



Stroke Improvement National Audit Programme (SINAP)

Seventh Quarterly Public Report

Patients admitted between October – December 2012

February 2012

Document purpose	To disseminate the results of the Stroke Improvement National Audit Programme (SINAP) for patients admitted between October – December 2012.
Title	SINAP Seventh Quarterly Report - Key Indicator Results
Author	On behalf of the Intercollegiate Stroke Working Party
Publication	February 2013
Target audience	Acute hospitals, stroke improvement networks, Strategic Health Authorities (SHAs), SHA Clusters, commissioners, medical directors, public health specialists, stroke survivors and carers, members of the public.
Description	This report has been compiled for all those with an interest in acute stroke care. It is based on patients admitted between 1 October and 31 December 2012. It reports on the performance of individual hospitals against important aspects of acute stroke care, including 12 key indicators for stroke. In section 1, hospital results are presented by region in tabular form. Results can be compared against national figures (annual and quarterly) and against other hospitals. Section 2 contains national level graphs which depict performance change over time. Non-participating hospitals are named in the report.
Superseded	First Quarterly SINAP Public Report – August 2011 (April – June 2011 admissions) Second Quarterly SINAP Public Report – November 2011 (July – September 2011 admissions) Third Quarterly SINAP Public Report – February 2012 (October – December 2011 admissions) Fourth Quarterly SINAP Public report – May 2012 (January – March 2012 admissions) Fifth Quarterly SINAP Public Report – August 2012 (April – June 2012 admissions) Sixth Quarterly SINAP Public Report – November 2012 (July – September 2012) www.rcplondon.ac.uk/sinap
Related publications	SINAP Comprehensive Report –March 2011 www.rcplondon.ac.uk/sinap Public Report of the National Sentinel Stroke Clinical Audit 2010 www.rcplondon.ac.uk/sentinel Public Report of the National Sentinel Stroke Organisational Audit 2010 www.rcplondon.ac.uk/sentinel Public Report of the SSNAP Acute Organisational Audit 2012 http://www.rcplondon.ac.uk/projects/ssnap-acute-organisational-audit National clinical guidelines for diagnosis and initial management of acute stroke and transient ischaemic attack (NICE, 2008) www.nice.org.uk/CG68 National Clinical Guideline for Stroke 4 th edition (Royal College of Physicians, 2012) http://www.rcplondon.ac.uk/resources/stroke-guidelines NICE Quality Standard for Stroke 2010 http://www.nice.org.uk/guidance/qualitystandards/stroke/strokequalitystandard.jsp National Stroke Strategy (Department of Health, 2007) http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081062 Department of Health: Progress in improving stroke care (National Audit Office, 2010) http://www.nao.org.uk/publications/0910/stroke.aspx
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Executive Summary

These quarterly figures show the quality of stroke care in hospitals in England.

9,010 stroke patients admitted October and December 2012 are included in this report. The key findings are:

- 40% of patients had a brain scan within 1 hour compared to 40% in the previous quarter (Key Indicator 1)
- 93% of patients had a brain scan within 24 hours compared to 92% in the previous quarter (Key Indicator 2)
- 65% patients arrived on a stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours) compared to 66% in the previous quarter (Key Indicator 3)
- 85% of patients saw a stroke consultant within 24 hours compared to 85% in the previous quarter (Key Indicator 4)
- 66% of patients with a known time of onset for stroke symptoms compared to 67% in the previous quarter (Key Indicator 5)
- 93% of patients' prognosis/diagnosis discussed with their relatives and carers within 72 hours where applicable compared to 89% in the previous quarter (Key Indicator 6)
- 84% of patients had a continence plan drawn up within 72 hours where applicable compared to 81% in the previous quarter (Key Indicator 7)
- 70% of patients received thrombolysis (clot busting drug) when they were potentially eligible for it compared to 69% in the previous quarter (Key Indicator 8)
- 68% of patients were seen by a nurse and one therapist within 24 hours and all relevant therapists within 72 hours compared to 65% in the previous quarter (Key Indicator 9)
- 90% of patients received nutrition screening and formal swallow assessment within 72 hours where appropriate compared to 89% in the previous quarter (Key Indicator 10)
- 66% of patients were admitted directly to a stroke unit, and reached the unit within 4 hours, compared to 68% in the previous quarter (Key Indicator 11)
- 78% of patients were given antiplatelet within 72 hours where appropriate and had adequate fluid and nutrition in all 24 hour periods compared to 76% in the previous quarter (Key Indicator 12)

Introduction to SINAP

The **Stroke Improvement National Audit Programme (SINAP)** is a national clinical audit which collected information from hospitals about the care provided to stroke patients in their first three days in hospital. SINAP aimed to collect data for all new stroke admissions across all relevant hospitals between May 2010 and December 2012 and to enable the information and results from the audit to be used to improve care for stroke patients.

SINAP was run by the RCP Stroke programme on behalf of the Intercollegiate Stroke Working Party (ICSWP) and commissioned by the Healthcare Quality Improvement Partnership (HQIP).

Aims of SINAP:

- To describe the pathway followed by patients with acute stroke (in the first three days) in hospitals
- To assess the quality of care provided to acute stroke patients during the first three days of care
- To identify the major areas where services need to be improved for acute stroke patients

Methods

Prospective data on the first 72 hours of acute care were collected via a web based tool and analysed at the Royal College of Physicians. Performance against evidence based standards of acute care was measured and benchmarked against all hospitals submitting a minimum number of complete records.

Eligibility and audit scope

Only hospitals which directly admit acute stroke patients were eligible to participate in SINAP. It is estimated that 147 hospitals in England were eligible at the time period covered by this report (October – December 2012) although this number has changed since the audit began in May 2010 due to service reconfigurations.

All patients who elicit a response from the stroke team could be included on SINAP i.e. patients with a diagnosis of stroke, TIA or those admitted with suspected stroke but who subsequently turn out to have another diagnosis e.g. a seizure, tumour or migraine.

SINAP Participation

All eligible hospitals were invited to participate in the SINAP. Hospitals in Wales declined to take part as they have collected data for 'Intelligent Targets' since July 2010. Full details of hospitals participating in SINAP can be found on the RCP website. www.rcplondon.ac.uk/sinap

SINAP is one of the national clinical audits for inclusion in Quality Accounts 2012-13 and in the National Clinical Audit and Patient Outcomes Programme (NCAPOP).

Participation in the audit in terms of number of locked records on the web tool has steadily increased since the audit went live in May 2010 with over 85,000 locked stroke records by December 2012.

Inclusion in quarterly reports

Eligibility for inclusion in the quarterly reports was determined by the submission of a minimum number of 20 locked stroke records for patients admitted within that quarter.

The number of hospitals and records included in each quarterly report is outlined below.

Quarter	Cohort	Number of hospitals included	Number of stroke records included
1	April – June 2011 admissions	73	6089
2	July – September 2011 admissions	87	7446
3	October – December 2011 admissions	95	8111
4	January – March 2012 admissions	104	8973
5	April - June 2012 admissions	103	9324
6	July – September admissions	107	10069
7	October – December admissions	100	9010

SINAP Reporting Schedule

Reports and results were given back to hospitals regularly, to enable benchmarking of stroke services against other hospitals and use information to identify areas for improvement. Quarterly reports were made public by named hospitals. This seventh quarterly report will be made public on 20th February 2013 is the last quarterly report for SINAP.

SINAP to SSNAP

Data submission for SINAP has now ended. The new stroke audit, the Sentinel Stroke National Audit Programme (SSNAP), is now the single source of stroke data nationally. SSNAP collects a minimum dataset for every stroke patient since December 2012. For more information, please go to www.rcplondon.ac.uk/ssnap

Introduction to this Report

This is the final SINAP quarterly report. It presents national and hospital level data showing performance against important aspects of acute stroke care including 12 Key Stroke Indicators for patients admitted October – December 2012. The 12 key indicators were selected by the Intercollegiate Stroke Working Party following analysis of the first year's data and are considered to be representative of the first 72 hours of care. Using the same indicators for each report enables comparisons over time. The evidence base behind these key indicators can be found in Appendix 2. The total number of records and the number of records per site are also included in the report.

Section 1 – Results by Region

This section presents the results of the seventh quarterly public report by region (old SHA). The tables show the performance of individual hospitals against national figures based on patients admitted between October and December 2012. Each hospital's results spread across 2 tables (the North West spreads across 4 tables). Each table shows the hospital name and the number of stroke records submitted. The first table gives results for key in-hospital timings and thrombolysis provision and the second table presents the results for the 12 Key Indicators, the average of the 12 key indicators and the hospital's overall domain.

There is a point map at the beginning of each section showing the average of 12 key indicators score for each hospital within that region. The maps give a geographical context to the seventh quarterly results. Hospitals which are eligible but which are not participating in the audit or which did not submit enough records to be included in the report are shown with a black cross.

Please note – in this report, hospitals in England are grouped by the 10 previous SHAs rather than the new SHA clusters. However, the order in which they are presented reflects the new SHA clusters in alphabetical order e.g. London is first, followed by 'Midlands and East' (which is broken down into East of England, East Midlands and West Midlands) then North of England and finally South of England.

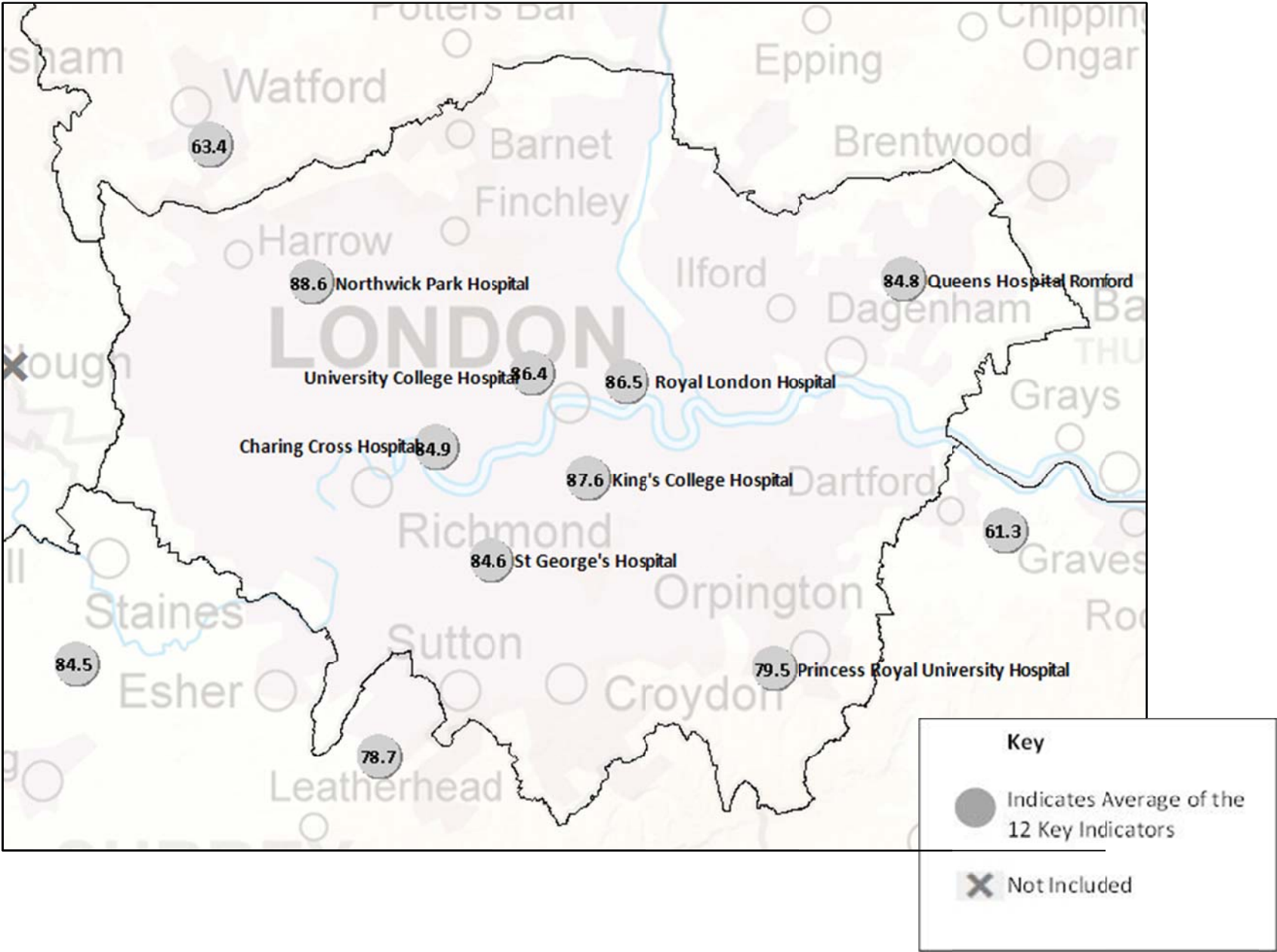
Column headings are abbreviated in the results tables, please see appendix for a key of these abbreviations.

Section 2 – National Level Graphs of Key Indicator Results over Time

This section graphically presents each of the 12 Key Indicator results on a national level. The graphs show changes over time for each indicator based on patients admitted between January 2012 and December 2012. There are also details of the total number of records included in the analysis each month.

For further information about SINAP or the information contained in this report please email sinap@rcplondon.ac.uk

London



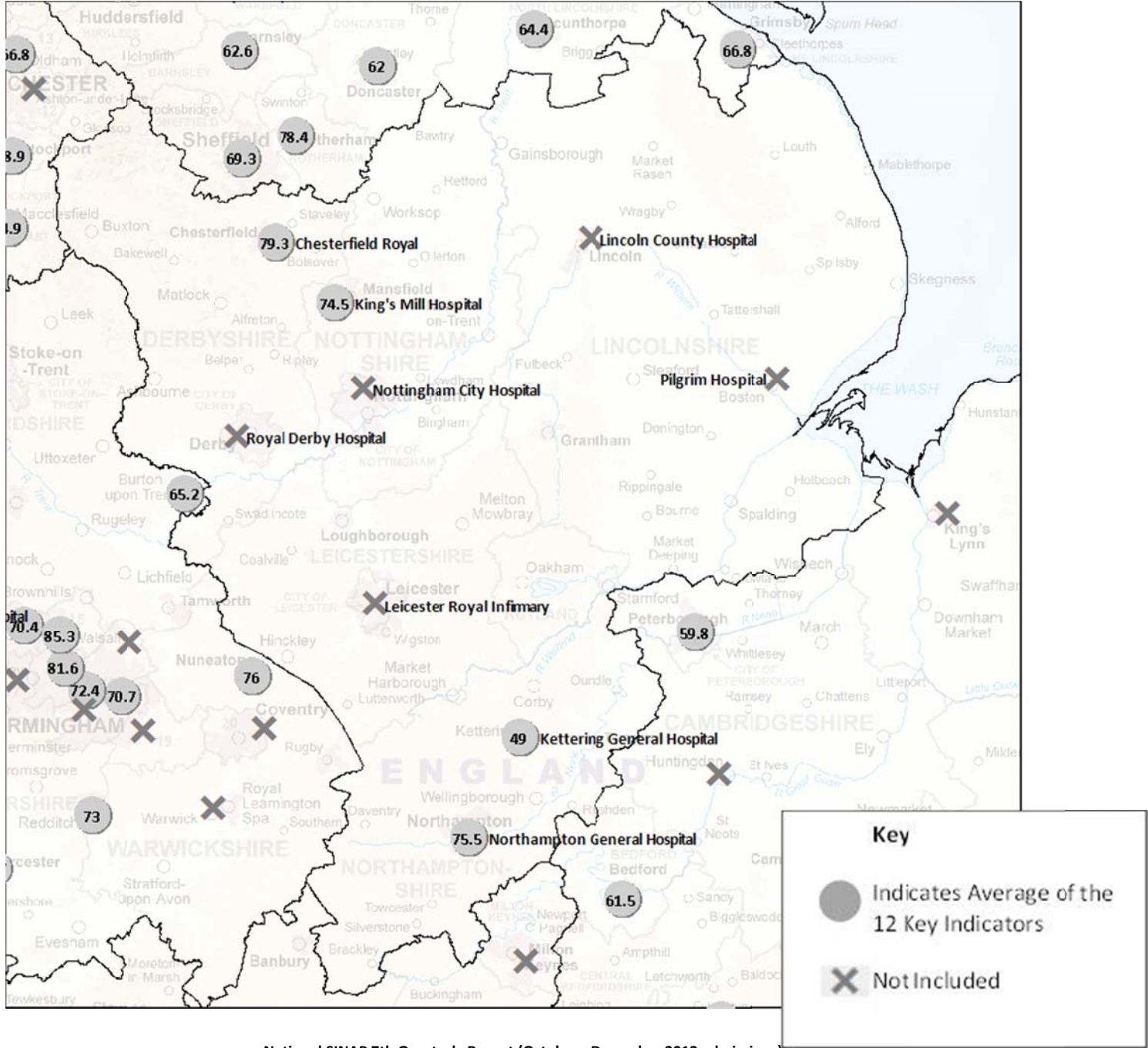
London

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
London	London	Barking, Havering and Redbridge University Hospitals NHS Trust	Queens Hospital Romford	164	122 (74%)	26 (16%)	16 (10%)	2 (1%)	41	2	1	145	13 (11%)	10 (8%)	9 (14%)	6 (67%)	10 (77%)	46
London	London	Barts Health NHS Trust	Royal London Hospital	309	213 (69%)	25 (8%)	71 (23%)	4 (1%)	34	0	0	161	45 (21%)	33 (15%)	17 (13%)	16 (94%)	39 (89%)	36
London	London	Imperial College Healthcare NHS Trust	Charing Cross Hospital	412	259 (63%)	28 (7%)	125 (30%)	11 (3%)	24	0	0	108	31 (12%)	19 (7%)	7 (5%)	7 (100%)	24 (80%)	30
London	London	King's College Hospital NHS Foundation Trust	King's College Hospital	102	59 (58%)	21 (21%)	22 (22%)	1 (1%)	27	0	0	185	13 (22%)	13 (22%)	3 (9%)	2 (67%)	8 (62%)	50
London	London	North West London Hospitals NHS Trust	Northwick Park Hospital	351	214 (61%)	36 (10%)	101 (29%)	18 (5%)	20	0	0	113	77 (36%)	36 (17%)	14 (14%)	14 (100%)	65 (94%)	29
London	London	South London Healthcare NHS Trust	Princess Royal University Hospital	269	179 (67%)	44 (16%)	46 (17%)	3 (1%)	48	15	8	125	25 (14%)	13 (7%)	9 (9%)	9 (100%)	16 (64%)	45
London	London	St George's Healthcare NHS Trust	St George's Hospital	392	233 (59%)	33 (8%)	126 (32%)	10 (3%)	59	30	35	202	19 (8%)	11 (5%)	7 (6%)	7 (100%)	14 (82%)	39
London	London	University College London Hospitals NHS Foundation Trust	University College Hospital	639	318 (50%)	82 (13%)	239 (37%)	1 (0%)	58	9	15	121	51 (16%)	36 (11%)	17 (10%)	17 (100%)	38 (75%)	41

London

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Queens Hospital Romford	164	122 (74%)	73 (60%)	112 (92%)	53 (83%)	122 (100%)	69 (57%)	121 (100%)	44 (100%)	6 (60%)	102 (89%)	120 (100%)	95 (79%)	102 (99%)	84.8	1st
Royal London Hospital	309	213 (69%)	128 (60%)	183 (86%)	97 (71%)	213 (100%)	154 (72%)	198 (93%)	34 (97%)	29 (88%)	189 (100%)	213 (100%)	148 (70%)	202 (100%)	86.5	1st
Charing Cross Hospital	412	259 (63%)	170 (66%)	256 (99%)	119 (81%)	259 (100%)	156 (60%)	259 (100%)	61 (100%)	16 (84%)	115 (52%)	254 (100%)	196 (78%)	220 (99%)	84.9	1st
King's College Hospital	102	59 (58%)	40 (68%)	58 (98%)	26 (81%)	56 (95%)	45 (76%)	59 (100%)	22 (100%)	9 (69%)	32 (89%)	59 (100%)	43 (74%)	37 (100%)	87.6	1st
Northwick Park Hospital	351	214 (61%)	134 (63%)	199 (93%)	88 (91%)	208 (97%)	146 (68%)	178 (99%)	72 (100%)	35 (97%)	171 (83%)	189 (97%)	186 (94%)	138 (82%)	88.6	1st
Princess Royal University Hospital	269	179 (67%)	88 (49%)	152 (85%)	72 (75%)	175 (98%)	106 (59%)	165 (98%)	16 (100%)	12 (92%)	69 (40%)	48 (91%)	120 (68%)	153 (98%)	79.5	2nd
St George's Hospital	392	233 (59%)	116 (50%)	230 (99%)	71 (59%)	233 (100%)	159 (68%)	230 (99%)	128 (100%)	10 (91%)	175 (91%)	232 (100%)	131 (58%)	185 (100%)	84.6	1st
University College Hospital	639	318 (50%)	162 (51%)	311 (98%)	128 (77%)	315 (99%)	165 (52%)	305 (100%)	190 (100%)	34 (94%)	266 (98%)	304 (97%)	224 (71%)	269 (100%)	86.4	1st

East Midlands



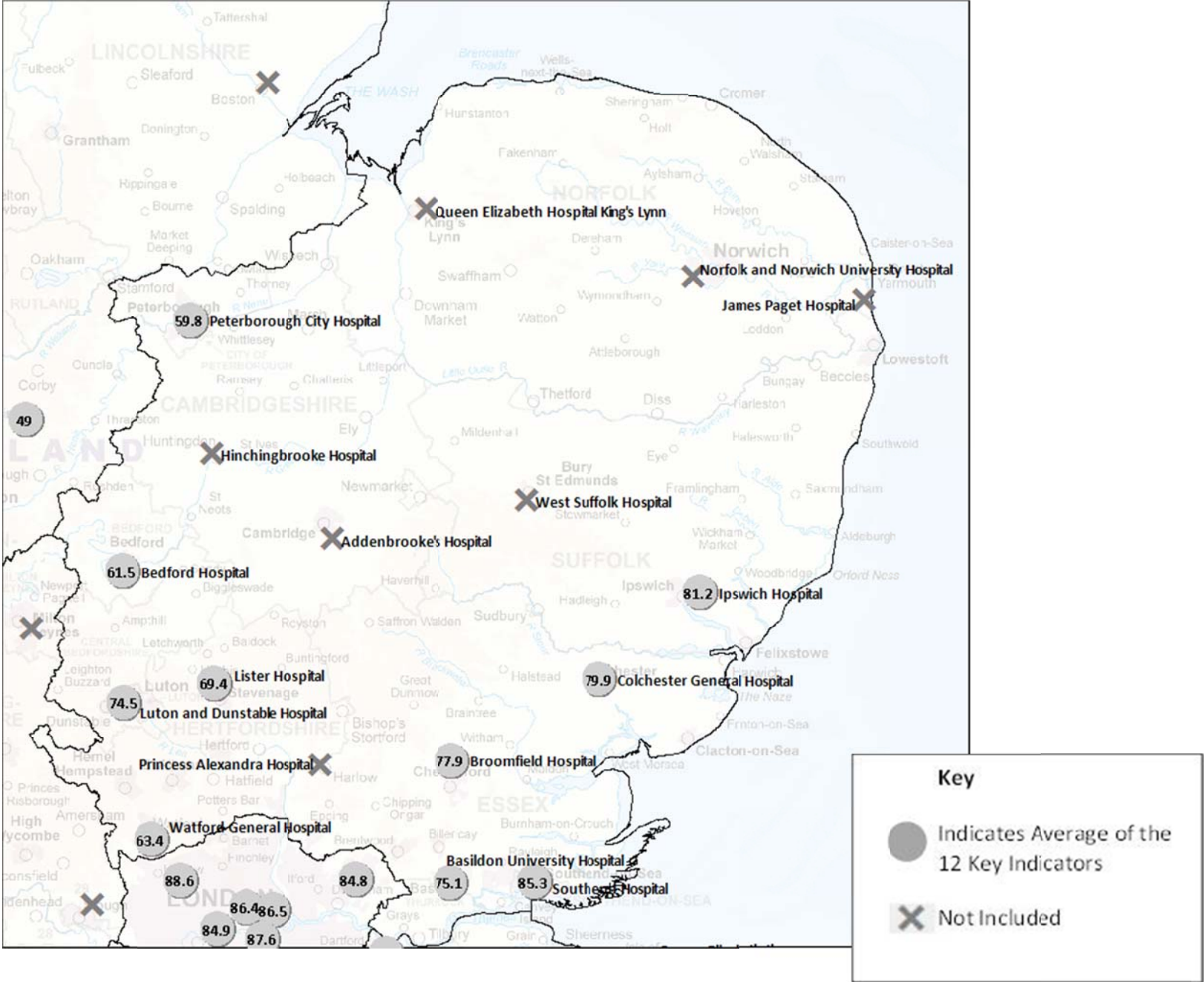
East Midlands

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
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Midlands and East	East Midlands	Chesterfield Royal Hospital NHS Foundation Trust	Chesterfield Royal	111	96 (86%)	15 (14%)	0 (0%)	3 (3%)	84	60	40	181	10 (10%)	10 (10%)	6 (12%)	5 (83%)	4 (44%)	60
Midlands and East	East Midlands	Derby Hospitals NHS Foundation Trust	Royal Derby Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East Midlands	Kettering General Hospital NHS Foundation Trust	Kettering General Hospital	51	25 (49%)	9 (18%)	17 (33%)	7 (14%)	566	1143	1026	2448	0 (0%)	2 (8%)	1 (9%)	0 (0%)	0 (NA%)	NA
Midlands and East	East Midlands	Northampton General Hospital NHS Trust	Northampton General Hospital	382	199 (52%)	32 (8%)	151 (40%)	15 (4%)	63	13	35	218	16 (8%)	14 (7%)	4 (4%)	2 (50%)	8 (50%)	59
Midlands and East	East Midlands	Nottingham University Hospitals NHS Trust	Nottingham City Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East Midlands	Sherwood Forest Hospitals NHS Foundation Trust	King's Mill Hospital	67	58 (87%)	9 (13%)	0 (0%)	14 (21%)	89	91	198	198	8 (14%)	7 (12%)	0 (0%)	0 (NA%)	5 (63%)	51
Midlands and East	East Midlands	United Lincolnshire Hospitals NHS Trust	Lincoln County Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East Midlands	United Lincolnshire Hospitals NHS Trust	Pilgrim Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East Midlands	University Hospitals of Leicester NHS Trust	Leicester Royal Infirmary	Eligible but no records					.	.	.	.		

East Midlands

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
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ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Chesterfield Royal	111	96 (86%)	40 (42%)	87 (91%)	36 (73%)	94 (98%)	56 (58%)	75 (83%)	81 (90%)	8 (80%)	70 (97%)	89 (97%)	72 (77%)	56 (65%)	79.3	2nd
Royal Derby Hospital	Eligible but no records														.	
Kettering General Hospital	51	25 (49%)	2 (8%)	17 (68%)	0 (0%)	11 (44%)	11 (44%)	25 (100%)	1 (100%)	0 (0%)	4 (40%)	17 (85%)	1 (5%)	17 (94%)	49	4th
Northampton General Hospital	382	199 (52%)	88 (44%)	181 (91%)	58 (61%)	191 (96%)	116 (58%)	143 (82%)	32 (78%)	11 (79%)	128 (74%)	43 (93%)	115 (59%)	147 (90%)	75.5	2nd
Nottingham City Hospital	Eligible but no records														.	
King's Mill Hospital	67	58 (87%)	14 (24%)	45 (78%)	12 (71%)	57 (98%)	45 (78%)	57 (100%)	11 (100%)	3 (43%)	34 (97%)	45 (100%)	38 (84%)	11 (22%)	74.5	2nd
Lincoln County Hospital	Eligible but no records														.	
Pilgrim Hospital	Eligible but no records														.	
Leicester Royal Infirmary	Eligible but no records														.	

East of England



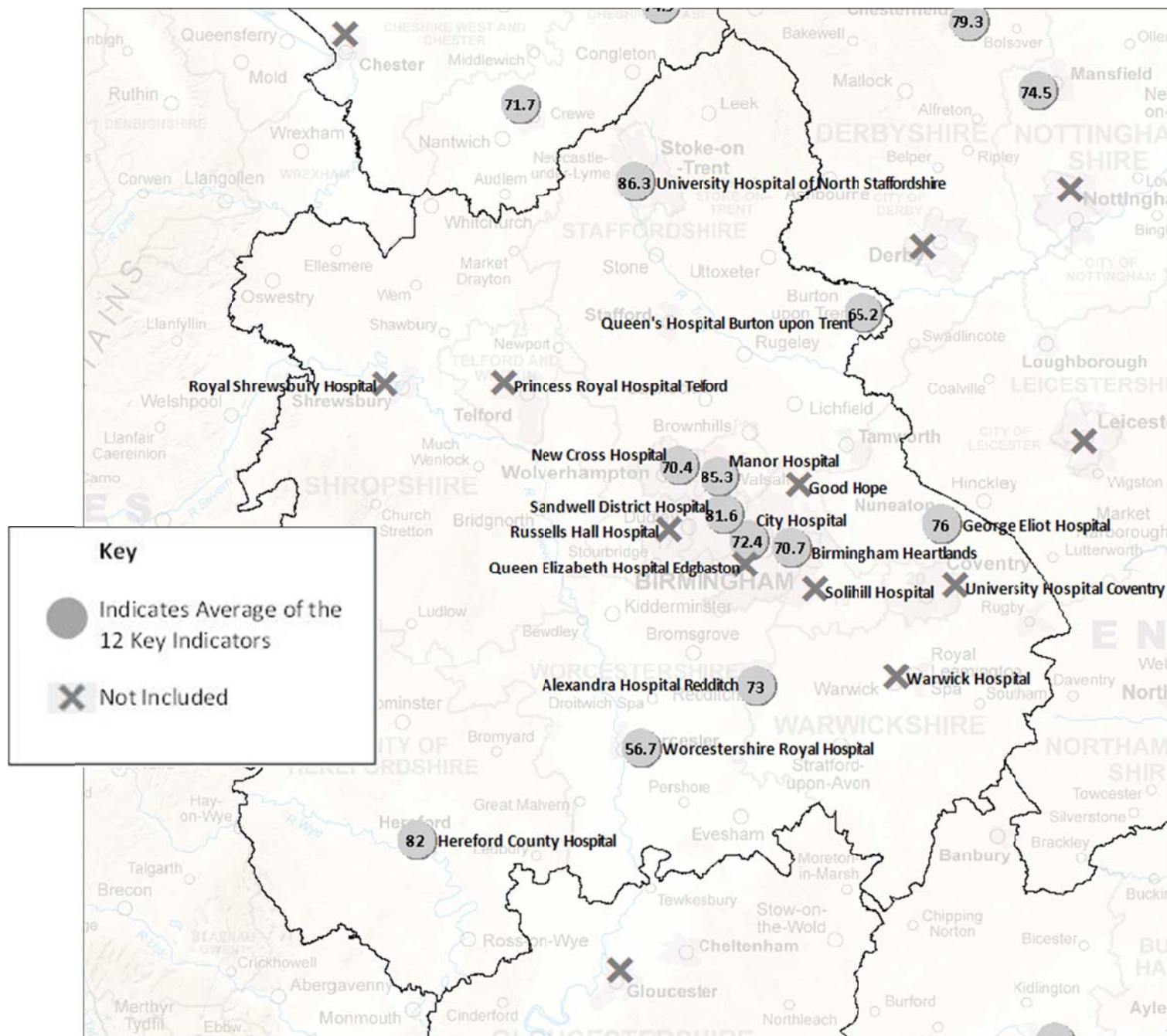
East of England

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Midlands and East	East of England	Basildon and Thurrock University Hospitals NHS Foundation Trust	Basildon University Hospital	107	106 (99%)	1 (1%)	0 (0%)	9 (8%)	50	61	57	224	14 (13%)	13 (12%)	7 (15%)	6 (86%)	1 (8%)	94
Midlands and East	East of England	Bedford Hospital NHS Trust	Bedford Hospital	37	37 (100%)	0 (0%)	0 (0%)	1 (3%)	188	59	100	207	3 (8%)	3 (8%)	0 (0%)	0 (NA%)	0 (0%)	107
Midlands and East	East of England	Cambridge University Hospitals NHS Foundation Trust	Addenbrooke's Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East of England	Colchester Hospital University NHS Foundation Trust	Colchester General Hospital	91	91 (100%)	0 (0%)	0 (0%)	2 (2%)	36	2	9	223	7 (8%)	5 (5%)	2 (4%)	0 (0%)	4 (57%)	59
Midlands and East	East of England	East and North Hertfordshire NHS Trust	Lister Hospital	33	30 (91%)	0 (0%)	3 (9%)	0 (0%)	138	952	881	305	0 (0%)	0 (0%)	0 (0%)	0 (NA%)	0 (NA%)	NA
Midlands and East	East of England	Hinchingbrooke Health Care NHS Trust	Hinchingbrooke Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East of England	Ipswich Hospital NHS Trust	Ipswich Hospital	185	122 (66%)	33 (18%)	30 (16%)	5 (3%)	62	100	125	164	14 (11%)	11 (9%)	5 (8%)	5 (100%)	5 (36%)	66
Midlands and East	East of England	James Paget University Hospitals NHS Foundation Trust	James Paget Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East of England	Luton and Dunstable Hospital NHS Foundation Trust	Luton and Dunstable Hospital	24	24 (100%)	0 (0%)	0 (0%)	0 (0%)	48	65	65	137	7 (29%)	8 (33%)	5 (31%)	4 (80%)	0 (0%)	94
Midlands and East	East of England	Mid Essex Hospital Services NHS Trust	Broomfield Hospital	76	76 (100%)	0 (0%)	0 (0%)	3 (4%)	28	474	558	200	14 (18%)	13 (17%)	7 (18%)	4 (57%)	6 (50%)	62
Midlands and East	East of England	Norfolk and Norwich University Hospitals NHS Foundation Trust	Norfolk and Norwich University Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East of England	Peterborough and Stamford Hospitals NHS Foundation Trust	Peterborough City Hospital	24	24 (100%)	0 (0%)	0 (0%)	0 (0%)	54	19	2	239	3 (13%)	2 (8%)	1 (9%)	0 (0%)	0 (0%)	107
Midlands and East	East of England	Princess Alexandra Hospital NHS Trust	Princess Alexandra Hospital	Eligible but no records					.	.	.	.		
Midlands and East	East of England	Queen Elizabeth Hospital King's Lynn NHS Foundation Trust	Queen Elizabeth Hospital King's Lynn	Eligible but no records					.	.	.	.		
Midlands and East	East of England	Southend University Hospital NHS Foundation Trust	Southend Hospital	39	39 (100%)	0 (0%)	0 (0%)	2 (5%)	77	7	65	204	7 (18%)	3 (8%)	1 (6%)	1 (100%)	4 (57%)	55
Midlands and East	East of England	West Hertfordshire Hospitals NHS Trust	Watford General Hospital	111	111 (100%)	0 (0%)	0 (0%)	2 (2%)	64	265	755	306	23 (21%)	12 (11%)	8 (13%)	8 (100%)	9 (39%)	69
Midlands and East	East of England	West Suffolk Hospital NHS Trust	West Suffolk Hospital	Eligible but no records					.	.	.	.		

East of England

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Basildon University Hospital	107	106 (99%)	58 (55%)	100 (94%)	28 (60%)	64 (60%)	93 (88%)	106 (100%)	7 (64%)	11 (85%)	56 (56%)	99 (99%)	55 (57%)	74 (84%)	75.1	2nd
Bedford Hospital	37	37 (100%)	9 (24%)	36 (97%)	14 (88%)	36 (97%)	37 (100%)	36 (97%)	0 (0%)	2 (67%)	4 (11%)	3 (9%)	30 (83%)	22 (65%)	61.5	4th
Addenbrooke's Hospital	Eligible but no records														.	
Colchester General Hospital	91	91 (100%)	64 (70%)	90 (99%)	35 (73%)	72 (79%)	91 (100%)	77 (100%)	65 (89%)	2 (40%)	65 (76%)	56 (93%)	68 (76%)	45 (63%)	79.9	2nd
Lister Hospital	33	30 (91%)	7 (23%)	29 (97%)	4 (33%)	27 (90%)	30 (100%)	30 (100%)	0 (0%)	0 (NA%)	22 (85%)	6 (100%)	15 (50%)	18 (86%)	69.4	3rd
Hinchingbrooke Hospital	Eligible but no records														.	
Ipswich Hospital	185	122 (66%)	60 (49%)	117 (96%)	60 (94%)	101 (83%)	86 (70%)	79 (68%)	10 (91%)	10 (91%)	66 (60%)	19 (83%)	111 (95%)	84 (94%)	81.2	2nd
James Paget Hospital	Eligible but no records														.	
Luton and Dunstable Hospital	24	24 (100%)	16 (67%)	22 (92%)	13 (81%)	23 (96%)	24 (100%)	21 (100%)	8 (89%)	7 (88%)	9 (39%)	2 (20%)	20 (83%)	8 (40%)	74.5	2nd
Broomfield Hospital	76	76 (100%)	51 (67%)	76 (100%)	29 (76%)	76 (100%)	69 (91%)	64 (85%)	11 (73%)	9 (69%)	50 (85%)	16 (64%)	52 (71%)	30 (53%)	77.9	2nd
Norfolk and Norwich University Hospital	Eligible but no records														.	
Peterborough City Hospital	24	24 (100%)	14 (58%)	24 (100%)	8 (73%)	22 (92%)	24 (100%)	24 (100%)	0 (0%)	1 (50%)	2 (8%)	0 (0%)	19 (79%)	12 (57%)	59.8	4th
Princess Alexandra Hospital	Eligible but no records														.	
Queen Elizabeth Hospital King's Lynn	Eligible but no records														.	
Southend Hospital	39	39 (100%)	16 (41%)	39 (100%)	13 (76%)	39 (100%)	37 (95%)	11 (100%)	1 (50%)	3 (100%)	29 (83%)	34 (100%)	30 (81%)	32 (97%)	85.3	1st
Watford General Hospital	111	111 (100%)	54 (49%)	101 (91%)	24 (39%)	91 (82%)	104 (94%)	111 (100%)	11 (10%)	12 (100%)	43 (42%)	36 (40%)	48 (44%)	56 (72%)	63.4	4th
West Suffolk Hospital	Eligible but no records														.	

West Midlands



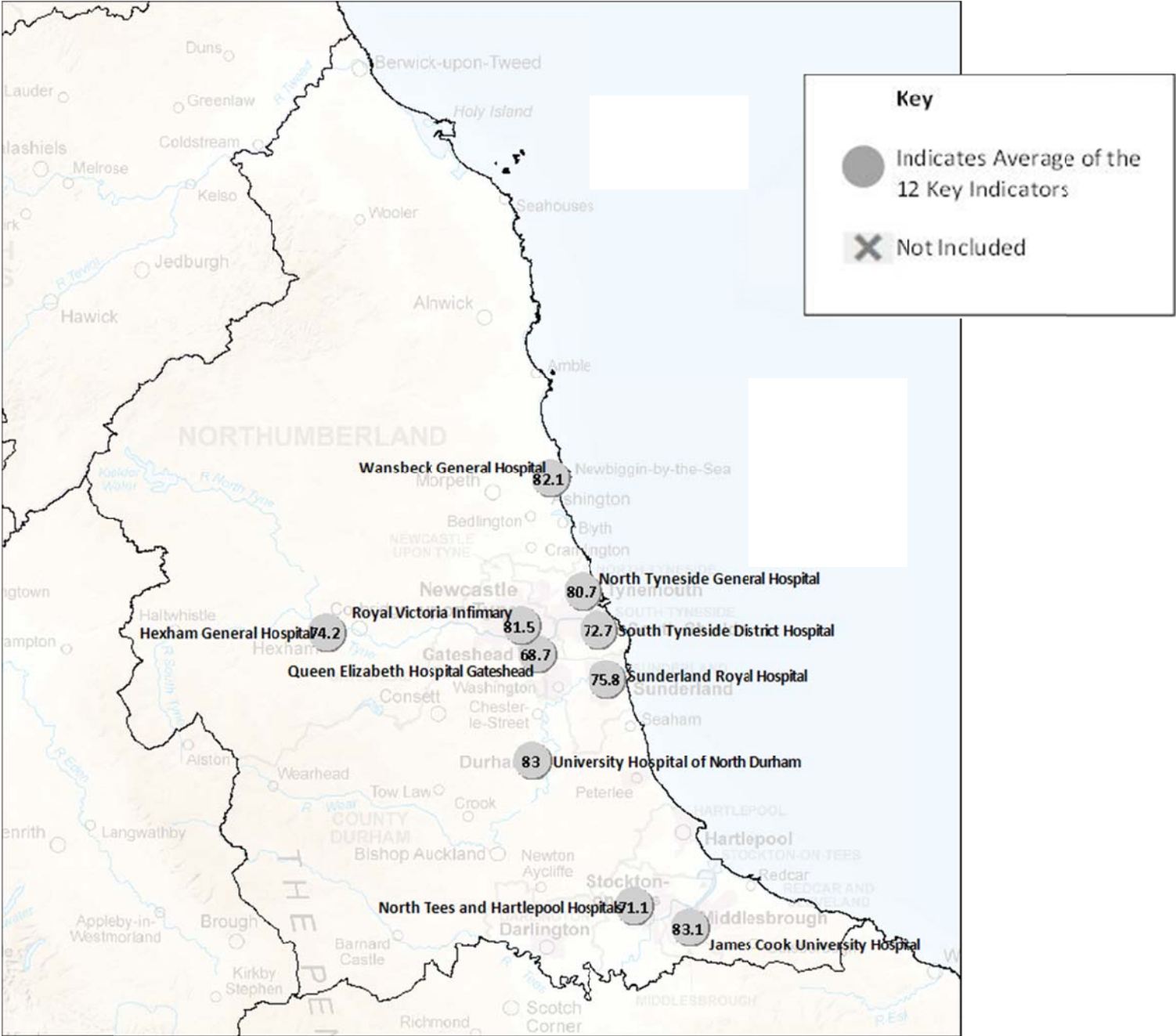
West Midlands

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
Midlands and East	West Midlands	Burton Hospitals NHS Foundation Trust	Queen's Hospital Burton upon Trent	125	77 (62%)	23 (18%)	25 (20%)	7 (6%)	72	107	164	260	11 (14%)	7 (9%)	4 (9%)	3 (75%)	3 (33%)	62
Midlands and East	West Midlands	Dudley Group of Hospitals NHS Foundation Trust	Russells Hall Hospital	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	George Eliot Hospital NHS Trust	George Eliot Hospital	25	25 (100%)	0 (0%)	0 (0%)	0 (0%)	195	140	94	198	0 (0%)	0 (0%)	0 (0%)	0 (NA%)	0 (NA%)	NA
Midlands and East	West Midlands	Heart of England NHS Foundation Trust	Birmingham Heartlands	60		19 (32%)	5 (8%)	1 (2%)	128	204	771	524	1 (3%)	11 (31%)	4 (29%)	0 (0%)	1 (100%)	59
Midlands and East	West Midlands	Heart of England NHS Foundation Trust	Good Hope	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	Heart of England NHS Foundation Trust	Solihill Hospital	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	Royal Wolverhampton Hospitals NHS Trust	New Cross Hospital	93	73 (78%)	19 (20%)	1 (1%)	3 (3%)	71	151	151	157	12 (16%)	10 (14%)	5 (15%)	5 (100%)	5 (42%)	65
Midlands and East	West Midlands	Sandwell and West Birmingham Hospitals NHS Trust	City Hospital	34	32 (94%)	0 (0%)	2 (6%)	1 (3%)	69	142	148	231	2 (6%)	1 (3%)	0 (0%)	0 (NA%)	0 (0%)	120
Midlands and East	West Midlands	Sandwell and West Birmingham Hospitals NHS Trust	Sandwell District Hospital	57	51 (89%)	0 (0%)	6 (11%)	0 (0%)	40	69	59	202	3 (6%)	3 (6%)	2 (8%)	1 (50%)	0 (0%)	75
Midlands and East	West Midlands	Shrewsbury and Telford Hospital NHS Trust	Princess Royal Hospital Telford	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	Shrewsbury and Telford Hospital NHS Trust	Royal Shrewsbury Hospital	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	South Warwickshire NHS Foundation Trust	Warwick Hospital	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	University Hospital of North Staffordshire NHS Trust	University Hospital of North Staffordshire	30	30 (100%)	0 (0%)	0 (0%)	0 (0%)	92	103	187	223	4 (13%)	2 (7%)	2 (14%)	2 (100%)	1 (25%)	60
Midlands and East	West Midlands	University Hospitals Birmingham NHS Foundation Trust	Queen Elizabeth Hospital Edgbaston	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	University Hospitals Coventry and Warwickshire NHS Trust	University Hospital Coventry	Eligible but no records					.	.	.	.		
Midlands and East	West Midlands	Walsall Healthcare NHS Trust	Manor Hospital	86	86 (100%)	0 (0%)	0 (0%)	5 (6%)	84	38	44	216	3 (3%)	3 (3%)	2 (6%)	2 (100%)	1 (33%)	85
Midlands and East	West Midlands	Worcestershire Acute Hospitals NHS Trust	Alexandra Hospital Redditch	111	58 (52%)	28 (25%)	25 (23%)	1 (1%)	126	28	69	215	6 (10%)	4 (7%)	3 (9%)	3 (100%)	1 (17%)	94
Midlands and East	West Midlands	Worcestershire Acute Hospitals NHS Trust	Worcestershire Royal Hospital	69	69 (100%)	0 (0%)	0 (0%)	2 (3%)	161	584	819	1419	11 (16%)	7 (10%)	4 (10%)	4 (100%)	3 (30%)	67
Midlands and East	West Midlands	Wye Valley NHS Trust	Hereford County Hospital	134	80 (60%)	21 (16%)	33 (25%)	9 (7%)	167	248	239	217	4 (5%)	2 (3%)	1 (2%)	1 (100%)	1 (33%)	102

West Midlands

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Queen's Hospital Burton upon Trent	125	77 (62%)	36 (47%)	72 (94%)	17 (38%)	53 (69%)	51 (66%)	61 (79%)	28 (88%)	6 (86%)	34 (60%)	48 (83%)	30 (42%)	21 (33%)	65.2	4th
Russells Hall Hospital																
George Eliot Hospital	25	25 (100%)	4 (16%)	23 (92%)	5 (63%)	22 (88%)	10 (40%)	25 (100%)	4 (100%)	0 (NA%)	22 (100%)	19 (100%)	12 (48%)	18 (90%)	76	2nd
Birmingham Heartlands	60		8 (22%)	35 (97%)	4 (29%)	31 (86%)	36 (100%)	36 (100%)	31 (100%)	0 (0%)	30 (83%)	36 (100%)	18 (51%)	24 (80%)	70.7	3rd
Good Hope		Eligible but no records														
Solihill Hospital		Eligible but no records														
New Cross Hospital	93	73 (78%)	30 (41%)	63 (86%)	27 (79%)	65 (89%)	52 (71%)	66 (94%)	21 (70%)	7 (70%)	45 (64%)	67 (94%)	46 (66%)	11 (19%)	70.4	3rd
City Hospital	34	32 (94%)	14 (44%)	31 (97%)	11 (58%)	31 (97%)	5 (16%)	32 (100%)	1 (100%)	0 (0%)	30 (100%)	13 (100%)	18 (58%)	28 (100%)	72.4	3rd
Sandwell District Hospital	57	51 (89%)	34 (67%)	51 (100%)	22 (85%)	48 (94%)	9 (18%)	51 (100%)	5 (83%)	2 (67%)	48 (100%)	24 (96%)	38 (75%)	41 (95%)	81.6	1st
Princess Royal Hospital Telford		Eligible but no records														
Royal Shrewsbury Hospital		Eligible but no records														
Warwick Hospital		Eligible but no records														
University Hospital of North Staffordshire	30	30 (100%)	13 (43%)	30 (100%)	12 (86%)	30 (100%)	16 (53%)	28 (97%)	2 (100%)	2 (100%)	26 (87%)	30 (100%)	22 (73%)	25 (96%)	86.3	1st
Queen Elizabeth Hospital Edgbaston		Eligible but no records														
University Hospital Coventry		Eligible but no records														
Manor Hospital	86	86 (100%)	30 (35%)	84 (98%)	23 (74%)	72 (84%)	73 (85%)	84 (98%)	44 (100%)	3 (100%)	70 (82%)	68 (94%)	63 (78%)	66 (96%)	85.3	1st
Alexandra Hospital Redditch	111	58 (52%)	19 (33%)	45 (78%)	26 (81%)	36 (62%)	48 (83%)	45 (80%)	14 (93%)	4 (100%)	20 (43%)	15 (88%)	47 (82%)	25 (52%)	73	3rd
Worcestershire Royal Hospital	69	69 (100%)	18 (26%)	65 (94%)	8 (21%)	43 (62%)	59 (86%)	51 (75%)	18 (62%)	7 (100%)	28 (42%)	22 (63%)	18 (27%)	12 (23%)	56.7	4th
Hereford County Hospital	134	80 (60%)	18 (23%)	76 (95%)	37 (84%)	51 (64%)	74 (93%)	42 (100%)	23 (92%)	2 (100%)	61 (78%)	72 (96%)	61 (86%)	44 (75%)	82	1st

North East



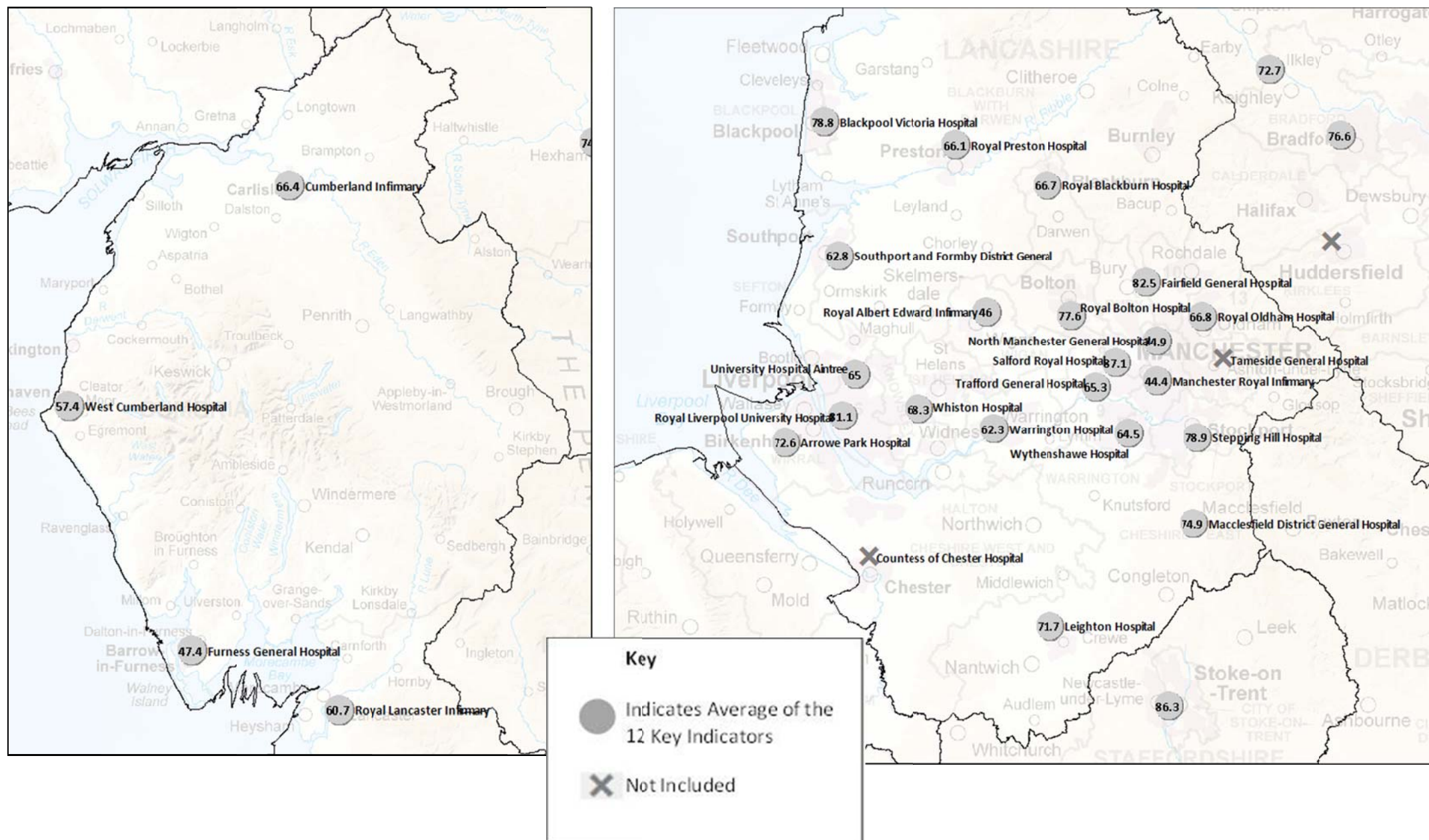
North East

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
North of England	North East	City Hospitals Sunderland NHS Foundation Trust	Sunderland Royal Hospital	188	146 (78%)	14 (7%)	28 (15%)	12 (6%)	87	119	164	213	11 (8%)	15 (10%)	4 (7%)	3 (75%)	0 (0%)	108
North of England	North East	County Durham and Darlington NHS Foundation Trust	University Hospital of North Durham	29	21 (72%)	8 (28%)	0 (0%)	1 (3%)	88	5	19	0	5 (24%)	3 (14%)	2 (22%)	1 (50%)	3 (75%)	46
North of England	North East	Gateshead Health NHS Foundation Trust	Queen Elizabeth Hospital Gateshead	81	77 (95%)	3 (4%)	1 (1%)	1 (1%)	279	70	122	236	9 (12%)	9 (12%)	5 (13%)	4 (80%)	1 (11%)	111
North of England	North East	Newcastle upon Tyne Hospitals NHS Foundation Trust	Royal Victoria Infirmary	175	140 (80%)	21 (12%)	14 (8%)	1 (1%)	80	67	135	185	9 (6%)	12 (9%)	4 (7%)	2 (50%)	4 (44%)	61
North of England	North East	North Tees and Hartlepool NHS Foundation Trust	North Tees and Hartlepool Hospitals	97	85 (88%)	9 (9%)	3 (3%)	1 (1%)	514	78	78	169	2 (2%)	6 (7%)	3 (8%)	1 (33%)	1 (50%)	72
North of England	North East	Northumbria Healthcare NHS Foundation Trust	Hexham General Hospital	36	23 (64%)	5 (14%)	8 (22%)	3 (8%)	131	115	134	198	1 (4%)	1 (4%)	0 (0%)	0 (NA%)	1 (100%)	41
North of England	North East	Northumbria Healthcare NHS Foundation Trust	North Tyneside General Hospital	100	97 (97%)	3 (3%)	0 (0%)	2 (2%)	127	164	222	210	12 (12%)	10 (10%)	7 (14%)	4 (57%)	6 (50%)	60
North of England	North East	Northumbria Healthcare NHS Foundation Trust	Wansbeck General Hospital	99	99 (100%)	0 (0%)	0 (0%)	6 (6%)	92	170	208	208	10 (10%)	9 (9%)	4 (9%)	4 (100%)	6 (60%)	58
North of England	North East	South Tees Hospitals NHS Foundation Trust	James Cook University Hospital	198	198 (100%)	0 (0%)	0 (0%)	14 (7%)	203	142	142	135	20 (10%)	23 (12%)	5 (6%)	4 (80%)	12 (71%)	43
North of England	North East	South Tyneside NHS Foundation Trust	South Tyneside District Hospital	78	70 (90%)	2 (3%)	6 (8%)	14 (18%)	252	206	206	232	8 (11%)	7 (10%)	4 (14%)	4 (100%)	0 (0%)	101

North East

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Sunderland Royal Hospital	188	146 (78%)	52 (36%)	138 (95%)	39 (71%)	141 (97%)	95 (65%)	141 (97%)	51 (98%)	7 (47%)	65 (46%)	123 (91%)	95 (70%)	119 (98%)	75.8	2nd
University Hospital of North Durham	29	21 (72%)	10 (48%)	19 (90%)	6 (67%)	21 (100%)	20 (95%)	21 (100%)	7 (78%)	2 (67%)	13 (76%)	6 (100%)	16 (80%)	19 (95%)	83	1st
Queen Elizabeth Hospital Gateshead	81	77 (95%)	12 (16%)	63 (82%)	23 (57%)	61 (79%)	41 (53%)	74 (97%)	67 (89%)	8 (89%)	30 (41%)	77 (100%)	47 (62%)	41 (59%)	68.7	3rd
Royal Victoria Infirmary	175	140 (80%)	55 (39%)	139 (99%)	48 (80%)	135 (96%)	111 (79%)	134 (98%)	58 (98%)	7 (58%)	78 (65%)	134 (99%)	114 (82%)	105 (84%)	81.5	1st
North Tees and Hartlepool Hospitals	97	85 (88%)	15 (18%)	75 (88%)	27 (71%)	73 (86%)	56 (66%)	84 (100%)	34 (92%)	2 (33%)	57 (70%)	76 (97%)	54 (64%)	48 (67%)	71.1	3rd
Hexham General Hospital	36	23 (64%)	7 (30%)	20 (87%)	6 (67%)	21 (91%)	18 (78%)	21 (91%)	4 (44%)	1 (100%)	17 (81%)	19 (90%)	13 (62%)	15 (68%)	74.2	2nd
North Tyneside General Hospital	100	97 (97%)	34 (35%)	90 (93%)	38 (78%)	91 (94%)	63 (65%)	93 (99%)	35 (92%)	7 (70%)	83 (90%)	79 (93%)	75 (79%)	69 (81%)	80.7	2nd
Wansbeck General Hospital	99	99 (100%)	36 (36%)	93 (94%)	32 (71%)	95 (96%)	55 (56%)	98 (100%)	35 (97%)	8 (89%)	82 (86%)	81 (89%)	74 (80%)	83 (91%)	82.1	1st
James Cook University Hospital	198	198 (100%)	46 (23%)	187 (94%)	73 (83%)	185 (93%)	170 (86%)	194 (98%)	71 (92%)	15 (65%)	158 (85%)	190 (99%)	148 (80%)	166 (97%)	83.1	1st
South Tyneside District Hospital	78	70 (90%)	13 (19%)	64 (91%)	16 (55%)	56 (80%)	45 (64%)	69 (100%)	36 (100%)	6 (86%)	34 (64%)	54 (96%)	28 (49%)	31 (67%)	72.7	3rd

North West



North West

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
North of England	North West	Aintree University Hospitals NHS Foundation Trust	University Hospital Aintree	128	105 (82%)	23 (18%)	0 (0%)	10 (8%)	103	10	7	271	6 (6%)	10 (10%)	3 (6%)	1 (33%)	1 (17%)	90
North of England	North West	Blackpool Teaching Hospitals NHS Foundation Trust	Blackpool Victoria Hospital	227	153 (67%)	21 (9%)	53 (23%)	6 (3%)	151	160	210	211	17 (11%)	32 (21%)	16 (23%)	5 (31%)	1 (6%)	88
North of England	North West	Bolton NHS Foundation Trust	Royal Bolton Hospital	62	51 (82%)	7 (11%)	4 (6%)	0 (0%)	71	203	191	191	0 (0%)	0 (0%)	0 (0%)	0 (NA%)	0 (NA%)	NA
North of England	North West	Central Manchester University Hospitals NHS Foundation Trust	Manchester Royal Infirmary	159	81 (51%)	17 (11%)	61 (38%)	15 (9%)	214	1413	2112	3216	0 (0%)	1 (1%)	0 (0%)	0 (NA%)	0 (NA%)	NA
North of England	North West	Central Manchester University Hospitals NHS Foundation Trust	Trafford General Hospital	29	24 (83%)	4 (14%)	1 (3%)	6 (21%)	396	156	156	184	0 (0%)	1 (4%)	1 (10%)	0 (0%)	0 (NA%)	NA
North of England	North West	Countess Of Chester Hospital NHS Foundation Trust	Countess of Chester Hospital	Eligible but no records														
North of England	North West	East Cheshire NHS Trust	Macclesfield District General Hospital	82	74 (90%)	8 (10%)	0 (0%)	12 (15%)	92	186	229	229	4 (5%)	4 (5%)	2 (7%)	1 (50%)	0 (0%)	77
North of England	North West	East Lancashire Hospitals NHS Trust	Royal Blackburn Hospital	268	127 (47%)	47 (18%)	94 (35%)	2 (1%)	106	212	217	217	12 (9%)	14 (11%)	6 (10%)	3 (50%)	1 (8%)	93
North of England	North West	Lancashire Teaching Hospitals NHS Foundation Trust	Royal Preston Hospital	126	126 (100%)	0 (0%)	0 (0%)	10 (8%)	150	232	234	220	8 (6%)	9 (7%)	3 (5%)	2 (67%)	3 (38%)	73
North of England	North West	Mid Cheshire Hospitals NHS Foundation Trust	Leighton Hospital	40	40 (100%)	0 (0%)	0 (0%)	1 (3%)	149	42	277	306	4 (10%)	3 (8%)	1 (8%)	0 (0%)	0 (0%)	116
North of England	North West	North Cumbria University Hospitals NHS Trust	Cumberland Infirmary	67	52 (78%)	13 (19%)	2 (3%)	1 (1%)	124	138	203	288	6 (12%)	10 (19%)	7 (27%)	3 (43%)	0 (0%)	124
North of England	North West	North Cumbria University Hospitals NHS Trust	West Cumberland Hospital	30	29 (97%)	0 (0%)	1 (3%)	0 (0%)	72	225	215	215	1 (3%)	3 (10%)	2 (15%)	0 (0%)	0 (0%)	93
North of England	North West	Pennine Acute Hospitals NHS Trust	Fairfield General Hospital	291	122 (42%)	50 (17%)	119 (41%)	10 (3%)	94	0	12	196	13 (11%)	15 (12%)	6 (14%)	3 (50%)	12 (92%)	39

North West

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
University Hospital Aintree	128	105 (82%)	25 (24%)	96 (91%)	22 (47%)	100 (95%)	63 (60%)	102 (97%)	19 (70%)	4 (40%)	76 (85%)	48 (54%)	45 (46%)	63 (69%)	65	4th
Blackpool Victoria Hospital	227	153 (67%)	34 (22%)	127 (83%)	44 (64%)	147 (96%)	119 (78%)	143 (99%)	150 (100%)	12 (38%)	88 (98%)	150 (100%)	101 (69%)	106 (99%)	78.8	2nd
Royal Bolton Hospital	62	51 (82%)	23 (45%)	51 (100%)	19 (61%)	39 (76%)	34 (67%)	37 (100%)	8 (89%)	0 (NA%)	35 (73%)	42 (88%)	31 (61%)	43 (93%)	77.6	2nd
Manchester Royal Infirmary	159	81 (51%)	6 (7%)	66 (81%)	1 (4%)	17 (21%)	26 (32%)	57 (86%)	24 (96%)	0 (0%)	22 (35%)	52 (90%)	3 (4%)	52 (75%)	44.4	4th
Trafford General Hospital	29	24 (83%)	2 (8%)	21 (88%)	6 (60%)	18 (75%)	11 (46%)	15 (94%)	22 (100%)	0 (0%)	18 (82%)	12 (92%)	9 (50%)	17 (89%)	65.3	4th
Countess of Chester Hospital	Eligible but no records														.	
Macclesfield District General Hospital	82	74 (90%)	27 (36%)	71 (96%)	25 (83%)	58 (78%)	36 (49%)	61 (86%)	12 (67%)	2 (50%)	53 (80%)	59 (97%)	52 (84%)	53 (93%)	74.9	2nd
Royal Blackburn Hospital	268	127 (47%)	39 (31%)	119 (94%)	47 (78%)	84 (66%)	44 (35%)	114 (99%)	28 (72%)	8 (57%)	49 (40%)	119 (99%)	99 (79%)	56 (50%)	66.7	3rd
Royal Preston Hospital	126	126 (100%)	25 (20%)	113 (90%)	39 (61%)	85 (67%)	60 (48%)	88 (70%)	29 (81%)	5 (56%)	62 (53%)	105 (94%)	71 (61%)	98 (93%)	66.1	3rd
Leighton Hospital	40	40 (100%)	9 (23%)	39 (98%)	5 (42%)	31 (78%)	23 (57%)	31 (82%)	2 (100%)	2 (67%)	30 (83%)	10 (91%)	19 (49%)	27 (93%)	71.7	3rd
Cumberland Infirmary	67	52 (78%)	8 (15%)	42 (81%)	9 (35%)	44 (85%)	43 (83%)	45 (87%)	18 (90%)	5 (50%)	28 (58%)	49 (96%)	20 (39%)	34 (79%)	66.4	3rd
West Cumberland Hospital	30	29 (97%)	12 (41%)	28 (97%)	7 (54%)	22 (76%)	15 (52%)	24 (83%)	14 (67%)	0 (0%)	18 (67%)	26 (93%)	15 (52%)	2 (9%)	57.4	4th
Fairfield General Hospital	291	122 (42%)	52 (43%)	117 (96%)	32 (74%)	99 (81%)	93 (76%)	118 (98%)	30 (94%)	11 (73%)	93 (79%)	120 (100%)	93 (78%)	89 (99%)	82.5	1st

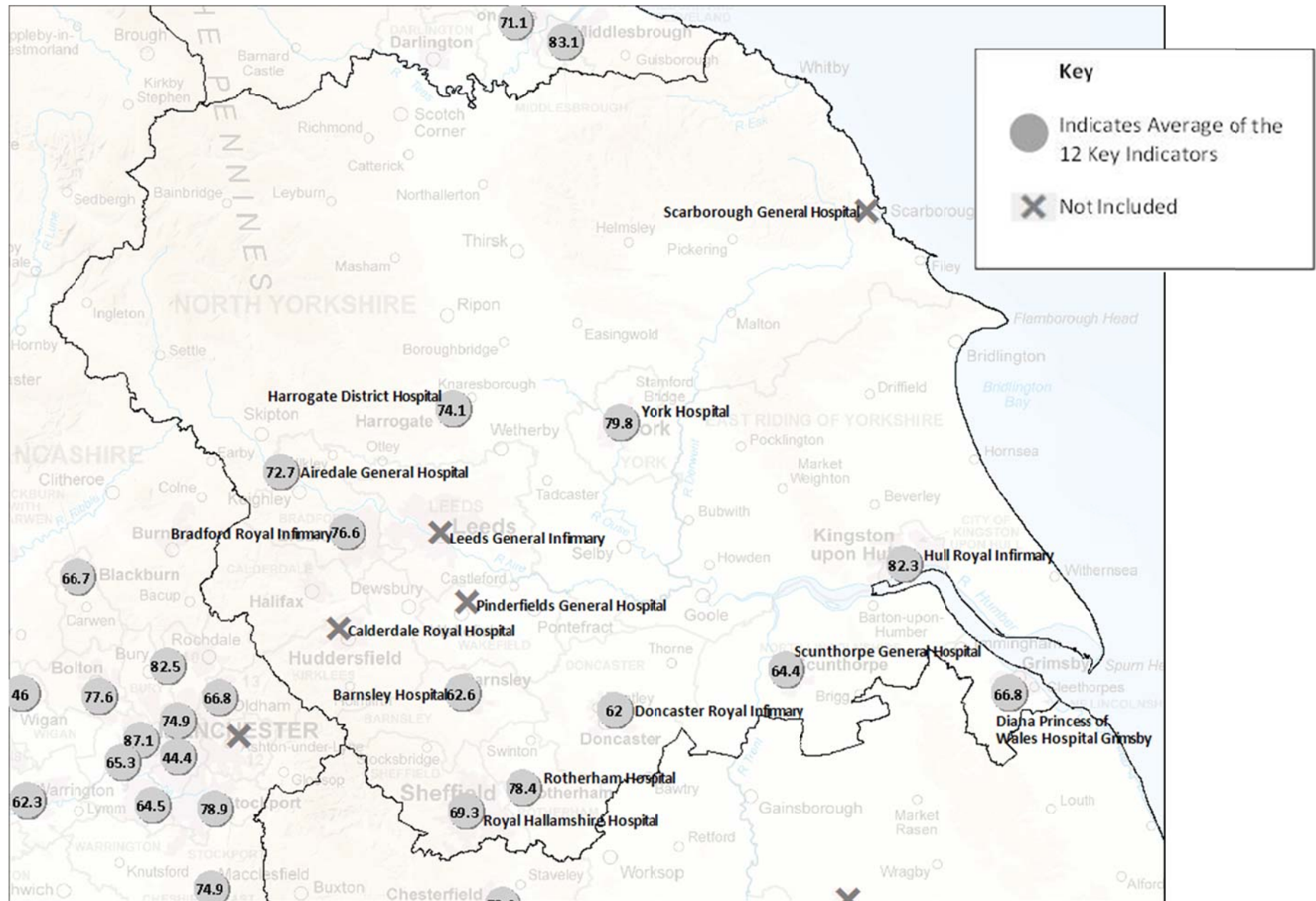
North West

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
North of England	North West	Pennine Acute Hospitals NHS Trust	North Manchester General Hospital	58	44 (76%)	8 (14%)	6 (10%)	8 (14%)	105	192	225	225	0 (0%)	3 (7%)	0 (0%)	0 (NA%)	0 (NA%)	NA
North of England	North West	Pennine Acute Hospitals NHS Trust	Royal Oldham Hospital	120	50 (42%)	29 (24%)	41 (34%)	5 (4%)	236	208	255	248	0 (0%)	1 (2%)	0 (0%)	0 (NA%)	0 (NA%)	NA
North of England	North West	Royal Liverpool and Broadgreen University Hospitals NHS Trust	Royal Liverpool University Hospital	151	124 (82%)	27 (18%)	0 (0%)	8 (5%)	107	20	19	188	12 (10%)	8 (6%)	6 (10%)	6 (100%)	5 (42%)	70
North of England	North West	Salford Royal NHS Foundation Trust	Salford Royal Hospital	331	202 (61%)	49 (15%)	80 (24%)	4 (1%)	44	0	0	109	33 (16%)	28 (14%)	15 (11%)	15 (100%)	14 (44%)	60
North of England	North West	Southport and Ormskirk Hospital NHS Trust	Southport and Formby District General	123	91 (74%)	24 (20%)	8 (7%)	3 (2%)	203	24	136	321	11 (12%)	6 (7%)	1 (3%)	1 (100%)	1 (10%)	75
North of England	North West	St Helens and Knowsley Hospitals NHS Trust	Whiston Hospital	189	147 (78%)	26 (14%)	16 (8%)	4 (2%)	81	7	0	217	22 (15%)	21 (14%)	12 (16%)	10 (83%)	13 (59%)	54
North of England	North West	Stockport NHS Foundation Trust	Stepping Hill Hospital	118	118 (100%)	0 (0%)	0 (0%)	7 (6%)	63	50	93	200	8 (7%)	7 (6%)	2 (6%)	1 (50%)	4 (57%)	56
North of England	North West	Tameside Hospital NHS Foundation Trust	Tameside General Hospital	Insufficient records					.	.	.	.		
North of England	North West	University Hospital of South Manchester NHS Foundation Trust	Wythenshawe Hospital	186	63 (34%)	22 (12%)	101 (54%)	18 (10%)	118	88	100	1133	0 (0%)	0 (0%)	0 (0%)	0 (NA%)	0 (NA%)	NA
North of England	North West	University Hospitals of Morecambe Bay NHS Foundation Trust	Furness General Hospital	49	49 (100%)	0 (0%)	0 (0%)	1 (2%)	88	436	747	307	2 (4%)	5 (10%)	3 (10%)	1 (33%)	0 (0%)	91
North of England	North West	University Hospitals of Morecambe Bay NHS Foundation Trust	Royal Lancaster Infirmary	76	76 (100%)	0 (0%)	0 (0%)	6 (8%)	85	321	518	473	5 (7%)	3 (4%)	3 (8%)	2 (67%)	0 (0%)	85
North of England	North West	Warrington and Halton Hospitals NHS Foundation Trust	Warrington Hospital	80	80 (100%)	0 (0%)	0 (0%)	4 (5%)	166	207	269	269	6 (8%)	6 (8%)	3 (10%)	1 (33%)	1 (17%)	142
North of England	North West	Wirral University Teaching Hospital NHS Foundation Trust	Arrowe Park Hospital	478	129 (27%)	46 (10%)	303 (63%)	28 (6%)	101	19	8	188	7 (5%)	12 (9%)	4 (7%)	2 (50%)	1 (14%)	87
North of England	North West	Wrightington, Wigan and Leigh NHS Foundation Trust	Royal Albert Edward Infirmary	49	48 (98%)	1 (2%)	0 (0%)	2 (4%)	179	235	524	569	0 (0%)	2 (4%)	0 (0%)	0 (NA%)	0 (NA%)	NA

North West

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
North Manchester General Hospital	58	44 (76%)	14 (32%)	40 (91%)	12 (71%)	26 (59%)	43 (98%)	43 (98%)	43 (100%)	0 (0%)	33 (77%)	44 (100%)	29 (76%)	40 (98%)	74.9	2nd
Royal Oldham Hospital	120	50 (42%)	2 (4%)	47 (94%)	9 (50%)	40 (80%)	34 (68%)	48 (96%)	19 (95%)	0 (0%)	34 (69%)	49 (100%)	28 (58%)	33 (87%)	66.8	3rd
Royal Liverpool University Hospital	151	124 (82%)	39 (31%)	110 (89%)	46 (79%)	119 (96%)	86 (69%)	121 (98%)	17 (65%)	8 (100%)	106 (94%)	32 (91%)	89 (75%)	78 (85%)	81.1	2nd
Salford Royal Hospital	331	202 (61%)	128 (63%)	197 (98%)	121 (92%)	198 (98%)	188 (93%)	202 (100%)	157 (96%)	24 (86%)	44 (66%)	161 (99%)	181 (91%)	93 (65%)	87.1	1st
Southport and Formby District General	123	91 (74%)	26 (29%)	75 (82%)	12 (31%)	52 (57%)	53 (58%)	34 (38%)	61 (94%)	6 (100%)	56 (69%)	77 (90%)	26 (30%)	59 (77%)	62.8	4th
Whiston Hospital	189	147 (78%)	63 (43%)	131 (89%)	50 (66%)	105 (71%)	107 (73%)	118 (94%)	20 (54%)	17 (81%)	71 (59%)	104 (88%)	94 (66%)	39 (35%)	68.3	3rd
Stepping Hill Hospital	118	118 (100%)	56 (47%)	116 (98%)	25 (76%)	109 (92%)	61 (52%)	110 (95%)	40 (85%)	3 (43%)	99 (92%)	108 (95%)	92 (83%)	95 (89%)	78.9	2nd
Tameside General Hospital	Insufficient records															
Wythenshawe Hospital	186	63 (34%)	8 (13%)	56 (89%)	6 (20%)	58 (92%)	28 (44%)	61 (100%)	47 (100%)	0 (NA%)	31 (53%)	61 (100%)	17 (29%)	36 (71%)	64.5	4th
Furness General Hospital	49	49 (100%)	16 (33%)	45 (92%)	12 (41%)	44 (90%)	25 (51%)	37 (76%)	1 (2%)	1 (20%)	9 (18%)	34 (71%)	24 (50%)	10 (25%)	47.4	4th
Royal Lancaster Infirmary	76	76 (100%)	24 (32%)	71 (93%)	9 (25%)	46 (61%)	46 (61%)	61 (82%)	15 (34%)	2 (67%)	37 (54%)	60 (97%)	23 (33%)	53 (91%)	60.7	4th
Warrington Hospital	80	80 (100%)	9 (11%)	75 (94%)	14 (48%)	57 (71%)	52 (65%)	62 (78%)	21 (70%)	3 (50%)	48 (60%)	61 (79%)	47 (62%)	33 (59%)	62.3	4th
Arrowe Park Hospital	478	129 (27%)	36 (28%)	122 (95%)	38 (64%)	107 (83%)	61 (47%)	80 (95%)	23 (92%)	5 (42%)	92 (83%)	112 (96%)	79 (64%)	81 (83%)	72.6	3rd
Royal Albert Edward Infirmary	49	48 (98%)	5 (10%)	45 (94%)	6 (26%)	13 (27%)	31 (65%)	31 (72%)	15 (83%)	0 (0%)	29 (63%)	28 (62%)	19 (41%)	3 (8%)	46	4th

Yorkshire & Humberside



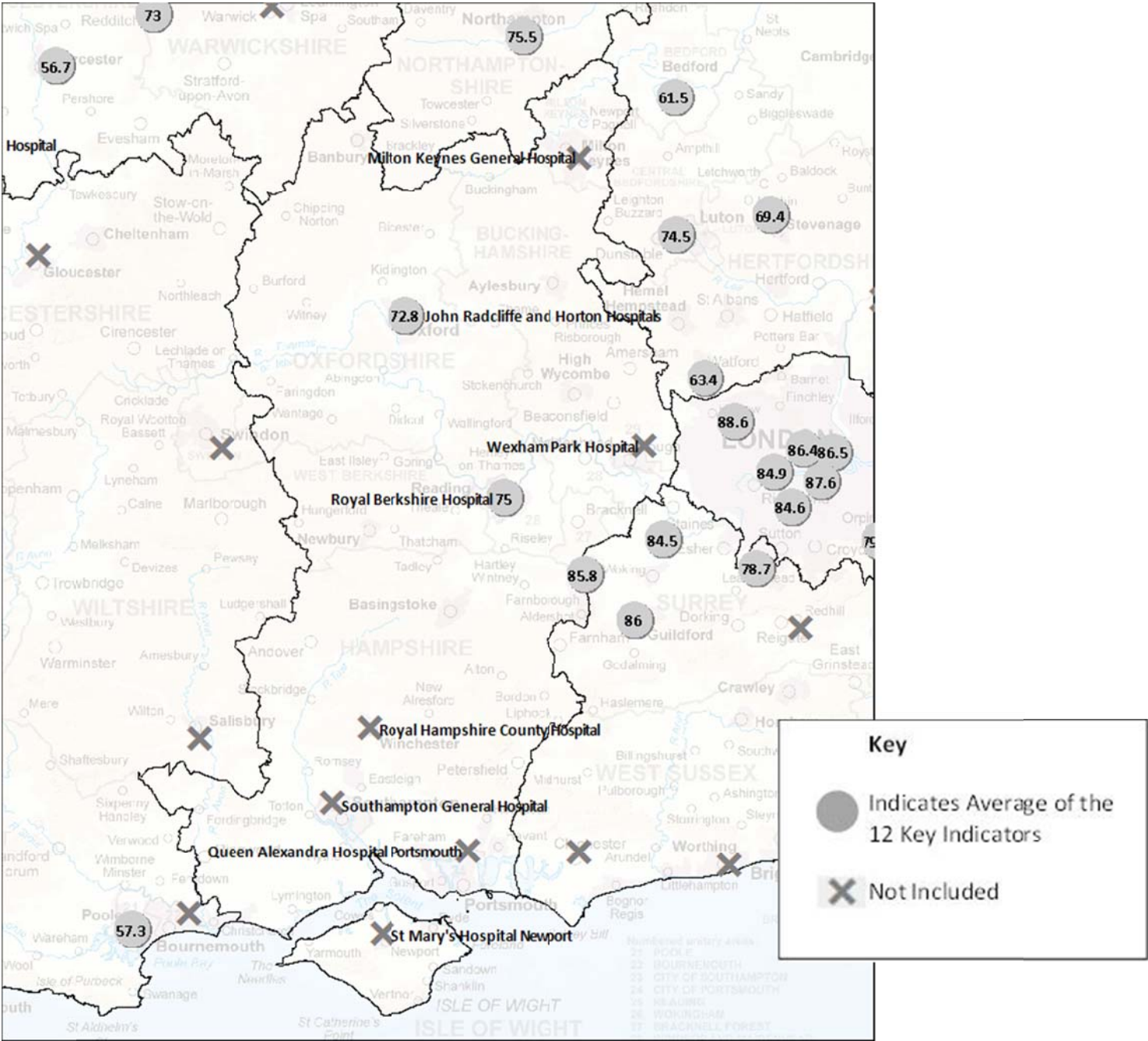
Yorkshire & Humberside

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
North of England	Yorkshire & Humber	Airedale NHS Foundation Trust	Airedale General Hospital	73	65 (89%)	6 (8%)	2 (3%)	2 (3%)	249	191	202	209	6 (9%)	9 (14%)	7 (29%)	4 (57%)	1 (17%)	71
North of England	Yorkshire & Humber	Barnsley Hospital NHS Foundation Trust	Barnsley Hospital	185	103 (56%)	36 (19%)	46 (25%)	2 (1%)	195	211	221	233	7 (7%)	5 (5%)	3 (7%)	3 (100%)	1 (17%)	98
North of England	Yorkshire & Humber	Bradford Teaching Hospitals NHS Foundation Trust	Bradford Royal Infirmary	42	42 (100%)	0 (0%)	0 (0%)	1 (2%)	206	1027	816	210	3 (7%)	4 (10%)	0 (0%)	0 (NA%)	3 (100%)	24
North of England	Yorkshire & Humber	Calderdale and Huddersfield NHS Foundation Trust	Calderdale Royal Hospital	Eligible but no records					.	.	.	.		
North of England	Yorkshire & Humber	Doncaster and Bassetlaw Hospitals NHS Foundation Trust	Doncaster Royal Infirmary	195	144 (74%)	22 (11%)	29 (15%)	4 (2%)	129	236	243	242	14 (10%)	11 (8%)	4 (6%)	4 (100%)	4 (29%)	63
North of England	Yorkshire & Humber	Harrogate and District NHS Foundation Trust	Harrogate District Hospital	71	71 (100%)	0 (0%)	0 (0%)	4 (6%)	167	227	270	164	6 (8%)	12 (17%)	6 (18%)	2 (33%)	0 (0%)	79
North of England	Yorkshire & Humber	Hull and East Yorkshire Hospitals NHS Trust	Hull Royal Infirmary	78	71 (91%)	7 (9%)	0 (0%)	2 (3%)	126	39	64	198	6 (8%)	4 (6%)	2 (6%)	1 (50%)	2 (33%)	90
North of England	Yorkshire & Humber	Leeds Teaching Hospitals NHS Trust	Leeds General Infirmary	Eligible but no records					.	.	.	.		
North of England	Yorkshire & Humber	Mid Yorkshire Hospitals NHS Trust	Pinderfields General Hospital	Eligible but no records					.	.	.	.		
North of England	Yorkshire & Humber	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Diana Princess of Wales Hospital Grimsby	21	21 (100%)	0 (0%)	0 (0%)	1 (5%)	73	159	218	226	1 (5%)	0 (0%)	0 (0%)	0 (NA%)	0 (0%)	63
North of England	Yorkshire & Humber	Northern Lincolnshire and Goole Hospitals NHS Foundation Trust	Scunthorpe General Hospital	46	39 (85%)	5 (11%)	2 (4%)	1 (2%)	169	161	167	167	3 (8%)	5 (13%)	2 (8%)	0 (0%)	0 (0%)	81
North of England	Yorkshire & Humber	Rotherham NHS Foundation Trust	Rotherham Hospital	152	97 (64%)	40 (26%)	15 (10%)	4 (3%)	121	50	49	152	3 (3%)	2 (2%)	2 (4%)	2 (100%)	0 (0%)	63
North of England	Yorkshire & Humber	Scarborough and North East Yorkshire Health Care NHS Trust	Scarborough General Hospital	Eligible but no records					.	.	.	.		
North of England	Yorkshire & Humber	Sheffield Teaching Hospitals NHS Foundation Trust	Royal Hallamshire Hospital	504	218 (43%)	108 (21%)	178 (35%)	16 (3%)	74	0	0	0	10 (5%)	26 (12%)	16 (15%)	6 (38%)	1 (10%)	84
North of England	Yorkshire & Humber	York Teaching Hospital NHS Foundation Trust	York Hospital	175	67 (38%)	33 (19%)	75 (43%)	4 (2%)	763	139	176	154	8 (12%)	11 (16%)	5 (17%)	2 (40%)	2 (25%)	82

Yorkshire & Humberside

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Airedale General Hospital	73	65 (89%)	10 (15%)	61 (94%)	18 (75%)	56 (86%)	49 (75%)	55 (100%)	11 (100%)	6 (67%)	21 (40%)	6 (60%)	47 (75%)	49 (86%)	72.7	3rd
Barnsley Hospital																
	185	103 (56%)	18 (17%)	89 (86%)	25 (54%)	48 (47%)	54 (52%)	98 (100%)	22 (96%)	5 (100%)	39 (43%)	44 (64%)	53 (52%)	34 (40%)	62.6	4th
Bradford Royal Infirmary	42	42 (100%)	8 (19%)	38 (90%)	15 (71%)	35 (83%)	42 (100%)	25 (81%)	2 (100%)	3 (75%)	16 (53%)	30 (83%)	28 (68%)	35 (95%)	76.6	2nd
Calderdale Royal Hospital		Eligible but no records													.	
Doncaster Royal Infirmary	195	144 (74%)	42 (29%)	129 (90%)	29 (42%)	90 (63%)	81 (56%)	112 (87%)	57 (98%)	9 (82%)	96 (69%)	41 (32%)	64 (46%)	59 (51%)	62	4th
Harrogate District Hospital	71	71 (100%)	18 (25%)	65 (92%)	18 (53%)	54 (76%)	46 (65%)	68 (100%)	8 (89%)	6 (50%)	57 (86%)	58 (89%)	43 (64%)	55 (100%)	74.1	3rd
Hull Royal Infirmary	78	71 (91%)	16 (23%)	64 (90%)	22 (71%)	64 (90%)	51 (72%)	63 (100%)	21 (100%)	3 (75%)	27 (100%)	68 (100%)	53 (77%)	56 (90%)	82.3	1st
Leeds General Infirmary		Eligible but no records													.	
Pinderfields General Hospital		Eligible but no records													.	
Diana Princess of Wales Hospital Grimsby	21	21 (100%)	8 (38%)	21 (100%)	7 (64%)	18 (86%)	12 (57%)	12 (63%)	0 (0%)	0 (NA%)	16 (80%)	2 (100%)	13 (65%)	14 (82%)	66.8	3rd
Scunthorpe General Hospital	46	39 (85%)	10 (26%)	37 (95%)	18 (75%)	28 (72%)	15 (38%)	34 (89%)	7 (88%)	1 (20%)	18 (53%)	38 (100%)	26 (68%)	17 (49%)	64.4	4th
Rotherham Hospital	152	97 (64%)	26 (27%)	89 (92%)	39 (83%)	62 (64%)	57 (59%)	96 (99%)	45 (100%)	2 (100%)	38 (43%)	87 (100%)	73 (78%)	81 (96%)	78.4	2nd
Scarborough General Hospital		Eligible but no records													.	
Royal Hallamshire Hospital	504	218 (43%)	86 (39%)	205 (94%)	85 (80%)	183 (84%)	135 (62%)	198 (94%)	67 (64%)	7 (27%)	98 (54%)	165 (85%)	163 (80%)	129 (69%)	69.3	3rd
York Hospital	175	67 (38%)	10 (15%)	54 (81%)	23 (79%)	67 (100%)	49 (73%)	67 (100%)	4 (100%)	7 (64%)	38 (61%)	64 (100%)	57 (85%)	63 (100%)	79.8	2nd

South Central



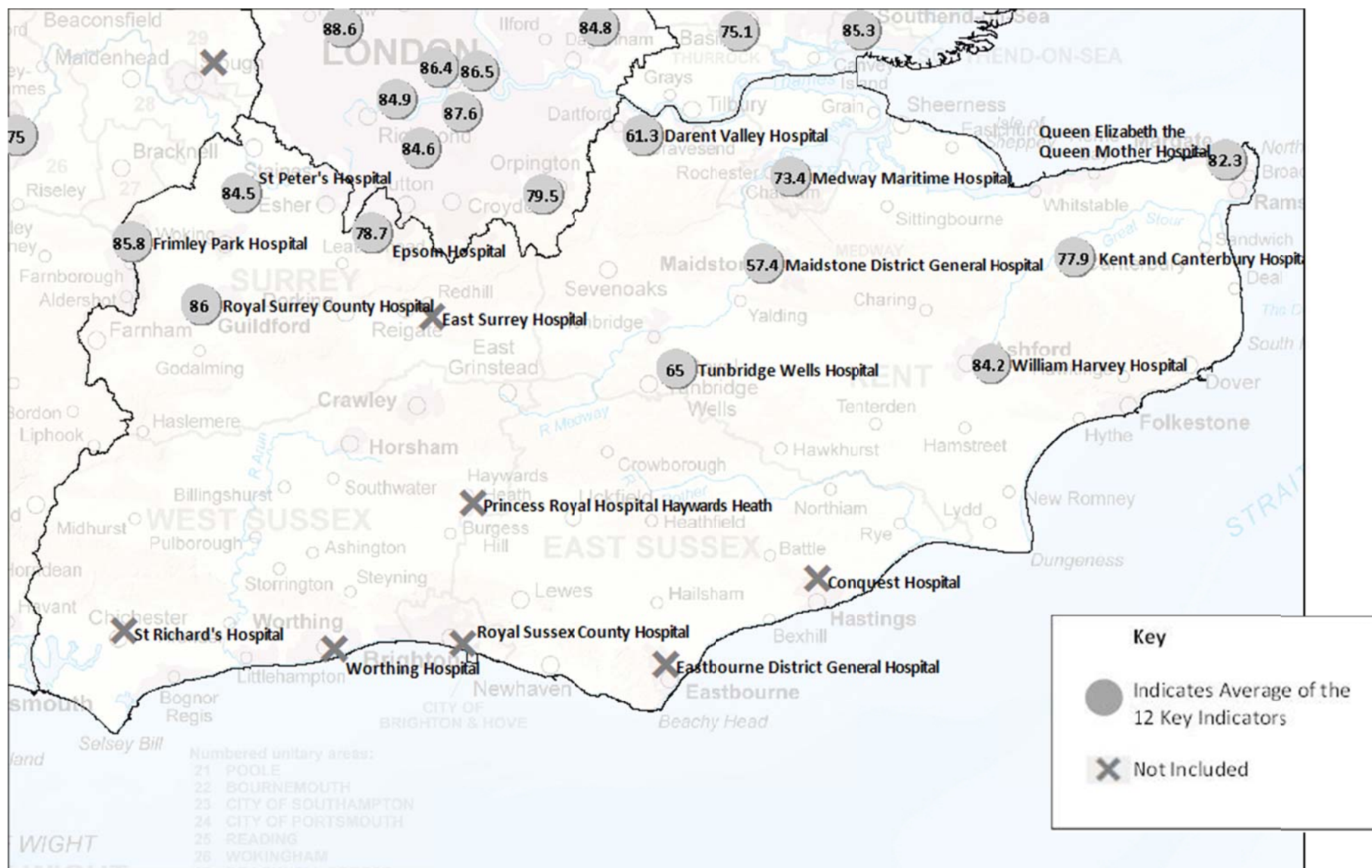
South Central

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
South of England	South Central	Hampshire Hospitals NHS Foundation Trust	Royal Hampshire County Hospital	Eligible but no records					.	.	.	.		
South of England	South Central	Heatherwood and Wexham Park Hospitals NHS Foundation Trust	Wexham Park Hospital	Insufficient records					.	.	.	.		
South of England	South Central	Isle of Wight NHS Primary Care Trust	St Mary's Hospital Newport	Eligible but no records					.	.	.	.		
South of England	South Central	Milton Keynes Hospital NHS Foundation Trust	Milton Keynes General Hospital	Eligible but no records					.	.	.	.		
South of England	South Central	Oxford University Hospitals NHS Trust	John Radcliffe and Horton Hospitals	149	149 (100%)	0 (0%)	0 (0%)	17 (11%)	71	108	123	198	12 (8%)	6 (4%)	4 (6%)	4 (100%)	10 (83%)	51
South of England	South Central	Portsmouth Hospitals NHS Trust jointly with Hampshire and Portsmouth City PCTs	Queen Alexandra Hospital Portsmouth	Eligible but no records					.	.	.	.		
South of England	South Central	Royal Berkshire NHS Foundation Trust	Royal Berkshire Hospital	156	125 (80%)	13 (8%)	18 (12%)	11 (7%)	36	0	0	232	29 (23%)	13 (10%)	6 (11%)	6 (100%)	25 (93%)	38
South of England	South Central	University Hospital Southampton NHS Foundation Trust	Southampton General Hospital	Eligible but no records					.	.	.	.		

South Central

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Royal Hampshire County Hospital	Eligible but no records														.	
Wexham Park Hospital	Insufficient records														.	
St Mary's Hospital Newport	Eligible but no records														.	
Milton Keynes General Hospital	Eligible but no records														.	
John Radcliffe and Horton Hospitals	149	149 (100%)	64 (43%)	144 (97%)	55 (79%)	134 (90%)	81 (54%)	118 (88%)	74 (96%)	6 (100%)	65 (49%)	66 (54%)	105 (80%)	50 (45%)	72.8	3rd
Queen Alexandra Hospital Portsmouth	Eligible but no records														.	
Royal Berkshire Hospital	156	125 (80%)	65 (52%)	113 (90%)	30 (53%)	118 (94%)	60 (48%)	123 (100%)	38 (97%)	13 (100%)	52 (45%)	25 (89%)	71 (61%)	74 (70%)	75	2nd
Southampton General Hospital	Eligible but no records														.	

South East Coast



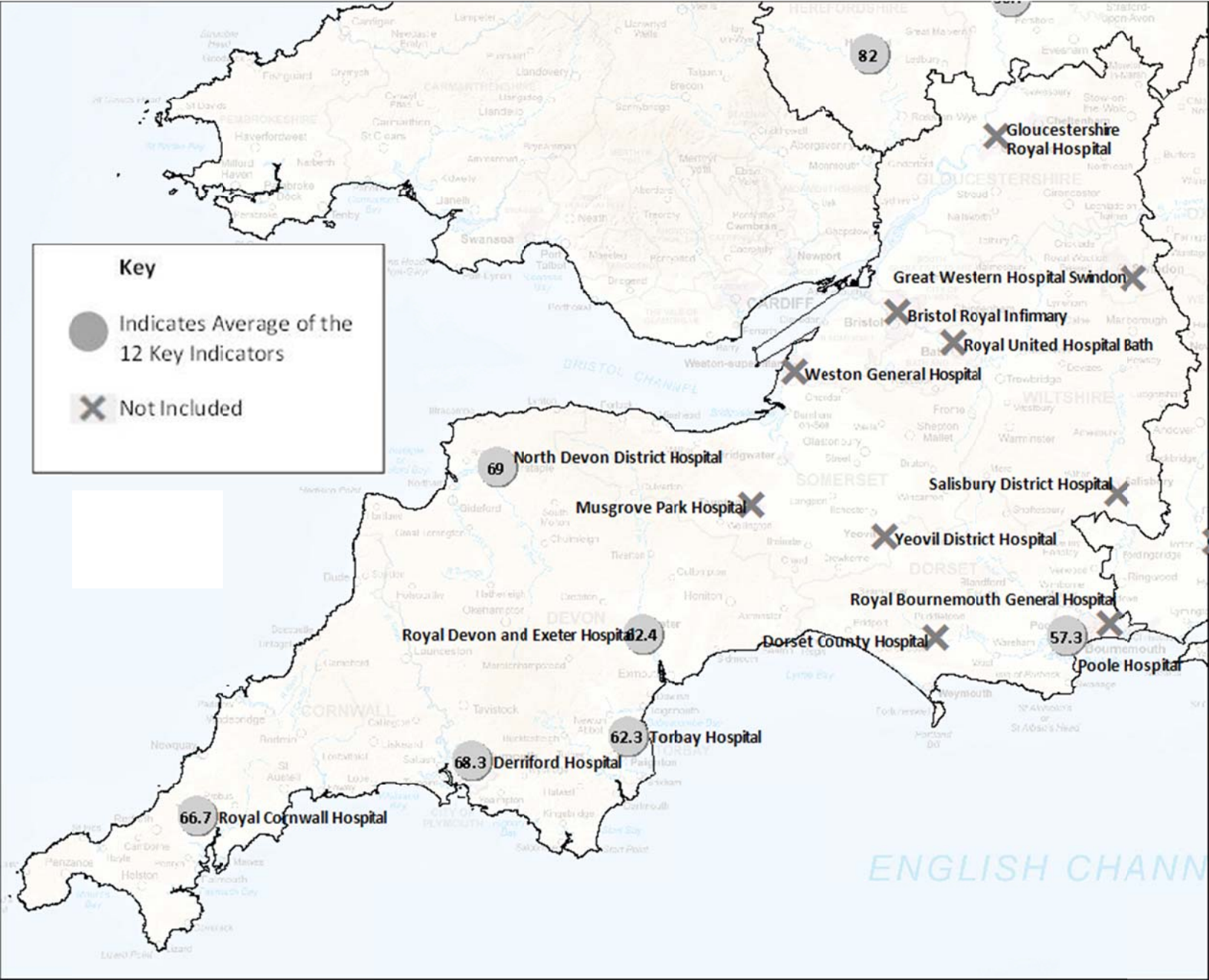
South East Coast

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
South of England	South East Coast	Ashford and St Peter's Hospitals NHS Foundation Trust	St Peter's Hospital	74	74 (100%)	0 (0%)	0 (0%)	7 (9%)	42	51	422	239	9 (12%)	8 (11%)	7 (19%)	5 (71%)	4 (50%)	62
South of England	South East Coast	Brighton and Sussex University Hospitals NHS Trust	Princess Royal Hospital Haywards Heath	Eligible but no records					.	.	.	.		
South of England	South East Coast	Brighton and Sussex University Hospitals NHS Trust	Royal Sussex County Hospital	Eligible but no records					.	.	.	.		
South of England	South East Coast	Dartford and Gravesham NHS Trust	Darent Valley Hospital	35	35 (100%)	0 (0%)	0 (0%)	1 (3%)	87	33	43	418	6 (17%)	6 (17%)	4 (19%)	4 (100%)	2 (33%)	121
South of England	South East Coast	East Kent Hospitals University NHS Foundation Trust	Kent and Canterbury Hospital	41	37 (90%)	4 (10%)	0 (0%)	1 (2%)	28	7	10	194	5 (14%)	2 (5%)	0 (0%)	0 (NA%)	3 (60%)	55
South of England	South East Coast	East Kent Hospitals University NHS Foundation Trust	Queen Elizabeth the Queen Mother Hospital	78	73 (94%)	5 (6%)	0 (0%)	9 (12%)	29	0	0	160	18 (25%)	15 (21%)	9 (30%)	7 (78%)	12 (67%)	46
South of England	South East Coast	East Kent Hospitals University NHS Foundation Trust	William Harvey Hospital	64	48 (75%)	10 (16%)	6 (9%)	2 (3%)	22	3	3	170	23 (48%)	12 (25%)	6 (26%)	5 (83%)	13 (62%)	50
South of England	South East Coast	East Sussex Healthcare NHS Trust	Conquest Hospital	Eligible but no records					.	.	.	.		
South of England	South East Coast	East Sussex Healthcare NHS Trust	Eastbourne District General Hospital	Eligible but no records					.	.	.	.		
South of England	South East Coast	Epsom and St Helier University Hospitals NHS Trust	Epsom Hospital	39	39 (100%)	0 (0%)	0 (0%)	2 (5%)	37	16	25	215	3 (8%)	1 (3%)	0 (0%)	0 (NA%)	0 (0%)	104
South of England	South East Coast	Frimley Park Hospital NHS Foundation Trust	Frimley Park Hospital	105	105 (100%)	0 (0%)	0 (0%)	6 (6%)	74	57	97	233	9 (9%)	7 (7%)	1 (3%)	1 (100%)	4 (44%)	70
South of England	South East Coast	Maidstone and Tunbridge Wells NHS Trust	Maidstone District General Hospital	49	47 (96%)	0 (0%)	2 (4%)	5 (10%)	111	301	301	305	4 (9%)	6 (13%)	5 (19%)	1 (20%)	0 (0%)	118
South of England	South East Coast	Maidstone and Tunbridge Wells NHS Trust	Tunbridge Wells Hospital	48	37 (77%)	6 (13%)	5 (10%)	1 (2%)	104	35	27	310	3 (8%)	3 (8%)	1 (5%)	1 (100%)	0 (0%)	76
South of England	South East Coast	Medway NHS Foundation Trust, Medway PCT and Swale PCT	Medway Maritime Hospital	41	35 (85%)	2 (5%)	4 (10%)	4 (10%)	101	25	39	369	6 (17%)	6 (17%)	2 (11%)	2 (100%)	0 (0%)	113
South of England	South East Coast	Royal Surrey County Hospital NHS Foundation Trust	Royal Surrey County Hospital	59	57 (97%)	2 (3%)	0 (0%)	1 (2%)	32	0	4	214	10 (18%)	5 (9%)	4 (13%)	4 (100%)	6 (60%)	51
South of England	South East Coast	Surrey and Sussex Healthcare NHS Trust	East Surrey Hospital	Insufficient records					.	.	.	.		
South of England	South East Coast	Western Sussex Hospitals NHS Trust	St Richard's Hospital	Eligible but no records					.	.	.	.		
South of England	South East Coast	Western Sussex Hospitals NHS Trust	Worthing Hospital	Eligible but no records					.	.	.	.		

South East Coast

			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
St Peter's Hospital	74	74 (100%)	42 (57%)	71 (96%)	19 (53%)	70 (95%)	71 (96%)	73 (100%)	14 (100%)	6 (75%)	54 (93%)	68 (99%)	37 (55%)	65 (96%)	84.5	1st
Princess Royal Hospital Haywards Heath	Eligible but no records														.	
Royal Sussex County Hospital	Eligible but no records														.	
Darent Valley Hospital	35	35 (100%)	14 (40%)	34 (97%)	4 (19%)	27 (77%)	20 (57%)	31 (100%)	4 (44%)	6 (100%)	6 (18%)	21 (78%)	11 (32%)	23 (72%)	61.3	4th
Kent and Canterbury Hospital	41	37 (90%)	28 (76%)	36 (97%)	14 (67%)	35 (95%)	29 (78%)	32 (100%)	23 (85%)	1 (50%)	18 (60%)	34 (94%)	24 (67%)	19 (66%)	77.9	2nd
Queen Elizabeth the Queen Mother Hospital	78	73 (94%)	50 (68%)	72 (99%)	22 (73%)	68 (93%)	47 (64%)	73 (100%)	73 (100%)	11 (73%)	52 (75%)	68 (97%)	48 (75%)	42 (69%)	82.3	1st
William Harvey Hospital	64	48 (75%)	39 (81%)	47 (98%)	18 (78%)	43 (90%)	37 (77%)	48 (100%)	37 (100%)	11 (92%)	17 (52%)	43 (100%)	36 (78%)	27 (64%)	84.2	1st
Conquest Hospital	Eligible but no records														.	
Eastbourne District General Hospital	Eligible but no records														.	
Epsom Hospital	39	39 (100%)	26 (67%)	37 (95%)	11 (69%)	29 (74%)	27 (69%)	20 (69%)	6 (60%)	1 (100%)	26 (87%)	24 (86%)	27 (73%)	23 (96%)	78.7	2nd
Frimley Park Hospital	105	105 (100%)	40 (38%)	101 (96%)	27 (73%)	104 (99%)	101 (96%)	105 (100%)	11 (100%)	6 (86%)	87 (92%)	24 (83%)	66 (67%)	89 (100%)	85.8	1st
Maidstone District General Hospital	49	47 (96%)	14 (30%)	43 (91%)	8 (30%)	35 (74%)	27 (57%)	42 (95%)	1 (20%)	2 (33%)	33 (77%)	37 (88%)	11 (26%)	25 (66%)	57.4	4th
Tunbridge Wells Hospital	48	37 (77%)	8 (22%)	34 (92%)	6 (27%)	34 (92%)	29 (78%)	34 (100%)	2 (40%)	2 (67%)	20 (71%)	32 (97%)	12 (33%)	18 (60%)	65	4th
Medway Maritime Hospital	41	35 (85%)	15 (43%)	35 (100%)	8 (42%)	30 (86%)	22 (63%)	35 (100%)	16 (89%)	5 (83%)	20 (63%)	32 (94%)	18 (56%)	20 (63%)	73.4	3rd
Royal Surrey County Hospital	59	57 (97%)	41 (72%)	57 (100%)	17 (57%)	54 (95%)	39 (68%)	57 (100%)	33 (100%)	5 (100%)	34 (72%)	52 (100%)	39 (70%)	43 (98%)	86	1st
East Surrey Hospital	Insufficient records														.	
St Richard's Hospital	Eligible but no records														.	
Worthing Hospital	Eligible but no records														.	

South West



South West

SHA Cluster	SHA	Trust	Hospital	Total patients	Stroke patients	TIA patients	Other patients	Inpatient Stroke	Arr to scan median (mins)	Arr to 1st contact ST median (m)	Arr to contact with ST (Arr OoH) median (m)	OoH Hosp arr - stroke bed arr median (m)	Total % thromb	% eligible for thromb	% eligible for thromb (Arr OoH)	% thromb when eligible (Arr OoH)	% thromb within 1 hr of arr	Arr to thromb median (m)
ALL SITES Annual	ALL SITES Annual	ALL SITES Annual	ALL SITES	55550	38736 (70%)	5907 (11%)	10907 (20%)	2189 (4%)	90	79	105	203	4106 (11%)	3976 (10%)	2004 (10%)	1338 (67%)	2026 (51%)	59
ALL SITES Q7	ALL SITES Q7	October - December 2012 admissions	ALL SITES	12950	9010 (70%)	1397 (11%)	2543 (20%)	514 (4%)	85	74	103	203	969 (11%)	858 (10%)	414 (10%)	298 (72%)	475 (51%)	59
South of England	South West	Dorset County Hospital NHS Foundation Trust	Dorset County Hospital	Eligible but no records					.	.	.	.		
South of England	South West	Gloucestershire Hospitals NHS Foundation Trust	Gloucestershire Royal Hospital	Eligible but no records					.	.	.	.		
South of England	South West	Great Western Hospitals NHS Foundation Trust	Great Western Hospital Swindon	Eligible but no records					.	.	.	.		
South of England	South West	Northern Devon Healthcare NHS Trust	North Devon District Hospital	104	98 (94%)	1 (1%)	5 (5%)	9 (9%)	201	284	278	211	4 (4%)	5 (5%)	3 (6%)	2 (67%)	1 (25%)	71
South of England	South West	Plymouth Hospitals NHS Trust	Derriford Hospital	225	191 (85%)	19 (8%)	15 (7%)	10 (4%)	93	108	115	330	6 (3%)	7 (4%)	5 (5%)	3 (60%)	0 (0%)	119
South of England	South West	Poole Hospital NHS Foundation Trust	Poole Hospital	61	60 (98%)	0 (0%)	1 (2%)	2 (3%)	788	141	202	145	1 (2%)	2 (3%)	1 (3%)	0 (0%)	1 (100%)	48
South of England	South West	Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust	Royal Bournemouth General Hospital	Eligible but no records					.	.	.	.		
South of England	South West	Royal Cornwall Hospitals NHS Trust	Royal Cornwall Hospital	322	182 (57%)	47 (15%)	93 (29%)	9 (3%)	16	547	811	223	9 (5%)	22 (12%)	8 (10%)	3 (38%)	4 (44%)	61
South of England	South West	Royal Devon and Exeter NHS Foundation Trust	Royal Devon and Exeter Hospital	219	153 (70%)	28 (13%)	38 (17%)	4 (2%)	121	222	598	274	17 (11%)	13 (8%)	6 (8%)	5 (83%)	6 (40%)	67
South of England	South West	Royal United Hospital Bath NHS Trust	Royal United Hospital Bath	Insufficient records					.	.	.	.		
South of England	South West	Salisbury NHS Foundation Trust	Salisbury District Hospital	Eligible but no records					.	.	.	.		
South of England	South West	South Devon Healthcare NHS Foundation Trust	Torbay Hospital	141	114 (81%)	12 (9%)	15 (11%)	4 (3%)	199	178	259	287	7 (6%)	7 (6%)	4 (7%)	3 (75%)	3 (43%)	60
South of England	South West	Taunton and Somerset NHS Foundation Trust	Musgrove Park Hospital	Eligible but no records					.	.	.	.		
South of England	South West	University Hospitals Bristol NHS Foundation Trust	Bristol Royal Infirmary	Eligible but no records					.	.	.	.		
South of England	South West	Weston Area Health NHS Trust	Weston General Hospital	Eligible but no records					.	.	.	.		
South of England	South West	Yeovil District Hospital NHS Foundation Trust	Yeovil District Hospital	Eligible but no records					.	.	.	.		

South West

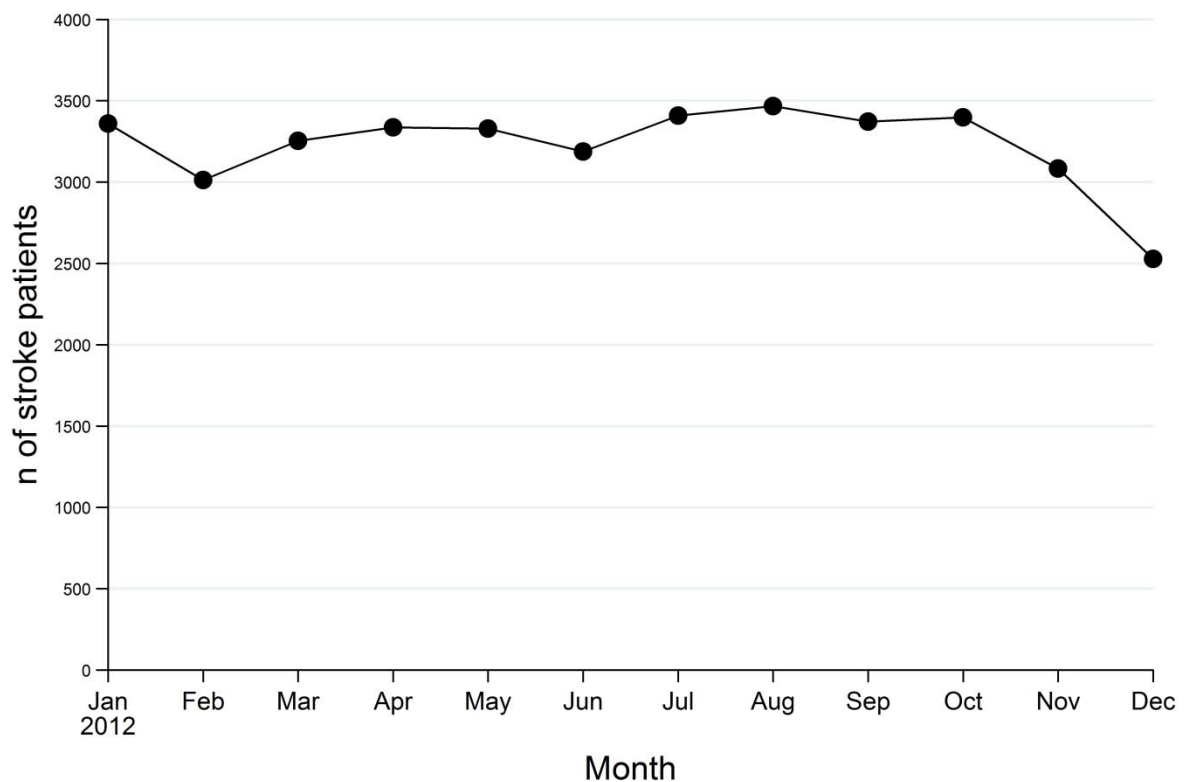
			Indicator 1	Indicator 2	Indicator 3	Indicator 4	Indicator 5	Indicator 6	Indicator 7	Indicator 8	Indicator 9	Indicator 10	Indicator 11	Indicator 12		
Hospital	Total patients	Stroke patients	% scanned within 1hr	% scanned within 24hr	% SU in 4h (OoH)	% stroke consultant	% known onset time	% prognosis discussed	% cont plan	% eligible thromb	Bundle 1	Bundle 2	Bundle 3	Bundle 4	Ave 12	Quartile
ALL SITES	55550	38736 (70%)	14769 (38%)	35549 (92%)	12030 (63%)	32688 (84%)	25518 (66%)	32439 (90%)	11863 (80%)	2619 (66%)	20812 (63%)	28406 (89%)	23796 (64%)	23821 (75%)	72.4	
ALL SITES	12950	9010 (70%)	3582 (40%)	8341 (93%)	2824 (65%)	7682 (85%)	5933 (66%)	7895 (93%)	2982 (84%)	597 (70%)	5279 (68%)	6370 (90%)	5686 (66%)	5774 (78%)	74.7	
Dorset County Hospital	Eligible but no records	no records													.	
Gloucestershire Royal Hospital	Eligible but no records														.	
Great Western Hospital Swindon	Eligible but no records														.	
North Devon District Hospital	104	98 (94%)	24 (24%)	80 (82%)	32 (68%)	49 (50%)	52 (53%)	95 (97%)	38 (78%)	3 (60%)	64 (74%)	49 (79%)	63 (71%)	78 (92%)	69	3rd
Derriford Hospital	225	191 (85%)	59 (31%)	181 (95%)	35 (36%)	186 (97%)	112 (59%)	169 (96%)	29 (97%)	5 (71%)	33 (28%)	150 (90%)	72 (40%)	114 (80%)	68.3	3rd
Poole Hospital	61	60 (98%)	13 (22%)	51 (85%)	22 (65%)	41 (68%)	38 (63%)	41 (69%)	6 (21%)	1 (50%)	40 (73%)	19 (68%)	39 (67%)	18 (35%)	57.3	4th
Royal Bournemouth General Hospital	Eligible but no records														.	
Royal Cornwall Hospital	322	182 (57%)	131 (72%)	175 (96%)	41 (51%)	160 (88%)	113 (62%)	84 (46%)	32 (52%)	6 (27%)	87 (81%)	31 (74%)	108 (62%)	121 (90%)	66.7	3rd
Royal Devon and Exeter Hospital	219	153 (70%)	45 (29%)	131 (86%)	32 (40%)	114 (75%)	78 (51%)	142 (94%)	51 (96%)	8 (62%)	54 (42%)	58 (84%)	71 (47%)	55 (43%)	62.4	4th
Royal United Hospital Bath	Insufficient records														.	
Salisbury District Hospital	Eligible but no records														.	
Torbay Hospital	141	114 (81%)	16 (14%)	99 (87%)	20 (34%)	82 (72%)	47 (41%)	78 (85%)	21 (78%)	6 (86%)	60 (56%)	74 (80%)	48 (44%)	56 (72%)	62.3	4th
Musgrove Park Hospital	Eligible but no records														.	
Bristol Royal Infirmary	Eligible but no records														.	
Weston General Hospital	Eligible but no records														.	
Yeovil District Hospital	Eligible but no records														.	

Section 2 – National Level Graphs of Key Indicator Results over Time

The following section graphically depicts the national results for the 12 Key Indicators from January to December 2012. Hospitals that are eligible to receive SINAP reports have access to their individual graphs, via the SINAP webtool, showing their local results against the national average to enable their relative performance and change over time to be monitored.

Results should be interpreted in the context of the number of the total records submitted each month.

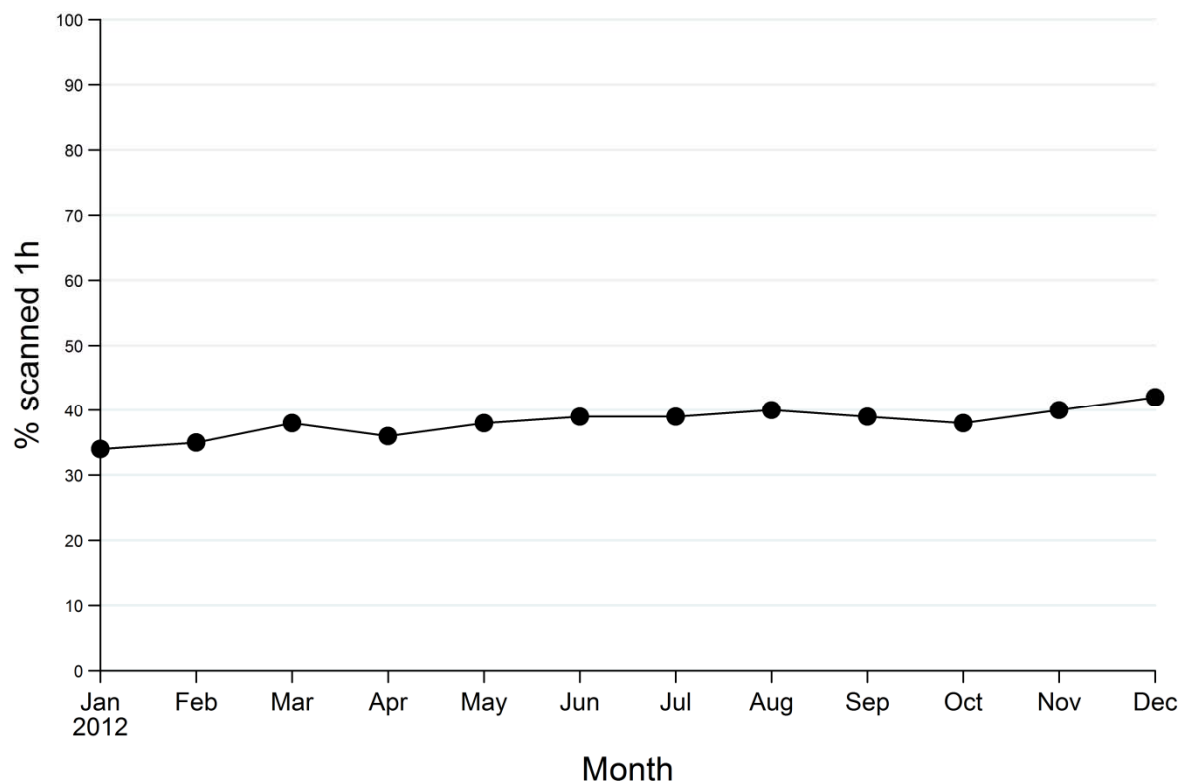
Number of stroke patients per month



SINAP Key Indicators

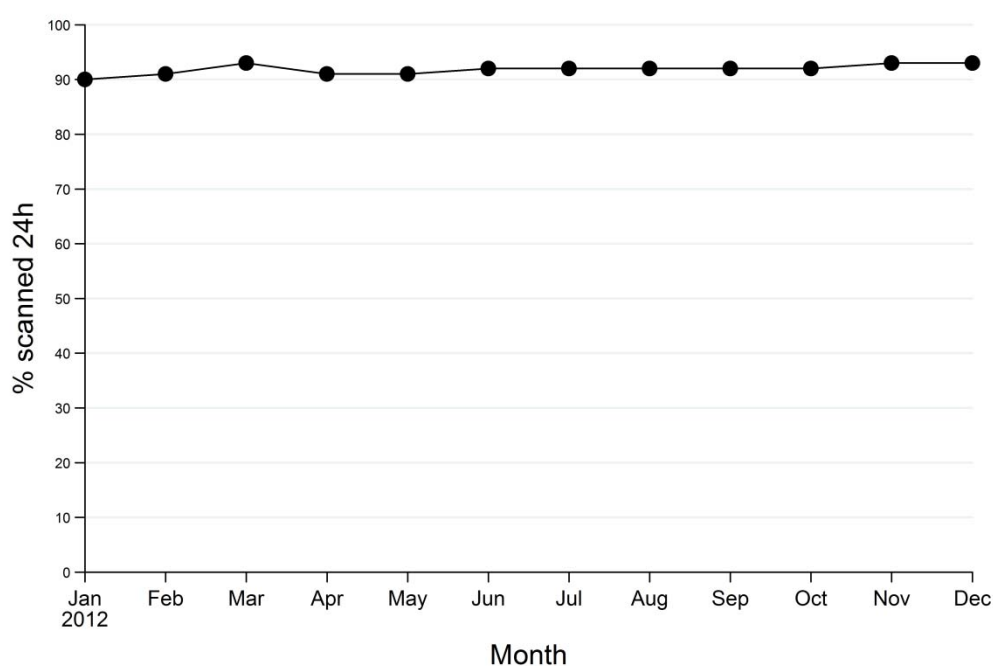
Key Indicator 1: Number (and proportion) of stroke patients brain scanned within 1 hour of arrival at hospital

This indicator is for Accelerating Stroke improvement (ASI) Metric 4 (and is also linked to NICE Quality Standard 2).



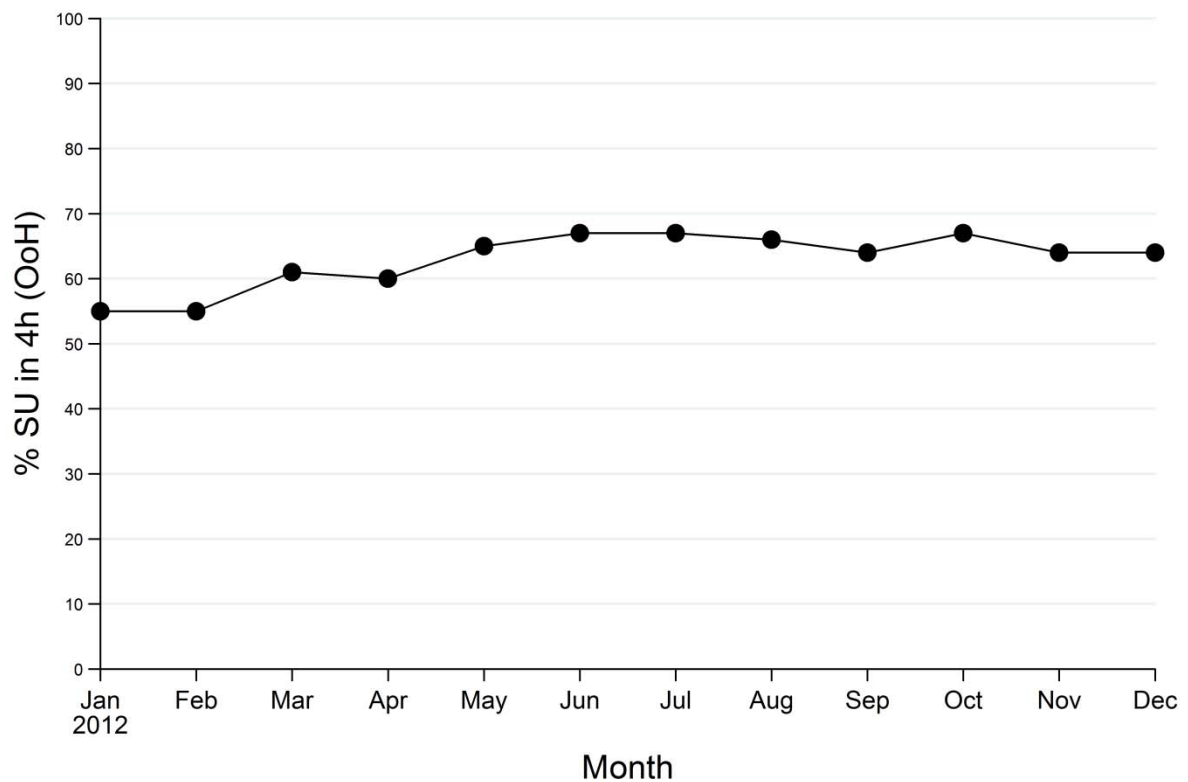
Key Indicator 2: Number (and proportion) of stroke patients brain scanned within 24 hours of arrival at hospital

This indicator is for ASI Metric 4.

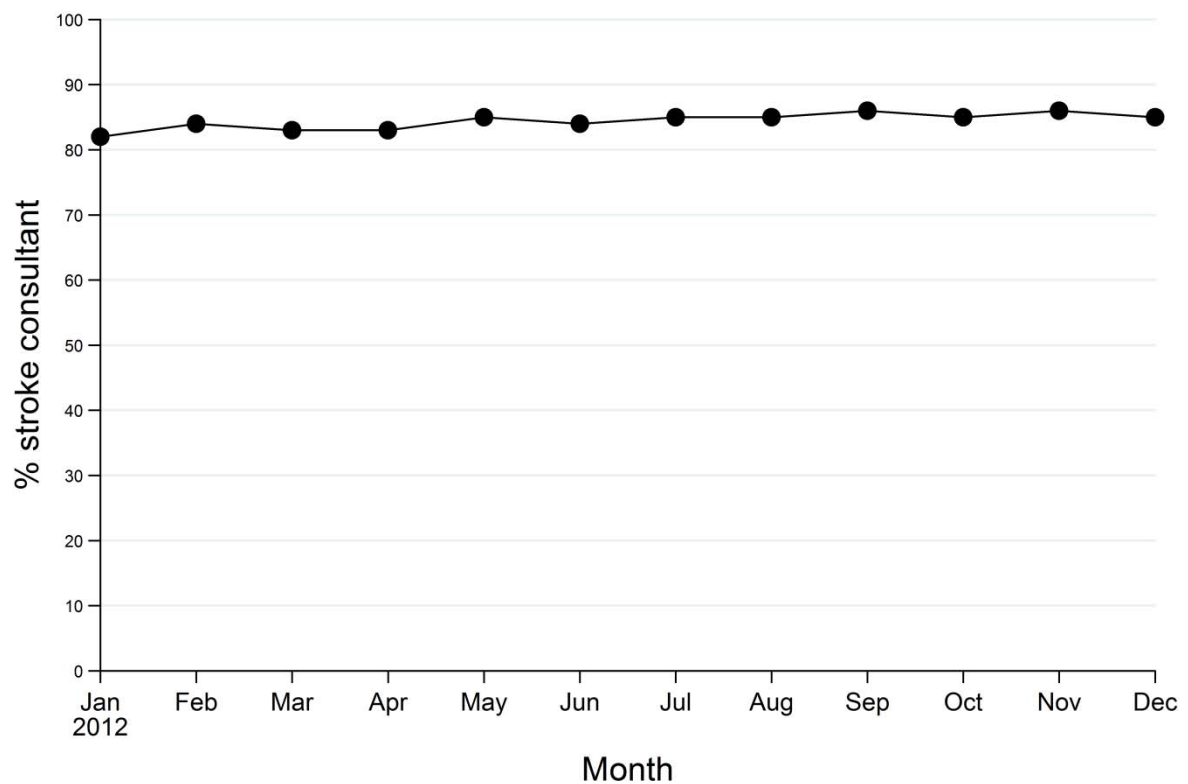


Key Indicator 3:

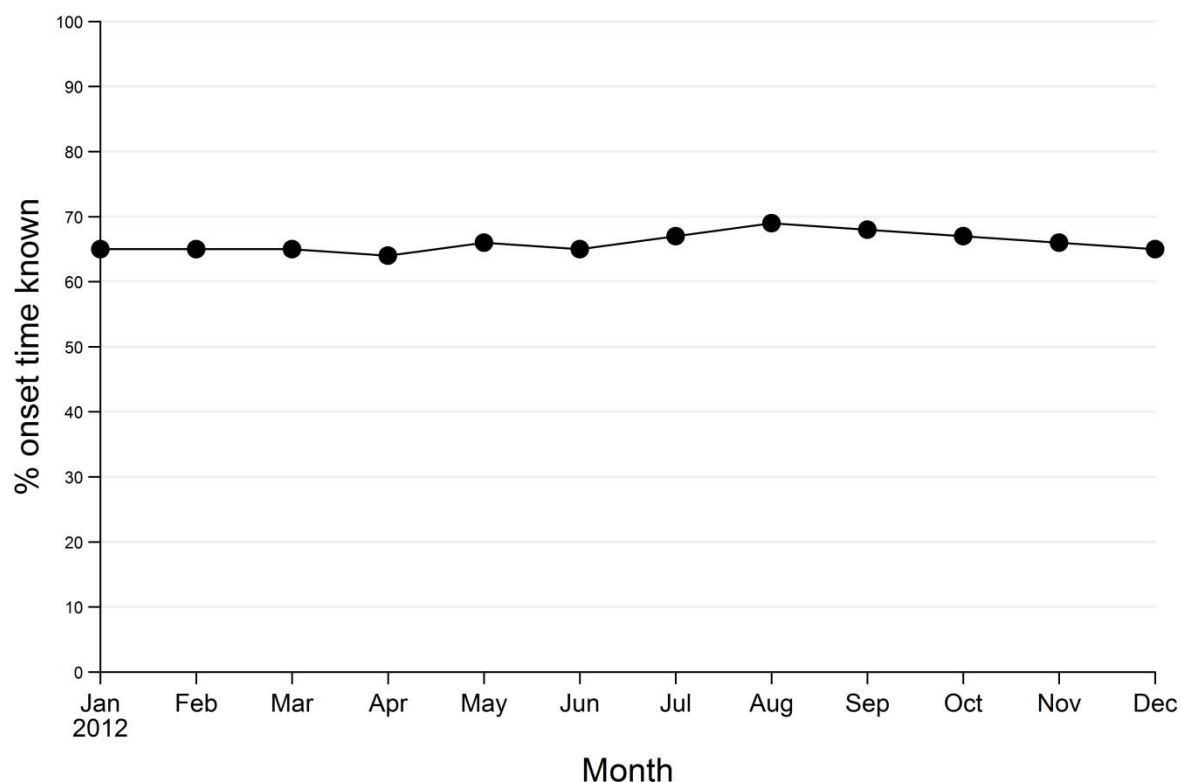
Number (and proportion) of stroke patients who arrived on a stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours)

**Key Indicator 4:**

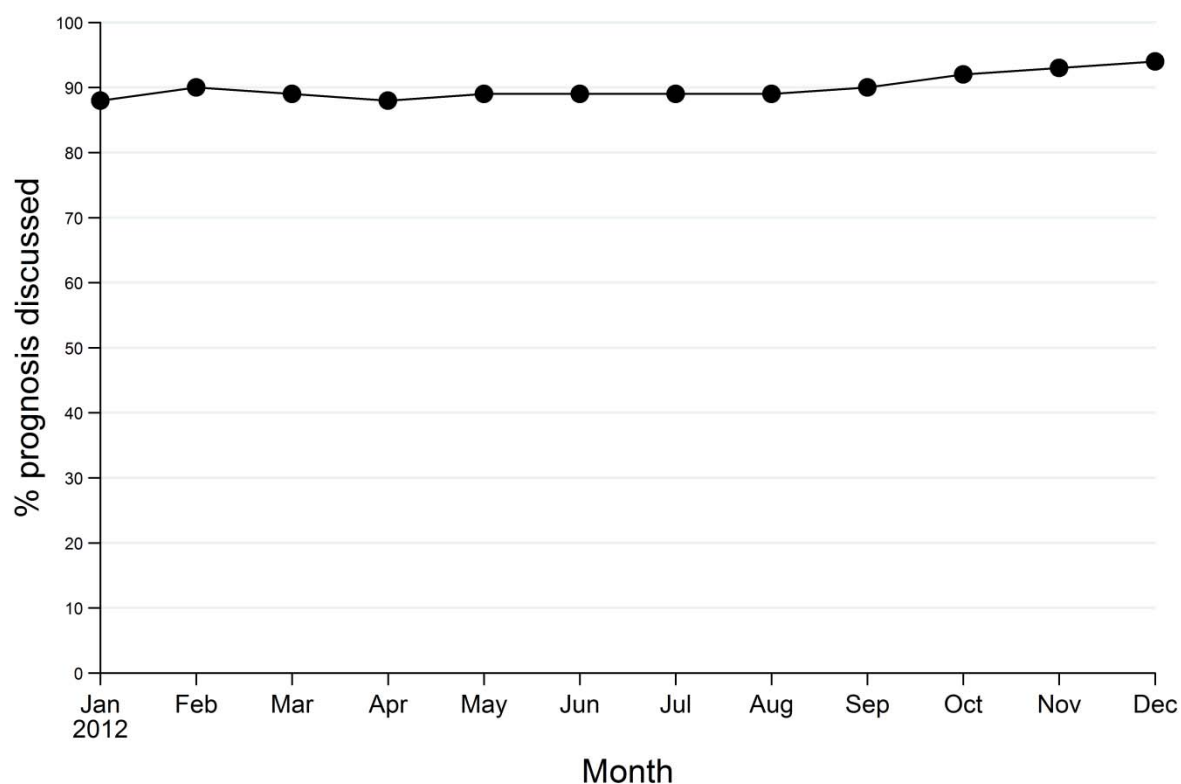
Number (and proportion) of stroke patients seen by stroke consultant or associate specialist within 24 hours



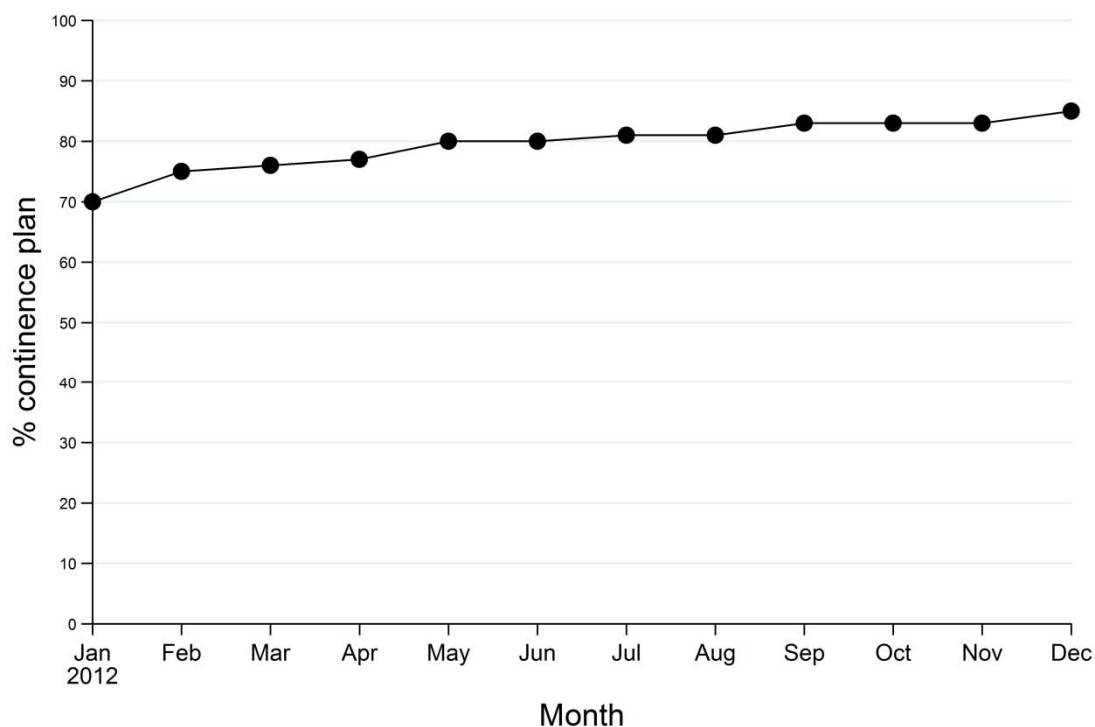
Key Indicator 5: Number (and proportion) of stroke patients with a known time of onset for stroke symptoms



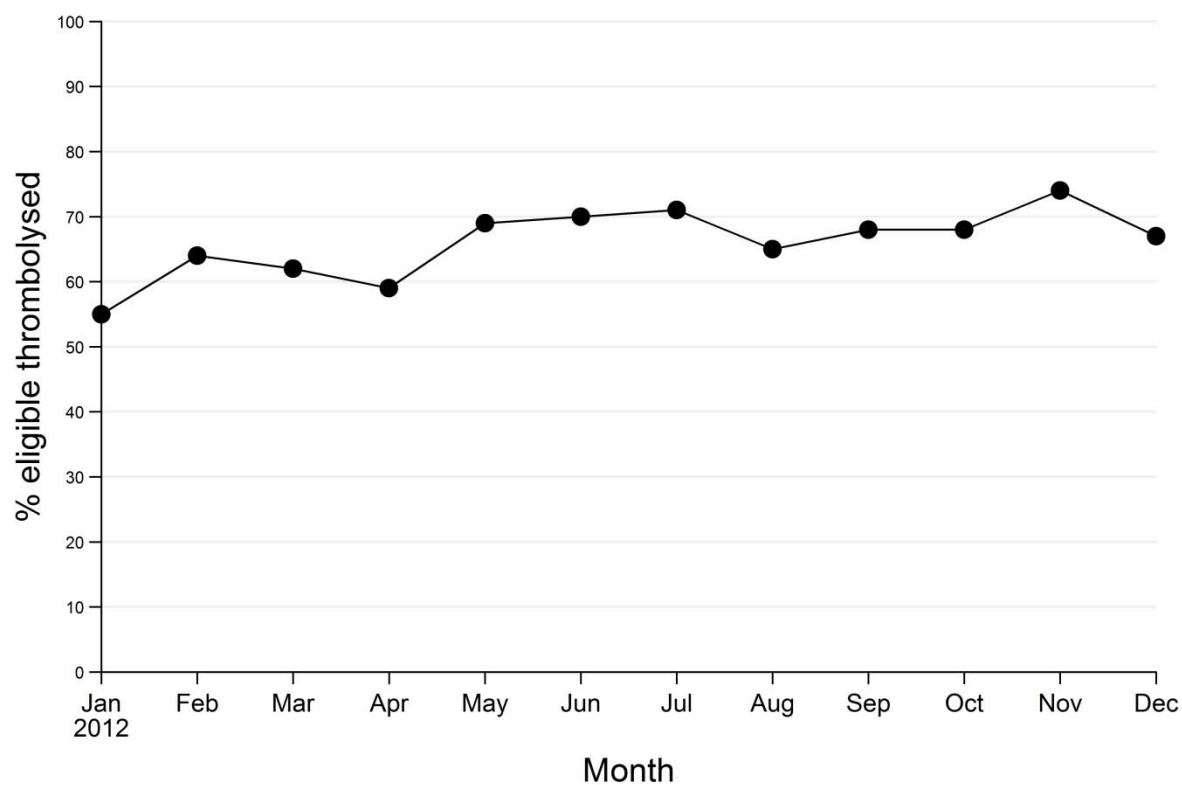
Key Indicator 6: Number (and proportion) of stroke patients for whom their prognosis/diagnosis was discussed with relative/carer within 72 hours where applicable



Key Indicator 7: Number (and proportion) of stroke patients who had continence plan drawn up within 72 hours where applicable

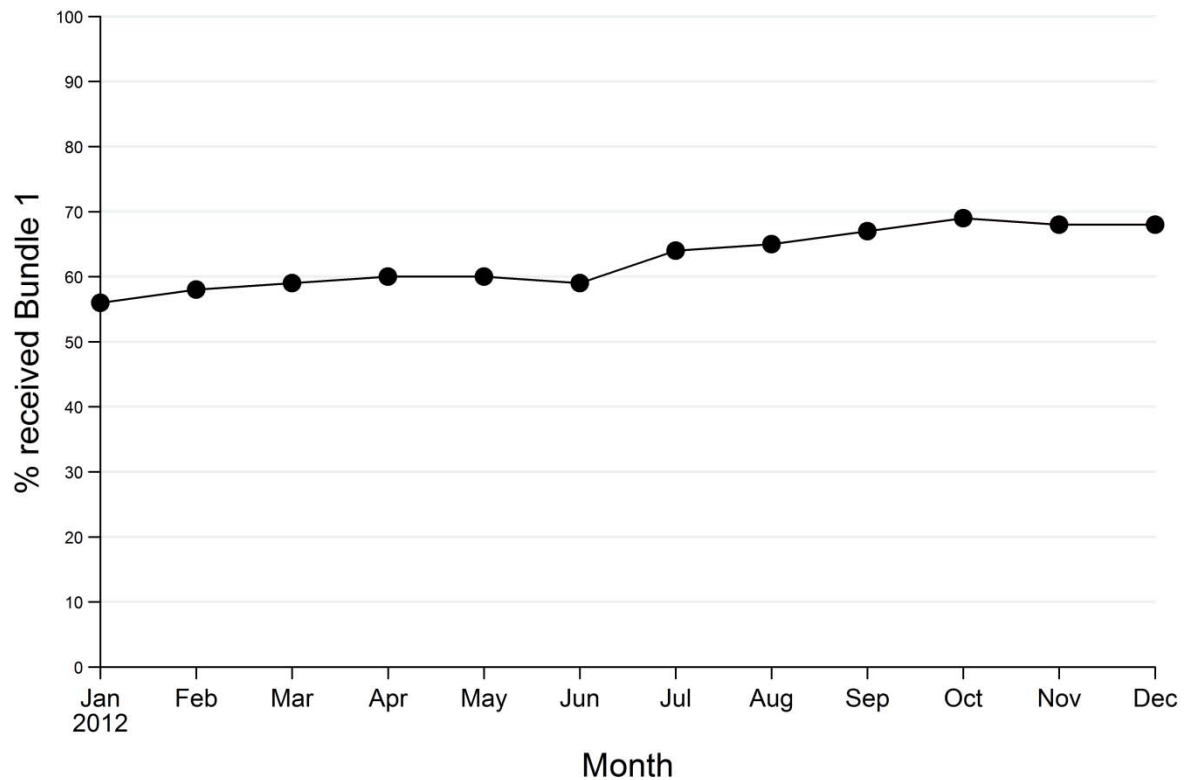


Key Indicator 8: Number of potentially eligible patients thrombolysed (and proportion out of those eligible)

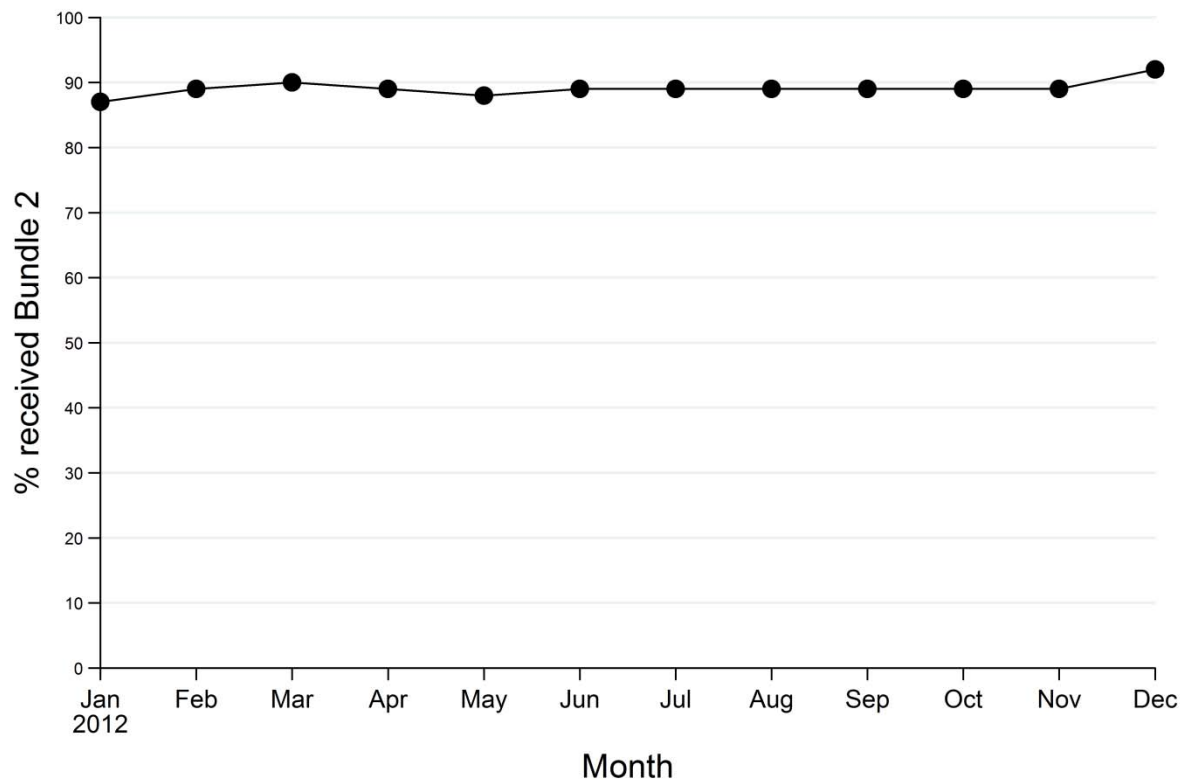


Key Indicator 9: Bundle 1: Number (and proportion) of stroke patients seen by a nurse and one therapist within 24 hours and all relevant therapists within 72 hours

(proxy for NICE Quality Standard 5)



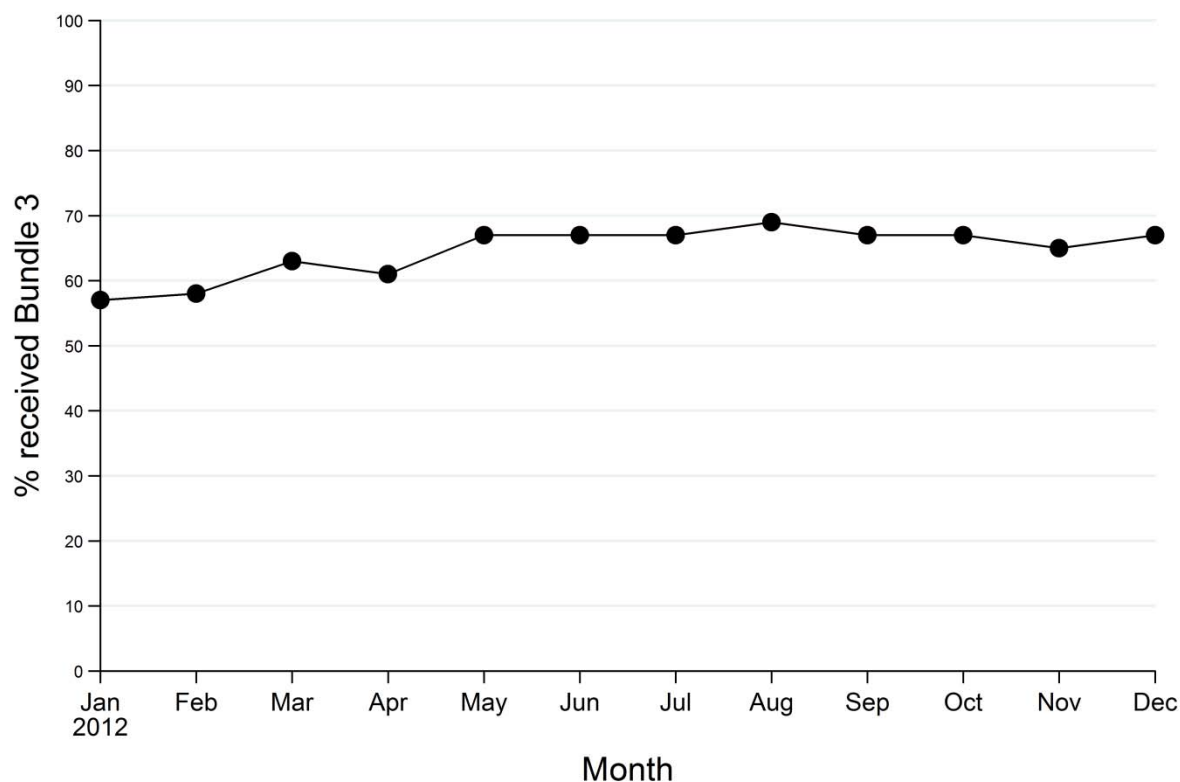
Key Indicator 10: Bundle 2: Number (and proportion) of stroke patients given nutrition screening and formal swallow assessment within 72 hours where appropriate



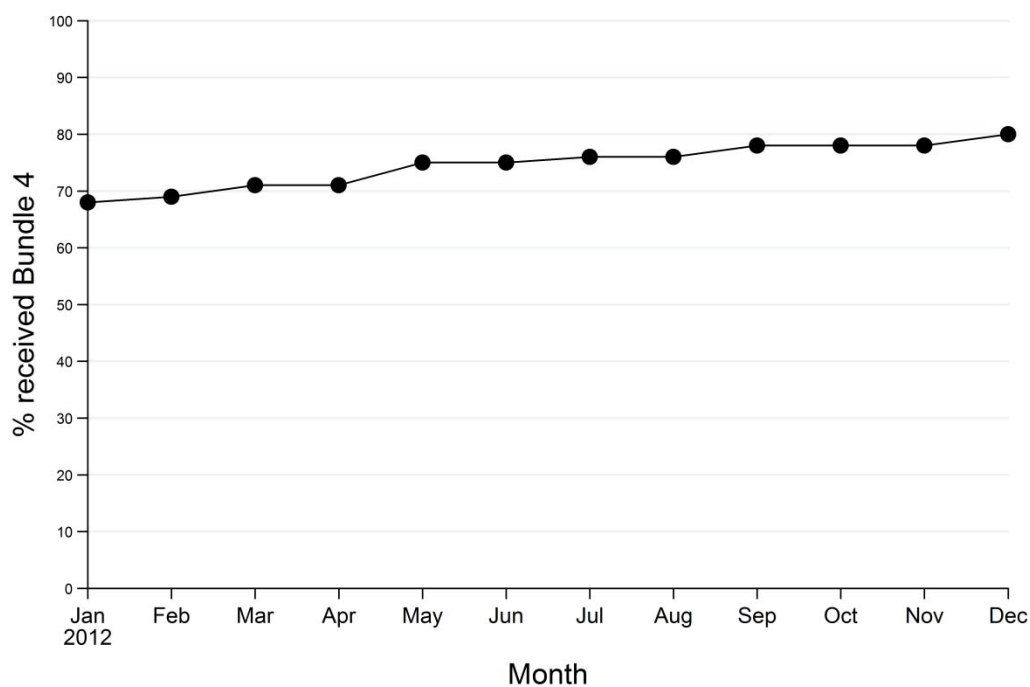
Key Indicator 11:

Bundle 3: Number (and proportion) of stroke patients whose first ward of admission was the stroke unit and who arrived there within four hours of hospital arrival

This is ASI Metric 2 (and is also linked to NICE Quality Standard 3).

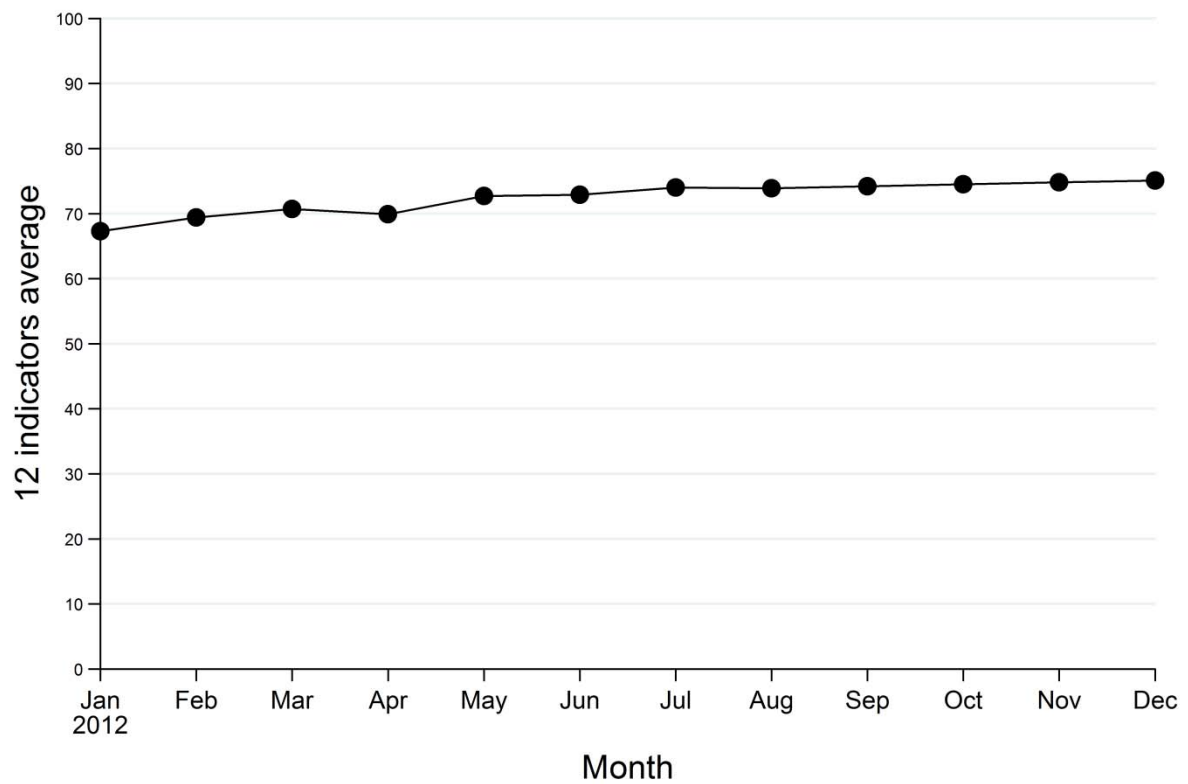
**Key Indicator 12:**

Bundle 4: Number (and proportion) of stroke patients who were given an antiplatelet within 72 hours where appropriate and who had adequate fluid and nutrition in all 24 hour periods



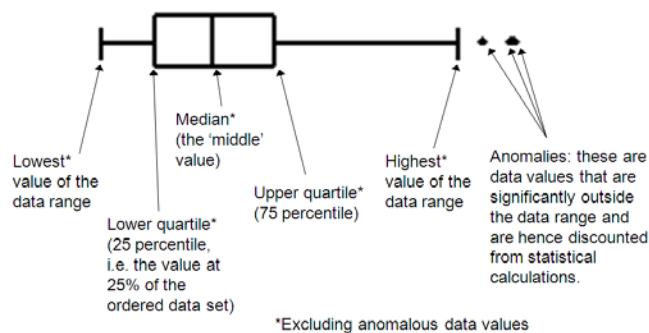
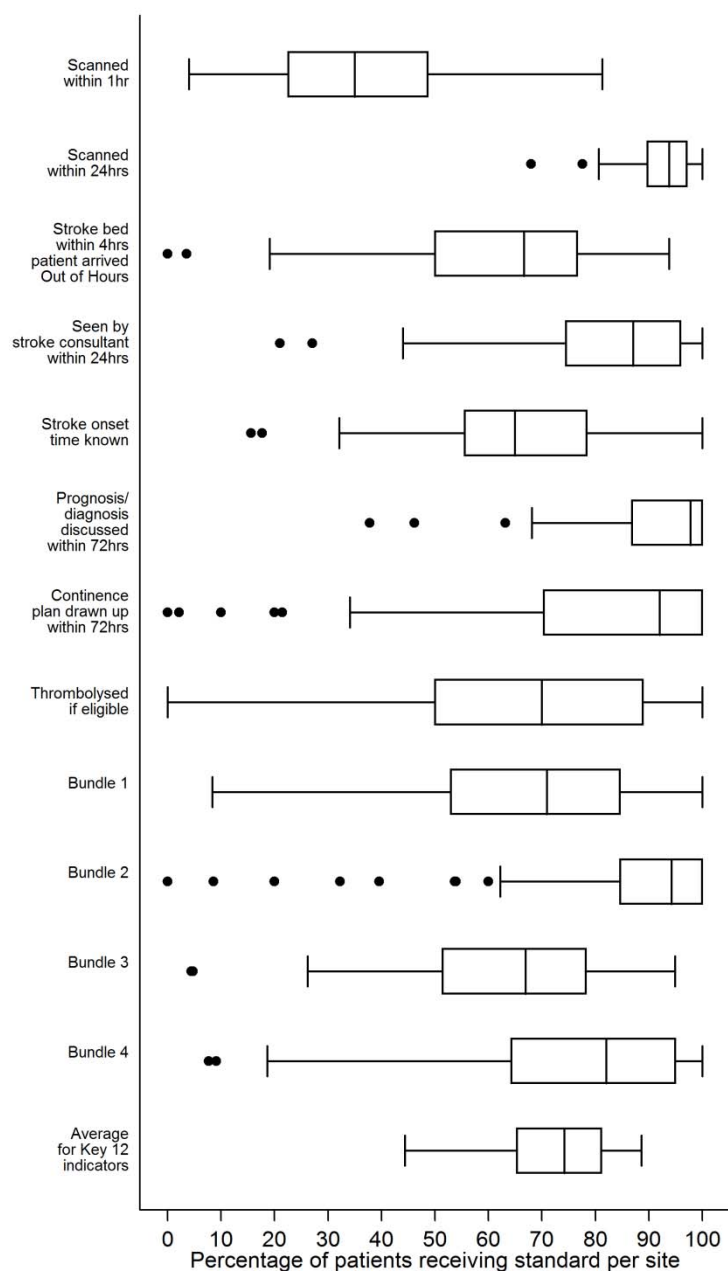
Average of all 12 Key Indicators

- This is an unweighted average (mean) of the key indicators.
- This is a guide for benchmarking across all hospitals.
- This average may also provide a useful indication of how the stroke service is performing over time.



All 12 Key Indicators and the variation in results

The box plots above show the variation in results on a national level for each of the 12 key indicators. Guidance of how the chart should be interpreted is given below.





Guidance to Interpreting the SINAP Results

Items	Field name in results spreadsheet	Guidance notes
1	SHA Clusters	In 2011, the government arranged both primary care trusts and strategic health authorities in England into clusters, as an efficiency measure in advance of their planned abolition. SHAs have changed to become four “clusters”.
2	SHA	The Strategic Health Authority, which is a regional health authority, has been left in the report for consistency. The SHAs were in place until October 2011.
3	Trust name	An NHS trust is the organisation which a hospital or more than one hospital belongs to. Each trust is headed by a Board. There may be several hospitals participating in a single trust.
4	Hospital Name	In SINAP, only acute hospitals which admit stroke patients directly are eligible.



Items	Field name in results spreadsheet	Guidance notes
5	Total number of records in analysis after data cleaning	This is the number of records analysed and reported on. Only records for patients with hospital arrival dates from October - December 2012 are used in the named hospital results. Some records which were completed on the web tool for this time period have been removed as part of the data analysis process. Some hospitals do not have results and they are either categorised as "Eligible, but no records" or "Insufficient records". "No records" means that no records were submitted for patients in the time period October to December 2012. "Insufficient records submitted" means that some records were submitted for this time period, but fewer than 20 stroke records.
6	Number of stroke patients	Number of stroke patients (and proportion of total of all diagnostic groups). Many of the standards are based only on stroke patients; therefore, this is the denominator for many of the following columns.
7	Number of TIA patients	Number of TIA (Transient Ischaemic Attack) patients (and proportion of total of all diagnostic groups). TIA patients are only included some standards: in items 11, 12 and 13 of this guidance worksheet. This does not reflect the total number of TIA patients in a hospital; just those submitted to SINAP, which are predominantly those who are admitted.
8	Number of other patients	Number of Other patients (and proportion of total). As well as stroke patients, we also collect information on patients who were initially treated as having had suspected stroke but subsequently were found to have had a TIA or had another condition. Other patients are only included some standards: in items 11, 12 and 13 of this guidance worksheet.
9	Number of patients already in hospital at time of stroke	Number of patients already in hospital at time of stroke (and proportion of total). These patients are not included in some of the following standards. There is evidence from the Sentinel audit that patients who were already in hospital are less likely to receive some of the standards measured.



Items	Field name in results spreadsheet	Guidance notes
10	Arrival at hospital to scan median time (minutes)	This is the median time in minutes between the arrival of stroke patients and their first brain scan in the relevant site(s). This excludes patients already in hospital at time of stroke.
11	Arrival at hospital to first contact with stroke team median time (m)	This is the time in minutes from time of arrival. Includes stroke, TIA and other patients, but not those who were already in hospital at time of stroke symptoms.
12	Arrival at hospital to first contact with stroke team (when patient arrived out of hours) median time (m)	This is the time in minutes from the time of arrival. Includes stroke, TIA and other patients, but not those who were already in hospital at time of stroke symptoms. "Out of hours" means before 8am and after 6pm Monday to Friday and any time on weekends and public holidays
13	Arrival at hospital to arrival on stroke bed (when patient arrived out of hours) median time (m)	This is the time in minutes from the time of arrival. Includes stroke, TIA and other patients, but not those who were already in hospital at time of stroke symptoms. This is based on patients who arrived out of hours (after 6pm or before 8am Monday-Friday, or at the weekend or on public holidays).
14	Total number of patients thrombolysed	Total number of patients thrombolysed* (and proportion out of stroke patients). Patients already in hospital at time of stroke are included.
15	Number of patients potentially eligible for thrombolysis	Eligible patients are those with infarction; aged 80 and under; whose onset of stroke to arrival at hospital time was less than 3 hours or who had their stroke in hospital; who did not refuse treatment; and who were not contra-indicated due to co-morbidity*, medication or another reason. In some instances, hospitals can have higher numbers of patients thrombolysed* than the number considered eligible. This is because patients can be thrombolysed* outside of the eligibility criteria for a number of reasons, such as clinical trials.



Items	Field name in results spreadsheet	Guidance notes
16	Number of patients potentially eligible for thrombolysis who arrived out of hours	Number of stroke patients potentially eligible for thrombolysis (and proportion out of stroke patients). Eligible patients are those with infarction; aged 80 and under; whose onset of stroke to arrival at hospital time was less than 3 hours or who had their stroke in hospital; who did not refuse treatment; and who were not contra-indicated due to co-morbidity*, medication or another reason. This is based on patients who arrived out of hours (after 6pm or before 8am Monday-Friday, or at the weekend or on public holidays). Patients already in hospital at time of stroke are not included, as this standard uses arrival at hospital time.
17	Number of patients (who arrived out of hours) who were given thrombolysis when potentially eligible	Number of stroke patients (who arrived out of hours) who were given thrombolysis when potentially eligible (and proportion out of those eligible). Eligible patients are those with infarction; aged 80 and under; whose onset of stroke to arrival at hospital time was less than 3 hours or who had their stroke in hospital; who did not refuse treatment; and who were not contra-indicated due to co-morbidity*, medication or another reason. This is based on patients who arrived out of hours (after 6pm or before 8am Monday-Friday, or at the weekend or on public holidays). Patients already in hospital at time of stroke are not included, as this standard uses arrival at hospital time. The number of patients here may not be the total number of patients thrombolysed* out of those who arrived out of hours. This is because some patients can be thrombolysed* even though they are outside of the eligibility criteria, for reasons such as clinical trials.
18	Number of patients thrombolysed within 1 hour of arrival at hospital	Number of stroke patients thrombolysed* within 1 hour of arrival at hospital (and proportion out of those who were thrombolysed*). Patients already in hospital at time of stroke are not included. NA% means no patients were thrombolysed* whereas 0% means that there were patients who were thrombolysed* but none within 1 hour.



Items	Field name in results spreadsheet	Guidance notes
19	Arrival at hospital to thrombolysis median time (m)	This is the time in minutes from the time of arrival. Stroke patients only. Patients already in hospital at time of stroke are not included. NA means no patients were thrombolysed*.
Key Indicator 1	Number of patients scanned within 1 hour of arrival at hospital	Number (and proportion) of stroke patients who were brain scanned within 1 hour of arrival at hospital. The denominator includes all stroke patients. If illogical timings are entered for a patient the standard is not met. For inpatients the time between onset and scan is used (if onset time is unknown for inpatients, the standard is not met). This indicator is for Accelerating Stroke Improvement (ASI)* Metric 4 (and is also linked to NICE* Quality Standard 2)
Key Indicator 2	Number of patients scanned within 24 hours of arrival at hospital	Number (and proportion) of stroke patients who were brain scanned within 24 hours of arrival at hospital. The denominator includes all stroke patients. If illogical timings are entered for a patient the standard is not met. For inpatients the time between onset and scan is used (if onset time is unknown for inpatients, the standard is not met). This indicator is for ASI* Metric 4
Key Indicator 3	Number of patients who arrived on stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours)	Number (and proportion) of stroke patients who arrived on stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours). Out of hours means the patient arrived after 6pm or before 8am Monday-Friday, or at the weekend or on public holidays. Patients who were already in hospital at the time of stroke are not included as arrival time is irrelevant here. This indicator is used to distinguish hospitals which have well organised direct admission to stroke units 'out of hours'.
Key Indicator 4	Number of patients seen by stroke consultant or associate specialist within 24h	Number (and proportion) of stroke patients seen by stroke consultant or associate specialist within 24 hours of arrival at hospital. Patients already in hospital at the time of stroke are included, and in this case, the time of stroke is used instead of time.



Items	Field name in results spreadsheet	Guidance notes
Key Indicator 5	Number of patients with a known time of onset for stroke symptoms	Number (and proportion) of stroke patients with a known time of onset for stroke symptoms. It includes patients who were already in hospital at time of stroke. This is included as a key indicator to acknowledge those services which are putting effort into establishing the onset time for more of their patients. Also it contributes to higher data quality, and hence more standards can be measured according to onset time.
Key Indicator 6	Number of patients for whom their prognosis/diagnosis was discussed with relative/carer within 72h where applicable	Number (and proportion) of stroke patients for whom their prognosis/diagnosis was discussed with relative/carer within 72 hours of arrival where applicable. Patients already in hospital at the time of stroke are included. This is used as a key indicator as it is a measure which looks at whether hospitals are involving carers/relatives.
Key Indicator 7	Number of patients who had continence plan drawn up within 72h where applicable	Number (and proportion) of stroke patients who had a continence plan drawn up within 72 hours of arrival where applicable. This includes patients already in hospital at the time of stroke.
Key Indicator 8	Number of potentially eligible patients thrombolysed	Number of potentially eligible stroke patients thrombolysed* (and proportion out of those eligible). Eligible patients are those with infarction; aged 80 and under; whose onset of stroke to arrival at hospital time was less than 3 hours or who had their stroke in hospital; who did not refuse treatment; and who were not contra-indicated due to co-morbidity*, medication or another reason. This is linked to NICE* Quality Standard 3
Key Indicator 9	Bundle 1: Seen by nurse and one therapist within 24h and all relevant therapists within 72h (proxy for NICE QS 5)	Bundle 1: Number (and proportion) of stroke patients who were eligible and received the following standards: who were seen by a nurse AND one therapist within 24 hours of arrival AND all relevant therapists within 72 hours of arrival. This includes patients already in hospital at the time of stroke. This is linked to NICE* Quality Standard 5 but does not have 'documented multidisciplinary goals agreed within 5 days' which is part of the NICE* Quality Standard.

Key indicators

A document describing the evidence base of the 12 key indicators for SINAP

The audit compares delivery of care with standards derived from systematically retrieved and critically appraised research evidence and agreed by experts in all disciplines involved in the management of stroke. The strength of evidence is outlined in the guidelines. All relevant evidence for the standards applied in the audit is available in the fourth edition of the National Clinical Guideline for Stroke 4th edition (Royal College of Physicians, 2012)

<http://www.rcplondon.ac.uk/resources/stroke-guidelines>, the NICE (National Institute for Health and Clinical Excellence) Clinical Guideline (www.nice.org.uk/CG68), the National Stroke Strategy 2007 and the NICE Quality Standard for stroke

<http://www.nice.org.uk/aboutnice/qualitystandards/stroke/strokequalitystandard.jsp>. It is suggested that they are read in full for context. Some of the indicators are related to metrics from the Accelerating Stroke Improvement (ASI); these are detailed in the relevant sections.

The 12 key indicators were selected following analysis of the first year's data and are considered to be representative of the first 72 hours of care.

1. Number (and proportion) of stroke patients brain scanned within 1 hour of arrival at hospital
2. Number (and proportion) of stroke patients brain scanned within 24 hours of arrival at hospital
3. Number (and proportion) of stroke patients who arrived on a stroke bed within 4 hours of arrival at hospital (when hospital arrival was out of hours)
4. Number (and proportion) of stroke patients seen by stroke consultant or associate specialist within 24 hours of arrival at hospital
5. Number (and proportion) of stroke patients with a known time of onset for stroke symptoms
6. Number (and proportion) of stroke patients for whom their prognosis/diagnosis was discussed with relative/carer within 72 hours of arrival at hospital where applicable
7. Number (and proportion) of stroke patients who had continence plan drawn up within 72 hours of arrival at hospital where applicable
8. Number of potentially eligible patients thrombolysed (and proportion out of those eligible)
9. Bundle 1: Number (and proportion) of stroke patients seen by a nurse and one therapist within 24 hours and all relevant therapists within 72 hours of arrival at hospital
10. Bundle 2: Number (and proportion) of stroke patients given nutrition screening and formal swallow assessment within 72 hours of arrival at hospital where appropriate
11. Bundle 3: Number (and proportion) of stroke patients whose first ward of admission was the stroke unit and who arrived there within four hours of arrival at hospital
12. Bundle 4: Number (and proportion) of stroke patients who were given an antiplatelet within 72 hours of arrival at hospital where appropriate and who had adequate fluid and nutrition in all 24 hour periods for the first 72 hours

The third key indicator considers only of patients who arrived outside of the working hours of a hospital, as defined in the report; i.e. after 6pm in the evening, before 8am in the morning, at weekends and on bank holidays.



Key Indicator 1: Number (and proportion) of stroke patients brain scanned within 1 hour of arrival at hospital

NICE Guideline Recommendations

Brain imaging should be performed immediately (ideally the next slot and definitely within 1 hour, whichever is sooner) for people with acute stroke who have any one of the following apply:

- *indications for thrombolysis or early anticoagulation (see section 8 of guideline)*
- *on anticoagulant treatment*
- *a known bleeding tendency*
- *a depressed level of consciousness (Glasgow Coma Score (GCS) below 13)*
- *unexplained progressive or fluctuating symptoms*
- *papilloedema, neck stiffness or fever*
- *severe headache at onset of stroke symptoms.*

For all people with acute stroke without indications for immediate brain imaging, scanning should be performed as soon as possible (within a maximum of 24 hours after onset of symptoms).

The denominator includes all stroke patients. If illogical timings are entered for a patient the standard is not met. For inpatients the time between onset and scan is used (if onset time is unknown for inpatients, the standard is not met). This indicator is for ASI Metric 4 (and is also linked to NICE Quality Standard 2).

Key Indicator 2: Number (and proportion) of stroke patients brain scanned within 24 hours of arrival at hospital

See information above for Key Indicator 1. This indicator is for ASI Metric 4.).

Key Indicator 3: Number (and proportion) of stroke patients who arrived on a stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours)

NICE Guideline Recommendation

All people with suspected stroke should be admitted directly to a specialist acute stroke unit following initial assessment either from the community or Accident & Emergency department.

Patients who were already in hospital at the time of stroke are not included as arrival time is irrelevant here. This indicator is used to distinguish hospitals which have well organised direct admission to stroke units 'out of hours'.

Key Indicator 4: Number (and proportion) of stroke patients seen by stroke consultant or associate specialist within 24 hours

See information above for Key Indicator 3.

ICSWP Recommendations

Each acute stroke unit should have immediate access to:

- *medical staff specially trained in the delivery of acute medical care to stroke patients, including the delivery of thrombolysis and the diagnostic and administration procedures needed for safe effective delivery of thrombolysis*
- *nursing staff specifically trained and competent in the management of acute stroke, covering both its neurological and its general medical aspects*
- *imaging and laboratory services*
- *rehabilitation specialist staff.*



Onset time for inpatients would be the '0' hour here, whereas for newly admitted patients the '0' hour is the time of arrival at hospital.

Key Indicator 5: Number (and proportion) of stroke patients with a known time of onset for stroke symptoms

This is a measure of data quality, and reflects the care of which case history is taken ascertaining the time of onset of symptoms as accurately as possible. This will determine whether patients are suitable candidates for thrombolysis. The audit to date has demonstrated wide variation of data completeness for this item, suggesting that some hospitals are able to obtain this information for a higher proportion of their patients than others.

Key Indicator 6: Number (and proportion) of stroke patients for whom their prognosis/diagnosis was discussed with relative/carer within 72 hours where applicable

This is used as a key indicator as it is a measure which looks at whether hospitals are involving carers/relatives.

ICSWP Recommendations

The carer(s) of every patient with a stroke should be involved with the management process from the outset.

Key Indicator 7: Number (and proportion) of stroke patients who had continence plan drawn up within 72 hours where applicable

The management of continence is consistently highlighted by patients as being one of the most important aspects of care.

ICSWP Recommendations

All wards and stroke units should have established assessment and management protocols for both urinary and faecal incontinence, and for constipation.

All patients with loss of control of the bladder at two weeks should:

- be reassessed for other causes of incontinence, which should be treated if identified*
- have an active plan of management documented.*
- be offered simple treatments such as bladder retraining, pelvic floor exercises and external equipment first.*
- only be given an indwelling urethral catheter after other methods of management have failed*

NICE Guideline Recommendations



Key Indicator 8: Number of potentially eligible patients thrombolysed (and proportion out of those eligible)

- 1. Alteplase is recommended for the treatment of acute ischaemic stroke when used by physicians trained and experienced in the management of acute stroke. It should only be administered in centres with facilities that enable it to be used in full accordance with its marketing authorisation. (Alteplase TA122 2007)**
- 2. Alteplase should only be administered within a well organised stroke service with:**
 - **staff trained in delivering thrombolysis and in monitoring for any associated complications**
 - **care up to level 1 and level 2 nursing staff trained in acute stroke and thrombolysis**
http://www.datadictionary.nhs.uk/data_dictionary
 - **immediate access to imaging and re-imaging, and staff appropriately trained to interpret the images.**
- 3. Staff in A&E departments, if appropriately trained and supported, can administer thrombolysis in acute stroke provided that patients can be managed within an acute stroke service with stroke service with appropriate neuroradiological and stroke physician support.**
- 4. Protocols should be in place for the delivery and management of thrombolysis, including post-thrombolysis complications.**

In SINAP, patients are considered eligible for thrombolysis if they have the following characteristics, a subset taken from the National Institute of Neurological Disorders and Stroke (NINDS):

- Diagnosis of Stroke
- Type of stroke is infarction
- Under 80 years old
- An onset to arrival time of less than 3 hours or were already in hospital at time of stroke
- Were not contra-indicated for thrombolysis (due to co-morbidity, medication or another reason (other reasons specified included: wake-up stroke; unclear onset time; too mild; rapidly recovering)
- Did not refuse treatment.

In the 2010 SENTINEL stroke audit, using a similar model, we estimated that approximately 14% of patients could have benefited from thrombolysis, but it is appreciated that there may have been other contra-indications.

The audit uses an onset to arrival time of less than 3 hours to allow time for assessment and scanning prior to the end of the 4.5 hour time window. Note that since the publication of the NICE Technology Appraisal (TA) on thrombolysis in stroke, data have been published to show that thrombolysis up to 4.5 hours post onset is no less safe than thrombolysis up to 3 hours, and international guidelines have been altered accordingly. Many clinicians now thrombolysed up to 4.5 hours post onset. However, outcomes are better the earlier the patient is treated.

There remains uncertainty about the benefits of thrombolysis in people over the age of 80, and data from the IST3 (The Third International Stroke Trial) are awaited, but clinicians may offer thrombolysis to people over 80 outside the ongoing clinical trial. We have taken the age criterion according to the NICE TA122 (2007 Alteplase for the treatment of acute ischaemic stroke) which may be considered by some clinicians to be conservative.



Key Indicator 9: Bundle 1: Number (and proportion) of stroke patients seen by a nurse and one therapist within 24 hours and all relevant therapists within 72 hours

This is linked to NICE Quality Standard 5 but does not have 'documented multidisciplinary goals agreed within 5 days' which is part of the NICE Quality Standard. (This is because this is outside of SINAP's 72 hour remit)

NICE Quality Standard for stroke

Patients with stroke are assessed and managed by stroke nursing staff and at least one other member of the specialist rehabilitation team within 24 hours of admission to hospital and by all relevant members of the specialist rehabilitation team within 72 hours of admission with documented multidisciplinary goals agreed within 5 days.

ICSWP Recommendation and NICE Quality Standard for stroke

Patients should undergo as much therapy appropriate to their needs as they are willing and able to tolerate and in the early stages they should receive a minimum of 45 minutes daily of each therapy that is required.

Key Indicator 10: Bundle 2: Number (and proportion) of stroke patients given nutrition screening and formal swallow assessment within 72 hours where appropriate

NICE Guideline Recommendations

On admission, people with acute stroke should have their swallowing screened by an appropriately trained healthcare professional before being given any oral food, fluid or medication.

If the admission screen indicates problems with swallowing, the person should have a specialist assessment of swallowing, preferably within 24 hours of admission and not more than 72 hours afterwards.

In people with dysphagia food and fluids should be given in a form that can be swallowed without aspiration following specialist assessment of swallowing

Extract from the National Clinical Guidelines for Stroke 2008 Recommendations

A *Every patient should have their ability to swallow screened and documented as soon as practical after stroke onset by a person with appropriate training using (if appropriate) a recognised, standard screening assessment (e.g. swallowing 50 mls of water).*

B *Until a safe swallowing method has been established, all patients with identified swallowing difficulties should*

- receive hydration (and nutrition after 24 - 48 hours) by alternative means.*
- be given their medication by the most appropriate route and in an appropriate form.*
- have a comprehensive assessment of their swallowing function undertaken by a speech and language therapist or other appropriately trained professional with specialism in dysphagia.*
- be considered for nasogastric tube feeding,*



- *be considered for the additional use of a nasal bridle if the nasogastric tube needs frequent replacement*
- *have written guidance for all staff / carers to use when feeding or providing liquid.*
- C** *Patients with difficulties in swallowing should be assessed by a speech and language therapist or other appropriately trained professional with specialism in dysphagia for active management of oral feeding by:*
 - *sensory modification, such as altering taste and temperature of foods or carbonation of fluids*
 - *texture modification of solids and / or liquids*
- D** *Every patient who requires food or fluid of a modified consistency should:*
 - *be referred to a dietician or multidisciplinary nutrition team*
 - *have texture of modified food or liquids described using national agreed descriptors*
 - *have both fluid balance and nutrition monitored*
- E** *Patients with difficulties in self-feeding should be assessed and provided with the appropriate equipment to enable them to feed independently and safely.*
- F** *Gastrostomy feeding should be considered for patients who:*
 - *need but are unable to tolerate nasogastric tube feeding within the first four weeks*
 - *are unable to swallow adequate amounts of food orally at four weeks*
 - *are at long term high risk of malnutrition.*

Key Indicator 11: Bundle 3: Number (and proportion) of stroke patients whose first ward of admission was the stroke unit and who arrived there within four hours of hospital arrival

Patients who were already in hospital at the time of stroke are not included as arrival at hospital time is irrelevant here. This is ASI Metric 2 (and is also linked to NICE Quality Standard 3).

NICE Quality Standard for stroke

Patients with suspected stroke are admitted directly to the specialised acute stroke unit and assessed for thrombolysis, receiving it if clinically indicated.

See also key indicators 3 and 4.

Key Indicator 12: Bundle 4: Number (and proportion) of stroke patients who were given an antiplatelet within 72 hours where appropriate and who had adequate fluid and nutrition in all 24 hour periods

NICE Guideline Recommendations

All people presenting with acute stroke who have had the diagnosis of primary in-tracerebral haemorrhage excluded by brain imaging should be given :

- *aspirin 150–300 mg orally if they are not dysphagic*
- *aspirin rectally or by enteral tube if they are dysphagic.*

Thereafter aspirin 150–300 mg should be continued until two weeks after the onset of stroke, at which time definitive long-term anti-thrombotic treatment should be initiated. People being discharged before two weeks can be started on long term treatments earlier.

Appendix 3: Key to Abbreviated Column Headings

Abbreviated Column Heading		Description
Arr to scan median (mins)		Arrival at hospital to scan median time (minutes)
Arr to 1st contact ST median (m)		Arrival at hospital to first contact with stroke team median time (m)
Arr to contact with ST (Arr OoH) median (m)		Arrival at hospital to first contact with stroke team (when patient arrived out of hours) median time (m)
OoH Hosp arr - stroke bed arr median (m)		Arrival at hospital to arrival on stroke bed (when patient arrived out of hours) median time (m)
Total % thromb		Total number of patients thrombolysed
% eligible for thromb		Number of patients potentially eligible for thrombolysis
% eligible for thromb (Arr OoH)		Number of patients potentially eligible for thrombolysis who arrived out of hours
% thromb when eligible (Arr OoH)		Number of patients (who arrived out of hours) who were given thrombolysis when potentially eligible
% thromb within 1 hr of arr		Number of patients thrombolysed within 1 hour of arrival at hospital
Arr to thromb median (m)		Arrival at hospital to thrombolysis median time (m)
Key Indicator		
Indicator 1	% scanned within 1hr	Number of patients scanned within 1 hour of arrival at hospital
Indicator 2	% scanned within 24hr	Number of patients scanned within 24 hours of arrival at hospital
Indicator 3	% SU in 4h (OoH)	Number of patients who arrived on stroke bed within 4 hours of hospital arrival (when hospital arrival was out of hours)
Indicator 4	% stroke consultant	Number of patients seen by stroke consultant or associate specialist within 24h
Indicator 5	% known onset time	Number of patients with a known time of onset for stroke symptoms
Indicator 6	% prognosis discussed	Number of patients for whom their prognosis/diagnosis was discussed with relative/carer within 72h where applicable
Indicator 7	% cont plan	Number of patients who had continence plan drawn up within 72h where applicable
Indicator 8	% eligible thromb	Number of potentially eligible patients thrombolysed
Indicator 9	Bundle 1	Bundle 1: Seen by nurse and one therapist within 24h and all relevant therapists within 72h (proxy for NICE QS 5)
Indicator 10	Bundle 2	Bundle 2: Nutrition screening and formal swallow assessment within 72 hours where appropriate
Indicator 11	Bundle 3	Bundle 3: Patient's first ward of admission was stroke unit and they arrived there within four hours of hospital arrival
Indicator 12	Bundle 4	Bundle 4: Patient given antiplatelet within 72h where appropriate and had adequate fluid and nutrition in all 24h periods
	Ave 12	Average of 12 key indicators