Sentinel Stroke National Audit Programme (SSNAP)

Help notes for Combined Organisational audit 2025

Department of Population Health Sciences, King's College London

Introduction

The Sentinel Stroke National Audit Programme (SSNAP) is a major national healthcare quality improvement programme based in the School of Population Health and Environmental Studies at King's College London. SSNAP measures the quality and organisation of stroke care in the NHS and is the single source of stroke data in England, Wales, and Northern Ireland. SSNAP measures both the processes of care (clinical audit) provided to stroke patients, as well as the structure of stroke services (organisational audit) against evidence-based standards, including the 2023 National Clinical Guideline for Stroke.

SSNAP has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) to deliver an organisational audit of acute and post-acute services. This will involve auditing acute and post-acute providers directly about the care they provide for stroke patients

For assistance, please contact the SSNAP Helpdesk:
ssnap@kcl.ac.uk

Version	Date	Changes
1.1.1	01/05/2025	Official core dataset help notes
1.1.2	01/06/2025	Updated official core dataset help notes

Version	Major amendments	Minor Amendments	Clarifications/Additional information
1.1.2		12.10	2.1, 3.10, 4.2, 4.2a, 4.3, 14.1

If the help note for a question has been clarified between versions, the question is highlighted blue in the table below, and the clarification underlined.

On behalf of the Intercollegiate Stroke Working Party

SSNAP helpdesk

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Section A

Question No	Data item	Answer options	Audit Help Notes
A1 General Organisational Information			
1.1	Does your service provide inpatient care for acute stroke?	○ Yes ○ No	
1.2	How many teams are covered by this form?	1-10 integer	*Unavailable if 1.1 = No* Input: Team Name, Total number of stroke unit beds, SSNAP code In this question we are asking about acute hospitals which directly admit stroke patients or routinely admit them within 7 days.
1.3	Which of the following options best describes your service at your site for patients during the first 72 hours after stroke?	○ We treat all of these patients; ○ We treat some of these patients; ○ We treat none of these patients	*Unavailable if 1.1 = No* [This question has been included to take account of formal regional arrangements by which ALL patients are treated at another site for the first 72 hours before being repatriated for post 72hour care. This is a very specific category of hospitals.] This question should be answered on the basis of what happens generally, not what happens in exceptional examples. Please select one option only. • Option (i) will be chosen by the majority of hospitals. • Option (ii) will be chosen only by hospitals which have

			formal arrangements by which they treat patients for the first 72 hours 'some' of the time e.g. on a rotational basis. • Option (iii) will be chosen only by hospitals which have formal arrangements by which they do not treat patients during the first 72 hours e.g. London SUs.
1.3a	If 1.3(iii) is selected, give the SSNAP code of the main hospital treating your patients for the first 72 hours.	[] 3-digit SSNAP team code	*Unavailable if 1.3i or 1.3ii is chosen* If 1.3(iii) is chosen, you are asked to select the MAIN hospital treating your patients for the first 72 hours. If 1.3(iii) is chosen, you will not be able to answer any questions related to pre-72hour care i.e. Section B7: Acute presentation If more than one hospital provides care for your patients for the first 72 hours, please select the site from which the majority of patients are repatriated. Please contact the SSNAP helpdesk if you have queries about how to answer this question.
1.4	Is your service a standalone 6m assessment provider?	○ Yes ○ No	*Unavailable if 1.1 = Yes*
1.5	Are you completing this form as part of an Integrated Community Stroke Service (ICSS)?	○ Yes ○ No ○ Wales or Northern Ireland service	*Unavailable if 1.1 = Yes*
1.6	This service treats:	○ Only stroke patients	*Unavailable if 1.1 = Yes*

		○ Stroke and neurology patients General service that sees people with all conditions including stroke	
1.7	Who commissions this service?	[drop-down list]	*Unavailable if 1.1 = Yes*
1.8	How many teams are covered by this form?		*Unavailable if 1.1 = Yes OR 1.5 is 'No' or 'Wales or Northern Ireland service'* Input: Team name; SSNAP code
A2 Workforce		*Unavailable if 1.4 = Yes*	
2.1	What is the total establishment of whole-time equivalents (WTEs) and number of individuals of the following qualified professionals and support workers for all your stroke service?	**WTEs** - Whole Time Equivalent An WTE of 1.0 means that the person is equivalent to a full-time worker, however that is defined in your trust, while an WTE of 0.5 indicates that the worker is half-time. The WTEs and number of individuals in Q2.1 refer to: **Total funded establishment if all posts were fully staffed, including those currently unfilled**. Teams should be recording what they should have, rather than what they do have in post, and then enter the number of WTE that are vacant under 'Vacant WTE'. The middle question about 'number of individuals' refers to the number of posts delivering that WTE, which is why it cannot be a lower number than that given for the WTE establishment (no single post can deliver more than 1 WTE). For example, the WTE funded establishment is 2.5, and the number of individuals is the 1 person in post (delivering 0.5 WTE) PLUS the number of individuals who would be required to fill the current 2 WTE vacancies, which would be a minimum of 2 but might be more if some of the posts were less than full time. Enter total for both individual numbers and the WTE for the total establishment of these professionals and support staff. WTE can be up to 3 decimal points but if number of individuals 0 then WTE must also be 0. If professionals and support workers are generic i.e. cover non-stroke beds as well, please calculate proportion of time spent on stroke beds. E.g. WTE hours for a nurse overseeing a ward of 30 beds 10 of	

		which are designated for stroke patients would be 1/3. Similarly, if professionals and support workers have allocated hours to spend solely with stroke patients, please indicate WTE hours as a proportion of total hours worked. This should exclude stroke specialist nurses who spend the majority of their shift in clinical areas other than the stroke unit, e.g., Emergency Department or other acute admissions areas. *NB Only tick the 6 day working or 7 day working option if these professionals treat stroke patients in relation to stroke management at weekends. For acute inpatient teams this should be stroke management on the stroke unit on the weekends.* Answer for each discipline: If 'Yes, but NOT within service' or 'No' is selected, all other columns remain greyed out. If 'Yes, within this service' is selected, must answer all other questions. WTE max. 3 decimal places. WTE must be greater than 0. Max. value 99.999. Number of individuals must be greater than 0. Individuals must be a whole number. Number of individuals cannot be less than WTEs, e.g. cannot say 1.5 WTEs and 1 individual. Max. value 99. Vacant WTEs cannot be greater than WTEs. Values 0-99.999. <u>Q2.1(cc) 'doctor' applies to any grade of doctor</u> The sum for WTEs entered for bands 7 and 8 nurses in *8.9 and 8.15 and 8.22* should equal the responses for WTE in 2.1w-x.	
2.2	Which level(s) of psychological care are provided by this service?	○ Level 1 ○ Level 2 ○ Level 3 ○ No psychological care provided	Select all that apply LEVEL 3: Severe and persistent disorders of mood and/or cognition that are diagnosable and require specialised intervention, pharmacological treatment and suicide risk assessment and have proved resistant to treatment at levels 1 and 2. These would require the intervention of

			clinical psychology (with specialist expertise in stroke) or neuropsychology and/or psychiatry. LEVEL 2: Mild/Moderate symptoms of impaired mood and /or cognition that interfere with rehabilitation. These may be addressed by non psychology stroke specialist staff, supervised by clinical psychologists (with special expertise in stroke) or neuropsychologists. LEVEL 1: 'Sub-threshold problems' at a level common to many or most people with stroke. General difficulties coping and perceived consequences for the person's lifestyle and identity. Mild and transitory symptoms of mood and/or cognitive disorders such as a fatalistic attitude to the outcome of stroke, and which have little impact on engagement in rehabilitation. Support could be provided by peers, and stroke specialist staff. This can be within or external to the service. NHS Improvement Psychological care after Stroke Strokepsychologicalsupportfinal.pdf
2.2a	If yes, have MDT staff members been trained to provide psychological care?	○ Yes ○ No	*Unavailable if 2.2 = No psychological care provided.* Select one option only
2.2ai	If yes, which level(s) of training?	○ Level 1 ○ Level 2	*Unavailable if 2.2a = No* Select all that apply
2.3	Are individual people with stroke under the care of this service discussed in a formal multidisciplinary team meeting?	○ Yes ○ No	Select one option only
2.3a	If yes, how often would each patient be discussed in 7 days?	○ Less than once a week ○ Once a week ○ Twice a week ○ More than twice a week	*Unavailable if 2.3 = No*

2.3b	If yes, which disciplines consistently attend these meetings?	○ Clinical psychologist ○ Dietitian ○ Occupational therapist Physiotherapist ○ Social worker ○ Specialist doctor ○ Specialist nurse ○ Speech and language therapist Rehabilitation/therapy assistant Family/carer support worker Orthotist ○ Orthoptist ○ Podiatrist	*Unavailable if 2.3 = No* Select all that apply
A3 Quality improvement and leadership		*Unavailable if 1.4 = Yes*	
3.1	What level of management takes responsibility for the follow-up of the results and recommendations of the Sentinel Stroke National Audit Programme (SSNAP)?	○ Executive on the Board ○ Non-executive on the Board ○ Chair of Clinical Governance (or equivalent) ○ Directorate Manager ○ Stroke Clinical Lead ○ Other ○ No specific individual	Select all that apply. Must select at least one option.
3.2	Is there a strategic group responsible for stroke?	○ Yes ○ No	This group is defined as consisting of senior clinical and management representatives, who meet regularly, set and review targets, implement the stroke strategy and make plans for the future of the service.
3.2a	If yes, which of the following does it include?	○ Ambulance trust representative ○ Clinician ○ Patient representative ○ Commissioner ○ Social Services	*Unavailable if 3.2 = No* Select all that apply. Must select at least one option.

		○ Stroke Network representative ○ Trust board member ○ Voluntary sector representative	
3.3	Do you have formal meetings with your coding department to improve the quality of stroke coding?	○ Yes ○ No	Select one option only
3.3a	If yes, how frequently are these formal meetings held?	○ Weekly ○ Monthly ○ Quarterly ○ Annually ○ Ad hoc/ occasionally	*Unavailable if 3.3 = No* Select one option only – the one which is closest to the time frame.0
3.4	Do you have quality improvement or governance meetings to review performance against SSNAP quality standards?	○ Yes ○ No	Select one option only Breach meeting: multidisciplinary governance meeting to discuss patients that failed to meet agreed standard of care, e.g. door to needle times, stroke unit within 4 hours, rapid brain imaging, SSNAP therapy targets, etc.
3.4a	If yes, how often are these meetings held?	○ Daily ○ Weekly ○ Monthly ○ Quarterly ○ Annually	*Unavailable if 3.4 = No*
3.5	Do you have stroke specific mortality meetings within your Trust?	○ Yes ○ No	i.e. formal process to discuss all stroke deaths with stroke MDT team
3.5a	If yes, which format is used?	○ Some deaths reviewed ○ All deaths reviewed	*Unavailable if 3.5 = No*
3.6	The Clinical Leadership of this team (carrying the ultimate clinical responsibility for all patients under the care of this team) is provided by a registered healthcare professional(s) from which discipline?	○ Clinical psychologist ○ Dietician ○ Occupational therapist Physiotherapist ○ Consultant physician/Specialist doctor ○ Specialist nurse	Select all that apply

		○ Speech and Language therapist ○ No dedicated leadership role Advanced clinical practitioner non-medical consultant practitioner	
3.7	Who provides consultant leadership for this stroke service?	○ Stroke physician ○ Rehabilitation Medicine Consultant Consultant Allied Health Professional ○ Consultant Nurse ○ Other ○ No consultant leadership role within service	Select one option only
3.8	How often is there a formal survey seeking patient/carer views on the stroke services?	○ Never ○ Less than once a year ○ 1-2 times a year ○ 3-4 times a year ○ More than 4 a year ○ Continuous (every patient)	*This refers to stroke-specific surveys and does not include 'the Friends and Family Test' or passive access to online feedback such as 'Care Opinion'*
3.9	Which disciplines have a specific role or part of their role is for stroke data management?	○ Doctor ○ Manager ○ Nurse ○ Therapist ○ Clinical Audit/Clinical Governance staff member ○ Data clerk/analyst with specific responsibility for stroke ○ Data clerk/analyst with general audit responsibilities	Please tick all disciplines that have specific WTEs allotted for stroke data collection. Select all that apply. These questions relate specifically to stroke audit. This can include routine data collection for internal and external purposes (e.g. SSNAP etc) in a person's job description.
3.10	What is the total number of whole time equivalent (WTEs) allocated in your service for stroke data management (collection, input, analysis)?	0-50 integer	Please answer within a range of 0-50 with a maximum of 3 decimal points. **WTEs** - Whole Time Equivalent

			An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 indicates that the worker is half-time etc. <u>If there is no WTE allocated in your service dedicated for stroke data management</u> <u>you should answer 0, even if the function is divided among other staff members.</u>
3.11	Does the stroke service have formal links with patients and carers organisation for communication on any of the following (Service provision, Audit, Service reviews and future plans, Developing research)?	○ Yes ○ No	Select one option only. Structures which enable regular consultation with representatives from any of the following: a special group for stroke from Healthwatch or Patient Advocacy Liaison Service; or local groups which represent the views of people affected by stroke e.g. Stroke Association or Different Strokes.
3.11a	If yes, which areas are included?	○ Service provision ○ Audit ○ Service reviews and future plans ○ Developing research	*Unavailable if 3.11 = No* Select all that apply
3.12	Does the stroke service have formal links with peer-support groups for stroke (e.g. stroke clubs)?	○ Yes ○ No	This may be set up by the local team or in conjunction with local agencies. Terms include patients' representative group, patients' consultation group, support group.
A4 Training		*Unavailable if 1.4 = Yes*	

4.1	Is there the facility for nurses to attend internal or external training courses relating to stroke management?	○ Yes ○ No	
4.1a	If yes, how many sessions have these nurses attended in the last 12 months?	0-99 integer	*Unavailable if 4.1 = No* 1 session = half day This question tracks the number of sessions (1 session = half a day) that nurses/therapists have attended as a team. Each session should be counted only once, regardless of how many nurses/therapists participated in the training. The training does not include any self-funded training taken on the nurses/therapists own time, only training supported and funded by the trust.
4.2	Is there the facility for therapists to attend internal or external training courses related to stroke management?	○ Yes ○ No	
4.2a	If yes, how many sessions have these therapists attended in the last 12 months?	0-99 integer	*Unavailable if 4.2 = No* 1 session = half day This question tracks the number of sessions (1 session = half a day) that nurses/therapists have attended as a team. Each session should be counted only once, regardless of how many nurses/therapists participated in the training. The training does not include any self-funded training taken on the nurses/therapists own time, only training supported and funded by the trust.
4.3	Is there the facility for rehabilitation/therapy assistants or support workers to attend internal or external training courses relating to stroke management	○ Yes ○ No	

4.3a	If yes, how many sessions have these rehabilitation/therapy assistants or support workers attended in the last 12 months?	0-99 integer	*Unavailable if 4.3 = No* 1 session = half day Volunteers do not count unless they are part of the funded establishment.
A5 Discharge information		*Unavailable if 1.4 = Yes*	
5.1	Do patients receive specific falls prevention advice or training before discharge?	○ Yes ○ No	Select one option only This should be answered yes if it is standard practice, and the majority of patients receive such advice or training.
5.2	Do you provide or contribute to personalised stroke information for patients? (e.g. Stroke passport?)	○ Yes ○ No	Select one option only
5.3	Do you routinely collect patient reported experience measures (PREMs) at any point before or after discharge?	○ Yes ○ No	Select one option only Routinely means this is done as part of practice for the majority of patients, as opposed to intermittently or opportunistically.
5.4	Do people with stroke have access to any of the following types of commissioned support services provided by third sector/charities?	○ Emotional ○ Social ○ Practical ○ None of the above	Select all that apply
5.4a	If yes, are these support services:	○ Provided as part of your service	*Unavailable if 5.4 = "None of the above"*

		○ Accessed via referral at discharge from your service	
5.5	Do people with stroke under the care of this team have access to their rehabilitation plan?	○ Yes ○ No	
5.6	Does this team have patient information displayed/available on the following?	○ Patient versions of national and/or local guidelines/standards ○ The causes and treatment of stroke ○ Secondary prevention of stroke Social Services local Community Care arrangements ○ Local and national patient organisations (e.g. Stroke Association) ○ The Department for Work and Pensions (or devolved equivalents) How to participate in stroke research ○ None of the above	Select all that apply
5.7	Does this service routinely offer a structured support and/or training programme for carers?	○ Yes ○ No	
5.8	Which of these measures are routinely recorded by your service?	○ Nottingham Extended Activities of Daily Living (NEADL) ○ Balance measure (such as BERG balance scale or dynamic gait index) ○ Carer strain index or similar ○ Fatigue measure ○ Other	Select all that apply
5.9	Do you offer stroke patients a post discharge review within 6 weeks of discharge from hospital?	○ Yes ○ No	Select one option only
5.9a	If yes: Who usually completes the *6 week*	○ Primary care	*Unavailable if 5.9 = No*

	reviews post discharge from hospital?	○ Acute trust stroke team consultant/registrar ○ Stroke Nurse in hospital/community ○ Voluntary sector, e.g. Stroke Association ○ ESD team ○ Community therapy team ○ Not routinely arranged	Select one option only If more than one role performs this task within your team, please select the individual who most frequently performs this task
A6 Research		*Unavailable if 1.4 = Yes*	
6.1	When is patient recruitment for NIHR portfolio research currently possible within at least one part of the clinical service (i.e. research trained staff are available for taking consent and supporting study procedures as per study protocol):	○ Weekdays ○ Saturdays ○ Sundays ○ Evenings (until 8pm) ○ Overnight (8pm until 8am)	Select either 'No', 'Sometimes', or 'Usually' for each row.
6.2	Overall, how many days per week is stroke research support available:	0-7	0-7 integer
6.3	For each of the following clinical disciplines in your service, how many individuals are currently listed in at least one stroke study training log and/or are a local Principal Investigator PI for an open study (including the NIHR Associate PI scheme):	○ Nurse - acute Unit / HASU (any grade) ○ Nurse - rehabilitation ward (any grade) ○ Occupational therapist ○ Physiotherapist ○ Speech and language therapist ○ Resident doctors (pre-specialty & specialty trainees) ○ Consultant ○ Other clinician	Number on at least one portfolio study training log [0-500 integer for first column] Number who are local PI or Associate PI for at least one portfolio study [0-100 integer for second column]
6.4	For the research-focussed roles below, what percentage of whole time equivalents (WTEs) are currently	○ Research nurse ○ Other clinical research role e.g. therapist ○ Clinical trial assistant	[]% Enter a figure between 0-100 for each role

	available across the service specifically to support stroke studies?	○ Non-clinical research administrator e.g. supporting data entry ○ Other research support role	
6.5	Do staff funded by local Research & Development to support stroke research delivery also support studies hosted by other specialties?	○ Yes ○ No	
6.5a	If yes, which specialities share the resources?	○ Ageing ○ Cardiology ○ Critical care ○ Diabetes ○ Neurology ○ Primary care ○ Trauma and emergency care ○ Other	*Unavailable if 6.5 = No* Select all that apply
6.6	In the last 12 months have you performed any of the procedures or activities listed below specifically to support a study/studies as requirements for research protocol/protocols?	○ Plain CT scans ○ CT angiography ○ CT perfusion ○ Standard MRI ○ MR angiography ○ Carotid dopplers ○ Other ultrasound ○ Echocardiography ○ ECG telemetry ○ Additional nursing intervention ○ Additional physiotherapy intervention ○ Additional occupational therapy intervention ○ Additional speech therapy intervention ○ Additional nutritional intervention	Select all that apply. Do not select a procedure or activity if it is performed for clinical reasons, even if the study protocol requested the data. Select only if specifically undertaken for research.

6.7	Is an update about local clinical research activity included regularly on the agenda of clinical service meetings?	○ Yes ○ No	
6.8	Does the induction of new clinical staff in the service include an opportunity to spend time with staff supporting clinical studies e.g. research nurse?	○ All staff ○ Selected staff ○ No	

Section B	*Unavailable if 1.4 = Yes*		
Question No	**Data item**	**Answer options**	**Notes**
B7 Acute presentation		*Unavailable if 1.3iii is chosen*	
7.1	Most of the time, who is the first person *from any team* to review a patient presenting to hospital with a suspected stroke?	○ Stroke Specialist Nurse ○ Stroke Resident doctor (CMT/Foundation Trainee) ○ Stroke trained Registrar/Fellow ○ General Medical Registrar	In hours is between 08.00-18.00 Monday to Friday. Out of hours is all days and times outside this range.

		○ Stroke Specialist / General Neurology Consultant ○ Other Medical Specialty Consultant ○ ED Consultant ○ ED Resident doctor/Registrar ○ Neurology Resident doctor/Registrar ○ Telemedicine link to own Trust Stroke Consultant ○ Telemedicine link to regional network Consultant	Select one option for in hours and one option out of hours. If more than one option is applicable, please select the most frequent.
7.2	Most of the time, who is the first person *from the stroke team* to review a patient presenting to hospital with a suspected stroke?	○ Stroke Specialist Nurse ○ Stroke Resident doctor (CMT/Foundation Trainee) ○ Stroke trained Registrar/Fellow ○ General Medical Registrar ○ Stroke Specialist / General Neurology Consultant ○ Other Medical Specialty Consultant ○ ED Consultant ○ ED Resident doctor/Registrar ○ Neurology Resident doctor/Registrar ○ Telemedicine link to own Trust Stroke Consultant ○ Telemedicine link to regional network Consultant	Select one option in hours and one option out of hours. In hours is between 08.00-18.00 Monday to Friday Out of hours is all days and times outside this range If more than one option is applicable, please select the most frequent.
7.3	Who is responsible for initial review of brain imaging to inform decisions about thrombolysis / referral for thrombectomy?	○ Stroke Consultant on site ○ Stroke Consultant remotely via PACS ○ Stroke Registrar ○ Stroke Resident doctor ○ Neuroradiologist ○ General Radiologist	Select one option for in hours and one option for out of hours. In hours is between 08.00-18.00 Monday to Friday

		○ "Reporting Hub" ○ ED Consultant/Registrar ○ Medical Consultant/Registrar ○ Stroke consultant at own Trust via telemedicine link ○ Stroke consultant in region/network via telemedicine link	Out of hours is all days and times outside this range.
7.4	Do you have stroke specialist nurses (band 6 or above) who undertake hyper-acute assessments of suspected stroke patients in A&E?	○ Yes ○ No	Select one option for in hours and one option for out of hours. In hours is between 08.00-18.00 Monday to Friday Out of hours is all days and times outside this range.
7.5	Are your stroke specialist nurses counted within your ward-based nurse establishment?	○ Yes ○ No	Select one option for in hours and one option for out of hours In hours is between 08.00-18.00 Monday to Friday Out of hours is all days and times outside this range. These are specialist nurses whose clinical responsibilities are outside the stroke unit. Must select one option only for each column in hours and out of hours
7.6	Do you ever use video telemedicine to review patients with your	○ Yes ○ No	Must answer either yes/no.

	ambulance crews ('pre-hospital video triage')?		
7.7	Do the stroke team receive a pre-alert (telephone or video call) from your ambulance crews for suspected stroke patients?	○ Reperfusion candidates only ○ All FAST positive ○ All other suspected stroke	Must answer either yes/no/sometimes for each type of stroke.
7.8	If the stroke team receive a pre-alert, who is the call usually made to?	○ Stroke Specialist Nurse ○ Directly to the Emergency Department ○ Stroke Resident doctor on call ○ Stroke Consultant on call ○ CT control room ○ Call to Stroke ward / HASU	*Unavailable if all 7.7 = No* Must select one option only. If more than one option is applicable, please select the most frequent.
7.9	Where are suspected stroke patients that arrive by ambulance usually taken for assessment?	○ Emergency Department ○ HASU/ASU ○ Neurology Ward ○ Combined stroke/neurology ward ○ Acute Medical Unit ○ HDU/ITU/CCU ○ CT scan	Select one option for potential reperfusion patients and one option for all other suspected stroke patients.
7.10	Does the stroke service at your site use telemedicine to allow remote access for the management of acute stroke care?	○ Yes ○ No	Must select one option only Telemedicine: must include the capability to view the patient via video
7.11	Do you operate a telemedicine rota with other hospitals?	○ Yes ○ No	*Unavailable if 7.10 = No* Must select one option only Telemedicine: must include the capability to view the patient via video

7.12	Which of the following groups of patients are assessed using telemedicine?	○ Only patients potentially eligible for thrombolysis or thrombectomy ○ Some patients (regardless of eligibility for thrombolysis) ○ All patients (who require assessment during times when telemedicine is in use)	*Unavailable if 7.10 = No* Must select one option only Telemedicine: must include the capability to view the patient via video
7.13	How many acute stroke mimics have been seen by the stroke team in ED or any non-stroke emergency admissions area during the past month?	0-999 integer	Stroke mimics are patients who are assessed by the stroke team as a suspected stroke but whose final diagnosis is not a stroke. Please answer within a range of 0-999. If the exact number is not known, please provide an estimate.
7.13a	In the last three months, how many stroke mimics have received thrombolysis?	0-999 integer	*Unavailable if 7.13 = No* Stroke mimics are patients who are assessed by the stroke team as a suspected stroke but whose final diagnosis is not a stroke. Please answer within a range of 0-999. Must not be greater that 7.12 If the exact number is not known, please provide an estimate
B8 Stroke Units		*Unavailable if 1.4 = Yes*	

8.1	Please give the following details on type and number of stroke unit beds for each of these hospitals:	a) Team Name b) Total number of stroke unit beds (can be 0) c) **Type 1 beds**: Number of stroke unit beds **solely** for patients in first 72 hours after stroke d) **Type 2 beds:** Number of stroke unit beds **solely** for patients beyond 72 hours after stroke e) **Type 3 beds**: Number of stroke unit beds used for **both** pre- and post-72 hour care	Please give details for each of the acute hospitals entered for A.1 See definition of acute hospitals in A.1 (a) *Column auto-populated based on 1.2* *(b) Column auto-populated based on 1.2 Sum of 8.1c, d and e must equal b for each hospital* (c) *If 1.3 is (iii), grey out 8.1c* (d) (e) *If 1.3 is (iii), grey out 8.1e*
8.2	On this day, how many patients on your stroke ward are 'medically fit for discharge' (i.e., no longer requiring hospital bed-based care)?	0-99 integer	Total must not be greater than total number of stroke unit beds in 8.1b
8.3	Do you move patients no longer receiving specific stroke intervention to other wards if you need the bed for another stroke patient?	○ Yes ○ No ○ Only in exceptional circumstances	
8a: **Care on stroke unit beds used solely for patients in the first 72 hours after stroke (type 1 beds) (please answer based on ALL beds records in Q8.1c**			
8.4	How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?	0-200 integer	Please answer within a range of 0-200. If monitors are not fixed, answer according to the number of beds which can have concurrent use of mobile monitors. *Ensure the figure entered is not more than total for 8.1(c).*

8.5	How many stroke consultant ward rounds are conducted on your acute stroke ward per week?	0-21 integer	***Stroke specialist consultant*** *– A consultant with specialist skills in stroke. A stroke specialist has expertise in all 3 principal areas of stroke management (Prevention, Acute Stroke, Stroke Rehabilitation).* This question reflects the NHS England 7 day working standard for acute care. This question should reflect the number of times a week a specialist stroke consultant ward round is carried out to directly review stroke patients. If you have 2 consultant ward rounds 7 days a week, please enter 14. If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have any permutations outside of this, please contact the SSNAP helpdesk ssnap@kcl.ac.uk). Please answer within a range of 0-21.
8.6	How many of the following nursing staff are there usually on duty at 10AM for these beds?	○ Registered nurses ○ Care assistants	This question refers to the number of *individuals* on the ward at 10am. [0-99] Weekdays; Saturdays; Sundays

			Registered nurses are defined as those registered with the NMC as Registered Nurses (Adult). Care assistant includes the terms “health care support worker”, “nursing auxiliary”, or “generic worker”. Enter 0 if no staff of that grade. However, the total number of nursing staff (registered nurses and/or care assistants) must be more than 0 for each time period. As this question refers to individuals, only whole numbers are permitted. Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for 8.1(c)) *(N.B Do not double count nurses entered into 8.12 or 8.19)*
8.7	How many nurses are there usually on duty for these beds at 10am who are trained in the following?	○ Swallow screening ○ Stroke assessment and management	Swallow screening refers to a formal swallow screen (performed by any member of the team). Presence or absence of the gag reflex is not sufficient as it is proven to be of little prognostic value for the ability to swallow. A nurse trained in ‘stroke management’ would have stroke specific clinical experience i.e. can monitor for deterioration of symptoms and take necessary steps.

			Enter 0 if no nursing staff with this specific training are on duty at 10am. [0-99] Weekdays; Saturdays; Sundays As this question refers to individuals, only whole numbers are permitted. Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for 8.1(c)). 8.7i cannot be more than 8.6i for each time period. 8.7ii cannot be more than 8.6i for each time period. *Please do not double count any nurses listed in 8.13 and 8.20*
8.8	How many nurses are there usually on duty for these beds at 10PM for these beds?	○ Registered nurses ○ Care assistants	This question refers to the number of *individuals* on the ward at 10pm. [0-99] Weekdays; Saturdays; Sundays Registered nurses are defined as those registered with the NMC as Registered Nurses (Adult) Care assistant includes the terms “health care support worker”, “nursing auxiliary”, or “generic worker”. Enter 0 if no staff of that grade. However, the total number of nursing staff (registered

			nurses and/or care assistants) must be more than 0 for each time period. Only the nursing staff for the beds which are solely used for patients in the first 72 hours after stroke (i.e. the total entered for 8.1(c)). As this question refers to individuals, only whole numbers are permitted. *Please do not double count any nurses/care assistants listed in 8.14 and 8.21*
8.9	What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for your **Type 1** beds in your site?	○ Band 1 ○ Band 2 ○ Band 3 ○ Band 4 ○ Band 5 ○ Band 6 ○ Band 7 ○ Band 8a ○ Band 8b ○ Band 8c	***WTEs*** *- Whole Time Equivalent* *An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 indicates that the worker is half-time etc.* This should exclude stroke specialist nurses who spend the majority of their shift in clinical areas other than the stroke unit, e.g., Emergency Department or other acute admissions areas. Answer required for all Bands (1-8c) Enter 0 if no establishment. Must be a number, can be up to 3 decimal places.
8.10	How are your type 1 beds currently funded?	○ Block contract ○ Payment by results (PBR)	Select only one option

		○ Uplifted/enhanced tariff ○ Unfunded (at risk) ○ Not known ○ Site in Wales or N/Ireland (N/A)	
8b: Care on stroke unit beds used solely for patients beyond 72 hours after stroke (type 2 beds) (please answer based on ALL beds records in Q8.1d)			
8.11	How many days per week is there a stroke specialist consultant ward round for these beds?	[] days 0-7 integer	Please answer within a range of 0-200. If there is more than one location for these beds, please give an estimated average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6
	For questions 8.12 - 8.15 only the nursing staff for the beds solely used for patients beyond 72 hours after stroke (i.e. the total entered for Q8.1d) should be included.		
8.12	How many of the following nursing staff are there usually on duty at **10AM** for these beds?	○ Registered nurses ○ Care assistants	This question refers to the number of *individuals* on the ward at 10am. [0-99] Weekdays; Saturdays; Sundays/Bank holiday (Enter 0 if no staff of that grade) Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for Q8.1d) *(N.B. please do not double count any nurses/care assistants listed in Q8.6 and Q8.19)*

8.13	How many nurses are there usually on duty for these beds at 10am who are trained in the following?	○ Swallow screening ○ Stroke assessment and management	[0-99] Weekdays; Saturdays; Sundays/Bank holidays (Enter 0 if none). 8.13i cannot be more than 8.12i for each time period. 8.13ii cannot be more than 8.12i for each time period. (N.B. please do not double count any nurses listed in Q8.7 and Q8.20)
8.14	How many of the following nursing staff are there usually on duty at 10PM for these beds?	○ Registered nurses ○ Care assistants	[0-99] Weekdays; Saturdays; Sundays (Enter 0 if no staff of that grade) Only the nursing staff for the beds which are solely used for patients beyond the first 72 hours after stroke (i.e. the total entered for Q8.1d) (N.B. Please do not double count any nurses/care assistants listed in Q8.8 and Q8.21)
8.15	What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for **type 2 beds** (beds solely for patients beyond 72 hours after stroke) in your site?	○ Band 1 ○ Band 2 ○ Band 3 ○ Band 4 ○ Band 5 ○ Band 6 ○ Band 7 ○ Band 8	Enter 0 if no establishment Max. 3 decimal places – every row must have a value. Values 0-99.999
8.16	How are your type 2 beds currently funded?	Block contract Payment by results (PBR) Uplifted/enhanced tariff Unfunded (at risk) Not known Site in Wales or N. Ireland (N/A)	

	Section 2C: Care on stroke unit beds which are used for both pre- and post-72 hours care (type 3 beds) (please answer based on ALL beds records in Q8.1e)		
8.17	How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?	0-200 integer	Please answer within a range of 0-200. If monitors are not fixed, answer according to the number of beds which can have concurrent use of mobile monitors. Ensure the figure entered is not more than total for 8.1(e).
8.18	How many stroke consultant ward rounds are conducted on your acute stroke ward per week?	0-21 integer	***Stroke specialist consultant*** *– A consultant with specialist skills in stroke. A stroke specialist has expertise in all 3 principal areas of stroke management (Prevention, Acute Stroke, Stroke Rehabilitation).* This question reflects the NHS England 7 day working standard for acute care. This question should reflect the number of times a week a specialist stroke consultant ward round is carried out to directly review stroke patients. If you have 2 consultant ward rounds 7 days a week, please enter 14. If there is more than one location for these beds, please give an average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6. If you have any permutations outside of this, please contact the SSNAP helpdesk ssnap@kcl.ac.uk).

			Please answer within a range of 0-21.
8.19	How many of the following nursing staff are there usually on duty at 10AM for these beds?	○ Registered nurses ○ Care assistants	This question refers to the number of *individuals* on the ward at 10am. [0-99] Weekdays; Saturdays; Sundays Enter 0 if no staff of that grade. Only the nursing staff for beds used for patients pre and post-72 hour care (i.e. the total entered for 8.1e). (N.B. please do not double count any nurses/care assistants listed in Q8.6 and Q8.12.)
8.20	How many nurses are there usually on duty for these beds at 10am who are trained in the following?	○ Swallow screening ○ Stroke assessment and management	[0-99] Weekdays; Saturdays; Sunday Enter 0 if no nursing staff with this specific training are on duty at 10am. 8.20i cannot be more than 8.19i for each time period. 8.20ii cannot be more than 8.19i for each time period. *Please do not double count any nurses listed in 8.7 and 8.13*
8.21	How many of the following nursing staff are there usually on duty at 10PM for these beds?	○ Registered nurses ○ Care assistants	[0-99] Weekdays; Saturdays; Sundays Enter 0 if no staff of that grade. *Only the nursing staff for beds used for patients pre and post-72 hour care (i.e. the total entered for 8.1e*

			N.B. please do not double count any nurses/care assistants listed in Q8.8 and Q8.14.
8.22	What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for type 3 beds?	○ Band 1 ○ Band 2 ○ Band 3 ○ Band 4 ○ Band 5 ○ Band 6 ○ Band 7 ○ Band 8a ○ Band 8b ○ Band 8c	***WTEs** - Whole Time Equivalent* *An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 indicates that the worker is half-time etc.* This should exclude stroke specialist nurses who spend the majority of their shift in clinical areas other than the stroke unit, e.g., Emergency Department or other acute admissions areas. Answer required for all Bands (1-8c) Enter 0 if no establishment. Must be a number, can be up to 3 decimal places.
8.23	How are your type 3 beds funded?	○ Block contract ○ Payment by results (PBR) ○ Uplifted/enhanced tariff ○ Unfunded (at risk) ○ Not known ○ Site in Wales or N/Ireland (N/A)	Select only one option
B9 Thrombolysis and thrombectomy		*Unavailable 1.4 = Yes*	
9.1	Where do the majority of your patients receive thrombolysis?	○ Emergency Department ○ In the CT scanner	*Unavailable if 8.1c and 8.1e are 0 or if 1.3 is (iii)*

		○ Where your Type 1 or Type 3 beds are based ○ CCU/ITU/HDU ○ Acute Medical Unit /Medical Ward ○ Neurology ward	Record where the bolus is administered (initial bolus for alteplase, bolus injection for Tenecteplase)
9.2	Are you a thrombectomy centre?	○ Yes ○ No	Select only one option
9.3	If yes, what are the hours of operation for your thrombectomy service?	○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday ○ Saturday ○ Sunday	*Unavailable if 9.2 = No* Enter a value from 0-24 for each day. If you do not offer a regular service on a particular day, enter 0.'
9.4	How many consultant level doctors from your site carry out thrombectomy?	0-10 integer	*Unavailable if 9.2 = No* Please answer within a range of 0-10. Please do not include doctors who work primarily at other sites - each doctor should only be counted at one site. Please include doctors who have performed 1 or more thrombectomy procedures within the last year.
9.4a	For each consultant, please state their specialty	○ Interventional neuroradiology ○ Vascular interventional radiology ○ Non-vascular interventional radiology ○ Cardiologist	*Unavailable if 9.2 = No*

		○ Neuro-surgeon ○ Stroke Physician ○ Other	*Number of columns in the table must match the number entered in 9.4. The remaining columns are greyed out.*
9.5	If you are not a thrombectomy centre, do you refer appropriate patients to a thrombectomy centre? *N/A available for those with type 2 beds only*	○ Yes ○ No ○ N/A	*Unavailable if 9.2 = Yes* N/A Available if 8.1c AND 8.1e are 0 or if 1.3 is (iii)
9.6	Which centre do you refer patients to for thrombectomy?		*Unavailable if 9.2 = Yes, or 9.5 = No or N/A* Select thrombectomy centre from dropdown list Select only one centre. If you refer patients to more than one centre, please select the centre where you refer the most patients.
9.7	For how many hours can you refer patients for thrombectomy each day?	○ Monday ○ Tuesday ○ Wednesday ○ Thursday ○ Friday ○ Saturday ○ Sunday	*Unavailable if 9.2 = Yes, or 9.5 = No or N/A* *Enter a value from [] hours 0-24 integer for each day*
9.8	Who makes the decision that there is a large vessel occlusion on CTA imaging prior to transferring for thrombectomy?	○ Stroke Resident doctor making referral ○ Stroke Consultant ○ General Radiologist ○ Neuroradiologist at your hospital ○ Neuroradiologist at IAT Centre (if different) ○ Stroke team at thrombectomy centre	*Unavailable if 9.2 = Yes, or 9.5 = No or N/A* Select one option for in hours and one option for out of hours. In-hours would include the period 0800-1800, or the majority of that time.

		○ Remote tele-radiology service off site ○ No service	
9.9	When a patient requires conveyance to thrombectomy centre at what point do you call the first responder ambulance service?	○ Paramedic crew are kept on standby and not released from initial call ○ At the point IV thrombolysis is complete ○ At the point CTA suggests occluded vessel ○ When accepted by thrombectomy centre	*Unavailable if 9.2 = Yes, or 9.5 = No or N/A*
9.10	Do the stroke team use helicopter transfers for thrombectomy patients?	○ Yes ○ No	*Unavailable if 9.2 = Yes, or 9.5 = No or N/A*
9.11	What are your arrangements (governance processes) for discussion of patients referred for thrombectomy?	○ Most patients referred reviewed with thrombectomy centre as part of regional MDT ○ Most patients referred reviewed locally as part of local MDT ○ Informal feedback ○ No regular discussion	*Unavailable if 9.2 = Yes, or 9.5 = No or N/A*
B10 Specialist investigations for stroke and TIA patients			*Unavailable 1.4 = Yes*
10.1	What is the usual inpatient waiting time for patients to receive carotid imaging?	○ The same day (7 days a week) ○ The same day (5/6 days a week) ○ The next day ○ The next weekday ○ Within a week ○ Longer than a week	Select one option only Select the average waiting time for patients to receive carotid imaging

10.2	What is the usual inpatient waiting time for patients to receive carotid endarterectomy?	○ The same day (7 days a week) ○ The same day (5/6 days a week) ○ The next day ○ The next weekday ○ Within a week ○ Longer than a week	Select one option only. Select the average waiting time for patients to receive carotid endarterectomy. Please provide an estimate if the exact number is not known.
10.3	What is your usual pathway for detecting paroxysmal atrial fibrillation?	○ HASU telemetry monitoring ○ Inpatient 24 hour tape ○ Outpatient 24 hour tape ○ Extended cardiac recording: 48 hours ○ Extended cardiac recording: 5-7 days ○ Implantable loop recorder ○ Transdermal patch (e.g. Ziopatch) ○ Repeat extended 5-7 days cardiac monitor	If the pathway differs, please record the most common pathway List in the sequence of investigations you apply i.e. 1=1st, 2= 2nd etc. [1-8; Not available] Choose "Not available" if not available. You must answer every question with a number between 1 and 8, or "Not available".
10.4	In which stroke patients do you normally perform echocardiography?	○ In the majority of patients post stroke ○ Patients suggestive of cardioembolic source on brain imaging ○ Patients with an abnormal ECG ○ Patients with suspected valvular lesions ○ Patients with new heart failure ○ Patients with known heart failure ○ We rarely do echocardiography (N/A)	Select all that apply, must choose at least one option.
10.5	In which patients do you normally perform a bubble contrast echocardiography?	○ All patients post stroke ○ All patients with suspected cardioembolic source on brain imaging	Select all that apply, must choose at least one option

		○ Patients with suspected cardioembolic source but initial transthoracic echocardiogram (TTE) normal ○ We rarely do bubble contrast echocardiography (N/A)	
10.6	In which patients do you normally perform TOE (trans-oesophageal echocardiography)?	○ All patients with suspected cardioembolic source on brain imaging ○ Patients with suspected cardioembolic source but initial transthoracic echocardiogram (TTE) normal ○ If patient has had a positive bubble contrast echo ○ We rarely do trans-oesophageal echocardiography (N/A)	Select all that apply, must choose at least one option.
10.7	Is PFO closure available locally for your stroke patients?	○ Yes ○ No	Must select one option only (this refers to NHS rather than private provision)
10.7a	If yes, are all patients discussed at a specialist stroke/cardiology MDT before PFO closure is offered?	○ Yes ○ No	*Unavailable if 10.7 = No* Must select one option only
10.8a	Which imaging modality do you most frequently use in your neurovascular clinic for suspected TIAs? *First line brain imaging*	○ CT ○ MRI ○ Rarely image TIAs	If you use more than one imaging modality, select the most commonly used
10.8b	Which imaging modality do you most frequently use in your neurovascular clinic for suspected TIAs?	○ Carotid Doppler ○ CTA ○ MRA – (CEMRA)	*Select only one option for brain imaging and one option for carotid imaging*

	First line carotid imaging	○ MRA – (ToF) ○ Rarely image TIAs	If you use more than one imaging modality, select the most commonly used *CTA – CT angiography* *MRA – CEMRA: Contrast enhanced magnetic resonance imaging,* *MRA - ToF: Time of flight magnetic resonance imaging*
10.9	What is your first line treatment for preventing venous thromboembolism for patients with reduced mobility?	○ Short or long compression stockings ○ Intermittent pneumatic compression (IPC) device ○ Low molecular weight heparin ○ None of the above	Select one option only
10.10	Which of the 7 site-level practices set out in the 'HSIB Best Practice Consensus for reducing Venous Thromboembolism post-stroke' do you employ at your site?	○ Generic Trust VTE assessment within 24 hours of admission with daily ward round review and/or whenever clinical situation changes ○ If high risk of VTE, IPC are used within first 3 days of acute stroke for up to 30 days or until mobile or discharged ○ IPC devices prescribed on electronic or paper prescription charts and are reviewed on a daily basis by medical, nursing and pharmacy teams ○ Information provided to patient/family/carer of the risk of hospital acquired VTE and benefits of IPC in reducing risk of DVT and improving survival	Can select all that apply but must choose at least one option.

		○ All members of multi-disciplinary team are trained in awareness and benefits of IPC, and in the application of IPC sleeves after therapy, nursing interventions or investigations ○ If patients cannot tolerate IPC, discussion with a senior member of the clinical team to document consideration of alternative treatments, e.g. earlier use of Low Molecular Weight Heparin ○ Regular review of SSNAP data on IPC use through clinical governance programmes to maintain and improve compliance with VT pathways and use of IPC devices ○ None of the above	
B11 TIA/Neurovascular service		*Unavailable 1.4 = Yes*	
11.1	Does your site have a neurovascular clinic?	○ Yes ○ No	Select one option only *A neurovascular clinic is defined as: A service for outpatient diagnosis and management of people presenting with suspected TIA or minor stroke, not requiring admission to hospital.*
11.2	If no, who provides this for your patients?	○ Another site within our trust Please give name and SSNAP code ○ Another site not within our trust Please give name and SSNAP code	*Unavailable if 11.1 = Yes* Select one option only Please select from the dropdown list.

			Team codes and contact information can be found at: www.strokeaudit.org > Resources > Team codes and contact information.
11.3	If yes, on how many days a week do you hold your neurovascular clinic?	0-7 integer	*Unavailable if 11.1 = No* Please provide a value between 0-7.
11.4	How many new patients were seen during the past 4 weeks?	0-999 integer	*Unavailable if 11.1 = No* Please provide a value between 0-999.
11.4a	Of the new patients assessed, what proportion of patients were assessed via the following methods:	○ Face to face; ○ Virtual (telephone only); ○ Virtual (with video option);	*Unavailable if 11.1 = No or 11.4 is 0* Please provide a value between 0-100 % Values in 11.4a must add up to 100
11.4b	How many of these new patients had a final diagnosis of a TIA?	0-999 integer	*Unavailable if 11.1 = No; or 11.4 = 0* Please provide a value between 0-999. Cannot be more than value given for 11.4.
11.5	What is the current average waiting time for an appointment from referral?	0-100 integer	*Unavailable if 11.1 = No* Please provide a range between 0-100 days. Check through the appointments for TIA/neurovascular clinic appointments made in the previous month to calculate the delay between referral and appointment for minor stroke/TIA. Please give your answer in days

11.6	How are patients referred into your TIA / neurovascular service?	○ Via email/electronic referral ○ Written referral via post to stroke team ○ Written referral via post to Choose and Book ○ Telephone referral to stroke team	*Unavailable if 11.1 = No* Select one option only
11.7	Do the stroke team triage referrals to the TIA/neurovascular service?	○ Yes ○ No	*Unavailable if 11.1 = No* Select one option only
11.8	Does this involve a telephone call to the patient?	○ Yes ○ No	*Unavailable if 11.1 = No or 11.7 = No* Select one option only
11.9	Who triages the referrals?	○ Stroke Consultant ○ Stroke Resident doctor ○ Stroke Specialist Nurse ○ Stroke Specialist Nurse followed by Stroke Doctor ○ Admin staff based on triage criteria ○ Stroke team contact all patients (tele-triage) ○ Other	*Unavailable if 11.1 = No or 11.7 = No* Select one option for in hours and one option for out of hours. In hours is between 08.00-18.00 Monday to Friday Out of hours is all days and times outside this range
11.10	Do you use any clinical risk score to allocate the urgency of referrals to your neurovascular clinic?	○ Yes ○ No	*Unavailable if 11.1 = No or 11.7 = No* Select one option only
11.11	Within what timescale can you see, investigate and initiate treatment for ALL your TIA patients?	○ The same day (7 days a week) ○ The same day (5 days a week) ○ The next day ○ The next weekday ○ Within a week ○ Within a month ○ Longer than a month	*Unavailable if 11.1 = No* Select only one option for inpatient and one option for outpatient

11.12	What is the total number of inpatients with confirmed or suspected TIA across all primary admitting hospitals on this day?	0-999 integer	Please answer within a range of 0-999. This refers to the number of inpatients with a primary diagnosis of TIA across all the hospitals which were entered for A1 at the time the organisational audit form is completed.
11.13	How many inpatients with confirmed or suspected TIA are in stroke unit beds across all primary admitting hospitals on this day?	0-999 integer	*Unavailable if 11.12 = 0* Please answer within a range of 0-999. This should not be more than the number given for question 11.12, also cannot be greater than total number of stroke beds 8.1b, if 8.1b is less than 11.12. This refers to the number of inpatients with a primary diagnosis of TIA across who are in stroke beds across all the hospitals which were entered for A1 at the time the organisational audit form is completed.
B12 Medical Workforce		*Unavailable 1.4 = Yes*	
12.1	Do you have at least one accredited specialist registrar in a post registered for stroke specialist training?	○ Yes ○ No	An accredited SpR will be a specialist registrar (doctor) who is in a post approved for stroke specialty training.
12.2	How many accredited specialist registrar posts do you have at your site?	0-99 integer	Must be a whole number. Please answer within a range of 0-99.

			This is the total number of posts at your site, whether they are filled or unfilled.
12.3	How many of the posts in Q12.2 are currently filled?	0-99 integer	*Unavailable if 12.2 = 0* Cannot exceed the number in Q12.2 Can answer within a range of 0 - 99. A response is required in all fields; Enter 0 if appropriate.
12.4	How many programmed activities (PAs) do you have in total for Stroke Consultant Physicians?	0-999 integer	Please answer within a range of 0-999. PA refers to Programmed Activities (or Sessions in Wales). This includes all stroke consultant physicians who have any component of stroke clinical time **Stroke Consultant Physician** – A physician with specialist skills in stroke. A stroke specialist has expertise in all three principal areas of stroke management (Prevention, Acute Stroke, Stroke Rehabilitation).
12.4a	How many consultants (individuals) are these PAs divided amongst?	1-99 integer	*Unavailable if 12.4 = 0*
12.4b	How many of these PAs are Direct Clinical Care (DCCs) for Stroke?	1-999 integer	*Unavailable if 12.4 = 0* Max. 2 decimal places Cannot be greater than 12.4
12.5	Do you have any unfilled medical consultant stroke physician posts?	○ Yes ○ No	
12.5a	How many programmed activities (PAs) do these posts cover?	1-999 integer	*Unavailable if 12.5 = No* PA refers to Programmed Activities (or Sessions in Wales)

12.5b	For how many months have these posts been funded but unfilled?	1-120 integer	*Unavailable if 12.5 = No*
12.6	How many new/additional programmed activities (PAs) do you plan to have for Stroke Consultant Physicians?	0-99 integer	Please answer within a range of 0-99. Max 2 decimal places. PA refers to Programmed Activities (or Sessions in Wales)
12.6a	How many new/additional consultants (individuals) will these PAs be divided amongst?	0-99 integer	*Unavailable if 12.6 = 0* Please answer within a range of 0-99. Must be a whole number. 'New/Additional planned posts' refer to plans in which the posts have i) a set number of PAs in their prospective job plan for stroke ii) the DCC PAs should have been considered and iii) there should be a plan for contribution to specific part(s) of the service, for example, the TIA clinic or the stroke unit. These planned posts should be the result of an official management plan with recognised funding identified and/or 'Authority to Recruit'.
12.6b	How many of these new/additional PAs will be for Direct Clinical Care (DCC) for Stroke?	1-99 integer	*Unavailable if 12.6 = 0* Please answer within a range of 1-99. Do not give an answer that is greater than that given for question 12.6. PA refers to Programmed Activities (or Sessions in Wales)

12.7	How many sessions do you have in total for non-medical consultants?	0-999 integer	
12.7a	How many non-medical consultants (individuals) are these sessions divided amongst?	1-99 integer	*Unavailable if 12.7 = 0*
12.7b	How many of these sessions are for direct patient care?	1-99 integer	*Unavailable if 12.7 = 0* Max. 2 decimal places Cannot be greater than 12.7
12.8	Do you have any unfilled non-medical consultant posts?	○ Yes ○ No	
12.8a	How many sessions do these posts cover?	1-999 integer	*Unavailable if 12.8 = No*
12.8b	For how many months have these posts been funded but unfilled?	1-120 integer	*Unavailable if 12.8 = No*
12.9	How many new/additional sessions do you plan to have for non-medical consultants	0-99 integer	Max 2 decimal places
12.9a	How many new/additional non-medical consultants (individuals) will these sessions be divided amongst?	0-99 integer	*Unavailable if 12.9 = 0*
12.9b	How many of these new/additional sessions will be for Direct Clinical Care (DCC) for Stroke?	1-99 integer	*Unavailable if 12.9 = 0* Max. 2 decimal places Cannot be greater than 12.9
12.10	How many WTEs do you have in total for allied healthcare practitioners (AHPs)?	0-999 integer	AHP - Allied Health Professionals
12.10a	How many AHPs (individuals) are these WTEs divided amongst?	1-99 integer	*Unavailable if 12.10 = 0*

12.11	Do you have any unfilled Allied Health Professionals (AHP) posts?	○ Yes ○ No	
12.11a	How many WTEs do these posts cover?	1-999 integer	*Unavailable if 12.11 = No*
12.11b	For how many months have these posts been funded but unfilled?	1-120 integer	*Unavailable if 12.11 = No*
12.12	How many new/additional sessions do you plan to have for Allied Health Professionals (AHPs)?	0-99 integer	Max 2 decimal places
12.12a	How many new/additional AHPs (individuals) will these WTEs be divided amongst?	0-99 integer	*Unavailable if 12.12 = 0*
12.13	How many sessions of resident doctor time are there per week in total for all stroke unit beds?	○ Internal Medicine trainee 3 (IMT3)/registrar grade or above ○ Foundation years/core training/IMT1/IMT2 or equivalent ○ Non training grade/'locally employed'/trust resident doctor	Please answer within a range of 0-99 sessions. 1 session represents half a day
12.14	Do you have Physician Associates as part of your clinical team?	○ Yes ○ No	
12.14a	If yes, how many whole time equivalents do these Physician Associates (Physician Assistants) work across your stroke service?	0-99 [] WTEs	*Unavailable if 12.14 = No* Please answer within a range of 0-99 and can be up to 3 decimal places. **WTEs** - Whole Time Equivalents An WTE of 1.0 means that the person is equivalent to a full-time worker, while an WTE of 0.5 indicates that the worker is half-time etc.

Section C: to be answered by post-acute services *Unavailable 1.4 = Yes* *(1.1 Does your service provide inpatient care for acute stroke? Is 'No')*			
Question No	**Data item**	**Answer options**	**Notes**
C13 Inpatient rehabilitation			
13.1	Does your service provide inpatient rehabilitation?	○ Yes ○ No	If 13.1 = No the rest of C13 is unavailable
13.2	What is the total number of beds within this service that may be used for stroke patients?	1-200 integer	Please enter a whole number []beds Count beds which are defined for use by stroke patients. Do not include beds on generic units which will not receive stroke patients at any point.
13.3	Where is this stroke service provided?	○ Rehabilitation beds in acute NHS trust	Select all that apply

		○ Rehabilitation beds in community NHS trust ○ Combined acute and community NHS trust ○ Social enterprise ○ Private sector provider	Specify the physical location where the stroke service is provided. Private sector provider may include care homes (nursing homes). For Wales, 'Trusts' refers to hospital
13.4	Over the last year, has the average waiting time for these beds:	○ Stayed the same ○ Increased ○ Decreased	
13.5	Who provides medical care for stroke patients under the care of this team?	○ Stroke specialist doctor (Consultant level/ Staff Grade) ○ Non-specialist doctor (Consultant level/ Staff Grade) ○ Consultant in Rehabilitation medicine with specialty in neurorehabilitation ○ Resident doctor/non-career grade ○ GP	Select all that apply. If the most appropriate option for your service is not listed, please select 'GP'
13.6	How many days per week is there a stroke specialist consultant ward round for these beds?	0-7 []days	Please enter a range from 0-7days. Only whole numbers are permitted. (If there is more than one location for these beds, please give an estimated average e.g. if there are 20 beds overall and 10 have ward rounds 7 times a week and the other 10 have ward rounds 5 times a week, you should put 6.)

13.7	How many of the following *nursing* staff are there usually on duty at **10AM** for these beds?	○ Registered nurses ○ Care assistants	This question refers to the number of individuals on the ward at **10AM**. Registered nurses are those defined as registered with the NMC as Registered Nurses (Adult). [0-99] Weekdays; Saturdays; Sundays Enter 0 if no nursing staff on duty. Registered nurses and Care assistants cannot both be 0 for the same time period. As this question refers to individuals, only whole numbers are permitted. Only the nursing staff for the beds which are used for stroke patients should be included.
13.8	How many nurses are there usually on duty for these beds at **10AM** who are trained in the following?	○ Swallow Screening ○ Stroke assessment and Management	[0-99] Weekdays; Saturdays; Sundays *13.8i cannot be more than 13.7i for each time period. 13.8ii cannot be more than 13.7i for each time period.* (i) Swallow screening refers to a formal swallow screen using a Trust- or hospital-approved protocol. (ii) A nurse trained in 'stroke management' would have stroke specific management experience i.e. can check for deterioration of symptoms and take necessary action. Please enter 0 if no nursing staff on duty are trained. As this question refers to individuals, only

			whole numbers are permitted. Only the nursing staff for the beds which are used for stroke patients should be included.
13.9	How many of the following *nursing* staff are there usually on duty at **10PM** for these beds?	○ Registered nurses ○ Unregistered nurses	(Only whole numbers) [0-99] Weekdays Saturdays Sundays/Bank holidays This question refers to the number of individuals on the ward at **10PM.** Registered nurses are those defined as registered with the NMC as Registered Nurses (Adult). Please enter 0 if no nursing staff on duty. Registered nurses and Unregistered nurses cannot both be 0 for the same time period. As this question refers to individuals, only whole numbers are permitted. Only the nursing staff for the beds which are used for stroke patients should be included.
13.10	How are these beds currently funded?	○ Block contract ○ Payment by results (PBR) ○ Uplifted/enhanced tariff ○ Unfunded (at risk) ○ Not known ○ Site in Wales or N. Ireland (N/A)	Your service line manager should be able to provide you with an answer to this question
13.11	Is this bed base?	○ Geographically defined ○ For stroke patients only ○ Mixed stroke and neurology ○ Mixed stroke and CCU	Select all that apply

		○ Mixed stroke and elderly care ○ Mixed stroke and other medical patients	
13.12	Does this in-patient facility have access to an on-site therapy gym?	○ Yes ○ No	This facility should be on-site
13.13	Does this in-patient facility have access to an on-site therapy kitchen?	○ Yes ○ No	This facility should be on-site
13.14	On this day, how many patients on your stroke ward are 'medically fit for discharge' (i.e., no longer requiring hospital bed based care)?	0-99 integer	Total must not be greater than total number of stroke unit beds in 13.2
13.15	Do you move patients no longer receiving specific stroke intervention to other wards if you need the bed for another stroke patient?	○ Yes ○ No ○ Only in exceptional circumstances	
C14 Community based rehabilitation			
14.1	Does your service provide community-based rehabilitation?	○ Yes ○ No	If 14.1 is 'Yes', complete the rest of C14 If 14.1 is 'No', proceed to C15
14.1a	How many new patient referrals of all types/conditions has this service received in the last 12 calendar months	[20-3000 integer]	This refers to ALL patients who have to come to the service within the last 12 months**.** A re-referral of a patient can be included. Refers only to referrals that were accepted to your team Recognising that SSNAP may not hold records for 100% of stroke patients, please verify your data with

			local records to give as accurate information as you are able.
14.2	How many days per week is this service provided?	○ Fewer than 5 days ○ 5 days ○ 6 days ○ 7 days	Select one option only The number of days a week this service is available to patients who require it. If in the working week only, please select 5 days per week etc.
14.2a	If 6 days or 7 days is chosen, the weekend service is:	○ New patients/emergencies only ○ Reduced rehabilitation service ○ Identical service Monday-Sunday (with full access to an MDT)	*Unavailable if 14.2 = 'Fewer than 5 days' or '5 days'*
14.3	Can people with stroke be re-referred back to this service after discharge?	○ Yes ○ No	This question refers to the facility for patients to be referred back to the service for further treatment of the same stroke at any time after they have been discharged from the service.
14.3a	If yes, how are they re-referred?	○ Directly (self, patient and/or carer) ○ Hospital/secondary care ○ GP/primary care ○ Third sector support services (e.g. Stroke Association Connect)	*Unavailable if 14.3 = No* Select all that apply
14.4	Where are treatment/assessment sessions provided?	○ Acute hospital ○ Community hospital ○ Doctor's surgery/health centre/clinic ○ Leisure Centre/Gym ○ Patient/carer/family member's home ○ Care home	Select all that apply The location(s) where face-to-face therapy and/or treatment sessions are provided.

14.5	Is there a waiting list for this service?	○ Yes ○ No	
14.5a	If yes, over the last year, has this average waiting time:	○ Stayed the same ○ Increased ○ Decreased	*Unavailable if 14.5 = No*
14.5b	Does the service have an agreed approach to managing waiting lists?	○ Yes ○ No	*Unavailable if 14.5 = No*
14.6	Does this service treat/assess patients who live in care homes?	○ Yes ○ No	The term care home includes nursing and residential homes.
14.7	Does a member of this team attend multidisciplinary team meetings (MDT) at the local acute hospitals to discuss stroke patients currently receiving acute care?	○ Yes ○ No	Select one option For the meeting to be considered multidisciplinary, at least two or more different staff disciplines are present and contribute to the discussion of individual stroke patients. The decisions of the meeting must be recorded.
14.8	Is there a limit for how long stroke patients have access to this service?	○ Yes ○ No	Select one option This question only refers to the initial referral, not any subsequent referrals. If yes is selected, 14.8a must be answered If no is selected, 14.8a cannot be answered.
14.8a	If yes, how is this measured?	**Duration** • 0-6 weeks	*Unavailable if 14.8 = No* Select one

		• 7-12 weeks • 13-26 weeks • >26 weeks **Appointments** • 5 sessions • 6-10 sessions • 11-15sessions • 16+ sessions	Select either by duration or appointments by which is most appropriate for this service. If by duration, then this is measured in weeks If by appointments, then the number of sessions.
14.9	Does your service offer functional electrical stimulation?	○ Yes ○ No ○ No but	This refers to FES only i.e. foot drop/ gait management and does not include e-stim or other forms of electrical stimulation.
14.10	Do patients in your service have access to gym equipment to carry out cardiovascular exercise?	○ Yes ○ No ○ No but	
14.11	Does your service provide a spasticity service?	○ Yes ○ No ○ No but	This includes the ability to provide botulinum toxin injections If spasticity management is available through external referral rather than within your service, select 'No but'.
14.12	Does your service have a formal referral pathway for people with stroke within community-based psychological support services (e.g. IAPT)?	○ Yes, general offer ○ Yes, stroke specific programme offered ○ No ○ No but	These are primary care based psychological care services, that typically offer counselling and/or CBT for the general population. In England these are commonly referred to as IAPT services. Please indicate if patients in your service are able to be referred to IAPT services

14.13	Does your service provide or loan devices for patients to access telerehabilitation?	○ Yes ○ No ○ No but	
14.14	Which of the following criteria does your service meet?	○ Shared clinical caseload ○ One management structure ○ Single point of access/referral route ○ Staffing establishment/budget is combined- with staff able to work flexibly across team functions as required ○ No requirement for referral to another part of the same team (i.e. from ESD to CST) ○ None of the above	Select all that apply (Only available if ESD and CRT selected as service function)
C15 Vocational Rehabilitation			
15.1	Is this service commissioned to provide vocational rehabilitation?	○ Yes ○ No ○ Not commissioned but provided	If No, 15.1a must be answered – the rest of 15 is then unavailable. If 'Yes' or 'Not commissioned but provided', 15.1a cannot be answered 15.1ai-15.1aiii must be answered 'commissioned' refers to 'required' for Welsh/NI clarification. This will be specifically mentioned in your service specification A service that supports stroke patients to return

			and remain in work. Vocational rehabilitation programmes for people after stroke should include: ▪ assessment of potential problems in returning to work, based on the work role and demands from both the employee's and employer's perspectives. ▪ an action plan for how problems may be overcome. ▪ interventions specifically designed for the individual which may include: vocational counselling and coaching, emotional support, adaptation of the working environment, strategies to compensate for functional limitations in mobility and arm function, and fatigue management. ▪ clear communication between primary and secondary care teams and including the person with stroke, to aid benefit claims or to support a return to work. RCP National Clinical Guideline for stroke 2016 (p56): (https://www.strokeaudit.org/Guideline/Guideline-Home.aspx)
15.1a	If no, is there an alternative local service you can refer people with stroke to for vocational rehabilitation (e.g. other rehabilitation services or charities)?	○ Yes ○ No	*Unavailable if 15.1 = 'Yes' or 'Not commissioned but provided',* If yes, 15.1ai must be answered
15.1ai	What is the name of the vocational rehabilitation service?	Free text	*Unavailable if 15.1a = No* If 15.1a is yes please provide a name for this service

15.1aii	Is this vocational rehabilitation service local or regional?	○ Local ○ Regional	*Unavailable if 15.1a = No*
15.1aiii	Is this vocational rehabilitation service stroke/neuro specific?	○ Yes ○ No	*Unavailable if 15.1a = No*
15.2	What level(s) of vocational rehabilitation does your service provide?	○ Level 1 ○ Level 2 ○ Level 3	Select all that apply NHS England VR tool kit Level 1: Specialist VR Any stroke survivor with a disability that prevents their return to work and/or for whom the return to work plan will take longer than 6 months to implement Level 2: Return-to-Work service Stroke survivors who have a job to return to and want/ need support to do so; or require advice on alternative options (i.e. redeployment, medical retirement, etc.). A return to work plan should be implemented within six months Level 3: Advice and signposting on return-to-work planAll stroke survivors, regardless of age, should be offered appropriate advice, signposting and referral for more support to return to work
15.3	What disciplines are responsible for delivering vocational rehabilitation for this service?	○ Clinical psychologist ○ Occupational therapist ○ Physiotherapist ○ Social worker ○ Specialist nurse ○ Speech and Language therapist ○ Rehabilitation/Therapy assistant ○ Family/carer support worker	Select all that apply

15.4	Is there a waiting list for vocational rehabilitation in this service?	○ Yes ○ No	
15.4a	If yes, what is the current average waiting time?	1-200 [weeks]	Unavailable if 15.4 = No Answer in whole weeks
15.5	Who is offered vocational rehabilitation by this service?	○ All people with stroke of working age ○ Only people with stroke considered fit enough to return to work ○ Only people with stroke considered fit enough to return to work and who were not previously unemployed	*Available If 'yes' to 15.1* Vocational rehabilitation in relation to stroke patients only. This could include people considered potentially fit enough to return to work
15.6	When can a person with stroke access vocational rehabilitation from this service?	○ Upon discharge/referral from inpatient care ○ Upon discharge/referral from community-based care ○ On their return to work ○ Self-referral	Select all that apply *Available If 'yes' to 15.1*
15.7	How long is vocational rehabilitation offered for by this service?	○ For a set number of sessions ○ As long as a person requires to meet their goals	Select one option only
15.8	Where is vocational rehabilitation provided by this service?	○ In a vocational rehabilitation clinic setting ○ In the person's own home or place of residence ○ In the workplace	Select all that apply
15.9	Which of the following are routinely used/carried out in this service?	○ Fit notes ○ Formalised work role analysis (such as a physical demands assessment or cognitive demands analysis)	Select all that apply

		○ Return to work planning schedules ○ Supported meetings with employers (including line managers, HR or Occupational Health)	
15.10	Which of these measures are routinely recorded by this service?	○ Work productivity and activity impairment questionnaire ○ Work and social adjustment scale ○ Work ability support scale ○ None of the above	Select all that apply
15.11	When is a vocational rehabilitation follow-up provided?	○ Self-referral option if required ○ Work review at key point such as end of a graded return ○ Formal vocational rehabilitation review at 3 or 6 months ○ No vocational rehabilitation follow-up provided	Select one option only

Section D

Question No	Data item	Answer options	Notes
16.1	Are you commissioned (or in Wales and Northern Ireland expected) to carry out 6-month reviews?	○ Yes ○ No	Select one option only
16.2	Do any staff from this service routinely carry out 6-month reviews of people with stroke?	○ Yes ○ No	Select one option only If 'No' The rest of D16 is unavailable

16.3	If yes, which disciplines routinely carry out six-month reviews?	○ Stroke specialist doctor (Consultant level/ Staff Grade) ○ Non-specialist doctor (Consultant level/ Staff Grade) ○ ACP or ANP ○ Resident doctor ○ GP ○ Nurse ○ Occupational therapist ○ Physiotherapist ○ Speech and Language Therapist ○ Clinical psychologist ○ Social worker ○ Support worker/therapy assistant ○ Dietitian ○ Orthoptist ○ Orthotist ○ Podiatrist ○ Voluntary sector employee	*Unavailable if 16.2 = No* Select all that apply
16.4	Which patients are offered a 6-month review by this service?	○ Patients previously under the care of this service ○ Patients within this service's catchment area	*Unavailable if 16.2 = No* Select all that apply
16.5	Is a standardised template/proforma used for your 6 month reviews, such as the GM Sat?	○ Yes ○ No	*Unavailable if 16.2 = 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	*Unavailable if 16.2 = No*

16.6a	If no, where can you/do you signpost/refer patients to:	○ GP ○ Voluntary services ○ General (non-stroke specialist) rehabilitation services	Unavailable if 16.6 = Yes
16.7	Is data regarding progress and/or ongoing needs of stroke survivors identified at 6 months discussed at clinical service meetings?	○ Yes - within 6 month review service only ○ Yes - in regional meetings ○ Yes - in local whole pathway stroke meetings ○ No	*Unavailable if 16.2 = No*