 'No' the rest of the section will be unavailable



Availability

Disciplines

Service

Section D

Six-month Assessments - to be answered by all services

Section D: to be answered by all services

D16 Six month assessments

16.1 Are you commissioned (or in Wales and Northern Ireland expected) to carry out **6 month** reviews?

Yes ☐

No ☐

16.2 Do any staff from this service routinely carry out 6-month reviews of people with stroke?

Yes ☐

No ☐

If Q16.2 is answered 'No' the rest of the section will be unavailable

16.4 Which patients are offered a 6-month review by this service? *Select all that apply*

Patients previously under the care of this service ☐

Patients within this service's catchment area ☐

16.5 Is a standardised template/proforma used for your 6 month reviews, such as the GM-SAT?

Yes ☐

No ☐

16.6 If patients have unmet need identified at 6 month review, can you refer back to stroke specialist community services for further input?

Yes ☐

No ☐

Section E - All Services

- Declaration

Section E: to be answered by all services

E17 Declaration

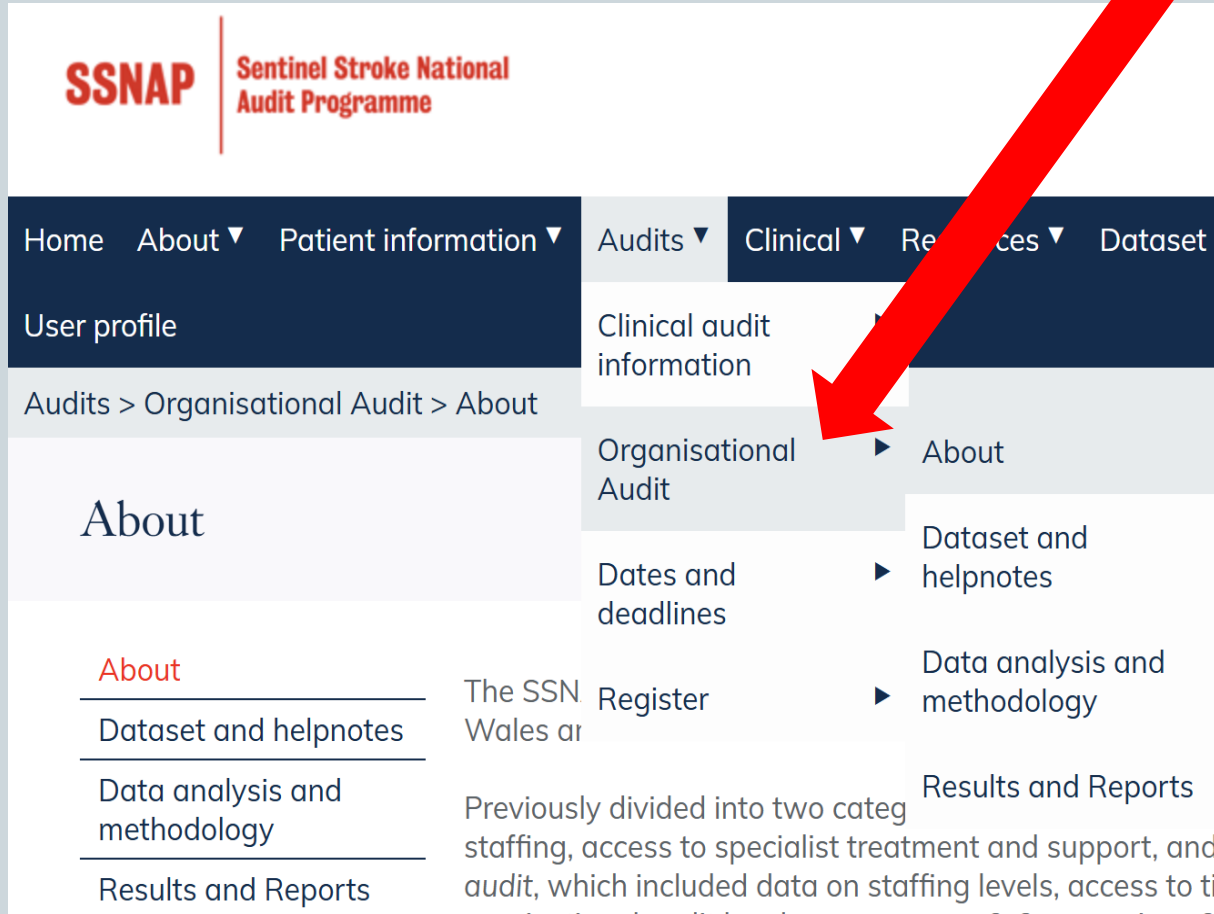
We confirm the data in this form has been reviewed and is ready for analysis

Can only tick the box and lock the record once if all other sections are marked as complete.

Locking section E does not lock any other sections in the form.

Final section: Required to be completed for data to be analysed

5. Resources available



- ✓ [Combined Organisation Audit Proforma 2025](#)
- ✓ [SSNAP Combined Organisational Audit](#)
- [Helpnotes](#)
- ✓ Drop-in sessions arranged during the May data inputting period

Please look out for the weekly bulletin email for future updates and links to the drop-in sessions!

6. Reporting and key indicators

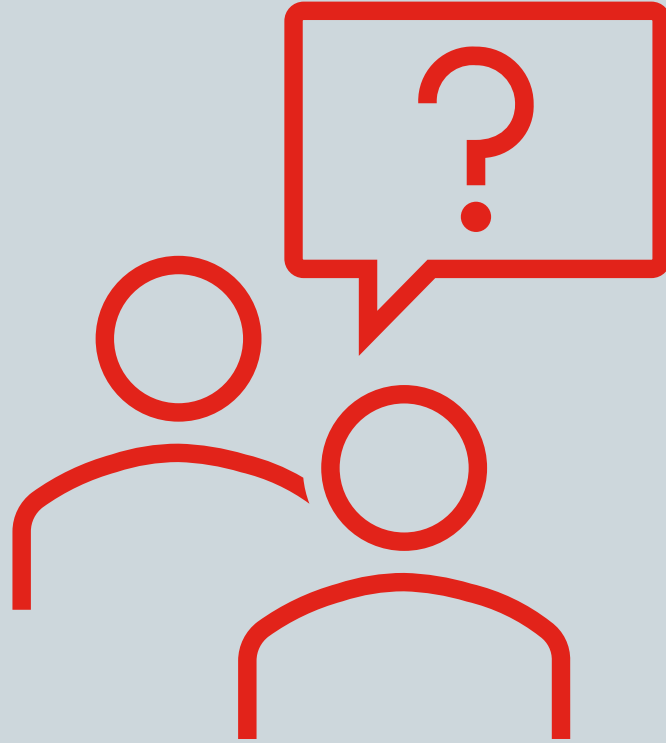
Data will be reported from the audit at national and provider level within a portfolio.

A number of key indicators were identified from the national clinical guidelines. They continue to be divided into acute and post-acute KIs covering key aspects of stroke service provision:

- **Acute services: 9 KIs**
- **Post acute services: 16 KIs**

The key indicators remain largely unchanged from the 2021 organisational audits.

7. Questions and Answers



Please note: due to the format of this session you will be unable to unmute so please enter your question in the Q&A function.

Thank you

Thank you to all the ambulance trusts, hospitals and community teams for continuing to participate in SSNAP. Their participation and commitment to the audit ensures that quality, rich data is available which can be used to improve stroke services.

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