Sentinel Stroke National Audit Programme (SSNAP)

Help notes for Post-acute Organisational Audit 2021

Department of Population Health Sciences, King's College London

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

Introduction

The Sentinel Stroke National Audit Programme (SSNAP) has been commissioned by the Healthcare Quality Improvement Partnership (HQIP) to deliver an organisational audit of post-acute services. This will involve auditing post-acute providers directly about the care they provide for stroke patients. Post-acute providers who offer some form of stroke service outside of the acute setting are being approached for information on the structure and organisation of that service.

Eligibility criteria

We define post-acute services as ANY service which follows acute hospital in-patient care. It includes any post-acute services which provides rehabilitation and/or support to people who have been discharged from hospital but who continue to need rehabilitation or support. Services that see 20 or more stroke patients a year and provide one of the below service functions are eligible:

- Post-acute inpatient care
- Early Supported Discharge (ESD)
- Community Rehabilitation Team/service
- Combined ESD/CRT
- 6-month assessment provider
- Standalone/single discipline service
- Other: Post-acute support service or Residential/bedded facility

Further information about post-acute service functions can be found here: Post-acute service function

The audit tool

The Post-acute Organisational Audit data will be collected via a web-based form on the internet with data validation checks included in the system, this will enable provide good quality data, and speed up the analysis and reporting.

Data sources

The Post-acute Organisational Audit uses caseload data and management information. It requires the auditor to have access to information regarding the organisation of stroke post-acute services and **it should reflect the organisation of the service as of 1 April 2021** (Please refer to this link: commissioned services/service changes for clarification regarding response to COVID-19)

For assistance, please contact the SSNAP Helpdesk:
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Data collection

Data collection will take place between 1 April and 30 April 2021. A checking week will take place between 3-7 May 2021; services must lock and export their data by the 30 April 2021 deadline. Once data are exported centrally on 7 May, 5pm for analysis, it will not be possible to change answers. Notify the helpdesk immediately if you anticipate any potential delays by email: ssnap@kcl.ac.uk.

Auditors

Data will be collected by local post-acute service staff. The proforma should be completed by the persons with the most knowledge of the service, its structures, and processes. To promote the reliability of the results anyone completing the audit proforma should have access to the Help Booklet and the advice on screen accessed via the Help Button ('H' button) in the online version. The discipline and identity of the auditor will be known due to webtool registration.

Data analysis and reporting

Data analysis will be carried out with full statistical support at the Department of Population Health Sciences, King's College London.

Section 1: General organisational information

Question No	Data item	Answer options	Notes
Service function selection	From the post-acute registration process, we know that your team carries out the services function that is ticked on the Introduction and overview page.		This information will be automatically populated based on what was registered for the team. The sections you will answer is dependent on what service function your team carries out. The sections which are not applicable to your team will not be available to you. Service function information should have been confirmed at registration but if you believe you do not have access to the right sections please contact the SSNAP Helpdesk (ssnap@kcl.ac.uk). **COVID response:** If you have had to reorganise as a temporary response to COVID-19 then please report as per your usual commissioned service. We appreciate that this reorganisation may have been in place for a prolonged period of time due to COVID-19. However, if there is no intention to revert to your usual service delivery model please report your current service structure.

1.1	Is this team registered with the Sentinel Stroke National Audit Programme (SSNAP) to participate in or receive information on the SSNAP clinical or organisational audit?	Yes No	
1.1a	If yes, what is your SSNAP team code?	Free text	A SSNAP team code, is assigned to your service upon initial registration for the Clinical Audit. If this team is not registered to take part in the Clinical Audit, then you will not have a team code. It is either 3-digit code [000] or is prefixed with a C followed by a 3-digit code [C000]. This SSNAP team code is different from your post-acute provider ID. If you are registered for the Clinical Audit but you are not sure of your SSNAP code please go to strokeaudit.org > Resources > Team codes & contacts.
1.2	Is this service stroke/neurology specific?	Yes No	(If yes, cannot answer 1.2a) (If 'yes' to 1.2 cannot answer 1.3iii) (If no, cannot answer 1.3i and 1.3ii) Yes – Stroke/Neuro: This can be defined as a team for which patients with stroke represent

			at least a third of the caseload, and all team members hold specific competencies in the care and treatment of people with stroke. No - A general service which accepts stroke referrals as part of the caseload and accepts more than 20 patients with stroke per year.
1.2a	If no, does it have a designated in-patient unit where stroke patients are treated?	Yes No	*Only available for post-acute inpatient teams* This designated unit can be called a 'Stroke Unit', a 'Stroke Rehabilitation Unit' or geographically defined beds within a generic ward where stroke patients can receive specialist support and care. This unit may be based on an acute site, but must be designated, ringfenced rehabilitation beds with separate staffing and leadership.
1.3	This team treats:	(i) Only stroke patients (ii) Stroke and neurology patients (iii) General service that sees people with all conditions including stroke	Select one only
1.4	How many people with stroke have been treated by this service in the last 7 days?	[range of 0-1000]	Please answer within a range of 0-1000 This should not be more than the total for Q1.5 or Q1.6. This is referring to the last 7 calendar days prior and including the **1 April 2021.** Include patients whose primary reason for referral was stroke rehabilitation, irrelevant of time post stroke.

			This refers to active patients on the caseload treated in the last 7 days. Re-referral can be included.
1.5	How many new referrals of people with stroke has this service received in the last 12 calendar months?	[range of 20-1000]	Please answer within a range of 20-1000 This should not be less than the total for Q1.4. This refers to new stroke patients who have been referred and accepted to the service **(1 April 2020 – 31 March 2021).** A re-referral of a patient can be included. Referrals of those that declined/not yet seen should not be included. 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. If you have registered as a merged/integrated service (combined ESD and CRT) but currently have separate clinical audit SSNAP codes for different elements of your service (i.e., ESD, CRT), be careful not to double count patients.

			This is relevant if you are taking caseload figures from your clinical SSNAP reports, as the same patient may feature on both caseloads.
1.5a	Over the last year, has the number of referrals:	• Stayed the same • Increased • Decreased	
1.6	How many new patient referrals of all types/conditions has this service received in the last 12 calendar months?	[range of 20-3000]	Please answer within a range of 20-3000 This should not be less than the total for Q1.4 or Q1.5 This refers to ALL patients who have to come to the service within the last 12 months **(1 April 2020 – 31 March 2021).** A re-referral of a patient can be included 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. If you have registered as a merged/integrated service (combined ESD and CRT) but currently have separate clinical audit SSNAP codes for different elements of your service (i.e., ESD, CRT), be careful not to double count patients.

			This is relevant if you are taking caseload figures from your clinical SSNAP reports, as the same patient may feature on both caseloads.
1.6a	Over the last year, has the number of referrals	• Stayed the same • Increased • Decreased	
1.7	Do people with stroke under the care of this team have access to the following therapies/disciplines?	• Yes, within service • Yes, but NOT within service • No a. Occupational therapist b. Physiotherapist c. Speech and Language Therapist d. Clinical Psychologist e. Dietitian f. Social Worker g. Doctor h. Nurse i. Rehabilitation/Therapy assistant j. Patient/Family/Carer support k. Orthotics l. Orthoptics m. Podiatry (i) What is the total establishment in whole time equivalents (WTE): Must be a number, can be up to 3 decimal places. (ii) Headcount (number of individuals)?:	**Do not report current temporary COVID restrictions or adjustments** Access can be defined as these therapies/disciplines being available to any stroke patient. If commissioned to have access to a discipline within your service but there is no one currently in the position, then please select 'No' (if no access at all) or you can select 'Yes, but not within service' if they can access via another service. If 'yes, but not within my service' is selected you will still be required to provide 'average time from referral'. The expectation is that you would have this information as the patient is still under the care of your team. Staff included for Occupational therapy Physiotherapy and Speech and Language Therapy categories should be registered

		Enter whole number of individuals (iii) Average time from referral to first contact with therapy/discipline? Enter a whole number of days. (iv) How many days per week is this therapy available to people with stroke? Select fewer than 5 days, 5 days; 6 days; 7 days	therapists only. The Rehabilitation/Therapy assistant category should include all unregistered therapy assistants/staff (including generic) who are band 2-4 post-holders. Healthcare Assistants can be included under 'nurse' if provided from inpatient setting. Where staff work for more than one team, divide their time (WTE) proportionate to their workload. If you are registering and returning your audit data as a merged/integrated team, report the total WTE across the integrated service that provides care for a shared caseload of patients. If you have completely separate staffing, budgets, caseloads and systems, please consider whether you should be registered as a combined service at this stage. Please contact the SSNAP team to discuss your registration and return. i. WTE: [0-99.999] Integer/ up to 3 decimal places). WTEs - Whole Time Equivalent. A WTE of 1.0 means that the person is equivalent to a full-time worker (37.5 hours per week); while a WTE of 0.5 indicates that the worker is half-time.

			ii. Head count/Individuals = [1-100] Whole number only. Number of headcount/individuals cannot be less than WTEs e.g. cannot say 1.5 WTEs and 1 individual iii. Average time from referral to first contact = [0-999] numerical value. Allows values up to one decimal place. Although the time from referral to contact with relevant therapy may vary from patient to patient please provide an average. In instances where referral is made prior to the patient being discharged from the referring team, discharge to first contact is appropriate to use.
1.8	Do any staff from this service routinely carry out 6-month reviews of people with stroke?	Yes No	If no selected, 1.8a,1.8b and 1.8c will not be available. The review of stroke patients at approximately 6 months after their stroke/admission. This refers to 6-month reviews carried out under the service name you are completing the proforma for.
1.8a	If yes, which disciplines routinely carry out six-month reviews?	• Stroke specialist doctor (Consultant level/ Staff Grade) • Non-specialist doctor (Consultant level/ Staff Grade) • Junior doctor • GP	Tick all that apply. Only available if 1.8 answered 'YES'.

		• Nurse • Occupational therapist • Physiotherapist • Speech and Language Therapist • Clinical psychologist • Social worker • Support worker/therapy assistant • Dietitian • Orthoptist • Orthotist • Podiatrist • Voluntary sector employee	
1.8b	If yes, how many 6-month reviews has this team carried out in the last 12 months?	Enter a whole number between 1 and 1000	Only available if 1.8 answered 'YES'
1.8c	Which patients are offered a 6-month review by this service?	• All patients previously under the care of this service • All patients discharged from the acute hospital(s) within this service's catchment area	Only available if 1.8 answered 'YES' Select one. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
1.9	Are people with stroke discharged from this team given a copy of their own joint health & social care plan?	Yes No	A document developed to address the patient's individuals needs that is documented evidence of joint care planning between health and social care for post discharge management
1.9.1	Do people with stroke discharged from this team have access to commissioned services for the provision of emotional, social and/or	Yes No	Please refer to this link about commissioned services/service changes for clarification

	practical support (e.g. provided by the third sector/charities)?		regarding response to COVID-19
1.10	Do people with stroke under the care of this team have access to their rehabilitation plan?	Yes No	A document that enables patients/carers to understand their rehabilitation/treatment plan and participate actively in its achievement. This includes patients who are routinely given a copy of the rehabilitation plan and those who have access to it upon request.
1.11	Does this team have patient information displayed/available on the following?	a. Patient versions of national and/or local guidelines/standards b. The causes and treatment of stroke c. Secondary prevention of stroke d. Social Services local Community Care arrangements e. Local and national patient organisations f. The Department for Work and Pensions g. How to participate in stroke research h. None of the above	Select all that apply Displayed refers to leaflets, signposting, booklets and website. (a) E.g. Care after Stroke: An Information booklet for patients and carers is the lay version of the National Clinical Guideline for Stroke (b) Information on the causes and treatment of stroke (c) E.g. exercise, diet, hypertension (d) Information leaflets should give the telephone numbers and addresses of local Social Services (sometimes called Adult Services) and support organisations. Local information leaflets should give the national

			and local telephone numbers and contacts with useful addresses. (e) E.g. Stroke Association (f) The Department for Work and Pensions or local equivalent e.g., Department for Communities (DfC) (g) e.g., leaflets or signposting to 'Be Part of Research'
1.12	Does this team routinely offer a structured training programme for carers?	Yes No	Select one option A carer is anyone, including children and adults who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, a mental health problem or an addiction and cannot cope without their support. The care they give is unpaid. Formal paid carers (for example arranged via local authority or privately via an agency), also have a key role in providing care, preventing deterioration, and promoting independence for stroke survivors, therefore are likely to require education, training and support. It may be appropriate that formal carers are involved in rehabilitation sessions. Examples include medicines management training, manual handling training, training to

			administer and care for PEG tubes or aphasia communication support. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
1.13	Does this team provide access to a self-management tool or course for people with stroke?	Yes No	Select one option Technologies/tools used by stroke survivors or their carer to manage their health issues in the community: 1. Self-management support could focus on building self-efficacy to help stroke survivors feel more empowered. Identify personally relevant goals of stroke survivors and their carers, to enable personal control and independence. (e.g. Bridges) 2. Practical adaptations and source appropriate levels of support to enable stroke survivors to remain in their own homes 3. Guidance on how to overcome the physical, economic, and psychological barriers in stroke survivors' external world Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19

1.14	Is there the facility for nurses to attend internal or external training courses related to stroke management?	Yes No	If no is selected, 1.14a cannot be answered Training for nurses in aspects such as communication (e.g. supporting stroke patients with dysarthria and dysphasia), mobility and personal care. Please also include any training that may not be considered stroke specific but that is implemented in learning objectives and will improve stroke care e.g. Spasticity training or communication talking mats training. Please do not include mandatory/statutory training that is generic for all staff e.g. information governance, moving and handing, infection control etc.
1.14a	If yes, how many sessions have these nurses attended in the last 12 months? (1 session = half day)		The last 12 months **(1 April 2020 – 31 March 2021).** Only whole numbers are permitted. This refers to the total number of sessions attended. If yes, a minimum of 1 must be entered; 1 session = Half a day. E.g. 2.5 days of training equates to 5 sessions. The number of sessions entered here equals the number of half days times number of people attended. 3 staff attending the same 1 whole day session= 6 sessions.

1.15	Is there the facility for therapists to attend internal or external training courses related to stroke management?	Yes No	If no is selected, 1.15a cannot be answered Internal training course should be part of a rolling MDT educational programme of stroke. External courses include the UK Stroke Forum and National therapy specialist interest groups in stroke. Please also include any training that may not be considered stroke specific but that is implemented in learning objectives and will improve stroke care e.g. Spasticity training or communication Talking Mats training. Please do not include mandatory/statutory training that is generic for all staff e.g. information governance, moving and handing, infection control etc.
1.15a	If yes, how many sessions have these therapists attended in the last 12 months? (1 session = half day)		(Available if 1.15 is 'yes') The last 12 months **(1 April 2020 – 31 March 2021**). Only whole numbers are permitted. This refers to the total number of sessions attended. If yes, a minimum of 1 must be entered; 1 session = Half a day. E.g. 2.5 days of training equates to 5 sessions. The number of sessions entered here equals the number of half days times number of people attended. 3 staff

			attending the same 1 whole day session= 6 sessions.
1.16	Is there the facility for rehabilitation/therapy assistants to attend internal or external training courses related to stroke management?	Yes No	If no is selected, 1.16a cannot be answered Internal training course should be part of a rolling MDT educational programme of stroke. External courses include the UK Stroke Forum and National therapy specialist interest groups in stroke. Please also include any training that may not be considered stroke specific but that is implemented in learning objectives and will improve stroke care e.g. Spasticity training or communication talking mats training. Please do not include mandatory/statutory training that is generic for all staff e.g. information governance, moving and handing, infection control etc. The Rehabilitation/Therapy assistants should include all unregistered therapy assistants/staff (including generic) who are band 2-4 post-holders.
1.16a	If yes, how many sessions have these therapy assistants attended in the last 12 months? (1 session = half day) [sessions]		The last 12 months **(1 April 2020 – 31 March 2021)**. Only whole numbers are permitted. This refers to the total number of sessions attended.

			If yes, a minimum of 1 must be entered; 1 session = Half a day. E.g. 2.5 days of training equates to 5 sessions. The number of sessions entered here equals the number of half days times number of people attended. 3 staff attending the same 1 whole day session= 6 sessions.
1.17	Are individual people with stroke under the care of this team discussed in a formal multidisciplinary team meeting?	Yes No	If no selected, 1.17a and 1.17b not available 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.
1.17a	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	Select one option
1.17b	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	At least two disciplines must be chosen Tick all that apply

		• Orthotist • Orthoptist • Podiatrist	
1.18	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 • Dietitian • Occupational therapist • Physiotherapist • Specialist doctor • Specialist nurse • Speech and Language therapist • Orthoptist • Orthotist • Podiatrist • No Clinical leadership	(Select all that apply) Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
1.19	Who commissions this service?	[drop down list]	Please select the applicable CCGs, LCG or Health Boards that commission your service from the dropdown box. More than one can be selected. Indicate the Clinical Commissioning Group(s) (England), Local Commissioning Group(s) (Northern Ireland) or Health Board (Wales) that commission or provide your service. Please contact the SSNAP post-acute team if your commissioner does not appear in the list.
1.20	How many patients have been recruited into stroke research studies/trials in the last 12	[range of 0-1000]	**(1 April 2020 – 31 March 2021).**

	months?		Any stroke rehabilitation research trials with NHS approval. Do not count patients who are continuing in trials but were recruited at an earlier stage in their care pathway, only count new participation. This can include staff member(s) participating in research studies. SSNAP does not count as stroke research study/trial
1.21	Please provide the postcode of where your team is based (Main site)?	Alphanumeric	A valid post code must be entered. Please leave a clear space of one character between the two parts of the postcode *e.g. XX00 0XX* Please enter the main post-code of where your service is registered (It's base) this may not be where your staff work. If we were to map the location of the services, please enter the post code that would be most appropriate for this service.
1.21a	Is your team based in more than one location?	Yes No	

1.22	Have you had to reorganise as a temporary response to COVID-19 even though here you are reporting your usual commissioned service?	Yes No	Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19

Section 2: Vocational rehabilitation

Question No	Data item	Data Definition	Audit Help Notes
2.1	Is any part of this team commissioned to provide vocational rehabilitation?	Yes No Not commissioned but provided	If no, 2.1a cannot be answered but 2.1b must be answered If yes, 2.1a must be answered but 2.1b cannot be answered 'commissioned' refers to 'required' for Welsh/NI clarification. 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)
2.1a	If yes, who commissions this vocational rehabilitation service?	Drop down selection	*available If 'yes' to 2.1* Please select the applicable CCGs, LCG or Health Boards that commission your service from the dropdown box. More than one can be selected. The Clinical Commissioning Group(s) (England), Local Commissioning Group(s) (Northern Ireland) or Health Board (Wales) that commission or provide your service.
2.1b	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	If yes, 2.1i must be answered
2.1i	What is the name of the vocational rehabilitation service?	Free text	If 2.1b is yes, please provide a name for this service
2.2	Where does your service/team provide vocational rehabilitation? (tick all that apply)	• Acute hospital • Community hospital • Doctors' surgery/health centre/clinic • Leisure Centre/Gym/Community Centre • Patient/carer/family member's home • Care home	Tick all that apply The place patients go to receive the vocational rehabilitation you provide. Care home can include residential and nursing

		• Person's workplace	homes Available If 'yes' to 2.1
2.3	What disciplines are responsible for delivering vocational rehabilitation for this service? (tick all that apply)	• Clinical psychologist • Occupational therapist • Physiotherapist • Social worker • Specialist nurse • Speech and Language therapist • Rehabilitation/Therapy assistant • Family/carer support worker	Tick all that apply Available If 'yes' to 2.1
2.4	Who is offered vocational rehabilitation by this service? (select one only)	• 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	Select only one option Available If 'yes' to 2.1 Vocational rehabilitation in relation to stroke patients only. This could include people considered potentially fit enough to return to work Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
2.5	What is the average number of vocational rehabilitation sessions that are provided per patient?	Enter a whole number	Value between 1-100 Available If 'yes' to 2.1 On average how often are the interventions sessions delivered. Need to reflect that is the usual caseload.

2.5a	What frequency are the intervention sessions?	• Daily • Weekly • Twice weekly • Fortnightly • Monthly • No set schedule	Select only one option Available If 'yes' to 2.1 Describe how frequently the intervention is delivered typically. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
2.6	In this service, when would a person with stroke become eligible for vocational rehabilitation?	• Upon discharge/referral from inpatient care • Upon discharge/referral from outpatient/domiciliary care • On their return to work • When patient is discharged home	Tick all that apply Available If 'yes' to 2.1 Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19

Section 3: Inpatient care

Question No	Data item	Answer options	Notes
3.1	What is the total number of beds within this service that may be used by stroke patients?	[1-200]	Please enter a number 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. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
3.2	Where is this stroke service provided?	• Rehabilitation beds in acute NHS trust • Rehabilitation beds in community NHS trust • Combined acute and community NHS trust • Social enterprise • Private sector provider	Select all that apply 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 Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
3.3	Over the last six months, what has been the average length of time from acute referral to a bed being available for a stroke patient? (in days; 0-999)	Please enter a number	[range of 0-999]

3.3a	Over the last year, has the average wait time:	• Stayed the same • Increased • Decreased	
3.4	Who provides consultant leadership for this service?	• Stroke Physician • Rehabilitation Medicine Consultant • Consultant Allied Health Professional • Consultant Nurse	Select only one option 'Consultant Leadership' refers to the healthcare professional with ultimate clinical responsibility for the patients under the care of this service.
3.4a	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) • Junior doctor/non-career grade • GP	Tick all that apply
3.5	How many days per week is there a consultant led ward round?	Please enter a number	Please enter a range from 0-7days. Only whole numbers are permitted. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19)
3.6	How many nurses are normally on duty at **10AM** for these beds?	(i)Registered nurses (ii)Unregistered nurses	**Do not report current temporary COVID restrictions or adjustments** Please enter a number 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).

			Enter 0 if no nursing staff on duty. Registered nurses and Unregistered nurses cannot both be 0 for the same time period. If zero is entered for 3.6 then 3.6.1i and 3.6.1ii cannot be answered (Only whole numbers) [0-99] 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.
3.6.1	Of the registered nurses on duty at **10AM**, how many are trained in:	(i)Swallow Screening (ii)Stroke assessment and Management	Cannot be greater than the number entered for 3.6 registered nurses. (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.

			Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
3.7	How many nurses are normally on duty at **10PM** for these beds?	(i)Registered nurses (ii)Unregistered nurses	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. If zero is entered for 3.7 then 3.7.1i and 3.7.1ii cannot be answered
3.7.1	Of the registered nurses on duty at **10PM,** how many are trained in:	(i)Swallow Screening (ii)Stroke assessment and Management	Cannot be greater than the number entered for 3.7 registered nurses. (i) Swallow screening refers to a formal swallow screen using a Trust- or hospital-approved protocol. (i) 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 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. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
3.7.2	What is the total establishment in whole time equivalents (WTEs) of nurses who treat stroke patients?	• Whole time equivalents (WTE) Band 1 – 8c • Headcount (number of individuals)	**Do not report current temporary COVID restrictions or adjustments** Please answer WTE within a range of 0-99.999 3 decimal points are permitted WTEs - Whole Time Equivalent. A WTE of 1.0 means that the person is equivalent to a full-time worker (37.5 hours per week); while a WTE of 0.5 indicates that the worker is half-time. Only whole numbers are permitted for individuals/headcount [0-100] The individual numbers of stroke nurses or nurses who treat stroke patients that you have within your service. Only the nursing staff for the beds which are used for stroke patients

			should be included. Number of headcount/individuals cannot be less than WTEs e.g. cannot say 1.5 WTEs and 1 individual
3.8	Does this in-patient facility have access to an on-site therapy gym?	Yes No	**Do not report current temporary COVID restrictions or adjustments** This facility should be on-site
3.9	Does this in-patient facility have access to an on-site therapy kitchen?	Yes No	**Do not report current temporary COVID restrictions or adjustments** This facility should be on-site

Section 4: Community based care

Question No	Data Item	Data Definition	Audit Help Notes
4.1	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. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
4.2	Can people with stroke be re-referred back to this service after discharge?	Yes No	Select one option *If no, question 4.2a is not available* Can patients who have already been seen by this service be re-referred to your service again for the same condition at the same location? includes patients that are rereferred for the same stroke and those rereferred for a re-stroke (new episode). Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19

4.2a	If yes, how are they re-referred? (tick all that apply)	• Directly (self, patient and/or carer) • Hospital/secondary care • GP/primary care • Third sector support services (e.g. Stroke Association Connect)	Select all that apply (4.2a available If yes to 4.2)
4.3.1	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) that your stroke services is provided. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19)
4.3.2	What proportion of treatment/assessment sessions are/were provided by each method (total should sum to 100%)?	• Face to face (individual) • Face to face (in groups) • By video consultation (individual) • By video consultation (in groups) • By telephone	(**March 2021- March 2020 (pre-COVID)**) March 2021 (for current) vs. March 2020 (for last year). Enter 0 if no treatment/ assessment session provided Enter a whole number between 0-100 in the box next to each option. Sum for each column should be 100% This is likely to be an estimate
4.4.1	What is the average waiting time over the last 6 months (in days) between discharge/referral and this service first carrying out an initial	Please enter a number calendar of days	This refers to calendar days **(1 October 2020-31 March 2021)**

	review?		Range between 0-999 days and only whole numbers are permitted If the initial review takes place over the telephone, please calculate using the date on which the telephone review took place. If this service is generic and it doesn't specifically have a policy that differentiates between stroke and any other patients it treats, please take an average of all. If it does have a separate operational policy for stroke patients then please answer as an average for your stroke patients only. By average we are referring to the total waiting time over the last 6 months divided by the number of wait times you have for that 6-month period.
4.4.1a	Over the last year, has this average waiting time:	• Stayed the same • Increased • Decreased	**(1 April 2020 –31 March 2021)** Select one option
4.4.2	What is the average waiting time over the last 6 months (in days) between discharge/referral and treatment commencing for this service?	Please enter a number	**(1 October 2020- 31 March 2021)** Range between 0-999 days and only whole numbers are permitted (cannot be less than 4.4.1) If the review takes place over the telephone, please calculate using the date on which the telephone review took place. If this service is generic and it doesn't specifically have a

			policy that differentiates between stroke and any other patients it treats, please take an average of all. If it does have a separate operational policy for stroke patients then please answer as an average for your stroke patients only. By average we are referring to the total waiting time over the last 6 months divided by the number of wait times you have for that 6-month period.
4.4.2a	Over the last year, has this average waiting time:	• Stayed the same • Increased • Decreased	**(1 April 2020 –31 March 2021)** Select one option
4.5	Does this service treat/assess patients who live in care homes?	Yes No	Select one option The term care home includes nursing and residential homes. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
4.6	Does a member of this team attend multidisciplinary team meetings (MDT) at the local acute hospital(s) 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. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
4.7	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 selected, 4.7a must be answered If no selected, 4.7a cannot be answered.
4.7a	If yes, how is this measured?	**Duration** 0-6 weeks 7-12 weeks 13-26 weeks >26 weeks **Appointments** 5 sessions 6-10 sessions 11-15 sessions 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. Please refer to this link about commissioned services/service changes for clarification regarding response to COVID-19
4.8	Which patient reported outcome measures are routinely recorded by your service?	• Modified Rankin scale • Barthel Index • Nottingham Extended Activities of	(Select all that apply) EQ5D applies to either the EQ-5D-3L or the EQ-

		Daily Living • Berg Balance Scale • EQ5D (quality of life measure) • PHQ-9 (depression) • GAD-7 (anxiety) • Other (free text)	5D-5L If other selected, free text must be entered
4.9	Which of the following criteria does your Combined ESD/CRT 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 re-referral to another part of your own 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)

Section 5: Other

Question No	Data Item	Data Definition	Audit Help Notes
5.1	This team treats:	I. Only stroke patients II. Stroke and neurology patients III. General service that sees people with all conditions including stroke	(Select one only)
5.2	Who provides this service? (select one)	• Post-acute support service • Residential/bedded facility	**Post-acute support services** These are support services whose primary function is support and practice for patients, carers and their families. Patient, family, and carer support: including information provision and support services for caregivers delivered by health, voluntary sector or social care) Communication support: Primary function is support and practice rather than targeted SLT programme) Emotional support: Primary function is support rather than psychological therapy programme) **Residential/ Bedded facility** e.g. Intermediate care facility, Care home

			Non-hospital based residential facility. This may be health or social care funded (including specialist commissioning) and may be based within a designated care home, supported living environment or intermediate care facility, with therapy provision. Likely under the care of GP. Specialist commissioned level 1 or 2 rehabilitation unit
5.3	How many stroke patients do you see a year?	[20-1000]	Please enter a number
5.4	Select the services you provide	• Information and signposting service • Benefit support • Patient, family and carer support • Communication support • Emotional support • Exercise and education • Re-ablement service or equivalent • Equipment, wheelchair support • Befriending/peer support/stroke club/respite • Intermediate care beds • Level1/Level 2/Level2b unit • Residential facility	(Select all that apply)

5.5	Where are these services provided?	i. Acute hospital ii. Community hospital/ community based bedded facility iii. Doctor's surgery/health centre/clinic iv. Leisure Centre/Gym v. Patient/carer/family member's home vi. Care home/ nursing home	(Select all that apply)
5.6	Is your service formally commissioned?	Yes No	
5.6a	If yes, who commissions this service?	• Health (trust, CCG, LHB) • Social care/local authority • Voluntary sector / charitable funds • Other	Select all that apply if jointly funded. Select 'Health (trust, CCG, LHB)' for CCGs, LCG or Health Boards that commission your service.