Sentinel Stroke National Audit Programme (SSNAP)

Dataset for Organisational Audit 2025

Introduction

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.

Version	Date	Changes
1.1.1	01/05/2025	Official core dataset proforma
1.1.2	01/10/2025	Updated official core dataset proforma

Version	Major amendments	Minor amendments	Clarification/Additional information
1.1.2	12.10, 12.11, 12.12		AHPs has been corrected to ACPs

Section A	1	General organisational information	All services
	2	Workforce	All services except standalone 6m providers (Q1.4 = Yes)
	3	Quality improvement and leadership	
	4	Training	
	5	Discharge information	
	6	Research	
Section B	7	Acute presentation	Acute inpatient services (Q1.1 = Yes)
	8	Stroke units	
	9	Thrombolysis and thrombectomy	
	10	Specialist investigations for stroke and TIA patients	
	11	TIA/Neurovascular service	
	12	Medical workforce	
Section C	13	Inpatient rehabilitation	Post-acute services (Q1.1 = No) except standalone 6m providers (Q1.4 = Yes)
	14	Community based rehabilitation	
	15	Vocational rehabilitation	
Section D	16	Six month assessments	All services

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

Section A: to be answered by all services

A1 General organisational information

1.1   Does your service provide inpatient care for acute stroke?
        Yes   O
        No   O

If 1.1 is 'Yes', go to 1.2
If 1.1 is 'No', go to 1.4

If 1.1 is 'Yes', grey out 1.4-1.8 and section C
If 1.1 is 'No', grey out 1.2-1.3 and section B

1.2   How many teams are covered by this form? [ ] *1-10 integer*
        In this question we are asking about acute hospitals which directly admit stroke patients or routinely admit them within 7 days.
        Table to have the same number of rows as number entered for question.

	Team name	Total number of stroke unit beds	SSNAP code
1			
2			
3			

1.3   Which of the following options best describes your service at your site for patients during the first 72 hours after stroke?
        This should be what best describes your service and what happens to patients generally, not what happens in exceptional circumstances.
        (i)   We treat all of these patients   O
        (ii)   We treat some of these patients   O
        (iii)   We treat none of these patients   O

If 1.3 is (i) or (ii), grey out 1.3a
If 1.3 is (iii), grey out section B7

        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.

1.4   Is your service a standalone 6m assessment provider?
        Yes   O
        No   O

If 1.4 is 'Yes', grey out sections A2-6, B and C

1.5   Are you completing this form as part of an Integrated Community Stroke Service (ICSS)?
        Yes   O

No   O
Wales or Northern Ireland service O

1.6 This service treats:
    Only stroke patients   O
    Stroke and neurology patients O
    General service that sees people with all conditions including stroke O

1.7 Who commissions this service? [drop-down list]

1.8 How many teams are covered by this form? [ ]
Table to have the same number of rows as number entered for question.

	Team name	SSNAP code
1		
2		
3		

A2 Workforce

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?

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.

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.
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.
2.1(cc) only available if Q1.1 is 'No'

(a) Do people with stroke under the care of this team have access to **Clinical psychology (qualified)**?	(b) Do people with stroke under the care of this team have access to **Clinical psychology (support worker)**?
Yes, within this service O	Yes, within this service O
Yes, but NOT within this service O	Yes, but NOT within this service O
No O	No O
(i) Whole time equivalents (WTEs) [ ]	(i) Whole time equivalents (WTEs) [ ]
(ii) Number of individuals [ ]	(ii) Number of individuals [ ]
(iii) Vacant whole time equivalents (WTEs) [ ]	(iii) Vacant whole time equivalents (WTEs) [ ]
(iv) Working pattern:	(iv) Working pattern:
Fewer than 5 days O	Fewer than 5 days O
5 day working O	5 day working O
6 day working O	6 day working O
7 day working O	7 day working O
(c) Do people with stroke under the care of this team have access to **Dietetics (qualified)**?	(d) Do people with stroke under the care of this team have access to **Dietetics (support worker)**?
Yes, within this service O	Yes, within this service O

Yes, but NOT within this service O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
      Fewer than 5 days   O
      5 day working   O
      6 day working   O
      7 day working   O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	      Fewer than 5 days O
	      5 day working O
	      6 day working O
	      7 day working O

(e) Do people with stroke under the care of this team have access to **Occupational therapy: band 5**?
Yes, within this service   O
Yes, but NOT within this service O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
      Fewer than 5 days   O
      5 day working   O
      6 day working   O
      7 day working   O
	(f) Do people with stroke under the care of this team have access to **Occupational therapy: band 6**?
	Yes, within this service O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	      Fewer than 5 days O
	      5 day working O
	      6 day working O
	      7 day working O

(g) Do people with stroke under the care of this team have access to **Occupational therapy: band 7**?
Yes, within this service   O
Yes, but NOT within this service O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
      Fewer than 5 days   O
	(h) Do people with stroke under the care of this team have access to **Occupational therapy: band 8**?
	Yes, within this service O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	      Fewer than 5 days O

5 day working O 6 day working O 7 day working O	5 day working O 6 day working O 7 day working O
(i) Do people with stroke under the care of this team have access to **Physiotherapy: band 5**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O	(j) Do people with stroke under the care of this team have access to **Physiotherapy: band 6**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O
(k) Do people with stroke under the care of this team have access to **Physiotherapy: band 7**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O	(l) Do people with stroke under the care of this team have access to **Physiotherapy: band 8**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O
(m) Do people with stroke under the care of this team have access to **Speech and language therapy: band 5**? Yes, within this service O Yes, but NOT within this service O	(n) Do people with stroke under the care of this team have access to **Speech and language therapy: band 6**? Yes, within this service O Yes, but NOT within this service O

No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
       Fewer than 5 days   O
       5 day working   O
       6 day working   O
       7 day working   O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	       Fewer than 5 days O
	       5 day working O
	       6 day working O
	       7 day working O

(o)   Do people with stroke under the care of this team have access to **Speech and language therapy: band 7**?
Yes, within this service   O
Yes, but NOT within this service   O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
       Fewer than 5 days   O
       5 day working   O
       6 day working   O
       7 day working   O
	(p) Do people with stroke under the care of this team have access to **Speech and language therapy: band 8**?
	Yes, within this service O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	       Fewer than 5 days O
	       5 day working O
	       6 day working O
	       7 day working O

(q)   Do people with stroke under the care of this team have access to **Rehabilitation/therapy assistant**?
Yes, within this service   O
Yes, but NOT within this service   O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
       Fewer than 5 days   O
       5 day working   O
	(r) Do people with stroke under the care of this team have access to **Pharmacy (qualified)**?
	Yes, within this service O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	       Fewer than 5 days O
	       5 day working O

	6 day working O 7 day working O		6 day working O 7 day working O
(s)	Do people with stroke under the care of this team have access to **Pharmacy (support worker)**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O	(t)	Do people with stroke under the care of this team have access to **Nursing: bands 2-4**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O
(u)	Do people with stroke under the care of this team have access to **Nursing: band 5**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O	(v)	Do people with stroke under the care of this team have access to **Nursing: band 6**? Yes, within this service O Yes, but NOT within this service O No O (i) Whole time equivalents (WTEs) [ ] (ii) Number of individuals [ ] (iii) Vacant whole time equivalents (WTEs) [ ] (iv) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O
(w)	Do people with stroke under the care of this team have access to **Nursing: band 7**? Yes, within this service O Yes, but NOT within this service O No O	(x)	Do people with stroke under the care of this team have access to **Nursing: band 8**? Yes, within this service O Yes, but NOT within this service O No O

(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
     Fewer than 5 days   O
     5 day working   O
     6 day working   O
     7 day working   O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	     Fewer than 5 days O
	     5 day working O
	     6 day working O
	     7 day working O

(y) Do people with stroke under the care of this team have access to **Patient/family/carer support worker /social worker/keyworker**?
Yes, within this service   O
Yes, but NOT within this service O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
     Fewer than 5 days   O
     5 day working   O
     6 day working   O
     7 day working   O
	(z) Do people with stroke under the care of this team have access to **Orthoptics**?
	Yes, within this service O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	     Fewer than 5 days O
	     5 day working O
	     6 day working O
	     7 day working O

(aa) Do people with stroke under the care of this team have access to **Orthotics**?
Yes, within this service   O
Yes, but NOT within this service O
No   O
(i)   Whole time equivalents (WTEs) [ ]
(ii)   Number of individuals [ ]
(iii)   Vacant whole time equivalents (WTEs) [ ]
(iv)   Working pattern:
     Fewer than 5 days   O
     5 day working   O
     6 day working   O
	(bb) Do people with stroke under the care of this team have access to **Podiatry**?
	Yes, within this service O
	Yes, but NOT within this service O
	No O
	(i) Whole time equivalents (WTEs) [ ]
	(ii) Number of individuals [ ]
	(iii) Vacant whole time equivalents (WTEs) [ ]
	(iv) Working pattern:
	     Fewer than 5 days O
	     5 day working O
	     6 day working O

7 day working O	7 day working O
(cc) Do people with stroke under the care of this team have access to a **doctor**? Yes, within this service O Yes, but NOT within this service O No O (v) Whole time equivalents (WTEs) [ ] (vi) Number of individuals [ ] (vii) Vacant whole time equivalents (WTEs) [ ] (viii) Working pattern: Fewer than 5 days O 5 day working O 6 day working O 7 day working O	

2.2   Which level(s) of psychological care are provided by this service? *Select all that apply*
Level 1   ☐
Level 2   ☐
Level 3   ☐
No psychological care provided   O

2.2a   If yes, have MDT staff members been trained to provide psychological care?
Yes   O
No   O

2.2ai   If yes, which level(s) of training? *Select all that apply*
Level 1   ☐
Level 2   ☐

2.3   Are individual people with stroke under the care of this service discussed in a formal multidisciplinary team meeting?
Yes   O
No   O

2.3a   If yes, how often would each patient be discussed in 7 days?
Less than once a week   O
Once a week   O
Twice a week   O
More than twice a week   O

2.3b   If yes, which disciplines consistently attend these meetings? *Select all that apply*
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   ☐

A3 Quality improvement and leadership

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)? *Select all that apply*
Executive on the Board   ☐
Non-executive on the Board   ☐
Chair of Clinical Governance (or equivalent)   ☐
Directorate Manager   ☐
Stroke Clinical Lead   ☐
Other   ☐
No specific individual   O

3.2   Is there a strategic group responsible for stroke?
Yes   O
No   O

3.2a   If yes, which of the following does it include? *Select all that apply*
Ambulance Trust representative   ☐
Clinician   ☐
Patient representative   ☐
Commissioner   ☐
Social Services   ☐
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   O
No   O

3.3a   If yes, how frequently are these formal meetings held?
Weekly   O
Monthly   O
Quarterly   O
Annually   O
Ad hoc/occasionally   O

3.4   Do you have quality improvement or governance meetings to review performance against SSNAP quality standards?
Yes   O
No   O

3.4a   If yes, how often are these meetings held?

Daily	O
Weekly	O
Monthly	O
Quarterly	O
Annually	O

3.5   Do you have stroke specific mortality meetings within your Trust? (i.e. formal process to discuss all stroke deaths within stroke MDT team)

Yes   O
No   O

3.5a   If yes, which format is used?
Some deaths reviewed   O
All deaths reviewed   O

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? *Select all that apply*

Clinical Psychologist   ☐
Dietitian   ☐
Occupational therapist   ☐
Physiotherapist   ☐
Consultant physician/Specialist doctor   ☐
Specialist nurse   ☐
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   O
Rehabilitation Medicine Consultant   O
Consultant Allied Health Professional O
Consultant Nurse   O
Other   O
No consultant leadership role within service   O

3.8   How often is there a formal survey seeking patient/carer views on the stroke services? *This does not include the Friends and Family test*
Never   O
Less than once a year   O
1-2 times a year   O
3-4 times a year   O
More than 4 a year   O
Continuous (every patient)   O

3.9   Which disciplines have a specific role or part of their role is for stroke data management? *Select all that apply*
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 ☐

3.10   What is the total number of whole time equivalent (WTEs) allocated in your service for stroke data management (collection, input, analysis)?   [ ] WTEs
<mark>0-50, max. 3 decimal places</mark>

3.11   Does the stroke service have formal links with patients and carers organisation for communication on any of the following?
Yes   O
No   O

<mark>*If 3.11 is 'No', grey out 3.11a*</mark>

3.11a   If yes, which areas are included? *Select all that apply*
Service provision ☐
Audit ☐
Service reviews and future plans ☐
Developing research ☐

3.12   Does the stroke service have formal links with peer-support groups for stroke (e.g. stroke clubs)?
Yes   O
No   O

A4 Training

4.1   Is there the facility for nurses to attend internal or external training courses relating to stroke management?
Yes   O
No   O

4.1a   If yes, how many sessions have these nurses attended in the last 12 months? *1 sessions = half day.*   [ ] sessions
0-99 integer

4.2   Is there the facility for therapists to attend internal or external training courses relating to stroke management?
Yes   O
No   O

4.2a   If yes, how many sessions have these therapists attended in the last 12 months? *1 sessions = half day.*   [ ] sessions
0-99 integer

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   O
No   O

4.3a   If yes, how many sessions have these rehabilitation/therapy assistants or support works attended in the last 12 months? *1 sessions = half day.*
[ ] sessions
0-99 integer

A5 Discharge information

5.1 Do patients receive specific falls prevention advice or training before discharge?
Yes O
No O

5.2 Do you provide or contribute to personalised stroke information for patients? (e.g. Stroke passport?)
Yes O
No O

5.3 Do you routinely collect patient report experience measures (PREMs) at any point before or after discharge?
Yes O
No O

5.4 Do people with stroke have access to any of the following types of commissioned support services provided by the third sector/charities? *Select all that apply*
Emotional ☐
Social ☐
Practical ☐
None of the above O

<mark>*If 5.4 is 'None of the above', grey out 5.4a*</mark>

5.4a If yes, are these support services:
Provided as part of your service O
Accessed via referral at discharge from your service O

5.5 Do people with stroke under the care of this service have access to their rehabilitation plan?
Yes O
No O

5.6 Does this service have patient information displayed/available on the following? *Select all that apply*
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 O

5.7 Does this service routinely offer a structured support and/or training programme for carers?
Yes O
No O

5.8	Which of these measures are routinely recorded by your stroke service? *Select all that apply*

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 ☐ | Free text |

5.9	Do you offer stroke patients a post discharge review within **6 weeks** of discharge from hospital?

Yes	O

No	O

5.9a	If yes, who usually completes the **6 week** reviews post discharge from hospital?

Primary care

Acute trust stroke team consultant/registrar	O

Stroke nurse in hospital/community	O

Voluntary sector, e.g. Stroke Association	O

ESD team	O

Community therapy team	O

Not routinely arranged	O

A6 Research

Instructions: Please note that these questions relate to delivery of clinical studies on the NIHR CRN/RDN portfolio. Do not include individuals in your answers if they are currently funded purely by fixed term research fellowships (e.g. NIHR Doctoral Fellowship) and/or only providing support for studies which are not on the portfolio.

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):
Select either 'No', 'Sometimes' or 'Usually' for each row.

	No	Sometimes	Usually
Weekdays	O	O	O
Saturdays	O	O	O
Sundays	O	O	O
Evenings (until 8pm)	O	O	O
Overnight (8pm until 8am)	O	O	O

6.2   Overall, how many days per week is stroke research support available?
[ ] days *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)? *0-500 integer for first column. 0-100 integer for second column.*

	Number on at least one portfolio study training log	Number who are local PI or Associate PI for at least one portfolio study
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	[ ]	[ ]

6.4   For the research-focussed roles below, what percentage of whole time equivalents (WTEs) are currently available across the service specifically to support stroke studies?
Research nurse   [ ]% *0-100 integer*
Other clinical research role e.g. therapist   [ ]% *0-100 integer*
Clinical trial assistant   [ ]% *0-100 integer*
Non-clinical research administrator e.g. supporting data entry   [ ]% *0-100 integer*
Other research support role   [ ]% *0-100 integer*

6.5   Do staff funded by local Research & Development to support stroke research delivery also support studies hosted by other specialities?
        Yes   O
        No   O

6.5a   If yes, which specialities share the resources? *Select all that apply*
        Ageing   ☐
        Cardiology   ☐
        Critical care   ☐
        Diabetes   ☐
        Neurology   ☐
        Primary care   ☐
        Trauma and emergency care   ☐
        Other   ☐

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/protocol? *Select all that apply.*
         Do not tick a procedure or activity if it is initially performed for clinical reasons, even if the study protocol requested the data. Tick if specifically undertaken for research.
        Plain (non-contrast) 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   ☐

6.7   Is an update about local clinical research activity included regularly on the agenda of clinical service meetings?
        Yes   O
        No   O

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   O
        Selected staff O
        No   O

Section B: to be answered by acute inpatient services
(1.1 Does your service provide inpatient care for acute stroke? Is 'Yes'

B7 Acute presentation
Initial Review on Presentation – this section must be completed by all hospitals that treat some or all patients seen during the first 72 hours after stroke.

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? *Select only one option for in hours and one option for out of hours*

	In Hours	Out of Hours
Stroke Specialist Nurse	O	O
Stroke Resident Doctor (CMT/Foundation Trainee)	O	O
Stroke trained Registrar/Fellow	O	O
General Medical Registrar	O	O
Stroke Specialist / General Neurology Consultant	O	O
Other Medical Specialty Consultant	O	O
ED Consultant	O	O
ED Resident Doctor/Registrar	O	O
Neurology Resident Doctor/Registrar	O	O
Telemedicine link to own Trust Stroke Consultant	O	O
Telemedicine link to regional network Consultant	O	O

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? *Select only one option for in hours and one option for out of hours*

	In Hours	Out of Hours
Stroke Specialist Nurse	O	O
Stroke Resident Doctor (CMT/Foundation Trainee)	O	O
Stroke trained Registrar/Fellow	O	O
Stroke Specialist Consultant	O	O
General Neurology Consultant	O	O
Neurology Resident Doctor/Registrar	O	O
Telemedicine link to own Trust Stroke Consultant	O	O
Telemedicine link to regional network Consultant	O	O

7.3   Who is responsible for initial review of brain imaging to inform decisions about thrombolysis / referral for thrombectomy? *Select one option for in hours and one option for out of hours*

	In Hours	Out of Hours
Stroke Consultant on site	O	O
Stroke Consultant remotely via PACS	O	O

Stroke Registrar	O	O
Stroke Junior Doctor	O	O
Neuroradiologist	O	O
General Radiologist	O	O
"Reporting Hub"	O	O
ED Consultant/Registrar	O	O
Medical Consultant/Registrar	O	O
Stroke consultant at own Trust via telemedicine link	O	O
Stroke consultant in region/network via telemedicine link	O	O

7.4   Do you have stroke specialist nurses (band 6 or above) who undertake hyper-acute assessments of suspected stroke patients in A&E? *Select one option for in hours and one option for out of hours*

	In Hours	Out of Hours
Yes	O	O
No	O	O

7.5   Are your stroke specialist nurses counted within your ward based nurse establishment? (i.e. they are not supernumerary to your ward based nurses) *Select one option for in hours and one option for out of hours*
These are specialist nurses who have responsibilities outside the stroke unit

	In Hours	Out of Hours
Yes	O	O
No	O	O

7.6   Do you ever use video telemedicine to review patients with your ambulance crews ('pre-hospital video triage')?
Yes   O
No   O

7.7   Do the stroke team receive a pre-alert (telephone or video call) from your ambulance crews for suspected stroke patients? *Select yes/no/sometimes for each type of patient*

	Yes	No	Sometimes
Reperfusion candidates only	O	O	O
All FAST positive	O	O	O
All other suspected stroke	O	O	O

7.8   If the stroke team receive a pre-alert, who is the call usually made to?
Stroke Specialist Nurse   O

	Directly to the Emergency Department	O	
	Stroke Resident Doctor on call		O
	Stroke Consultant on call	O	
	CT control room	O	
	Call to Stroke ward / HASU	O	

7.9 Where are suspected stroke patients that arrive by ambulance usually taken for assessment? *Select one option for potential reperfusion patients and one option for all other suspected stroke patients*

	Potential thrombolysis patients	All other suspected stroke patients
Emergency Department	O	O
HASU/ASU	O	O
Neurology Ward	O	O
Combined stroke/neurology ward	O	O
Acute Medical Unit	O	O
HDU/ITU/CCU	O	O
CT scan	O	O

7.10 Does the stroke service at your site use telemedicine to allow remote access for the management of acute stroke care?
Yes O
No O

7.11 Do you operate a telemedicine rota with other hospitals?
Yes O
No O

7.12 Which of the following groups of patients are assessed using telemedicine?
Only patients potentially eligible for thrombolysis or thrombectomy O
Some patients (regardless of eligibility for reperfusion) O
All patients (who require assessment during times when telemedicine is in use) O

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*

7.13a In the last three months, how many stroke mimics have received thrombolysis?
[ ] *0-999 integer, must not be greater than 7.12*

B8 Stroke units

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) Number of stroke unit beds **solely** for patients in first 72 hours after stroke **Type 1 beds**	(d) Number of stroke unit beds **solely** for patients beyond 72 hours after stroke **Type 2 beds**	(e) Number of stroke unit beds used for **both** pre- and post-72 hour care **Type 3 beds**
		Answer separately for each hospital		
Column auto-populated based on 1.2	*Column auto-populated based on 1.2* *Sum of 8.1c, d and e must equal b for each hospital*	*If 1.3 is (iii), grey out 8.1c*		*If 1.3 is (iii), grey out 8.1e*
Total:				

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*
(Total must not be greater than total number of stroke unit beds)

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   O
No   O
Only in exceptional circumstances   O

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)

If 8.1c is 0 or if 1.3 is (iii), grey out section 8a

8.4 How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?   [] beds *0-200 integer, cannot be more than total for 8.1c*

8.5 How many stroke consultant ward rounds are conducted on your acute stroke ward per week? [] ward rounds per week *0-21 integer*
(If you have 2 consultant led 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.)

For questions 8.6 - 8.9 only the nursing staff for the beds solely used for patients in the first 72 hours after stroke (i.e. the total entered for Q8.1c) should be included.

8.6   How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (Enter 0 if no staff of that grade). *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 Q8.1c).*
(N.B. please do not double count any nurses/care assistants listed in Q8.12 and Q8.19)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.7   How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (Enter 0 if none). *8.7i cannot be more than 8.6i for each time period. 8.7ii cannot be more than 8.6i for each time period.*
(N.B. please do not double count any nurses listed in Q8.13 and Q8.20)

	Weekdays	Saturdays	Sundays/Bank
(i) Swallow screening	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Stroke assessment and management	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.8   How many nurses are there usually on duty for these beds at **10PM**? (Enter 0 if no staff of that grade). *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 Q8.1c).*
(N.B. please do not double count any nurses/care assistants listed in Q8.14 and Q8.21)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.9   What is the total establishment of whole time equivalents (WTEs) of the following bands of nurses for your Type 1 beds (beds solely for patients in the first 72 hours after stroke) in your site? *(Enter 0 if no establishment)*

Max. 3 decimal places – every row must have a value. Values 0-99.999.

Type 1 beds (beds solely for patients in first 72 hours after stroke)	Whole time equivalents (WTE)
Band 1	[ ]
Band 2	[ ]
Band 3	[ ]
Band 4	[ ]
Band 5	[ ]

Band 6	[ ]
Band 7	[ ]
Band 8	[ ]

8.10   How are your type 1 beds currently funded?
       Block contract   O
       Payment by results (PBR)   O
       Uplifted/enhanced tariff   O
       Unfunded (at risk)   O
       Not known   O
       Site in Wales or N. Ireland (N/A)   O

8.11   How many days per week is there a stroke specialist consultant ward round for these beds?   [] days *0-7 integer*
(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? (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)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.13   How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (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)

	Weekdays	Saturdays	Sundays/Bank
(i) Swallow screening	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Stroke assessment and management	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.14   How many of the following *nursing* staff are there usually on duty at **10PM** for these beds? (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)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

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? (Enter 0 if no establishment)

Max. 3 decimal places – every row must have a value. Values 0-99.999.

Type 2 beds (beds for patients beyond 72 hours after stroke)	Whole time equivalents (WTE)
Band 1	[ ]
Band 2	[ ]
Band 3	[ ]
Band 4	[ ]
Band 5	[ ]
Band 6	[ ]
Band 7	[ ]
Band 8	[ ]

8.16   How are your type 2 beds currently funded?
Block contract   O
Payment by results (PBR)   O
Uplifted/enhanced tariff   O
Unfunded (at risk)   O
Not known   O
Site in Wales or N. Ireland (N/A)   O

If 8.1e is 0 or if 1.3 is (iii), grey out section 8c

8.17   How many of these beds have continuous physiological monitoring (ECG, oximetry, blood pressure)?   [] beds *0-200 integer, cannot be more than total for 8.1e*

8.18   How many stroke consultant ward rounds are conducted on your acute stroke ward per week? [] ward rounds per week *0-21 integer*
(If you have 2 consultant led 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.)

For questions 8.19 - 8.21 only the nursing staff for the beds solely used for both pre- and post-72h hours care (i.e. the total entered for Q8.1e) should be included.

8.19   How many of the following *nursing* staff are there usually on duty at **10AM** for these beds? (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.)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.20   How many nurses are there usually on duty for these beds at **10AM** who are trained in the following? (Enter 0 if none). *8.20i cannot be more than 8.19i for each time period. 8.20ii cannot be more than 8.19i for each time period.*
 (N.B. please do not double count any nurses listed in Q8.7 or Q8.13)

	Weekdays	Saturdays	Sundays/Bank
(i) Swallow screening	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Stroke assessment and management	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.21   How many of the following *nursing* staff are there usually on duty at **10PM** for these beds? (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.)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

8.22   What is the total establishment of whole time equivalents (WTEs) of the

following bands of nurses for type 3 beds (beds for both pre and post 72 hour care)? (Enter 0 if no establishment)

Max. 3 decimal places – every row must have a value. Values 0-99.999.

Type 3 beds (beds for both pre and post 72 hour care)	Whole time equivalents (WTE)
Band 1	[ ]
Band 2	[ ]
Band 3	[ ]
Band 4	[ ]
Band 5	[ ]
Band 6	[ ]
Band 7	[ ]
Band 8	[ ]

8.23   How are your type 3 beds funded?
Block contract   O
Payment by results (PBR)   O
Uplifted/enhanced tariff   O
Unfunded (at risk)   O
Not known   O
Site in Wales or N. Ireland (N/A)   O

B9 Thrombolysis and thrombectomy

9.1   Where do the majority of your patients receive thrombolysis? *Record where bolus is administered (initial bolus for alteplase, bolus treatment for Tenecteplase)*

Emergency Department	O
In the CT scanner	O
Where your Type 1 or Type 3 beds are based	O
CCU/ITU/HDU	O
Acute Medical Unit /Medical Ward	O
Neurology ward	O

9.2   Are you a thrombectomy centre?
        Yes   O
        No   O

9.3   If yes, what are the hours of operation for your thrombectomy service? *Enter a value from 0-24 for each day*
        Monday   [] hours *0-24 integer*
        Tuesday   [] hours *0-24 integer*
        Wednesday   [] hours *0-24 integer*
        Thursday   [] hours *0-24 integer*
        Friday   [] hours *0-24 integer*
        Saturday   [] hours *0-24 integer*
        Sunday   [] hours *0-24 integer*

9.4   How many consultant level doctors from your site carry out thrombectomy? [] *0-10 integer*
        (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)

        9.4a   For each consultant, please state their speciality: Number of columns in the table must match the number entered in 9.4. The remaining columns are greyed out.

	Consultant:									
	1:	**2:**	**3:**	**4:**	**5:**	**6:**	**7:**	**8:**	**9:**	**10:**
Interventional neuroradiology	O	O	O	O	O	O	O	O	O	O
Vascular interventional radiology	O	O	O	O	O	O	O	O	O	O
Non-vascular interventional radiology	O	O	O	O	O	O	O	O	O	O
Cardiologist	O	O	O	O	O	O	O	O	O	O

	Consultant:									
	1:	2:	3:	4:	5:	6:	7:	8:	9:	10:
Neuro-surgeon	O	O	O	O	O	O	O	O	O	O
Stroke Physician	O	O	O	O	O	O	O	O	O	O
Other	O	O	O	O	O	O	O	O	O	O

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 <u>only</u>*

<mark>*N/A only available if: 8.1c AND 8.1e are 0 or if 1.3 is (iii)*</mark>

Yes   O
No   O
N/A   O

<mark>*If 9.5 is 'No' or 'N/A', grey out 9.6-9.11*</mark>

9.6   Which centre do you mainly refer patients to for thrombectomy? *Select the centre which the majority of your patients are referred to from the supplied list*
<mark>*Drop-down list of thrombectomy centres*</mark>

9.7   For how many hours can you refer patients for thrombectomy each day? *Enter a value from 0-24 for each day*
Monday   [] hours <mark>*0-24 integer*</mark>
      Tuesday   [] hours <mark>*0-24 integer*</mark>
      Wednesday   [] hours <mark>*0-24 integer*</mark>
      Thursday   [] hours <mark>*0-24 integer*</mark>
      Friday   [] hours <mark>*0-24 integer*</mark>
      Saturday   [] hours <mark>*0-24 integer*</mark>
      Sunday   [] hours <mark>*0-24 integer*</mark>

9.8   Who usually makes the decision that there is a large vessel occlusion on CTA imaging prior to transferring for thrombectomy? *Select one option for in hours and one option for out of hours*

	In Hours	Out of Hours
Stroke Resident Doctor making referral	O	O
Stroke Consultant	O	O
General Radiologist	O	O
Neuroradiologist at your hospital	O	O
Neuroradiologist at IAT Centre (if different)	O	O
Stroke team at thrombectomy centre	O	O
Remote tele-radiology service off site	O	O
No service		O

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   O
      At the point IV thrombolysis is complete   O
      At the point CTA suggests occluded vessel   O

When accepted by thrombectomy centre   O

9.10   Do the stroke team use helicopter transfers for thrombectomy patients?
        Yes   O
        No   O

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   O
        Most patients referred reviewed locally as part of local MDT   O
        Informal feedback   O
        No regular discussion   O

B10 Specialist investigations for stroke and TIA patients

10.1   What is the usual inpatient waiting time for patients to receive carotid imaging?
        The same day (7 days a week)   O
        The same day (5/6 days a week)   O
        The next day   O
        The next weekday   O
        Within a week   O
        Longer than a week   O

10.2   What is the usual inpatient waiting time for patients to receive carotid endarterectomy?
        The same day (7 days a week)   O
        The same day (5/6 days a week)   O
        The next day   O
        The next weekday   O
        Within a week   O
        Longer than a week   O

10.3   What is your usual pathway for detecting paroxysmal atrial fibrillation? *Please list in the sequence of investigations you apply i.e. 1=1ˢᵗ, 2= 2ⁿᵈ etc. Choose "not available" if not available. Can only select each of 1-8 to one answer option.*

HASU telemetry monitoring	[1-8; Not available]
Inpatient 24 hour tape	[1-8; Not available]
Outpatient 24 hour tape	[1-8; Not available]
Extended cardiac recording: 48 hours	[1-8; Not available]
Extended cardiac recording: 5-7 days	[1-8; Not available]
Implantable loop recorder	[1-8; Not available]
Transdermal patch (e.g. Ziopatch)	[1-8; Not available]
Repeat extended 5-7 days cardiac monitor	[1-8; Not available]

10.4   In which stroke patients do you normally perform echocardiography? *Select all that apply*
        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 O

10.5   In which patients do you normally perform a bubble contrast echocardiography? *Select all that apply*
        All patients post stroke ☐
        All patients with suspected cardioembolic source on brain imaging ☐
        Patients with suspected cardioembolic source but initial transthoracic echocardiogram (**TTE**) normal ☐
        We rarely do bubble contrast echocardiography O

10.6   In which patients do you normally perform TOE (trans-oesophageal echocardiography)? *Select all that apply*
        All patients post stroke ☐

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   O

10.7 Is PFO closure available for your stroke patients? (this refers to NHS rather than private provision)

Yes   O

No   O

10.7a If yes, are all patients discussed at a specialist stroke/cardiology MDT before PFO closure is offered?

Yes   O

No   O

10.8 Which imaging modality do you most frequently use in your neurovascular clinic for suspected TIAs? *Select only one option for brain imaging and one option for carotid imaging*

10.8a First line brain imaging

CT   O

MRI   O

Rarely image TIAs   O

10.8b First line carotid artery imaging

Carotid Doppler   O

CTA   O

MRA (CEMRA)   O

MRA (ToF)   O

Rarely image TIAs   O

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   O

Intermittent pneumatic compression (IPC) device   O

Low molecular weight heparin   O

None of the above   O

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? *Select all that apply*

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	☐
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 VTE pathways and use of IPC devices	☐
None of the above	O

B11 TIA/Neurovascular service

11.1   Does your site have a neurovascular clinic?
        Yes   O
        No   O

11.2   If no, who provides this for your patients?
        (i) Another site within our trust   O   _____
            Please give name and SSNAP code   [   ] 3 digit code

        (ii) Another site not within our trust   O   _____
            Please give name and SSNAP code   [   ] 3 digit code

11.3   If yes, on how many days a week do you hold your neurovascular clinic? [] *0-7 integer*

11.4   How many new patients were seen during the past 4 weeks?   [] *0-999 integer*

        11.4a   Of the new patients assessed, what proportion of patients were assessed via the
                following methods:
                Face to face   [] % *0-100 integer*
                Virtual (telephone only)   [] % *0-100 integer*
                Virtual with video option   [] % *0-100 integer*

        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,*
                cannot be greater than 11.4

11.5   What is the current average waiting time for an appointment from referral? [] days *0-100*
        integer

11.6   How are patients usually referred into your TIA / neurovascular service?
        Via email/electronic referral   O
        Written referral via post to stroke team   O
        Written referral via post to Choose and Book   O
        Telephone referral to stroke team   O

11.7   Do the stroke team triage referrals to the TIA /neurovascular service?
Yes   O
No   O

11.8   Does this triage involve a telephone call to the patient?
        Yes   O
        No   O

11.9   Who usually triages the referrals? *Select one option for in hours and one option for out of hours*

	In Hours	Out of Hours
Stroke Consultant	O	O
Stroke Resident Doctor	O	O
Stroke Specialist Nurse	O	O
Stroke Specialist Nurse followed by Stroke Doctor	O	O
Admin staff based on triage criteria	O	O
Stroke team contact all patients (tele-triage)	O	O
Other	O	O

11.10   Do you use any clinical risk score to allocate the urgency of referrals to your neurovascular clinic?

Yes   O
No   O

11.11   Within what timescale can you typically see, investigate and initiate treatment for ALL your TIA patients? *Select yes or no for each service*

Tick which service(s) you have:	a) Inpatient Yes O No O	b) Outpatient Yes O No O
The same day (7 days a week)	O	O
The same day (5 days a week)	O	O
The next day	O	O
The next weekday	O	O
Within a week	O	O
Within a month	O	O
Longer than a month	O	O

11.12   What is the total number of inpatients with confirmed or suspected TIA across all primary admitting hospitals on this day?   [] patients *0-999 integer*

If 11.12 is 0, grey out 11.13

11.13   How many inpatients with confirmed or suspected TIA are in **stroke unit beds** across all primary admitting hospitals on this day?   [] patients *0-999 integer, cannot be greater than 11.12. If 8.1b is less than 11.12, 11.13 cannot be more than 8.1b.*

B12 Medical workforce
Planned future posts refer to changes planned in the <u>next 6 months</u>.

12.1   Do you have at least one accredited specialist registrar in a post registered for stroke specialist training?
Yes   O
No   O

12.2   How many accredited specialist registrar posts do you have at your site?   [] posts *0-99 integer*

If 12.2 is 0, grey out 12.3

12.3   How many of the posts in 12.2 are currently filled?   [] posts *0-99 integer, cannot be greater than 12.2*

12.4   How many programmed activities (PAs) do you have in total for Stroke Consultant Physicians? [] PAs *0-999 integer*

If 12.4 is 0, grey out 12.4a and 12.4b

12.4a   How many consultants (individuals) are these PAs divided amongst?
[] Consultants *1-99 integer*

12.4b   How many of these PAs are Direct Clinical Care (DCCs) for Stroke? [] PAs *1-999, max. 2 decimal places, cannot be greater than 12.4.*

12.5   Do you have any unfilled medical consultant stroke physician posts?
Yes   O
No   O

If 12.5 is 'No', grey out 12.5a and 12.5b

12.5a   How many programmed activities (PAs) do these posts cover?   [] PAs *1-999 integer*

12.5b   For how many months have these posts been funded but unfilled? [] months *1-120 integer*

12.6   How many new/additional programmed activities (PAs) do you plan to have for Stroke Consultant Physicians?   [] PAs *0-99, max. 2 decimal places*

If 12.6 is 0, grey out 12.6a and 12.6b

12.6a   How many new/additional consultants (individuals) will these PAs be divided amongst? [] Consultants *0-99 integer*

12.6b   How many of these new/additional PAs will be for Direct Clinical Care (DCC) for Stroke? [] PAs *1-99, max. 2 decimal places, cannot be greater than 12.6*

12.7 How many sessions do you have in total for non-medical consultants? [] sessions *0-999*

If 12.7 is 0, grey out 12.7a and 12.7b

12.7a How many non-medical consultants (individuals) are these sessions divided amongst? [] non-medical consultants *1-99 integer*

12.7b How many of these sessions are for direct patient care? [] sessions *1-99, max. 2 decimal places, cannot be greater than 12.7*

12.8 Do you have any unfilled non-medical consultant posts?
Yes   O
No   O

If 12.8 is 'No', grey out 12.8a and 12.8b

12.8a How many sessions do these posts cover?   [] sessions *1-999 integer*

12.8b For how many months have these posts been funded but unfilled? [] months *1-120 integer*

12.9 How many new/additional sessions do you plan to have for non-medical consultants [] sessions *0-99, max. 2 decimal places*

If 12.9 is 0, grey out 12.9a and 12.9b

12.9a How many new/additional non-medical consultants (individuals) will these sessions be divided amongst? [] non-medical consultants *0-99 integer*

12.9b How many of these new/additional sessions will be for Direct Clinical Care (DCC) for Stroke? [] sessions *1-99, max. 2 decimal places, cannot be greater than 12.9*

12.10 How many WTEs do you have in total for advanced clinical practitioners (ACPs)?
 [] WTEs *0-999 integer*

If 12.10 is 0, grey out 12.10a

12.10a How many ACPs (individuals) are these WTEs divided amongst?
[] ACPs *1-99 integer*

12.11 Do you have any unfilled advanced clinical practitioners (ACPs) posts?
Yes   O
No   O

If 12.11 is 'No', grey out 12.11a and 12.11b

12.11a How many WTEs do these posts cover?   [] WTEs *1-999 integer*

12.11b For how many months have these posts been funded but unfilled? [] months *1-120 integer*

12.12 How many new/additional WTEs do you plan to have advanced clinical practitioners (ACPs)?   [] WTEs *0-99, max. 2 decimal places*

If 12.12 is 0, grey out 12.12a

12.12a How many new/additional ACPs (individuals) will these WTEs be divided amongst? [] ACPs *0-99 integer*

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   [] sessions *0-99*
Foundation years/core training/IMT1/IMT2 or equivalent   [] sessions *0-99*
Non training grade/'locally employed'/trust resident doctor   [] sessions *0-99*

12.14 Do you have Physician Associates as part of your clinical team?
Yes   O
No   O

If 12.14 is 'No', grey out 12.14a

12.14a If yes, how many whole time equivalents do these Physician Associates (Physician Assistants) work across your stroke service?   [] WTEs *0-99, max. 3 decimal places*

Section C: to be answered by post-acute services
(1.1 Does your service provide inpatient care for acute stroke? Is 'No')

C13 Inpatient rehabilitation

13.1   Does your service provide inpatient rehabilitation?
Yes   O
No   O

If 13.1 is 'Yes', complete the rest of C13
If 13.1 is 'No', proceed to C14

If 13.1 is 'No', grey out the rest of section C13

13.2   What is the total number of beds within this service that may be used for stroke patients? [ ] beds *1-200 integer*

13.3   Where is this stroke service provided? *Select all that apply*
Rehabilitation beds in acute NHS trust ☐
Rehabilitation beds in community NHS trust ☐
Combined acute and community NHS trust ☐
Social enterprise ☐
Private sector provider ☐

13.4   Over the last year, has the average waiting time for these beds:
Stayed the same   O
Increased   O
Decreased   O

13.5   Who provides medical care for stroke patients under the care of this team? *Select all that apply*
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☐ ☐

13.6   How many days per week is there a stroke specialist consultant ward round for these beds?   [] days *0-7 integer*
(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? (Enter 0 if no staff of that grade)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

13.8   How many nurses are there usually on duty for these beds at **10AM** who are trained

in the following? (Enter 0 if none). *13.8i cannot be more than 13.7i for each time period. 13.8ii cannot be more than 13.7i for each time period.*

	Weekdays	Saturdays	Sundays/Bank
(i) Swallow screening	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Stroke assessment and management	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

13.9 How many of the following *nursing* staff are there usually on duty at **10PM** for these beds? (Enter 0 if no staff of that grade)

	Weekdays	Saturdays	Sundays/Bank holidays
(i) Registered nurses	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]
(ii) Care assistants	[*0-99 integer*]	[*0-99 integer*]	[*0-99 integer*]

13.10 How are these beds currently funded?
Block contract   O
Payment by results (PBR)   O
Uplifted/enhanced tariff   O
Unfunded (at risk)   O
Not known   O
Site in Wales or N. Ireland (N/A)   O

13.11 Is this bed base: *Select all that apply*
Geographically defined   ☐
For stroke patients only   ☐
Mixed stroke and neurology   ☐
Mixed stroke and CCU   ☐
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   O
No   O

13.13 Does this in-patient facility have access to an on-site therapy kitchen?
Yes   O
No   O

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*
Total must not be greater than total number of stroke unit beds

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   O
No   O
Only in exceptional circumstances   O

C14 Community based rehabilitation

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

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]

14.2   How many days per week is this service provided?
        Fewer than 5 days   O
        5 days   O
        6 days   O
        7 days   O

        14.2a   If 6 days or 7 days is chosen, the weekend service is:
                New patients/emergencies only   O
                Reduced rehabilitation service   O
                Identical service Monday-Sunday (with full access to an MDT)   O

14.3   Can people with stroke be re-referred back to this service after discharge?
        Yes   O
        No   O

        14.3a   If yes, how are they re-referred? *Select all that apply*
                Directly (self, patient and/or carer)   ☐
                Hospital/secondary care   ☐
                GP/primary care   ☐
                Third sector support services (e.g. Stroke Association Connect) ☐

14.4   Where are treatment/assessment sessions provided? *Select all that apply*
        Acute hospital   ☐
        Community hospital   ☐
        Doctor's surgery/health centre/clinic ☐
        Leisure Centre/Gym   ☐
        Patient/carer/family member's home   ☐
        Care home   ☐

14.5   Is there a waiting list for this service?
        Yes   O
        No   O

14.5a   If yes, over the last year, has this average waiting time:
Stayed the same   O
Increased   O
Decreased   O

14.5b   If yes, does service have an agreed approached to managing waiting lists?
Yes   O
No   O

14.6   Does this service treat/assess patients who live in care homes?
Yes   O
No   O

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   O
No   O

14.8   Is there a limit for how long stroke patients have access to this service?
Yes   O
No   O

14.8a   If yes, how is this measured? *Select one*
Duration
0-6 weeks   O
7-12 weeks   O
13-26 weeks   O
>26 weeks   O

Appointments
5 sessions   O
 6-10 sessions O
11-15sessions O
16+ sessions   O

14.9   Does your service offer functional electrical stimulation?
Yes   O
No   O
No but O

14.10   Do patients in your service have access to gym equipment to carry out cardiovascular exercise?
Yes   O
No   O
No but O

14.11   Does your service provide a spasticity service?
        Yes   O
        No   O
        No but   O

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   O
        Yes, stroke specific programme offered   O
        No   O
        No but   O

14.13   Does your service provide or loan devices for patients to access telerehabilitation?
        Yes   O
        No   O
        No but   O

14.14   Which of the following criteria does your service meet? *Select all that apply*
        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   O

C15 Vocational rehabilitation

15.1   Is this service commissioned to provide vocational rehabilitation?
Yes   O
No   O
Not commissioned but provided   O

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   O
No   O

15.1ai   What is the name of the vocational rehabilitation service? [Free text]

15.1aii Is this vocational rehabilitation service local or regional?
Local   O
Regional   O

15.1aiii Is this vocational rehabilitation service stroke/neuro specific?
Yes   O
No   O

If 15.1 is 'Yes' or 'Not commissioned by provided' complete the rest of C15
If 15.1 is 'No', proceed to Section D

The following questions refer to the vocational rehabilitation provided by your service.

15.2   What level(s) of vocational rehabilitation does this service provide? *Select all that apply*
Level 1   ☐
Level 2   ☐
Level 3   ☐

15.3   What disciplines are responsible for delivering vocational rehabilitation for this service?
Select all that apply
Clinical psychologist   ☐
Occupational therapist   ☐
Physiotherapist   ☐
Social worker   ☐
Specialist nurse   ☐
Speech and Language therapist   ☐
Rehabilitation/Therapy assistant   ☐
Family/carer support worker   ☐

15.4   Is there a waiting list for vocational rehabilitation in this service?
          Yes   O
          No   O

          15.4a   If yes, what is the current average waiting time? [ ] weeks *1-200 integer*

15.5   Who is offered vocational rehabilitation by this service?
          All people with stroke of working age   O
          Only people with stroke considered fit enough to return to work   O
          Only people with stroke considered fit enough to return to work and who were not
          previously unemployed   O

15.6   When can a person with stroke access vocational rehabilitation from this service?
          Select all that apply
          Upon discharge/referral from inpatient care   ☐
          Upon discharge/referral from community-based care   ☐
          On their return to work   ☐
          Self-referral   ☐

15.7   How long is vocational rehabilitation offered for by this service?
          For a set number of sessions   O
          For as long as a person requires to meet their goals   O

15.8   Where is vocational rehabilitation provided by this service? *Select all that apply*
          In a vocational rehabilitation clinic setting   ☐
          In the person's own home or place of residence   ☐
          In the workplace   ☐

15.9   Which of the following are routinely used/carried out in this service? *Select all that apply*
          Fit notes   ☐
          Formalised work role analysis (such as a physical demands assessment or cognitive
          demands analysis)   ☐
          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? *Select all that apply*
          Work productivity and activity impairment questionnaire   ☐
          Work and social adjustment scale   ☐
          Work ability support scale
          None of the above   ☐

15.11   When is a vocational rehabilitation follow-up provided?
          Self-referral option if required   O
          Work review at key point such as end of a graded return   O
          Formal vocational rehabilitation review at 3 or 6 months   O
          No vocational rehabilitation follow-up provided   O

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   O
No   O

16.2   Do any staff from this service routinely carry out 6-month reviews of people with stroke?
Yes   O
No   O

16.3   If yes, which disciplines routinely carry out six-month reviews? *Select all that apply*
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   ☐

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   O
No   O

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   O
No   O

16.6a   If no, where can you/do you signpost/refer patients to:

GP   O
Voluntary services   O
General (non-stroke specialist) rehabilitation services   O

☐

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   O
Yes - in regional meetings   O
Yes - in local whole pathway stroke meetings O
No   O

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.